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The Influence of Health Related Factors on the Utilization of Youth Friendly Sexual and Reproductive Health Services in Nakuru County, Kenya

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Abstract

There global drive towards support adolescents' sexual and reproductive health and rights, access to and use of these services among young people in low- and middle-income countries. However, the utilization of Friendly Sexual and Reproductive Health Services remain inadequate, posing a major challenge to progress in this area. This study aimed to examine the health related factors that may affect the utilization of Youth-Friendly Sexual and Reproductive Health Services among youths in Nakuru County, Kenya. About two thirds (64%, n=340) of the sampled youths were affirmative to ever- used the Youth-Friendly Sexual and Reproductive Health Services which is considered suboptimal. The study established that utilization of Youth-Friendly Sexual and Reproductive Health Services is significantly associated with three providers factors namely providers friendliness variable ($p=0.000$), respectful attitude variable ($p=0.000$) and providers' active listening skills variable ($p=0.011$). The study also demonstrated that utilization of Youth-Friendly Sexual and Reproductive Health Services is significantly associated with two health system factors namely affordability of the service ($p=0.001$) and privacy and confidentiality variable ($p=0.001$). This study thus recommends that policies and programs to upscale the utilization of Youth Friendly Sexual and Reproductive Health Services should focus on refining the health providers' attributes or disposition such as friendliness, respectful attitude and active listening skills. Additionally this study underscores the importance of repackaging the Friendly Sexual and Reproductive Health Services to be affordable and offered in an aura of privacy and confidentiality. Furthermore, the curriculums should include the peculiarities or sensitivity of Youth-Friendly Sexual and Reproductive Health Services in nursing or medical schools to mitigate on the provider gaps demonstrated. It is also imperative for the environment to be alive to the fact that the environment for provision of Friendly Sexual and Reproductive Health Services be conducive, private and confidential.

Key words: *Utilization, Youth Friendly Sexual and Reproductive Health Services*

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1. INTRODUCTION

Globally, there are 1.8 billion young people aged 10 to 24 years, representing about 25% of the world's population, with over 90% living in developing countries (Population Reference Bureau, 2024). In Kenya, statistics from Kenya National Bureau of Statistics (KNBS) census report estimate the youth to be about 46% of the population and youth aged 10-24 years make up to 22.2% of the population (KNBS, 2019).

International Conference on Population and Development (ICPD) identified and recommended that, Adolescent, sexual and reproductive health issues are addressed through the promotion of responsible and healthy reproductive and sexual behaviour, including voluntary abstinence and the provision of appropriate services and counseling specifically suitable for that age group. Countries were encouraged to ensure that programmes and attitudes of health-care providers do not restrict youth access to and utilization of the services and information they need. These services must safeguard the right of adolescents to privacy, confidentiality, respect and informed consent, while respecting cultural values and religious beliefs as well as the rights, duties and responsibilities of parents(National Guidelines for Provision of Adolescent Youth-Friendly Services (YFS) in Kenya., 2015).

As a response to the reproductive health needs of youth, the Ministry of Public Health and Sanitation (Kenya) initiated integration process of priority concerns into the Kenya Essential Package for Health (KEPH) Programme at the especially the community level of health care. The government further adopted the Adolescent Reproductive Health and Development Policy (ARH&D) in 2003 with a commitment to address adolescent reproductive health issues raised by the National Population Policy for Sustainable Development and the Kenya Health Policy Framework of 1994 (National Guidelines for Provision of Adolescent Youth-Friendly Services (YFS) in Kenya., 2015)

Youth Friendly Sexual and Reproductive Health Services encompass a combination of health facility attributes, service delivery approaches, and the range of health services provided, all of which serve as critical strategies for enhancing adolescent health outcomes across Africa(Ninsiima et al., 2021).

But despite these initiatives, reproductive health service utilization among the youth still faces a lot of challenges related to the sensitive nature of adolescent sex and sexuality and poor evaluation policy structures hence underutilization. A number of studies done in Kenya showed that the utilization of Youth-Friendly Services is suboptimal at less than 50%. A number of studies have stated that there is a nexus between the health related factors and and the utilization of Youth Friendly Sexual and Reproductive Health Services (Embleton et al., 2023; Murigi et al., 2020; Mutua et al., 2020; Ninsiima et al., 2021; Nyaga, 2023).

Thus this study examined the health-related factors that may affect the utilization of Youth-Friendly Sexual and Reproductive Health Services among youths in Nakuru County, Kenya.

2. METHODOLOGY

2.1. Study area

The study was carried out in Gilgil sub-county in Nakuru County, Kenya. The town is located between Naivasha and Nakuru and along the Nairobi - Nakuru highway. It is to the west of the Gilgil River, which flows south to feed Lake Naivasha. Gilgil has a population of 185,891 according to the Health Information Records 2015. Gilgil sub-county is made up of 5 wards Gilgil ward, Eburu/Mbaruk, Malewa west, Morendat ward and Elementaita ward. Gilgil is the centre of the Gilgil Sub-County in Nakuru County. Agriculture is the main local industry.

2.2. Study design

The study was a descriptive cross-sectional study design where by its main purpose was to observe/describe/document all aspects of the situation as it naturally appears. The aim of this design was to gain more information about the characteristics within the study.

2.3. Population and sample

The target populations were all youth in Nakuru County in Kenya and the accessible population are the 39,049 youths in Gilgil subcounty in Nakuru County. Sample included youths (10-24 years) who consented.

2.4. Sampling Techniques

The researcher used a two stage sampling method. Cluster sampling was used to identify the wards in Gilgil sub-county and simple random sampling method was used to identify a village/estate in the cluster where the respondents in this village/estate were interviewed

2.5. Sample size determination

The sample size was calculated using Yamane formula of (1967) which yielded 396 which was rounded off to 400 respondents to accommodate sampling error.

2.6. Data Collection tools

A self-administered questionnaire was used to collect primary data from the residents under study.

2.7. Validity and reliability

The questionnaire designed was pre-tested by hand delivering them to a sample of 10% of the desired sample size and thereafter collecting them dully filled followed by refining of errors to ensure it is reliable for collection of data relevant for this study. Refining of errors on the questionnaires to ensure it is valid for collection of data relevant for this study. The questionnaire was developed in consultation with experts to ensure validity. The enumerators were trained prior to the study.

2.8. Data Analysis

Data collected was edited, coded and cleaned, categorized and tabulated as appropriate. Statistical Package for Social Science version 28 was used to analyze and present the data respectively. Quantitative data was analyzed by descriptive statistics and further subjected to inferential statistics precisely the Chi Square test of significance to measure association of variables. Information generated was presented in prose, tables and graphically.

3. STUDY FINDINGS

3.1. Socio-demographic factors

The Response rate for this study was at 90% (n=400) with 51 % (n=340) of the respondents being females respondents and 49% (n=340) were male respondents.

Most of the respondents (81%, n=340) were in the age bracket of 20 – 24years, followed by 15-19 years (12%, n=340) and the least in numbers (7%, n=340) were the 10-14 years age bracket.

The majority of the respondents (55%, n=340) were or had gone through tertiary education, followed by those who were or had gone through high school education (38%, n=340) and the least in numbers (7%, n=340) were in or dropped studies at primary education level. The highest level of education was boarding status for 68% (n=340) and day status for the remaining 32% (n=340).

The study established that 78% (n=340) of the respondents were of Christian religion while 22% (n=340) were of Muslim religion. Twenty eight per cent (28%, n=340) were full time students while the rest assumed three occupational status namely; business/self employment (38%, n=340), casual laborers (24%, n=340) and formal employment (10%, n=340).

3.2. Utilization of Youth-Friendly Sexual and Reproductive Health Services

About two thirds (64%, n=340) of the sampled youths were affirmative to ever- used the Youth-Friendly Sexual and Reproductive Health Services while the rest have never utilized the services.

3.3. Provider-Related Factors

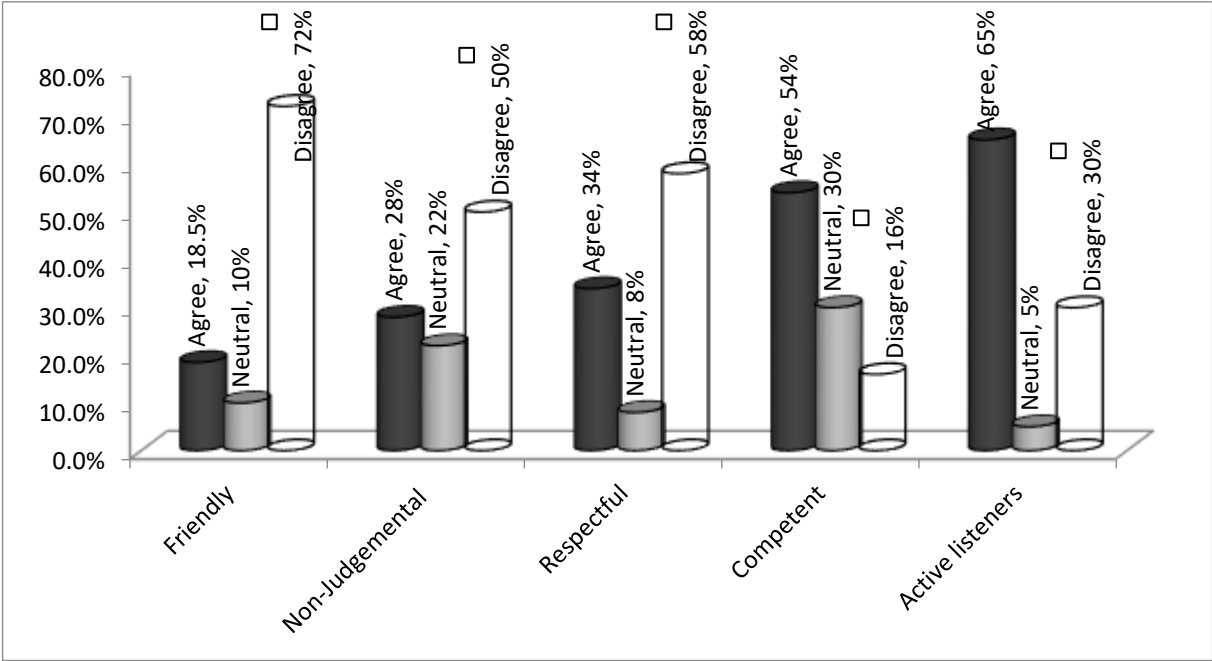


Figure 1: Respondents perceptions concerning Health Provider Factors

Most of the respondents agreed that the providers of Youth Friendly Sexual and Reproductive Health services are either competent (54%, n=340) or active listeners (65%, n=340). The other details of provider attributes are summarized in Figure 1.

3.4. Health System Factors

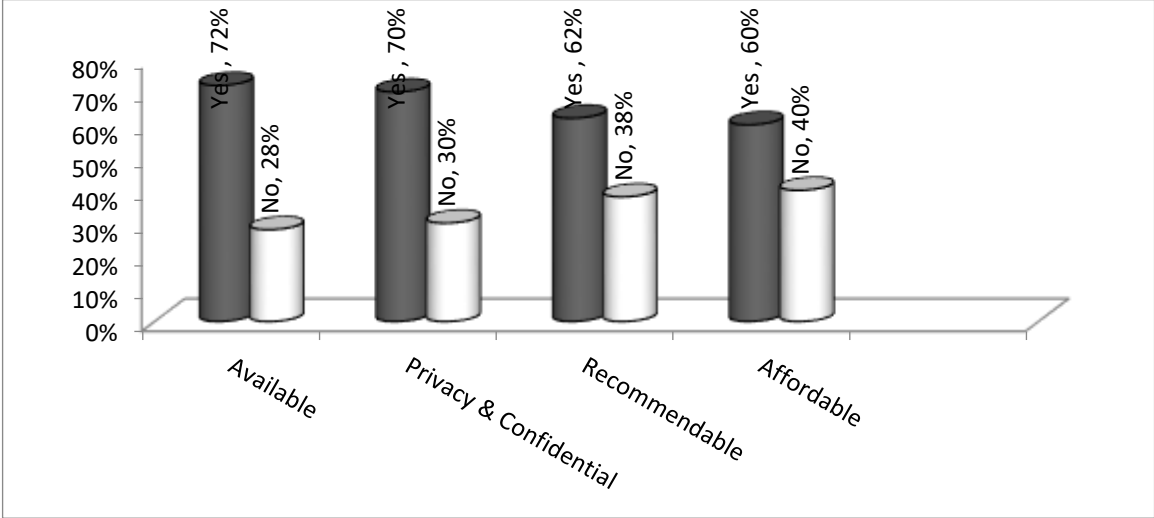


Figure 2: Respondents perceptions concerning Health System Factors

Most of the respondents were affirmative that the Youth Friendly Sexual and Reproductive Health services are either available (72%, n=340) or adhered to privacy and confidentiality (70%, n=340). The other details of health system factors are summarized in Figure 2.

3.5. The association between dependent variables and utilization of Youth-Friendly Sexual and Reproductive Health Services

3.5.1. Health provider factors of Utilization of YFSRH services

Table 1
Health provider factors Versus Utilization of YFSRH services

Variable	Response	Utilizatio of YFSRHS	Percentage	X ²	p-value
Providers Are Non-Judmental	Yes	102	60.0%	5.012 ^a	.055
	No	116	68.0%		
Friendly	Yes	58	92.%	55.466 ^a	.000
	No	151	54.1%		
Respectful	Yes	93	80.0%	17.744 ^a	.000
	No	125	55.8%		
Competent	Yes	125	68.0%	0.579 ^a	.065
	No	93	59.6%		
Active Listeners	Yes	186	84.0%	0.089 ^a	.011
	No	52	44.0%		

A Pearson Chi Square test of independence was employed to compare the health provider factors by the utilization of utilization of Youth Friendly Sexual and Reproductive Health Services. A significant association was demonstrated between the utilization of Youth-Friendly Sexual and Reproductive Health Services and its utilization and providers’ friendliness variable ($\chi^2(1) = 55.466$, $p = 0.000$), providers’ respectful attitude variable ($\chi^2(1) = 17.744$, $p = 0.000$), and providers’ active listening skills variable ($\chi^2(1) = 0.089$, $p = 0.011$) on The results of test of association using Pearson Chi Square test of independence as summarized in Table1.

3.5.2. Health System factors of Utilization of YFSRH services

Table 2
Health system factors Versus Utilization of YFSRH services

Variable	Response	Utilizatio of YFSRHS	Percentage	X ²	p-value
Availability	No	52	44.0%	2.016 ^a	.07
	Agree	157	64.0%		
Affordability	Neutral/ disagree	61	64.2%	0.021 ^a	.001
	Agree	206	92.0%		
	Neutral/ disagree	12	5.0%		
Privacy And Confidentiality	Agree	209	88.0%	0.019 ^a	.001
	Neutral/ disagree	9	9.2%		
Recommendion of YFSRH to a friend	Agree	171	68.0%	0.858 ^a	.520
	Neutral/ disagree	59	67.0%		

A Pearson Chi Square test of independence was employed to compare the health system factors by the utilization of utilization of Youth Friendly Sexual and Reproductive Health Services. A significant association was demonstrated in affordability variable ($\chi^2(1) = 0.021$, $p = 0.001$). Additionally, a significant association was also shown in privacy and confidentiality variable ($\chi^2(1) = 0.019$, $p = 0.001$) on Youth-Friendly Sexual and Reproductive Health Services and its utilization. The results of test of association using Pearson Chi Square test of independence as summarized in Table 2.

4. DISCUSSION, CONCLUSION AND RECOMMENDATIONS

4.1. Discussion

4.1.1. Utilization of Youth-Friendly Sexual and Reproductive Health Services

About two thirds (64%, n=340) of the sampled youths were affirmative to ever- used the Youth-Friendly Sexual and Reproductive Health Services which compares to another study done Nairobi, Kenya by Mutua et al., (2020) which stated that the uptake of Youth-Friendly Sexual and Reproductive Health Services is up to 67.9%. This level of utilization Youth-Friendly Sexual and Reproductive Health Services is better than the regional figures such as Uganda 42% (Ninsiima et al., 2021) and Tanzania at 46% (Kihwele et al., 2024).

Whereby it is evident that Kenya is doing better in utilization Youth-Friendly Sexual and Reproductive Health Services than its peer countries in the region, it is my position that we have not achieved the target of 85% utilization as envisaged in the Adolescent Reproductive Health and Development Plan of Action 2005-2015

4.1.2. Significant provider factors

A Pearson Chi Square test of independence was employed to compare the health provider factors by the utilization of utilization of Youth Friendly Sexual and Reproductive Health Services. It established that three health providers factors were significantly associated with the utilization of Youth Friendly Sexual and Reproductive Health Services namely providers friendliness variable ($\chi^2(1) = 55.466$, $p=0.000$), respectful attitude variable ($\chi^2(1) = 17.744$, $p=0.000$) and providers' active listening skills variable ($\chi^2(1) = 0.089$, $p=0.011$). Though the significance level and degree of utilization may differ from one study to another, there is a convergence that several human disposition that are consistent with good interpersonal relationship eventually influence the utilization of Youth Friendly Sexual and Reproductive Health Services locally to globally(Embleton et al., 2023; Kihwele et al., 2024; Mutua et al., 2020; Ninsiima et al., 2021).

Firstly, a significant association was demonstrated between the utilization of Youth-Friendly Sexual and Reproductive Health Services and its utilization and providers' friendliness variable ($p=0.000$). Among those who considered the providers of this service to be friendly 92% have utilized the service compared with 54% from the group of youths who consider the providers are not friendly. The spirit of friendship welcomes those who may need a service.

Secondly, a significant association was demonstrated between the utilization of Youth-Friendly Sexual and Reproductive Health Services and its utilization and providers' respectful attitude variable ($p=0.000$). Among those who considered the providers of this service to be respectful 80% have utilized the service compared with 56% from the group of youths who consider the providers are not respectful. Respect is earned and usually comes with kindness of actions including in health services.

Lastly on provider factors, a significant association was demonstrated between the utilization of Youth-Friendly Sexual and Reproductive Health Services and providers' active listening skills variable ($p=0.011$). Among those who considered the providers of this service to be active listeners 84% have utilized the service compared with 44% from the group of youths who considered the providers not active listeners. The youths will feel appreciated and encouraged when given an

active and attentive listening. An appreciated youth will be optimistic and proactive one in their own health matters.

4.1.3. Significant Health system factors

A Pearson Chi Square test of independence was employed to compare the health system factors by the utilization of utilization of Youth Friendly Sexual and Reproductive Health Services. It established that two health system factors were significantly associated with the utilization of Youth Friendly Sexual and Reproductive Health Services namely affordability of the service ($\chi^2(1) = 0.021$, $p=0.001$) and privacy and confidentiality variable ($\chi^2(1) = 0.019$, $p=0.001$). Several other studies that have concurred with this findings over-emphasizing the importance of health systems factors on uptake of health services(Embleton et al., 2023; Kihwele et al., 2024; Murigi et al., 2020; Mutua et al., 2020; Nyaga, 2023; Obiezu-Umeh et al., 2021)

Firstly, a significant association was demonstrated between the utilization of Youth-Friendly Sexual and Reproductive Health Services and its affordability ($p=0.001$). Among those who considered this service to be affordable, 92% have utilized the service compared with 5% from the group of youths who considered the service not affordable. It is noteworthy, to state that there is high unemployment in Kenya and youths are the most affected for lack of gainful employment of about 6.6%(KNBS, 2019). Most of the youths are in transition from financial dependence to independence and thus may not have achieved financial freedom to have a latitude on cost of Youth-Friendly Sexual and Reproductive Health Services.

Secondly, a significant association was demonstrated between the utilization of Youth-Friendly Sexual and Reproductive Health Services and its privacy and confidentiality ($p=0.019$). Among those who considered this service to be private and confidential, 88% have utilized the service compared with 9% from the group of youths who considered the service not private and confidential. Privacy and confidentiality is crucial to the youths because is directly influences their willingness to seek care, particularly for sensitive issues sexual and reproductive health.

4.2. Conclusion

About two thirds (64%, $n=340$) of the sampled youths were affirmative to ever- used the Youth Friendly Sexual and Reproductive Health Services which is considered suboptimal .

The study established that utilization of Youth-Friendly Sexual and Reproductive Health Services is significantly associated with three providers factors namely providers friendliness variable ($p=0.000$), respectful attitude variable ($p=0.000$) and providers' active listening skills variable ($p=0.011$). The study also demonstrated that utilization of Youth-Friendly Sexual and Reproductive Health Services is significantly associated with two health system factors namely affordability of the service ($p=0.001$) and privacy and confidentiality variable ($p=0.001$).

4.3. Recommendations

This study thus recommends that policies and programs to upscale the utilization of Youth Friendly Sexual and Reproductive Health Services should focus on refining the health providers' attributes or disposition such as friendliness, respectful attitude and active listening skills. Additionally this study underscores the importance of repackaging the Friendly Sexual and Reproductive Health Services to be affordable and offered in an aura of privacy and confidentiality. Furthermore, the

curriculums should include the peculiarities or sensitivity of Youth-Friendly Sexual and Reproductive Health Services in nursing or medical schools to mitigate on the provider gaps demonstrated. It is also imperative for the environment to be alive to the fact that the environment for provision of Friendly Sexual and Reproductive Health Services should be conducive, private and confidential is guaranteed. Similar studies need to be done in a greater scope and exploring experimental or Quasi-experimental designs for more precise output.

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