
**CHALLENGES FACING ACCESS TO SEXUAL REPRODUCTIVE
SERVICES AMONG STUDENTS OF CHUKA UNIVERSITY**

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ABSTRACT

Purpose: Reproductive health is essential component of public health and can considerably influence the quality of life. No previous studies had been carried out to establish status of access to these crucial services amongst the students in Kenyan universities. However, studies from other universities in other parts of the world and Africa highlighted numerous issues impending access to these crucial services. The study aimed to determine the challenges facing access to sexual reproductive services among students of Chuka University.

Methodology: It adopted a descriptive cross-section research design.

Findings: The results revealed that religion played a key role in impending access to reproductive health services among the respondents, with 72% reporting to have been prohibited from seeking reproductive health services.

Conclusions and Recommendation: The study concluded that the students continue to face various challenges, in effort to access reproductive health services which include unavailability of services required by the students, long waiting time, judgmental attitudes between students, parents and the service providers, service providers who lack knowledge on how to provide services to the youths and finally prohibitive cost for some services which is beyond the student means. It was recommended that peer to peer groups to be formed and among these groups peer educators to be identified trained on health education on reproductive health, condom distribution and identification of reproductive health needs and referral for further management.

Key words: *Challenges, access, sexual reproductive services, University students*

1.0 INTRODUCTION

Reproductive health is key component in ensuring maintenance of good health for the youth who are the key drivers of our economy. It is defined as a ‘state of complete mental, physical and social wellbeing and not merely the absence of disease or infirmity in all matters relating to reproductive health systems and to its functions and processes’ (WHO, 2006). Reproductive health therefore, implies that people are able to have satisfying, safe sex life, have capability to reproduce and have a freedom to decide if and when and how to do so (WHO, 2007). Components of reproductive health according to ICPD (September, 1994) are as follows: safe motherhood, abortion and post abortion care, family planning, information education and communication and counseling for Reproductive Health (RH) services, infertility prevention and treatment, adolescent reproductive health, sexually transmitted infection and reproductive health cancers screening and treatment. Kenya has multiple policies and guidelines that favor provision of information and services to young people. However, these policies are not well translated into services due to involvement of several government ministries and other agencies in co-ordination and provision of services to the youth. This multiple co-ordination by several actors resulted to competition, duplication of services hence affecting the quality and accessibility of care to the youths (MOH, 2015).

1.1 Statement of the Problem

According to World Health Organization (WHO, 2013) there is about 20 million unsafe abortions procured every year, out of this total about 90% were happening in developing countries. The same report continues to say that young people who had low levels of knowledge on sexual and reproductive health had more risk of unintended pregnancies, unsafe abortions and sexually transmitted infections including HIV.

Ethiopia policy intervention brief (2013) reported that presently about two thirds of university students in Ethiopia and other universities of the world reported being sexually active. It continues to highlight that a large number of students engaged in risky sexual behavior such as having multiple sexual partners, inconsistent contraceptive use and intergenerational sex. All the above factors contributed to increased incidences of student contracting sexually transmitted infection including HIV and also unintended pregnancies. This study sought to find out the challenges facing access to sexual reproductive services among students of Chuka University.

1.2 Purpose of the Study

The study aimed to determine the challenges facing access to sexual reproductive services among students of Chuka University.

2.0 EMPIRICAL REVIEW

2.1 Barriers the youth and student face in accessing SRH services

Globally, existing barriers to access and utilization of Sexual reproductive Health (SRH) services includes poor access, availability and acceptability of services (WHO, 2007). Sendrowitz (2003) in the study on rapid assessment to reproductive health services reported that significant barriers posted by the current state of services are perceived to be unwelcoming to the youth.

Youths in Africa and other parts of the world face barriers in form of laws and policies that prohibit in serving the youth. Such laws fail to recognize both the youth's needs and their ability to make sexual health decisions (USAID, 2013).

Pengpid and Peltzer (2016), , in their article of sexuality studies observed that sex and sexuality conflicting messages and norms which are perpetuated by lack of basic right to SRH services among the youth result to young people being unable to seek help.

A study in Cambodia showed that barriers posted to reproductive health services included lack of confidentiality, shyness, poor relations with health staff and low prioritization by parent for reproductive health services (Andra, 2007). Ehrle (2011), on his reports on situation of reproductive health services in the country found that the youths in El Salvador face several challenges when assessing sexual and reproductive health services including among others lack of awareness about their sexual rights, information, confidentiality and negative attitudes from health provider.

WHO (2013) in their status of reproductive health services in Eastern Europe and Central Asia indicates that they had alarming low levels of contraceptive prevalence rates lower than the average world least developed countries. In countries like Alabama, 45% of the sexually active young women aged 15 to 24 years rely on traditional method of contraception, while just 13% use modern methods of contraception (Jen, 2014). Manal, Khalid and Catherine (2014) in their study about SRH among university student in Saudi Arabia found that issues of sex is a very sensitive matter resulting to shortage of teachers who are willing to communicate on issues of sexual and reproductive health due to religious and cultural taboo. Absence of knowledge means

that women cannot make or are not in a position to make informed and correct choice with consequence that they are likely going to suffer sexually transmitted infections and unwanted pregnancies. Manal, et al. (2014) continued to observe that widespread assumption that women need not to be knowledgeable about their own SRH especially if they are single as it is considered taboo thus impeding access to these vital services. Moreover, the higher social and religious value which is placed on virginity in most Arab countries put unmarried women at risk of stigma or negative reaction of health professionals if they try to seek contraceptives or RH services.

WHO (2010), reports that in Russian federation while the government has identified young people's reproductive need as priority, health care and education systems are not yet properly equipped to address the youths specific reproductive health needs. Study conducted in Bar Dar, Ethiopia among the youth indicated that the youth face the following barriers in accessing sexual and reproductive health services. Social cultural norms that prohibits youth from accessing care, taboos, judgmental attitudes of service providers, lack of confidentiality and privacy, high cost of services, unfavorable attitudes of the parents towards youth seeking reproductive health services and negative community perception toward premarital sex (Holley, 2011). KDHS (2008) tried to find out reasons behind not using contraceptives among the women under age of thirty years and they cited the following reasons for not using the contraception future fertility related reasons 40 per cent, opposition to use 31 per cent, religious prohibitions 29 per cent due to future related reasons.

Access to reproductive health services by Kenyan youth has received minimal attention given that reproductive health services information for many years has been tailored to meet the needs of the adult population resulting to neglect of the youth due to cultural sensitivity that dictates when and how reproductive information should be transmitted to the youth (Omweno, Ondigi & Ogolla 2015). Lack of clear directions of services on offer, lack of privacy, appointment times that accommodate young people's work and school schedules little or no accommodation for work and limited contraceptive supplies and options calling for referral are also impediment to access of SRH services to this population (MOH, 2009).

3.0 METHODOLOGY

The study adopted a descriptive cross-section research design. A sample of 50 students and two (2) key informants from Chuka University clinic and Chuka County hospital respectively were selected using purposive and convenience sampling methods. Data was collected using structured questionnaires for the students and interview schedule for the health workers. Analysis of data was carried out using excel spread sheet and presented using graphical figures.

4.0 RESULTS AND DISCUSSION

4.1 Prohibition of sexual reproductive services based on religion of the respondents

The pie chart in Figure 1 shows that 74% (n=36) of the respondents were prohibited by the religion from seeking reproductive health services while 26 % (n=14) of the respondent faced no prohibition at all on account of religion.

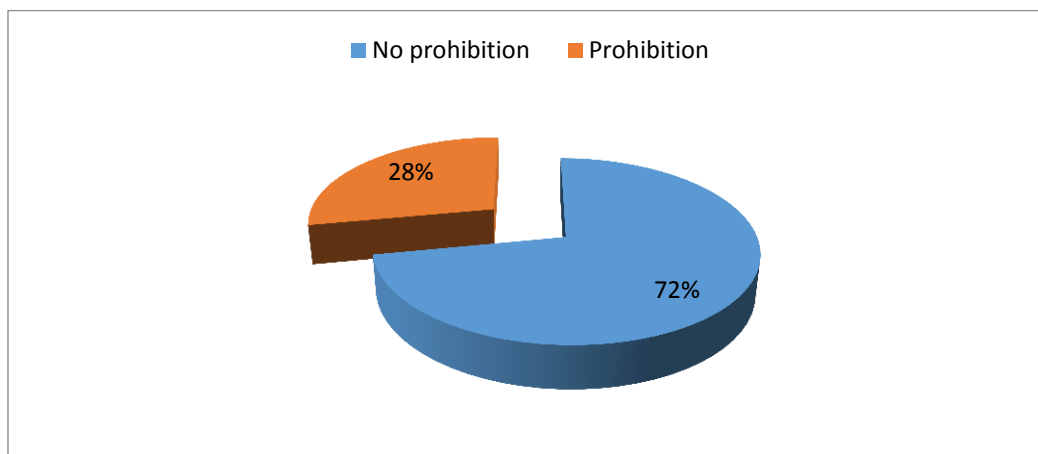


Figure 1: Those not prohibited and prohibited based on religion

4.2 Reason for prohibition

The bar graph in Figure 2 shows that among 36 respondents who said that they were prohibited by religion from seeking sexual reproductive health services 35.7% (n=12) reports that it is encourages immorality, 28% (n=10) it is a bad behaviour, 7.1% (n=4) prohibit sex among unmarried, 14.2% (n=4 sex) sex among unmarried is against the will of God, 4%(n=4) religion encourages abstinence.

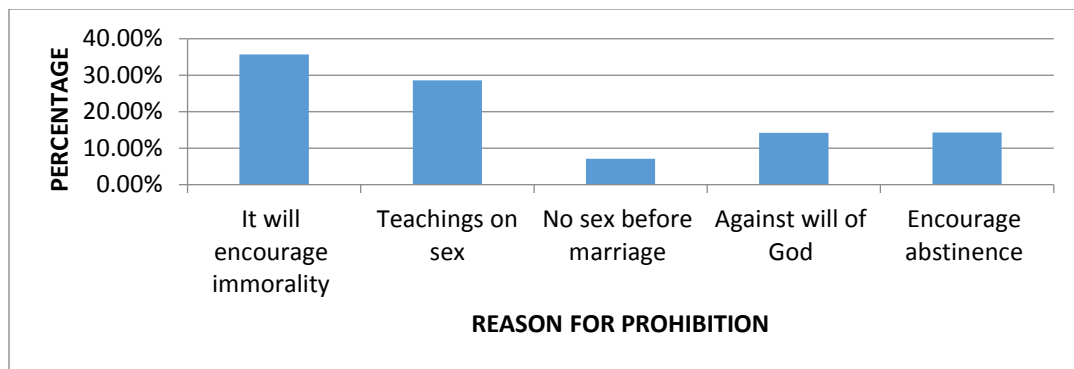


Figure 2: Reason for prohibition

4.3 Reasons for missing the sexual reproductive services

The results from Figure 3 indicated that 40% (n=8) who missed reproductive health services cited long queue, 30 % (n=6) reported that services were unavailable, 15% (n=3) found people and felt shy and left before being attended, 10% (n=2) found the clinic closed on that day and 5% (n=1) health care provider was harsh and refused to offer them services.

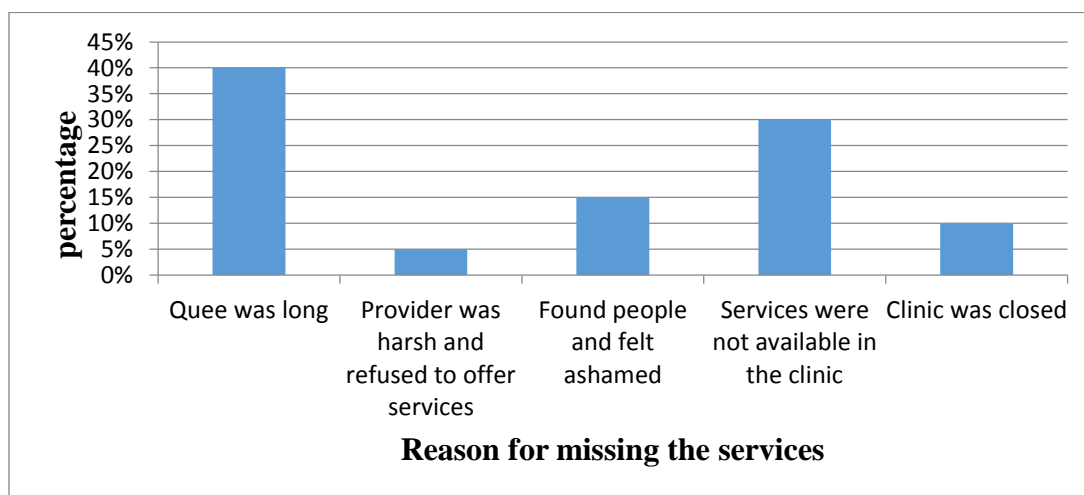


Figure 3: Reason for missing the services

4.4 How easy or difficult is it to discuss sex related matters with the parent

Figure 4 indicates that out of the 50 respondents who were asked on how easy or difficult it is to discuss sexuality matters 32 % (n=16) said that discussion on sexual matters with parent is very difficult, 28% (n=14) said it is difficult, 14 % (n=12) said it is easy to discuss sexual issues, while 16% (n=8) they discussion sexual issues with parent to them is extremely easy.

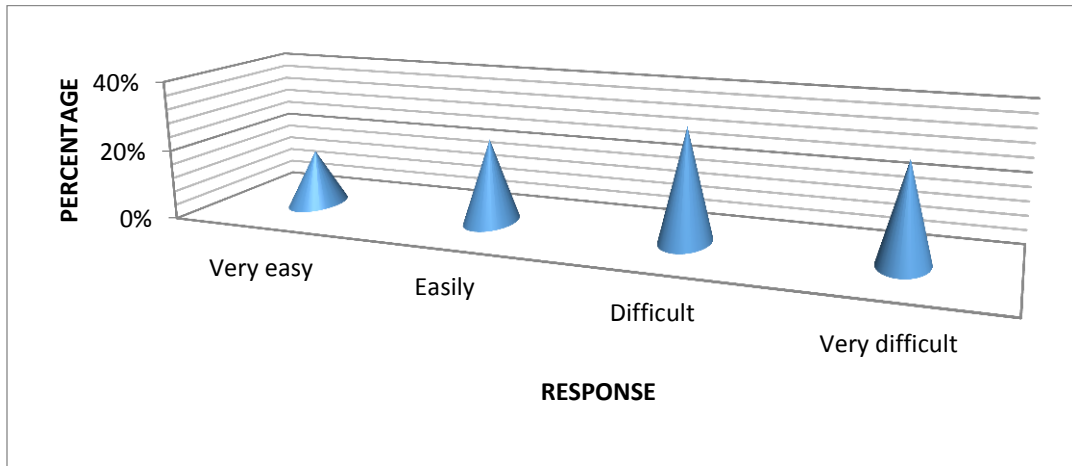


Figure 4: How easy or difficult it is to discuss sex matters

4.5 Reason they find it easy or difficult to discuss sexual issues with the parent

Figure 5 reveals that 34% (n=17) of parent embrace openness, 20% (n=10) shyness on the side of the respondent, 14% (n=7) parents are unfriendly, 12% it is against the culture to discuss sexual issues, 10% (n=10) age gaps between respondents and the parent, 10% (n=5) extreme religious belief against sex among the youths.

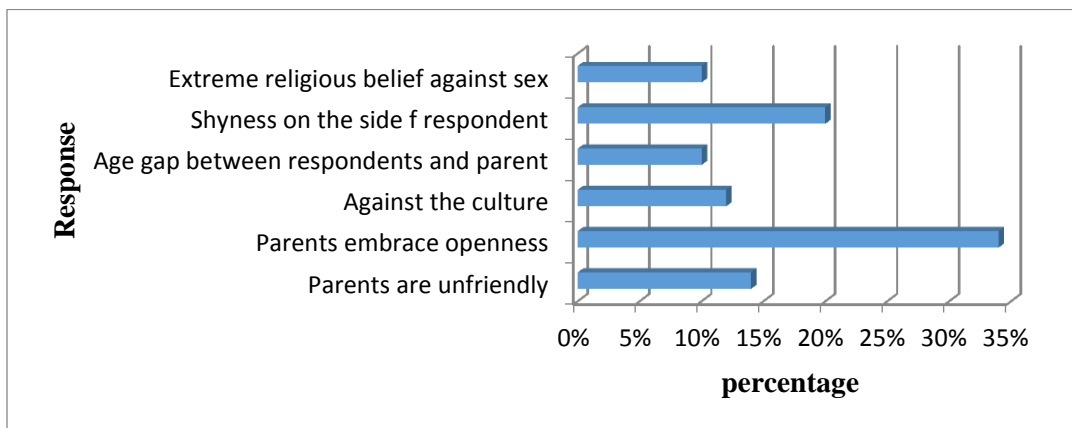


Figure 5: Why it is easy or difficult to discuss sexual matters

4.5 Analysis for key informants persons

On what hinders the students from utilizing the services it was reported that it is due to lack of information and fear to open up on reproductive health issues. The following challenges were reported by key informants that they face in provision of services to the students: failure to provide adequate information on the illness, lack of knowledge on reproductive health issues and overwhelming workload due to inadequate personnel.

5.0 CONCLUSION

The students continue to face various challenges, in effort access reproductive health services which includes unavailability of services required by the students, long waiting time, judgmental attitudes between students, parents and the service providers, service providers who lack knowledge on how to provide services to the youths and finally prohibitive cost for some services which is beyond the student means.

6.0 RECOMMENDATIONS

Peer to peer groups to be formed and among these groups peer educators to be identified trained on health education on reproductive health, condom distribution and identification of RH needs and referral for further management. Training on youth friendly services provision; youth reproductive package of care and stigma reduction and discrimination to the service providers in university health clinic and Chuka county referral hospital.

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