

**FACTORS INFLUENCING UTILIZATION OF ADOLESCENT SEXUAL
REPRODUCTIVE HEALTH SERVICES IN SELECTED PRIMARY
HEALTH FACILITIES IN TRANS-NZOIA COUNTY, KENYA**

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DECLARATION

This project is my original work and has not been presented for a degree in any university.

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DEDICATION

I dedicate this thesis to my family for their steadfast love and support during my studies.

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ABSTRACT

Despite the reproductive health needs of adolescents and youths being supported by different organizations, utilization of those services is low. All efforts have not been felt across Trans-Nzoia County primary health facilities, as is evidenced by persistent reproductive health problems; therefore, there is a need to conduct a study on the factors influencing the utilization of adolescent sexual reproductive services at selected primary health facilities in Trans-Nzoia County. Specifically, the study sought to assess the influence of demographic factors, socio-economic factors, human resource factors, and availability of medical products on the utilization of adolescent sexual reproductive services in selected Primary health facilities in Trans-Nzoia County. The study was anchored on sociological theory and Andersen's phase two model. The study adopted a descriptive cross-sectional design. The study was conducted in Trans-Nzoia County. The target population was 2345 adolescents (10-19 Years) seeking sexual reproductive health services in 87 dispensaries and health centers each month. Dispensaries and health centers are ideal for the study since they are involved in offering primary health care. The study also targeted Community Health Assistants and Community Health Promoters. The study used a multi-stage sampling procedure. The study adopted Slovin's formula for the adolescents to get a sample of 291 adolescents. In addition, the study adopted stratified random sampling to get the sample of adolescents in each sub-county. The study adopted a census sampling technique to incorporate all the 67 targeted CHAs and CHPs. The study utilized primary and secondary data. Primary data was collected through the use of questionnaires and interview schedules. A pre-test was done in Uasin Gishu County. Quantitative data was analysed using both descriptive and inferential statistics. Qualitative data was analysed using thematic content analysis. From the correlation analysis, the study concluded that there was a moderate positive and statistically significant correlation between demographic factors ($r=0.603$; $p<0.05$), socio-economic factors ($r=0.753$; $p<0.05$), human resource factors ($r=0.690$; $p<0.05$) and availability of medical products ($r=0.729$; $p<0.05$) and utilization of adolescent sexual reproductive services in selected primary health facilities. The study recommended that policymakers and government authorities should also advocate for the inclusion of a robust comprehensive sexuality education (CSE) program in school curricula. This program should cover essential topics such as sexual health, contraception, STI prevention, reproductive rights, and healthy relationships. Collaboration with educational experts to develop age-appropriate curriculum materials and teacher training programs will ensure effective delivery. The researcher also suggested that a future study should be conducted to explore in depth the cultural and social factors influencing the utilization of adolescent sexual reproductive services in Trans Nzoia County. Also, a study should be conducted to evaluate the effectiveness of intervention programs aimed at improving the utilization of adolescent sexual reproductive services in Trans Nzoia County.

TABLE OF CONTENTS

DECLARATION.....	ii
COPYRIGHT.....	iii
DEDICATION.....	iv
ACKNOWLEDGMENT	v
ABSTRACT.....	vi
LIST OF TABLES	xi
LIST OF FIGURES	xii
ABBREVIATIONS AND ACRONYMS.....	xiii
CHAPTER ONE	1
INTRODUCTION.....	1
1.1 Background of the Study	1
1.2 Statement of Problem.....	4
1.3 Purpose of the Study	5
1.3.1 Specific Objective	5
1.4 Research Hypothesis	6
1.5 Justification of the Study	7
1.6 Significant of the Study	7
1.7 Scope of the Study	9
1.8 Limitations	9
1.9 Delimitations	10
1. 10 Operational Definition of Terms.....	11
CHAPTER TWO	13
LITERATURE REVIEW	13
2.1 Introduction.....	13
2.2 Utilization of Adolescent Sexual Reproductive Health Services	13
2.3 Demographic Factors and Utilization of Adolescent Sexual Reproductive Services	15
2.3.1 Age of the Adolescents	17
2.3.2 Marital Status	19
2.3.3 Gender of the Adolescents	21

2.4 Socio Economic Status on the Utilization of Adolescent Sexual Reproductive Services	22
2.4.1 Income Level.....	26
2.4.2 Education Level	28
2.4.3 Family Belief.....	29
2.5 Human Resource Factors on Utilization of Adolescent Sexual Reproductive Services	31
2.5.1 Availability of Health Staffs	34
2.5.2 Staff Training	35
2.5.3 Willingness to Educate the Adolescents	36
2.6 Availability of Medical Products on Utilization of Adolescent Sexual Reproductive Services.....	37
2.6.1 Family Planning Products	39
2.6.2 Family Planning Education.....	40
2.6.3 STI & HIV Education	42
2.7 Theoretical Review	43
2.7.1 Sociological Theory of Adolescence	43
2.7.2 Andersen's phase two model	44
2.8 Summary of the Reviewed Literature	45
2.9 Gaps of the Study	46
2.10 Conceptual Framework	49
CHAPTER THREE	51
RESEARCH METHODOLOGY	51
3.1 Introduction.....	51
3.2 Study Design	51
3.3 Study Area.....	51
3.4 Target Population.....	52
3.5 Sample Size Determination.....	53
3.6 Pre-Test Study.....	55
3.7 Method of Data Collection.....	56
3.8 Data Analysis	57
3.9 Ethical Consideration.....	58

CHAPTER FOUR.....	59
RESEARCH FINDINGS AND DISCUSSION	59
4.1 Introduction.....	59
4.2 Pretest Results	59
4.2.1 Validity Test.....	59
4.2.2 Reliability Test Results	60
4.3 Response Rate	61
4.4 Demographic Factors	61
4.4.1 Gender of the Respondents	62
4.4.2 Age Bracket of the Respondents	63
4.4.3 Highest Education Level.....	65
4.4.4 Marital Status of the Respondents	66
4.4.5 Hospital Visit for Sexual Reproductive Services.....	67
4.5 Descriptive Statistics.....	68
4.5.1 Socio-Economic Factors	68
4.5.2 Human Resource Factors	72
4.5.3 Availability of Medical Products	77
4.5.3.1 Type of Family Planning Products Available	81
4.5.4 Utilization of Adolescent Sexual Reproductive Services	82
4.6 Inferential Statistics.....	84
4.6.1 Correlation Analysis	84
4.7 Regression Analysis	87
4.7.1 Regression Model Summary.....	87
4.7.2 ANOVA of the Regression Model.....	88
4.7.3 Multiple Regression Coefficients	89
CHAPTER FIVE	92
SUMMARY OF FINDINGS CONCLUSIONS AND RECOMMENDATIONS .	92
5.1 Introduction.....	92
5.2 Summary of the Findings	92
5.3 Conclusions	94
5.4 Recommendations	96
5.5 Suggestions for Further Studies	99

5.6 Recommendations	99
5.7 Suggestions for Further Studies	102
REFERENCES	103
APPENDICES	114
APPENDIX I: CLEARANCES FROM KEMU SERC	114
APPENDIX II: NACOSTI PERMIT	117
APPENDIX III: COUNTY GOVERNMENT OF TRANS NZOIA	
CLEARANCE	118
APPENDIX IV: QUESTIONNAIRE	119
APPENDIX V: INTERVIEW SCHEDULE	122

LIST OF TABLES

Table 3.1: Target Population.....	53
Table 4. 1: Coefficient Analysis	60
Table 4. 2: Reliability Test Results	60
Table 4. 3: Response Rate	61
Table 4. 4: Gender of the Respondents	62
Table 4. 5: Age Bracket of the Respondents.....	63
Table 4. 6: Highest Education Level.....	65
Table 4. 7: Marital Status of the Respondents	66
Table 4. 8: Hospital Visit for Sexual Reproductive Services	67
Table 4. 9: Socio-Economic Factors	69
Table 4. 10: Human Resource Factors	73
Table 4. 11: Availability of Medical Products	78
Table 4. 12: Type of Family Planning Products Available	81
Table 4. 13: Utilization of Adolescent Sexual Reproductive Services	82

LIST OF FIGURES

Figure 2.1: Conceptual Framework**Error! Bookmark not defined.**

ABBREVIATIONS AND ACRONYMS

ASRHS	Adolescents Sexual and Reproductive Health
FHI	Family Health International
HIV	Human Immunodeficiency Virus
KDHS	Kenya Demographic and Health Survey
MOH	Ministry of Health
RCH	Reproductive and Child Health
RH	Reproductive Health
RHS	Reproductive Health services
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
WHO	World Health Organization
ZDHS	Zambia Demographic Health Survey

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Access to ASRH services is essential for the general mental, physical and social well-being of young individuals. Adolescents encounter various sexual and reproduction health issues, such as unplanned pregnancies, STIs, and unsafe abortion practices (World Health Organization [WHO], 2019). Proper utilization of ASRH amenities, like family preparation, HIV counseling, and access to safe abortion amenities, empowers young people to make informed choices, promotes safe practices, and reduces health risks. Access to these services also fosters healthier transitions into adulthood by improving adolescent education outcomes, reducing maternal mortality, and enhancing gender equity in society (WHO, 2021).

In China, the degree of utilization of ASRH services is still limited, though improving in some regions. The country has made strides in expanding healthcare access to adolescents, particularly in urban areas. However, utilization remains low, especially among rural adolescents. Factors such as stigma surrounding sexual health, insufficient sexual education, and limited adolescent-friendly health services hinder uptake (Ravindran & Govender, 2020). Although China has relaxed its family planning policies and allowed access to contraception, conventional cultural norms frequently inhibit open conversations about sexual health, resulting in a widespread lack of awareness and understanding, and confidence among young people in seeking services (Ninsiima et al., 2021). This cultural reluctance, combined with

inadequate confidentiality measures at health facilities, further deters adolescents from accessing services.

In Ethiopia, the utilization of ASRH amenities amongst teenagers is still low regardless of efforts by the state and non-state organizations to improve access. The primary barriers include limited awareness, economic constraints, and sociocultural factors (Abdurahman et al., 2022). Many adolescents, particularly in rural parts, absence of admission to essential reproduction health information, which affects their ability to make informed decisions. Additionally, religious and cultural beliefs that discourage premarital sexual activity create stigma around using ASRH services. Inadequate health infrastructure and the lack of adolescent-friendly health centers also hinder access, with many adolescents reporting feelings of embarrassment and fear of being judged by healthcare providers (Path, 2019).

In Kenya, the application of ASRH services among adolescents has improved in recent years, but significant challenges remain. The country has introduced adolescent-friendly services in some health facilities and has integrated ASRH into its national health policies. However, the uptake of these services is still influenced by factors such as stigma, religious beliefs, and economic barriers. In rural and marginalized areas, access to ASRH services remains particularly challenging due to long reserves to wellbeing amenities and the cost of services. In addition, many adolescents face societal judgment for seeking sexual and reproductive health care, which discourages them from accessing services such as contraceptives and STI testing (Maryline et al., 2020). A lack of comprehensive sexual education in schools

further exacerbates the situation, leaving many young people uninformed about their reproductive health options.

Demographic aspects, like age, gender, and residence, significantly influence the utilization of ASRH services. Younger adolescents, especially those below 18, often face more barriers due to age-related stigma and lack of autonomy in making health decisions. In rural areas, adolescents are highly possible to face difficulties accessing healthcare facilities compared to their urban counterparts, contributing to lower utilization rates (Ninsiima et al., 2021). Socioeconomic factors, including education and income levels, also play a critical role. Adolescents from lower-income families may struggle to afford reproductive health services, while those with limited education may lack awareness about available services and their rights. Education, in particular, has a strong correlation with service utilization, as adolescents with advanced levels of teaching are highly likely to pursue reproductive healthcare and make informed choices.

The availability and quality of human resources within the healthcare system also influence ASRH service utilization. Healthcare providers play a crucial role in shaping adolescents' willingness to seek care. In many cases, adolescents fear being judged or treated poorly by healthcare workers, which deters them from accessing services. The lack of adolescent-friendly healthcare providers, who are qualified to encounter the unique wants of young adults, further discourages service use (Ooms et al., 2022). Additionally, the availability of medical products such as contraceptives, STI testing kits, and other essential reproductive health supplies is critical. In many low-resource settings, healthcare facilities face frequent stock-outs of these products,

which limits the ability of adolescents to access the care they need. Improving the training of healthcare workers and ensuring consistent availability of medical supplies are key strategies for increasing the utilization of ASRH services among adolescents (Wilson et al., 2020).

1.2 Statement of Problem

The uptake of reproductive health services, particularly contraceptive use, among adolescent women aged 15-19 remains a global challenge. In developing regions, only 42% of the need for modern contraceptives among adolescent women is currently being met. According to the World Health Organization (WHO) an estimated 74 million women in low- and middle-income countries experience unintended pregnancies each year, leading to 25 million unsafe abortions and about 47,000 maternal deaths annually (WHO, 2023). The uptake of reproductive health services among adolescent women in Sub-Saharan Africa is still low with some countries such as Ethiopia recording a 29% uptake. Just like in other parts of Africa the uptake of reproductive health services in Kenya is still low at 32%. Trans-Nzoia County is one of the counties in Kenya where the utilization of ASRH services is still low. Various reports indicate that the utilization of various adolescent sexual reproductive health services is still low. According to the Kenya Demographic and Health Survey (2020), the number of girls in Tran-Nzoia County aged 14-19 years who attend all Anti-natal clinic visits was 11601; in 2021, the number reduced to 7413, and in 2022, the number decreased further to 5903. This shows that there has been a decline in the utilization of adolescent sexual reproductive health services (Demographic and Health Survey, 2022). This decline in the utilization of adolescent

sexual reproductive health services is problematic as it has increased the risk of unintended pregnancies, sexually transmitted infections, and poor health outcomes while limiting young people's ability to make informed decisions about their reproductive health. According to the Kenya Demographic and Health Survey (KDHS, 2021), only 23% of women aged 15-19 in Trans-Nzoia County had access to modern contraceptives. Furthermore, the same survey showed that only 12% of adolescents aged 15-19 had received information on STIs and HIV/AIDS. The KDHS 2021 survey showed that only 14% of women aged 15-19 in Trans-Nzoia County had been tested for HIV in the 12 months preceding the survey. From the above statistics, it is evident that there is an issue in the utilization of adolescent sexual reproductive health services therefore, the study sought to assess factors influencing the utilization of adolescent sexual reproductive health services in selected primary health facilities in Trans-Nzoia County, Kenya.

1.3 Purpose of the Study

The purpose of the study was to assess factors influencing the utilization of adolescent sexual reproductive services at selected primary health facilities in Trans Nzoia County.

1.3.1 Specific Objective

- i.** To assess the influence of demographic factors on the utilization of adolescent sexual reproductive services in selected primary health facilities in Trans Nzoia County.

- ii. To establish the influence of socio-economic factors on the utilization of adolescent sexual reproductive services in selected primary health facilities in Trans Nzoia County.
- iii. To determine the influence of human resource factors on the utilization of adolescent sexual reproductive services in selected primary health facilities in Trans Nzoia County.
- iv. To establish the influence of the availability of medical products on the utilization of adolescent sexual reproductive services in selected primary health facilities in Trans Nzoia County.

1.4 Research Hypothesis

- H0₁:** Demographic factors have no significant influence on the utilization of adolescent sexual reproductive services in selected primary health facilities in Trans Nzoia County.
- H0₂:** Socio-economic factors have no significant influence on the utilization of adolescent sexual reproductive services in selected primary health facilities in Trans Nzoia County.
- H0₃:** Human resource factors have no significant influence on the utilization of adolescent sexual reproductive services in selected primary health facilities in Trans Nzoia County.
- H0₄:** Availability of medical products have no significant influence on the utilization of adolescent sexual reproductive services in selected primary health facilities in Trans Nzoia County.

1.5 Justification of the Study

There is scanty information concerning any study on the utilization of reproductive health services done in primary health facilities in Trans Nzoia County, focusing on school and college youth despite the fact that the County is well endowed with health facilities offering clinic-based reproductive health services for adolescents as envisioned in the essential package. The access to and utilization of adolescent sexual reproductive health services is a primary concern surrounding the promotion of sexual and reproductive health and rights. The need to have a healthy youth is of great value to nation's socioeconomic development because if they use adolescent sexual reproductive services promptly, a lot of health problems are reduced hence better performance at school and better future adult population (MOH, 2020). Studies by Family Health International (FHI) in 2019 further showed that attracting the youth to the clinical services has remained a challenge and that there is need to create demand and improve health seeking behavior of the youth. It was these revelations that prompted this study.

1.6 Significant of the Study

The findings of the study provide crucial insights into the specific demographic, socio-economic, human resource, and medical supply factors that affect service utilization. This can enable the county's health department to tailor adolescent reproductive health programs to address identified barriers, improve service delivery, and enhance accessibility. By focusing on the unique needs of adolescents, the department can optimize resource allocation, improve healthcare worker training, and ensure that facilities are equipped to ensures the requirements of this vulnerable

group. The findings will also support the development of county-specific interventions that can address health inequities, particularly in rural areas.

The conclusions will help the Ministry of Health in Kenya identify broader patterns and challenges in adolescent reproductive health across the country. Insights from Trans Nzoia County can be used to inform national policies and strategies on adolescent health services, potentially leading to policy reforms or the scaling up of successful interventions. The study's results provide evidence-based data that can support national campaigns aimed at improving reproductive health literacy, addressing stigma, and ensuring adequate staffing and supplies at healthcare facilities nationwide. This aid in achieving Kenya's goals under the UHC initiative and the SDGs, particularly those related to reproductive health.

The study provides a valuable reference for scholars researching teenage well-being, sexual and reproduction rights, and public health interventions. It will enrich the academic discourse on the factors influencing health service utilization among adolescents, particularly in rural or under-served areas. Scholars can build on your findings by conducting comparative studies, exploring the influence of additional variables, or evaluating the effectiveness of specific interventions. The study's findings also offer a foundation for future research on improving health services for adolescents, contributing to the formulation of more effective, evidence-based approaches.

1.7 Scope of the Study

Scope of the research section delineates the limits within which the research is conducted. The study was confined to factors influencing the utilization of adolescent sexual reproductive services at selected primary health facilities in Trans Nzoia County. The independent variables of the study were demographic factors, socioeconomic status, human resource factors, and the availability of medical products. The dependent factor was the utilization of adolescent sexual reproductive services. The target population was adolescents (10–19 years old) seeking sexual reproduction health services. County records indicate that around 2,345 adolescents visit 87 dispensaries and health centers each month. These facilities were chosen for the study due to their role in providing primary health care. Additionally, the study included CHAs and CHPs as part of its target group. The research was carried out for 12 months, from June 2023 to June 2024, with a projected budget of Ksh. 138,765.

1.8 Limitations

The limitations of the study section acknowledge the potential weaknesses or constraints that may impact the results or conclusions of the research. This section is crucial because it provides transparency about the factors that might affect the validity or generalizability of the findings. Study limitations are often outside the researcher's control, but they also provide opportunities for the future (Abbadia, 2023). One of the limitations of the study was the unwillingness of some respondents to give information freely for fear of being victimized. This was because information on sexual reproductive health services was perceived as confidential. In addition, the health dispensary administrations were hesitant to allow access to health records,

questioning the motive of the study. The vastness of health facilities in Trans-Nzoia County, Kenya, was also a challenge in terms of access and cost. Nevertheless, this was addressed since the researcher produced both the research permit and the latter, an introduction from a graduate school detailing the motive of study as academic in nature. The limitations of the study were addressed by providing assurance to all the respondents that all the information they provided was not used against them. The completed questionnaires were kept anonymous. The respondents were also assured that the information that was collected was used for academic purposes only and that the highest level of confidentiality was upheld..

1.9 Delimitations

The study was confined to the factors influencing the utilization of adolescent sexual reproductive services at selected primary health facilities in Trans-Nzoia County. The study was also delimited to demographic factors, socioeconomic status, human resource factors, and the availability of medical products. Moreover, the study was also delimited to a target population of adolescents (10–19 years old) seeking sexual reproductive health services.

1. 10 Operational Definition of Terms

Sexual reproductive services: Refer to the actions of helping patient's access reproductive health services. In this case it refers to the action of helping adolescent access reproduction health services such as maternal and new born care, availability of contraceptives and the anticipation and treating HIV or other sexually transmitted infections

Demographic Factors: Refers to characteristics that define a particular group within a population. It includes factors like gender, age education level, quantity of income, matrimonial status, profession, faith

Socio-Economic Factors: Refers to the social standing or class of an individual or group social-economic include factors including income, education, and employment

Human Resource Factors: Refers to personnel-related factors such as human resource skills and the number of health professionals required to offer sexual reproductive services effectively

Reproductive Health: It is a condition of total mental, social and physical well-being in relation to the reproduction scheme, and not just the presence of illness or sickness.

Availability of Medical Products: This refers to the contraceptives, such as family planning devices, pills, and HIV screening kits used to manage youth on sexual reproductive Health.

Adolescent: This is a young person transitioning from infant to maturity, typically among 10 to 19 years, experiencing significant physical, emotional, and social development.

Primary Health: This is an essential wellbeing based on systematically sound and informally suitable methods, accessing persons and relations in the community, focusing on prevention, wellness, and treatment of common illnesses and conditions.

Primary Health Facilities: These refers to the local health centers or clinics that provide essential healthcare services to communities, offering preventive, curative, and rehabilitative services as part of primary healthcare.

Medical Products: These are any substances or devices used for diagnosis, treatment, or prevention of diseases or medical conditions, including medications, vaccines, diagnostic tools, and medical equipment.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter gives insight into the literature and outlines the global, regional, and local aspects of demographic factors on the utilization of adolescent sexual reproductive services, socioeconomic status on the utilization of adolescent sexual reproductive services, human resource factors on the utilization of adolescent sexual reproductive services, and the availability of medical products on the utilization of adolescent sexual reproductive services. The chapter also gives a summary of the study and, lastly, research gaps.

2.2 Utilization of Adolescent Sexual Reproductive Health Services

Adolescent sexual and reproductive health (SRH) services are vital for addressing the unique health needs of young people. These services include contraception, sexual education, STI prevention and treatment, and maternal health care. The utilization of these services by adolescents is an indicator of how well health systems are meeting their needs and can reveal gaps that need addressing (World Health Organization, [WHO] 2020). Multiple factors, such as accessibility, cultural attitudes, education, and policy frameworks influence the effective utilization of these services by adolescents. Understanding these factors is essential for improving SRH outcomes for adolescents globally.

First, accessibility is a fundamental determinant of the utilization of adolescent SRH services. Accessibility encompasses both the physical availability of services and the affordability of these services to young people (Bearinger et al., 2019). Studies have

shown that adolescents often face significant barriers to accessing SRH services, including geographic distance from health facilities and financial constraints. Additionally, health facilities may lack youth-friendly services, which can deter adolescents from seeking care (Chandra-Mouli et al., 2019). Implementing mobile clinics, subsidizing health care costs, and ensuring that health services are youth-friendly can significantly enhance the utilization of SRH services among adolescents.

Cultural attitudes and societal norms also play a crucial role in shaping the utilization of SRH services by adolescents. In many cultures, discussing sexual and reproductive health is taboo, and adolescents may feel stigmatized for seeking these services (Haberland & Rogow, 2020). This stigma is often compounded by a lack of privacy and confidentiality in health care settings, which can discourage young people from accessing care. Efforts to promote cultural sensitivity and confidentiality in health care and public education campaigns to normalize conversations about SRH can help mitigate these barriers and encourage adolescents to utilize SRH services (Kirby et al., 2021).

Education is another critical factor influencing the utilization of SRH services. Comprehensive sexual education equips adolescents with the knowledge they need to make informed decisions about their sexual and reproductive health (UNESCO, 2018). Evidence indicates that adolescents who receive comprehensive sexual education are more likely to use contraceptives and less likely to engage in risky sexual behaviors. However, many education systems either lack comprehensive sexual education programs or provide inadequate information (Guttmacher Institute,

2019). Strengthening sexual education curricula and ensuring that they are age-appropriate and inclusive can significantly improve the utilization of SRH services.

2.3 Demographic Factors and Utilization of Adolescent Sexual Reproductive Services

Constantine and Jerman (2017) focused on the demographic and psychological predictors of parent-adolescent communication about sex: a representative statewide analysis. A representative statewide sample of households with adolescents (907) from a large and diverse state in the United States was employed to examine the content and extent of sexual communication between parents and their adolescents and the influence of selected primary demographic (age and gender), socio-demographic (Hispanic ethnicity, education, and religious attendance), and psychological (self-reported comfort, knowledge, and sexual communication difficulties) factors on the number of topics discussed. More than two-thirds of the parents reported experiencing some type of sexual communication difficulties, such as developmental concerns and embarrassment. Hierarchical regression results indicated that self-reported comfort, knowledge, and sexual communication difficulties strongly predicted the number of topics discussed beyond the effect of demographic variables.

Darteh, et al. (2019) did a study on understanding the socio-demographic factors surrounding young people's risky sexual behavior in Ghana and Kenya. The paper used data from Ghana and Kenya's 2014 Demographic and Health Surveys. Young people between the ages of 15 and 24 who were not married or living with a man or woman were included in the study. They comprised 2545 females and 1437 males

from Ghana and 3546 females and 4317 males from Kenya. The data was analyzed by descriptive analyses and the binary logistic regression estimation technique. While awareness of AIDS was universal among the youth of both countries, utilization of condoms for last-period sex was low. Risky sexual behavior among young people was significantly associated with age, level of education, wealth status, and religion. Among males and females in Ghana, the odds of sexual risk-taking behavior were higher among those who were employed than those who were unemployed.

Abiodun et al. (2018) focused on the demographic factors related to male involvement in reproductive health care services in Nigeria. A multi-stage sampling procedure selected a cross-sectional study of 1530 married men aged 25 to 45 years. Bivariate and logistic regression analyses were performed, with male involvement in reproductive health care as the dependent variable. Although 65.9% of the respondents discussed reproductive health issues with their wives, only 39.6% accompanied them during visits to clinics. Less than one-third (30.9%) of the respondents were involved in reproductive health care. Male involvement in reproductive health care is predicted by having completed at least secondary education (OR 4.337; $p = 0.007$).

Khurana and Bleakley (2019) focused on young adults' sources of contraceptive information: variations based on demographic characteristics and sexual risk behaviors. Nationally representative data from 1800 unmarried young adults aged 18–29 years were analyzed to (1) examine the sources of contraceptive information most frequently used by young adults and (2) assess variations (if any) in source use

based on demographic characteristics and sexual risk history (determined based on past sexual behaviors). Significant variations existed in source use based on demographic characteristics and sexual risk history. Females were more likely to obtain contraceptive information from health care professionals, whereas males were more likely to report friends, partners, the internet, and television or radio as their most frequently used sources. Young adults with a sexual risk history were more likely to rely on doctors and nurses and less likely to report friends and the internet as their frequently used sources than those without a sexual risk history.

2.3.1 Age of the Adolescents

Adolescence is a critical period marked by significant physical, emotional, and psychological changes. This stage of life, typically ranging from ages 10 to 19, encompasses a diverse range of experiences and needs, particularly in the realm of sexual and reproductive health (Wakasa & Oljira, 2018). Their age profoundly influences the utilization of SRH services among adolescents, as different age groups within adolescence have distinct requirements, challenges, and barriers to accessing these services.

Younger adolescents between the ages of 10 and 14 often face unique barriers to utilizing SRH services. At this stage, many adolescents are just beginning to experience puberty and may not yet be sexually active. However, this period is crucial for laying the groundwork for future SRH (Sivagurunathan & Umadevi, 2017). Despite the importance of early education and preventive care, younger adolescents frequently encounter obstacles such as a lack of age-appropriate information and services. Many health services are not designed with this age group

in mind, often focusing instead on older adolescents, who are more likely to be sexually active. Moreover, parents and guardians may be hesitant to discuss sexual health with younger adolescents, contributing to a lack of awareness and preparedness (Demena & Regassa, 2019).

As adolescents transition into the 15–19 age group, their SRH needs and utilization patterns change significantly. This older group is more likely to be sexually active and thus has a greater need for services such as contraception, STI testing and treatment, and sexual education. Studies have shown that utilization rates of SRH services increase with age, reflecting the heightened awareness and necessity for these services among older adolescents (Rama & Gopalakrishnan, 2014). However, this group still faces substantial barriers, including stigma, lack of confidentiality, and limited access to youth-friendly services. For instance, older adolescents might avoid seeking SRH services due to fear of judgment from healthcare providers or concerns about privacy, particularly in small communities where anonymity is hard to maintain.

The intersection of age and gender further complicates the utilization of SRH services among adolescents. Adolescent girls, particularly in the older age group, often face additional challenges, such as societal expectations and gender-based discrimination (Munea & Alene, 2019). In many cultures, girls are expected to adhere to strict norms of modesty and chastity, which can hinder their willingness to seek SRH services. This can be particularly pronounced in regions with high rates of child marriage, where adolescent girls may face pressure to conform to traditional

roles at a young age. Conversely, adolescent boys may face different types of stigma, often related to masculinity and perceptions of vulnerability.

Educational initiatives tailored to different age groups can significantly improve the utilization of SRH services among adolescents. For younger adolescents, comprehensive sexual education programs that start early and are age-appropriate can provide essential knowledge and skills before they become sexually active (Sivagurunathan & Umadevi, 2017). Such programs should focus on basic anatomy, puberty, and healthy relationships, building a foundation for more complex topics as they grow older. For older adolescents, education should include detailed information on contraception, STI prevention, and consent. Schools play a pivotal role in delivering this education, but community-based programs and digital platforms are also valuable in reaching out-of-school youth (Rama & Gopalakrishnan, 2014).

2.3.2 Marital Status

Marital status can have a significant impact on an individual's utilization of reproductive health services. Research has shown that married individuals tend to utilize reproductive health services more frequently than unmarried individuals. However, this relationship is complex and influenced by various factors (Debelew & Sibhat, 2019). Married individuals may have better access to reproductive health services as they often have more stable relationships and support systems. They may also have higher education and income levels, which can increase their ability to access and afford reproductive health services. Additionally, married individuals may

face fewer barriers to accessing reproductive health services, as they may have the support of their partner and/or family members.

On the other hand, unmarried individuals may face unique challenges in accessing reproductive health services. They may be less likely to have health insurance or financial resources to pay for services. They may also experience stigma or discrimination related to their unmarried status or sexual orientation, which can discourage them from seeking reproductive health services (Ansha et al., 2019). However, unmarried individuals may also have different reproductive health needs than married individuals. For example, they may have a greater need for family planning services to prevent unintended pregnancies, as they may not have the support of a partner or spouse. Unmarried individuals may also have unique sexual health concerns, such as a higher risk of sexually transmitted infections due to engaging in casual or multiple sexual partnerships. Efforts to improve the utilization of reproductive health services among both married and unmarried individuals must address these complex factors. Health education and awareness campaigns can increase knowledge of available services and how to access them (Ninsiima et al., 2019).

Healthcare providers can create a safe and supportive environment that addresses individuals' unique needs and concerns, regardless of marital status or sexual orientation. Policies and programs supporting access to reproductive health services, such as insurance coverage and funding for family planning services, can also help improve utilization among married and unmarried individuals (Abebe & Awoke, 2019). In conclusion, marital status can have a significant impact on an individual's

utilization of reproductive health services, but the relationship is complex and influenced by various factors. Improving access to and utilization of reproductive health services requires a comprehensive approach that addresses the unique needs and barriers faced by individuals of different marital statuses.

2.3.3 Gender of the Adolescents

Gender plays a critical role in the utilization of sexual and reproductive health services. Men and women have different reproductive health needs and face different barriers to accessing services. In many societies, women face significant barriers to accessing sexual and reproductive health services due to gender inequality and discrimination (Mulaudzi et al., 2018). Women's sexual and reproductive health needs may be marginalized or stigmatized, and they may have limited decision-making power related to their sexual and reproductive health. Women may also face financial barriers, such as the cost of contraceptives, which can limit their access to reproductive health services. Additionally, women may face challenges related to confidentiality and privacy, particularly in settings where male healthcare providers dominate (Ayaya & Esamai, 2017).

On the other hand, men may be less likely to seek sexual and reproductive health services due to cultural norms and expectations around masculinity. Men may feel uncomfortable discussing sexual and reproductive health issues or seeking services related to family planning or sexually transmitted infections (Ayehu et al., 2019). They may also have limited knowledge of available services and how to access them. Efforts to improve the utilization of sexual and reproductive health services among both men and women must address these gender-specific barriers. Health education

and awareness campaigns can increase knowledge of available services and how to access them, particularly for women who may have limited access to information. Healthcare providers can create a safe and supportive environment that addresses the unique needs and concerns of men and women, including ensuring confidentiality and privacy. Policies and programs that support access to reproductive health services, such as insurance coverage and funding for family planning services, can also help to improve utilization among both men and women (Braeken & Rondinelli, 2019).

2.4 Socio Economic Status on the Utilization of Adolescent Sexual Reproductive Services

Khan, et al.(2019) conducted a study on the effect of socioeconomic, cultural, and demographic factors on women's reproductive health. A total sample size of 720 (360 users of contraceptives and 360 non-users of contraceptives) was selected using systematic random sampling techniques. A well-structured interview schedule consisting of open-ended and closed-ended questions was prepared to explore the research objectives. Inferential and multivariate analysis demonstrates the importance of socio-economic factors in determining the respondents' family size and their choices about the use or not use of contraception. Gender roles and relationships in terms of spousal communication and women's participation in the decision-making process regarding family and non-family matters also play an important role in influencing reproductive health status. The cost of contraception physical and normative—is a strong predictor of contraceptive use. Positive attitudes of health care providers towards their clients in providing health care services do

positively affect the utilization of health facilities available at the health care outlets, resulting in improved women's reproductive health status.

Langille, Tomblin, and Rigby (2018) conducted a study on socio-economic factors and adolescent sexual activity and behavior in Nova Scotia. Students at four high schools in northern Nova Scotia completed surveys examining relationships between family SES factors and sexual activity (having had vaginal or anal intercourse, intercourse before age 15 (early intercourse), and risk behaviors (use of contraception or condoms, number of partners, and unplanned intercourse after substance use). The study findings revealed that in univariate analysis for young women, non-intact family structure and lower parental education were associated with having vaginal, anal, and early intercourse. Female risk behaviors showed no significant univariate associations with SES. Young men had univariate associations with family structure, lower maternal education and paternal unemployment with early intercourse, and lower paternal education with anal intercourse. Condom use was higher for young men with employed fathers; those living with both parents less often had sexual partners.

Manju (2019) sought to explore the socioeconomic dimension of adolescent reproductive health: a multicounty analysis. Nationally representative demographic and health survey data for 12 developing countries was used to assess socioeconomic differentials in reproductive health outcomes and service utilization among young women. For each country, chi-square tests were performed to identify statistically significant differences between the poorest and the richest quintiles, which were constructed using a household wealth index. The study findings revealed that in most

countries, young women from the poorest households were more likely than those from the richest households to be married by age 18 and to have had at least one child by that age; they were less likely to report a mistimed birth, to be practicing contraception, to use maternal health services, and to know how to prevent sexual transmission of HIV. Economic autonomy, school enrollment, and regular exposure to mass media were less common among poor adolescents than among rich adolescents.

Susheela, et al. (2017) conducted a study on socioeconomic disadvantage and adolescent women's sexual and reproductive behavior in five developed countries. Researchers in Canada, France, Great Britain, Sweden, and the United States used the most current survey and other data to study adolescent sexual and reproductive behavior. Comparisons were made within and across countries to assess the relationships between these behaviors and factors that may indicate disadvantage. The study findings revealed that adolescent childbearing is more likely among women with low levels of income and education than among their better-off peers. Levels of childbearing are also strongly related to race, ethnicity, and immigrant status, but these differences vary across countries. Early sexual activity has little association with income, but young women who have little education are more likely to initiate intercourse during adolescence than those who are better educated.

Nzala and Fwemba (2021) conducted a study on the association between socioeconomic status and fertility among adolescents aged 15 to 19: an analysis of the 2013/2014 Zambia Demographic Health Survey (ZDHS). A secondary analysis of the ZDHS 2013/14 data was carried out to determine the factors affecting the

fertility rate of adolescents aged 15 to 19 years using multivariate logistic regression (n = 3666). The study findings revealed that the socioeconomic factors that affect the utilization of adolescent reproductive health include residence, wealth status, educational attainment, marriage, and abortion. An urban-based adolescent with a lower socioeconomic status was 2.4 times more likely to give birth compared to rural-based, poorer adolescents. Although the odds of giving birth were much higher among rural-based married adolescents compared to urban married adolescents, these relationships both statistically indicate higher educational attainment.

Kamau et al. (2020) conducted a study on the socio-demographic and economic factors influencing the utilization of youth-friendly reproductive health services among youths in selected universities in Nairobi County, Kenya. A descriptive cross-sectional design was used to study 421 youths at selected universities in Nairobi County. A systematic sampling technique was used. Data was collected using a researcher-administered structured questionnaire and a key informant interview. Quantitative data analysis was conducted using the SPSS version and involved univariate and bivariate analysis. Chi-square was used to test the significance of the association between the dependent and independent variables. The study findings revealed that socio-demographic factors influence the utilization of adolescent sexual reproductive services. Therefore, there is a need for the government, through the Ministry of Health and partners in health service provision, to increase the number of adolescent sexual reproductive services and ensure that the recommendations of adolescent health policy guidelines are fully implemented with good evaluation strategies in place.

Kimani (2018) conducted a study on the socio-economic factors influencing access to reproductive health services among youth in Laikipia County, Kenya. The study focused on youth aged between 18 and 25 years through a cross-sectional model using a mixed-methods approach to data collection. Thus, the study collected quantitative data through a survey, while key informant interviews and focus group discussions were used to collect qualitative data. The theory of reasoned action guided the study. The study findings indicate that social determinants of youth access to reproductive health services include social networks and support, service provider relationships with youths, and the availability of information in social spaces such as home and school. The economic determinant is affordability, including direct costs, such as product prices, and embedded costs, such as transport product prices associated with accessing reproductive health services. The study concludes that access to reproductive health services among youth is significantly influenced by socio-economic factors such as social support, stigma, provider relationships, and financial constraints.

2.4.1 Income Level

Income level is a critical factor that can impact an individual's ability to access and utilize reproductive health services. Individuals with higher incomes may have greater financial resources to pay for reproductive health services, including family planning, pregnancy care, and treatment for sexually transmitted infections. As a result, they may be more likely to seek out and utilize reproductive health services (Braeken & Rondinelli, 2014).

Conversely, individuals with lower incomes may face significant barriers to accessing reproductive health services. These barriers may include the cost of services, a lack of health insurance, transportation issues, and the limited availability of services in their area. Additionally, individuals with lower incomes may be more likely to experience stigma or discrimination related to their socioeconomic status, which can make them reluctant to seek out reproductive health services (Feleke & Koye, 2017). Efforts to improve the utilization of reproductive health services among individuals with lower incomes must address these financial and structural barriers. Policies and programs that support access to reproductive health services, such as Medicaid and other insurance programs, can help reduce the financial burden of services.

Community-based health clinics and mobile health units can provide accessible and convenient services to individuals living in areas with limited access to healthcare. Health education and awareness campaigns can help increase knowledge of available services and how to access them (Negash & Dessalegn, 2019). In conclusion, income level can significantly impact an individual's ability to access and utilize reproductive health services. Efforts to improve access to and utilization of reproductive health services must address the financial and structural barriers faced by individuals with lower incomes. By ensuring that reproductive health services are accessible and affordable to all individuals, we can promote communities' overall health and well-being.

2.4.2 Education Level

Education level is an essential factor that can impact an individual's utilization of sexual and reproductive health services. Research has shown that individuals with higher levels of education tend to have better reproductive health outcomes and higher rates of utilization of reproductive health services (Yitayew & Demise, 2019). Individuals with higher levels of education may have greater knowledge about sexual and reproductive health and are more likely to be aware of available services. This knowledge may translate into increased utilization of family planning services, such as contraceptives, which can help to prevent unintended pregnancies and reduce the risk of sexually transmitted infections. Additionally, individuals with higher levels of education may have better decision-making skills and be more empowered to make informed choices about their sexual and reproductive health (Wagnew & Nyagero, 2019).

Conversely, individuals with lower levels of education may face barriers to accessing sexual and reproductive health services. They may have limited knowledge about sexual and reproductive health and may be less likely to be aware of available services. Additionally, they may face stigma or discrimination related to their educational status, which can make them reluctant to seek out reproductive health services (Hofman & Nynke, 2018). Efforts to improve the utilization of sexual and reproductive health services among individuals with lower levels of education must address these knowledge and social barriers. Health education and awareness campaigns can increase knowledge of available services and how to access them. Healthcare providers can create a supportive environment that addresses the unique

needs and concerns of individuals with lower levels of education (Birhanu & Tushune, 2019).

Policies and programs that support access to reproductive health services, such as insurance coverage and funding for family planning services, can also help to improve utilization among individuals with lower levels of education. In conclusion, education level can have a significant impact on an individual's utilization of sexual and reproductive health services (Jebena, 2019). Addressing knowledge and social barriers is essential to improving access to and utilization of reproductive health services among individuals with lower levels of education. By ensuring that sexual and reproductive health services are available, accessible, and culturally appropriate, we can promote the overall health and well-being of individuals and communities.

2.4.3 Family Belief

Family beliefs can play a significant role in an individual's decision to access and utilize sexual and reproductive health services. Cultural and religious beliefs, family traditions, and expectations can influence an individual's attitudes and behaviors related to sexual and reproductive health (Feleke & Koye, 2017). In some cultures, and religions, there may be a stigma attached to discussing or seeking out sexual and reproductive health services. For example, some families may discourage their daughters from accessing contraception, viewing it as immoral or inappropriate. In these cases, individuals may be reluctant to seek out reproductive health services due to fear of social stigma or disapproval from their family (Demssie, 2018).

On the other hand, some families may prioritize the health and well-being of their members and encourage them to seek out sexual and reproductive health services. In these cases, individuals may be more likely to utilize reproductive health services, such as family planning, pregnancy care, and treatment for sexually transmitted infections. Efforts to improve the utilization of sexual and reproductive health services among individuals with differing family beliefs must address cultural and social barriers. Health education and awareness campaigns can increase knowledge about sexual and reproductive health and dispel myths and misconceptions. (Thurman & Mock, 2018)

Healthcare providers can create a supportive environment that respects cultural and religious beliefs while still providing comprehensive reproductive health services. Community-based organizations can engage with families and religious leaders to prioritize reproductive health for the health and well-being of individuals and communities (Binu & Marama, 2019). In conclusion, family beliefs can have a significant impact on an individual's utilization of sexual and reproductive health services. Addressing cultural and social barriers is essential to improving access to and utilization of reproductive health services among individuals with differing family beliefs. By promoting reproductive health as a priority for the health and well-being of individuals and communities, we can work towards achieving better sexual and reproductive health outcomes for all.

2.5 Human Resource Factors on Utilization of Adolescent Sexual Reproductive Services

These are personnel-related factors such as human resource skills and the number of health professionals required to offer sexual reproductive services effectively. Health facilities require an adequate number of staff to offer services without compromising on quality or staff motivation. Raphael and Moses (2019) recommended that the number of health staff be increased to boost the utilization of youth-friendly reproductive health services in Trans Nzoia County. Staff shortages are a common problem in most health facilities in Kenya. The officer in charge at the Kangemi Health Centre stressed the issue of human resources, meaning that through trainings and outreaches, there would be no one in the health facility to attend to the mothers who have brought their children for immunization (Bwire, 2019).

It is also important to understand health workers' attitudes and responses in context, particularly conditions of work, heavy workloads, and the overlap of professional and personal lives in close-knit communities (MOHCC, 2017). Training health staff in interpersonal communication skills is imperative. It involves taking great care to always respect the mothers of children, regardless of their background or behavior, and taking great care not to offend them or even judge them (Bwire, 2019).

Chesoli's (2019) findings indicate that human resource factors (health factors), which include motivation, workload, and supportive supervision, should be carefully considered as a lever for achieving effective program implementation in reproductive health. Respondents in the study (health workers) felt that supervisors (in charge) should spend more time together with supervisees and focus on helping them

improve performance, which is motivating, instead of shouting and quarreling with staff in front of clients. The same study reported that financial incentives for meeting specific targets were the most preferred way of improving motivation, at 51.6%. Other ways of improving staff motivation were training and updates on youth-friendly reproductive health services (45.2%), improved working conditions (38.7%), and the provision of improved storage of family planning devices (38.7%).

According to MOHCC (2017), the study highlighted the importance of fostering good relationships between health workers and caregivers in influencing the uptake of vaccination services for children. Abdirizak's (2019) report from FGD participants expressed dislike for the way some service providers treated caregivers, particularly those failing to honor immunization appointments. Therefore, interpersonal communication between health workers and caregivers must be addressed to improve knowledge sharing and interaction.

Negative providers' attitudes have been identified as a major barrier as they discourage young people from seeking or returning for care (Godia, 2019). A study by Warenius (2019) among Kenyan and Zambian midwives revealed that reproductive health services are underutilized due to the judgmental attitude of health providers and a lack of competence coupled with a lack of knowledge in youth friendly service provision, irrespective of training. A study in Ethiopia on health workers attitudes toward sexual and reproductive health services for unmarried youth concluded that some health workers were setting up penal rules and regulations against premarital sex (Tilahun, 2019).

Confidentiality is a crucial factor in service utilization. If assured of confidentiality, adolescents plan to use AFS in the future. In group discussions, almost all of the adolescents desired a separate room for services to maintain their privacy. However, having no separate rooms for counseling available in health facilities made adolescents feel uncomfortable discussing their problems openly. Additionally, those seeking services also feared violations of confidentiality when services were obtained from known service providers (Silwal & Schildbach, 2019).

In a study conducted by Bhadra and Tamang (2017), service providers also have a vital role in service utilization. Most of the adolescents stressed the need for same-sex service providers; however, in health facilities, this is not always possible, and thus, they are less likely to share their SRH-related problems, as illustrated by the statement of a 19-year-old male adolescent during the discussion: “Once I went to a health facility for treatment, I had sores and itching problems in the genital area. The service provider was female, and I felt so uncomfortable stating the problem.”

In addition to this, participants said that the behavior of service providers should be professional and friendly, which would make them more likely to use the services. Onukwugha, et al.(2018) focused on human resource factors and adolescents on use of sexual and reproductive health services. Twenty-five databases were searched using a well-defined search strategy. A total of 45 studies were included in the review, and the findings were reported thematically under four emerging themes. The review showed that adolescents and sexual health service providers had differing views on barriers and enablers to adolescent access to sexual reproductive health services and often had contradictory views on key markers of youth-friendly

services, service preferences, barriers, and enablers of service use. While service providers perceived physical and financial barriers as fundamental, adolescents identified barriers emanating from providers' attitudes as the key hindrance to their access and use of services. The review also revealed that the unprofessional attitudes of some service providers limit adolescents' access to SRH services.

2.5.1 Availability of Health Staffs

There is a strong link between the availability of health staff and the utilization of sexual and reproductive health services. In areas where there is a shortage of health staff, especially in rural and remote areas, access to sexual reproductive health services can be limited, resulting in lower utilization of these services. The availability of health staff can impact the quality of care provided as well as the variety of services offered. In areas where there are few health staff, the range of services may be limited, and the quality of care may be compromised due to the high workload and lack of resources (Nano & Carcani, 2019).

Furthermore, the availability of health staff can also impact individuals' perception and trust in the healthcare system. If individuals perceive that the healthcare system is understaffed and unable to provide adequate care, they may be less likely to seek out sexual reproductive health services (Gerbaba & Sinaga, 2019). To improve the utilization of sexual reproductive health services, it is important to address the shortage of health staff, particularly in underserved areas. This can be achieved through a range of strategies, such as increasing incentives for health staff to work in underserved areas, providing training and resources to existing health staff to

improve the quality of care, and investing in technology to expand access to care, such as telemedicine.

2.5.2 Staff Training

Health staff training can play a crucial role in improving the utilization of sexual reproductive health services. When health staff are properly trained and have the necessary skills and knowledge, they are better equipped to provide high-quality care and support to individuals seeking sexual reproductive health services (Olawore & Tobian, 2019). Training can help health staff understand the importance of sexual and reproductive health services and provide non-judgmental and supportive care to individuals seeking these services. It can also help health staff identify and manage a range of sexual and reproductive health issues, such as family planning, sexually transmitted infections, and pregnancy-related complications.

In addition to training, ongoing professional development and support can help ensure that health staff remains current with the latest research and best practices in sexual and reproductive health. This can help improve the quality of care and ensure that individuals receive the best possible support and treatment (Kagaayi & Bazaale, 2019). Overall, training and ongoing professional development for health staff are essential for improving the utilization of sexual reproductive health services. By investing in the training and support of health staff, we can help to ensure that individuals have access to the high-quality care they need to support their sexual and reproductive health and well-being.

2.5.3 Willingness to Educate the Adolescents

There is a strong link between the willingness to educate adolescents and the utilization of sexual reproductive health services. Adolescents often have limited knowledge and access to sexual and reproductive health services, which can lead to unintended pregnancies, sexually transmitted infections, and other health problems (Kagaayi & Bazaale, 2017). When there is a willingness to educate adolescents about sexual and reproductive health, it can help increase their knowledge and awareness of these issues. This can in turn increase their likelihood of seeking out sexual and reproductive health services, such as contraception and testing for sexually transmitted infections. Effective education programs for adolescents can provide accurate and comprehensive information about sexual and reproductive health, as well as promote positive attitudes and behaviors related to sexual health. Such programs can also address common myths and misconceptions surrounding sexual and reproductive health, which can help reduce stigma and improve access to services (Nantume & Kigozi, 2018).

In addition, the willingness to educate adolescents can also help create a more supportive and open environment for discussing sexual and reproductive health issues. This can help to reduce the shame and embarrassment that adolescents may feel when seeking out sexual and reproductive health services and make it easier for them to access the care and support they need (Wachira & Kamanda, 2017). Overall, the willingness to educate adolescents about sexual and reproductive health is essential for improving the utilization of these services. By investing in education programs and creating a supportive environment for discussing sexual and

reproductive health issues, we can help to ensure that adolescents have access to the information and care they need to support their health and well-being.

2.6 Availability of Medical Products on Utilization of Adolescent Sexual Reproductive Services

Ndayishimiye, et al. (2020) conducted a study on the availability, accessibility, and quality of adolescent sexual and reproductive health (SRH) services in urban health facilities in Rwanda: a survey among social and healthcare providers. The study was a descriptive cross-sectional survey conducted between May 2018 and May 2019 in six selected cities in Rwanda using a mixed-methods approach. A checklist was used to collect data from 159 conveniently selected SRH service providers. The survey tool was validated. SPSS version 20 was used to describe quantitative data, and ATLAS TI version 5.2 was used to code and analyze the qualitative data thematically. The study findings revealed SRH services in Rwanda are available for the general population and are not specifically designed for adolescents. These SRH services seem to be fairly accessible to adolescents with insufficient quality, as adolescents themselves do not get to be fully involved in service provision, among other aspects of quality SRH as stated by the World Health Organization (WHO).

Mwandali and Msuya (2019) did a study on the availability, range, and utilization of sexual and reproductive health (SRH) services for adolescents at Kinondoni Municipality, Dar es Salaam, Tanzania. A cross-sectional study was carried out from April to May 2013. A checklist was used to collect information on the availability and range of services offered at selected health facilities. In depth interviews were conducted with in-charges of reproductive and child health (RCH) clinics to explore

barriers to the provision of sexual and reproductive health services (SRHS) for adolescents. On the availability and range of adolescents' sexual and reproductive health services, a total of 25 health facilities were surveyed. Forty four percent of the surveyed facilities did not have adolescent sexual and reproductive health services (ASRHS). The adolescent sexual and reproductive health (ASRH) services offered differed greatly between facilities. On utilization of adolescents' sexual and reproductive health services in total, 204 adolescents from the community were involved in this study. A third of adolescents reported having ever used ASRH. The adolescents perceived barriers to underutilization of the services as fear of being seen at the clinics.

Uwase (2017) did a study on the availability, accessibility, and quality of adolescent sexual and reproductive health (SRH) services in urban health facilities in Rwanda: a survey among social and healthcare providers. The study was a descriptive cross-sectional survey conducted between May 2018 and May 2019 in six selected cities in Rwanda using a mixed-methods approach. A checklist was used to collect data from 159 conveniently selected SRH service providers. The survey tool was validated. SPSS version 20 was used to describe quantitative data, and ATLAS TI version 5.2 was used to code and analyze the qualitative data thematically. Qualitatively, healthcare providers reported that the availability of adolescent SRHS is satisfactory, with access to accurate SRH information, contraceptive methods, prevention and management of STIs and HIV services, and counseling. However, the accessibility of some services remains limited. According to respondents, some products, such as female condoms, are less in demand and often expire before they can be distributed.

Mutea et al. (2020) did a study on the access to information and use of adolescent sexual reproductive health services: a qualitative exploration of barriers and facilitators in Kisumu and Kakamega, Kenya. The study used a qualitative design through 61 data collection sessions. 113 participants were engaged in key informant interviews, in-depth interviews, and/or focus group discussions. Trained Research Assistants (RAs) engaged adolescents, healthcare workers, teachers, county leaders, and community representatives. Data were captured using audio recorders and field notes. Socio-demographic data were analyzed for descriptive statistics, while audio recordings were transcribed, translated, and coded. Thematic analysis was done with NVivo. Findings show that the barriers to access to sexual reproductive health services and information were negative health workers' attitudes, distance to the health facility, unaffordable cost of services, negative social and cultural influences, and a lack of privacy and confidentiality. Facilitators for adolescent sexual reproductive health services were few and included getting priority for school-going adolescents and enabling an environment for partnerships on adolescent health issues.

2.6.1 Family Planning Products

There is a strong relationship between family planning products and the utilization of sexual reproductive health services. Family planning products, such as contraceptives, are an important component of sexual and reproductive health care. They can help individuals prevent unintended pregnancies, space births, and sexually transmitted infections (Naanyu & Winston, 2019). When family planning products are readily available and accessible, individuals are more likely to use them. This can help to improve their sexual and reproductive health outcomes and overall well-

being. In addition, family planning products can also help to reduce the incidence of unsafe abortions, which can result in serious health complications and even death (Embleton & Ayuku, 2017).

Access to family planning products can be particularly important for marginalized and underserved populations, who may face additional barriers to accessing sexual and reproductive health services. For example, women living in poverty or in rural areas may have limited access to family planning products, which can impact their ability to control their fertility and plan their families (Binu & Marama, 2018). In addition to providing access to family planning products, it is important to ensure that individuals have access to accurate information and support to make informed decisions about their sexual and reproductive health. Education and counseling on family planning methods can help individuals choose the best method for their needs and preferences and manage any side effects or complications that may arise. Overall, the availability and accessibility of family planning products are essential for improving the utilization of sexual reproductive health services. By ensuring that individuals have access to a range of family planning products and supportive services, we can help to promote their sexual and reproductive health and well-being (Gerbaba & Sinaga, 2019).

2.6.2 Family Planning Education

There is a strong relationship between family planning education and the utilization of sexual reproductive health services. Family planning education plays a critical role in helping individuals make informed decisions about their sexual and reproductive health and in promoting the use of sexual and reproductive health services (Olawore

& Tobian, 2019). Education about family planning can help individuals understand the importance of sexual and reproductive health services as well as the range of options available to them. This can help to increase their knowledge and awareness of sexual and reproductive health issues and empower them to make informed decisions about their health.

In addition, family planning education can help reduce stigma and misconceptions surrounding sexual and reproductive health issues. This can help to create a more supportive and open environment for discussing these issues, which can, in turn, increase the likelihood that individuals seek out sexual and reproductive health services (Kagaayi & Bazaale, 2019).

Family planning education can be particularly important for marginalized and underserved populations, who may have limited access to sexual and reproductive health services. By providing education and counseling on family planning methods, we can help to ensure that individuals have access to the information and support they need to make informed decisions about their sexual and reproductive health (Nantume & Kigozi, 2017). Overall, family planning education is essential for improving the utilization of sexual and reproductive health services. By investing in education programs and creating a supportive environment for discussing sexual and reproductive health issues, we can help to ensure that individuals have access to the information and care they need to support their health and well-being.

2.6.3 STI & HIV Education

There is a strong relationship between education on sexually transmitted infections (STIs) and HIV and the utilization of sexual reproductive health services (Blanchet, 2019). Education on STIs and HIV can play a critical role in promoting the use of sexual and reproductive health services, as well as in preventing the spread of these infections. Education on STIs and HIV can help individuals understand the importance of sexual and reproductive health services, such as testing and treatment for STIs and HIV. It can also help individuals understand how these infections are transmitted and what steps they can take to protect themselves and their partners from infection (Tetzlaff, 2017).

In addition, education on STIs and HIV can help reduce the stigma and misconceptions surrounding these infections. This can help to create a more supportive and open environment for discussing sexual and reproductive health issues, which can in turn increase the likelihood that individuals seek out sexual and reproductive health services (Ramesh 2019). Education on STIs and HIV can be particularly important for marginalized and underserved populations, who may be at greater risk of infection and may have limited access to sexual and reproductive health services. By providing education and counseling on STIs and HIV, we can help to ensure that individuals have access to the information and support they need to prevent infection and manage these infections if they occur (Liberati, 2019). Overall, education on STIs and HIV is essential for improving the utilization of sexual and reproductive health services.

By investing in education programs and creating a supportive environment for discussing sexual and reproductive health issues, we can help to ensure that individuals have access to the information and care they need to support their health and well-being. (Kandeh, 2018).

2.7 Theoretical Review

This sub-section outlines the theoretical framework underpinning the study. The study was anchored on sociological theory and Andersen's phase two model

2.7.1 Sociological Theory of Adolescence

The sociological theory of adolescence explains how adolescents as a group come of age in society, and how the coming of age varies across historical epochs and cultures. The focus of sociological theorists is on relations between generations. They emphasize problems that young people have in making the transition from adolescence to adulthood. The focus thus is moving through adolescent to adulthood. Steinberg (2001), while quoting Kurt (1951) and Edgar (1959), noted that the difficulties that adolescents experienced in transiting into adulthood arose because adolescents are treated like 'second-class citizens' (see Steinberg, 2001). This view was supported by contemporary theorists who stress that many adolescents are prohibited from occupying meaningful roles in society and, therefore, experience frustration, restlessness, and difficulty in making the transition into adult roles. Other sociological theorists of adolescence consider the intergenerational conflict or the generation gap.

Steinberg (2001) further quoted Karl Mannheim (1952) and James Coleman (1961) and observed that adolescents and adults grow up under different social

circumstances and, therefore, develop different sets of attitudes, values, and beliefs. According to Mannheim, modern society changes so rapidly, and there will always be problems between generations because each cohort comes into adulthood with different experiences and beliefs. Coleman argued that adolescents develop a different cultural viewpoint (counterculture) that may be hostile to the values or beliefs of adult society. Emphasis is thus on the broader context in which adolescents come of age, rather than on the biological events that define adolescence. Thus, the theory helps in explaining the influence of socio-economic status on the utilization of adolescent sexual reproductive services in selected Primary health facilities in Trans Nzoia County.

2.7.2 Andersen's phase two model

The model is associated with Andersen and Newman. The model states that the model functions both to predict and explain use of health services. This behavioral model provides a system to investigate a range of individual, environmental and provider related variables associated with decision to seek health care services. The model proposes that the use of health services is determined by three dynamics: Predisposing factors, enabling factors and need factors. Predisposing factors includes age, sex, level of education and health beliefs, for instance an individual who believes health services are effective treatment for an ailment is more likely to seek for the care. Enabling factors could be family support, access to health insurance and family and community resources (Harris, McLean & Sheffield, 2009). The Need factors represent both perceived and actual needs for health care system. Health care system includes health policies, resources and organizations which refer to how

health care system utilizes its resources for the consumer satisfaction. The model is relevant in explaining the various factors that are required for the utilization of adolescent sexual reproductive services.

2.8 Summary of the Reviewed Literature

From the reviewed literature it is clear that for effective utilization of adolescent sexual reproductive services factors such as demographic factors, socio-economic status, human resource and availability of medical products. Health facilities require adequate number of staff to offer services without compromising on quality and staff motivation. It is also important to understand health workers' attitudes and responses in context, particularly conditions of work, heavy workload, and the overlap of professional and personal lives in close-knit communities. Training health staff interpersonal communication skills is imperative. It involves taking great care to always respect the mothers to children regardless of their background or behavior, and taking great care not to offend them, or even judge them. Negative provider's attitudes have been identified as a major barrier as it discourages young people from seeking or returning for care.

Age is a demographic factor that affects utilization of health services. Reports from KDHS 2018/19 revealed an increased uptake of family planning services among age 20-24 years as compared to 10-19-year-old youth. The adolescents hardly perceive the seriousness of sickness or health need and this is a major impediment to the youth in accessing and utilizing health services. The youth in the society face numerous challenges during their attempt to obtain reproductive health services. Some of these include policies that limit provision of reproductive health services, barriers related

to administration and operation in the health centers, lack of information, and the general feeling of discomfort and embarrassment in relation to the wider environment. Different adolescents have varying reproductive health needs and face different vulnerabilities, risks and obstacles that require special attention and understanding within their own context.

Seeking and obtaining better healthcare does not only payments for treatment but also include the loss of time by the youth as well as travelling expenses. The young people falling in the low social class and economic status also face numerous challenges in managing to pay for and utilize reproductive health care making utilization unlikely unless they are provided with subsidized costs. Socio-economic status of individuals determines their quality of life. Adolescents are affected differently by their 'relative poverty' status existing in the immediate society which either limits or facilitates access to resources necessary to consume essential healthcare services.

2.9 Gaps of the Study

Constantine and Jerman (2017) used a representative statewide sample from a large and diverse state in the U.S. to investigate parent-adolescent communication about sex. However, their study did not focus on the actual utilization of sexual reproductive health (SRH) services or the direct influence of demographic and socio-economic factors on service access. Additionally, the study used hierarchical regression to explore psychological factors affecting communication, rather than a comprehensive examination of service utilization. The study was conducted in a U.S. context with a focus on communication rather than service utilization, which may not

be directly applicable to the Kenyan setting where the socio-economic and cultural contexts differ significantly. The current study addresses the utilization of SRH services among adolescents rather than communication about sexual health. It uses a descriptive cross-sectional design to explore how demographic, socio-economic, and human resource factors influence the use of these services. By focusing on Trans Nzoia County, Kenya, the study provides relevant insights into adolescent SRH service utilization in a specific regional context, thereby bridging the gap left by Constantine and German's focus on U.S.-based parent-adolescent communication.

Darteh et al. (2019) used data from national surveys to examine risky sexual behaviors among youth, but the study was descriptive and did not explore how the availability of SRH services or specific service utilization practices influences these behaviors. The study focused on risk behaviors rather than the access and utilization of SRH services. The study compared data from Ghana and Kenya but did not delve into the specifics of how socio-demographic factors directly impact the utilization of SRH services. It used secondary data, which might not capture the nuances of current local SRH service challenges. The current study uses primary data to focus directly on adolescent SRH service utilization. It employs a multi-stage sampling procedure to gather detailed information on how factors such as socio-economic status and human resource availability affect service use. This approach provides specific, up-to-date insights into adolescent SRH services in Trans Nzoia County, Kenya, addressing the gaps in understanding how socio-demographic factors influence actual service utilization.

Abiodun et al. (2018) concentrated on male involvement in reproductive health services, focusing on married men and using a cross-sectional design. Their study did not explore the direct relationship between socio-economic factors and SRH service utilization among adolescents. The study was focused on married men's involvement in Nigeria, which does not address the needs of adolescents or the broader context of SRH service delivery for younger populations. The current study addresses the adolescent population specifically, using a stratified random sampling technique to ensure a representative sample across different sub-counties. It examines a range of factors including human resource capacities and availability of medical products affecting SRH service utilization, thus providing a broader and more relevant perspective on adolescent SRH services in Kenya.

Khan et al. (2019) focused on women's contraceptive use and decision-making processes, using systematic random sampling for a sample that included both users and non-users of contraceptives. Their study did not explore factors beyond contraceptive use, such as human resource factors or availability of services. The study was centered on women's contraceptive use in a different cultural and socio-economic context, which may not provide insights into the specific needs of adolescents in Kenya. The current study goes beyond contraceptive use to examine a variety of factors impacting adolescent SRH service utilization, including human resources and availability of medical products. It uses a census technique for healthcare workers to gather comprehensive data, and includes primary data collection methods such as questionnaires and interviews to explore current SRH service dynamics in Trans Nzoia County.

Langille et al. (2018) studied socioeconomic factors and sexual behavior among high school students but did not examine direct access to SRH services or the specific availability of services. This study was conducted in Nova Scotia, Canada, and focused on sexual behavior rather than the utilization of SRH services in a Kenyan context. The current study directly investigates how socio-economic factors affect adolescent SRH service utilization, focusing on a Kenyan context. It employs a descriptive cross-sectional design and multi-stage sampling to obtain comprehensive data on both service access and utilization, addressing gaps in understanding specific local SRH service challenges.

2.10 Conceptual Framework

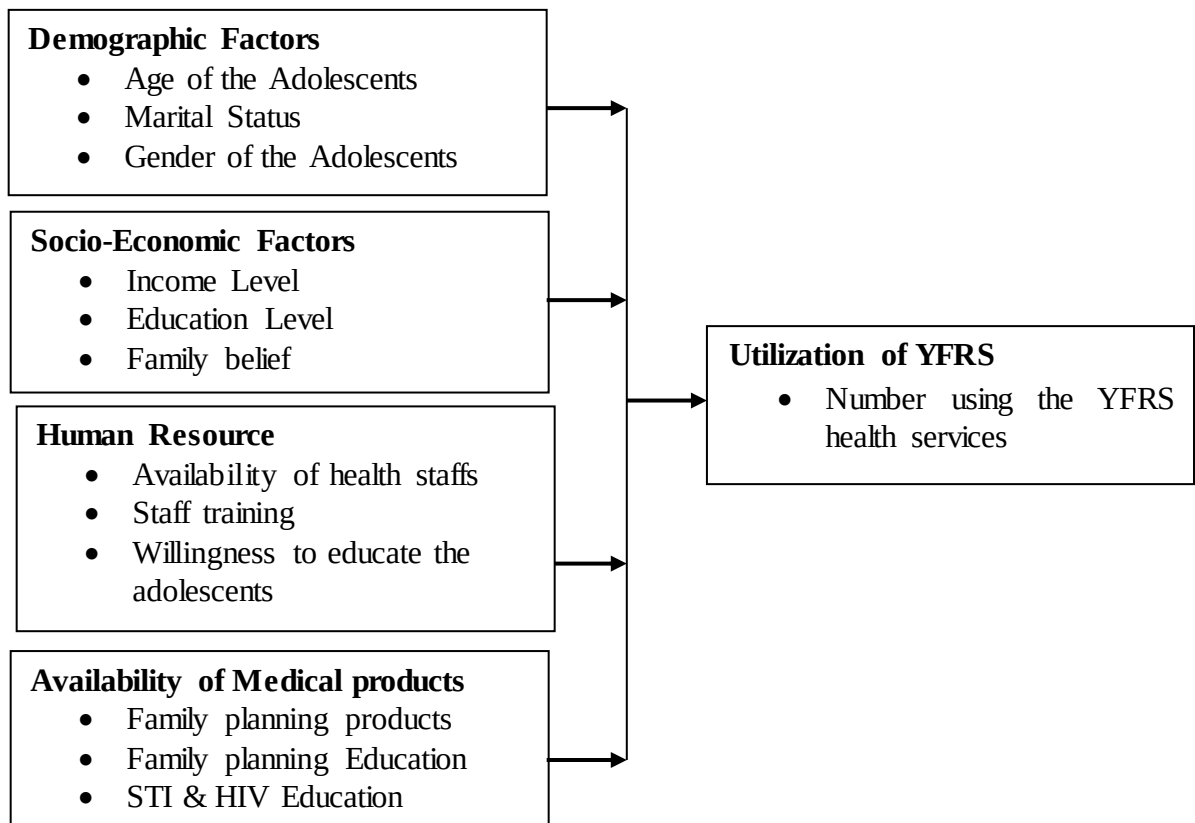
In the conceptual framework in Figure 2.1, independent variables of the study were demographic factors, socio economic status, human resource factors and availability of medical products. The dependent variable of the study was utilization of adolescent sexual reproductive services in selected primary health facilities in Trans Nzoia County.

Figure 2.1

Conceptual Framework

Independent Variable

Dependent Variable



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter deals with the research methodology that was employed in the study. It outlines how the information was gathered from the respondents by the researcher. This includes the research design, target population, sampling design and procedures, data collection instruments and procedure and data analysis.

3.2 Study Design

Study design outlines the overall strategy for integrating various study components to address the research problem effectively. It serves as a blueprint for data collection, measurement, and analysis (Yin, 2019). This study used a descriptive cross-sectional design, which is ideal for collecting, summarizing, presenting, and interpreting data (Orodho & Njeru, 2014). The design was suited for generating both quantitative and qualitative data on factors influencing the use of adolescent sexual reproductive health services in primary health facilities in Trans-Nzoia County, Kenya, and examining relationships between variables at a specific point in time.

3.3 Study Area

The selection of study location is essential as it influenced the information produced (Mugenda & Mugenda, 2019). The study was conducted in Trans-Nzoia County. Trans Nzoia County, situated in the former Rift Valley Province of Kenya, lies between the Nzoia River and Mount Elgon, 380 km northwest of Nairobi. It borders Bungoma to the west, Uasin Gishu and Kakamega to the south, Elgeyo Marakwet to

the east, West Pokot to the north, and Uganda to the northwest. Covering 2,495.5 square kilometers, Trans Nzoia is divided into five Sub-Counties: Cherangany, Saboti, Kwanza, Kiminini, and Endebess. The primary economic activity is farming. The county has a total number of 94 health care facilities. These range from VCT centres to the subcounty hospitals and are owned by the government, NGOs, private citizens and Programs.

3.4 Target Population

Target population refers to the entire list of members of a real or hypothetical set of people, or objects to which the study wishes to generalize the results of the study (Kothari, 2004). The study population were adolescent (10-19 years) seeking sexual reproductive health services. According to the county record approximately of 2,345 adolescents visit 87 dispensaries and health centers each month. Dispensaries and health centers are ideal for the study since they are involved in offering primary health care. The study also targeted Community Health Promoters (CHP) and Community Health Assistants (CHAs). The CHP and CHAs were targeted because they were in forefront to refer adolescents to the health facilities to seek for sexual reproductive health service. Table 3.1 shows the distribution of dispensaries and health centers in each sub-county

Table 3.1*Target Population*

Sub-County	Number of dispensaries	Number of health centers	Number of adolescents	Number of, CHAs & CHP
Cherangany	16	6	231	10
Saboti	12	5	219	12
Kwanza	16	4	209	13
Kimini	5	7	215	18
Endebess	13	01	217	14
Total	62	23	1091	67

3.5 Sample Size Determination

Sampling is the process of selecting a sub-set of cases in order to draw conclusions about the entire set. A sample is a representative part of a larger population. The study used multi-stage sampling procedure. For the adolescent the study adopted Slovinc's formula to get a sample of 291 adolescent

$$n = \frac{N}{1 + Ne^2}$$

Where: n = Sample Size

N = Population Size

e = Margin of Error

1 = is a Constant Value

$$n = \frac{1091}{1 + 1091(0.05)^2}$$

$$n = \frac{1091}{3.7275} = \mathbf{291}$$

In addition, the study adopted stratified random sampling to get the sample of adolescent in each sub-county. For the Community Health Assistants (CHAs) and Community Health Promoters (CHP) the study adopted census technique to incorporate all the 67 targeted respondents.

3.5 Instrumentation

The study utilized primary data. Primary data was collected through the use of a structured questionnaire and interview schedule. The questionnaire was used to collect data from Community Health Assistants (CHAs) and Community Health Promoters (CHP). The researcher used structured questionnaires which contained close-ended questions. The interview schedule was used to collect data from adolescents seeking sexual reproductive health services. Questionnaires were ideal for CHAs and CHPs since they understand the concept of sexual reproductive health well; therefore, they don't require further explanations. An interview schedule is a structured set of questions prepared in advance for conducting interviews, ensuring consistency in the information gathered from each respondent. In this study, interview schedules were ideal for adolescents seeking sexual reproductive health services since the majority of them might not completely understand sexual reproductive health. Hence, they might require an interpretation of what the researcher actually is researching.

3.6 Pre-Test Study

Pre-testing research instruments involves evaluating and refining the tools and methods that will be used to collect data in a study. This process is conducted before the full-scale implementation of the research to ensure that the instruments are valid, reliable, and clear to the participants Presser, Couper & Lessler, (2018). A pilot test was conducted to assess the validity and reliability of research instruments. A pre-test was done in Uasin Gishu County, where 29 questionnaires were distributed, representing 10% of the sample size. According to Mugenda and Mugenda (2019), 10% of the sample is adequate for pretesting.

Validity is the extent to which an instrument measures what it is required to measure. Data needs to be reliable and accurate; if a measurement is considered to be valid, then it is also reliable (Kimberlin & Winterstein, 2013). There are three types of validity. Content validity, construct validity, and criterion validity; however, the study adopted content validity. This refers to whether the items in your instrument adequately represent the content domain you're studying. Content validity was achieved by issuing the questionnaire to the supervisor, who acted as the expert to review and validate the items.

Reliability is the capacity of an instrument of measurement to produce a similar response in similar circumstances over a given period of time. There are various types of reliability; however, the study conducted internal consistency reliability. Internal consistency reliability is a measure used to assess the extent to which different items or questions within a measurement instrument are consistent in measuring the same underlying construct or concept. It evaluates whether the items in the instrument are interrelated and measures the same thing consistently. Internal consistency was achieved by determining the Cronbach's alpha coefficient. For the instrument to be considered reliable, the Cronbach value should be in the range of 0.7-1. After analysis, the Cronbach value for all the variables was in the range of 0.7-1, which means that the questionnaires used to collect data were reliable.

3.7 Method of Data Collection

The researcher first sought permission from Kenya Methodist University to go out and collect data in the form of an introduction letter. After being granted permission, the researcher then applied for authorization from the National Commission for Science, Technology, and Innovations (NACOSTI) to collect data from Health Facilities in Trans-Nzoia County. The researcher then sought permission from the Department of Health County. Permission to conduct the study was sought from health facility administrators. During this introductory visit, the researcher informed the hospital management of the drive of the study and sought a data collection appointment. On the scheduled dates, the researcher visited the respondents at their respective Sub-County with the printed questions for distribution. The researcher collected data in person to increase the response rate.

3.8 Data Analysis

Data analysis is comprised of cutting the acquired information into manageable sizes, coming up with summaries, looking for patterns, and applying statistical techniques (Edward & Smith, 2018). Before the process of data entry, all the questionnaires were sorted and assigned a unique identification number. Data was coded and entered into SPSS version 24. Quantitative data was analysed using both descriptive and inferential statistics. Descriptive statistics included frequencies, percentages, means, measures of central tendency involving the mean, and measures of dispersion, that is, the standard deviation. The items were then ranked using the computed means

Inferential statistics included testing the relationship between the independent variables and dependent variables. Bivariate and multiple regression analyses were done to determine the level of association between the variables in the study. Bivariate regression analysis was then used to assess the direction and strength of the relationship between variables. The functional form of the model is provided as:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 X_5 + \varepsilon$$

Where: Y = Utilization of adolescent sexual reproductive services

X_1 = Demographic Factors

X_2 = Socio-Economic Factors

X_3 = Human Resource Factors

X_4 = Availability of Medical Products

B_0 = Constant

$\beta_1, \beta_2, \beta_3, \beta_4, \beta_5$ = Regression coefficients estimated by the model,

ε = an error term.

For the qualitative data was analysed using thematic content analysis. The categories were read and grouped into themes. The themes were then reviewed and key findings developed including findings regarding major influences and trends and a theoretical framework conceptualising key factors in relationship between accountability and responsiveness.

3.9 Ethical Consideration

Authorization to collect data was sought from the National Commission for Science, Technology, and Innovation (NACOSTI). Ethical approval was sought from KeMU's Science, Ethics, and Research Committee. Upon issuance of the authorization letter, the researcher visited the targeted health facilities, where introduction and further authorization were sought from the research department through the Trans-Nzoia County Director of Medical Services. Simultaneously, arrangements were made regarding the timing of data collection. The ethical considerations observed included anonymity, privacy, confidentiality, and informed consent by each respondent.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.1 Introduction

The chapter focuses on data analysis, results presentation, and discussion of the findings. The main objective of this study was to assess the factors influencing utilization of adolescent sexual reproductive services at selected primary health facilities in Trans Nzoia County. The research findings were presented in the form of tables.

4.2 Pretest Results

This chapter presents the pilot results, interpretation and discussion. A pilot study was conducted Uasin Gishu County where Seven (7) questionnaires were issued out to Community Health Assistants (CHAs) and Community Health Promoters (CHP). This represented 10% of the sample size. Statistical Package for Social Sciences (SPSS) software was used to analyze the data.

4.2.1 Validity Test

To test validity test Linearity means that there should be a linear relationship between the independent variables and the dependent variable. When there is a linear relationship between the two set of variables, the regression model can accurately estimate the impact of the independent variables on the dependent variable. The study used correlation coefficient to assess linearity the refer to results in table 4.1.

Table 4. 1*Coefficient Analysis*

Variable	Correlation coefficient	Sig
Demographic Factors	.789**	0.04
Socio-Economic Factors	.785**	0.03
Human Resource Factors	.881**	0.02
Availability of Medical Products	.789**	0.01
Utilization of Adolescent Sexual Reproductive Services	.767**	0.04

Table 4.1 shows that correlation coefficients were all different from zero, and therefore, the data used in this study were linear. Demographic factors had a correlation value of 0.789. Socio-economic factors had a correlation value of 0.785. Human resource factors had a correlation value of 0.881. Availability of medical products had a correlation value of 0.789. Utilization of adolescent sexual reproductive services in selected Primary health facilities in Trans Nzoia County had a correlation value of 0.767. The correlation test assumes that there is a linear relationship if the correlation coefficient is different from zero.

4.2.2 Reliability Test Results

The reliability of the instruments was determined using Cronbach Alpha as indicated in Table 4.2.

Table 4. 2*Reliability Test Results*

Variable	No. of Items	Cronbach's Alpha Value
Demographic Factors	7	.874
Socio-Economic Factors	7	.889
Human Resource Factors	7	.854
Availability of Medical Products	7	.899
Utilization of Adolescent Sexual Reproductive Services	7	.798

The questionnaires were coded and Cronbach's Alpha Test was then conducted. All the 5 variables gave Cronbach's Alpha threshold values greater than 0.7 as shown in Table 4.2. From the pilot study the Cronbach Alpha values were 0.874, 0.889, 0.854, 0.899 and 0.798 for demographic factors, human resource factors, socio-economic factors, availability of medical products and utilization of adolescent sexual reproductive services respectively. All the variables had Cronbach values which were greater than 0.7. This implies that the instruments were reliable.

4.3 Response Rate

The study issued 67 questionnaires to respondents, out of which 50 responses were received, representing 75% response rate. According to Babbie (2002) any response of 65% and above is adequate for analysis. Therefore, 75% response rate was adequate for analysis. Refer to results in table 4.3.

Table 4. 3

Response Rate

Sampled No. of respondents	No. of Questionnaires Returned	Response Rate (%)
67	50	75

4.4 Demographic Factors

The respondents' demographic factors information included their gender, age, educational level, marital status, and number of hospital visits.

4.4.1 Gender of the Respondents

The respondents were requested to indicate the gender distribution of the Community Health Assistants (CHAs) and Community Health Promoters (CHPs). Refer to the results in Table 4.4.

Table 4. 4

Gender of the Respondents

Gender	Frequency	Percentage (%)
Male	23	45
Female	27	55
Total	50	100

From the findings, 45% of the respondents were male, while 55% of the respondents were female. This implies that the majority of the Community Health Assistants (CHAs) and Community Health Promoters (CHPs) were female and worked in the selected primary health facilities in Trans Nzoia County. Gender influences how tasks and responsibilities are allocated within the health facility. According to Constantine and Jerman (2017), certain roles are traditionally associated with one gender, leading to uneven distribution of workload or opportunities for advancement. In some cases, there are gender bias that affects the types of roles and responsibilities given to male and female respondents. For example, there are stereotypes that certain medical tasks are more suited to one gender over the other.

The researcher further sought to determine how the gender of the adolescents influences the utilization of adolescent sexual reproductive services. Based on the findings, one of respondent indicated that:

Gender norms and societal expectations impact adolescents' access to sexual reproductive services. (Adolescent 2 from one of the health facilities in Cherangan, Sub-County).

Another respondent revealed that

In Trans Nzoia, there are barriers for girls and young women to seek out services due to stigma, cultural taboos, or restrictions on mobility. Conversely, boys and young men face challenges accessing services due to perceptions of invulnerability or reluctance to seek help for sexual health issues (Adolescent 3 from one of the health facilities in Saboti Sub-County).

4.4.2 Age Bracket of the Respondents

The respondents were requested to indicate their age bracket. Refer to the results in Table 4.5

Table 4. 5

Age Bracket of the Respondents

Age Bracket	Frequency	Percentage (%)
Less than 18 Years	0	0
18-23 Years	5	10
24-29 Years	15	29
30-35 Years	14	28
Above 35 Years	16	33
Total	50	100

Source: Research Data (2024)

From the findings, 10% of the respondents indicated that their age bracket is 18–23 years, 29% indicated that their age bracket is 24-29 years, 28% indicated that their age bracket is 30-35 years, and 33% indicated that their age bracket is above 35 years. This implies that the majority of the respondents were over 35 years old. According to Abdurahman et al., (2018), in primary health facilities, older workers often bring a wealth of experience and expertise to their roles, which can be beneficial for patient care, problem-solving, and mentoring younger colleagues. Younger workers are more adept at adopting new technologies and innovations in healthcare, while older workers may bring stability and institutional knowledge to the workplace.

The researcher further sought to determine how the age of the adolescents influences the utilization of adolescent sexual reproductive services.

Two of the respondents revealed that

*I am influenced by my peers to seek sexual reproductive services.
(Adolescents 4 from one of the health facilities in Kwanza Sub-County).*

Other respondents also revealed that

As I transited into adulthood, I encounter new sexual health challenges and responsibilities, such as contraception use, STI prevention, and pregnancy planning. This increases my motivation to seek out sexual reproductive services to address my evolving needs (Adolescent 2 from one of the health facilities in Endebess Sub-County).

4.4.3 Highest Education Level

The respondents were requested to indicate their highest education level. Refer to the results in Table 4.6

Table 4. 6

Highest Education Level

Education Level	Frequency	Percentage (%)
Primary Education	11	22
Secondary Level	17	35
Tertiary Level	22	43
None	0	0
Total	50	100

Source: Research Data (2024)

From the findings, 22% of the respondents stated they had attained primary level education, 35% had attained secondary education, 43% had attained tertiary education, and none of the respondents indicated they had no education. This implies that the majority of the respondents had attained tertiary education. The findings agree with Khurana and Bleakley (2019), who found that higher education qualifications, such as advanced degrees or specialized training, often correlate with increased clinical competence and expertise. Healthcare professionals with advanced qualifications may possess more in-depth knowledge and skills in diagnosing and treating medical conditions, leading to higher quality care for patients.

The researcher further sought to determine how the education level influences the utilization of adolescent sexual reproductive services. Based on the findings, the majority of the adolescents indicated that:

Education has equipped me with greater knowledge and awareness of sexual health issues, including contraception, STIs, and reproductive anatomy. Education has also equipped me with the skills to effectively understand and navigate the healthcare system. (Adolescent 3 from one of the health facilities in Endebess Sub-County).

4.4.4 Marital Status of the Respondents

The respondents were requested to indicate their marital status. Refer to the results in Table 4.7

Table 4. 7

Marital Status of the Respondents

Marital Status	Frequency	Percentage (%)
Married	28	55
Single	7	15
Divorced	15	30
Total	50	100

Source: Research Data (2024)

From the analysis, 55% of the respondents indicated that they are married, 15% indicated that they are single, and 30% indicated that they are divorced. This shows that the majority of the respondents working in the selected primary health facilities in Trans Nzoia County are married. According to Debelew and Sibhat (2019), marital status affects how individuals balance their professional responsibilities with their personal lives. Married individuals have additional family commitments and responsibilities, which impact their availability for on-call duties or flexible scheduling.

The researcher also sought to determine how the marital status of the adolescents influences the utilization of adolescent sexual reproductive services.

From the findings some of the respondents revealed that

The most common sexual reproductive health that I seek services relate to family planning, contraception, and pregnancy care. (Adolescent from one of the health facilities in Kwanza Sub-County).

4.4.5 Hospital Visit for Sexual Reproductive Services

The respondents were requested to indicate how often they visit the hospital for sexual reproductive services. Refer to the results in Table 4.8

Table 4. 8

Hospital Visit for Sexual Reproductive Services

Hospital Visit	Frequency	Percentage (%)
Weekly	23	3
Monthly	40	9
Yearly	7	29
Once in Six Months	23	23
Once in Awhile	40	34
Not at all	7	2
Total	50	100

From the findings, 3% of the respondents indicated that they visit the hospital for sexual reproductive services weekly, 9% indicated that they visit the hospital for sexual reproductive services monthly, 29% indicated that they visit the hospital for sexual reproductive services yearly, 23% of the respondents indicated that they visit the hospital for sexual reproductive services once every six months, 34% of the respondents indicated that they visit the hospital for sexual reproductive services once in a while, and 2% of the respondents indicated that they have not at all visited the hospital for sexual reproductive services. This implies that the majority of the

respondents indicated that they visit the hospital for sexual reproductive services yearly and once in a while.

The findings agree with Wakasa and Oljira (2018), whose findings revealed that regular visits for sexual reproductive services enable healthcare workers to prioritize preventive care measures such as STI screenings, contraceptive counseling, and reproductive health education. This proactive approach to healthcare can help prevent the onset of reproductive health issues and promote overall well-being. The findings also agree with Mulaudzi, et al.(2018), who found that healthcare workers who visit primary health facilities for sexual reproductive services may have firsthand experience with the quality of care provided. This can enhance their knowledge of available services, allowing them to advocate for improved access, resources, and support for patients seeking similar services.

4.5 Descriptive Statistics

4.5.1 Socio-Economic Factors

The researcher sought to assess the effect of socioeconomic factors on the utilization of adolescent sexual reproductive services in selected primary health facilities in Trans Nzoia County. Refer to the results in Table 4.9.

Table 4. 9*Socio-Economic Factors*

Statements	SA (%)	A (%)	N (%)	D (%)	SD (%)
I have a sufficient income	38	28	9	15	10
I can afford to cater for all my needs	39	41	10	10	0
Education level of the adolescent influences the utilization of adolescent sexual reproductive services	55	5	40	0	0
More educated adolescents have more knowledge regarding reproductive health which increases the rate of utilization sexual reproductive services	40	45	10	5	0
Family belief influences utilization of adolescent sexual reproductive services	32	41	27	0	0
I have a great family support	54	29	12	5	0
We discuss sexual health openly in my family	35	43	10	12	0

Source: Research Data (2024)

According to the findings, 38% of the respondents strongly agreed that they have a sufficient income, 28% agreed that they have a sufficient income, 9% were neutral, 15% disagreed, while 10% strongly disagreed that they have a sufficient income. This implies that the majority of the respondents have income. Furthermore, 39% of the respondents strongly agreed that they can afford to cater for all their needs, 41% agreed, 10% were neutral while 10% disagreed that they can afford to cater for all their needs. This implies that the majority of the respondents can afford to cater to all their needs. On the same note, 55% of the respondents strongly agreed that 5%, and 40% were neutral, while none disagreed nor strongly disagreed that the education level of the adolescent influences the utilization of adolescent sexual reproductive services. This implies that the education level of the adolescent influences the

utilization of adolescent sexual reproductive services. The study findings are in line with the findings of Nzala and Fwemba (2021), which found that adolescents with higher levels of education are often more aware of sexual and reproductive health issues and have a better understanding of available services. They are more likely to seek out information and resources about sexual health, including where to access services.

According to the findings, 40% of the respondents strongly agreed that more educated adolescents have more knowledge regarding reproductive health which increases the rate of utilization sexual reproductive services, 45% agreed that they more educated adolescents have more knowledge regarding reproductive health which increases the rate of utilization sexual reproductive services, 10% were neutral 5% disagreed while none of the respondents strongly disagreed that more educated adolescents have more knowledge regarding reproductive health which increases the rate of utilization sexual reproductive services. This implies that more educated adolescents have more knowledge regarding reproductive health, which increases the rate of utilization of sexual reproductive services.

According to the findings, 32% of the respondents strongly agreed that family belief influences utilization of adolescent sexual reproductive services, 41% agreed that family belief influences utilization of adolescent sexual reproductive services), and 27% were neutral, while none of the respondents disagreed or strongly disagreed that family belief influences utilization of adolescent sexual reproductive services. This implies that family belief influences the utilization of adolescent sexual reproductive services. According to the findings, 54% of the respondents strongly agreed that they

have great family support, 29% agreed that they have great family support, 12% were neutral, 5% disagreed, and none of the respondents strongly disagreed that they have great family support. This implies that the majority of adolescents have great family support.

According to the findings, 35% of the respondents strongly agreed that they discuss sexual health openly in their family, 43% agreed that they discuss sexual health openly in their family, 10% were neutral, 12% disagreed, and none of the respondents strongly disagreed that they discuss sexual health openly in their family. This implies that the majority of the respondents discuss sexual health openly in their family. The study findings are in tandem with those of Kamau, et al. (2020), who noted that open discussions about sexual health within the family can foster positive attitudes towards relationships and intimacy. Children and adolescents can learn about healthy boundaries, consent, and communication skills from their parents or caregivers.

Moreover, the researcher sought to assess how the income level status of the adolescents influences the utilization of adolescent sexual reproductive services. Based on the findings, majority of the adolescents indicated that: adolescents from higher-income families have the financial means to afford out-of-pocket costs associated with sexual reproductive services, such as copayments for doctor's visits, laboratory tests, and prescription medications. This financial stability can facilitate regular utilization of services, (Adolescent 5 from one of the health facilities in Kwanza Sub-County). The findings of the study align with the sociological theory of adolescence, which emphasizes how social structures and economic conditions shape

adolescent experiences. Adolescents from higher-income families can more easily access sexual reproductive health services due to their financial stability, reflecting the social capital theory that highlights how economic resources facilitate service utilization.

On the other hand, adolescents from lower-income families are faced with stigma and discrimination when accessing sexual reproductive services, particularly in public healthcare settings. This deters them from seeking care or lead to delays in utilization due to fear of judgment or mistreatment, (Adolescent 4 from one of the health facilities in Endebess Sub-County).

The researcher further sought to establish how family beliefs influences utilization of adolescent sexual reproductive services. The findings revealed that: family beliefs rooted in cultural traditions may dictate what is considered acceptable behavior for adolescents regarding sexual activity, contraception, and seeking reproductive health services. Adolescents may be hesitant to seek services that conflict with these cultural norms due to fear of judgment or ostracization from their families or communities, (Adolescent 6 from one of the health facilities in Saboti Sub-County).

4.5.2 Human Resource Factors

The researcher sought to find the effect of human resource factors in the utilization of adolescent sexual reproductive services in selected Primary health facilities in Trans Nzoia County. Refer to the results in Table 4.10

Table 4. 10*Human Resource Factors*

Statements	SA (%)	A (%)	N (%)	D (%)	SD (%)
Availability of health staffs influences utilization of adolescent sexual reproductive services.	64	29	2	5	0
Health staffs are available for 10 hours daily to offer adolescent sexual reproductive services	30	54	8	4	4
Staff training influences utilization of adolescent sexual reproductive services	28	48	4	11	9
Staffs are trained on how to deal with adolescent which encourages utilization of adolescent sexual reproductive services	43	34	7	5	11
Health workers are willing to offer reproductive health to the adolescent which influences utilization of adolescent sexual reproductive services	30	54	16	0	0
Health workers are friendly to the adolescent which encourages utilization of adolescent sexual reproductive services	40	45	10	5	0

Source: Research Data (2024)

According to the findings, 64% of the respondents strongly agreed that the availability of health staff influences the utilization of adolescent sexual reproductive services; 29% agreed that the availability of health staff influences the utilization of adolescent sexual reproductive services; 2% was neutral; 5% disagreed; and none of the respondents strongly disagreed that the availability of health staff influences the utilization of adolescent sexual reproductive services. This implies that the availability of health staff influences the utilization of adolescent sexual reproductive services. According to the findings, 30% of the respondents strongly agreed that

health staffs are available for 10 hours daily to offer adolescent sexual reproductive services, 54% agreed that health staffs are available for 10 hours daily to offer adolescent sexual reproductive services, 8% were neutral, 4% disagreed, and 4% strongly disagreed that health staffs are available for 10 hours daily to offer adolescent sexual reproductive services. This implies that health staff are available for 10 hours daily to offer adolescent sexual reproductive services.

According to the findings, 28% of the respondents strongly agreed that staff training influences the utilization of adolescent sexual reproductive services, 48% agreed that staff training influences the utilization of adolescent sexual reproductive services, 4% were neutral, 11% disagreed, and 9% of the respondents strongly disagreed that staff training influences the utilization of adolescent sexual reproductive services. This implies that staff training influences the utilization of adolescent sexual reproductive services. The study findings agreed with the findings of Onukwugha, et al.(2018), who found that proper training equips healthcare staff with the knowledge and skills necessary to provide high-quality ASRH services. This includes understanding adolescents' unique needs and concerns, providing accurate information, delivering non-judgmental care, and ensuring confidentiality and privacy.

According to the findings, 43% of the respondents strongly agreed that staffs are trained on how to deal with adolescents, which encourages the utilization of adolescent sexual reproductive services; 34% agreed that staffs are trained on how to deal with adolescents, which encourages the utilization of adolescent sexual reproductive services; 7% were neutral; 5% disagreed; and 11% of the respondents strongly disagreed that staffs are trained on how to deal with adolescents, which

encourages the utilization of adolescent sexual reproductive services. This implies that staff are trained on how to deal with adolescents, which encourages the utilization of adolescent sexual reproductive services. According to the findings, 30% of the respondents strongly agreed that health workers are willing to offer reproductive health to the adolescent, which influences utilization of adolescent sexual reproductive services; 54% agreed that health workers are willing to offer reproductive health to the adolescent, which influences utilization of adolescent sexual reproductive services; 16% were neutral; and none of the respondents disagreed or strongly disagreed that health workers are willing to offer reproductive health to the adolescent, which influences utilization of adolescent sexual reproductive services. This implies that health workers are willing to offer reproductive health to adolescents, which influences the utilization of adolescent sexual reproductive services.

From the findings, 40% of the respondents strongly agreed that health workers are friendly to the adolescent, which encourages utilization of adolescent sexual reproductive services; 45% agreed that health workers are friendly to the adolescent, which encourages utilization of adolescent sexual reproductive services; 10% were neutral; 5% disagreed; and none of the respondents strongly disagreed that health workers are friendly to the adolescent, which encourages utilization of adolescent sexual reproductive services. This implies that health workers are friendly to the adolescent which encourages utilization of adolescent sexual reproductive services. The study findings are in line with the findings of Nantume and Kigozi (2018), who found that adolescents often feel nervous or embarrassed when discussing sexual health issues. Friendly health workers who greet them warmly and create a non-

judgmental environment help alleviate these concerns, making it easier for adolescents to seek care.

In addition, the researcher sought to assess the attitude of the health workers towards the adolescent who seek adolescent sexual reproductive services. The findings revealed that: the health workers in Trans Nzoia adopt a youth-friendly approach, recognizing the unique needs and concerns of adolescents. They provide services in a confidential and non-intimidating environment, ensuring adolescents feel comfortable and empowered to seek care. They strive to provide care that aligns with cultural norms while also promoting evidence-based sexual health practices, (Adolescent 2 from one of the health facilities in Cherengau Sub-County).

Furthermore, the researcher sought to determine the type of education offered by the health workers to the adolescent who seek adolescent sexual reproductive services. The findings revealed that: The health workers provide adolescents with information about sexual health, including anatomy, puberty, sexual development, and reproductive processes. This education helps adolescents understand their bodies and the changes they experience during adolescence (Adolescent 3 from one of the health facilities in Kiminini Sub-County).

The findings can be related to Andersen's Phase Two Model, which focuses on access to healthcare through the healthcare utilization process. According to this model, health services are accessed based on pre-disposing, enabling, and need factors. The findings show that health workers in Trans Nzoia County demonstrate a youth-friendly approach, which can be seen as an enabling factor that improves adolescents' access to sexual reproductive health services. This approach aligns with

the model's emphasis on creating a supportive environment to facilitate service use. Additionally, the education provided by health workers covers essential topics like sexual health and development, which addresses the need factor by equipping adolescents with knowledge that can lead to more informed health decisions and service utilization. The youth-friendly approach and comprehensive education together help to reduce barriers and enhance adolescents' ability to seek and utilize sexual reproductive health services effectively.

4.5.3 Availability of Medical Products

The study also sought to assess the effect of availability of medical products in the utilization of adolescent sexual reproductive services in selected Primary health facilities in Trans Nzoia County. Refer to the results in Table 4.11.

Table 4. 11*Availability of Medical Products*

Statements	SA (%)	A (%)	N (%)	D (%)	SD (%)
Availability of family planning products such as condoms contraceptive pills influences utilization of adolescent sexual reproductive services.	49	39	10	2	0
Family planning products are safe and easy to use which encourages the uptake of sexual reproductive services	22	30	48	0	0
Availability of family planning education influences the utilization of sexual reproductive services.	68	32	0	0	0
The health staff are willing to offer family planning education which encourages utilization of adolescent sexual reproductive services	36	64	0	0	0
Availability of STI& HIV education influences utilization of adolescent sexual reproductive services	48	42	10	0	0
Health staffs provides in-depth education on STI& HIV which encourages utilization of adolescent sexual reproductive services	28	48	4	11	9

Source: Research Data (2024)

From the findings, 49% of the respondents strongly agreed that the availability of family planning products such as condoms and contraceptive pills influences utilization of adolescent sexual reproductive services; 39% agreed that availability of family planning products such as condoms and contraceptive pills influences utilization of adolescent sexual reproductive services; 10% were neutral; 2% disagreed; and none of the respondents strongly disagreed that availability of family

planning products such as condoms contraceptive pills influences utilization of adolescent sexual reproductive services. This implies that the availability of family planning products such as condoms and contraceptive pills influences the utilization of adolescent sexual reproductive services.

From the findings, 22% of the respondents strongly agreed that family planning products are safe and easy to use, which encourages the uptake of sexual reproductive services; 30% agreed that family planning products are safe and easy to use, which encourages the uptake of sexual reproductive services; 48% were neutral, while none of the respondents disagreed or strongly disagreed that family planning products are safe and easy to use, which encourages the uptake of sexual reproductive services. This implies that family planning products are safe and easy to use, which encourages the uptake of sexual reproductive services.

From the findings, 68% of the respondents strongly agreed that the availability of family planning education influences the utilization of sexual reproductive services; 32% agreed that the availability of family planning education influences the utilization of sexual reproductive services; and none of the respondents were neutral, disagreed, or strongly disagreed that the availability of family planning education influences the utilization of sexual reproductive services. This implies that the availability of family planning education influences the utilization of sexual reproductive services. The study findings are in line with the findings of Ndayishimiye, et al. (2020), who revealed that family planning education provides individuals with information about contraceptive methods, their effectiveness, and how to access them. When people are aware of their options, they are more likely to

make informed decisions about their reproductive health and seek out services that align with their needs and preferences.

From the findings, 36% of the respondents strongly agreed that the health staff are willing to offer family planning education that encourages the utilization of adolescent sexual reproductive services. 64% agreed that the health staff are willing to offer family planning education that encourages the utilization of adolescent sexual reproductive services. This implies that health staff are willing to offer family planning education, which encourages the utilization of adolescent sexual reproductive services.

From the findings, 48% of the respondents strongly agreed that the availability of STI and HIV education influences the utilization of adolescent sexual reproductive services, and 42% agreed that the availability of STI and HIV education influences the utilization of adolescent sexual reproductive services. 10% disagreed, while none of the respondents disagreed or strongly disagreed that the availability of STI and HIV education influences the utilization of adolescent sexual reproductive services. This implies that the availability of STI and HIV education influences the utilization of adolescent sexual reproductive services.

From the findings, 22% of the respondents strongly agreed that health staffs provide in-depth education on STIs and HIV, which encourages the utilization of adolescent sexual reproductive services; 48% agreed that health staffs provide in-depth education on STIs and HIV, which encourages the utilization of adolescent sexual reproductive services; 4% were neutral; 11% disagreed; and 9% strongly disagreed that health staffs provide in-depth education on STIs and HIV, which encourages the

utilization of adolescent sexual reproductive services. This implies that health staff provide in-depth education on STIs and HIV, which encourages the utilization of adolescent sexual reproductive services. The study findings are in line with the findings of Mutea, et al. (2020), which showed that in-depth education on STIs and HIV raises awareness among adolescents about the risks associated with unprotected sexual activity. When adolescents understand the potential consequences of STIs and HIV, they are more likely to seek out sexual reproductive health services for prevention, testing, and treatment.

4.5.3.1 Type of Family Planning Products Available

Further, the study sought to determine the type of family planning products available in the primary health facilities in Trans Nzoia County. Refer to the results in Table 4.12.

Table 4. 12

Type of Family Planning Products Available

Family Planning Products	Frequency	Percentage
Condom	5	10
Oral Contraceptives	7	13
Implants	13	26
Intrauterine Devices	9	18
Emergency Pills	16	33
Sterilization	0	0
Total	50	100

From the findings, 10% of the respondents indicated that they use condoms as a method of family planning, 13% stated that they use oral contraceptives as a method

of family planning, 26% stated that they use implants as a method of family planning, 18% stated that they use intrauterine devices as a method of family planning, and 33% stated that they use emergency pills as a method of family planning. This implies that the majority of the respondents use emergency pills as a method of family planning.

Moreover, the researcher sought to determine the type of education offered by the health workers to the adolescent who seek adolescent sexual reproductive services. The findings revealed that: adolescents are educated about various contraceptive methods available, including condoms, oral contraceptives (birth control pills), injectable contraceptives, implants, intrauterine devices (IUDs), and emergency contraception, (Adolescent 6 from one of the health facilities in Cherengani Sub-County).

4.5.4 Utilization of Adolescent Sexual Reproductive Services

The researcher also sought to establish utilization of adolescent sexual reproductive services. Refer to the results in Table 4.13.

Table 4. 13
Utilization of Adolescent Sexual Reproductive Services

Statements	SA (%)	A (%)	N (%)	D (%)	SD (%)
The number of adolescents seeking health reproductive education has increased for the past five years	14	28	58	0	0
The health dispensary has recorded higher number of male adolescents seeking for reproductive education.	12	40	48	0	0
There has an increase in the uptake of contraceptives for the past five years.	46	54	0	0	0
The rate of HIV/STI screening among adolescent has increased for the past five years.	16	30	54	0	0

Source: Research Data (2024)

From the findings, 14% of the respondents strongly agreed that the number of adolescents seeking health reproductive education has increased for the past five years, 28% agreed that the number of adolescents seeking health reproductive education has increased for the past five years, and 58% were neutral, while none of the respondents disagreed or disagreed that the number of adolescents seeking health reproductive education has increased for the past five years. Moreover, 12% of the respondents strongly agreed that the health dispensary has recorded a higher number of male adolescents seeking reproductive education, 40% agreed that the health dispensary has recorded a higher number of male adolescents seeking reproductive education, and 48% were neutral, while none of the respondents disagreed or strongly disagreed that the health dispensary has recorded a higher number of male adolescents seeking reproductive education. The study findings are in line with the findings of Binu and Marama (2018), who concluded that male adolescents perceive a greater need for reproductive education due to specific concerns or questions they have about their own bodies, sexual health, or relationships. This is driven by experience, curiosity, or peer influence.

From the findings, 46% of the respondents strongly agreed that there has been an increase in the uptake of contraceptives for the past five years; 54% agreed that there has been an increase in the uptake of contraceptives for the past five years; and none of the respondents disagreed or strongly disagreed that there has been an increase in the uptake of contraceptives for the past five years. This implies that there has been an increase in the uptake of contraceptives over the past five years. On the same note 16% of the respondents strongly agreed that the rate of HIV/STI screening among adolescents has increased for the past five years; 30% agreed that the rate of

HIV/STI screening among adolescents has increased for the past five years; and 54% were neutral), while none of the respondents disagreed or strongly disagreed that the rate of HIV/STI screening among adolescents has increased for the past five years. According to Kandeh (2018), efforts to raise awareness about the importance of HIV/STI screening among adolescents have led to greater recognition of the need for regular testing. Awareness campaigns, educational initiatives, and community outreach programs help disseminate information about the benefits of screening and where to access testing services.

4.6 Inferential Statistics

4.6.1 Correlation Analysis

Correlation is a technique for investigating the relationship between two quantitative, continuous variables. The study adopted Pearson correlation analysis. Pearson's correlation coefficient (r) a measure the strength of the association between the two variables. Refer to the results in Table 4.14

Table 4. 14*Correlation Analysis*

		Demographic Factors	Socio Economic Factors	Human Resource Factors	Availability of Medical Products
Demographic Factors	Pearson Correlation	1			
	Sig. (2-tailed)	.056	1		
	N	50			
Socio Economic Factors	Pearson Correlation	.416	.541	1	
	Sig. (2-tailed)	.076	.089		
	N	50	50		
Human Resource Factors	Pearson Correlation	.981	.987	.641	1
	Sig. (2-tailed)	.059	.089	.098	
	N	50	50	50	
Availability of Medical Products	Pearson Correlation	.974	.987	.976	.987
	Sig. (2-tailed)	.078	.098	.067	.098
	N	50	50	50	50
Utilization of Adolescent Sexual Reproductive Services	Pearson Correlation	.473**	.541**	.641**	.741**
	Sig. (2-tailed)	.000	.000	.000	.000
	N	50	50	50	50

As indicated in Table 4.14, the study indicates that there was a moderate positive and statistically significant correlation between demographic factors and utilization of adolescent sexual reproductive services in selected primary health facilities ($r=0.473$; $p<0.05$). This implies that better demographic factors enhance utilization of adolescent sexual reproductive services in selected Primary health facilities in Trans Nzoia County. The study findings concur with those of Khurana and Bleakley (2019) which found that adolescents residing in urban areas may have better access to healthcare facilities offering sexual reproductive services compared to those in rural areas. The proximity of health facilities, availability of transportation, and exposure

to information and education campaigns in urban settings could contribute to higher utilization rates.

The study also indicates that there was a moderate positive and statistically significant correlation between socio-economic factors and utilization of adolescent sexual reproductive services in selected primary health facilities ($r=0.541$; $p < 0.05$). This implies that better socio-economic factors enhance utilization of adolescent sexual reproductive services in selected Primary health facilities in Trans Nzoia County. The study findings are in line with those of Ansha, et al. (2019) who showed that higher socio-economic status is often associated with better access to healthcare facilities and infrastructure. Adolescents from wealthier households may live closer to primary health facilities offering sexual reproductive services and have access to a wider range of services, including specialized clinics and providers, facilitating utilization.

The study further indicates that there was a moderate positive and statistically significant correlation between human resource factors and utilization of adolescent sexual reproductive services in selected Primary health facilities ($r=0.641$; $p < 0.05$). This implies that better human resource factors enhance utilization of adolescent sexual reproductive services in selected primary health facilities in Trans Nzoia County. The study findings are in line with those of Debelew and Sibhat (2019) which showed that healthcare providers who are trained in youth-friendly service delivery create a welcoming and non-judgmental environment for adolescents seeking sexual reproductive services. They understand the unique needs and

concerns of adolescents and are skilled in communicating effectively with this age group, which can increase their comfort and willingness to utilize services.

The study also indicates that there was a moderate positive and statistically significant correlation between availability of medical products and utilization of adolescent sexual reproductive services in selected primary health facilities ($r=0.741$; $p<0.05$). This implies that better availability of medical products enhances utilization of adolescent sexual reproductive services in selected primary health facilities in Trans Nzoia County. The study findings are in line with those of Abiodun, et al. (2018) who mentioned that improved availability of contraceptive methods such as condoms, oral contraceptives, injectable, implants, and intrauterine devices (IUDs) ensures that adolescents have a wider range of options to choose from. This allows them to select the method that best suits their needs and preferences, thereby increasing their likelihood of utilizing sexual reproductive services.

4.7 Regression Analysis

4.7.1 Regression Model Summary

Table 4.15

Regression Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.739 ^a	.546	.512	.64723

a. Predictors: (Constant), Demographic factors, socio-economic factors, human resource factors and availability of medical products.

b. Dependent Variable: Utilization of Adolescent Sexual Reproductive Services

The study conducted a regression analysis to find out the strength of the relationship

between independent and dependent variables as shown in Table 4.15. The findings show that the utilization of adolescent sexual reproductive services in the selected primary health facilities in Trans Nzoia County is 54.6% as explained by the independent variables under this study while 45.4% is the variation due to other factors which have not been covered in this study.

4.7.2 ANOVA of the Regression Model

Table 4.16

ANOVA of the Regression Model

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	23.100	4	5.775	13.525	.000 ^a
	Residual	19.208	45	0.427		
	Total	42.308	49			

a. Predictors: (Constant), Demographic factors, socio-economic factors, human resource factors and availability of medical products

b. Dependent Variable: Utilization of Adolescent Sexual Reproductive Services

In the ANOVA table above, the F statistic = 13.525 as illustrated in Table 4.16. Since the f calculated is greater than f statistic, it infers that the model is statistically significant. Therefore, there is strong evidence that the regression results are statistically significant and the variation in the results is insignificant that cannot result to much difference in case of a change in the study units (population) and therefore the model did for the data.

4.7.3 Multiple Regression Coefficients

Table 4.17

Regression Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1(Constant)	.041	.145		.283	.796
Demographic factors	.436	.107	.548	4.075	.000
Socio-economic factors	.233	.081	.245	2.877	.006
Human resource factors	.237	.104	.179	2.279	.022
Availability of medical products	.026	.107	.548	0.2430	.022

Dependent Variable: Utilization of Adolescent Sexual Reproductive Services

The study also conducted a regression analysis to establish the regression coefficients connecting the independent and dependent variables as illustrated by the equation illustrated below:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4$$

Whereby Y represents access to utilization of adolescent sexual reproductive services, X_1 represents demographic factors, X_2 represents socio-economic factors, X_3 represents human resource factors, and X_4 represents availability of medical products. β_0 represents the Constant, which defines the value of utilization of adolescent sexual reproductive services without the inclusion of predictor variables. From the results in Table 4.17, the given equation was answered by the values of Unstandardized Coefficients (B), and all of them were statistically significant since

their p values (Sig. <0.05) were less than 0.05. The results indicate that all the predictor variables in the study have a positive relationship with the utilization of adolescent sexual reproductive services. Thus,

$$Y = 0.041 + 0.436X_1 + 0.233X_2 + 0.237X_3 + 0.026X_4$$

The value of utilization of adolescent sexual reproductive services without the effects of the predictor variables is 0.041. This explains that, at any given time, the utilization of adolescent sexual reproductive services will be 0.041, holding other factors constant at 0. The results also illustrate that a unit change in demographic factors would result in a 0.436-fold increase in the utilization of adolescent sexual reproductive services in primary health facilities in Trans Nzoia County. The study findings concur with those of Khurana and Bleakley (2019), who found that adolescents residing in urban areas may have better access to healthcare facilities offering sexual reproductive services compared to those in rural areas. The proximity of health facilities, availability of transportation, and exposure to information and education campaigns in urban settings could contribute to higher utilization rates.

Moreover, a unit increase in socio-economic factors would result in a 0.233-fold increase in the utilization of adolescent sexual reproductive services in primary health facilities in Trans Nzoia County. The study findings are in line with those of Ansha et al. (2019), who showed that higher socio-economic status is often associated with better access to healthcare facilities and infrastructure. Adolescents from wealthier households may live closer to primary health facilities offering sexual reproductive services and have access to a wider range of services, including specialized clinics and providers, facilitating utilization.

In addition, a unit increase in human resource factors would result in 0.237 times increase in the utilization of adolescent sexual reproductive services in primary health facilities in Trans Nzoia County, and a unit increase in the availability of medical services would result in a 0.233 times increase in the utilization of adolescent sexual reproductive services in primary health facilities in Trans Nzoia County, as given by the coefficients in the model. The study findings are in line with those of Debelew and Sibhat (2019), who showed that healthcare providers who are trained in youth-friendly service delivery create a welcoming and non-judgmental environment for adolescents seeking sexual reproductive services. They understand the unique needs and concerns of adolescents and are skilled in communicating effectively with this age group, which can increase their comfort and willingness to utilize services.

CHAPTER FIVE

SUMMARY OF FINDINGS CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a detailed summary of the major findings of the actual study; it then draws conclusions and discusses implications emanating from these findings. Finally, it makes some recommendations and suggestions on areas for further study. The main aim of this study was to assess the factors influencing the utilization of adolescent sexual reproductive services at selected primary health facilities in Trans Nzoia County.

5.2 Summary of the Findings

5.2.1 Demographic Factors and Utilization of Adolescent Sexual Reproductive Services

Gender norms and societal expectations impact adolescents' access to sexual reproductive services. In Trans Nzoia, there are barriers for girls and young women to seek out services due to stigma, cultural taboos, or restrictions on mobility. Based on the findings, the majority of the adolescents indicated that they are influenced by their peers to seek sexual reproductive services, especially if their peers are accessing services themselves or discussing their experiences openly. Moreover, the study revealed that education has equipped them with greater knowledge and awareness of sexual health issues, including contraception, STIs, and reproductive anatomy. Adolescents with higher education levels were more informed about the importance of sexual reproductive services and where to access them. Moreover, based on the findings, the majority of the adolescents indicated that those who are married have different needs and priorities when it comes to sexual and reproductive health. They

seek services related to family planning, contraception, and pregnancy care, as well as STI prevention and testing. However, access to services may depend on factors such as age, socioeconomic status, and cultural norms surrounding marriage and reproductive health.

5.2.2 Socio-Economic Factors and Utilization of Adolescent Sexual

Reproductive Services

The findings revealed that CHAs and CHPs have a sufficient income. Also, the findings revealed that the education level of the adolescents influences their utilization of adolescent sexual reproductive services. Further, the findings revealed that family belief influences the utilization of adolescent sexual reproductive services. The findings also revealed that they discuss sexual health openly in their family.

5.2.3 Human Resource Factors and Utilization of Adolescent Sexual

Reproductive Services

The findings also revealed that the availability of health staff influences the utilization of adolescent sexual reproductive services. The findings also revealed that staff training influences the utilization of adolescent sexual reproductive services. Moreover, the findings revealed that health workers are willing to offer reproductive health to adolescents, which influences the utilization of adolescent sexual reproductive services.

5.2.4 Availability of Medical Products and Utilization of Adolescent Sexual

Reproductive Services

The findings of the study revealed that the availability of family planning products such as condoms and contraceptive pills influences the utilization of adolescent sexual reproductive services. Also, the study revealed that the availability of family planning education influences the utilization of sexual reproductive services. Moreover, the study found that the availability of STI and HIV education influences the utilization of adolescent sexual reproductive services.

5.3 Conclusions

5.3.1 Demographic Factors and Utilization of Adolescent Sexual Reproductive Services

The study concluded that gender norms and societal expectations impact adolescents' access to sexual reproductive services. The study concluded that they are influenced by their peers to seek sexual reproductive services, especially if their peers are accessing services themselves or discussing their experiences openly. Moreover, the study concluded that education has equipped them with greater knowledge and awareness of sexual health issues, including contraception, STIs, and reproductive anatomy. Further, the study concluded that those who are married have different needs and priorities when it comes to sexual and reproductive health. From the correlation analysis, the study concluded that there was a moderately positive and statistically significant correlation between demographic factors and the utilization of adolescent sexual reproductive services in selected primary health facilities.

5.3.2 Socio-Economic Factors and Utilization of Adolescent Sexual Reproductive Services

The study concluded that CHAs and CHPs can afford to cater to all their needs. More educated adolescents have more knowledge regarding reproductive health, which increases the rate of utilization of sexual reproductive services. Further, the study concluded that most CHAs and CHPs have great family support. From the correlation analysis, the study concluded that there was a moderately positive and statistically significant correlation between socio-economic factors and the utilization of adolescent sexual reproductive services in selected primary health facilities.

5.3.3 Human Resource Factors and Utilization of Adolescent Sexual Reproductive Services

Based on the findings of the study, it was concluded that health staff are available for 10 hours daily to offer adolescent sexual reproductive services. The study also concluded that staff are trained on how to deal with adolescents, which encourages the utilization of adolescent sexual reproductive services. The study further concluded that health workers are friendly to adolescents, which encourages the utilization of adolescent sexual reproductive services. From the correlation analysis, the study concluded that there was a moderately positive and statistically significant correlation between human resource factors and the utilization of adolescent sexual reproductive services in selected primary health facilities.

5.3.4 Availability of Medical Products and Utilization of Adolescent Sexual Reproductive Services

The study concluded that family planning products are safe and easy to use, which encourages the uptake of sexual reproductive services. Further, the study concluded that the health staff are willing to offer family planning education, which encourages the utilization of adolescent sexual reproductive services. Moreover, the study concluded that health staff provide in-depth education on STIs and HIV, which encourages the utilization of adolescent sexual reproductive services. From the correlation analysis, the study concluded that there was a moderately positive and statistically significant correlation between the availability of medical products and the utilization of adolescent sexual reproductive services in selected primary health facilities.

5.4 Recommendations

The study made the following recommendations

5.4.1 Policymakers and Government Authorities

To enhance adolescent sexual reproductive health (ASRH) programs and services in Trans Nzoia County, policymakers and government authorities should allocate specific funds for the development of youth-friendly health facilities and services. This includes building or renovating clinics to create welcoming environments for adolescents and investing in the procurement of a diverse range of contraceptive methods, STI/HIV testing kits, and treatment resources.

Policymakers and government authorities should also advocate for the inclusion of a robust comprehensive sexuality education (CSE) program in school curricula. This

program should cover essential topics such as sexual health, contraception, STI prevention, reproductive rights, and healthy relationships. Collaboration with educational experts to develop age-appropriate curriculum materials and teacher training programs will ensure effective delivery.

Policymakers and government authorities should work on creating or strengthening policies that support adolescent access to sexual reproductive health services. This includes policy initiatives aimed at removing barriers to access, such as legal age restrictions for contraceptive services and confidentiality regulations.

5.4.2 Healthcare Providers and Facilities

Healthcare providers and facilities should implement ongoing training programs for healthcare workers focused on adolescent sexual reproductive health. This could include workshops, seminars, and conferences on topics such as non-judgmental care, confidential service delivery, and effective communication with adolescents. Engage community health workers (CHWs) for outreach and to serve as points of contact for adolescents in need of sexual health information and services.

Healthcare providers and facilities should train healthcare providers on strategies to reduce stigma and discrimination. This should involve workshops on cultural competence, empathetic patient interactions, and the establishment of a clear protocol for addressing and reporting discrimination.

Healthcare providers and facilities should ensure that a wide range of contraceptive options and STI/HIV testing and treatment services are consistently available at primary health facilities. Develop mechanisms to regularly review and manage the inventory of contraceptives and testing supplies. Moreover, they should collaborate

with local NGOs, youth groups, and community-based organizations to extend outreach and awareness efforts. Joint initiatives could include community health fairs, informational workshops, and peer education programs.

5.4.3 Department of Health Services at the County Level

The department of health services should facilitate workshops and meetings with community leaders to promote ASRH awareness and advocate for positive attitudes towards adolescent sexuality and reproductive health. Leverage community events and forums to spread information and build support for ASRH initiatives. The department of health services should conduct campaigns and outreach activities to educate parents, caregivers, and adolescents about the benefits of ASRH services. Use diverse media channels, including social media, radio, and local newspapers, to reach different segments of the community. The department of health services should create and promote safe spaces where adolescents can access accurate information, peer support, and referrals for ASRH services. Examples include after-school clubs, youth centers, and online support forums.

5.4.4 Recommendations for Parents and Guardians

Parents and guardians should encourage open and honest conversations about sexual health and reproductive rights within the family. Provide parents with resources and training on how to approach these topics with their children effectively. Parents and guardians should support the inclusion of parents in ASRH programs through school-based workshops, community seminars, and informational sessions. Advocate for the development of parent education programs that address their role in supporting adolescents' sexual health.

5.5 Suggestions for Further Studies

A study should be conducted to explore in depth the cultural and social factors influencing the utilization of adolescent sexual reproductive services in Trans Nzoia County. Also, a study should be conducted to evaluate the effectiveness of intervention programs aimed at improving the utilization of adolescent sexual reproductive services in Trans Nzoia County.

5.5.1 Availability of Medical Products and Utilization of Adolescent Sexual Reproductive Services

The study concluded that family planning products are safe and easy to use, which encourages the uptake of sexual reproduction amenities. Further, the study concluded that the health staff are willing to offer family planning education, which encourages the utilization of adolescent sexual reproduction amenities. Moreover, the researcher concluded that health staff provide in-depth education on STIs and HIV, which encourages the utilization of adolescent sexual reproductive services. The outcomes of the investigation from the analysis of correlation was that, in certain main healthcare facilities, there was an independently significant and somewhat favorable link between the accessibility of medical supplies and the use of teenage sexual services for reproduction.

5.6 Recommendations

The researcher made the subsequent recommendations

5.6.1 Policymakers and Government Authorities

To enhance ASRH programs and services in Trans Nzoia County, officials and administration authorities ought to allocate specific funds for the growth of adolescence-friendly health facilities and services. This includes building or renovating clinics to create welcoming environments for adolescents and investing in the procurement of a diverse range of contraceptive methods, STI/HIV testing kits, and treatment resources.

Additionally, legislators and government representatives must to push for the integration of an extensive syllabus of information on sexuality in curricula in schools. This program should cover essential topics such as sexual health, contraception, STI prevention, reproductive rights, and healthy relationships. Collaboration with educational experts to develop age-appropriate curriculum materials and teacher training programs will ensure effective delivery.

Policymakers and government authorities should work on creating or strengthening policies that support teenage accessing to sexual reproduction wellbeing services. This includes policy initiatives aimed at removing barriers to access, such as legal age restrictions for contraceptive services and confidentiality regulations.

5.6.2 Healthcare Providers and Facilities

Healthcare providers and facilities should implement ongoing training programs for healthcare workers focused on adolescent sexual reproductive health. This could include workshops, seminars, and conferences on topics such as non-judgmental care, confidential service delivery, and effective communication with adolescents.

Engage community health workers (CHWs) for outreach and to serve as points of contact for adolescents in need of sexual health information and services.

Healthcare providers and facilities should train healthcare providers on strategies to reduce stigma and discrimination. This should involve workshops on cultural competence, empathetic patient interactions, and the establishment of a clear protocol for addressing and reporting discrimination.

Healthcare providers and facilities should ensure that a wide range of contraceptive options and STI/HIV testing and treatment services are consistently available at primary health facilities. Develop mechanisms to regularly review and manage the inventory of contraceptives and testing supplies. Moreover, they should collaborate with local NGOs, youth groups, and community-based organizations to extend outreach and awareness efforts. Joint initiatives could include community health fairs, informational workshops, and peer education programs.

5.6.3 Department of Health Services at the County Level

The department of health services should facilitate workshops and meetings with community leaders to promote ASRH awareness and advocate for positive attitudes towards adolescent sexuality and reproduction wellbeing. Leverage community events and forums to spread information and build support for ASRH initiatives. The department of health services should conduct campaigns and outreach activities to educate parents, caregivers, and adolescents about the benefits of ASRH services. Use diverse media channels, including social media, radio, and local newspapers, to reach different segments of the community. The department of health services should

create and promote safe places where teenagers may access accurate data, peer support, and referrals for ASRH services. Examples include after-school clubs, youth centers, and online support forums.

5.6.4 Recommendations for Parents and Guardians

Parents and guardians should encourage open and honest conversations about sexual health and reproductive rights within the family. Provide parents with resources and training on how to approach these topics with their children effectively. Parents and guardians should support the inclusion of parents in ASRH programs through school-based workshops, community seminars, and informational sessions. Advocate for the development of parent education programs that address their role in supporting adolescents' sexual health.

5.7 Suggestions for Further Studies

A research may be done to explore in depth the cultural and social factors influencing the consumption of teenage sexual reproduction services in Trans Nzoia County. Also, a research could be conducted to estimate the efficiency of intervention programs aimed at improving the consumption of teenage sexual reproduction amenities in Trans Nzoia County.

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APPENDICES

APPENDIX I: CLEARANCES FROM KEMU SERC



KENYA METHODIST UNIVERSITY

P. O. Box 267 Meru - 60200, Kenya

Fax: 254-64-30162

Tel: 254-064-30301/31229/30367/31171

Email: deanrd@kemu.ac.ke

DIRECTORATE OF POSTGRADUATE STUDIES

July 3, 2023

Commission Secretary,
National Commission for Science, Technology and Innovations,
P.O. Box 30623-00100
NAIROBI.

Dear Sir/Madam,

RE: EMMA KEMUNTO ONTIRA – (REG. NO. HSM-3-2272-2/2022)

This is to confirm that the above named person is a bona fide student of Kenya Methodist University, in the School of Medicine and Health Sciences, Department of Health System Management undertaking a Master's Degree in Health System Management. She is conducting research on; "Factors Influencing Utilization of Adolescent Sexual Reproductive Health Services in Selected Primary Health Facilities in Trans-Nzoia County, Kenya".

We confirm that her research proposal has been presented and approved by the University.

In this regard, we are requesting your office to issue a research license to enable her collect data.

Any assistance accorded to her will be appreciated.

Yours sincerely,


Dr. John M. Muchiri (PhD)
Dean, Postgraduate Studies

Cc: Dean SMHS

CoD, HSM

Program Coordinator -HSM

Student Supervisors



KENYA METHODIST UNIVERSITY

P. O. BOX 267 MERU - 60200, KENYA
TEL: 254-064-30301/31229/30367/31171

FAX: 254-64-30162
EMAIL: INFO@KEMU.AC.KE

July 3, 2023

KeMU/ISERC/HSM/13/2023

EMMA KEMUNTO ONTIRA
HSM-3-2272-2/2022

Dear Emma,

SUBJECT: FACTORS INFLUENCING UTILIZATION OF ADOLESCENTS SEXUAL
REPRODUCTIVE HEALTH SERVICES IN SELECTED PRIMARY HEALTH FACILITIES IN
TRANS-NZOIA COUNTY, KENYA

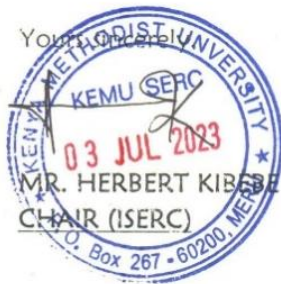
This is to inform you that Kenya Methodist University Institutional Scientific Ethics and Review Committee has reviewed and approved your research proposal. Your application approval number is KeMU/ISERC/HSM/13/2023. The approval period is 3rd July, 2023 – 3rd July, 2024.

This approval is subject to compliance with the following requirements:-

- I. Only approved documents including (informed consents, study instruments, MTA) will be used.
- II. All changes including (amendments, deviations, and violations) are submitted for review and approval by Kenya Methodist University Institutional Scientific Ethics and Review Committee.
- III. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to KeMU ISERC within 72 hours of notification.
- IV. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to KeMU ISERC within 72 hours.
- V. Clearance for export of biological specimens must be obtained from relevant institutions.

- VI. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- VII. Submission of an executive summary report within 90 days upon completion of the study to KeMU ISERC.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://oris.nacosti.go.ke> and also obtain other clearances needed.



APPENDIX II: NACOSTI PERMIT

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 747919	Date of Issue: 06/September/2023
RESEARCH LICENSE	
	
This is to Certify that Miss.. Emma Kemunto Ontiria of Kenya Methodist University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Transnzoia on the topic: FACTORS INFLUENCING UTILIZATION OF ADOLESCENT SEXUAL REPRODUCTIVE HEALTH SERVICES IN SELECTED PRIMARY HEALTH FACILITIES IN TRANS-NZOIA COUNTY, KENYA for the period ending : 06/September/2024.	
License No: NACOSTI/P/23/28889	
Applicant Identification Number 747919	 Director General NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Verification QR Code 	
NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.	
See overleaf for conditions	

**APPENDIX III: COUNTY GOVERNMENT OF TRANS NZOIA
CLEARANCE**

**REPUBLIC OF KENYA
COUNTY GOVERNMENT OF TRANS NZOIA**

TEL: 054 – 30301
054 – 30302

From the director's office
P.O. BOX 4211 – 30200
KITALE

Email:
researchunit@transnzoia.go.ke



DEPARTMENT OF HEALTH SERVICES

Our Ref: CGTN/HS/RH/02 VOL 1/ 2023

Date: Thursday, August 31, 2023

To
EMMA KEMUNTO ONTIRIA
HSM-3-2272-2/2022

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on the topic “*factors influencing utilization of adolescent sexual reproductive health services in selected primary health facilities in Trans Nzoia County-Kenya*”, I am pleased to inform you that the authority is hereby granted.

Please note that the authority granted is only administrative and is subjected to the validity of the following:

1. Approval from a competent institution ethics review committee (IERC)
2. Approval from the National Commission for science, technology and innovation (NACOSTI)

Please ensure that your research is conducted within the time stipulated in your application. Any extension shall require fresh endorsement.

Sincerely

HEALTH RESEARCH UNIT


Dr. Wamalwa Anthony
Chairperson Health Research Unit
TRANS NZOIA COUNTY
P.O. BOX 4211 – 30200, KITALE

APPENDIX IV: QUESTIONNAIRE

This questionnaire's goal is to evaluate the variables affecting the use of teenage sexual services for reproduction in particular Trans Nzoia County main medical centers. The information obtained will be kept confidential and no names will be recorded. Your participation or non-participation will not affect your attendance or access to healthcare at your nearest health facility.

Instructions:

Mark with **a tick on the box** with the appropriate answer.

In case there is option question and no box provided just **tick in front** of your right option.

Where there is no box, please put the answer on **space provided**.

1. What is your gender?

Male ☐

Female ☐

2. What is age bracket?

Less than 18 years ☐

18-23 Years ☐

24-29 Years ☐

30-35 Years ☐

Above 35 Years ☐

3. What is your highest education level?

Primary Education ☐

Secondary level ☐

Tertiary ☐

None ☐

4. What is your marital status?

Married ☐

Single ☐

Divorced ☐

5. How often do you visit the hospital for sexual reproductive services

Weekly []

Monthly []

Yearly []

Once in six months []

Once in a while..... []

Not at all... []

Section C: Socio-Economic Factors

Socio-Economic Factors	1	2	3	4	5
I have a sufficient income					
I can afford to cater for all my needs					
Education level of the adolescent influences utilization of adolescent sexual reproductive services.					
More educated adolescents have more knowledge regarding reproductive health which increases the rate of utilization sexual reproductive services.					
Family belief influences utilization of adolescent sexual reproductive services.					
I have a great family support					
We discuss sexual health openly in my family					

Section D: Human Resource Factors

Human Resource Factors	1	2	3	4	5
Availability of health staffs influences utilization of adolescent sexual reproductive services.					
Health staffs are available for 10 hours daily to offer adolescent sexual reproductive services.					
Staff training influences utilization of adolescent sexual reproductive services.					
Staffs are trained on how to deal with adolescent which encourages utilization of adolescent sexual reproductive services.					
Health workers are willing to offer reproductive health to the adolescent which influences utilization of adolescent sexual reproductive services.					
Health workers are friendly to the adolescent which encourages utilization of adolescent sexual reproductive services.					

Section E: Availability of Medical Products

Availability of Medical Products	1	2	3	4	5
Availability of family planning products such as condoms contraceptive pills influences utilization of adolescent sexual reproductive services.					
Family planning products are safe and easy to use which encourages the uptake of sexual reproductive services					
Availability of family planning education influences the utilization of sexual reproductive services.					
The health staff are willing to offer family planning education which encourages utilization of adolescent sexual reproductive services.					
Availability of STI& HIV education influences utilization of adolescent sexual reproductive services.					
Health staffs provides in-depth education on STI& HIV which encourages utilization of adolescent sexual reproductive services.					

Section F: Utilization of Adolescent Sexual Reproductive Services

Utilization of Adolescent Sexual Reproductive Services	1	2	3	4	5
The number of adolescents seeking health reproductive education has increased for the past five years.					
The health dispensary has recorded higher number of male adolescents seeking for reproductive education.					
There has an increase in the uptake of contraceptives for the past five years					
The rate of HIV/STI screening among adolescent has increased for the past five years.					

APPENDIX V: INTERVIEW SCHEDULE

1. Briefly describe how your age influences consumption of teenage sexual reproduction facilities.

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2. Explain how your marital status influence consumption of adolescent sexual reproduction amenities.

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.....

3. How does gender influence the consumption of teenage sexual reproduction facilities?

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.....
.....

4. Briefly explain how income level influences utilization of adolescent sexual reproductive services

.....
.....
.....

5. Explain how your education level influences consumption of teenage sexual reproduction services

.....
.....
.....

6. Do family beliefs influences consumption of teenage sexual reproduction amenities?

If yes, explain how

.....
.....
.....

7. Briefly explain the attitude of the health workforces to the teenage who seek adolescent sexual reproduction facilities

.....
.....
.....

8. Explain the type of education offered by the health workers to the adolescent who seek adolescent sexual reproductive services

.....

.....

.....

Availability of Medical Products

9. Kindly indicate the type of family planning products available in the health facility?

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.....

10. Briefly explain the type of family planning education offered to adolescent who seek for sexual reproductive services

.....

.....

.....

11. Briefly explain the type of STI & HIV education offered to adolescent who seek for sexual reproductive services

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