



Views of Secondary School Students on Adolescent Friendly Health Services in Level Two Facilities in Mombasa County, Kenya

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Summary

BACKGROUND

Sexual and reproductive health problems remain a major cause of ill health and/death among adolescents. Despite the adoption of adolescent-friendly health services in all government facilities in Kenya, incidences of teenage pregnancies and HIV infections among adolescents aged 15-19 years continue to rise. Understanding adolescents' views on the health services offered at facilities is important to develop services that are responsive to their needs.

METHODS

The study was conducted to assess the views of secondary school students on adolescent-friendly health services in level 2 facilities in Kisauni Sub-County, Mombasa County, Kenya. The study looked at staff characteristics, facility characteristics, interpersonal relationships and their relationship on students' perceptions on friendliness of services. A survey was conducted with 313 secondary school going students from two public schools in Kisauni Sub-County, Mombasa County Kenya. Students were selected using a simple random selection process and structured questionnaires used to collect data. Additionally, researchers assessed



four public primary care facilities using an observational checklist. Key informant interviews conducted on the facility in charges. Relationships between variables were assessed using Chi-Square at a 95% confidence interval.

RESULTS

Of all the respondents (n=313), 42% reported the services to be friendly. More than half (65.5%, n=205), of all the respondents thought the facilities had appropriate staff to provide adolescent and youth-friendly health services (AYFHS) as well as majority (98%) of all the respondents reporting preference of staff of the same sex and age to offer services to them since they could understand them easily. Media (radio, newspapers) and static advertisements significantly influenced AYFHS (p - values 0.017 and 0.004 respectively). Less than half of those who reported friendly services mentioned being aware of services offered in other settings such as drop-in centres (43.2%, n=32), community outreach (43.7%, n=44) and school health programs (39.2%, n=65). Accessing facility by use of vehicle and walking on foot had a significant influence on AYFHS (p- values of 0.001 and 0.003 respectively). Involvement of other agencies in service review had a significant influence on the friendliness of services (p-value 0.003).

CONCLUSION

Adolescents perceive the Adolescent and Youth Friendly Services as unfriendly, with access to service as a barrier to accessing these services.

Keywords: *Adolescence, Adolescent Health Services, Reproductive Health Services, Health, Kenya, Friendly Services*

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Introduction

Adolescence is typically defined as a period of optimum health and active life in communities [1]. However, globally, an estimated 1.2 million young people die of preventable causes such as road traffic accidents, violence, suicide, HIV/AIDS and pregnancy-related causes [2].

The World Health Organization (WHO) states that adolescent and youth-friendly health services (AYFHS) are an important intervention targeting the adolescents and youth in the hopes of achieving sustainable development goal three on good health and wellbeing. AYFHS should provide services that are equitable, accessible,

acceptable, appropriate and effective for this population [2].

Implementation of AYFHS in public health facilities has remained a challenge in Mombasa County, Kenya. Despite the AYFHS, sexual and reproductive health problems are still a major cause of ill health and death among adolescents in Mombasa. Adolescents 10-19 years have contributed to 23% of all HIV new infections and 17% of girls aged 15-19 years have begun childbearing [3,4].

There is dearth of information on the views of adolescents on AYFHS among public health facilities in Kisauni Sub-county, Mombasa County. Thus, this study sought to find out if adolescents perceived AYFHS as



friendly or not, and what effect the staff's characteristics, facility characteristics and interpersonal relationships had on their friendliness rating for the facilities.

Materials and Methods

The study was conducted to assess the views of secondary school students on adolescent-friendly health services in level 2 health facilities in Kisauni Sub-County, Mombasa County, Kenya.

Level two facilities are one of the six levels of health care in Kenya's health structure that are directly linked to the community and are providing primary health care. Different services such as outpatient services, VCT testing, TB services, laboratory services, well-baby clinics, antenatal and post-natal services, pharmacy, counseling services, curative treatment of STIs/minor ailments and referral services are provided. This, therefore, requires different cadres of staff to include nurses, clinical officers, laboratory officers, and counselors to ensure smooth and quality service delivery [18]. Therefore, the primary health facilities in Kisauni Sub-County, Mombasa County are all expected to provide AYFHS following WHO standards to meet the needs of young people.

The study looked at staff characteristics, facility characteristics, interpersonal relationships and their relationship on students' perceptions on friendliness of services.

Settings, Population and Study Design

This cross-sectional quantitative survey was conducted between September and October 2019. Questionnaires were administered to adolescents aged 13-17 years in two public secondary schools in Kisauni Sub-county, Mombasa County, Kenya. The schools were purposively selected, considering one girls only and one boys only school. The two schools had a total of 1,070 students.

Sample Size

A sample size of 313 was derived using the sample size formula for a single population. The assumptions made were using a 95% confidence interval, 5% margin of error and 50.0% expected proportion of adolescent-friendly health services [5,6]. A total of 313 of adolescents aged 13-17 years were recruited for the study from two public secondary schools within Kisauni sub- County.

Using stratified random sampling technique, the researcher's generated random numbers using Microsoft excel with student numbers as the sampling frame. Once selected, researchers worked with the school principals to inform selected students and get appropriate consent from them and their parents

Measurement

The questionnaires were structured with closed-ended pre-coded questions and administered verbally to participants by the researchers. The questionnaires were divided into five parts; socio-demographic, facility, staff and interpersonal characteristics and level of friendliness of services. To determine the friendliness of AYFHS, researchers had eleven multiple response questions to determine if they viewed the services friendly or not.

In assessing AYFHS, students were asked to respond to a set of questions considered to be aspects of Adolescent Friendly Services by the researcher. A score of one (1) was given to every respondent who gave a positive response to each of the items and a zero (0) for otherwise. The scores of the 27 items (resulting from the 11 multiple responses) were summed up, median split used to categorize them into "Not friendly services" for a score below the median and "Friendly Services" for scores equal to or greater than the median.



Response Rate of the Participants

A total of 313 self-administered questionnaires were distributed to the adolescents in the two schools. All of the distributed questionnaires were returned (response rate of 100%).

Data Analysis

All data were entered into SPSS version 23.0 and analyzed. The P-value of 0.05 was taken for statistical significance. The association between the binary outcome, Adolescent-Friendly Health Services 'friendly' or 'not friendly' with independent categorical variables (facility and staff characteristics and interpersonal relationship) were explored using the chi-squared test.

Ethical Considerations

This study was approved by the Graduate School Board of Kenyatta University, the Kenya National Council for Science Technology and Innovation and the Department of Health, Mombasa County. Written assent was obtained from participants parents and consent obtained from the principals of the two participating schools.

Results

Socio-Demographic Characteristics of the Respondents

The average age of the participants was 16.0 (SD-0.88) years old. Of the 313 participants, 51.4% were male and 48.6% female.

Adolescent Friendly Health Services

Of the respondents, 58% rated the services as not being friendly, while 42% thought the services were friendly.

Of all the respondents, (65.5%, n=205), thought the facilities had appropriate staff to

offer Adolescent Friendly Services, whereas 55,3% felt that facility staff had appropriate communication skills. Majority of respondents reported age and gender to be influencing friendliness of services. It was easy to interact with the staff of a younger age. All the aforementioned had a significant relationship with the friendliness of services. This is contrary to the responses from the Key informant interviews where it was mentioned that there are no updates for staff on new information related to adolescent services provision. Table 1 presented at the end of this article summarizes this information.

Media (radio, newspaper) and fixed adverts were found out to be significantly influencing friendliness of services. Tables 2 presents a summary of this information. Less than 50% of the respondents who reported services to be friendly also mentioned other appropriate settings to include drop-in centres, community outreaches and school health programs.

Accessing the facility by use of vehicle and walking on foot had a significant influence on the friendliness of services. Involvement of other agencies in service delivery greatly influenced the friendliness of services.

Discussion

The study provided information about the adolescents' views on the friendliness of services offered in level 2 facilities for decision-makers and planners on adolescent health services

The findings showed that only 42% of the adolescents in the two schools reported the Adolescent Friendly Health Services to be friendly. This rating is way below the results of a study carried out in Ethiopia on health service utilization whereby only 60.7% rated the services as being friendly thus the services were generally rated as unfriendly [7].

The fact that more than half of the respondents rated AYPFHS as unfriendly affects their utilization of such services and thus their



health. Majority of the respondents (n=313) reported comfortable waiting area (64.5%), not paying the registration fee (70%), not paying for services (76.4%) and not paying consultation fee (83.4%) as the most appealing aspects of AYFHS. This is similar to findings from other studies conducted in Nigeria, Kenya and Zimbabwe [8,9].

A young provider was preferred by many to offer AYFHS. This is similar to a study conducted in Ethiopia where a young provider of the same age was preferred. Adolescents reported easy communication between them and the young service provider [10].

We found that several factors influenced young people's perceptions of friendly service. Many respondents (34.5%) felt that the staffs available were unsuitable to offer AYFHS. Constraints such as unavailability of staff to offer services and negative staff attitude have also been identified among many other constraints. Previous studies have also shown that lack of good interpersonal relationships among the staff and adolescents created a barrier to access of services hence affecting the friendliness [11,12,13]. Many respondents preferred that the staff members be closer to their age [14,11,13].

Concerning ways of advertising facility operational hours, many reported that the use of static adverts and media influenced the friendliness of AYFHS. This is similar to findings of a study in Latin America on the use of social media among other technological means of communication which has opened new opportunities for sexuality education, sexual health promotion and advocacy efforts as it offers a tool for recruiting and mobilizing adolescents to use already existing public health services [15,16]. A similar study on acceptability of services reported that having information about a service increased chances of accepting hence access [17].

Easy access to health facilities greatly influenced the friendliness of services. Majority

of those who reported services to be friendly accessed the facilities by walking on foot and use of a vehicle. A good location has also been mentioned by other studies to be influencing the friendliness of services [16]. Involvement of other agencies was found to be significantly influencing friendliness of services. This is similar to the findings of a study carried out in Colombia and India whereby interagency involvement helped scale up Adolescent Friendly Services. Engaging other agencies would ensure the sustainability of the adolescent services hence impact the friendliness. [11,17].

Conclusion

Adolescents in Kisauni Sub-County, Mombasa County perceive the Adolescent and Youth Friendly Services as unfriendly, with access to service as a barrier to accessing these services.

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Appendix

Table 1: Facility Characteristics, Staff Characteristics, Interpersonal Relationships and AYFHS

Variables	No	%	Yes	%
Adequate space	125	39.9%	188	60.1%
Comfortable waiting area	111	35.5%	202	64.5%
Pay for Registration fee	219	70.0%	94	30.0%
Pay for each service	239	76.4%	74	23.6%
Pay for consultation	261	83.4%	52	16.6%
Services available after school hours	234	74.8%	79	25.2%
Services available over weekends	232	74.1%	81	25.9%
Referral and linkage available	238	76.0%	75	24.0%
Given more time to assess	154	49.2%	159	50.8%
Given more time for inquiries	246	78.6%	67	21.4%
Given suitable return dates	255	81.5%	58	18.5%
Contraception service available	256	81.8%	57	18.2%
STI screening services available	261	83.4%	52	16.6%
HIV screening services available	211	67.4%	102	32.6%
Psychological care services available	268	85.6%	45	14.4%
General Treatment Services available	221	70.6%	92	29.4%
Sports centers as point of contact	269	85.9%	44	14.1%
Youth groups as point of contact	97	31.0%	216	69.0%
Religious workshops as point of contact	275	87.9%	38	12.1%
Incorporated use of music	274	87.5%	39	12.5%
Incorporated use TV set	160	51.1%	153	48.9%
Reading materials available	184	58.8%	129	41.2%
Having accompaniment	71	22.7%	242	77.3%
Special needs services available	120	38.3%	193	61.7%
Health advocacy services available	226	72.2%	87	27.8%
Thorough assessment is done	200	63.9%	113	36.1%
Appropriate treatment is given	188	60.1%	125	39.9%



Table 2: Methods of advertisement, Other Settings Offering AYFHS, Means of Accessing Facility and Other Agencies Involved

Variable	Not friendly Yes	Friendly Yes	X^2	<i>P-value</i>	<i>df</i>
Methods of advertising for services					
Media	65%	35%	5.675	0.017	1
Fixed Advertisements	49.7%	50.3%	8.427	0.004	1
Internet	52.6%	47.4%	0.284	0.594	1
Other settings where services are offered					
Drop- in centers	56.8%	43.2%	0.117	0.733	1
Community outreach	52.7%	47.3%	1.819	0.177	1
School health program	60.8%	39.2%	0.822	0.364	1
Means of accessing facility					
On foot	66.7%	33.3%	8.949	0.003	1
Vehicle	46.9%	53.1%	11.983	0.001	1
Motorbike	61.1%	38.9%	0.117	0.732	1
Other agency involvement					
Opinion	52.6%	47.4%	4.143	0.042	1
Implementation	51.3%	48.7%	3.971	0.046	1
Service review	76.9%	23.1%	8.748		