

## **THE RESPONSIVENESS OF SEXUAL REPRODUCTIVE SERVICES TO THE NEEDS OF STUDENTS OF CHUKA UNIVERSITY**

<sup>1</sup>\*Willy, R. M. (Msc N, EMOD, BscN) and <sup>2</sup>Murithi, W. N. (Bsc N)

\*Corresponding author's e-mail: [wrankesh@chuka.ac.ke](mailto:wrankesh@chuka.ac.ke)

---

### **ABSTRACT**

**Purpose:** Reproductive health is essential component of public health and can considerably influence the quality of life. No previous studies had been carried out to establish status of access to these crucial services amongst the students in Kenyan universities. However, studies from other universities in other parts of the world and Africa highlighted numerous issues impending access to these crucial services. The study sought to determine whether available services were responsive to the needs of the student of Chuka University.

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

**Findings:** The results indicated that 51% (n=18) of the respondents visited the facility because they knew that the facility was offering a HIV test, 24% (n=8) visited the facility because it had convenient opening time, 14% (n=5) said that the facility had enough privacy, while 11% (n=4) had enough good service providers.

**Conclusions and Recommendation:** The study concluded that the available services are not packaged in a way that is attractive to clients who are university students. The phenomenon leads to student seeking services in private clinics which are more appealing and responsive to their needs. Also from the findings, it was concluded that there exists a gap in sharing on issues regarding sex between parents, service providers and the students which is attributed to mystery surrounding reproductive health issues which have a bearing from religious teaching and our African culture. The study recommended that University health services should step up investment in reproductive health services targeting the student needs like, family planning, post abortion care, screening for reproductive health cancers and STI/HIV screening and treatment. These services to be offered at convenient hours and at cost which the student can afford in order to ensure access. Reproductive health component to be included among common units taught to undergraduate students, with the intention of creating awareness to the students on issues of reproductive health since most them are very naïve on these issues.

**Key words:** *Responsiveness, sexual reproductive services, needs of students*

## **1.0 INTRODUCTION**

Reproductive health is key component in ensuring maintenance of good health for the youth who are the key drivers of our economy. It is defined as a ‘state of complete mental, physical and social wellbeing and not merely the absence of disease or infirmity in all matters relating to reproductive health systems and to its functions and processes’ (WHO, 2006). Reproductive health therefore, implies that people are able to have satisfying, safe sex life, have capability to reproduce and have a freedom to decide if and when and how to do so (WHO, 2007). Components of Reproductive Health according to ICPD (September 1994) are as follows: safe motherhood, abortion and post abortion care, family planning, information education and communication and counseling for RH services, infertility prevention and treatment, adolescent reproductive health, sexually transmitted infection and reproductive health cancers screening and treatment.

Family Health International 360 (2009) report reiterated that the fact that many young people are sexually active and are at risk of adverse reproductive health, they were unlikely to seek health services and when they do so; there are is likelihood of being offered inadequate services. MOH (2015), youth guideline highlight that this scenario was created by the health system that has been slow to evolve to accommodate the needs of this age group both the program and service delivery perspective. Some service providers lack the skills and the knowledge to serve the youth. From Chuka University registrar’s record (2016), the University had a population of over 10,000 students majority of whom are within the cohort of young adulthood and in Kenya essential package of health care framework this age group faces a lot of challenges in accessing sexual and reproductive health services.

### **1.1 Statement of the Problem**

According to World Health Organization (WHO, 2013) there is about 20 million unsafe abortions procured every year, out of this total about 90% were happening in developing countries. The Ethiopia policy intervention brief (2013) reported that presently about two thirds of university students in Ethiopia and other universities of the world reported being sexually active. It continues to highlight that a large number of students engaged in risky sexual behavior such as having multiple sexual partners, inconsistent contraceptive use and intergenerational sex. All the above factors contributed to increased incidences of student contracting sexually

transmitted infection including HIV and also unintended pregnancies. The same report continues to say that young people who had low levels of knowledge on sexual and reproductive health had more risk of unintended pregnancies, unsafe abortions and sexually transmitted infections including HIV. Risky sexual behaviors among university students in Kenya are also an issue of eminent concern among parents, educators and government (Mbugua & Karonjo, 2018). This study sought to determine whether available services were responsive to the needs of the student.

### **1.2 Purpose of the Study**

The study sought to determine whether available services were responsive to the needs of the student of Chuka University.

## **2.0 EMPIRICAL REVIEW**

### **2.1 Responsiveness of SRH services to the youths**

In Georgia, the government has developed and adopted youth policy that makes youth to be the development priority for the country and this policy promotes comprehensive sexuality education in all levels of education for the young people often in the face of considerable resistance due to old myths on sexuality education in the region (JEN HE, 2014).

Malawi national youth friendly services standard states that all young people should be able to access health services information including sexual and reproductive health appropriate to their needs and the services provider must have the required skills and positive attitude to provide youth friendly services (MOH, 2014).

A study by ICF MACRO (2010) in Malawi showed that comprehensive sexual and reproductive education was another way of supporting the youth in their transition phase to adulthood. Evidence shows that these programs help the young people to abstain from or delay sex, reduce frequency of unprotected sex, number of sex partners which help in reduction of spread of HIV/AIDS and other STIs, increase use of contraceptives and prevent unintended pregnancies.

Another study finding by Ethiopia MOH (2013) continued to observe that students in higher education institutions in Ethiopia are considered to have inadequate knowledge about HIV/AIDS and SRH issues as well as elevated risk of becoming infected from HIV. However, most interventions of reproductive health services targets general public and do not directly respond to

student's needs and expectations, making actual coverage of behavioral and biomedical interventions extremely low.

A study carried out in Nairobi university by I choose life international, Nairobi university and family health international 360 (2014), found that there was marked improvement in access to reproductive health services when integrated reproductive health clinic is set in the institution. The same report further continued to highlight that there can was improvement in service delivery when student peer counselors where involved in the care.

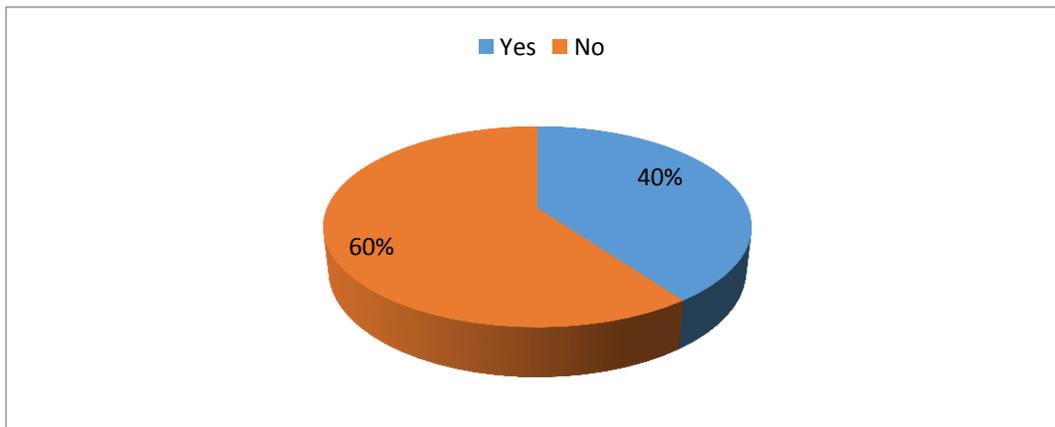
### **3.0 METHODOLOGY**

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

### **4.0 RESULTS AND DISCUSSION**

#### **4.1 Students who sought reproductive health services**

Figure 1 shows that 60% (n=30) of the respondents did not seek reproductive health services, 40% (n=20) were able to seek reproductive health services.

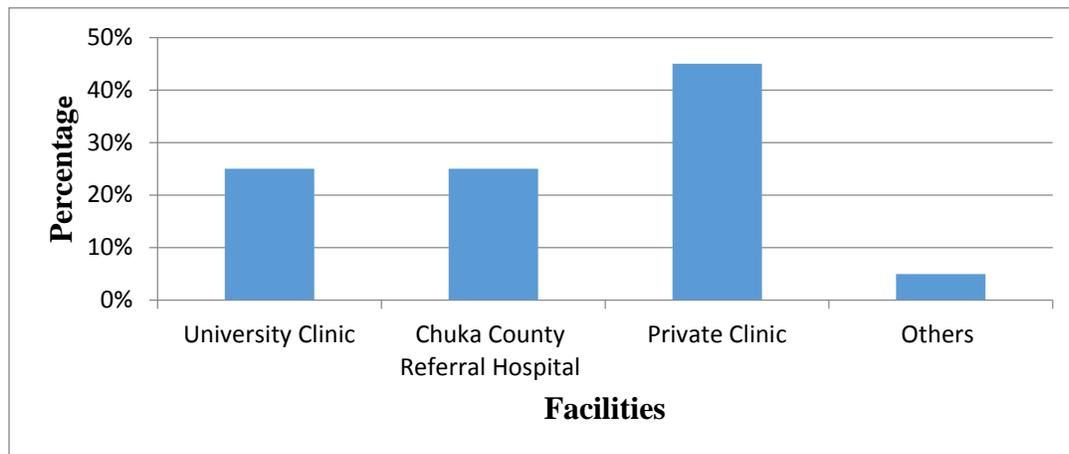


**Figure 1: Students who sought and those who didn't seek reproductive health services**

#### **4.2 Facility in which students with reproductive needs sought services**

For those respondents who sort reproductive health service 45% (n=9) of the respondents were attended in a private clinic, 25% (n=5) in Chuka county hospital, while 25% (n=5) in Chuka

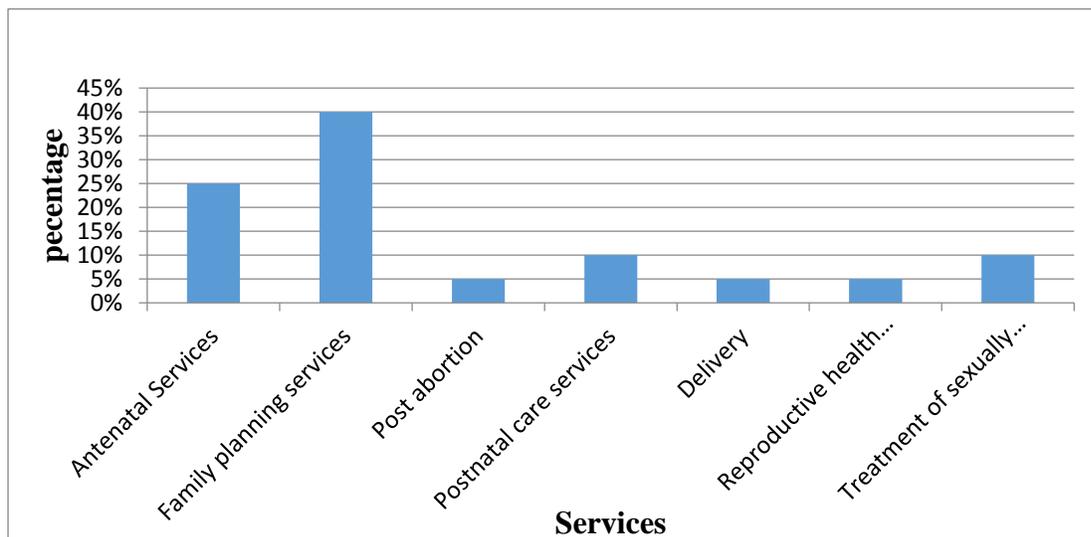
university clinic and 5% (n=1) got services from others places like chemist. Figure 2 shows the result.



**Figure 2: Health facilities in which student sought services**

#### 4.3 Services in which the student sought in those facilities

For those student who sort reproductive health services 40% (n=8) went for family planning services, 25% (n=5) antenatal services, 2% (n=2) treatment of sexually transmitted infection, 10% (n=2) postnatal services, 5% (n=1) postnatal services, 5% (n=1) delivery, 1% (n=1) reproductive health services. Figure 3 illustrates the results.



**Figure 3: Services sought by student**

#### 4.4 Those received and those who missed services

Out of those respondents who sought services 60% (n=12) received services, while 40% (n=8) missed the services. Figure 4 shows the results.

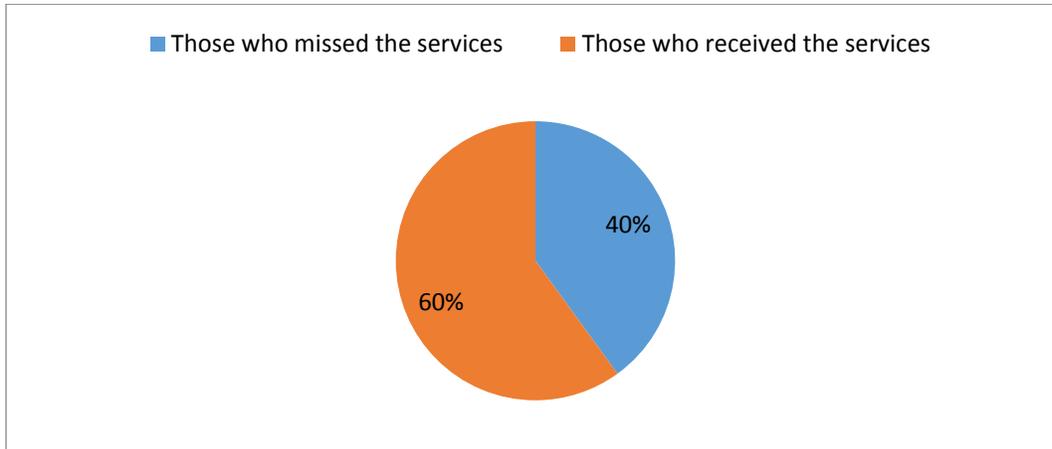


Figure 4: Who received and those who missed services

#### 4.5 Those who have taken HIV test for the last 6 months

The pie chart in Figure 5 shows that from the respondents interviewed 70% (n=35) of the respondents had a HIV test, 30% (n=15) had not taken HIV test for the last 6 months.

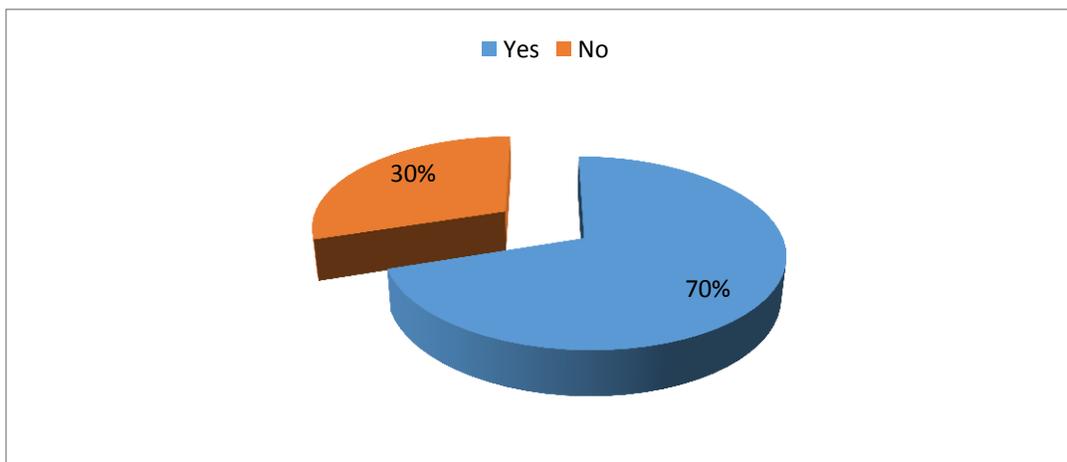
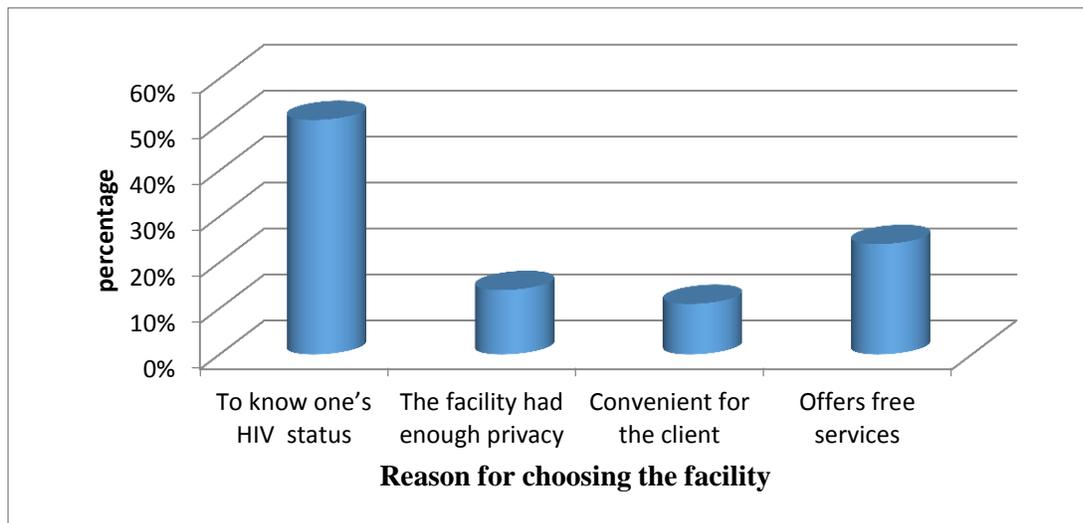


Figure 5: Those who had taken HIV test for the last 6 months

#### 4.6 Reasons for choosing the facility

Out of all respondent interviewed, 51% (n=18) visited the facility because they knew that the facility was offering a HIV test, 24% (n=8) visited the facility because it had convenient

opening time, 14% (n=5) said that the facility had enough privacy, while 11% (n=4) had enough good service providers. Figure 6 shows the results.



**Figure 6: Reason for choosing the facility**

#### **4.5 Analysis for key informants persons**

Reproductive health services are more responsive to the needs of the youth when there is a separate area or facility dealing with reproductive health matters, the researcher posed such a question to the key informants from Chuka County Referral Hospital and Chuka University clinic respectively and all the key informants reported that they have a separate area to offer reproductive services to the youth. When the key informants were interviewed on the extent to which the student were able to utilize the services they reported that it was to a small extent because very few students seek reproductive health services.

#### **5.0 CONCLUSION**

The study concluded that the available services are not packaged in a way that is attractive to clients who are university students. The phenomenon leads to student seeking services in private clinics which are more appealing and responsive to their needs. Also from the study finding, the researcher can conclude that there exists a gap in sharing on issues regarding sex between parents, service providers and the students which is attributed to mystery surrounding reproductive health issues which have a bearing from religious teaching and our African culture.

## **6.0 RECOMMENDATIONS**

University health services should step up investment in reproductive health services targeting the student needs like ,family planning, post abortion care, screening for reproductive health cancers and STI/HIV screening and treatment. These services to be offered at convenient hours and at cost which the student can afford in order to ensure access.

Reproductive health component to be included among common units taught to undergraduate students, with the intention of creating awareness to the students on issues of reproductive health since most them are very naïve on these issues.

## **7.0 REFERENCES**

- Ethiopia Government (2013). HIV/AIDS sexual and reproductive health among university students; policy intervention frame work.
- ICPD. (1994) report of International Conference on Population and Development no 95.95.xiii.18, access to <http://www.iisd.ca/cairo.html>.
- Mbugua, S. M., & Karonjo, J. M. (2018). Reproductive health knowledge among college students in Kenya. *BMC public health*, 18(1), 1-7.
- MOH (2013): Kenya fast track plan to end HIV and AIDS among adolescents and young people: NACC, Nairobi.
- MOH (2014): Carrying Malawi Forward; Investing In Sexual and Reproductive For the Young People.
- MOH. (2007). Health National Reproductive Policy: Enhancing Reproductive Status of Kenyans: government printers Nairobi.
- MOH. (2015). National Adolescent Sexual and Reproductive Policy; Government printers Nairobi
- World Health Organization (2013). Child marriages 39,000 every day ,accessed [www.who.int/media centre/news/releases/2013/child marriage -20130307/en/](http://www.who.int/media centre/news/releases/2013/child marriage -20130307/en/).