

# Efficacy of the Integrated Model of Adolescents Youth Friendly Services Provision in Ruaraka Sub-County, Nairobi County

Jeremiah Mainah<sup>1</sup>, Amos Simpano<sup>2</sup>

<sup>1</sup>Mount Kenya University

<sup>2</sup>Family Health Options Kenya

**Abstract:** According to the World Bank more than fourth of girls and women in sub-Saharan Africa cannot access family planning services fueling unplanned pregnancies, maternal mortality and morbidity (WHO, 2012). Kenya has made remarkable progress in improving RMNCAH outcomes however, many women and adolescent girls continue to suffer or die from preventable condition due to challenges in accessing quality RMNCAH across all levels and care (MOH, 2016). 90% of maternal deaths are due to substandard care (MOH, 2018). In partnership with MOH, FHOK initiated a project to strengthen provision of Youth-Friendly Services to reduce teenage pregnancies in the Counties. The purpose of the study was to generate evidence efficacy of the integrated model of adolescents youth friendly services provision in Ruaraka sub-county, Nairobi County. The study applied cross-sectional descriptive survey method. Primary data was derived from Key Informant interview and focused group discussion. Content analysis was used to collect the secondary data while a checklist was used for Primary Data. Qualitative data analysis method was used to develop concepts along the thematic areas (information and services demand creation, service utilization/uptake behavior change among the young people as well as public private linkage. There is increased demand of YFS services but there are less than 6% of staffs have been trained on YFS. There is no standard training curriculum or signed MOU between the parties. Trained staffs have been transferred out of their stations. Peer educators are used to mobilize the youth but they are not motivated. Stock out was prevalent in all the sites. From the findings it is evident that integrated model is an effective vehicle in providing YFS however for Ruaraka sub county there is need to ensure there is need to train more staff, sign MOU, establish YFS corners, commodity security and a motivate peer educators.

**Keywords:** Youth Friendly Services, Efficacy, Integrated

## 1. Background

According to the World Bank more than fourth of girls and women in sub-Saharan Africa cannot access family planning services fueling unplanned pregnancies, maternal mortality and morbidity (WHO, 2012). Kenya has made remarkable progress in improving RMNCAH outcomes however, many women and adolescent girls continue to suffer or die from preventable condition due to challenges in accessing quality RMNCAH across all levels and care (MOH, 2016). 90% of maternal deaths are due to substandard care (MOH, 2018). This is a growing recognition throughout the world that "youth friendly services are needed if young people are to be adequately provided with reproductive health care". According to the World Bank more than fourth of girls and women in sub-Saharan Africa cannot access family planning services fueling unplanned pregnancies, maternal mortality and morbidity (World Bank, 2017). The lack of empowerment in sexually and reproductive rights makes them more vulnerable to HIV and other sexually transmitted infections. In partnership with MOH, FHOK initiated a project to strengthen provision of Youth-Friendly Services to reduce teenage pregnancies in the Counties.

## 2. Justification

Adolescents comprise of 36% of Kenya population which has a more serious implications on the Kenya social, political and economic developments agenda. Sexual and gender based violence is highest among the adolescent youth

and women with 29% of all new HIV infection belonging to adolescent and youth while 16% of all people living with HIV are adolescent and the youth. By 18 years 59% of the girls have already had sex with some as early as 12 years. 25% of girls aged 15 – 16 years have already mothers. 70% of all pregnancies occur among women below 24 years only 11% of women aged 14-24 years used the condoms consistently with partners of unknown HIV/AIDS status in the past 12 months (MOH, 2018).

According to KDHS year, without formal education adolescent girls are three times more likely to have started child bearing. Nairobi is the smallest county but with the highest population in Kenya. 17% of adolescents aged 15-19 in Nairobi have started child bearing (MOH, 2016). UNFPA has been supporting various adolescent programs in the County; however a recent study revealed the main challenge being in dissemination and use of evidence to inform policy and programs. (WHO, 2012)

Nairobi county though is the smallest county in Kenya, contributes to 31% of all maternal death and 90% of maternal death are due to sub-standard care (MOH, 2017). In 2010 Kenya human rights commission estimated 92% of young girls from informal settlement had procured an abortion of whom majority were unsafe.

According to the RMNCAH investment framework no woman should die of preventable causes, every pregnancy should be wanted and every birth should be celebrated. However according to baseline survey in Ruaraka sub county, only 11.1% of the facilities involved the youth in

designing the services for the youth friendly services. The aim of the FHOK/UNFPA project is to contribute to this investment framework and the evidence generated from this report will go a long way in informing the FHOK/UNFPA ministry of health and other stakeholders about the integration of adolescent youth friendly services in the mainstream health care delivery.

The ministry of health aims to reduce maternal mortality by 50% by the year 2020 increase the contraceptive rate method among the adolescent from 40.2% to 55% by 2025 ( KHDS 2014) and reduces teenage pregnancy among the adolescence from 18% to 10% by the year 2025.

Literature review on provision of AYFS in Kenya and in Nairobi County is scanty. However available studies show that Kenyan Teenagers and youth are still struggling with their sexuality; this is evident by the many teenage pregnancies and youthful parents the country has. The Kenya Demographic and Health Survey 2014 reveals that many young Kenyans aged between 15 and 18 years are becoming parents. Three out of 100 girls are already child-bearing by age 15, rising to 40 out of 100 girls by age 19. About 29 per cent of all new HIV infections in Kenya are among adolescents and young people (MOH, 2016)

#### **Aim**

The purpose of the study was to generate evidence efficacy of the integrated model of adolescents youth friendly services provision in Ruaraka sub-county, Nairobi County.

#### **Specific Objectives**

- 1) To demonstrate proof of information and service demand creation
- 2) To describe evidence of services utilization/uptake among adolescents and youth
- 3) To define public and private partnership results.
- 4) To demonstrate behaviour change among young people

### **3. Methods**

The study used a systematic theoretical analysis to collect the data. Across-sectional descriptive survey research method was used and the target population was the Project staff, trained services providers, trained peer educators and beneficiaries of information and services. The study period was 18<sup>th</sup> – 30<sup>th</sup> June 2018.

#### **Data Collection**

Primary data was derived from KeyInformant interview and focused group discussion. Content analysis was used to collect the secondary data while a checklist was used for Primary Data. Qualitative data analysis method was used to develop concepts along the thematic areas (information and services demand creation, service utilization/uptake behavior change among the young people as well as public private linkage).

#### **Data Analysis**

Qualitative data analysis method was used to develop concepts along the thematic areas (information and services demand creation, service utilization/uptake behaviour change among the young people as well as public private

linkage). This helped the investigator to understand the integrated model in natural setting giving emphasis to the meaning, experiences and views of the Key Informants and Focused Group Participants. The study used inductive approach to understand the project.

### **4. Findings**

From this Focused group discussion it is evident that indeed this project did create awareness in youth and adolescent reproductive health services. It is also evident that the project lack sustainable budget to support action plans done by peer educators. The peer educators lack motivation to boost their morale and this can be addressed by a small stipend to take care of their transport and lunch when they attend to the Youth activities. There is increased demand of YFS services but there are less than 6% of staff s have been trained on YFS. There is no standard training curriculum or signed MOU between the parties. Trained staffs have been transferred out of their stations. Peer educators are used to mobilize the youth but they are not motivated. Stock out was prevalent in all the sites.

### **5. Implication of the Study**

The purpose of this study was to establish the efficacy of using integrated model of AYFS provision in Ruaraka Sub County. According to the findings it is evident that integrated model is an effective vehicle in providing YFS. *All the participating facilities offer 100% free YFS however to sustain this efficacy* there is need to ensure there is need to train more staff, have a signed MOU, have a model YFS corners in one of the facilities and a motivation for the peer educators.

### **References**

- [1] Gravetter, F. &. (2011). Research Methods for the Behavioural Sciences. Cengage Learnings.
- [2] Hassan. (2012). Situational Analysis on Family Planning among the Muslim Community in Malindi District. Nairobi: Unpublished .
- [3] MOH. (2016). Kenya Reproductive, Maternal, Newborn, Child and Adolescent Investment Framework. Nairobi: MOH.
- [4] MOH.(2018). Confidential Enquiry in Maternal Deaths in Kenya. Nairobi: MOH.
- [5] Ryan, T. (2014). Sample Size Determination and Power. John Wiley and Sons.
- [6] Saunders, M. L. (2013). Research Methods for Business Students 6th edition. Pearson Education Limited.
- [7] UNFPA. (2017). GOK/UNFPA 8TH Country Programme Evaluation (2014-2018). Nairobi: UNFPA.
- [8] WHO. (2012). Making Health Services Adolescent Friendly: Developing Quality Standards for adolescent - Friendly Health Services. Geneva: WHO.