

**UTILIZATION OF YOUTH FRIENDLY REPRODUCTIVE HEALTH SERVICES
AMONG THE YOUTH BURETI SUB COUNTY IN KENYA*****Nancy. U. Luvai¹, Mary Kipmerewo² and Kennedy. O. Onyango³**¹Masters student in Nursing, Masinde Muliro University of Science and Technology²Senior Lecturer in the Department of Midwifery, Masinde Muliro University³Lecturer Department of Medical Physiology, School of Medicine, Maseno University**Corresponding Author: Nancy. U. Luvai**

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ABSTRACT

Worldwide, 18 percent of young girls become pregnant yearly with over 85 percent undergoing unsafe abortions. Among Top five complications that cause high maternal mortality, unsafe abortion account for 6 percent. The main objective of the study was to assess utilization of youth friendly reproductive health services in Bureti Sub County, Kericho County. A total of 423 respondents were involved in the study. The design was descriptive cross-sectional and sampling techniques included Stratified sampling and simple random sampling to select schools/colleges and Systematic random sampling technique used to select respondents. Independent variables included Demographic factors, awareness and Health system factors while Dependent variable was Utilization of youth friendly reproductive health services. Data was collected using questionnaires and analyzed with statistical package for social services (SPSS). Odds ratio used to determine association. Confidence interval was set at 95%. Feedback from the study helped to improve reproductive health status of the youth. Majority of the respondents were females (61 %) with an average mean age (16.96) and age range of (16) years. Most respondents were in secondary school (47%). Over 60% of the respondents had knowledge on youth friendly reproductive health services though majority knew through friends (56.1%). Findings further indicated that most respondents had never utilized the services (61.5%). Inferential statistics with a value less than 0.05 was considered statistically significant. Findings showed that Variables that demonstrated a significant association with utilization of YFRHS were; Age (P;0.008,OR;1.73,CI;1.15-2.58), Religion(P;0.01,OR;0.39,CI;0.19-0.82). Knowledge and utilization also showed significant association for those who heard of the services and knew where services were(P;0.001,OR;0.33,CI;0.29-0.38, P;0.001,OR;0.26,CI;0.22-0.31) respectively. Health system factors also showed a significant association with utilization where some found the queue long while others found clinic closed (P;0.001,OR;0.35,CI;0.23-0.53,P;0.001,OR;2.19,CI;1.44-3.33) respectively. From the findings, there is a relationship between demographic factors, knowledge, health system factors and utilization of YFRHS. The null hypothesis was therefore rejected and an Alternative hypothesis adopted. There should be active sensitization of the youth, train peer educators and offer outreach services to strengthen utilization of youth friendly reproductive health services.

KEYWORDS: Reproductive health, Youth Friendly, Utilization, Health Care, Youth, Determinants of Health.**INTRODUCTION****Background**

Globally, there are 1.8 billion young people aged 10 to 24 years with over 80% unmet reproductive health needs in rural areas. (KDHs 2014).^[9] In sub-Saharan Africa, sexual and reproductive health needs among the youth remain a challenge (WHO, 2014).^[33] Young people in sub Saharan Africa are more at risk of experiencing sexual and reproductive health problems more than other youth from around the world. These challenges include Teenage Pregnancy, early marriages, sexually transmitted infections including HIV/AIDS and unsafe abortions (Pathfinder International, 2010) ^[17]. Unsafe abortions account for 6 percent of all maternal mortality Worldwide. In Latin America, Abortion among the youth

account for over 40 percent, over 85 percent occur in developing countries. These cause high emotional, social, physical and economic consequences that are lasting and devastating. Young people therefore, have a lot of unmet needs that require to be addressed. (Godia *et al.*, 2014)^[17] In Kenya, statistics from Kenya national bureau of statistics (2010) ^[11] report reveal that thirty-six percent of the total population is made up by youth.

In pursuit of reproductive health Agenda which was deliberated in International Conference on Population and Development (ICPD)1994, with an aim to redouble efforts to promote development through strengthening reproductive health and rights of the youth. (KNBS, 2010).^[12] The government adopted the National

Reproductive health strategy for Kenya (1997-2010) which identified health services to cater for the unmet reproductive health needs for the youth (Kesterton *et al.* 2010).^[11]

In 2010, ministry of health approved the country's National reproductive health policy to provide a framework for equitable, effective and efficient delivery of youth friendly reproductive health services to the vulnerable groups of youth (MOH, 2014)^[14]

Youth friendly reproductive health services should be made available, accessible, acceptable and affordable to young people.

METHODS AND MATERIALS

Study Design

The researcher used cross-sectional study design where data was collected at one point in time within schools under study.

Study Site

The study was carried out in Bureti Sub County found within Kericho County. It has 111 primary schools, 55 secondary schools, 2 colleges and 1 university.

Study Population

The target population was all youth between the ages of 10-24 years who were in schools/colleges at the time of the study.

Inclusion criteria: All youth 10-24 years who were in school/ colleges at the time of the study. Exclusion criteria: Below 10 years and above 24 years. Youth aged 10-24 who were out of school/ college.

Sampling Method

Sampling technique: Stratified sampling and simple random sampling was used to select schools/colleges. Systematic random sampling technique was used to select respondents to participate in the study. The sample size was 423.

Data Collection approaches

Self-administered questionnaires with closed ended and open-ended questions were used.

Consent and Confidentiality

The study involved human respondents and therefore, certain ethical issues were considered. This included: Privacy, Confidentiality, Safety, Autonomy, Justice, Beneficence and non-maleficence.

Ethical Clearance

The researcher sought approval of the research from Institutional Ethics Review Committee Masinde Muliro University of Science and Technology and Bureti Sub County Education Office. Approval certificate for the study was issued by NACOSTI

RESULTS

From the findings the highest percentage of the respondents were female (61%) then male (39.0%). Age range of below 18 years high (59.3%) then above 18 (40.7%). The mean age of the respondents was 16.96 median 17 and mode as 18.

Majority of the respondents were in secondary school (47.0) followed by primary (34.3) and then college (18.7). The highest number of the respondents came from boarding schools (50.6) followed by day school (49.4) and majority were Christians (88.7).

The findings further indicated that majority of the parents were not employed (60.8) and most of them were farmers (53.7)

Distribution of the Demographic Aspects of the Respondents

Table 4.1 below has the distribution of demographic aspects of the respondents. Males were 61% of the respondents.

Table 4.1: Distribution of the Socio-Demographic Aspects of the Respondents

Demographic	Grouping Characteristic	Frequency	Percent
Sex	Female	258	61.0
	Male	165	39.0
	Total	423	100.0
Age Range	Below 18	251	59.3
	18 and Above	172	40.7
	Total	423	100.0
Mean=16.96, Med=17, Mode=18, Range=16, SD=2.75, Max=26, Min=10,			
Current Level of Education	Primary	145	34.3
	Secondary	199	47.0
	College	79	18.7
	Total	423	100.0
Type of School	Boarding	214	50.6
	Day School	209	49.4
	Total	423	100.0

Religion	Christian	375	88.7
	Muslim	23	5.4
	Other	25	5.9
	Total	423	100.0
Parents Employment Status	Yes	166	39.2
	No	257	60.8
	Total	423	100.0
Occupation	Formal Employment	109	25.8
	Casual Laborers	18	4.3
	Self Employed	69	16.3
	Farmer	227	53.7
	Total	423	100.0

4.3 Socio-Demographic Factors and the Frequency of Utilization of YFRHS

The findings indicated a significant association between gender and the frequency of utilization of YFRH services. Females used the services more than males ($P < 0.001$). Also level of education indicated a significant relationship with the frequency of utilization of the services. Those in secondary schools and colleges used the services more than those with lower educational status with a P value of (0.031) < 0.05 . Type of school

was also key in frequency of utilization. Those in Day school continued to use the services more than those in Boarding schools. Finding further showed that employment status of the parents further played a significant role where respondents from unemployed parent background continued to utilize YFRHS more than those from employed family background as the P value (0.008) was less than 0.05 . However age and religion had no significant association with the frequency of utilization as the P values were > 0.05 .

Table 4.2 Socio-Demographic Factors and the Frequency of Utilization of YFRHS

Grouping Characteristics	Frequency YFRHS Utilization in Past 1 Year		Bivariate Analysis		
	Once	More than Once	OR	95% CI	P Value
n=246	98	148			
Sex					
Female	74 (48.4)	79 (51.6)	2.70	1.54-4.73	<0.001
Male	24 (25.8)	69 (74.2)			
Age					
18 and Above	71 (44.1)	90 (56.9)	1.70	0.98-2.95	0.06
Below 18	27 (31.8)	58 (78.2)			
Current Level of Education					
Secondary & Above	72 (44.7)	89 (55.3)	1.84	1.05-3.20	0.031
Primary	26 (30.6)	59 (69.4)			
Type of School					
Boarding school	63 (49.2)	65 (50.8)	2.30	1.36-3.89	0.002
Day School	35 (29.7)	83 (70.3)			
Religion					
Christian	81 (38.2)	130 (61.8)	0.66	0.32-1.35	0.254
Non-Christian	17 (48.6)	18 (51.4)			
Parent's Employment Status					
Employed	47 (50.5)	46 (49.5)	2.04	1.21-3.46	0.008
Not Employed	51 (33.3.)	102 (66.7)			

4.4 Socio-demographic Factors and Utilization of YFRHS

From the findings above, there was significant relationship between socio-demographic factors and utilization of YFRHS. Age had a significant relationship with utilization of the services. Those with age above 18 used the services more than those below 18 as the P value was < 0.05 (0.008). Also religion played a

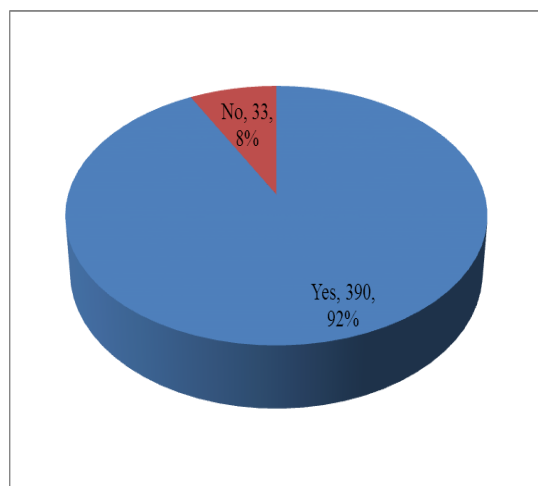
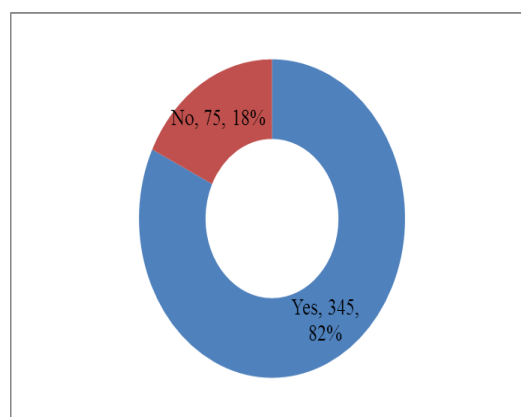
significant role in utilization thus, those from non-Christian background used the services more than those from Christian background with a P value of (0.01). However, gender level of education, Type of school attended and occupation didn't indicate any significant relationship with utilization of YFRHS as the P values were > 0.05 .

Table4.3: Socio-demographic Factors and Utilization of YFRHS

Grouping Characteristics	Utilizes YFRHS		Bivariate Analysis		
	Yes	No	OR	95% CI	P Value
n=413	254	159			
Sex					
Female	154 (59.7)	104 (40.3)	0.81	0.54-1.23	0.329
Male	100 (64.5)	55 (35.5)			
Age					
18 and Above	163 (66.8)	81 (33.2)	1.73	1.15-2.58	0.008
Below 18	91 (53.8)	78 (46.2)			
Current Level of Education					
Secondary & Above	168 (61.8)	104 (38.2)	1.03	0.68-1.57	0.879
Primary	86 (61.0)	55 (39.0)			
Type of School					
Day school	128 (61.5)	80 (38.5)	1.00	0.68-1.49	0.987
Boarding School	126 (61.5)	79 (38.5)			
Religion					
Non-Christian	217 (59.3)	149 (40.7)	0.39	0.19-0.82	0.01
Christian	37 (78.7)	10 (21.3)			
Parent's Employment Status					
Employed	100 (61.3)	63 (38.7)	0.99	0.66-1.48	0.959
Not Employed	154 (61.6)	96 (38.4)			

4.5 Knowledge on YFRHS

Those who had heard of YFRHS were 92% and of these 82% claimed to know facilities that provide YFRHS. Findings show that majority of the youth had heard about YFRHS (92) and most of them knew the services being provided (82%).

**Figure 4.1: Heard of YFRHS****Figure 4.2: Knows Facilities Providing YFRHS**

4.5.1 Source of information about YFRHS

From the findings above most of respondents heard the information about YFRHS through their friends (56.1%) parents (27.1) and teacher (16.8). Majority of the respondents knew that VCT services were the only services being provided (43.7). Followed by Family Planning services (36.7), post abortion care (16.2) and finally antenatal services (3.4).

Table 4.4 Source of information about YFRHS

Source of Knowledge about YFRHS		
Characteristic	Frequency	Valid Percent
Friend	184	56.1
Teacher	55	16.8
Parent/ Guardian	89	27.1
Total	328	100.0
Knowledge of Respondent on YFRHS Available		
Family Planning Services	152	36.7
Ante-Natal Services	14	3.4
VCT Services	181	43.7

Post Abortal Care	67	16.2
Total	414	100.0

4.5.2 Knowledge on YFRHS and Utilization of the YFRH Services

Findings revealed a significant association between knowledge and utilization of YFRHS. Those youth who

had heard of the services, those who knew where YFRHS and the source of information about the YFRH and utilization of the services as all the P values were <0.05.(P;<0.001,<0.001,0.027) respectively.

Table 4.5 Knowledge on YFRHS and Utilization of the YFRH Services

Characteristic	Grouping	Utilized YFRHS in the Last 1 Year		OR	95% CI	P Value
		Yes	No			
Heard of YFRHS	Yes	254 (66.8)	126 (33.2)	0.33	0.29-0.38	<0.001
	No	0 (0)	33 (100)			
Knows YFRHS Centers	Yes	251 (74.3)	87 (25.7)	0.26	0.22-0.31	<0.001
	No	0 (0)	72 (100)			
Source of Information about the YFRHS	Parent	117 (63.6)	67 (36.4)	0.58	0.35-0.94	0.027
	Other	103 (75.2)	34 (24.8)			

4.6 Practice of YFRHS in the last 1 year

Findings showed that majority of the youth had at least utilized YFRHS (61.5) and only (38.5) had not utilized the services in the past 1 year. Most of the youth used VCT services (63.7) and only a few (4.4) used post abortal care services. Those who used YFRH services majority (36.2) intended to use several times and had a

desire to continue using the services (64.7). A few (35.3) didn't intend to continue using the services and the main reason was that religion could not allow (43.0), side effects (22), lack of confidentiality (9), feared their parents (3.0), culture couldn't allow (18) and stigma of using the services (5).

Table 4.6 Utilization of YFRHS

Has Utilized YFRHS in the Past One Year		
Grouping Characteristic	Frequency	Valid Percent
No	254	61.5
Yes	159	38.5
Total	413	100.0
YFRHS Utilized in the Past One Year		
VCT Services	158	63.7
Ante-Natal Services	15	6.0
Family Planning Services	64	25.8
Post Abortal Care	11	4.4
Total	248	100.0
Frequency of Use of YFRHS		
Several Times	76	30.9
Twice	59	24.0
Rarely	22	8.9
Once	89	36.2
Total	246	100.0
Will Continue Utilizing the YFRHS		
Yes	156	64.7
No	85	35.3
Total	241	100.0
Reason Why Will Not Continue with YFRHS		
Side Effects	22	22.0
Stigma of Using the Services	5	5.0
Religion Doesn't Allow	43	43.0
Fear of Parents	3	3.0
Lack of Confidentiality	9	9.0
Culture Doesn't Allow	18	18.0
Total	100	100.0

4.7 YFRHS Utilized by the Respondents

The figure below indicate that the youth who utilized the services, used VCT (64%), followed by Family planning (26%), then ANC services care (6%) and finally post abortion care at (4%).

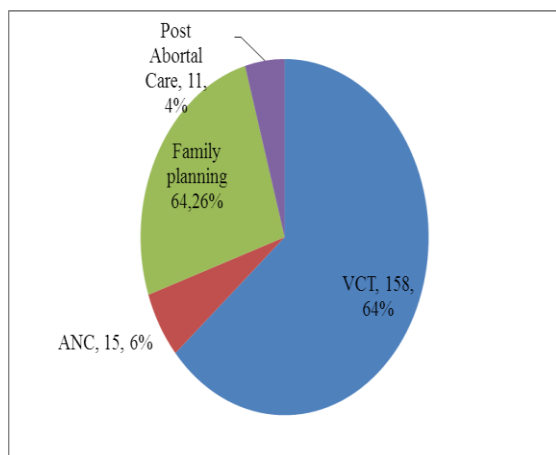


Figure 4.3: YFRHS Utilized by the Respondents

4.8 Reasons the respondent gave for discontinuation of usage of YFRHS

Most of the respondents (43.0%) indicated that they will not continue to use the services because their religion cannot allow them to use the services. Others (22.0) feared the side effects, some culture couldn't allow (18.0), there was also lack of confidentiality (9.0) stigma of using the services (5.0) and a few of the respondents feared their parents /guardians (3.0).

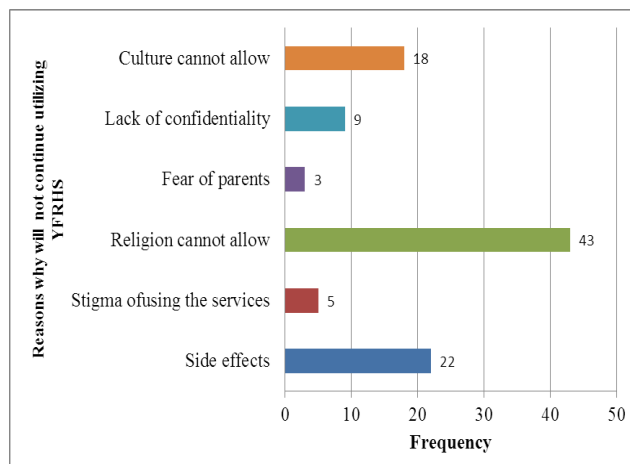


Figure 4.4: Reasons the respondent gave for discontinuation of usage of YFRHS

4.9 Intent to Continue Using the YFRHS

From the findings above there was a significant association between type of school the respondents were attending and the practice of using YFRHS. Those youth in day school intended to continue using the services unlike youth from boarding schools ($P < 0.001$). Also findings further indicates a significant association between religion and utilization of YFRHS. Youth from non-Christian background intend to continue using the services unlike youth from Christian background ($P < 0.001$). However gender, age, level of education and occupation had no significant association with intend to continue the practice of using YFRH services

Table 4.7: Intent to Continue Using the YFRHS

Demographic Characteristics	Plans to Continue Using YFRHS		OR	95% CI	P Value
	Yes	No			
n=241	156	85			
Sex					
Female	94 (63.1)	55 (36.9)	0.83	0.47-1.43	0.497
Male	62 (67.4)	30 (32.6)			
Age					
Below 18	102 (64.2)	57 (35.8)	0.93	0.53-1.62	0.793
18 and Above	54 (65.9)	28 (34.1)			
Current Level of Education					
Secondary & Above	102 (63.8)	58 (36.3)	0.88	0.50-1.54	0.654
Primary	54 (66.7)	27 (33.3)			
Type of School					
Boarding	66 (53.2)	58 (46.8)	0.34	0.20-0.60	<0.001
Day School	90 (76.9)	27 (23.1)			
Religion					
Non-Christian	147 (70.7)	61 (29.3)	6.43	2.82-14.62	<0.001
Christian	9 (27.3)	24 (72.7)			
Parent's Employment Status					
Employed	65 (69.9)	28 (30.1)	1.45	0.84-2.52	0.184
Not Employed	91 (61.5)	57 (38.5)			

4.10 Health System Factors Affecting Utilization of YFRHS

Findings showed some significant association between health system factors and utilization of youth friendly reproductive health service this included Distance of the

facility near the school, the queen being too long and some youth found the clinic closed ($P; 0.035$, OR; 1.60, CI; 1.03-2.50, $P; 0.001$, OR; 0.35, CI; 0.23-0.53 $P; 0.001$, OR; 2.19, CI; 1.44-3.33) respectively.

Table 4.8: Health System Factors Affecting Utilization of YFRHS

Grouping Characteristics	Utilized YFRHS in Past 1 Year		Bivariate Analysis		
	Yes	No	OR	95% CI	P Value
YFRHS is Near					
Yes	87 (69)	39 (31)	1.60	1.03-2.50	0.037
No	167 (58.2)	120 (41.8)			
How far is YFRHS facility?					
Walking Distance	92 (62.2)	56 (37.8)	1.03	0.68-1.56	0.887
Not Walking Distance	161 (61.5)	101 (38.5)			
Demeanor of the Staff at YFRHS					
Friendly	132 (63.5)	89 (40.3)	0.85	0.57-1.27	0.427
Not Friendly	122 (59.7)	70 (36.5)			
Ever Visited YFRHS but Missed a Service					
Yes	171 (63.3)	99 (36.7)	1.25	0.83-1.89	0.293
no	83 (58)	60 (42)			
Reasons that Make Accessing YFRHS Difficult					
Queue Was Long					
Yes	79 (48.2)	85 (51.8)	0.35	0.23-0.53	<0.001
No	175 (72.6)	66 (27.4)			
Found Neighbor Was Ashamed					
Yes	41 (73.2)	15 (26.8)	1.75	0.93-3.28	0.08
No	213 (61)	136 (39)			
Found Facility Closed					
Yes	134 (72.4)	51 (27.6)	2.19	1.44-3.33	<0.001
No	120 (54.5)	100 (45.5)			

DISCUSSION

5.2 Socio-Demographic Findings

The study findings showed that most of the respondents were female with (61%) followed by male (39%). the average mean age was 16.96 with an age range of 16. the highest age range of respondents was of below 18 (59.3%). most of the respondents were in boarding schools (50.6%) and Christians thus (88.7%). majority of the respondents parents were not employed (60.8) and most of them were farmers (53.7%).

The findings further indicated significant relationship between socio-demographic factors and utilization of YFRHS. Age had a significant association. Those youth above 18 years utilized services more than youth below 18 ($P; 0.008$). This showed that the lower the age the lesser the utilization of the services which predispose young adults to early unwanted teenage pregnancies and eventually may lead to abortions among the youth.

This findings support the research done in South America where 2.9 percent of teenage pregnancy occur yearly of which over seventy percent occurred among the teenagers not utilizing YFRH services. (Kesterton *et al.*, 2010).^[11]

Religion also had a significant association with utilization of the YFRHS (P value 0.01). Youth from non-Christian background utilized the services more (78.7%) than youth from Christian background. some religion like catholic don't support the use of contraceptives which affect the utilization as it is part of the services being offered in the YFRH facilities to prevent early teenage pregnancies that can lead to abortions.

This is supported by the research done in Ethiopia which showed that religious beliefs constrained and discouraged the use of contraceptive among the youth (Malleshappal *et al.*, 2011).^[12] Finding further showed that Level of education had a significant association with utilization in that those youth in secondary schools and colleges used the services more than youth from primary schools ($P; 0.031$). Educational status makes the youth understand the importance of using the services thus making them use the service more. Youth from day school intended to use the services more than those in boarding schools.

5.3 Knowledge on Utilization of YFRHS

Majority of the youth had knowledge on YFRHS (92%) and most of them knew the type of services being provided (82%). However, their main source of

information was through friends (56.1%) and majority knew that the only services being provided in YFRH facilities were VCT service (43.7). This indicated some degree of knowledge deficient because acquiring knowledge through friends may not be reliable and also there was need to know other services being provided. Those youth who had heard of YFRHS, those who knew where the service centers were and source of information showed a significant association ($P < 0.001$, <0.001 , 0.027) respectively. Knowledge on availability of the services and ignorance on which services are being provided still plays a key role in utilization of the services among the young. When an individual is equipped with knowledge, it gives him or her power to choose on whether to use the services (Division of Reproductive Health 2013).^[14]

The findings agree with a research done in Malawi which indicated that knowledge on YFRHS was generally low (22.1%). Youth had to be equipped with knowledge to give them informed choice on using the available services (Ringheim *et al.*, 2010).^[19]

Youth desire to have adequate knowledge on the services being offered in order to use them well.

5.4 Practice of the youth on youth friendly reproductive health services

Findings indicated that most youth had never used the youth friendly reproductive health services (61.5%). Majority of them used VCT services (63.7%) although several youth (36.2%) used only once. Some intended to continue using the services (35.3%) however, other factors like religion (43%) side effects (22%) culture (18) lack of confidentiality (9%), stigma (5%) and fear (3%) affected utilization of these services. Those in day school indicated a need to continue using the services more (76.9%) and also those youth from non-Christian background thus (70.7%) used the services more. There was a significant relationship between type of school attended ($P < 0.001$, $OR: 0.34$, $CI: 0.20-0.60$) and religion ($P < 0.001$, $OR: 6.34$, $CI: 2.82-14.62$). These findings show that despite the fact that most of the youth knew YFRHS existed, majority never used the services. Religion played a key role in utilization of these services. These findings agree with a research done in Ethiopia where, majority of the youth had adequate knowledge on the services available but utilization of these services remains a challenge due to issues of religion and culture. Most of the youth (75%) reported that religion culture can't allow them to use the services because they view use of family planning among unmarried youth as sinful and believed that engaging in premarital sex was sinful, which controlled them from involving themselves in indiscriminate sex. This restriction makes most youth to practice their own risky sexual behaviors that can lead to unplanned pregnancies, STI and HIV/AIDS and unsafe abortions (Godia, 2010).^[7]

5.5 Health system factors

Health system factors contributed a lot to utilization of the services. Most of the respondents (69%) said that the services were within reach. The main reason that affected use of the services was that some had visited the youth friendly clinics and missed a service they wanted (63.3%), Others (72.6%) said the cue was long and majority were ashamed to use the services when they found their neighbors there (73.2%). Also most of the youth seeking the services found the facility closed (72.4%). The results further showed a significant association between health system factors and utilization where knowing where the facility offering the services was ($P: 0.037$, $OR: 1.60$, $CI: 1.03-2.50$) the Queue being long ($P < 0.001$, $OR: 0.35$, $CI: 0.23-0.53$) and the facility closed ($P < 0.001$, $OR: 2.19$, $CI: 1.44-3.33$). The findings conquer with a research done in Zambia on midwives offering YFRHS revealed that health system factors like negative attitude of service providers played a major barrier and discouraged the youth from seeking the services or use next time they have a return date. It further showed that the midwives in Zambia offering the services lacked competency skills and knowledge to handle the youth (Godia 2010).^[7] Findings from Ethiopia also revealed that health system factors affected utilization of YFRHS there were long queues (78%), facility closure at time of arrival at the facility (80%). this indicated that the services were not youth friendly hence the level of utilization was low (46%) (Tilahun, 2010).^[23]

CONCLUSION

From the findings demographic characteristics to include age and religion played a significant role in utilization of youth friendly reproductive health services.

Knowledge level of the youth was still low despite majority of the youth having heard about the services because majority heard through friends.

The findings further showed that despite the availability of YFRHS, majority of the youth had utilized the services only once. The most service they used was VCT. Contraceptive use was low which posed a risk of unwanted pregnancy that can eventually lead to Abortions.

Health system factors played a key role on utilization of the services in that some youth who visited the facilities missed the services they intended to get, some were ashamed to use the services and some facilities were closed at the time of need making the youth to leave without a service. From the findings the null hypothesis was rejected and alternative hypothesis adopted that there was a relationship between socio-demographic factors, knowledge, health system factors and utilization of YFRHS among the youth in Bureti Sub-county.

Youth friendly reproductive health services should be conducive in order for the youth to use them well. This will reduce cases of unwanted pregnancies among the

youth that leads to unsafe abortions. Findings helped to increase reproductive health status among the youth.

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