American Journal of Public Health and Epidemiology
Volume. 10, Number 6; November-December, 2024;
ISSN: 2644-0032 | Impact Factor: 7.08
https://zapjournals.com/Journals/index.php/ajphe
Published By: Zendo Academic Publishing

BARRIERS TO UPTAKE OF REPRODUCTIVE HEALTH SERVICES IN ADOLESCENT GIRLS LIVING WITH DISABILITIES IN KIAMBU COUNTY, KENYA. `

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Article Info
Keywords: Adolescent sexuality, ASRH, barriers
DOI
10.5281/zenodo.14605160

Abstract
Adolescent sexuality and its outcomes are a global concern in the area of public health because of its severe consequences and negative impacts on the well-being and health of girls. Adolescent girls with disabilities are also affected. Provision of Adolescent Sexual and Reproductive Health (ASRH) services is key to mitigating these consequences. However, even when services are available, adolescents, especially those living with disabilities, face substantial barriers.
This cross-sectional study was conducted in Kiambu county, Kenya, to establish barriers to the uptake of ASRH services among adolescent girls with physical disabilities. A total of 144 adolescent girls were sampled from various institutions in the County. Semi-structured questionnaires were administered. Key informant interviews were conducted with teachers, children's officers, and institution heads. Qualitative data were collected. Ethical approval was obtained from relevant bodies.
Results indicated that 82% of the adolescents sampled were willing to use ASRH services, but only 10% actually used them. This gap can be explained by the findings of this study. Several reasons were cited for the poor uptake of services: fear of friends' opinions, non-consenting parents, distance to the services, cost of services, and religious factors discouraging use. Measures need to be put in place to improve the use of ASRH services.

INTRODUCTION

Adolescent sexual and reproductive health (ASRH) is a vital component in their development, both in those with and without disabilities (Roden, Schmidt, & Holland-Hall 2020). According to WHO (2021), adolescents with disabilities, like all others, have basic sexual rights, including the right to access ASRH services, which they must be allowed and empowered to exercise optimum as well as protected from factors that attempt to infringe on those rights. The SRH rights and needs of adolescents with various disabilities are often under prioritized.

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Adolescent girls with disabilities often report underutilization of ASRH services in various contexts around the world. Multiple factors are associated with this situation including: cost factors, accessibility of services, suitability of services, poor attitude of health provides, policy and consent challenges, among others (Dagnachew Adam, Demissie et al. 2020). Many Sexual Reproductive Health (SRH) programs have been developed for adolescent girls without tailoring them to girls living with disabilities. A qualitative survey conducted in Uganda reported that the main barriers hindering adolescents with disability from accessing SRH services were: physical inaccessibility, poor attitudes of providers, and waiting times at the facility, resulting in poor SRH-seeking behaviors (Ninsiima, Chiumia & Ndejjo, 2021)

Provision of SRH education, services, and information among girls living with disability is key in ensuring prevention of future pregnancies among adolescent girls, reducing incidence of HIV and other STIs, reducing careless sexual behaviors, improving risk perception, and improving reproductive health among this special population (Kazmerski, Nelson, Newman, Haviland, Luff, Leichtner & Sawicki 2019).

METHODS

This cross-sectional study was carried out in Kiambu County, Kenya, among adolescent girls with physical disabilities aged 10-19 years in various educational institutions. Participation was on the voluntary basis. Adolescents aged above 18 years provided consent to participate in the study, whereas consent from caregivers was sought for those aged below 18 years. A semi-structured questionnaire was administered to the adolescent girls. Key informants were also interviewed. Qualitative data were collected

SAMPLING

The sample size included 144 girls with physical disabilities. The sample was calculated using Fischer et al..'s method and corrected for a sample size of 10,000 subjects. The level of confidence was 95%, *and p* and *q* were estimated at 0.5.

DATA ANALYSIS

The transcribed data were saved in Microsoft word format. The transcribed data were analyzed using thematic content analysis, in which common threads were identified throughout each interview case. Data were sequentially coded, categorized, and organized into themes using Atlas.ti software. Step one involved reading through the transcribed data to obtain a general impression of the information contained in the transcripts. Step two was the categorization and labeling of the actual verbatim of each respondent according to the meanings espoused. Step three involved merging meanings to generate a smaller number of themes representing respondents' general views. Explanation and major cross-cutting themes generated from direct verbatim samples are presented in the analysis in step four.

ETHICAL CONSIDERATIONS

Before the research authority from the Kenyatta University graduate school was requested, ethical approval from the Kenyatta University Ethical Research Committee (KUERC)**.** The permit to conduct research was obtained from the National Commission for Science Technology and Innovation (NACOSTI). Permission to conduct the research was obtained from the local Government authorities, County education officials, and heads of institutions where the study was conducted. Informed consent was obtained from the caregivers of the study participants, and assent was obtained from the participants.

RESULTS

Findings on respondents' willingness to visit a health facility or seek help on health reproduction. The majority (82%) of respondents were willing to seek help from a health facility. However, they face substantial barriers in their attempts to seek ASRH services. Only 10% of the girls actually utilized ASRH services.

The study findings among those who were willing to seek services showed that a majority of the adolescents (93%) reported that they fear what their friends would say if they found out they were seeking ASRH services. A large number (98.6%) feared that their parents would not allow them to seek such services. A vast majority (97.2%) of the adolescent girls indicated that the hospitals or health facilities providing ASRH services were too far. The majority of girls (98.6%) reported that a lack of money for services or transport was a barrier. Religion not allowing adolescent girls to seek ASRH services was mentioned by 10% of the respondents.

Findings from key informant interviews indicated that the main barriers to uptake of SRH services were poor SRH knowledge among adolescents living with disabilities as well as fear of the opinion of significant others (mainly parents and friends) if they found out the adolescent sought the services. The attitudes and competency of health workers in providing SRH services to adolescents with disabilities were also cited as barriers.

Adolescents living with disabilities who experience sexual violence are confronted many barriers hindering their disclosure. These included: a lack of understanding of what actions constituted sexual violence among the girls, uncertainty on where to report to, fear of punishment from the perpetrators, fear of stigma, and poor perceived severity of the vice, which is a gendered concept.

Regarding HIV and STI services, many adolescents had a low-risk perception and therefore found these services unimportant. The availability or knowledge of such services was also a barrier to their use.

DISCUSSSION

Out of the total respondents who were not able to visit the health facilities, the main barriers that hindered their access were; fear of what friends and nurses/doctors would say, lack of money, religion and, lastly, long hospital distance. Many adolescent girls (82%) were willing to use ASRH services, but only a handful (10%) were able to successfully utilize the services.

This study resonates with findings from (Singh, et al, 2012) and (Kaufman et al., 2016) concerning the pervasive impact of stigma and discrimination in seeking SRH services and information. Fear of judgment from health care providers, community members, or even family members can deter adolescent girls from seeking SRH services. Comparative insights emphasize the need for destigmatization campaigns and training for health care providers globally. Hopefully, this will bridge the gap in the unmet need for ASRHs.

Understanding the reasons for the underutilization of Sexual and Reproductive Health (SRH) services among adolescent girls with disabilities is crucial for designing effective interventions. By drawing comparisons with the existing literature, we can identify common themes and distinctions to inform strategies that address barriers specific to this demographic (Egbe, et al, 2015)

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