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**Awareness of Policy Frameworks that Affect the
Provision and Utilization of Sexual and Reproductive
Health Services among University Students in Nairobi
City County, Kenya**

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Awareness of Policy Frameworks that Affect the Provision and Utilization of Sexual and Reproductive Health Services among University Students in Nairobi City County, Kenya

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Abstract

Purpose: the study sought to determine awareness of SRH policy frameworks that impact on the provision and utilization of SRH services among university students.

Methodology: The study used a cross sectional research design complemented by exploratory research design. The study was conducted in the main campuses of two public universities namely Kenyatta University and Multimedia University and two private universities, United States International University- Africa, KCA-University in Nairobi County in Kenya. The target population were students aged between 18-25 years studying in universities with main campuses in Nairobi County. The total study population was approximately 192,193 students. The study applied stratified random sampling to identify the 370 students who completed the study questionnaires. Purposive sampling was used to select the students and staff who participated in in-depth interviews. The students who participated in focus group discussions were randomly selected.

Findings: The study found out that most students, 95 (25.7%) reported to be aware of the Constitution of

Kenya (2010) followed by 74 (20%) students who reported to be aware of the National Reproductive Health Policy (2007). When looking at the university level policy frameworks, most students, 229 (61.9%) split in almost equal numbers, male, 120 (32.4%) and female, 109 (29.5%) are aware of the university HIV/AIDS policy. The surveyed students who said they were not aware of any university SRH policies were 94 (25.4%), split in equal numbers between male and female students. The findings indicate low awareness of SRH policy frameworks by either gender which can be interpreted to mean that participation of the students in the development of the policy frameworks and dissemination of the developed policies is poor.

Recommendations: The study's recommendation to universities is to regularly disseminate national and university level SRH policy frameworks to the students. This can be done during orientation, as part of their studies and on special days convened to sensitize the students on their health.

Keywords: *Sexual, Reproductive Health, Policy, Awareness, Youth, Universities, Students.*

1.0 INTRODUCTION

One in every six people in the world is a young person aged 15-25 years (United Nations, 2020). The youth between ages 15 and 24 constitute about 20% of sub-Saharan Africa's total population. The population of young people is expected to grow the most in Africa. It is estimated that by the year 2030, young Africans are expected to constitute 42% of global youth (World Economic Forum, 2021). This huge population of young people will hold the key to the economic development of the continent. The level of the continent's social and economic progress will largely depend on how it will treat the increasing population. Investing in the transformative programs of its youth like education and health might unlock unlimited opportunities of the youthful population. Global, regional and national policy frameworks that emphasize on the importance of the role played by young people in socio-economic development of their countries have been developed. The African Union (AU)'s Youth Charter posits that every young person shall have the right to participate in all spheres of society (AU, 2014).

Similarly in Kenya, the Youth Development Policy (2019) acknowledges the role of young people in the transformation of their communities and emphasizes on their right to contribute to the development of the country. The importance of SRH policy frameworks in addressing the SRH issues of young people cannot be overstated. For example, in 2010, over 9 million unintended pregnancies were occurring annually in Latin America because of unmet need for family planning. Policy frameworks on awareness raising and distribution of free contraceptives resulted in removing existing barriers in access to Sexual and Reproductive Health (SRH) services by young people leading to reduced teenage deaths linked to pregnancies and teenage pregnancies in general (Richardson and Birn, 2011).

Despite of the aspirations in the different policy frameworks about the potential of young people, several issues are of a concern to them. Lack of employment, under employment and sexual and reproductive health issues including HIV/AIDS and STI infection remain a big challenge (Youth Development Policy, 2019). One of the goals of the Sustainable Development Goals (SDGs) is to guarantee healthy lives and promote wellbeing for all at all ages. SDG 3 talks about guaranteeing universal access to sexual and reproductive health-care services, including for family planning and the incorporation of reproductive health into national policy reports and projects by 2030 (WHO, 2017). Similarly, one of the targets of SDG 5, Gender Equality, is ensuring universal access to sexual and reproductive health and rights in accordance with the Programme of Action of the International Centre for Population and Development (ICPD) and the Beijing Platform for Action (UNFPA, 2014). Most recently at the Nairobi Summit on ICPD25, governments including the government of Kenya committed to prioritize young people's SRH needs through the development and implementation of favourable SRH policies and increasing resources to FP (UNFPA, 2019).

At the country level, several SRH policy frameworks have been developed that emphasise the importance of SRH of young people. The constitution of Kenya assures the citizens of Kenya of the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care. The Kenya Reproductive Health Policy (2022) underscores the importance of access to reproductive health information and services for the citizens of Kenya. The National Family Planning Costed Implementation Plan, 2017 has provided areas of emphasis as being sustainable family planning (FP) financing, awareness creation and commodity security (FPCIP, 2017). At the sub-national level, Counties have developed laws and policy frameworks that emphasize on the right and access to reproductive health services. Similarly, universities have

developed various policy frameworks with provisions on the students' access to SRH services. The most commonly available policy is HIV/AIDS policies that have been developed by most universities in Kenya. Despite of the availability of the SRH policies at the national level and in universities, most students are not aware of the existing policy frameworks,

A section of the youth that has a unique potential of transforming their countries are university students. Students in universities have an unmatched opportunity to contribute to the development of their countries in years to come especially through innovation and research. It is therefore imperative that their SRH is addressed. A study by Adinew et al., (2013) revealed that among the students who had discussed sexual issues, 65.3% discussed with their friends and relied on peers for advice on various protective mechanisms from diseases and unplanned pregnancies. As much as availability of health facilities in institutions of learning was regarded as a strategy which can lead to improved utilization of SRH services, Adinew et al. (2013) found out that the level of awareness of the student clinic in the university was low at 37.1% while only 24.3% had ever utilized any of the reproductive health services from the university health facility.

The same study reported that among the surveyed students, 32.1% reported that they had sexual experience with most of those with sexual intercourse history (53.3%) saying they were in multiple sexual relationships (Adinew et al., 2013). The behaviour of having multiple sexual partners can predispose the students to increased risks of HIV/AIDS and STI infections and unsafe abortions, hence, the need for the students to be aware about the existing SRH policy frameworks. In Malawi, a study by Soko et al. (2012) found out that more than 50% of the students did not know about the existence of their HIV/AIDS policy. Multimedia University has organized talks on HIV/AIDS and other SRH related issues to raise awareness among its student population on healthy SRH behaviours (Personal Communication, 2019). In the Cooperative University of Kenya for example, the university has launched and disseminated the University's HIV/AIDS policy and introduced the compulsory HIV/AIDS course to raise awareness about the university's HIV/AIDS policy (Cooperative College of Kenya HIV/AIDS Policy, 2008).

Kenyatta University recognizes the importance of institutionalizing SRH programmes in the university. As early as 2004, I Choose Life- Africa, an organization implementing HIV/AIDS and SRH programmes in institutions of higher learning was already training peer educators, encouraging students to be tested of HIV and organizing peer educations programmes in the institution. Among the notable steps the university has taken is the development of the University's HIV/AIDS policy (Owino, 2004). This came against a backdrop of reportedly high cases of pregnancies among the students and to curb HIV infection among members of the University community. Wanjau (2016) notes that the Kenyatta University's AIDS Control Unit has played a key role in creating HIV/AIDS and SRH awareness in the university.

Objectives of the Study

The objective of the study was to determine awareness of Policy Frameworks that affect the provision and utilization of Sexual and Reproductive Health Services among University Students in Nairobi County, Kenya

2.0 METHODOLOGY

This study used a cross sectional research design complemented by exploratory research design. The study was conducted in the main campuses of two public universities namely Kenyatta University and Multimedia University and two private universities, United States International University-

Africa, KCA-University in Nairobi County in Kenya. The target population were students aged between 18-25 years studying in universities with main campuses in Nairobi County. The total study population was approximately 192,193 students. Stratified random sampling was used to select two universities from each stratum for the study. Four FGDs, one from each university of study were carried out. Purposive sampling was used to select five key informant interviews from each university who participated in the study. A formula published by the National Education Association for determining sample size was used to determine the sample size (Krejcie and Morgan, 1970). The obtained sample size of 384 was therefore used during the study. The correctly completed questionnaires returned by the respondents and consequently analyzed were 370.

3.0 FINDINGS

The results of the study are presented below.

Knowledge of National Level Sexual and Reproductive Health (SRH) Related Policies

The study sought to find out awareness of national level sexual and reproductive health (SRH) related policy frameworks with a view of determining whether utilization of SRH services is associated with awareness of SRH policies. The findings are presented in Fig. 1 below.

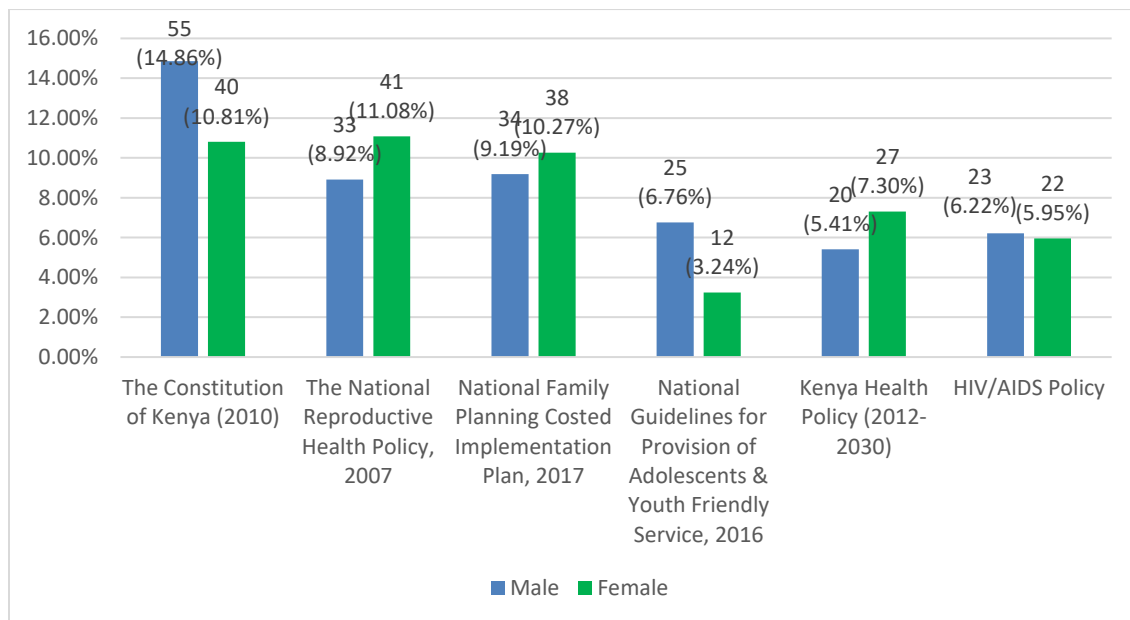


Figure 1: Knowledge of National Level Sexual and Reproductive Health (SRH) Related Policies

As presented in Fig. 1 above, most students, 95 (25.7%) reported to be aware of the Constitution of Kenya (2010). This was followed by 74 (20%) students who reported to be aware of the National Reproductive Health Policy, 2007. Some students surveyed, 72 (19.5%) reported to be aware of the Family Planning Costed Implementation Plan, 2017 with 45 (12.2%) students surveyed reporting to be aware of the National HIV/AIDS policy. There were gender differences in awareness of the National Guidelines for Provision of Adolescents and Youth Friendly Services, 2016 and the Kenya Health Policy, 2012-2030 which 25 (6.8%) male and only 12 (3.2%) female students and 20 (5.4%) male and 27 (7.3%) female students surveyed reported to be aware of respectively.

The findings imply low level of awareness of existing SRH policy frameworks by university students. There were no major gender differences in terms of awareness of the policies.

Most FGD participants and key informants concurred with the ambiguity of awareness and implementation of SRH related policies. For example, one of the FGD participants said: *“We are not aware of any existing SRH policy frameworks.”* (FGD participant, 08 March, 2021).

The above statement puts weight and confirms the low awareness levels of SRH policy frameworks by university students.

Another FGD participants said: *“Students seek SRH services when they are desperate and when they have a need for the services.”* (FGD participant, 03 March, 2021).

The above opinion by a female students can be interpreted to mean that students will not seek services unless they have been pushed to the corner by a need for the services. The main undoing for this assertion is that they may seek the services when a health issue has advanced. This is in line with the Andersen and Newman Framework of Health Services Utilization that says individuals seek services when they have a need for the services. This does not imply that there is no need for the students to be sensitized about the policy frameworks in place.

The findings are not different from a study among young people in Ethiopia that found out that, a whopping 64% of young people surveyed had poor knowledge of SRH policies and services while 53.4% were not conversant with SRH services provided in health facilities (Yared, Sahile and Mekuria, 2017) because no efforts had been put in place to make the students aware of the policy frameworks. One of the reasons for not publicizing the policy documents is the low budget allocation to the process (FHI & MOH, 2012). The findings concur with UNDP (2014) that states that despite of the public promulgation of the Constitution of Kenya in 2013, there is low civic awareness on the constitution and only a few people are aware of its contents.

Universities should deliberately sensitize the students on the SRH policy frameworks in place that support access and utilization of services. National and County governments and the media should collaborate to sensitize the students on the relevant sections of SRH policy documents so that the students are confident and aware of their rights when they seek services from health facilities. Social media, infographics, noticeboards and radio stations should be used to raise awareness of the policy frameworks.

Awareness of University Sexual and Reproductive Health Related Policies

As presented in Fig 2.2 below, the study sought to establish whether the students are aware of the existing university SRH policy frameworks with a view of determining whether utilization of SRH services is associated with awareness of SRH policies.

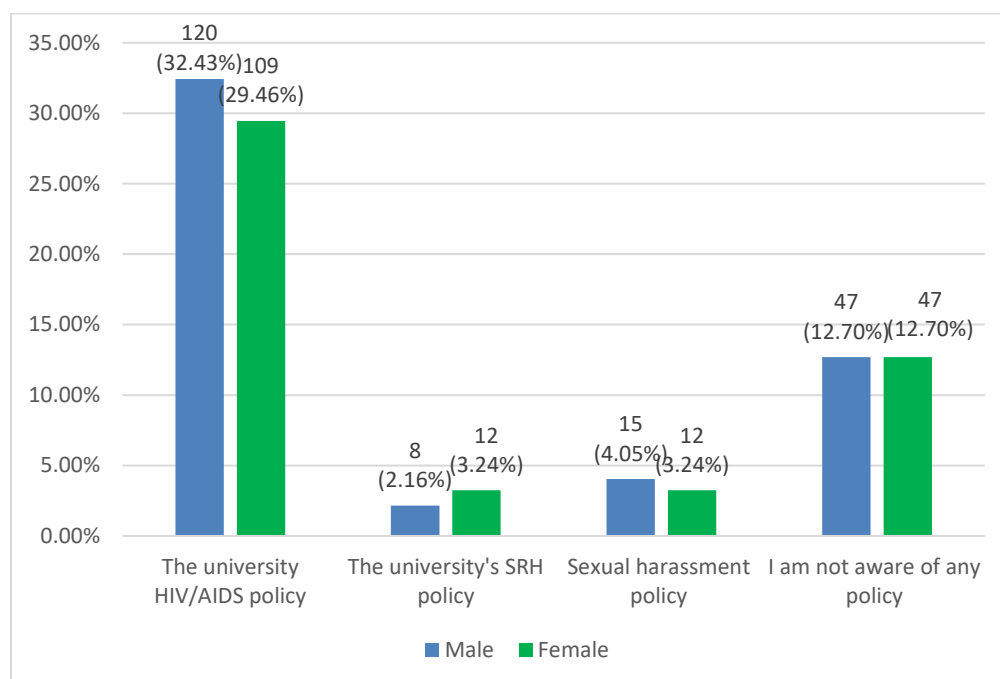


Figure 2: Awareness of University Sexual and Reproductive Health Related Policies

As per the findings presented in Fig. 2 above, most students, 229 (61.9%) split in almost equal numbers, male, 120 (32.4%) and female, 109 (29.5%) are aware of the university HIV/AIDS policy. Only 27 (7.3%) of the students surveyed said they were aware of the sexual harassment policy. Those who said they were aware of the university SRH policy were only 20 (5.4%) students. The surveyed students who said they were not aware of any university SRH policies were 94 (25.4%), split in equal numbers between male and female students.

The findings indicate low awareness of SRH policy frameworks by either gender which can be interpreted to mean that participation of the students in the development of the policy frameworks and dissemination of the developed policies is poor. Universities should, therefore, communicate the importance of SRH policy frameworks and disseminate them to the students through different channels both in-person and through virtual platforms on a regular basis. Universities should proactively involve the students in the development, dissemination and implementation of SRH policies so that the students are aware of their rights.

The findings were corroborated by three different FGD participants who said: *“We do not know of any policy framework. We are only aware of free testing. Normally, there is no awareness of the services. You just see tents erected within the university”* (Female FGD participant, 08 March 2021) *“The policy action on students not being in ladies’ hostel past 10:00pm is what we know”* (Male FGD participant, 11 March 2021)

The sentiments above by two FGD students imply that the contents of the policy frameworks are not known by the students and that students are only aware of the services and restrictions in place because they can see the services offered and can be restricted by the actions. *“We have not been involved in the development of any policy frameworks. We also do not know of any policies.”* FGD participant KCA University; (FGD participants MMU, 08 March, 2021). The above assertion implies

that there are students who are not aware of any SRH policy framework developed by their universities.

A literature review carried out corroborated with the findings. A study by EAC (2010) established that most universities have developed HIV/AIDS policies and popularized them explaining why most students are only aware of university HIV/AIDS policies. The increased awareness of HIV/AIDS policies could be because HIV/AIDS is a compulsory common unit for all undergraduate students. The EAC (2010) found out that all the universities they surveyed had HIV/AIDS policies that had been developed, but not fully implemented while some universities had gender and sexual Harassment policies (EAC, 2010). HIV/AIDS was declared a national disaster in November 1999 by the then President of Kenya. For this reason, universities were required to establish AIDS Control Units and to have in place personnel and resources to prevent and mitigate the impact of the pandemic. Universities developed and proactively disseminated HIV/AIDS policies, explaining why awareness of HIV/AIDS policy frameworks could be high.

The findings of low awareness of SRH policies and the subsequent ignorance of SRH services concur with a study by FHI et al. (2012) that established that 36% of the students were not aware of university SRH policies and after a two-year sensitization period there was a positive effect and only 11% of the students were now not aware of any SRH services offered in the university. The findings are also in agreement with findings of a study among college students in Malawi that found out that only a small number of students, 50% and 29.7% of females and males respectively, were aware of SRH interventions in their university (Government of Malawi et al., 2018).

The concerted efforts from partners, universities, media and the private sector may have led to the increased knowledge levels of HIV/AIDS policy. Such efforts are required to increase awareness of SRH policy frameworks developed by the university. In addition, the role of the national and county government is critical in putting SRH issues of young people in national level discussions. This can lead to discussions of SRH policy frameworks at the university level.

4.0 CONCLUSION AND RECOMMENDATIONS

The study concluded that most students are not aware of national and university level SRH policy frameworks. At the national level the Constitution of Kenya (2010) is the most known policy framework followed by the National Family Planning Implementation Plan (2017). At the university level, the HIV/AIDS Policy is the most known policy framework followed by the students who claim not to know of any other SRH policy framework. The study recommends for increased efforts by the universities to increase awareness of SRH policy frameworks.

REFERENCES

- Adinew Y., Gebeyehu A, and Mengesha Z. (2013). *Knowledge of reproductive and sexual rights among University students in Ethiopia: institution-based cross-sectional*. Retrieved November 12, 2018 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3577501/>
- East African Community. (2010). *HIV Sero-Behavioural Study in Six Universities in Kenya*. SIDA: Kenya
- Family Care International. (2006). *Executive Summary of Lancet Sexual and Reproductive Health Series*. Available from http://www.who.int/reproductivehealth/publications/general/lancet_exec_summ.pdf (AccessedR 19/12/2017)
- FHI360. (2014). *Providing integrated sexual and reproductive health services at Kikuyu Campus, University of Nairobi: Assessment of a new reproductive health unit*. Available from: <https://www.fhi360.org/sites/default/files/media/documents/Providing%20integrated%20SRH%20Univ%20of%20Nairobi.pdf> (accessed 06/07/2020)
- Government of Kenya. (2017). *National Family Planning Costed Implementation Plan 2017-2020*. Ministry of Health. Nairobi.
- Government of Malawi., UNESCO and European Union. (2017). *Situational analysis on the status of sexual and reproductive health of students and gender-based violence in technical and vocational colleges in Malawi*. Available from: <https://unesdoc.unesco.org/ark:/48223/pf0000261725> (Accessed 12/09/2021).
- Krejcie, R. And Morgan, D. (1970). *Determining Sample Size for Research Activities*. Available from https://home.kku.ac.th/sompong/guest_speaker/KrejcieandMorgan_article.pdf (Accessed 29 July 2008).
- Owino, P. (2004). *HIV and AIDS responses in the Kenya university sub-sector*. Kenyatta University: Nairobi.
- Richardson, E, and Birn, A., (2011). *Sexual and reproductive health and rights in Latin America: an analysis of trends, commitments and achievements*. Available from <https://pubmed.ncbi.nlm.nih.gov/22118152/> (Accessed 10 January 2018).
- Soko, D., Umar, E., Noniwa, T., and Lakudzala, A. (2012). *HIV and AIDS workplace interventions; Gaps between policy and practice at the College of Medicine*. Malawi Medical Journal: Blantyre
- The Cooperative University of Kenya. (2008). *HIV/AIDS Policy*. Cooperative University: Nairobi.
- The Government of Kenya. (2017). *National Health Act, Nairobi*. Government Press
- The Government of Kenya. (2019). *Kenya National Youth Development Policy*. Government Press
- UNFPA. (2014). *The Power of 1.8 Billion - Adolescents, Youth and the Transformation of the Future*.
- UNFPA. (2019). *The Nairobi Summit on ICPD25*. Available from: <http://www.nairobisummiticpd.org/> (Accessed 17/01/2020)

- United Nations. (2020). *Sustainable Development 3*. Accessed from:
<https://sustainabledevelopment.un.org/sdg3> (Accessed 13/02/2020)
- Wanjau, M. N. (2016). *Determinants of students' uptake of Reproductive Health Services targeting High Risk Sexual Behavior in Kenyatta University, Nairobi county, Kenya*. Master's Thesis, Kenyatta University, Nairobi, Kenya.
- WHO. (2017). *Consolidated Guideline on Sexual and Reproductive Health and Rights of Women Living with HIV*.
- World Economic Forum. (2021). Why Africa's youth hold the key to its development potential. Available from: <https://www.weforum.org/agenda/2022/09/why-africa-youth-key-development-potential/> (Accessed 10/02/2022).
- Yared, A., Sahile, Z., and Mekuria, M. (2017). *Sexual and reproductive health experience, knowledge and problems among university students in Ambo, central Ethiopia*. *Reproductive Health Journal*, 14 (1), 41 DOI: 10.1186/s12978-017-0302-9