

**FACTORS INFLUENCING UTILISATION OF REPRODUCTIVE  
HEALTH SERVICES AMONG ADOLESCENTS AGED 12-19 YEARS  
IN MBARARA MUNICIPALITY SCHOOLS**

**A RESEARCH REPORT SUBMITTED TO  
UGANDA NURSES AND MIDWIVES EXAMINATIONS BOARD**

**IN PARTIAL FULFILMENT OF THE REQUIREMENTS  
FOR THE AWARD OF THE DIPLOMA IN NURSING SCIENCES**

**BY**

**MUSINGUZI DICKSON**

**M15/U011/DNE/026**

**OCTOBER, 2016**

## **ABSTRACT**

Complications of unwanted pregnancies and unsafe abortion are the leading causes of disability and death among adolescents especially girls between ages 15-19 years.

The study focused on assessing the factors influencing the utilization of Reproductive Health Services among adolescents aged (12-19 years) in Mbarara Municipality schools. A sample of 100 respondents was enrolled in the study using systematic random sampling. A cross sectional descriptive study design was used in two Government Aided Secondary Schools that is; Nyakayojo secondary school and Mbarara secondary and a simple random sampling technique was used to select schools and class for the study.

The study indicated mass media (31.8%) as a major source of information about RHS. Most adolescents indicated that they faced huge barriers including long distances to travel to health facilities while incurring high transport costs, harsh service providers, spending long hours in lines and lack of confidentiality also inclined them from accessing RHS thus causing them to miss some of these reproductive health services.

Therefore service providers extend operational time beyond official working hours, have good attitude towards adolescents who are seeking RHS and should provide privacy.

The Government should also increase the number of health units offering RHS to adolescents which can reduce on congestion, long queues and travelling long distances thus attracting more adolescents

## **COPYRIGHT**

Research report submitted to Kampala International University School of Nursing and deposited in the library, is open for inspection, but is to be used with due regard

to the rights of the author. The author and Kampala International University School of Nursing can grant privilege of loan or purchase of copy to accredited borrowers provided credit is given in subsequent written or published work.

**Copyright © 2016 by Musinguzi Dickson**

#### **APPROVAL OF SUBMISSION**

I certify that the work reported in this report, was carried out by the candidate under my supervision as research supervisor.

Sign.....Date.....

**NABALIISA SARAH, SUPERVISOR**

Sign.....Date.....

**MS KABANYORO ANNET**

**DEAN SCHOOL OF NURSING SCIENCES**

**KAMPALA INTERNATIONAL UNIVERSITY-WESTERN CAMPUS**

### **DECLARATION**

I, **MUSINGUZI DICKSON** declare that this report is original and it has never been presented to any institution of higher learning in partial fulfillment for the award of any diploma in nursing but where literature has been used, references have been duly made.

Sign..... Date.....

### **DEDICATION**

I dedicate this work to my beloved family of Mr. Francis Muhweire Gita and Mrs. Oliver Ashaba for the love, support, tireless efforts, hard work and encouragement you gave me throughout my studies. I would also like to dedicate this work to my brothers Haningtone, Edson, Nelson, Denson, sisters Judith, Eisa, Pheonah and friends Arthur, Deus, Joshua, Odia, and Didas for the contributions you have made in my studies.

## **ACKNOWLEDMENT**

I praise the almighty God for his loving kindness and grace which accompanied me during the entire research report period.

Special thanks to my supervisor, Ms. Nabaliisa Sarah for her guidance and tremendous work during my research study.

I wish to thank my immediate family and all other family members for having endured my irregular presence at the times they could have needed me most.

Finally, my sincere thanks go to my fellow course mates with whom we share lectures and experiences and their continued encouragement and support.

## TABLE OFCONTENTS

ABSTRACT.....	i
COPYRIGHT.....	i
APPROVAL OF SUBMISSION .....	ii
DECLARATION .....	iii
DEDICATION .....	iv
ACKNOWLEDMENT .....	v

TABLE OF CONTENTS.....	vi
LIST OF FIGURES .....	ix
LIST OF TABLES .....	x
LIST OF ACRONYMS .....	xi
DEFINITION OF KEY TERMS .....	xii
CHAPTER ONE .....	1
1.0 Introduction.....	1
1.1 Background.....	1
1.2 Problem Statement.....	3
1.3 Purpose of the study.....	5
1.4 Specific objectives of the study .....	5
1.5 Research questions.....	5
1.6 Justification for the study.....	6
CHAPTER TWO: LITERATURE REVIEW .....	7
2.1 Introduction.....	7
2.2 Adolescents’ Knowledge about Reproductive Health Services.....	8
2.3 Distance of the nearest health unit offering RHS from the adolescent’s place of residence. ....	10
2.4 Health facility factors that influence the utilization of RHS among adolescents.	
11	
CHAPTER THREE: METHODOLOGY .....	13
3.1 Introduction.....	13
3.2 Research design and rationale.....	13
3.3 Study setting and rationale.....	13
3.4 Study population .....	14
3.4.1 Sample size determination .....	14



3.4.2 Sampling procedure .....	15
3.4.3 Inclusion and exclusion criteria.....	16
3.5 Definition of variables .....	16
3.5.1 Dependent variables .....	16
3.5.2 Independent variables .....	16
3.6 Research instruments .....	17
3.7 Data collection procedure .....	17
3.7.1 Data management .....	17
3.7.2 Data analysis .....	18
3.8 Ethical consideration.....	18
3.9 Limitations of the study .....	18
3.10 Dissemination of Results .....	19
<b>CHAPTER FOUR: RESULTS .....</b>	<b>20</b>
4.0 Introduction.....	20
4.1 Demographic characteristics .....	20
4.2 Adolescent’s Knowledge about Reproductive Health Services.....	23
4.3 Distance of the nearest health unit offering Reproductive Health Services from the adolescent’s place of residence. ....	25
4.4 Health facility factors that influence the utilization of Reproductive Health Services among Adolescents in the age bracket of 12-19 in Mbarara Municipality.	
27	
<b>CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS .....</b>	<b>30</b>
5.0 INTRODUCTION .....	30
5.1 DISCUSSION OF THE STUDY FINDINGS .....	30
5.1.1 Demographic data.....	30
5.1.2 Adolescent’s Knowledge about Reproductive Health Services .....	31
5.1.3 Distance of the nearest health unit offering Reproductive Health Services from the adolescent’s place of residence.....	33

5.1.4 Health facility factors that influence the utilization of Reproductive Health Services among adolescents in the age bracket of 12-19 in Mbarara Municipality.	34
5.2 CONCLUSION.....	37
5.3 RECOMMENDATIONS.....	38
5.4 IMPLICATIONS TO NURSING PRACTICE.....	39
REFERENCES .....	40
APPENDICES: .....	45
APPENDIX I: CONSENT FORM.....	45
APPENDIX II: SEMI STRUCTURED QUESTIONNAIRE.....	46
APPENDIX III: LETTER OF APPROVAL.....	50
APPENDIX IV: MAP OF UGANDA.....	51
APPENDIX V: MAP OF MBARARA MUNICIPALITY SHOWING NYAKAYOJO AND MBARARA SECONDARY SCHOOLS. ....	52

## **LIST OF FIGURES**

Figure 1: Showing the Age Range of Respondents .....	21
Figure 2: Showing the Tribe of the Respondents.....	22
Figure 3: Showing the Religion of the Respondents .....	22
Figure 4: Adolescent’s Knowledge about RHS .....	23
Figure 5: Response on adolescents’ source of information about Reproductive Health Services .....	24
Figure 6: Reproductive Health Services .....	25
Figure 7: Show often adolescents accessed the nearest unit offering RHS.....	26

## LIST OF TABLES

Table 1: Gender of respondents .....	20
Table 2: Showing the Distance of the nearest Health Unit from the Adolescent's Place of Residence. ....	25
Table 3: Showing how adolescents were handled in while in Reproductive Health Units.....	27
Table 4: Showing whether adolescents had ever visited and missed services in a RHS Unit.....	28
Table 5: Showing Reasons why Adolescents Missed RHS in the Health Units they visited.....	28

Table 6: Response on whether adolescents were happy with the services they received from RHUs. ....29

### **LIST OF ACRONYMS**

WHO	World Health Organisation
USAID	United States Agency for International Development
UNFPA	United Nations Population Fund
RHS	Reproductive Health Services
SSA	Sub Saharan Africa
STI's	Sexually Transmitted Infections
STD's	Sexually Transmitted Diseases
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome

FP	Family Planning
SRH	Sexual and Reproductive Health
VCT	Voluntary Counseling and Testing
ASRH	Adolescent Sexual and Reproductive Health
AFS	Adolescent Friendly Services
IEC	Information Education and Communication
ANC	Antenatal Care
UNAIDS	United Nations on Acquired Immune Deficiency Syndrome
RH	Reproductive Health

### **DEFINITION OF KEY TERMS**

**Health:**Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (WHO).

**Reproductive Health:**It is a state of complete physical, mental and social wellbeing of an individual and not merely the absence of disease in all matters relating to reproductive system, its function and process, thus people are able to have a responsible, satisfying and safe sex life and they have the capability to reproduce and the freedom to decide if, when and how to do so (WHO).

**Adolescence:**WHO defines adolescence as the period in human growth and development that occurs after childhood and before adulthood from ages 10-19 years.



## **CHAPTER ONE**

### **1.0 Introduction**

This chapter presents the background information of the study, the problem statement, and objectives of the study, research questions and justification of the study.

### **1.1 Background**

Within the framework of the World Health Organization's definitions, Health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, reproductive health, or sexual health/hygiene, addresses the reproductive processes, functions and system at all stages of life (WHO, 2008). Reproductive Health implies that people are able to have a responsible, satisfying and safer sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

Globally, the adolescent population is estimated to be 1.25 billion, among these, 515 million are between 15-19 years old and 85% of the total adolescents are living in developing world (WHO, 2008).

The WHO assessed in 2008 that "Reproductive and sexual ill-health accounts for 20% of the Global burden of ill-health for women, and 14% for men. Issues affecting Adolescent Reproductive and sexual health are similar to those of adults, but may include additional concerns about teenage pregnancy and lack of adequate access to information and health services. According to WHO/UNAIDS (2015) existing health services often fail the World's adolescents (10-19-year olds) and will suffer from mental health disorders, substance use, poor nutrition, intentional

injuries, chronic illness and do not have access to critical prevention and care services. According to UNFPA (2015), reproductive health at any age profoundly affects health later in life and many behaviors that have a life impact on health begin in adolescence.

The utilization of Reproductive Health Services is an important component in preventing adolescents from different sexual and reproductive health problems where it plays a vital role in safeguarding adolescents in Sub-Saharan African (SSA) countries including Ethiopia, which accounts for a high proportion of the region's new HIV infections as well as maternal and infant mortality ratios (Feleke et.al, 2013).

According to the World Health Organization (WHO, 2015) more than 2.6 million young people aged 10 to 24 die each year in the world, mostly due to preventable causes, about 16 million girls aged 15 to 19 years give birth every year, young people, 15 to 24 years old, account for 40% of all new HIV infections among adults. In any given year, about 20% of adolescents will experience a mental health problem, most commonly depression or anxiety and approximately 430 young people aged 10 to 24 die every day through interpersonal violence.

According to the UNAIDS Report (2015), of the 35 million people living with HIV in the world, 19 million do not know their HIV-positive status, adolescent girls and young women account for one in four new HIV infections in SSA. In developing countries, there are about 12.8 million births by adolescents aged between 15–19 years, and a large proportion of these pregnancies are unplanned (WHO, 2007).



Among married women who are 15–19 years old, only 17% practice Family Planning methods currently, and among unmarried sexually active adolescents, the use of contraception is believed to be even lower (Feleke et.al, 2013). A WHO report in Algeria, Bangladesh, Ethiopia, Indonesia and Nigeria showed that the risk of dying from complications related to pregnancy or childbirth is two times higher for those aged 15–19 years than for women in their mid-twenties (WHO, 2008).

Uganda has one of the highest teenage pregnancy rates in Sub-Saharan Africa (Rukundo, Abaasa, Byamukama, Ashabahebwa and Allain (2015). Among sexually active youth aged 15–19 years, women and men who were tested for HIV test were only 24% and 27% respectively (WHO, 2007). There is need to decide on strategic choices to mitigate HIV prevalence among adolescents to mitigate their vulnerability and risks of acquiring HIV.

## **1.2 Problem Statement**

Adolescents are most vulnerable to a range of reproductive health problems, such as teenage pregnancy and childbearing, unsafe abortion and sexually transmitted infections (STI), including HIV (Ki-moon, et.al, 2010). According to Global AIDS Response Progress Report (2015), about 2000 new HIV infections occur annually among adolescents aged 15-19 and by age 19, nearly 40% of adolescent girls have started child-bearing. Atuyambe et.al, (2015) clearly showed that adolescents have real SRH issues that need to be addressed in and out-of-school such as unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs), defilement, rape, substance abuse.

In 2014 the World Health Organisation reported that 11% of all births were due to women aged 15-19 years (WHO, 2014) and approximately 95% of teenage pregnancies occur in developing countries with 36.4 million women becoming mothers before age 18 (UNFPA, 2013). Failure to use RHS exposes adolescents to preventable health conditions which could be managed with early detection thus reducing disease burden, adolescent mortality rate and curbs the spread of transmission of STI's.

In Uganda complications of pregnancy, abortions and child birth are the leading cause of disability and death among women between ages 15-19 (Neeman, Musisi & Kibombo 2015). Also 9% of male adolescents had been involved in an abortion by helping their girlfriends to abort (ibid: 15). According to Rukundo et.al, (2015) Reproductive Health stakeholders generally considered teenage pregnancy to be one of the health problems among adolescents in Mbarara Municipality. Therefore, assessing factors influencing the utilization of reproductive health service among adolescents are very important to improve Adolescent Reproductive Health Service utilization and thereby reduce the burden of adolescent disease and disabilities associated with RH.

### **1.3 Purpose of the study**

The main purpose of the study was to assess the factors influencing the utilization of Reproductive Health Services among adolescents aged (12-19) in Mbarara Municipality schools.

### **1.4 Specific objectives of the study**

- i. To determine the knowledge adolescents in Mbarara Municipality have about Reproductive Health Services.
- ii. To determine the distance of the nearest health unit offering Reproductive Health Services from the adolescent's place of residence in Mbarara Municipality.
- iii. To determine the health facility factors that influences the utilization of Reproductive Health Services among adolescents in the age bracket of 12-19 years in Mbarara Municipality.

### **1.5 Research questions**

- i. What is the adolescents' knowledge about Reproductive Health Services in Mbarara Municipality?
- ii. What is the distance of the nearest health unit offering Reproductive Health Services from the adolescent's place of residence in Mbarara Municipality?
- iii. What are the health facility factors that influence the utilization of Reproductive Health Services among adolescents in the age bracket of 12-19 in Mbarara Municipality?

### **1.6 Justification for the study**

The study will be a good basis to improve the utilization of reproductive health services among adolescents in secondary schools in Mbarara Municipality.

From the study findings, the Government will be able to determine the recommended distance to allocate Health Units to facilitate utilization of reproductive health services. The study hopefully will help the teachers, student councilors and parents to sensitize adolescents about the available reproductive health services.

The study will act as an opener to other researchers in conducting future research. And for those who will be interested in the related topic, the study will assist them with relevant literature and act as a source of reference for their research studies.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

Reproductive Health relates to the maintenance of one's reproductive health system and fertility. It includes a broad range of topics such as birth control, sexually transmitted infections, your ability to become pregnant and infertility. The utilization of reproductive health services is an important component in preventing adolescents from different sexual and reproductive health problems as it plays a vital role in safeguarding adolescents (Feleke et.al, 2013). Use of any sexual and reproductive health services including medical checkup, consultations, FP, health education on HIV/AIDS and STI treatment rendered in healthcare centers (Abajobir et.al, 2014).

According to World Health Organization, adolescents are people between 10 and 19 years of age; they make 20% of the world's population, of whom 85% live in developing countries. Adolescence is characterized by significant physiological, psychological and social changes that put adolescents for high risk Sexual and Reproductive Health (SRH) problems (Abajobir et.al, 2014). The concern about Adolescent Sexual and Reproductive Health (ASRH) has grown due to unprecedented increasing rates of sexual activity, early pregnancies and Sexually Transmitted Infections (STI) including Human Immunodeficiency Virus (HIV) among adolescents (Shivaram et.al, 2011).

During adolescence, people experience numerous changes in health status and their specific problems can include sexual problems, menstrual problems, mental and

behavioral health problems (Kumar et.al, 2015). In addition, adolescence is when individuals transition from parent-directed healthcare usage to self-determined usage. Therefore, entree to health services during this period can improve adolescents' health, adjust risky behaviors, and promote healthy habits (ibids).

## **2.2 Adolescents' Knowledge about Reproductive Health Services**

Adolescents must have knowledge of key RHS and issues if they are to make informed decisions to protect their health and well being. Many adolescents get their RH information from poorly informed sources for example from their peers. Inaccurate beliefs concerning levels of risk associated with particular behaviors and/or the effectiveness and side-effects of different types of contraceptives can be strong enough to prevent adolescents from accurately perceiving the potential consequences of their behaviors.

Reproductive health knowledge and services utilization amongst adolescents remained low (Abajobir and Assefa, 2014). In this study, age and economic status were significantly associated with reproductive health knowledge; moreover, RHS utilization was associated with age and respective knowledge for reproductive health. In a study from Tanzania, teen pregnant women were more likely to receive advice from their mother or a close person rather than from their partner (Gross et.al, 2012).

Telephone hotlines, mass media and other communication approaches help provide information, motivation and referral to service delivery points (Senderowitz, 2006).An increasing number of channels and models, however, have proven

successful (or have the potential) to serve adolescents with some RHS information. Peer-outreach programs have become creative in identifying and reaching adolescents in a variety of places where they congregate, including malls, bus-parks, the streets, recreational sites, sporting events, and fast-food and other eating or drinking places (Senderowitz, 2006).

UNFPA (2015) pointed out that yet too many young people face barriers to reproductive health information and care, even those able to find accurate information about their health and rights may be unable to access the services needed to protect their health. The Center for Reproductive Rights (2016) contended that comprehensive sexual education programs help to reduce the rates of abortion, adolescent pregnancies, and HIV/AIDS. The failure to provide students with comprehensive sex education raises serious public health and human rights concerns. The Center therefore advocates that the states cease funding and implementing abstinence-only programs and instead provide students with comprehensive sexuality education.

As adolescents around the world enter puberty, taboos, discomfort and fear prevents parents and other trusted adults from teaching relevant information to help adolescents navigate the complexities of their emerging sexuality (Save the Children, 2015), yet adolescents typically do not have access to high quality sexual and reproductive health information and services.

### **2.3 Distance of the nearest health unit offering RHS from the adolescent's place of residence.**

Availability, accessibility and utilization of RHS are essential for reproductive health and for the development of a nation (Bell et.al, 2014). Assorted studies have documented the roles of service distance and quality in determining utilization. There is evidence that both quality and distance are factors influencing the utilization of RHS. A shorter distance to a healthcare facility was also found to be significantly associated with SRH service utilization (Kyei et.al, 2012).

The poor face huge barriers to accessing healthcare in India including high informal fees for healthcare; long distances to travel to health facilities with limited transport (A Christian Aid Report, 2010). Distant health facilities, poor quality of service, inconvenient service locations and inconvenient hours of operation hinders utilization of RHS (Motuma 2012).

Bersamin et.al, (2012) found that an increase in the number of Reproductive Health Units at the county level decreased the risk of intercourse initiation among white adolescents. Conversely, one study using a more sophisticated measure of distance (travel time from the center point of an adolescent's ZIP Code area to nearest RH unit), found that adolescents for whom availability was higher were actually at greater risk for pregnancy (Goodman et.al, 2007).



## **2.4 Health facility factors that influence the utilization of RHS among adolescents.**

Adolescent's access and utilization of sexual and RHS is limited due to fear and shame, judgmental attitude of service providers, lack of confidentiality and privacy towards health seeking behaviors of adolescents (Kennedy et.al, 2013). Placing barriers on teens' access to confidential health services directly endangers their health and welfare because it deters them from seeking the reproductive and sexual health-care services and information they need to prevent unwanted pregnancies, protect their mental and physical health, and avoid sexually transmissible diseases (Center for Reproductive Rights, 2016).

In a study conducted by Bam, et.al, (2015) lack of confidential services was a significant barrier to utilization of SRH services, while others believed that available services were inadequate to meet their SRH needs. According to Kiran et.al, (2015) perceived barriers to services were more likely to utilize the services and lack of confidential services was the biggest barrier.

According to Rukundo, et.al (2015), providing RHS to adolescents is quite challenging for RH workers. This was related to lack of specific training in how to deal with adolescents therefore adolescents may tend to stay away from the service or default from clinic attendance (James et.al, 2012). The environment in which the adolescents are expected to seek service is not conducive; they feel uncomfortable being in the same clinics with the older mothers/women. The age difference between themselves and other women attending the clinic may make them perceive

themselves as inferior and as being treated as such at the clinic may be embarrassing to them (James et.al, 2012).

In another study, some health care providers had an unsupportive attitude towards providing sexual and reproductive health services (SRHS) to adolescents, even setting up penal rules and regulations against adolescents who practiced pre-marital sexual intercourse (Tilahum et.al, 2012).

In a study done in Bahir Dar Ethiopia, inconvenient healthy facility operating hours and fear of being seen by parents or people they know might prevent adolescents' access to health care facilities and their proper use of the offered services (Abebe et.al, 2014; Booth et.al 2008).

Negative provider's attitudes have been identified as a major barrier as it discourages young people from seeking or returning for care (MOH, 2008; Warenus et al., 2006; Godia, 2010). A study by Warenus et al (2006) among Kenyan and Zambian midwives revealed that RHS are underutilized due to judgmental attitude of health providers and lack of competence coupled with lack of knowledge in adolescent friendly service provision irrespective of training, inconvenient operating times, lack of transportation, and high cost of services.

A study in Cambodia showed that the barriers to adolescents' access to reproductive health services included lack of confidentiality, shyness, poor relations with health staff, illiteracy and low prioritization by parents for reproductive health services (Adra, 2007).

## **CHAPTER THREE: METHODOLOGY**

### **3.1 Introduction.**

This chapter deals with the research design, study population, sample size determination, sampling procedure, inclusion and exclusion criteria, definitions of variables, research instruments, data collection procedures, ethical considerations, limitations of the study and dissemination of results.

### **3.2 Research design and rationale**

The study employed a cross sectional descriptive study design and quantitative methods for data collection. The design helped in describing factors influencing the utilization of reproductive health services among adolescents aged (12-19 years) in two Government-aided mixed Secondary Schools in Mbarara Municipality. The cross sectional design enabled the researcher to collect data in a very shortest period thus saving time.

### **3.3 Study setting and rationale**

Mbarara municipality is located along the highway to Rwanda about 290 kilometers from Kampala in the south western region of Uganda. The study was carried out in Government mixed Secondary Schools in Mbarara Municipality. Choice of mixed Secondary Schools enabled the researcher to get representative sample from both male and female adolescents. Two mixed Government secondary schools were selected for data collection. Mbarara Municipality has 4 mixed government schools i.e. Nyakayojo Secondary School, Mbarara Secondary School, Nyamitanga Secondary School and Mbarara Army Secondary School.

### 3.4 Study population

The study population enrolled adolescents aged 12-19 years found in the selected Government aided mixed secondary schools in Mbarara Municipality. These were used because majority of students join senior one (S.1) when they are 12 years and complete senior six (S.6) by 19 years. These adolescents were presumed sexually active and usually experience their first sexual encounter during these ages thus required Adolescents Reproductive Health Services since they are more vulnerable to a wide range of SRH problems.

#### 3.4.1 Sample size determination

The sample size was determined using Fisher's formula developed in 1990.

$$n = \frac{z^2(pq)}{d^2}$$

Where n= sample size

z= standard deviation at confidence level of 95% which is 1.96

p= proportion of population with the desired characteristics

q= proportion of population without desired characteristics q=1-p

d= level of significance or measure of anticipated error taken as 0.05

Therefore, for this study:

n=desired sample size of adolescents between 12-19 years

z= standard deviation at confidence level of 95% = 1.96

p= proportion of the population who are adolescents of 12-19 estimated at 50%=  
0.5

q= 1-p i.e. 1-0.5=0.5

d= level of anticipated error of 5%= 0.05

Substituting the values into the formula

$$n = \frac{z^2(pq)}{d^2}$$

$$n = \frac{1.96^2(0.5 \times 0.5)}{(0.05)^2}$$

$$n = 384$$

Therefore 384 adolescents were needed for the study.

However due to limited time and resources for the study, a sample size of 100 adolescents of 12-19 years was used.

### **3.4.2 Sampling procedure**

Simple random sampling was used to select two government aided mixed secondary schools using a list of mixed public schools in Mbarara Municipality. The four schools were given numbers from 1 up to 4. Then these numbers were written on papers and were well folded. They were later put in a box and shaken properly. One paper was picked randomly from the box, opened and name of the school recorded down which happened to be Nyakayojo secondary school. Again the paper was folded again and placed back in the box. The box was shaken properly and another paper picked and the name of school selected was recorded down which was Mbarara secondary School.

The selected schools had classes from senior one up to senior six and one class was selected for the study in both schools. The class was chosen randomly. Here six

papers written on 1-6 were put in a box, shaken well and one paper was picked which represented a class, this happened to be S.5.

Systematic random sampling technique was used to pick the respondents in the selected class, followed by every 2<sup>nd</sup> person from the list to ensure randomness until 50 respondents were picked from each school since a sample of 100 was used. The researcher distributed 50 questionnaires for each school.

### **3.4.3 Inclusion and exclusion criteria**

#### **3.4.3.1 Inclusion criteria**

- i) The study included only participants in the age bracket of 12-19 years. One class in both schools was targeted for the study.
- ii) Those that consented to participate in the study.

#### **3.4.3.2 Exclusion criteria**

- i) Those who were not in the age bracket of 12-19 years.
- ii) Those that did not consent to participate in the study.

### **3.5 Definition of variables**

#### **3.5.1 Dependent variables**

Utilization of the reproductive health services by adolescents

#### **3.5.2 Independent variables**

The factors that influence utilization of RHS such as knowledge, distance of the nearest health unit from adolescents place of residence and health facility factors.

### **3.6 Research instruments**

The self-administered questionnaires with close-ended questions were used for data collection. The questions were prepared in a logical sequence in order to address the research objectives. The questionnaire was pre-tested for validity in one of the Government mixed secondary schools in Mbarara Municipality that was not chosen for the study.

### **3.7 Data collection procedure**

An introductory letter from Kampala International University School of Nursing Sciences seeking approval to undertake the study was sent and taken to the office of the Principal Education Officer Mbarara Municipality granting permission to go to the selected Government mixed secondary schools. A pre-test self-administered questionnaire was given to respondents until the sample size was reached and adolescents aged 12-19 years participated in the study. Informed consent was obtained from all participants before enrollment into the study. Privacy and confidentiality was maintained throughout the process of data collection.

#### **3.7.1 Data management**

**Editing:** This involved checking the questionnaire for completeness and improperly filled questionnaires were sorted. Complete filled questionnaires were kept in the cupboard for safety and confidentiality and were later taken for analysis.

**Coding:** All questions in the questionnaire were coded for easy analysis and this helped in reducing data into manageable proportions.

### **3.7.2 Data analysis**

Data was exported to SPSS windows version 16.0 for analysis and Microsoft excel program and presented in form of graphs, tables and pie-charts for easy interpretation.

### **3.8 Ethical consideration**

An introductory letter was obtained from Kampala International University School of Nursing Sciences and the Principal Education Officer Mbarara Municipality. Prior to administering the questionnaires, the objectives of the study were clearly explained to the participants and oral informed consent was sought from the respondents. Participants were informed about the procedure and the voluntary nature of participation in the study. Confidentiality and anonymity was ensured throughout the execution of the study and informed that no adverse consequences would arise if they refused to participate and that data collected would remain private and used only for research study purpose. This helped to eliminate bias and doubts about the aim of the study.

### **3.9 Limitations of the study**

The researcher incurred a lot of costs especially on printing, photocopying and transport. This however was solved by soliciting for funds from friends and family relatives to finance the study.

The research work was conducted while at the same time the researcher was in the community placements which was far from the research study area, however this was overcome through proper allocation and utilization of time available.



### **3.10 Dissemination of Results**

Copies of the study findings were produced and given to;The Uganda Nurses and Midwives Examination Board for the award of Diploma in Nursing, Kampala International University School of Nursing-Western Campus library for reference, Principal Education Officer Mbarara Municipality and the author's own copy for future reference.

## CHAPTER FOUR: RESULTS

### 4.0 Introduction

This study was done in August 2016 and a total of 100 adolescents were enrolled in identifying the factors that influence the utilization of Reproductive Health Services among adolescents in the age bracket of 12-19 years in Mbarara Municipality schools.

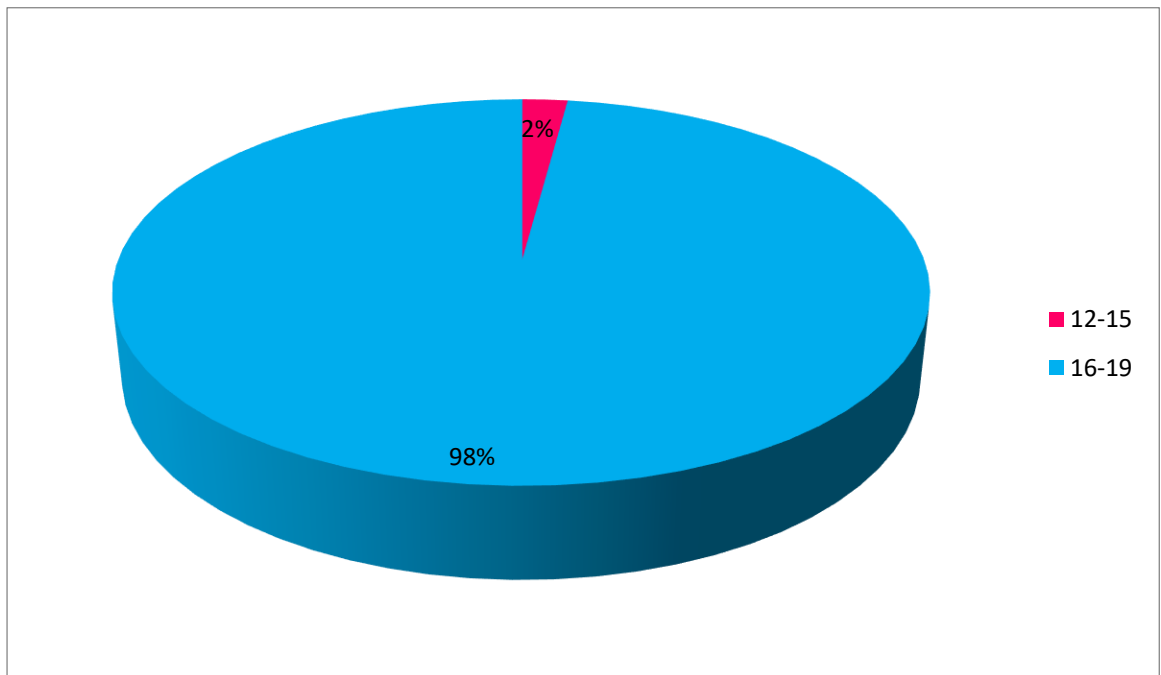
### 4.1 Demographic characteristics

**Table 1: Shows gender of respondents (n=100)**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Male	44	44
Female	56	56
<b>Total</b>	<b>100</b>	<b>100</b>

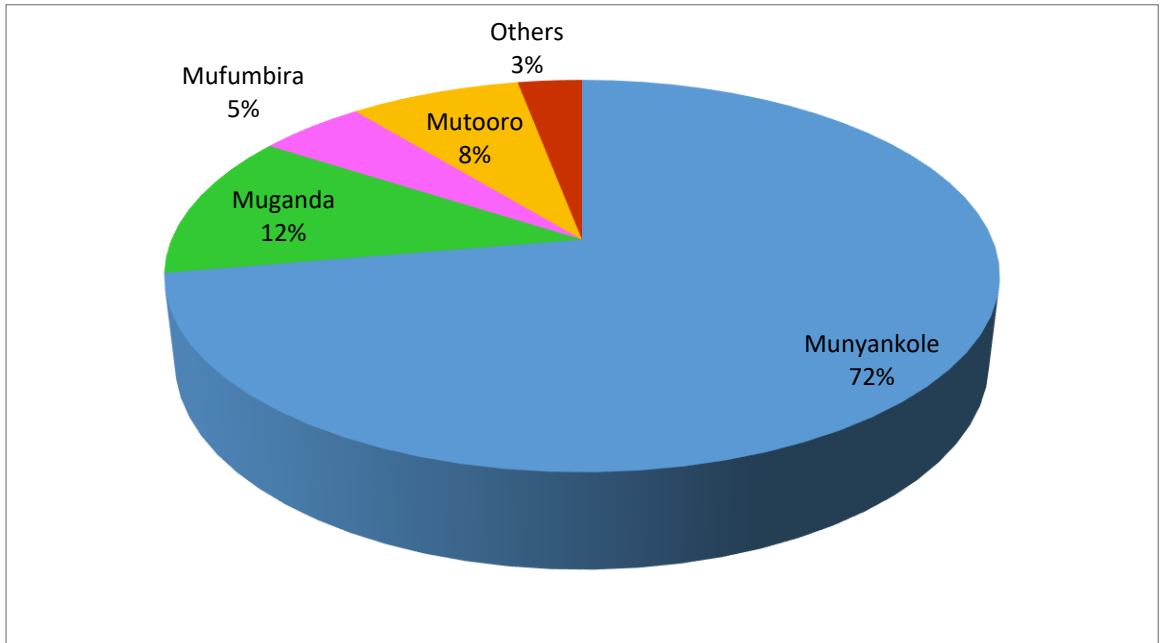
Majority 56% of the respondents were female participants while 44% of the respondents were males.

**Figure 1: Showing the Age Range of Respondents (n=100)**



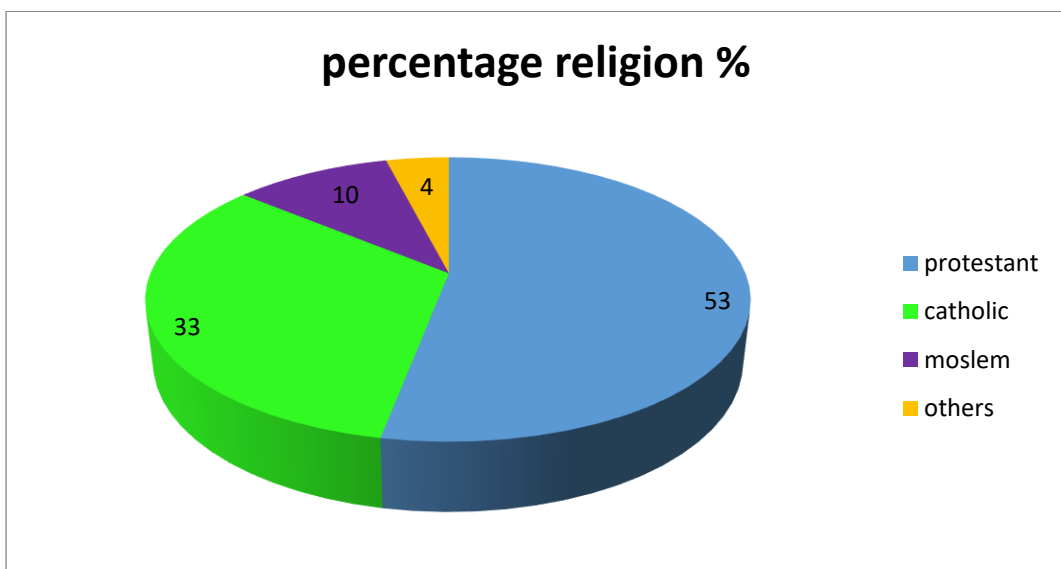
Majority 98% of respondents were in the age range of 16-19 and the minority 2% were in the age bracket of 12-15 years.

**Figure 2: Showing the Tribe of the Respondents (n=100)**



Majority of the participants in the study were Banyankole 72% and the least was 3% representing other tribes.

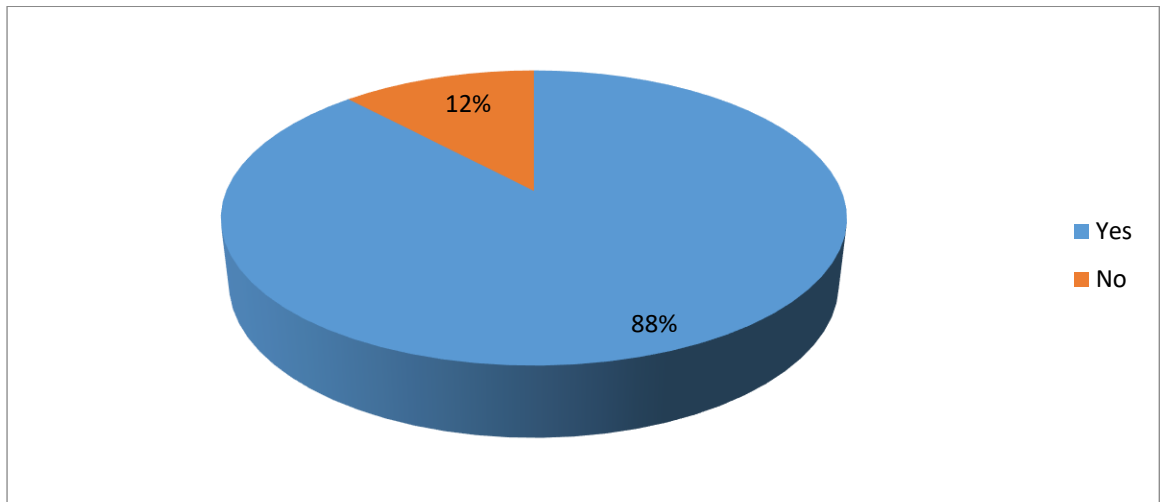
**Figure 3: Showing the Religion of the Respondents (n=100)**



From the study findings, majority of the respondents were Protestants 53% and the least was other religions with only 4%.

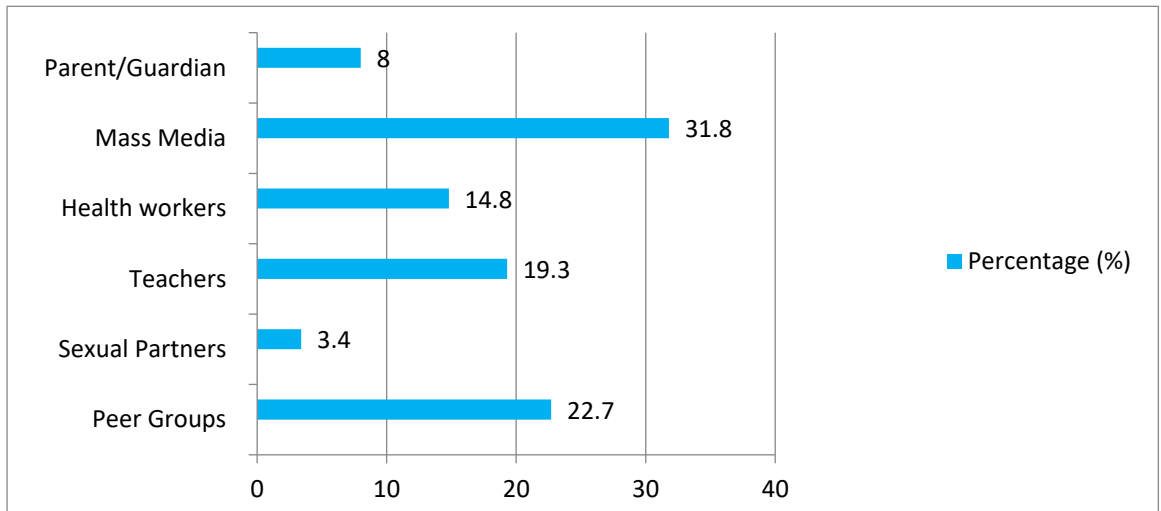
## 4.2 Adolescent's Knowledge about Reproductive Health Services

**Figure 4: Shows Adolescent's Knowledge about RHS (n=100)**



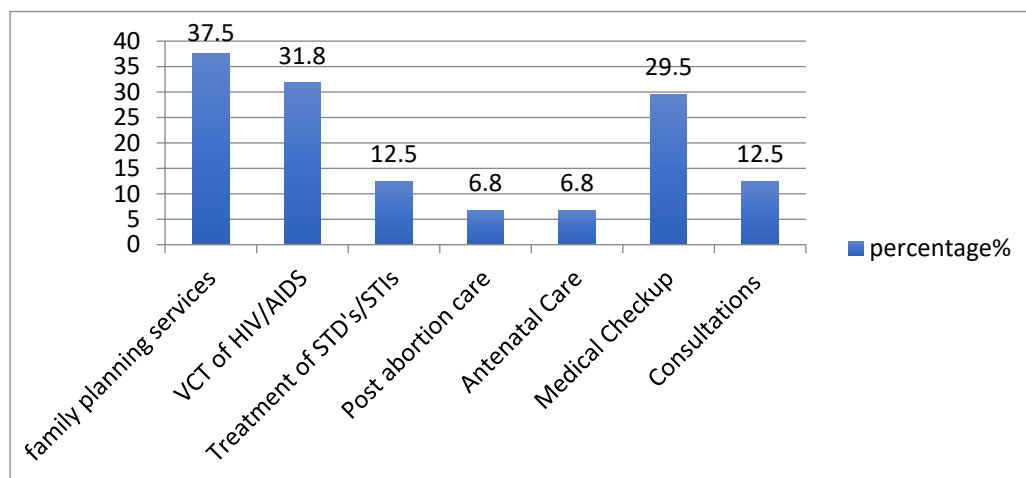
Majority of respondents 88% knew about Reproductive Health Services while 12% had no knowledge about Reproductive Health Services.

**Figure 5: Showing where adolescents' got information about Reproductive Health Services (n=88)**



Majority of respondents 31.8% got information about Reproductive Health Services on mass media and the minority 3.4% got information from their sexual partners.

**Figure 6: Shows Reproductive Health Services known by Adolescents (n=88)**



Majority of the respondents 37.5% knew Family Planning Services since it had the highest percentage and the minority knew Antenatal care and post abortion care since both had the lowest percentage of respondents 6.8%.

#### 4.3 Distance of the nearest health unit offering Reproductive Health Services from the adolescent's place of residence.

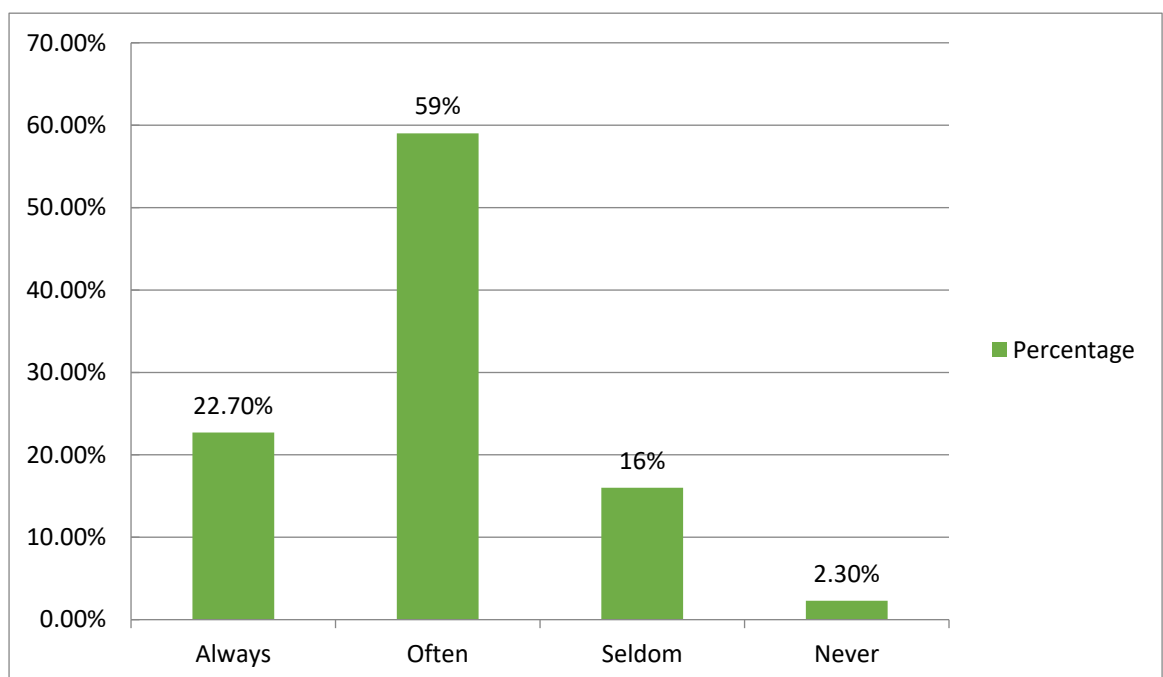
**Table 2: Showing the Distance of the nearest Health Unit from the Adolescent's Place of Residence (n=88)**

Distance	Frequency	Percentage (%)
Near, a short walking distance	18	20.5
Near but requires about Shs.1000/= for transport	26	29.5
Far, requires > 2000/= for transport	44	50
<b>Total</b>	<b>88</b>	<b>100</b>

Majority of participants 50% revealed that the distance of their nearest Health Unit from their place of residence was far and required more than 2000/= to cater for transport.

**Figure 7: Shows how often adolescents accessed the nearest unit offering**

**RHS (n=88)**



Majority of the respondents 59% often accessed their nearest health unit offering Reproductive Health Services while 2.3% never accessed these services.



**4.4 Health facility factors that influence the utilization of Reproductive Health Services among Adolescents in the age bracket of 12-19 in Mbarara Municipality.**

**Table 3: Showing how adolescents were handled in while at Reproductive Health Units (n=86)**

<b>Care at Reproductive Health Units</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Good-friendly, welcome	33	38.4
Moderate-welcome	43	50
Bad, Harsh and rude.	10	11.6
<b>Total</b>	<b>86</b>	<b>100</b>

Most participants (50%) received moderate-welcome; this implies that adolescents could easily interact with the health workers on issues pertaining their reproductive health problems.

**Table 4: Shows whether adolescents had ever visited a RHS Unit and missed the services required (n=86)**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	40	46.5
No	46	53.5
<b>Total</b>	<b>86</b>	<b>100</b>

Minority 46.5% of the participants revealed that they had ever visited the Reproductive Health unit and missed the services they required.

**Table 5: Showing Reasons why Adolescents missed RHS in the Health Units they visited (n=40)**

<b>Reason</b>	<b>Frequency</b>	<b>Percentage (%)</b>
The queue was long	19	47.5
I found neighbors and felt ashamed	8	20
The service provider refused to give the service	11	27.5
The health unit was closed	2	5
<b>Total</b>	<b>40</b>	<b>100</b>

Majority of participants (47.5%) argued that they missed access to RHS in the Health Units they visited because the queue was long (patients were very many) and the minority 5% found the health units closed.

**Table 6: Shows whether Adolescents were happy with the services they received (n=86)**

<b>Response</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	40	46.5
No	46	53.5
<b>Total</b>	<b>86</b>	<b>100</b>

Majority 53.5% of the participants in the study were not happy with the services they received from their health units.

## **CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS**

### **5.0 INTRODUCTION**

The study was done among adolescents in two mixed government aided secondary schools in Mbarara Municipality and senior five class from each school was used for the study. The study enrolled 100 adolescents (50 from each school) in the age bracket of 12-19 years in identifying the factors influencing the utilization of Reproductive Health Services. This age category was chosen because these adolescents are presumed sexually active and needs to have knowledge on preventing themselves from getting unwanted pregnancies which may end up in unsafe abortions.

### **5.1 DISCUSSION OF THE STUDY FINDINGS**

#### **5.1.1 Demographic data**

The majority of the respondents (56%) were female participants while 44% of the respondents were males. This showed that female adolescents are dominating in higher advanced classes in Mbarara Municipality schools than male adolescents.

The age range of 12-19 years was considered because these are adolescents who are sexually active and need to know about RH rights since they are prone to getting unwanted pregnancies which would end up in unsafe abortions.

Majority (98%) of the respondents was in the age range of 16-19 years. This was because students join senior one by the age of 12 years and are expected to have completed senior six by the age of 19 years. Since senior 5 class was chosen, these

students were expected to be in the age range of 16-19 years. The least (2%) were in the age bracket of 12-15 years, this could indicate that they started schooling at an early age or skipped some classes that is why they were in senior five.

The majority of the participants in the study were Banyankole (72%). This was because the study was carried out in Ankole region where the Banyankole tribes are dominating. Baganda followed with 12%, Batooro 8%, Bafumbira 5% and least were from other tribes 3%.

From the study findings, majority of the respondents were Protestants (53%). This was evident because one of the schools where research was conducted (Nyakayojo Secondary School) is founded by Church of Uganda which had many protestant students. It was followed by Catholics with 33%, Moslems (10%) and 4% representing respondents from other religions.

### **5.1.2 Adolescent's Knowledge about Reproductive Health Services**

From the study findings, 88% of the respondents knew about Reproductive Health Services. This showed that adolescents are aware of RHS hence can prevent themselves from getting unwanted pregnancies which could end up in unsafe abortions. This differs from findings by Abajobir and Assefa, (2014) who revealed that Reproductive health knowledge and services utilization amongst adolescents is still low. However, 12% of the respondents showed that they had no knowledge about RHS. This meant that they had no idea about these RH services and may end up getting unwanted pregnancies which may end up in unsafe abortions.

When asked where they got information about RHS, of the 88 participants, 31.8% revealed that they accessed information about Reproductive Health Services on

mass media, which included television, radio, internet, film/cinema, music and magazines. This is in line with (Johnson et.al, 2011) who contented that mass media and social marketing campaigns provided young people with RH information and are modestly effective in persuading both female and male adolescents to change healthy behaviors

Again 19.3% of the respondents indicated to have accessed information and knowledge about RHS from their teachers. This implied that the teachers and schools are playing a fairly great job to impart knowledge about RHS to adolescents. Therefore, it is expected that all students in schools are likely to use RHS thereby preventing unwanted pregnancies which may lead to unsafe abortions. This is in consistence with the UNESCO (2009) which indicated that the teachers were also source of information for adolescents.

Also out of 88 participants in the study, only 14.8% of the respondents revealed to have got information about RHS from Health Workers. This implied that some adolescents had received services in health facilities from trained health personnel. Other sources of information mentioned were peer groups (22.7%), Parent/Guardian (8%) and sexual partners with 3.4%.

Family Planning Services was the most known RH service reported by 37.5% of the participants. This implied that adolescents had knowledge about various family planning methods which they can use not to get unwanted pregnancies and avoid abortions with its related complications.

Also results from the study indicated that a least percentage of adolescents (6.8%)knew about post abortion care and antenatal care. This implied that these adolescents are aware that in case of an abortion they can access post abortion care services. The rest of the participants never knew about ANC meaning they may become pregnant and fail to go for antenatal care services which may predispose them to complications during pregnancy thus leading to increased maternal mortality.

### **5.1.3 Distance of the nearest health unit offering Reproductive Health Services from the adolescent's place of residence.**

Most participants (50%) revealed that the distance of their nearest Health Unit offering RHS from their place of residence was far and that it required more than Shs.2000/= to cater for transport. This implied that these adolescents may not utilize the services as they wished since they cannot afford the transport. This concurs with findings by A Christian Aid Report, 2010 which states that long distances to travel to health facilities with high transport costs can deter adolescents from accessing Reproductive Health Services. Also 29.5% of the respondents required about 1000/= for transport to their nearest units offering RHS. While 20.5% could easily walk to their health units since they were near thus would easily access and utilize RHS. This is in line with Kyei et.al, (2012) who asserted that a shorter distance to a healthcare facility was found to be significantly associated with SRH service utilization.

Majority (59%) of the participants often (sometimes) accessed their nearest health unit offering RHS. This showed that though RH units were far, most adolescents were eager to go and seek the services regarding their health in spite of high transport costs. Out of 88 participants, 22.7% always accessed their nearest health unit offering RHS and 16% seldom accessed. Whereas 2.3% had never accessed any RH services. This implied that these adolescents are at risk of getting unwanted pregnancies that may end up in unsafe abortions.

#### **5.1.4 Health facility factors that influence the utilization of Reproductive Health Services among adolescents in the age bracket of 12-19 in Mbarara Municipality.**

Most adolescents (50%) and (38.4%) cited that they received moderate welcome and good friendly welcome whenever they visited their nearest Health Units. This implied that adolescents could easily and openly interact with the health workers on issues concerning their reproductive health problems such that they can get services freely thus preventing themselves from becoming pregnant. Only 11.6% found harsh and rude health workers who denied them the services. This implied that these adolescents did not get the services they needed and ended up going back home without being assisted and this may lead them to get unwanted pregnancies that may end up in unsafe abortions.

Of the 86 respondents who had ever visited the RHS unit, only 46.5% reported to have ever visited and missed the services they required. When asked why they missed these RHS, most participants (47.5%) argued that they missed access to RHS in the Health Units they visited because the queue was long implying that there



were many clients in the line which inclined adolescents from accessing Reproductive Health Services from their nearest Reproductive Health Units. The long lines could have been due to very few health workers at the health units hence not getting services.

In addition, 27.5% of the respondents cited that the service providers were harsh and refused to give them the service. This indicated that some health care providers had an unsupportive attitude towards providing SRHS to adolescents characterized by judgmental attitude and lack of competence coupled with lack of knowledge in handling adolescents friendly. The results are in relation to Tilahun et.al, 2012; and Godia, 2010; who urged that negative provider's attitudes have been identified as a major barrier that discourages young people from seeking or returning for health care hence missing services that would prevent them from getting unwanted pregnancies that would end up in unsafe abortions.

More so, 20% of the participants revealed that they found their neighbors at the health units and felt ashamed. The findings indicated that the environment in which the adolescents were expected to seek service was not conducive. The results are consistent with Kennedy et.al, (2013) who asserted that adolescent's access and utilization of sexual and reproductive health services was limited due to fear and shame, lack of confidentiality and privacy towards health seeking behaviors of adolescents. This is also in line with James et.al, (2012)'s assertions that placing barriers on teens' access to confidential health services directly endangers their health and welfare because it deters them from seeking the reproductive and sexual

health care services and information they need (Center for Reproductive Rights, 2016).

Lastly, 5% of the respondents mentioned that they found their health units closed. This implied that adolescents were limited by inconvenient health facility operating hours that prevented them from accessing health care facilities. This is in consistency with Abebe et.al, (2014) who asserted that inconvenient health facility operating hours could prevent adolescents' access to health care facilities and their proper use of the offered services

## **5.2 CONCLUSION**

From the study findings, 56% were female participants and majority of the participants (98%) were in the age range of 16-19 years.

It is concluded that most adolescents (88%) knew about RHS and of these, 31.8% got information about RHS from mass media and less from teachers (19.3%) and health workers (14%). The least 12% of adolescents never knew about RHS thus are likely to get unwanted pregnancies which would end up in unsafe abortions hence increasing on maternal mortality.

Most respondents (37.5%) were aware of family planning services thus could easily utilize them and protect themselves not to get unwanted pregnancies which may end up in unsafe abortions.

50% of the adolescents indicated that they faced huge barriers including long distances to travel to health facilities while incurring high transport costs of >2000/= to their nearest health units, harsh and rude service providers, long lines of patients, feeling ashamed when met by neighbors and health units being closed. All these inclined adolescents from utilizing RHS thus prefer privacy and confidentiality when accessing these services.

### **5.3 RECOMMENDATIONS**

Basing on the study findings, the researcher recommends the health workers to extend operational working hours preferably to evenings in order to attract and target adolescents especially those in schools.

Also health service providers are encouraged to improve on their attitude and behaviors towards adolescents when offering RH services.

The government should increase the number of health units providing RHS to adolescents. This can reduce congestion, taking long in lines and travelling long distances to get services which incline adolescents from accessing and utilizing these RH services.

#### **5.4 IMPLICATIONS TO NURSING PRACTICE**

The findings in this study will be used by nurses and other health workers to improve on their behaviors and attitudes when handling clients most especially the adolescents.

The findings will be used by other nursing researchers interested in the same field for references.

The findings of this study will be used by health tutors in nursing profession to improve on nursing curriculums in various institutions.

## REFERENCES

- A Christian Aid Report (2010). Written Evidence Submitted by Release BinayakSen. Now Campaign (UK). Available on [http://hdr.undp.org/en/media/HDR\\_2010\\_EN\\_Table1.pdf](http://hdr.undp.org/en/media/HDR_2010_EN_Table1.pdf).
- Abajobir A and Seme A., (2014). Reproductive health knowledge and services utilization among rural adolescents in east Gojjam zone, Ethiopia: a community-based cross-sectional study.
- Abebe M, Awoke W. Utilization of Youth Reproductive Health Services and Associated Factors among High School Students in Bahir Dar, Amhara Regional State, Ethiopia. *Open journal of Epidemiology* 2014.
- Adra (2007). LDP youth friendly services in Cambodia: Leadership management sustainability. *Cambodia: Management Sciences*
- Assefa, C.O., et al (2014). "Maternal Autonomy, Distance to Health Care Facility and ANC Attendance: Findings from Madiany Division of Siaya County, Kenya." *American Journal of Public Health Research* 2.4 (2014).
- Atuyambe M., Kibira S. Bukenya J. Muhumuza C. Apolot R. and Mulogo E. (2015). Understanding sexual and reproductive health needs of adolescents: evidence from a formative evaluation in Wakiso district, Uganda.
- Bam, K., Haseen, F., BC, R. K., Newman, M. S., Chaudhary, A. H., Thapa, R., & Bhuyia, I. (2015). Perceived Sexual and Reproductive Health Needs and Service Utilization among Higher Secondary School Students in Urban Nepal. *American Journal of Public Health Research*, 3(2), 36-45.
- Bell ER, Glover L, Alexander T. (2014). An exploration of pregnant teenagers' views of the future and their decisions to continue or terminate their pregnancy:

- implications for nursing care. *J ClinNurs.* 2014; 23(17-18):2503–13.  
PubMedViewArticleGoogle Scholar.
- Bersamin M., Todd M., and Remer L. (2012). Does Distance Matter? Access to Family Planning Clinics and Adolescent Sexual Behaviors. *Matern Child Health J.* Author manuscript; available in PMC 2012 Jul 1.
- Booth ML, Bernard D, Quine S, Kang MS, Usherwood T, Alperstein G, et al. Access to health care among Australian adolescents young people's perspectives and their sociodemographic distribution. *J Adolesc Health.* 2008; 34:97-103. [PubMed]
- Center for Reproductive Rights (2016). Adolescents' Access to Reproductive Health Services and Information.
- Feleke SA., Koye DN., Demssie AF. And MengeshaZB., (2013). Reproductive health service utilization and associated factors among adolescents (15-19 years old) in Gondar town, Northwest Ethiopia.
- Global AIDS Response Progress Report (2015). Follow-up to the 2011 Political Declaration on HIV/AIDS Intensifying Efforts to Eliminate HIV/AIDS. Published by the Ministry of Health.
- Godia, P (2010). Youth friendly sexual and reproductive health service provision in Kenya: What is the best model? Nairobi, MOH
- Goodman DC, Klerman LV, Johnson KA, et al. (2007). Geographic access to family planning facilities and the risk of unintended and teenage pregnancy. *Maternal and Child Health Journal.*

- Gross K, Alba S, Glass TR, Schellenberg JA, Obrist B: (2012). Timing of antenatal care for adolescent and adult pregnant women in south-eastern Tanzania. *BMC Pregnancy Childbirth*.
- James S, Rall N, Strumpher J. (2012). Perceptions of pregnant teenagers with regard to the antenatal care clinic environment. *Curationis*. 2012; 35(1):E1–8. [PubMedViewArticleGoogle Scholar](#)
- Johnson et.al, (2011). Interventions to Reduce Sexual Risk for Human Immunodeficiency Virus in Adolescents: “A Meta-Analysis of Trials, 1985-2008,” *Archives of Pediatrics & Adolescent Medicine* 165(1): 77-84.
- Kennedy EC, Bulu S, Harris J, Humphrey D, Malverus J, Grey NJ. “Be kind to your people so they feel at home”: a qualitative study of adolescents’ and service providers’ perceptions of youth-friendly sexual and reproductive health services Vanuatu. *BMC Health Services Research*, 2013.
- Ki-moon B. (2010). *The Gap Report: Ending the AIDs epidemic*. Published by UNAIDS.
- Kiran B., Haseen F., Kumar BC. R., Newman S.M., Bhuyia A.H., (2015). Perceived Sexual and Reproductive Health Needs and Service Utilization among Higher Secondary School Students in Urban Nepal.
- Kyei A. Campbell M.R. and Gabrysch S. (2012). *The Influence of Distance and Level of Service Provision on Antenatal Care Use in Rural Zambia*.
- MOH (2008). *National Guidelines for Provision of Adolescent Youth-Friendly Services (YFS) in Kenya*. Nairobi: Government Printers.



- Motuma A (2012). Youth-friendly Health service Utilization and factors in Harar, Ethiopia. Harar Bulletin of Health Sciences.
- Rukundo G.Z., Abaasa C., ByamukamaPN., Ashabahebwa B.H and Allain D. (2015). Antenatal services for pregnant teenagers in Mbarara Municipality, Southwestern Uganda: health workers and community leaders' views.
- Senderowitz J. (2006) Making Reproductive Health Services Youth Friendly. Reproductive Health Outreach Programs for Young Adults. Washington, D.C.: FOCUS on Young Adults.
- Shivaram K, Nandini C, Malleshappa1 K. (2011). Knowledge and attitude about reproductive health among rural adolescent girls in Kuppammandal: an intervention study. Biomed Res.
- Tilahum M, Mengistie B, Egata G, Reda A, Health workers' attitudes towards sexual and reproductive health services for unmarried adolescents in Ethiopia. Reproductive Health. 2012
- U.N. Agency for International Development (UNAID). Measure Evaluation: Sexual and reproductive health knowledge.
- United Nations Population Fund. (2013). Motherhood and childhood: Facing the challenge of adolescent pregnancy. New York: UNFPA
- UNPFA (2015). "Sexual reproductive health". Publications on Sexual & reproductive health Published by the UN Population Fund.
- UNFPA, (2010) How Universal is Access to Reproductive Health? A review of the evidence. <http://www.unfpa.org/public/home/publications/pid/6526>.

Warenius Lu, Faxellid EA, Chishimba PN, Musandu JO, Ong'any AA, Nissen EB, Nurse-midwives' attitudes towards adolescent sexual and reproductive health needs in Kenya and Zambia. *Reprod Health Matters*. 2006; 14(27):119-128. [PubMed]

WHO (2007). Adolescent pregnancy –Unmet needs and undone deeds: A review of the literature and programmes: *Issues in Adolescent Health and Development*. 2007, Geneva: WHO.

WHO (2008): “Reproductive Health”. Retrieved 2016-06-21.

WHO, (2007). Adolescents, social support and help-seeking behavior: Geneva, Switzerland: World Health Organization, Available from: [/http://whqlibdoc.who.int/publications/2007/9789241595711\\_eng.pdf?ua=1](http://whqlibdoc.who.int/publications/2007/9789241595711_eng.pdf?ua=1) [cited 2016 June. 25)

WHO, (2015). Promoting Adolescent sexual and reproductive health through schools in low income countries; an information brief. Geneva: WHO.

World Health Organisation. (2014). Adolescent Pregnancy. Retrieved 2 April, 2014 from <http://www.who.int/maternal child adolescent/topics/maternal/adolescent pregnancy/en/>

**APPENDICES:**

**APPENDIX I: CONSENT FORM**

By signing this document, I am giving consent to be interviewed by the researcher. I understand that I will be part of the research study that is looking into factors influencing utilization of Reproductive Health Services among adolescents aged 12-19 years in Mbarara Municipality schools. I will be given a questionnaire to answer at school.

I understand that I have been selected to participant in this study because am a secondary school adolescent aged between the age range 12-19. I was also informed that the participation would be entirely voluntary and that am free to withdraw at any time.

The information from this study will be kept strictly confidential and my identity will not be disclosed or published anywhere even in the final report.

I also understand that results can be given to me if I ask for them and that the researcher is the person to contact if I have questions about my rights as a participant on this contact **0704891044**.

Signature: ----- Date: -----

(Respondent)

Researcher's Name: -----

Signature: ----- Date: -----

## APPENDIX II: SEMI STRUCTURED QUESTIONNAIRE.

Dear respondent.

My name is **Dickson Musinguzia** student of Kampala International University- Western Campus. I am conducting a study to assess the factors influencing the utilization of Reproductive Health Services among adolescents aged 12-19 in Mbarara Municipality schools. The information obtained will help me fulfill the requirements for the Award of the Diploma in Nursing. This study is mainly academic and the information given to me will be treated with maximum confidentiality.

Thank you in advance.

### SECTION A: Socio-demographic information

Note: (Please Tick (☑) according to your appropriate decision)

1. Gender

a) Male  b) Female

2. Age range

a) 12-15  b) 16-19

3. Class

a) S1-S3  b) S4-S6

4. Tribe a) Munyankole  b) N  nda

c) Mutoorod  d) Mufumbira

e) Others

5. Religion a) Protestant  b) Catholic   
 c) Moslem  d) Christians

**SECTION B: Adolescent's knowledge about Reproductive Health Services**

6. Do you know about Reproductive Health Services?

- a) Yes  No

**(If Yes continue up to section D and if No stop)**

7. How did you access information about Reproductive Health Services?

- a) Peer groups   
 b) Sexual partners   
 c) Teachers   
 d) Parent/Guardian   
 e) Health workers   
 f) Mass media

8. Which Reproductive Health Services do you know?

- a) Family planning services (condoms, contraceptives)   
 b) VCT of HIV/AIDS   
 c) Treatment of STD's/STI's   
 d) Post abortion care   
 e) Antenatal care

f) Medical checkup

g) Consultations

**SECTION C: Distance of the nearest health unit offering Reproductive Health Services from the adolescent's place of residence.**

9. How far is the nearest Reproductive Health unit from your place of residence?

a) Near, a short walking distance

b) Near but requires about 1,000/= for transport

c) Far, requires >2,000/= for transport

10. How often do you access your nearest health unit offering RHS?

a) Always  b) Often  c) Seldom  d) Never

**(If Never to 10 above Stop)**

**SECTION D: Health facility factors that influence the utilization of Reproductive Health Services among adolescents in the age bracket of 12-19 in Mbarara municipality.**

11. If you have ever used a RHS facility, how would you describe how you were handled by service provider?

a) Good-friendly, welcoming, handled me well and gave the service I required

b) Moderate-welcomed me but asked too many unnecessary questions before giving me the service

c) Bad, he/she was harsh rude and denied me service

12. Have you ever visited a RHS facility/unit but missed the service you required?

a) Yes

b) No

(If No to 12 above continue from 14)

13. If yes, state the reason for not getting the service?

a) The queue was long (many clients lined up)

b) I found neighbors and felt ashamed

c) The service provider refused to give the service/ was harsh

d) The health unit was closed

14. If you have ever used the clinic facilities or any other apart from the clinic, were you happy with the services you received?

a) Yes

b) No

**THANK YOU FOR YOUR PARTICIPATION.**

## APPENDIX III: LETTER OF APPROVAL



KAMPALA INTERNATIONAL  
UNIVERSITY  
WESTERN CAMPUS

School of Nursing Sciences,  
P.O.BOX 71 Bushenyi, Ishaka  
Tel: +256 (0) 704113921  
E-mail: [elibethy2002@gmail.com](mailto:elibethy2002@gmail.com)  
Website: <http://www.kiu.ac.ug>

### OFFICE OF THE DEAN SCHOOL OF NURSING SCIENCES

#### TO WHOM IT MAY CONCERN

Dear Sir /Madam

**Re: MUSINGUZI DICKSON DNS/E/0010/152/DU**

The above mentioned is a student of Kampala International University undertaking Diploma in Nursing Sciences Extension program and he is in his final academic year.

He is recommended to carry out data collection as a partial fulfillment for the award of the Diploma in Nursing.

His topic is; **FACTORS INFLUENCING UTILIZATION OF REPRODUCTIVE HEALTH SERVICE AMONG ADOLESCENTS AGED (12-19YEARS) IN MBARARA MUNICIPALITY SCHOOLS.**

Any assistance rendered to him will be highly appreciated

Thank you in advance for the positive response



**Abindi Winfred**  
Administrator School of Nursing Sciences

*Permitted to carry out  
data collection  
Selected  
11/8/16*





**APPENDIX V:MAP OF MBARARA MUNICIPALITY SHOWING  
NYAKAYOJO AND MBARARA SECONDARY SCHOOLS.**

