DETERMINANTS INFLUENCING THE UPTAKE OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES AMONG YOUNG PEOPLE

A CASE STUDY OF JUBA, SOUTH SUDAN

BY

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DECLARATION

I Mary Juan Marle do declare that this work is my independent investigation where it is indebted to others, acknowledgement has been made. Therefore, this research has not been submitted in the same or different form to this or any other institution for another degree or qualification either in full or part. This work is originally conducted by the researcher under the supervision of Mrs. Miriam Ondia.

Signed: ---------- Date: ----------

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2011-MPH-RL-AUGUST-00047

APPROVAL

This is to certify that this dissertation report has been submitted for examination with my supervision and approval as a university supervisor.

SUPERVISOR

Signed: ---------- Date: ----------

MRS. MIRIAM ONDIA

IHSU SUPERVISOR

DEDICATION

I dedicate this dissertation to my beloved daughter ‘Diko Lizzy Lopidia who has been patient enough during my studies. I also dedicate this study to my mother Esther Meling Abraham who has been encouraging me in my education endeavors throughout my life.

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ABBREVIATION AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CDC	Centre for Disease Control
CI	Confidence Interval
FGDs	Focus Group Discussion
HIV	Human Immunodeficiency Virus
HSPs	Health Service Providers
ICPD	International Conference on Population and Development
IHSU	International Health Science University
IUDs	Intrauterine Devices
KI	Key Informants
MDGs	Millennium Development Goals
MOH	Ministry of Health
NGOs	Non- Governmental Organisations
PHCCs	Primary Health Care Centers
PHCUs	Public Health Care Units
RSS	Republic of South Sudan
SHHS	South Sudan House Hold Survey
SRHR	Sexual Reproductive Health and Rights
SRHS	Sexual Reproductive Health Service
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
UK	United Kingdom
UNFPA	United Nation Population Fund
W.H.O	World Health Organization

ABSTRACT

Sexual Reproductive Health services are so vital in addressing reproductive challenges among the young people aged 10-24 years globally. The aim of this study was to establish the determinants influencing uptake of sexual and reproductive health services among young people in Juba, South Sudan.

This was a cross sectional study design where qualitative and quantitative data collection methods were applied with a sample of 320 young people (10-24 years) residing in the 3 Payams of Kator, Juba and Munuki. The three payams were considered for the study because of their location within Juba City and simple random sampling was used. Six (6) SRH Service Providers from health facilities were also included in the study. A questionnaire-guide, Key Informants interview-guide and FGD-guide were used to collect data. The quantitative data was analyzed using the Statistical Package for Social Sciences (SPSS) and qualitative data was analyze thematically. Inferential statistic was also adopted where univariate, bivariate and multivariate analysis was also carried out.

Majority (69.6%) of young people interviewed were 20-24years old and (38.1%) had never went to schoo at all. The uptake of SRH services was low at (24.2%) among young people and less than half (49.1%) of them were using family planning education and services. Level of education among the young people (OR=5.897, p=0.006, 95% CI= 4.345-6.045), age (OR=3.098p=0.005, 95% CI= 2.098-4.907), marital status (OR=3.087, p=0.002, 95% CI= 6.097-7.453), knowledge about SRH services among young people (OR=4.964, p=0.0045, 95% CI= 8.673- 9.462), were statistically significant among the individual factors influencing uptake of SRH service among the young people. Desire for children (OR=6.087, p=0.002, 95% CI=3.080-5.327) and income

level (OR=2p=0.007, 95% CI= 1.000-2.009) were statistically significant among socio-economic factors influencing uptake SRH services. Findings also indicated that SRH Service Provider's attitude (OR= 4.042p=0.008, 95% CI= 5.932-9.053) and waiting time by the young people (R=5.53p=0.001, 95% CI= 3.064-4.869) were statistically related to uptake of SRH services as far as health system factors are concerned.

The uptake of SRH services among the young people aged 10-24 years was low, level of education, age, marital status, knowledge about SRH services by the young people, desire for children, income level, SRH service provider's attitude and waiting time at the facility influenced uptake of SRH services among the young people.

The ministry of health in the government republic of South Sudan should developed adolescent and youth sexual and reproductive health policy and strategy to enable young people access to SRH services and information. This should be backed by re-orientation of health care providers and existing health care services in provision of comprehensive and quality youth friendly SRH services and information at subsidize cost.

The ministry of health together with development partners should developed behavior change and communication programmes for young people on SRH issues and conduct community mobilization and sensitization campaign including youth peer education on SRH issues.

The ministry health and partners should scale up SRH services and increase coverage through outreach activities. The ministry of health should work with ministry of education to integrate sexuality education into the school curriculum and introduce school health programmes in schools.

OPERATIONAL DEFINITION

Age: In this study this refers to the number of completed years of respondent since birth.

Young People: These are people between the ages of 10 to 24 years old according to WHO definition.

Parent/Guardian: Is the father, mother or relative.

Sexual and Reproductive Health Services: In this study refers to family planning education & counseling services; STI counseling, screening, treatment & follow up; VCT Services & HIV treatment; post abortion care, antenatal care and delivery services.

Uptake of Sexual & reproductive health services: For the purpose of this study refer to young people who have used sexual and reproductive health services.

Occupation: The type of activity or work done on regular basis to earn living

Payam: Intermediate administrative level of Local Government between the County and the Boma.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This study focused on assessment of determinants influencing the uptake of sexual and reproductive health services, a case study of young people in Juba, South Sudan. This chapter presents the background to the study, statement of the problem, objectives of study, research questions, significance of the study and the conceptual frame that was adopted.

1.1 Background to the Study

Reproductive health refers to a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system with all its functions and processes (ICPD Cairo, 1994). Sexual and reproductive health services encompasses maternal and child health, antenatal and post natal care, delivery services, family planning education and services, post abortion care, STI and HIV counseling and treatment, infertility treatment and management.

The World Health Organization describes young people as individual aged 10-24 years since this is the age of physical growth where a transition from childhood to adulthood occurs, with major physical and psychological body changes, social interaction and relationships (WHO, 2004). Young people have multiple sexual and reproductive health needs that require being addressed urgently in most cases to avoid worst repercussion from occurring.

In the year 1994, during the International Conference on Population and Development (ICPD) 179 countries worldwide agreed and signed for the protection as well as promotion of

adolescents' reproductive health education, information and care (Kalembo et al, 2013). It was further agreed that countries in the world should adopt strategies of reducing the transmission of sexual infections and pregnancy among adolescents (Kalembo et al, 2013). For which the United Nations Population Fund (UNFPA) in response implemented the Millennium Development Goals (MDGs) to set off the ICPD action program in order to stimulate reproductive health services among the young people in several countries (Kalembo et al, 2013). However the use of these services are related to their availability, quality and cost as well as the social structures, health services systems and personal characteristics and beliefs of the users (WHO, 2004).

On a global basis, young people become sexually active before the age of 20 years. It has been estimated that 6 million pregnancies among young people are not attended to worldwide and these happen due to low uptake of reproductive health services/contraceptives in different countries of the world (Guttmacher Institute, 2010). In the world 37 countries have an unmet need for family planning that is greater than 20 per cent and 24 countries have a contraceptive prevalence rate for modern methods that is less than 10 per cent (UNDP, 2006).

In Sub-Saharan Africa perspective, sexual activity among young people is worse since over 75 percent of young girls have sexual relationships by the age of 20 years and at the age of 15-24 years most of them are in the active sexual life (Blum, 2007). It is estimated that 14 million adolescent girls get pregnant every year with almost half occurring among those aged 10-24 years of age (Lisa et al, 2009). Furthermore, less than one third of the currently married youths (women) from low and middle income countries use modern contraceptives and it is estimated that 60 percent of young girls would prefer avoiding early pregnancies by use of sexual

reproductive services but they are unable to achieve this due to several reasons (Singh, et al 2009). The United Nations, (2011) report further revealed that in Sub Saharan Africa, the low uptake of sexual and reproductive health services among young people is attributed to high rates of unemployment and poverty among this category of people. Later on, poverty levels promote high risky behaviours among the young people that result into acts of rape, unsafe sex among others in order to get money for survival.

Recent evidence suggest that in Sub-Saharan Africa, South and South East Asia, more than 20 percent of 15-19 years old women have been pregnant, although majority of these women are married, more than 10 percent of adolescent pregnancy in Democratic Republic of Congo, Madagascar, Mozambique and Zambia are not married and the uptake of SRH services is not an issue to consider (Michelle et al, 2009).

In the Republic South Sudan, (31%) of adolescent aged 15-19 have begun childbearing and about twenty eight (28%) percent of young women aged 20-24 have had a live birth before their 18th birthday; this is not surprising in a country with a low contraceptive prevalence rate of 4.7% (SHHS, 2010).

According to South Sudan Household survey (2006) fertility rates are high (6.7) coupled with high maternal mortality (2054/100,000 live birth) and adolescents' pregnancy (30%). As a result pregnancy and childbirth are the leading cause of death among adolescents compared to mothers in twenties.

Failure to uptake of sexual and reproductive health services by adolescents/youth has considerable health and socio-economic implication for young people, families and the societies at large and all efforts to prevent early pregnancies entirely depend on the accuracy of information, access, knowledge and utilization of sexual and reproductive health services available **(**Elissa et al, 2011).

1.2 Statement of the Problem

Although the South Sudan National Reproductive Health Policy along with Family Planning Policy, and the Reproductive Health Strategic Plan of 2011-2015 promote equitable access to comprehensive reproductive health services, within efforts by the Ministry of Health together with development partners to provide youth-friendly reproductive health services, uptake of sexual and reproductive health services among young people in the Republic of South Sudan remains low. This evident in South Sudan House Hold Survey (SHHS) report 2006/2010 which indicates a total fertility rate of 6.7, contraceptive prevalence rate of 4.7, maternal mortality ratio 2054/100,000 live birth, birth attended by skilled personnel 14.7 percent and 46.7% of pregnant women attended one ANC visits during their pregnancy, HIV prevalence is 2.6% and comprehensive knowledge of HIV among young people is low (11%).

Additionally, young girls are usually less likely to attend prenatal care, and more likely to die in childbirth (SHHS Report, 2010). Yet their current level for uptake of sexual reproductive services, individual, socio-economic and health system factors influencing them are seemingly unclear. If the current state regarding uptake of reproductive health services among young people is not addressed, South Sudan will continue to experience more adolescent girls with

unwanted pregnancies, high HIV/AIDS transmission and sexually transmitted infections (STIs) among young people, unsafe abortions and death and injuries during child-delivery among the youths. Yet the major causes of young people's poor reproductive health are preventable by utilization of reproductive services.

Thus, this study was set out to assess the determinants influencing uptake of sexual and reproductive health services among young people in Juba, South Sudan.

1.3 Research Objectives

1.3.1 General Objective

This study was set to establish the determinants influencing uptake of sexual and reproductive health services among young people in Juba, South Sudan.

1.3.2 Specific Objectives

i. To determine the uptake rate of sexual and reproductive health services among young people in Juba, South Sudan.
ii. To find out the individual factors influencing uptake of sexual and reproductive health services among young people in Juba, South Sudan.
iii. To assess socio-economic factors influencing uptake of sexual and reproductive health services among young people in Juba, South Sudan.
iv. To establish the health system factors influencing uptake of sexual and reproductive health services among young people, in Juba, South Sudan.

1.4 Research Questions

i. What is the uptake rate of sexual and reproductive health services among young people in Juba, South Sudan?

ii. What are the individual factors influencing uptake of sexual and reproductive health services among young people in Juba, South Sudan?

iii. What are the socio-economic factors influencing uptake of sexual and reproductive health services among young people in Juba, South Sudan?

iv. What health systems factors influence uptake of sexual and reproductive health services among young people, in Juba, South Sudan?

1. 5 Significance of the Study

The results of this study could be used by Ministry of Health in the Republic of South Sudan to inform development of strategies to increase access and uptake of sexual and reproductive health services among young people in Juba and South Sudan in general.

The study findings could form baseline information and assist NGOs and other partners who may wish to design and implement appropriate sexual and reproductive health intervention targeting young people in the area. This study provides information to the Young People to know the available strategies aimed at increasing access and provision of of sexual and reproductive health services. Thus enable the young people to address challenges in accessing and utilizing SRH services.

The study result could be used to increase awareness on sexual and reproductive health needs of young people and improve uptake of sexual and reproductive health services.

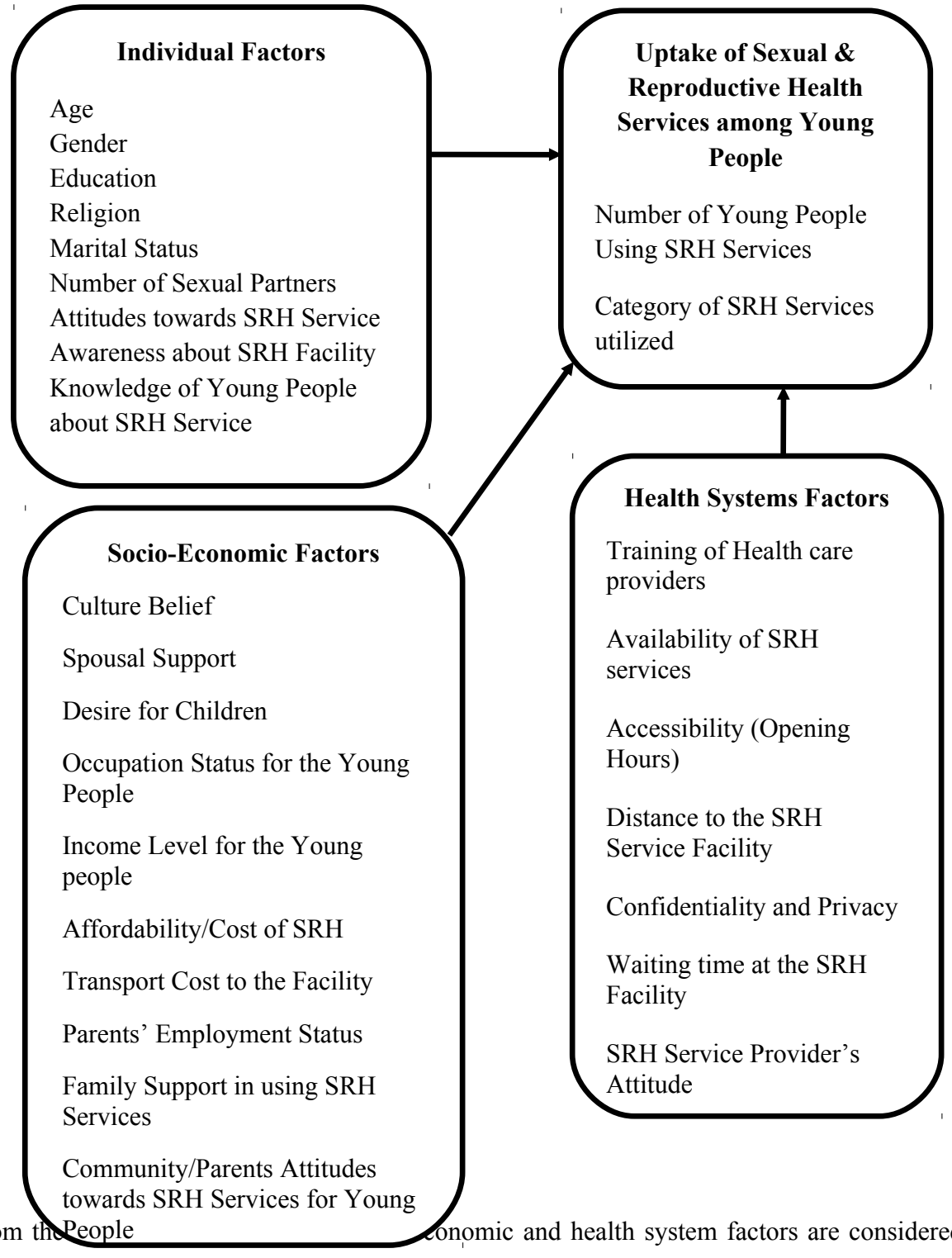
The results of this study could form a basis for further research in sexual and reproductive health among young people and also as reference materials for organizations involved in sexual and reproductive programmes such as Ministry of Health Republic of South Sudan, United Nations Population Fund South Sudan office and other stakeholders in Juba and South Sudan as a whole.

This study provide a research experience for the researcher and enables the researcher fulfill the requirements for the award of degree of masters of science in public health of International Health Sciences University.

1.6 The Conceptual Frame Work

The figure below presents the relationship between the independent, intervening and dependent variables as illustrated.

Figure 1. 1: Conceptual Framework



From the [illegible] conomic and health system factors are considered as the independent variables whereas uptake of sexual & reproductive health services among young

people is considered as the dependent variable. The dependent variable is measured in terms of number of young people using SRH services and category of SRH services utilized by young people.

Some of the individual factors considered in the study are: age, gender, education, and attitudes towards SRH services. The attitude of young people towards SRH Service may negatively influence their uptake of SRH services despite the existence of such services at the facility.

The study considered the socio-economic status of young people which determine their purchasing power of sexual and reproductive services and eventually influenced uptake of SRH services among people. Also the desire to have children may stop the young people from utilizing sexual and reproductive health services then affecting the uptake rate of sexual and reproductive health services.

The health systems factors such as availability and accessibility of SRH services, waiting time at the facility, confidentiality and privacy among other factors are considered also in the study. Also the attitudes of health service provider also affect the uptake of sexual and reproductive health services among young people.

Therefore, it can be assumed that the uptake of sexual & reproductive health services among young people could be directly influenced by individual, socio-economic and health system factors as described above.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter presents the literature obtained from authors in relation to the study objectives under the following themes; Uptake rate of sexual and reproductive health services among young people; Individual factors influencing uptake of sexual and reproductive health services among young people; socio-economic factors influencing uptake of sexual and reproductive health services among young people and the health system factors influencing uptake of sexual and reproductive health services among young people.

2.1 The Uptake Rate of Sexual and Reproductive Health Services

Globally, barriers to access and utilization of sexual and reproductive health services include poor access, availability and acceptability of the services (WHO, 2004). Lack of clear directions and services that are offered, crowding and lack of privacy, appointment times that do not accommodate young people, little or no accommodation for walk-in patients, limited services and contraceptive supplies are also impediments (WHO, 2004).

According to Guttmacher Institute, International Planned Parenthood Federation (2010), it is estimated that the world is made up 1.75 billion young people in the age bracket of 10-24 years and this makes the biggest young generation the world has ever hard. Levine, Aaron and Ouster (2006) revealed that in across section study among adolescents, who had HIV/AIDS, uptake and use of modern contraceptives was low, despite the fact that they were sexually active. A report by Marie Stopes International Australia (2007) reveals that young people age 10-24 years males and females had desire for sexual reproductive health services(voluntary counseling & testing,

antenatal care and HIV testing among others) and this was considered a key element for the increase of uptake for these services among young people.

According to the World Bank (2007) the uptake of sexual and reproductive health services among young people has had different effects on health and other circles of life like education, employment and movement towards adulthood which has also affected the uptake rates for sexual and reproductive services among the youths.

2.1.1Sexual Transmitted Infection (STI) Screening and Treatment Services

In a study conducted by Okonofua et al (2013) in Nigeria among young people (Adolescents) on Sexually Transmitted Diseases (STD) treatment seeking behaviours, results indicated that more of the participants had utilized health facilities and there was an increase in the treatment of STD from private health workers. The study further revealed that there was a decrease in the number of young people who visited the private medicine dealers in the area. Kong, Guy and Hocking (2011) noted that the rates of uptake of STI services and drugs is low among young people in many countries especially those in developing.

Centre for Disease Control-CDC (2013) estimated that young people (ages 15-24) are accounting for half (50 percent) of all new STIs in United States of America, although they represent just 25 percent of the sexually experienced population. While the consequences of untreated STIs are often worse for young women, the new analysis reveals that the annual number of new infections is roughly equal among young women and young men (49 percent of incident STIs occurs among young men, vs. 51 percent among young women).

According to a study conducted in Nigeria the prevalence of STIs among adolescent females was as high as 17%. When only sexually active women were considered, 17–19-year-olds had the highest prevalence of Chlamydia (11%) and candidiasis (26%), and were also the age-group most likely to have had STI (44%); women younger than17 had the highest prevalence of trichomoniasis (11%), and nearly 20% also had symptomatic candidiasis (Ikimalo et al, 1999).

2.1.2 HIV Counseling, Testing and Treatment Services

According to a UNICEF Report(2014), it is revealed that young people (males) aged 17-19 years and females aged 14-16 years in Uganda preferred HIV testing and treatment as one of the SRH services that was offered at the health facilities in their area of residence. Participants also revealed that they would remain faithful to their partners after testing as a way of living safe from HIV/AIDS or any other infections.

In Kenya, a study by UNICEF revealed that young people males aged (17-19) years and females (14-16) years preferred free HIV testing services that were offered. Results further show that there was a high demand for HIV testing services among the participants and this was taken as a sign for the uptake of other SRH services among these young people (UNICEF Report, 2014).

In a study by Levine, Aaron and Ouster (2006) in Uganda Young People aged 15-19 years who had acquired HIV/AIDS had not used a condom during the sexual act. This made the youth's lives to be in danger of getting infected with HIV as well as getting other STIs. Ssebudde and Nangendo (2009) also acknowledge that young people in Rakai District –Uganda had limited knowledge on voluntary counseling and testing (VCT) which resulted to low uptake of the

services. In the same study it was found that the quality for services offered by the health facilities was associated with uptake of VCT services among young people.

In Sub Sahara Africa, the number of young people up taking VCT is low as it was reflected in one study conducted by Baisley et al in Tanzania. However, it was found that young people were willing to uptake VCT only if offered in an opt-out strategy by the medical workers. Results also revealed that socio-demographic characteristics and level of knowledge for VCT services affected the rate at which young people were up taking such services. The level of delivery was also significant in influencing the uptake rate of VCT services by young people (Baisley et al, 2012).

2.1.3 Antenatal Care Services

In a study carried out in Ethiopia among teenagers, it was found that the number of female teenagers who were seeking for antenatal care in the 1st trimester of pregnancy was only 21.0 percent. Results further showed that only 27.3 percent of the young mothers had at least used one antenatal care service during their pregnancy from a health facility reflecting a low rate for the uptake of antenatal services. In a study conducted by Ochako et al (2011) it was found that early timing for the antenatal care services among young people was associated with use of skilled health workers at the time of giving birth. It was further revealed that most of the participants (Female Young Respondents) had not sought for ANC at the time of their first trimester despite the recommendations by world health organisation.

In another study by Kasabiiti (2004) in Western Uganda, it s found that 85.0 percent of the study participants (Expectant Adolescents) had not ever attended antenatal care services during their

previous pregnancies and this was attributed to several factors including; knowledge and satisfaction by the service beneficiaries among others.

2.1.4 Post abortion Care

Neema, Nakanyike and Kibombo (2004) noted that post abortion care needs to be packaged as a young friendly SRH service to the young people to improve its uptake in the different countries. Renner, Anna de Guzman, Dalia Brahmi, (2013) noted that post-abortion contraception among young people may not be influenced by age and abortion may be safer to adolescents only if such services are offered at the health facility.

2.1.5 Family Planning Counseling and Services

Among unmarried sexual active adolescents in Sub-Saharan Africa, contraceptives use ranges from as low of 3 percent in Rwanda to a high of 56 percent in Burkina Faso. Unmet need for contraception or no use of methods despite the desire to limit births or delay them for at least two years is high (more than 40 percent in most countries) among unmarried adolescents in Sub-Saharan Africa (Michelle et al, 2009).

Additionally, Ali M. and Cleland J. (2004) noted that in the Sub Saharan Africa, 37.0 percent of the unmarried sexually active young girls aged 15-24 years use modern contraceptives and only 8.0 percent adopt non-barrier methods as sexual and reproductive health methods. Relatedly, a study conducted by Bearinger et al (2007) in UK showed that 69.0 percent of adolescent women had used modern contraceptive methods at the most recent sex encounter while in Mali 12.0 percent had used modern contraceptive methods, in United States 54.0% and 21.0% in Tanzania.

Despite of the above figures (percentages), access to and uptake of sexual and reproductive health services among young people in different countries of the world is still very low (WHO, 2010). Yet, access to these services among young people is a key aspect in regard to promoting Sexual & Reproductive Health and Rights among young people in communities (Doortje & Ilka, 2012).Improving the uptake rates for sexual and reproductive health services among young people especially in developing countries this requires improving access to harmless and effective methods that control the fertility rates (Lisa et al, 2009).This therefore, call for adherence to modern contraceptives like condom, IUDs and Pills, inplant among others instead of the traditional methods. A small number of youths use modern contraceptives in developing countries while in the developed countries uptake of modern contraceptives is high (Lisa et al, 2009).

In a study conducted by Ali and Cleland in 6 developing countries, it was found that women aged 25 years were more likely to uptake contraceptives after a period of 24 months. It was also reported from a demographic survey that women aged 15-19 years that was carried out in 22 developing countries were more like to uptake contraceptives compared to their counterparts the old.

According to Oye-Adeniran (2006) uptake rate of sexual and reproductive health services among young people is an effective way of promoting and practicing family planning among the young people who are married and it can also prevent maternal death. Uptake of barriers methods promotes prevention of sexually transmitted infections (STIs) HIV/AIDS inclusive (Oye-Adeniran, 2006).

2.1.6 Sexual and Reproductive Health in the Republic of South Sudan

In the Republic of South Sudan, unwanted pregnancies among the young people, abortions, and maternal mortality are issues that need immediate interventions that include comprehensive sexual and reproductive health services. Among young people one out of three adolescent girls is married or is having a child, due to challenges of using contraceptives and also most of the SRH services are in the urban areas (Ministry of Health-South Sudan, 2013). It is further revealed that one in five adolescent mothers in South Sudan needs child spacing or birth control measures. While maternal mortality is at 2054 per 100,000 live births making it the world's highest rate (Ministry of Health- South Sudan, 2013).

The uptake of SRH services in South Sudan is very low, this is reflected in annual contacts of individual persons with health workers which is only 2.0 contacts annually and two-thirds of the general population does not get access to formal health care services. In the rural areas where the highest population of the country leave there is limited access to sexual reproductive health services which result into low uptake (Ministry of Health-South Sudan, National Reproductive Health Strategic Plan, 2013).

2.2 Individual Factors Influencing Uptake of Sexual and Reproductive Health Services

On a global perspective, several individual factors influence the uptake of sexual and reproductive health services among young people; these may act as barriers or promoters for SRH services in the community (WHO, 2004). Studies conducted in different countries reflect that individual factors influencing uptake of sexual and reproductive health services among young people include age, marital status and education among others. For instance, ADRA (2007) in a study conducted in Cambodia revealed that lack of confidence among the youths; shyness and the negative or poor relationship by the youths to the health workers were some of

the factors that barred uptake of Antenatal care, post abortion care and delivery services among young people.

2.2.1 Knowledge on Sexual and Reproductive Health Services

In developing countries the youths face many challenges in accessing and up taking SRH services and this is attributed to wrong information given to them by people in the community including health workers. Sebudde and Nangendo (2009) found that limited knowledge among young people regarding VCT services influenced the uptake of the services among young people. This was reflected by the different means of communication used by the health workers to communicate information which included radio, media and health talk shows that failed to attract a larger number of young people using VCT services in Rakai District. Additionally, Elissa et al (2011) added that young adolescents especially women who have lower uptake and use of modern contraceptives like delivery service this is attributed to several factors including knowledge about family planning and access to information among others.

Obonyo (2009) in his study conducted in Kenya found out that awareness about RH services and the available services in the health facilities for the youths were the factors that influence uptake of the SRH services. He further found out that religion and parents' employment status were significant to determine uptake of SRH services for the young people.

Lisa et al, (2009) found out that among the youths, uptake of hormonal methods was negatively influenced by limited knowledge, inaccessibility and issues related to side effects. They added that many of adolescent women to shun uptake of **s**exual and Reproductive Health Services in order to prevent from the resultant effects. According to Jejeebhoy, Shah and Thapa (2005) another factor that influences uptake of sexual and reproductive health services is knowledge

about the existing RH services and available methods of contraceptive and how they can be accessed and obtained from the health facility.

In South Sudan, lack of individual awareness for the available SRH services is still a challenge and this had limit young people's access to these services in many areas of the country. The rates of literacy are still low with 11.8 percent among of women aged 15-49 years in comparison to 36.8 percent for males. South Sudan has a higher illiterate rate in the Sub Saharan Africa (Ministry of Health- South Sudan, 2013). The South Sudan household survey (2010) noted that only 11.3 % of young people have Comprehensive knowledge about HIV prevention.

2.2.2 Age

In a study by ministry of health in Uganda, it was found that young people's beliefs that they were too young and still attending school was responsible for the low uptake of sexual and reproductive health services such as antenatal care services among girls which lead to high maternal mortality rate of 30.0 percent (MOH, 2004). Additionally, in relation to age, a study conducted in 22 developing countries by Ali and Cleland (2004) revealed that women who were ages 15-19 years were more likely to stop using modern contraceptives in a period of one year as compared to older female participants.

2.2.3 Sexual Behavior of Young People

According to Michelle et al (2009), in Sub-Saharan Africa the adolescents (Males) who had ever had sexual intercourse, more than 20 percent of them had several partners in the past 12 months period compared with fewer than 10 percent young women. Data received from Sub-Saharan Africa and Latin America reveals that condom use during the past sexual encounter , has

increased among adolescent but this is not sufficient to stop the spread of HIV/AIDS among young people (Michelle et al, 2009).

2.2.3 Attitudes of Young People towards Sexual and Reproductive Health Services

In a study by Motuma (2012) among the youths in Ethiopia, uptake of modern contraceptive was influenced by the positive attitude held by the youths for the youth-friendly RH services that were available. However, lack of knowledge on the available services for young people may result to a low uptake of sexual and reproductive health services. For intence it was found that condom use and HIV treatment were used at a low rate by the young people. In Botswana, the referral system for the young people from the health facilities was seen as factor that influenced uptake of modern contraceptives. In the same study, 33.0% of the participants (Young People) rated referral system as unfriendly despite the positive perception for the RH services (Lesedi et al, 2011).

On the other hand, Nalwadda et al (2010) noted that the attitude of the youths about sexual and reproductive health services is key in influencing uptake of such services. They added that rumors and myth conceptions can deter the youths from using the available contraceptive methods. Additionally, Campbell, Sahin-Hodoglugil and Potts (2006) found out that uptake of sexual and reproductive health services among young people was linked to risk misperception among young people, limited sex education and access to RH services in the communities especially in developing countries.

In a study conducted in Uganda, women of the young age believed that use of modern contraceptives would negatively affect their fertility which could make them unable to produce.

In the same study, other participants believed that pill could burn their eggs leading to infertility (Nalwadda et al, 2010).

2.2.4 Religious Beliefs

MOH- Kenya (2005) noted that religious groups have tough laws regarding use of modern contraceptives as they take family planning as a sinful act and therefore, such norms play several roles in influencing the youths not to uptake sexual and reproductive health services like condom because they are perceived as promoting promiscuity and sex before marriage.

2.2.5 Gender and marital status

Babirye, (2013) found out that in Uganda, youths were being influenced by gender, and marital status to use condoms. Results further showed that age and marital status were statistically significant in use of Depo-Provera. These factors can greatly increase the use of sexual and reproductive health services and methods in several countries especially among the youth ages 10-24 years.

2.3 Socio-Economic Factors Influencing Uptake of Sexual and Reproductive Health Services

2.3.1 Social Support to Use Sexual and Reproductive Health Services

Regarding the socio-economic factors, ADRA (2007) found out that low efforts by parents to priotize reproductive health services for their children was a factor that hindered the uptake of modern contraceptives in the community among the youths especially. According to UNFPA (2012) word wide, people's social norms and practices act as hindrances to the uptake of sexual and reproductive health services like STI counseling & treatment and antenatal care in the communities where these are cherished. The perception on family planning as evil and

subordination position of young people limit their access to RH information and also use of the available SRH services as well as their capacity to act accordingly. Rassjo and Kiwanuka (2010) noted that spousal support is one of the factors responsible for the uptake of sexual and reproductive health services among young people**.** They added that women's efforts to use SRH services are influenced by husbands in terms of opposition or support. Also in Northern Ghana adolescent women who used family planning methods faced social isolation and family conflicts by the community members, husbands or relatives.

Marie Stopes International (2013) also noted that to increase the uptake of SRH services, community involvement is a vital factor as it leads to a health relationship between the service-users and the community health providers, this can further result into increased awareness, access and support for the rest of the community members using SRH services.

In developing countries, unmarried adolescent in the age of 10-24 years who are sexually active may be stigmatized as well as facing social disapproval from the rest of the community members due to the uptake of sexual and reproductive health services (Women's Refugee Commission 2012). The acts of the community members may affect the level at which the stigmatized youth use modern contraceptives and this may result into a low uptake.

Similarly, Biddlecom, Munthali and Singh (2007) noted that in some countries women using SRH services first seek for permission from their husbands to go to the health facility and this at times results into cancellation or low use for SRH services. Furthermore, Kabagenyi, et al, (2014) noted that partners' communication over SRH service matters can increase their uptake of these services and the occurrence of family planning persistence in marriage.

Kesterton and Meena Cabral de Mello **(**2010) noted that increasing the uptake of SRH services can be done through linking the education system of a country with SRH youth friendly services,

life skill and social marketing mechanisms. The inclusion of parents and religious leaders in the effort to stimulate uptake of SRH services in communities is paramount and this can result into positive outcomes as community support is stimulated.

In the context of reproduction and health care, laws denying adolescents decision making capacity or requiring that they obtain parental consent undermines adolescents 'autonomy; this lack of autonomy can prevent or deter them from receiving confidential reproductive health services which can in turn compromise their physical and mental health. In addition to their lack of autonomy, adolescents may also be deterred from accessing reproductive health services due to the stigma associated with adolescent sexuality and discrimination on the basis of marital status (Amanda et al, 2009).

2.3.2 Perception of Young People on Sexual and Reproductive Health Services

In a study by Sebudde and Nangendo (2009), found that fear after testing, absence of support from the sexual partner, peer pressure and stigma were factors that affected uptake of VCT services. Mphaya (2006) also noted that fear among young people makes them unable to go for HIV/AIDS testing services offered at the health facilities. This is attributed to fear of being found HIV +ve and the subsequent stigmatization that may follow in the community they live. In his study in Malawi young people feared to go for HIV testing because they feared the test outcomes or results. Baisley K et al. (2012) attributed the uptake for VCT among young people to be associated with their level of self-efficacy. They noted that the more self efficacy an adolescent has the more chances are that he or she will go for voluntary counseling and testing as one of the SRH services at the health facility.

According to Godia et al (2013) n negative experiences in accessing SRH services among the young people is a challenge in influencing the behaviours in seeking for SRH services among the youth.

2.3. 3 Desire for Children

Use of modern contraceptives particularly among married youth in Sub-Saharan Africa is very low, due to the fact that women who are married even as adolescent are expected to have children right away. Women identities are not kept and they are seen as mothers, being barren is a shame and one can be stigmatized (Michelle et al, 2009).

2.3.4 Economic Status

In sub-Saharan Africa, women in the highest socio-economic class use family Planning 5 times more often than the poorest. In South-East Asian countries, the difference reaches 20 times. The lower a woman's socio-economic status, the less likely she is to uptake SRH services that would have saved her from effects of unwanted pregnancy, abortion among others (UNFPA, 2005).
Literature by Marie Stopes International (2013) reveals that all SRH services were made free for young people, this, results to double of demand for family planning methods within this country.

In the same study, youths of Sierra Leone with high income demanded for more options of the SRH service to be extended to them and this reflected a point that the cost of a SRH service can influence the uptake of such a service (Marie Stopes International, 2013).

According to the Center for Reproductive Rights (2009) uptake of SRH services among the youths is affected by transportation, service and supplies costs. This is because young people

lack source of income to pay for SRH services or methods and also the services providers normally have limited funding which results into interrupted the supplies of SRH commodities.

2.3.5 Cultural Beliefs

Lebese et al, (2013) noted that culture and cultural beliefs among young people can affect levels of uptake for SRH services in the community. The emphasized that in a community where there are strong ties to culture, people will ignore SRH services campaigns and adopt their own traditional methods and the young people (Adolescents) are not exceptional in this matter. Additionally, medical ineligibility for other prevailing SRH services/methods can make one either to uptake or not a given method (Family Planning Service Expansion and Technical Support-USA, 2000). For instance, in a study conducted, 11% in Mauritius, and 48% for Costa Rica female participants would prefer using alternative methods.

2.4 Health System Factors Influencing Uptake of Sexual and Reproductive Health Services

Regarding the health system factors influencing uptake of sexual and reproductive health services among young people, Godia et al (2013) categorized barriers to access of SRH services by young people as Health Service Providers' (HSP's) and Service Delivery Process Barriers among others**.** Furthermore Babirye (2013) noted that developing countries are faced with challenges of inadequate supplies for SRH commodities, absence of counselors in addition to misconception and negative attitude of health services- providers in delivering SRH services to unmarried young people in the communities. These affect the uptake of existing SRH service in the by young people.

According to Ssebudde and Nangendo (2009) distance from the residence of young people to the health facility is among several factors that affects uptake of sexual and reproductive health

services by young people. The cost of SRH services, space for counseling, waiting time for appointments or provision of SRH services is among the health system factors that influences utilization of SRH services among young people (Babirye, 2013).

Obonyo (2009) also noted that differences in the uptake rate of sexual and reproductive health services among young people could be based on factors like unfriendliness of health workers and limited awareness regarding reproductive health services among the youths. This at times results into a low rate of uptake of modern contraceptive methods in several countries.

2.4.1 Distance to Sexual and Reproductive Health Facilities

The challenges in accessing SRH services includes travelling to the facilities and lack of confidentiality which hinder young people from up taking SRH services(Boyd, 2000). According to Babirye (2013) the distance to the facility affects youth especially young women to use SRH services though there is a high demand for the services. She added that if the health facility is far from an adolescent's home, uptake may be low even though SRH services are for free. Furthermore in Zimbabwe, Anable et al (2005) found that uptake of SRH services was negatively affected by distance; where 12.0 percent of the young people never visited any facility due to distance and they are not willing to travel long journeys seeking for SRH services.

2.4.2 Accessibility to Sexual and Reproductive Health Services

In Uganda the uptake of contraceptives among youths is also still very low as noted by Babirye, (2013) this is because of limited access to the SRH services which subsequently led to introduction of the community based distribution approach in the community. Flexibility on provision of SRH services is important in provision of services this was noted by Baisley K et al.

(2012) that there was high uptake of VCT among young people which is attributed to the opt-out approach that was adopted by the health facilities which motivated young people take the services.

2.4.3 Availability of Sexual and Reproductive Health Services

Availability of STI drugs as well as making the services youth friendly stimulates and increases young girls and boys to seek for SRH services. In a study by Mbonye in Jinja district revealed that the number of young people seeking for STI treatment was low and this was attributed to a stock out of STI commodities in the health centers within this district (Mbonye, 2003). According to Ross (2002) young people seeking for SRH services prefer receiving a variety of services from the health facilities and they make their own decisions over the choice. Providing a range of SRH services gives young people a chance to find those methods that match with health conditions, preferences and lifestyles he added.

According to the Family Planning Service Expansion and Technical Support-USA, (2000) supply shortages from the health centers can make users of SRH services dissatisfied. Such can further result into discontinuation of uptake of SRH services among young people in the community.

2.4. 4 Attitude of SRH Service Providers

WHO, 2010 report revealed that the negative attitudes of the health workers towards some SRH services limits the uptake of services among young people in the community. Hotchkiss and Magnani (2000) noted that the attitude and behaviors of health workers' towards the beneficiaries of SRH service influencing the uptake of the services. Also Godia, (2010) noted

that negative attitude of health workers affects uptake of SRH services among young people and also affects returning for the services again. In a study conducted in Ethiopia on health workers' attitude, it revealed that some health staff at the facilities providing SRH services had set up penal rules and regulations for pre-marital sex among the young people which deterred uptake of SRH services among young people (Tilahun et al, 2010).

According to WHO (2010) denial by the health workers for young people to access of SRH service are considered as a factor that discourage uptake of SRH service. In other studies conducted by Bankole and Malarcher (2010) in Kenya, Laos, and Zambia revealed that one-half to two-thirds of professionals were unwilling to provide contraceptives to adolescents. Also young people may be reluctant to seek services where extensive physical examination is performed if confidentiality and privacy are not assured.

2.4.5 Privacy and Confidentiality in Provision of Sexual and Reproductive Health Services

Privacy and confidentiality was sighted as factors affecting uptake of sexual and reproductive health services especially modern contraceptives among the young people. Babirye (2013) noted that young clients prefer and fell comfortable when there is privacy in counseling and examination. Evidence showed that young people who received SRH services in privacy were more likely to continue taking the services of their own choice. The continues use of SRH services are also determine by the quality services provided at the facility and this was noted by Ajuwon et al, (2001) that 7–27 percent of adolescents discontinue use of contraception after one year due to the poor quality of family planning services.

2.4.6 Affordability of Sexual and Reproductive Health Services

According to Schuler (2001) affordability of SRH services for the young people is a factor that influence uptake of these services. In Kenya participants revealed that the low cost for the services was instrumental in their efforts to use SRH services from the facilities.

2.4.7 Waiting Time at the Health Facility

Literature from Family Planning Service Expansion and Technical Support-USA, (2000) reveals that shorter waiting time and convenient schedules for the young people are likely to increase the uptake of sexual and reproductive health services among young people. From the study conducted in Malawi and Senegal participants displayed dissatisfaction with longer waiting time that would make them skip and miss visitation days/appointments.

In South Sudan delivery of SRH services delivery has been hindered by several factors including limited supplies which have contributed to the low uptake of sexual reproductive services in this country. This is coupled by the prolong war which has destroyed the existing health delivery system resulted to lack or limited SRH services (Ministry of Health- South Sudan, 2011). Statistics has shown that there are few health facilities in South Sudan, only 52 hospital, 252 Primary Health Care Centers (PHCCs) and 988 Public Health Care Units (PHCUs) operating in a poor state and a few can provide full RH services to the people of South Sudan (Ministry of Health-South Sudan, National Reproductive Health Strategic Plan, 2013).

Research Gap Identified in the Literature

The literature reviewed has shown that despite the efforts to provide SRH service in different countries, the uptake of sexual and reproductive health services among young people 10-24 years remains and is worst in Sub-Saharan African where South Sudan is located. Individual factors,

socio-economic and health system factors have been identified as factors that influence uptake of sexual and reproductive health services among young people. This is factors are evidenced such as limited supplies, limited knowledge about SRH services among the young people and high rates of illiteracy among others.

However, the Republic of South Sudan as a new country has limited information on the study's objectives. This might affect the literature and results obtained from the study that could be different. Therefore, this makes this study relevant at this point in time in order to bridge the gaps identified with actual SRH services uptake rates and factors that influence young people aged 10-24 years to take SRH services in South Sudan.

CHAPTER THREE: METHODOLOGY

3.0 Introduction

This chapter deals with the methodology that was followed in carrying out this study. The areas presented include; the research design, study population, sources of data, study variables, sample size, sampling procedures, data collection techniques, data collection tools, data analysis, quality control issues, ethical consideration, limitations of the study and dissemination of study findings among others.

3.1 Research Design

A cross-sectional descriptive study was used for this study to establish the determinants influencing uptake of sexual and reproductive health services among young people in Juba, South Sudan. It involved studying a cross section of the population at apoint in time and the outcomes would be generalized to the entire community.This study design was choosen because an on spot collection of data could was done after precaution was taken to ensured that the data was representative of the target population. Both qualitative and quantitative data collection techniques were applied. The two methods were used to strengthen the findings of the study since they complement each other.

3.2 Sources of Data

Several sources of data were considered and efforts were made by the researcher to obtained the needed data according to the research objectives and questions as indicated below.

3.2.1 Primary Data

The primary sources of data were young people 10-24 years of age attending school; either had not gone to school or dropped, regardless of their marital status, religion among others. The young people interviewed were from learning institutions like primary, secondary schools and institutions of higher learning. However, out of school young people, Health Care Providers from health facilities that offer reproductive health services and parents within the three payams of Kator, Munuki and Juba in Juba City were also involved.

3.2.2 Secondary Data

Secondary data was obtained from health facilities providing sexual and reproductive health services in Juba.

3.3 Study Population

The study population included was all in and out of school young people aged 10-24 years residents of Juba City, pregnant or not pregnant regardless of their marital status. This aged group was selected for the study due to their vulnerability to sexual and reproductive health issues.

3.4 Eligibility Criteria

3.4.1 Inclusion Criteria

Young people (10-24 years of age) residing in Juba city and who consented to participate in the study regardless of their marital status, occupational status were included.

3.4.2 Exclusion Criteria

Young people who were eligible (10-24years old) but were not mentally sound, ill or for some reason were not willing to participate in the study were excluded.

3.5 Sample Size

The study population is more than 10,000, so the required sample size was determined using statistical formulae for population surveys to estimate the proper sample size by Fishers (Mugenda and Mugenda, 2003), which is:

Sample Size: $n = Z^2pq/d^2$

Where n = Required Sample Size

Z = Standard Normal Deviation

P = the proportion in the target population estimated to have particular characteristics

q = 1.0 – p

d = the degree of accuracy required

Therefore, using a confidence of 95% that corresponds to the standard normal deviation of 1.96 and the proportion in the target population that has similar characteristics was 30% which is the prevalence of adolescent pregnancy in South Sudan (SHHS, 2010).

$n = 1.96^2 \times 0.3 \times 0.7/0.05^2$ Z^2pq/d^2

n= 0.8/0.0025 = 320

n= 320 Young People aged 10-24 Years (Male and Female)

However, for the purposes of getting qualitative information from the young people, 60 participants were obtained from the sample size of 320 respondents to participate in the focus

group discussion. Therefore, 260 young people (10-24 Years) were subjected to structured interview method as reflected by the results in chapter four below.

3.6 Sampling Procedure

The sample frame was young people (10-24 years old) in the three payams within Juba City. All the three payams of Munuki, Kator and Juba were considered for the study because of their location within Juba City. In each payam social mapping was done with the help of a community guide to identify boundaries and divide the payam among the research teams. Each team was allocated a section and was moved with the help of a guide to avoid overlapping. Simple random sampling method was used to select the households. All the households selected were screened for young people aged 10-24 years and every attempt was made to interview all the in and out of school young people found in the community depending on his or her willingness.

In the FGDs, young people (10-24 years) were stratified according to their ages and gender was considered. The size of the groups ranged from 10-12 people and notes were taken by the principal researcher with the help of the researcher assistants during the discussion. In the FGD with parents, the participants were selected with the help of the community members and ensuring homogeneity and being able to participate. The FGD was conducted in a conducive environment as determined by the participants in conjunction with the principal researcher.

The Key Informants (KI) were selected using purposive sampling method and these were from, Kuwait and Kimu Primary Health Care Centers in Munuki Payam; Police Hospital and Juba Teaching Hospital in Juba Payam and Lologo and Malakia Primary Health Care Centres; and

Director General-State Ministry of Health, Senior Inspector of Reproductive Health Services in National Ministry of Health.

3.7 Study Variables

3.7.1 Independent Variables

The determinants influencing the uptake of sexual and reproductive health services were taken as the independent variables and these were categoriesed into individual factors, socio-economic factors and health system factors.

3.7.2 Dependent Variable

“Uptake of sexual and reproductive health services was considered as the dependent variable and was measured in terms of number of young people using SRH services and categories of SRH services utilized by the young people.

3.8 Data Collection Techniques

Data collection techniques involved; structured interview guide (questionnaire), in-depth- (Key informant) interview guide and focus group discussion guide. The structured interview guide was used which was constructed according to the objectives of the study, it also included general information of respondents.

While the key informant interview guide was used to collect data from the health care providers at the facility and key staffs at the national and state ministry of health. It was conducted in English in an acceptable environment and time determined by the respondent.

The Focus group discussion guide covers knowledge, attitude and practices on SRH services. The FGDs were organized and conducted in English and local Arabic with the help of the research assistant to ensure full participation of group members.

3.9 Data Collection Tools

3.9.1 Questionnaire -Guide

A structured questionnaire-guide was used to obtain quantitative data; this was based on the study objectives. However the first section of the questionnaire-guide focused on the introduction or general information about the respondent. The questionnaire was determined to be the best tool to collect sufficient data from the large sample.

3.9.2 Key Informant Interview- Guide

A Key informant interview-guide was used to obtain qualitative data from health service providers in Juba City and policy makers at both state and national ministry of health. The guide was designed based on the study objectives and other themes area. The Interviews were carried out face-to–face with the key informants at their respective workplaces and last for about forty (40) minutes.

3.9.3 Focus Group Discussion-Guide

A focus group discussion-guide was used to probe for more information from the young people and parents about their knowledge, attitude and cultural practices, towards sexual reproductive services for young people. 60 young people were engaged in 6 FGDs carried out in the 3 Payams of Munuki, Kator and Juba. Each Payam was represented by 2 FGDs; one with male young people and another with females, this was intended to obtain views from these respondents

objectively. In addition three (3) FGDs were carried out with parents in the 3 payams of Munuki, Kator and Juba.

3.10 Data Analysis

3.10.1 Quantitative Data Management

The quantitative data collected was entered immediately after coming from the field, cleaned edited and analyzed using the Statistical Package for Social Scientists (SPSS) version 16.0 Software. Descriptive statistics was carried out on all quantitative variables and Presentation was done using tables, graphs and pie charts containing frequencies and percentages.

Inferential statistics was also adopted, where univariate, bi-variate and multi-variate analysis were carried out for the variables and the study objectives. At the univariate level of analysis, frequencies and percentages for age, gender, education among others for the respondents, at bi-variate analysis, independent variables (factors) were analysed against the dependent variable (Uptake of SRH services) and a logistical regression model was chosen where the Pearson Correlations Coefficient (p-value,0.05), odds ratio and 95% confidence interval were determined for these variables. Any figure for the independent and dependent variables obtained <0.05 was taken to be statistically significant thus, a statistical relationship among the variables.

At multivariate analysis only those variables/factors that proved statistical significant at bivariate analysis were considered for multivariate analysis to control for confounding. These were wholesomely tested against the dependent variable (Uptake of SRH Services). Thus, a backward elimination method was adopted. Variables whose p-value was (<0.05) were considered statistically significant/related and determinants influencing uptake of SRH services among

young people aged 10-24 year of age in Juba city. These steps were all carried out for the 3 study objectives.

310.2 Qualitative Data

Data from the focus group discussions and key informant interview was analyzed thematically. The themes were developed based on the study objectives. The FGD and key informant data obtained was presented to triangulate the quantitative data based on the study objectives.

3.11 Quality Control Issues

3.11.1 Validity

This is to helped make the research tools used in this study is valid. The content validity of instruments for this study was determined by a test-retest stability approach, before collecting data. The questionnaire-guide was translated into local Arabic and back to English to confirm the meaning which was to enhance common understanding to established standard ways of asking questions during the interviews.

3.11.2 Reliability

Reliability was tested by carrying out a pre-test study in Hai Gonya area to test the tools in an area which is not part of the study. One day pre-test was conducted with a population of the same characteristics. The pre-test was an equivalent of about ten percent of the total study sample size. Defects of the tools were corrected and changes incorporated.

3.11.3 Training of Research Assistants

Six (6) research assistant were recruited and trained to collect data and each team comprise of two people, one interviewer and one recorder. During the training emphasis was made on research ethics, time management and observation of rights of respondents.

Research assistants were recruited based on their educational background and experienced in data collections. Emphasis was put on those who had better knowledge of translating local language in order to enhance better understanding and interpretation of questionnaire-guide to the respective respondents. The research assistances were trained on the administration of the questionnaires and all other related instructions on the study.

3.11.4 Field Editing of Data

After the data collection exercise questionnaires were checked for accuracy, consistency completeness and those that were found incomplete were considered later by engaging the respondents before leaving the field. This helped to have accurate consistent and complete data for this study. The Researcher was responsible for distribution of questionnaires and collection after completion and supervision of the team to ensure quality data. All questionnaires submitted at the end of the day were reviewed by team members to correct any uncompleted areas.

3.12 Ethical Considerations

An approval letter from University was delivered to the National Ministry of Health, Directorate of policy planning, budgeting & research. Finally an introductory letter was submitted to Central Equatoria, State Ministry of Health, Juba City Council Health Department, the local authorities at the payams and management of SRH service providers (Health centers) from the 3 payams seeking permission to carry out this study.

It was emphasized that participation is voluntary and that participants are free to withdraw from the study at any stage without any penalties. Permission was obtained from participants to record group discussions and interviews and to quote them during the reporting and disseminating phase of the study, without revealing their identity.

All local cultural norms were observed by the research team during the collection of data and verbal consent was sought from respondents before commencement of interview. For the minors 10-17 years old verbal consent was sought from their parents or guardians. All necessary assurance was given to the respondent about confidentiality and the interview was conducted in an acceptable atmosphere. To ensure confidentiality the respondent names and any other information that would identify them was not written in any of the study documents.

3.13 Limitations to the Study

There were difficulties in finding young people in the community as schools were off for holidays during the time of the study. There was limited data recorded on sexual reproductive health services for young people in the health facility due to weak information management system.

3.14 Plan for Dissemination

The study report will be presented for marking at IHSU and then shared during the oral defence. Later the findings will be shared with Ministry of Health-Republic South Sudant, Research Committees at Ministry of Health-Republic South Sudant, International Health Sciences University-Institute of Health Policy and Management, other scholars, SRH services providers, Juba City Council and the local communities in the 3 payams shall be given copies of the findings.

CHAPTER FOUR: RESULTS

4.0 Introduction

This chapter presents the results of both qualitative and quantitative data. The data is presented in text, tables and graphs. The findings are presented in the following sections, general information of the respondents, followed by the information on the uptake rate of sexual and reproductive health services, then the individual factors influencing uptake of sexual and reproductive health services, socio-economic factors influencing uptake of sexual and reproductive health services and health system factors influencing uptake of sexual and reproductive health services among young people, in Juba.

4.1 Univariate Analysis for Respondents' General Information

General information about the respondents was analysed at the univariate level as presented on table 4.1.

Table 4. 1: General Information of the Respondents n=260

Variables	Categories	Frequency(n)	Percentage (%)
Name of Payam	Munuki	77	29.6
	Kator	93	35.8
	Juba	90	34.6
	Total	**260**	**100.0**
Gender	Female	134	51.5
	Males	126	48.5
	Total	**260**	**100.0**
Age	10-14 years	7	2.7
	15-19 years	72	27.7
	20-24 years	181	69.6
	Total	**260**	**100.0**
Education Level	Never went to school	99	38.1
	Primary	37	14.2
	Secondary	80	30.8
	Tertiary/ University	44	16.9
	Total	**260**	**100.0**
Religion	Catholic	153	58.8
	Muslim	16	6.2
	Protestant/Anglican	22	8.5
	Born-Again	56	21.5
	Others	13	5.0
	Total	**260**	**100.0**
Marital Status	Single	169	65.0
	Married/Cohabiting	82	31.5
	Widow/Widower	2	0.8
	Separated/Divorced	7	2.7
	Total	**260**	**100.0**
Circumstance of Marriage	Forced by Parents	9	9.8
	Voluntary	24	26.3
	Pregnancy	58	63.7
	Total	**91**	**100.0**

Source: Analysed Primary Data (2014)

The total numbers of the respondents were 260 young people of which (29.6%) were from Munuki payam, (35.8%) from Kator payam and (34.6%) were from Juba payam. Slightly more than half (51.5%) of the respondents were females and 48.5% male. Majority (69.6%) of the respondent are aged 20-24 years, (27.7%) were 15-19years and only (2.7%) were younger

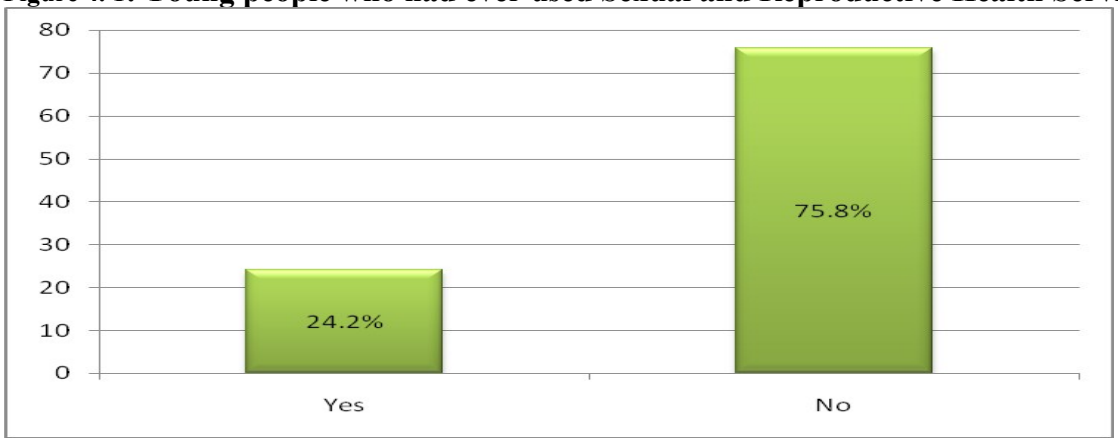
adolescent 10-14years old. Of the young people interviewed 38.1% had never gone to school while 30.8% had secondary education, 16.9% had tertiary education and (14.2%) had primary education.

Majority (88.8%) of the respondents was Christians {Catholics (58.8%), Protestant/Anglican (8.5%) and Born -again Christians were (21.5%)} and only (6.2 %) were Muslim. Most (65%) of the respondent were single, (31.5%) are either married or cohabiting and (3.5%) were separated/divorce or widowed. Of the respondents who were married (63.7%) said pregnancy was there reason for marriage, while (26.3%) were married voluntarily and (9.8%) were forced by parents.

4.2 Uptake Rate of Sexual and Reproductive Health Services

Findings on the uptake rate of sexual and reproductive health services among young people in Juba indicated in figure 4.1 and table 4.2.

Figure 4. 1: Young people who had ever used Sexual and Reproductive Health Services



Source: Analysed Primary Data (2014)

Results show that 197 (75.8%) of young people had not used any of sexual and reproductive health services by the time this study was conducted as compared to only 63 (24.2%) of those who had used SRH services.

Table 4. 2: **Types of Sexual and Reproductive Health Services (SRHS) Utilized By the Young People**

Variables	Frequency	Percentage (%)
VCT Services and HIV Treatment	23	19.4
STIs Treatment	10	8.4
Antenatal Care Services	7	5.9
Post Abortion Care	2	1.6
Delivery Services	2	1.6
Family Planning Education and Services	58	49.1
Others	16	13.5

Source: Analysed Primary Data (2014) ****(Multiple Responses)****

Less than half (49.1%) of respondent who had been using SRH services said they were using family planning education and services, while (19.4%) were using VCT and HIV treatment services and (8.4%) mentioned STI treatment among others.

Table 4. 3: Sources for SHRS for Young people and Time Spent while using SRHS by the Young People

Variables	Frequency	Percent
Sources of SHRS		
Public Health Facility	39	61.9
Private Health Facility	24	38.1
Total	**63**	**100.0**
Time Spent while using SRHS		
Less than a month	18	28.6
1-3 Months	26	41.3
4-6 Months	15	23.8
7 Months and Above	4	6.3
Total	**63**	**100.0**

Source: Analysed Primary Data (2014)

The respondents who had used SRHS services, (61.9%) obtained the services from public health facilities and 38.1% from private health facilities. Most (69.9%) of the respondents who have been using SRH services spent less than three months (1-3months 41.3%, less than one month 28.6%) using the services and (6.3%) continued using the services for seven (7) and above months.

During the interview with health care providers from the 6 facilities, it was revealed that the overall average attendance of young people for SRH services per month in the health facilities was 56.8, with an average of 55 young people at Police Hospital, 80 Lologo, 24 Kimu, 39 Malakia and 86 Munuki health facilities. The common SRH problems young people presented with were early pregnancy (15-19 years), UTI, STI, lack of knowledge on SRH, Syphilis, and other STIs.

4.3 Individual Factors Influencing Uptake of Sexual and Reproductive Health Services

The findings on individual factors influencing uptake of sexual and reproductive health services among young people in Juba are shown in the tables 4.4, and 4.5 and the verbatim responses stated below.

Table 4. 4: Univariate analysis of Individual Factors influencing uptake of SRH services

Variable	Responses	Frequency	Percent
Have you ever engaged in sex?	Yes	180	69.2
	No	80	30.8
	Total	**260**	**100.0**
How many sexual partners do you have?	1 Partner	130	72.2
	2 Partner	40	22.2
	3 Partners	7	3.9
	4 Partners and above	3	1.7
	Total	**180**	**100.0**
Are you aware of some SRH services?	Yes	208	80.0
	No	52	20.0
	Total	**260**	**100.0**
If yes, which sexual & Reproductive Health services are you aware of? **(Multiple Response)***	Family Planning Education and Services	90	34.6
	Condom Provision	35	13.5
	STI Counseling, Screening, Treatment, Follow Up	29	11.2
	VCT Services & HIV Treatment	32	12.3
	Post Abortion Care	11	4.2
	Antenatal Care	10	3.8
	Delivery Services	5	1.9
How did you learn about the sexual & Reproductive Health Services? **(Multiple Response)***	School	7	2.7
	Health Facility	106	40.8
	Peer Educator	22	8.5
	Friends	16	6.2
	Parents	6	2.3
	Relatives	7	2.7
	Media	28	10.8
	Training Workshop	18	6.9
What type of family planning methods or contraceptive have you been using? **N=58**	Condoms	33	56.9
	Emergency Contraceptive Pills	1	1.7
	Injectable	6	10.3
	Contraceptive Pills	18	31.1
	Total	**58**	**100**
Do you think your religion restricts you from using Sexual and Reproductive Health Services?	Yes	232	89.2
	No	28	10.8
	Total	**260**	**100.0**
How do you feel about using Sexual and Reproductive Health Services?	Good	157	60.4
	Bad	103	39.6
	Total	**260**	**100.0**

Source: Analysed Primary Data (2014)

The study established that majority (69.2%) of the young people interviewed had experience sexual intercourse and only (30.8%) did not have sex. Among the respondents who had sexual intercourse (27.8%) had multiple partners and (72.2%) had only one partner. Majority (80.0%)

of the respondents was aware of SRH service and (20.0%) did not know. Of the young people who were aware of SRH Services (34.6%) knew family planning education and services, (12.3%) knew VCT and HIV treatment and only (1.9%) mentioned delivery services among others.

About forty percent (40.8%) of the respondent learnt about the Sexual & Reproductive Health Services from health facility and (11.2%) from either friends, parents or other relatives. The respondent who used family planning services, (56.9%) had used condoms as a method of family planning or contraception, (31.1%) used contraceptive pills and only (1.7%) had used emergency contraceptive pills. Results further indicated that majority (89.2%) of young people interviewed think that their religion restricts them from using SRH services and few (10.8%) respondents think there is no religion restriction in using SRH services. However, (60.4%) of the young people felt using sexual and reproductive health services is a good thing.

Table 4. 5: Bivariate Analysis for All Individual Factors

Variables	Variable Category	Odds Ratio	P=Value	95% C.I.	
				Lower	Upper
Age	10-14 years	1	0.850	0.000	1.33
	15-19 years	0.282	0.094	0.064	1.242
	20-24 years	4.000	0.002	0.000	2.045**
Gender	Female	1	0.259	0.059	2.137
	Males	0.000	0.080	0.000	0.000
Level of Education	Currently not in School	1	0.062	0.7889	0.8998
	Primary	1.529	0.231	0.382	53.690
	Secondary	3.811	0.074	0.000	3.796
	Tertiary/ University	2.106	0.05	0.010	1.093**
Marital Status	Single	1	1.000	00	0.0
	Married/Cohabiting	4.00	0.01	0.000	2.626**
	Widow/Widower	1.175	0.999	0.800	6.418
	Separated/Divorced	0.000	0.943	0.000	3.572
Religion	Catholic	1	0.375	0.00	000
	Muslim	0.003	0.922	0.700	1.066
	Protestant/Anglican	0.000	0.892	0.080	6.032
	Born-Again	0.002	0.920	0.000	9.275
	Others	0.001	0.902	0.056	2.343
Number of Sexual Partners	None	1	0.963	0.000	3.005
	1 Partner	53.647	0.891	0.000	5.953
	2 Partner	1.0176	0.0090	0.000	0.000
	3 Partners	0.0008	0.089	1.000	0.011
	4 Partners and above	56.000	0.099	2.000	0.0008
Attitude towards SRH Services	Positive	2.527	0.184	0.643	9.932
	Negative	1	0.02	0.004	1.0066**
Awareness about SRHS	Yes	1.989	0.03	0.007	9.789**
	No		0.963	0.000	1.319

Source: Analysed Primary Data (2014)

Bivariate analysis of individual factors and general information was done to assess relationship of these factors with uptake of sexual and reproductive health services. The results indicated that age was statistically related to uptake of sexual and reproductive health services among young people (OR=4.00, p=0.002, 95% CI=0.000-2.045), therefore, participants who were aged 20-24 years were more (2) likely to uptake SRH services compared to those below this age bracket.

This finding was confirmed during interview with one of the health-care providers at Kator health facility, at Kator Payam;

"To me as a health provider, the age factor is so important, I cannot give contraceptives pills and condoms to youths under the age of 18 years, she may fail to give birth in future". However, counseling is given".

Education was also statistically significant (OR=2.106, p=0.05, 95% CI=0.010-1.093), meaning that respondents who had attained university/tertiary level of education were more likely to use SRH services compared to others with low levels of education. This was also revealed in FGD from Atlabara, Kator Payam;

"The level of illiteracy is high among the youths especially in villages so they do not know anything about sexual reproductive services so this accounts for the low uptake".

Another Key Informant interview with SRH services provider which he said;

"Youths especially those in higher institutions of learning and secondary schools usually come for SRH health services unlike others in lower classes.

The Marital status of the respondent is statically significant (OR=4.00, p=0.01, 95% CI=0.000-2.626) in the uptake of sexual and reproductive health. This means married young people are 2 times more likely to uptake SRH services compared to those who were not married. The negative attitude of young people towards SRH services was also statistically significant (OR=1, p=0.02, 95% CI=-0.004-1.0066) implying that the young people who had a negative attitude towards SRH services were likely not to use the SRH services.

This was also confirmed during FGD with male young people from Gabat Juba payam, that:

"Some of the young people already have a negative attitude towards SRH services and this makes them discard any information given to them. Though some take such information" .

Awareness about the SRH services was statistically significant (OR=2.527, p=0.03, 95% CI=0.007-9.789) in uptake of SRH services among. Which means young people who were aware of SRH services were more (9) likely to use these services. This finding was confirmed with Key Informants from Hai Kuwait health facility, Munuki Payam that: the uptake for condoms, pills among others is still low among young people because young people are not empowered with correct knowledge to use SRH services in the facility. Also in FGD with female young people in Munuki, one of the participants said,

"We are not aware of sexual and reproductive health services in Munuki and that is why we are not using the services in the facilities and resulted to high STI infections among young people".

There is no association between variable religion, gender, number of sexual partners and uptake of sexual and reproductive services. Therefore, the findings under this objective imply that young people were influenced by different individual factors to uptake sexual reproductive health services.

4.4 Socio-Economic Factors Influencing Uptake of Sexual and Reproductive Health Services.

Assessment of the socio-economic factors influencing uptake of sexual and reproductive health services among young people in Juba, South Sudan was done by asking respondents several related questions as indicated in the tables below.

Table 4. 6: Univariate Analysis for Socio-Economic Factors

Variable	Responses	Frequency	Percent
Are your parents/guardian employed?	Yes	223	85.8

	No	37	14.2
	Total	**260**	**100.0**
If yes, what is the nature of the employment status for your parent?	Peasant	110	49.3
	Formal	46	20.6
	Informal	67	30.1
	Total	**223**	100.0
Do you get support from your parents/family members in using Sexual and Reproductive Health Services?	Yes	8	3.1
	No	252	96.9
	Total	**260**	**100.0**
Are you employed?	Employed	85	32.7
	Unemployed	175	67.3
	Total	**260**	**100.0**
If yes, what is the nature of your occupation?	Informal	81	95.3
	Formal	4	4.7
	Total	**85**	**32.3**
How much do you earn a month estimate?	No Income	0	0.0
	Less than 100SSP	35	41.2
	100-200SSP	43	50.6
	201-300 SSP	4	4.7
	301 SSP and above	3	3.5
	Total	**85**	**100.0**
How much do you spend as transport cost from home to the SRHS facility? **N=58**	Nothing/ It is a short walking distance	2	3.4
	2SSP-5SSP	7	12.1
	6-10SSP	42	72.4
	11-15SSP	6	10.3
	16SSP and above	1	1.8
	Total	**58**	**100.0**
Given your income level, do you perceive SRHS as affordable to you?	Affordable	20	23.5
	Unaffordable	65	76.5
	Total	**85**	**100.0**
Do you get support from your partner/spouse regarding use of Sexual and Reproductive Health Services?	Yes	27	32.9
	No	55	67.1
	Total	**82**	**100.0**
How do you rate the cost of Sexual and Reproductive Health Services from the facility you go to?	High	65	76.5
	Low	20	23.5
	Total	**85**	**100.0**
How many children do you desire to have?	None	0	0.0
	1-3 Children	150	57.7
	4-6 Children	90	34.6
	7 Children and above	20	7.7
	Total	**260**	**100.0**
Do you think your community has a positive attitude towards Sexual and Reproductive Health Services?	Yes	49	18.8
	No	211	81.2
	Total	**260**	**100.0**
Is there any part of your culture that allows using Sexual and Reproductive Health Services?	Yes	12	4.6
	No	248	95.4
	Total	**260**	**100.0**

Source: Analysed Primary Data (2014)

rents or guardians were employed at the time of the study and (49.3%) of the parents or guardians were peasants. All most all (96.9%) the respondent

were not receiving any support from their parents/guardians to uptake SRH service and a few (3.1%) were supported to use the sexual and reproductive health services. Most (67.3%) of the young people interviewed were unemployed and only (32.7%) were employed. Majority (95.3%) of the employed young people were in the informal employment sector and half (50.6%) of them earns only 100-200SSP which is equivalent to 30-65 US dollars.

Results further indicated that (72.4%) of the young people accessing SRH services spends between 6-10SSP (2-3USD) on transport from home to the SRH facility and only (3.4%) leaves within a walking distance to the SRHS facility. Majority (76.5%) of the respondent indicated that SRH services were not affordable in comparison to their income and they rate the cost of the services as high. Most (67.1%) of the young people who were married or in union at the time of the study indicated that they did not get any support from their partner/spouse in regards to use of sexual and reproductive health services and only (32.9%) said they were supported. Regarding the desired number of children, (57.7%) wanted 1-3 children while none indicate no desire for children. Majority (81.2%) of the respondents perceived their community as having negative attitude towards sexual and reproductive health services for young people and most (95.4%) of the respondent stated that their culture prohibits use of SRH services by young people.

Table 4. 7: Bivariate Analysis for Socio-Economic Factors

Variables	Variable Category	Adjusted Odds Ratio	P=Value	95% C.I.	
				Lower	Upper
Parents/Guardian Employment Status	Employed	0.65	0.237	8.797	0.681
	Unemployed	0.529	7.909	1.431	3.598
Parents/Guardian or Family Support	Yes	0.988	0.906	3.800	9.046
	No	1	5.805	8.906	7.900
Occupation Status for Young people	Employed	3.9099	0.988	9.096	5.900
	Unemployed	1	6.099	6.980	9.099
Estimated monthly income/earning Level	No Income	1	0.780	6.9088	8.908
	Less than 100SSP	2.907	0.504	7.956	6.987
	100-200SSP	4.901	0.019	9.645	4.067**
	201-300 SSP	2.900	0.078	4.544	3.098
	301 SSP and above	9.099	0.009	6.909	8.907**
Costs of transport from home to SRH Facility	Nothing/ It is a short walking distance	56.00	6.908	7.099	78.090
	2SSP-5SSP	6.900	7.099	7.097	7.341
	6-10SSP	0.775	0.247	0.413	1.258
	11-15SSP	0.412	0.054	0.198	1.214
	16SSP and above	1.431	0.409	0.024	2.761
Affordability of SRH Service	Affordable	1	4.900	0.007	56.909
	Unaffordable	6.099	8.999	6.896	78.90
Spousal/partner Support	Yes	3.900	0.002	0.174	1.466**
	No	0.055	0.98	9.087	2.906
Cost of the SRH Services	High	2.008	0.005	1.655	2.087**
	Low	0.980	0.015	1.906	2.065
Desire for Children	None	5.054	0.001	5.655	6.099**
	1-3 Children	3.9978	0.07	5.099	2.087
	4-6 Children	0.909	0.255	2.890	6.066
	7 Children and above	5.00	5.898	7.097	3.0567
Community/Parents Attitude	Positive	4.909	9.0786	7.054	3.089
	Negative	0.000	6.898	6.097	3.098
Cultural Belief	Yes	1	0.078	9.000	7.098
	No	0.987	0.08	6.000	23.879

Source: Analysed Primary Data (2014)

At bivariate analysis the following are the only variables which were statistically significant:

The income level of the respondent is statistically significant (OR=9.099, p=0.009, 95% CI=6.909-8.907). Young people who are employed and earning 301 SSP and above were more likely to uptake the SRH services as compared to those with less or no income at all. This is in line with the perception for the cost of the SRH services. Whereby the participants who

perceived the cost of the SRH services to be high are more likely not to use the services as compared to those who think the costs for the services is low(OR=2.008, p=0.005, 95% CI=1.655-2.087). In an FGD with the female young people in Atlabara, Kator Payam, one of the respondents said:

"Most of the young people are not employed so they do not work, getting money to pay for SRH services could be hard so they tend to engage in unprotected sex leading to unwanted pregnancies and later on abortions which puts them at risk of dying or getting infected with STIs".

Spousal/partner support was statistically related to uptake of SRH services (OR=3.900, p=0.002, 95% CI=0.174-1.466). The participants who received support from their partners/spouse were more likely to uptake SRH services compared to those who were not supported. It was further found that the desire to have children could influence uptake of SRH services (OR=5.054, p=0.001, 95% CI=5.655-6.099).So, the young people who had no child were more likely not to uptake SRH services. In an FGD with parents at Munuki payam one of the participants said;

"*Based on our South Sudanese culture/ traditions, a person must give birth to as many children as possible because that is the strength of the family, so why do you want our children to use SRH services especially or family planning"*.

Therefore, from the findings above it can be noted that young people experienced different issues that were either promoting or reducing their effort to access SRH services from health facilities.

4.5 Health System Factors Influencing Uptake of Sexual and Reproductive Health Services

The health system factors that influenced uptake of sexual and reproductive health services among young people, in Juba, South Sudan are presented in the following tables.

Table 4. 8: Univariate Analysis of Health System Factors

Variable	Responses	Frequency	Percent
Are there Sexual and Reproductive Health Services facilities in your area?	Yes	167	64.2
	No	93	35.8
	Total	**260**	**100.0**
How far is the Sexual and Reproductive Health facility from your residence?	Less than Kilometer	5	1.9
	1-2 Km	85	32.7
	3-4 Km	124	47.7
	5Km and Above	46	17.7
	Total	**260**	**100.0**
Which of the Sexual & Reproductive Health services you mentioned above are available within this community? ***(Multiple Response)***	Family Planning Education and Services	148	56.9
	STI Counseling, Screening, Treatment, Follow Up	11	4.2
	VCT Services & HIV Treatment	8	3.1
	Post Abortion Care	1	0.4
	Antenatal Care	1	0.4
The last time you visited the facility; did you get the appropriate service for sexual and reproductive health?	Yes	50	79.4
	No	13	20.6
	Total	**63**	**100.0**
If you have ever visited a reproductive health service facility, how would you describe how you were handled by service provider?	Good-Friendly and welcoming	23	36.5
	Moderate- friendly and welcoming with unnecessary questions	30	47.6
	Badly harsh rude and denied services	10	15.9
	Total	**63**	**100.0**
Have you ever visited any sexual and reproductive health facility and missed the service you required?	Yes	13	20.6
	No	50	79.4
	Total	**63**	**100.0**
For how long where you made to wait by the health workers before getting served?	Less than 15 minutes	21	33.3
	15- 30 minutes	36	57.1
	31- 45 Minutes	2	3.2
	45 Minutes - 1 Hours	3	4.8
	More than an Hour	1	1.6
	Total	**63**	**100.0**
Where you attended to alone in privacy or you were in a group?	In a group with no Privacy	18	28.6
	Alone with Privacy	45	71.4
	Total	**63**	**100.0**
Do you think the SRH facility you go to has trained health workers?	Yes	239	91.9
	No	21	8.1
	Total	**260**	**99.6**
Do you think health workers keep the information given by the young people about their SRH is confidential?	Yes	252	96.9
	No	8	3.1
	Total	**260**	**100.0**

Source: Analysed Primary Data (2014)

Descriptive statistics from table 4.9 indicates that (64.2%) of the study participants had a SRH service facility within their area that offers different SRH services and more than two third 65.4% of the respondent are more than 3 kilometers from the SRH health facility and a few (1.9%) are less than 1 kilometer from the SRH health facility. Slightly more than half (56.9%) of

the respondent confirmed availability of family planning education and services in their community and only (7.3%) mentioned STI counseling, screening, treatment and HIV and AIDs services all together.

Majority (79.4 %) of the respondent revealed that they received appropriate SRH service in their last visit to the health facility while 47.6% of the respondents perceived the health workers were welcoming and majority (79.4%) received the services needed. Most (66.7%) of the respondent waited for service for more than 15minutes and (33.3%) waited for less 15 minutes to received SRH services. Results further show that (71.4%) had been attended to by health workers in privacy.

Regarding the attitude and the way health workers handle young people seeking for SRH services, it was revealed that prior information is asked in relation to reproductive health for a client as this was revealed by a key informant from Kator payam;

"When a young person presents a SRH problem or needs a service, we take history, provide health education and provide treatment. But we only provide family planning services and condoms to married people only".

Quantitative data obtained in relation to waiting time reveals that different young people who had used SRH services had spent different hours/minutes waiting to be served. Further from the FGDs held, it was revealed that waiting time at the facility was critical for respondents; this was confirmed in Juba Payam where one respondent noted;

"At times you go to the facility and you are made to wait for a long period, this discourages more young people from using the SRH services. So, if health providers can have ways of

providing the services to young people in a shortest time possible the number of those up taking services may increase."

Despite the fact that in the quantitative data component, respondents revealed that health facilities had enough health workers to deliver SRH services to young people, participants in the FGD held at Kator Payam revealed that:

"Some health facilities have no enough trained personnel to provide SRH services to the young people, this discourages the uptake of SRH services in Juba".

Table 4. 9: Bivariate Analysis for Health System Factors

Variables	Variable Category	Odds Ratio	P=Value	95% C.I.	
				Lower	Upper
Availability of SRH Facility	Yes	4.903	0.006**	3.906	5.986
	No	0.000	7.098	6.987	7.098
Distance to the Facility	Less than Kilometer	3.845	0.004**	1.024	6.761
	1-2 Km	1	0.267	0.943	1.283
	3-4 Km	0.526	7.092	6.877	0.926
	5Km and Above	0.785	0.234	7.975	0.698
SRH Service Provider's Attitude	Good	4.871	0.006**	6.098	9.098
	Moderate	5.907	6.0978	7.950	5.988
	Bad	0.087	2.985	3.078	5.904
Waiting time at the SRH Facility	Less than 15 minutes	3.042	0.003**	0.097	5.098
	15- 30 minutes	1.972	0.084	9.078	2.970
	31- 45 Minutes	5.934	0.866	6.905	9.089
	45 Minutes - 1 Hours	6.099	5.099	5.906	4.907
	More than an Hour	1.097	6.904	3.890	3.097
Privacy	In a group with no Privacy	5.907	8.098	7.090	9.097
	Alone with Privacy	3.980	6.078	3.906	5.906
Perceived Trained Health Care Providers	Yes	5.096	6.987	7.907	7.097
	No	5.975	6.097	5.348	6.097
Confidentiality	Yes	6.906	4.675	6.084	7.096
	No	0.088	6.800	8.099	8.898
Accessibility of SRH services (Opening Hours)	Yes	5.900	8.097	4.905	7.056
	No	6.900	6.890	3.906	5.907

Source: Analysed Primary Data (2014)

Regarding health system factors in relation to uptake of sexual and reproductive health services among young people, in bivariate analysis results show that availability of SRH services was statistically related to uptake of SRH services among young people (OR= 4.903, p=0.006, 95% CI=3.906-5.986).Thus, where SRH services are available at the health facilities, young people are more (6) likely to uptake the services unlike when the services are missing at the health facility. Distance from the respondents' residence to the SRH facility was statistical related to uptake of SRH services among young people (OR=3.845, p=0.004, 95% CI=1.024-6.761). That

means the respondents who are close to the SRH facility are more likely to use the SRH services than those who have to travel a long distance to the SRH facility. Results also show that the time spent waiting to be attended by a health workers was related to the uptake of SRH services (OR=3.042, p=0.003, 95% CI= 0.097-5.098), implying that Young people who spent less than 15 minutes waiting to receive SRH services are more likely to uptake the SRH services.

Lastly a good or positive attitude of the health workers towards young people was related to uptake of SRH services (OR=4.871p=0.006, 95% CI=6.098-9.098). Thus, young people who perceived health workers as having good or positive attitude are likely to uptake SRH services. With the help of a forward elimination method, factors that were statistically significant at bivariate level were subjected to multi-variate analysis results are presented in table 4.11 below.

Table 4. 10: Multivariate Analysis of Statistically Significant Factors at Bi-variant Level

Variables	Variable Category	Adjusted Odds Ratio	P=Value	95% C.I.	
				Lower	Upper
Age	10-14 years	0.500	0.146	9.077	89.099
	15-19 years	1.000	0.087	5.098	9.076
	20-24 years	3.098	0.005**	2.098	4.907
Level of Education	Never went to School	0.554	6.065	6.533	7.533
	Primary	3.679	7.534	8.466	7.432
	Secondary	3.975	0.890	8.676	9.643
	Tertiary/ University	5.897	0.006**	4.345	6.045
Marital Status	Single	2.456	0.653	6.567	7.896
	Married/Cohabiting	3.087	0.002**	6.097	7.453
	Widow/Widower	0.032	0.6533	8.577	9.532
	Separated/Divorced	0.000	8.642	7.532	7.564
Knowledge about SRHS	Had Knowledge	4.964	0.0045**	8.673	9.462
	Without Knowledge	0.055	0.554	8.560	9.687
Spousal Support	Yes	0.345	6.0543	2.977	8.563
	No	6.965	7.455	7.07	7.311
Desire for Children	None	6.087	0.002**	3.080	5.327
	1-3 Children	3.0867	8.943	5.467	7.532
	4-6 Children	2.453	6.043	2.045	5.906
	7 Children and above	4.42	3.96	4.978	7.086
Income Level	No Income	1.90	0.454	7.299	2.906
	Less than 100SSP	2.42	0.901	6.996	8.784
	100-200SSP	3.42	0.100	6.906	8.740
	201-300 SSP	2	7.905	7.809	8.087
	301 SSP and above	2	0.007**	1.000	2.009
Distance to the Facility	Less than Kilometer	8.075	7.076	4.588	8.076
	1-2 Km	6.97	8.906	7.533	7.900
	3-4 Km	4.078	7.043	4.242	3.893
	5Km and Above	5.97	5.905	7.632	8.031
Availability of SRH Services	Yes	2.06	0.603	5.065	6.903
	No	0.907	8.055	2.035	9.933
SRH Service Provider's Attitude	Good	4.042	0.008**	5.932	9.053
	Moderate	3.954	5.063	0.677	7.043
	Bad	5.099	7.063	2.042	3.065
Waiting Time at the SRH Facility	Less than 15 minutes	5.053	0.001**	3.064	4.869
	15- 30 minutes	5.05	0.044	7.0421	7.043
	31- 45 Minutes	2.0742	6.9043	7.532	8.574
	45 Minutes - 1 Hours	1.042	5.945	7.905	8.676
	More than an Hour	3.084	0.0542	4.9753	5.0433

Source: Analysed Primary Data (2014.

All factors (Individual, Socio-Economic and Health System) and general information of the respondent that were statistically significant at bivariate analysis were further subjected to multivariate stage analysis. Logistic regression was performed using a back ward stepwise to control for confounding. Results showed that age is finally significant (OR=3.098, p=0.005, 95% CI= 2.098-4.907). Young people who were 20-24 years of age were more likely to uptake SRH services compared to those below that age bracket.

Level of education among the young people remained statistically significant (OR=5.897, p=0.006, 95% CI= 4.345-6.045). So participants who were educated upto the univeristy/tertiary level were more likely to uptake SRH service as compared to those with low education background. Regarding marital status, the married young people were more likely to use SRH service compared to others who were not married/cohabiting (OR=3.087, p=0.002, 95% CI= 6.097-7.453).

Knowledge about SRH services also remained statistically significant (OR=4.964, p=0.0045, 95% CI= 8.673- 9.462), implying that those young people who had knowledgeable about SRH services were more likely to seek and uptake SRH services compared to others without knoweldge.

Among the socio-economic factors, desire for children remained related to uptake of SRH services (OR=6.087, p=0.002, 95% CI=3.080-5.327). This imply that participants who had no child were more likely not to use SRH services because they need to give birth to children. While young people who earns 301 SSP and above were more likely to uptake SRH services than the ones with low or no income (OR=2, p=0.007, 95% CI= 1.00-2.009).

For health system factors, SRH service provider's attitude remained statistically significant in uptake of SRH services among young (OR=4.042, p=0.008, 95% CI= 5.932-9.053) So, participants who perceived that health workers had good attitude during provision of services service were more likely to uptake these services compared to young people who perceived health workers having a bad attitude. Lastly, waiting time at the facility by young people was related to uptake of SRH services (OR=5.053, p=0.001, 95% CI= 3.064-4.869) which signifies that participants who waited SRH for less than 15 minutes to receive SRH services are more likely uptake SRH services compared to those who waited for a longer period (>15 minutes).

4.6 Qualitative Information from Key Informant and Focus Group Discussion

Qualitative data shows that SRH services should be extended to schools and institutions of higher learning. This was expressed during FGD with Female Young people from Atlabara, Kator Payam. The participants said:

"Some school going youths cannot access SRH services due to long distance and this affects even those who are not in school, it would be good if such services are extended to the communities or schools".

It was revealed that some health workers are not friendly to young people who are seeking for SRH services. In an FGD with Female Young people at Hai Kuwait, Munuki Payam, the participants said:

"Some health providers are bad mannered, they do not show care or empathy to the youths especially those who go to the facility when pregnant- they can insult you because you are a youth who is supposed to be at school. This discourages many youths"

In a key informant's iinterview with SRH provider at Kator Payam, the participant revealed that different SRH services are offered including referral of some clients to another level of care:

"*We do counselling and guidance and refer STI cases including Hepatitis B cases to Juba teaching hospital"*

It was further revealed that before attending to any Young person, consent is sought first which might discourage the unmarried young people to seek for SRH services.

"We seek the consent of the parents for unmarried young people and the husband for married ones who demand for family planning services"(Interview with SRH Services Provider- Munuki Payam).

The availability of SRH services was mentioned as one of the factors affecting the uptake of these services by one Key Informants revealed,

"More young people come here seeking for counseling services but at time the counselors are not available or some ask for condoms, and other contraceptives but we may not be in position to provide such" (Interview with Key SRH Service Provider- Juba Payam).

Another key informant at Kator Payam revealed that that some health facilities fail to provide SRH services due to limited capacity.

"Some health facilities have no enough trained personnel to provide SRH services to the young people in school and those in the communities, this has affected the uptake of SRH services in Juba".

CHAPTER FIVE: DISCUSSION

5.0 Introduction

This chapter presents the discussion of findings presented in the previous chapter four. These have been arranged in the following subsection; general information of the respondent, uptake rate of sexual and reproductive health services, individual factors influencing uptake of sexual and reproductive health services, socio-economic factors influencing uptake of sexual and reproductive health services and the health system factors influencing uptake of sexual and reproductive health services among young people, in Juba.

5.1 General Information of the Respondents

The respondents constituted of 69.6% young people aged 20-24years which implies mature young people are confident and willing to be interviewed in the study. While the results at multivariate analysis from table 4.10 show that, age of young people (OR=3.098, p=0.005, 95%CI=2.098-4.907), level of education among the young people (OR=5.897, p=0.006, 95% CI= 4.345-6.045) and marital status of young people (OR=3.087, p=0.002, 95% CI= 6.097-7.453) were more likely to use the SRH service. In line with the above findings, Nalwadda et al, (2010) noted that women of the young age believed that use of modern contraceptives would negatively affect their fertility and they feared using them saying it could make them unable to produce. Therefore, this in agreement with the findings of this study where young people below the age of 20 years were less likely to use SRH services compared to those aged 20 years and above.

In another finding Michelle et al, (2009) noted that among unmarried sexual active adolescents in Sub-Saharan Africa, contraceptives use ranges from as low of 3 percent in Rwanda to a high

of 56 percent in Burkina Faso. This is in line with the findings of this study which shows that the married young people were more likely to use SRH services compared to the unmarried.

Therefore these findings are in line with WHO Report (2004) which noted that several factors influence the uptake of SRH services in countries globally. The report further noted that the same factors can act as promoters or barriers to the efforts of promoting the uptake of SRH services in a country. Therefore in this study, marital status, knowledge about SRH services and level of education were statistical factor that influenced the uptake of SRH services among the young people in Juba South Sudan.

5.2 Uptake Rate of Sexual and Reproductive Health Services

Results in chapter four showed that only (24.2%) of the young people in Juba South Sudan were using SRH services whereby family planning education & counseling services (49.1%), VCT & HIV Treatment services (19.4%) was the most common services utilized. This finding contradicts the study done by Obonyo (2009) which indicates that the most common SRH services utilized by young people are VCT (38.7%) and family planning services (29.5%) respectively.

The qualitative information obtained from the FGD and interviews with the Key Informant also reflected that the number of young people utilizing SRH services is low. This implies that that the uptake of SRH services is still low among the young people. This finding is line with WHO (2010) report that uptake of sexual and reproductive health services among young people in the world is still very low. Therefore, the Republic of South Sudan being a developing country and has been in protracted war, few young people are able to use SRH services in their communities. Furthermore, the finding of this study is in line with SHHS report (2010) whereby one out of

three adolescent girls aged 19years old is married or is having a child. This is a true reflection of this study since participants noted that some girls got into marriage by force after getting pregnant.

Additionally, the Ministry of Health-South Sudan, National Reproductive Health Strategic Plan, (2013) also revealed that the uptake of SRH services is low at 2.0 contacts among health workers and young people which signifies that very few young people come out to seek for SRH services.

These findings are also in line with the findings by Guy and Hocking (2011) and Mbonye, (2003) where there was low uptake for STI treatment services among young people; this was attributed to different reasons including availability of RH supplies at the health facilities.

However is important to note that more needs to be done to further increase uptake of SRH services through continues health promotion and orientation of health care providers on youth friendly SRH services.

5.3 Individual Factors Influencing Uptake of Sexual and Reproductive Health Services

The findings of this study showed that (69.2%) of the young people in Juba had experienced sexual intercourse and (27.8%) had multiple partners. This is a risk sexual behavior given the low uptake of the SRH services among the young people. This finding is slightly different from the study by Susan (2013) which revealed that 16% of all young people interviewed in Busia, Uganda were having multiple sexual partners.

Most (80%) of the young people as indicated in table 4.4 are aware of SRH services and 34.6% knew family planning services. The study showed that Knowledge on SRH services is statically

significant (OR=4.964, p=0.0045, 95% CI= 8.673- 9.462) with the uptake of SRH services among young people. The findings reflected that young people who were aware of SRH services are more likely to use SRH services as compared to those who are not aware of SRH services. This agrees with Lisa et al, (2009) who noted that uptake of hormonal methods contraception is negatively influenced by limited knowledge among young people and Jejeebhoy, Shah and Thapa (2005) also noted that knowledge about the existing contraceptive methods and how to access the method from the health facility.

Therefore, the aspect of knowledge among the young people regarding SRH services is key to the uptake of SRH services. Furthermore, increased knowledge on SRH will reduce misconceptions among the young people and the general community towards SRH services this will stimulate the uptake of the services.

5.3 Socio-Economic Factors Influencing Uptake of Sexual and Reproductive Health Services

Among the socio-economic factors, the study found that majority (96.9%) of the respondent did not get any form of support from their parents/guardian to use the SRH services. This is in agreement with ADRA (2007) report which indicates low or no efforts by parents to support SRH services for their children is a factor that hinders the uptake of modern contraceptives among young people. 32.7% of the young people were employed and majority (95.3%) was working in informal sector and half of them earned 100-200SSP equivalent of 30-65 US dollars. This implies that most of the young people do not have job security and they earn minimum wedge which limits their ability to pay the cost of using the SRH services. This finding is in agreement with Center for Reproductive Rights (2009) which revealed that uptake of SRH

services among the youths is affected by lack of source of income to have a purchasing power for the SRH services. At the multivariate level analysis, variable income level of respondent is statically significant (OR=2, p=0.007, 95% CI= 6.906-8.740). This implies that young people who have high level of income are more likely to use the SRH services.

At the multivariate analysis spousal/partner support is not statically related to the uptake of SRH services. This finding is in disagreement with Rassjo and Kiwanuka (2010) which noted that spousal support is one of the factors responsible for the uptake of sexual and reproductive health services among young people. However most (67.1%) of the married young people did not get any spousal/partner support to use the SRH services. This implies young people who received support to use the SRH services does not influence uptake of the services.

The study established that the desire to have children are statistically significant in the uptake of SRH services (OR=6.087, p=0.002, 95% CI=3.080-5.327). Table 4.6 indicated that 57.7% of the young people interviewed desire to have at least 1-3 children. This implies that those young people who had no children would not use SRH services especially family planning services because demand for children.

5.4 Health System Factors Influencing Uptake of Sexual and Reproductive Health Services

Regarding the health system factors, the study established that most of the respondents stay more than 3 kilometers from the nearest health facility that provides SRH services. The distance to health facility affects youth from using SRH services as noted by Babirye (2013). She added that if the health facility is far from young people residence the uptake of SRH services may be low even though the services are for free.

Although only few (15.9%) of the respondent perceived the SRH health care providers as bad, rude and harsh, the study establish that attitude of SRH service provider's is statically significant (OR=4.042, p=0.008, 95% CI= 5.932-9.053). This finding is agreement with WHO (2010) report which revealed that the negative attitude of the health workers limits the uptake of SRH services among young people. Godia (2010) also noted that the health workers attitude towards the youths determines the next course of action in seeking for SRH services by the youths. Also Hotchkiss and Magnani (2000) noted that the attitude of health personnel and their behavioral actions towards young people influences uptake of SRH services.

Waiting time at the facility by young people was statistically significant (OR=5053, p=0.001, 95% CI= 3.064-4.869) in uptake of SRH services among young people. This implies that the less time the young person wait to receive SRH more like they will uptake the services. This is in agreement with Babirye (2013) who noted that waiting time before being attended to for young people was one of the factors that influenced the uptake of SRH service. Additionally, the Family Planning Service Expansion and Technical Support-USA, (2000) found out that shorter waiting time and convenient schedules for the young people are likely to increase the uptake of sexual and reproductive health services among young people. This literature is a true strategy that can be adopted if the uptake of SRH services among young people is to be improved in Juba.

Regarding the findings in table 4.9, the availability of SRH Services was not statistically related to uptake of SRH services among the young people. However, this is contrally to the Ministry of Health-South Sudan (2011) literature that revealed low delivery of supplies for SRH services which could account for the low uptake of SRH services among the young people. This implies that health system factors influences uptake of SRH services among people in Juba.

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

This chapter presents the conclusions and recommendation made in line with the study objectives.

6.1 Conclusions

Majority (69.6%) of young people interviewed was 20-24years old and (38.1%) never went to school at all. Age of the respondent (20-24 years), level of education (University/ Tertiary levels) and marital status (Married) are individual factors that influenced uptake of SRH services among young people in Juba South Sudan. This explains that the mature young who might be in higher institutions of learning or who are married can make informed decision to use the sexual and reproductive health services.

The uptake of SRH services among the young people in Juba South Sudan is low (24.2%) despite the efforts by government and development partners to promote access to SRH services. This low level can be attributed to several individual, socio-economic and health system factors.

Though the awareness or knowledge on SRH services is high (80%) among young people in Juba, only 34.6% knew family planning services as one of the SRH services. The main source of information for the young people on SRH services is the health facility and few from other sources like peer educators, media and school. This reveals that there is limited information on comprehensive SRH services among young people.

The income level of the respondent and desire for children influenced the uptake of SRH services among young people in Juba, South Sudan. This explains the low uptake of SRH services among young people because of their low economic status whereby most of them are earning SSP 100-200 per month equivalent of USD 30-65.

Though there are health facilities providing SRH services in the areas, the respondent had to walk for long (>3KM) distance to the nearest facility with limited SRH services available. This discourages the young people to uptake SRH services. The negative attitude of health workers and prolong waiting time to received SRH services at the facility influenced uptake of SRH services among young people. The health workers attitude and the waiting time at the facility are statically significant. This explains that the young people who spent less time waiting to receive services were more likely to use the services as well as those who perceived the health workers as welcoming or with positive attitude.

6.2 Recommendations

Based on the findings, the ministry of health in the Government Republic of South Sudan should developed adolescent and Youth Reproductive Health policy and strategy to enable young people access to SRH services and information. This should be backed by integration of SRH services to all the facilities and re-orientation of health care providers and existing health care services in provision of comprehensive and quality youth friendly SRH services and information at a subsidized cost.

The national ministry of health together with development partners should developed behavior change and communication programme for young people on SRH issues. This should include

training of peer educators for in school at school and out school youth at payam level. This is to complement the health workers in disseminating SRH information to young people at school and in the community. This will increase awareness and ultimately utilization of SRH services among the young people (10-24 years).

The national and state ministries of health and partners should conduct massive campaigns and sensitization of young people on comprehensive SRH services. This can be done at school, local communities by carrying out seminars, rallies and workshops among others where the young people can get the opportunity to share SRH service information in order to increase their knowledge.

The ministry of education in collaboration with ministry of health to integrate sexuality education into the school curriculum and introduce school health programmes in schools. This will enable to extend SRH services to school where most young people can be found, it can be done on specific days as a short-term means of increasing SRH services uptake as long term strategies are formulated.

The government should promote vocational training and income generating activities to create employment opportunities for young people in addition to free or subsidize youth friendly SRH.

The ministry of health and partners should establish more equipped facilities to provide comprehensive SRH services. These facilities should be complimented with mobile and outreach activities. This will increase on the number of young people utilizing SRH services.

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Appendix I: Consent Form

ASSESSMENT OF DETERMINANTS INFLUENCING THE UPTAKE OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES: A CASE STUDY OF YOUNG PEOPLE IN JUBA, SOUTH SUDAN

As a youths and member of this payam, I have received the information for participants for this study and have had the details of the study explained to me. My questions about the study have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I also understand that I am free to withdraw from the study at any time, or to decline to answer any particular questions in the study. I agree to provide information to the researchers under the conditions of confidentiality set out on the Information Sheet.

I agree to participate in this study under the conditions set out in the Information Sheet form.

Signed:_____**Name:**_____

Date: _____ _____ **Name of Payam**_____

For Research Assistant

Signed: _____**Name:**_____

Date: _____

Principal Researcher's Name and contact: MARY JUAN MARLE (2011-MPH-RL-AUGUST-00047)

Appendix II: Questionnaire-Guide for Youths

Questionnaire-Guide for Youths

SECTION A: INTRODUCTION **QID Number: ……**

Dear Respondent,

My name is _____ I am here on behalf of Mary Juan Marle, a postgraduate student in the Institute of Health Policy and Management at International Health Sciences University who is carrying out a research about **DETERMINANTS INFLUENCING THE UPTAKE OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES AMONG YOUNG PEOPLE IN JUBA, SOUTH SUDAN.** This is a partial requirement for the award of a Master of Science in Public Health. You're kindly requested to participate in answering this questionnaire for about 15 minutes, the data collected will be used entirely for academic purposes hence your name is not required. I would like to assure you that what we discuss will be confidentially treated.

Seeking Response Consent

Do you agree to give information in this study?

Yes	
No	

Payam:----------Boma:----------Village:----------Date: ----------

Thanks so much for your cooperation

Yours sincerely,

MARY JUAN MARLE

RESEARCHER

SECTION B: GENERAL INFORMATION ABOUT THE RESPONDENT

B.1.Gender	1. Male 2. Female
B.2. Age (Complete years)	1. 10-14 years 2. 15-19 years 3. 20-24 years
B3.What is your education level	1. Currently Not at school 2. Primary 3. Secondary 4. Tertiary
B4.What is your religion?	1. Catholic 2. Muslim 3. Protestant 4. Born-Again 5. Others----------
B.5. What is your marital status? (***If single, skip to section C)***	1. Single (Never Married) 2. Married/Cohabiting 3. Widow/Widower 4. Separated/Divorced
B6. If married, state the circumstances:	1. Forced By Parents 2. Voluntary 3. Pregnancy

SECTION C: UPTAKE RATE OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES AMONG YOUNG PEOPLE INDIVIDUAL

C.1 As young person, have you ever used any sexual and reproductive health services?

Yes ☐ No ☐

C1.1 If yes, which of the following sexual and reproductive health services have you ever utilized? (**Multiple Responses)**

1. Family Planning Education and Services Yes ☐ No ☐
2. VCT Services & HIV Treatment Yes ☐ No ☐
3. Treatment of STI Yes ☐ No ☐
4. Antenatal Care Services Yes ☐ No ☐
5. Delivery Service Yes ☐ No ☐
6. Post Abortion Care Yes ☐ No ☐
7. Others, specify----------

C2. Where did you obtain the SHR service from? (**Multiple Responses)**

1. Public Health facility
2. Private Health facility
3. Chemist/pharmacy.
4. Others (specify) ……..

C.3 For how long have you been getting this method?

Less than a month ☐ 1-3 months ☐ 4-6 months ☐ 7 months and above ☐

SECTION D: INDIVIDUAL FACTORS INFLUENCING UPTAKE OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES AMONG YOUNG PEOPLE

D1. Have you ever had sex?

Yes ☐ No ☐

D2. How many sexual partners do you have?

None ☐ 1 Partner ☐ 2 Partners ☐ 3 Partners ☐ 4 Partners and above

D3. Are you aware of Sexual and Reproductive Health Services?

Yes ☐ No ☐

D4.1. If yes, which sexual & Reproductive Health services are you aware? (***Multiple Answers)***

1. Family Planning Education and Servic ☐
2. Condom Provision ☐
3. STI Counseling, Screening, Treatment, Follow ☐
4. VCT Services & HIV Treatment ☐
5. Post Abortion Care ☐
6. Antenatal Care ☐
7. Delivery Services ☐
8. Others, specify----------

D3.1 If yes, how did you learn about the sexual & Reproductive Health Services? (**Multiple Responses)**

1. School ☐
2. Health Facility ☐
3. Peer Educator ☐
4. Friends ☐
5. Parents ☐
6. Relatives ☐
7. Media ☐
8. Training/Workshop

9. Others (specify)……

D.5. What type of family planning/contraceptive have been you using?

1. Condoms ☐
2. Emergency Contraceptive Pills ☐
3. Contraceptive Pills ☐
4. Injectable ☐
5. Implants ☐
6. IUD ☐

D6. Do you think your religion restricts you from using Sexual and Reproductive Health Services?

Yes ☐ No ☐

D7. How do you feel about using Sexual and Reproductive Health Services?

Good ☐ Bad ☐

SECTION E: SOCIO-ECONOMIC FACTORS INFLUENCING UPTAKE OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES AMONG YOUNG PEOPLE

E1. Are your parents/guardian employed?

Yes ☐ No ☐

E1.1 If yes, what is the nature of the employment status for your parent?

1. Peasant ☐
2. Formal ☐
3. Informal ☐

E2. Do you get support from your parents/family members in using Sexual and Reproductive Health Services?

Yes ☐ No ☐

E3.Are you employed?

Yes ☐ No ☐

E 3.1 If yes, what is the nature of your occupation?

1. Formal ☐
2. Informal ☐

E4.How much do you earn a month estimate?

No Income ☐ Less than 100SSP ☐ 100-200SSP ☐ 201-300 SSP ☐ 301and above ☐

E4.How much do you spend as transport cost from your residence to the SRH facility?

Nothing/ It is a short walking distance ☐ 2SSP-5SSP ☐ 6-10SSP ☐ 11-15SSP ☐ 16SSP and above ☐

E5. Given your income level, do perceive Sexual and Reproductive Health Services as affordable to you?

Affordable ☐ Unaffordable ☐

E6. Do you get support from your partner/spouse in using Sexual and Reproductive Health Services?

Yes ☐ No ☐

E7. How do you rate the cost of Sexual and Reproductive Health Services from the facility you go to?

High ☐ Low ☐

E8. How many children do you desire to have?

None ☐ 1-3 Children ☐ 4-6 Children ☐ 7 Children and above ☐

E9. Do you think your community has a positive attitude towards Sexual and Reproductive Health Services?

Yes ☐ No ☐

E10. Is there any part of your culture that prohibits you from using Sexual and Reproductive Health Services?

Yes ☐ No ☐

SECTION F: HEALTH SYSTEM FACTORS INFLUENCING UPTAKE OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES AMONG YOUNG PEOPLE

F1.Are there Sexual and Reproductive Health Services facilities in your area?

Yes ☐ No ☐

F2. Which of the Sexual & Reproductive Health Services you mentioned above are available within your area? (**Multiple Responses)**

1. Family Planning Education and Services ☐
2. Condom Provision ☐
3. STI Counseling, Screening, Treatment, Follow Up ☐
4. VCT Services & HIV Treatment ☐
5. Post Abortion Care ☐
6. Antenatal Care ☐
7. Delivery Services ☐
8. Others, specify----------

F3. How far is the Sexual and Reproductive Health Services to you?

Less than kilometer ☐ 1-2 Km ☐ 3-4 km ☐ 5Km and above ☐

F4. The last time you visited the facility; did you get the appropriate service for sexual and reproductive health?

Yes ☐ No ☐

F4.1 If you have ever visited a reproductive health service facility, how would you describe how you were handled by service provider?

Good-Friendly and welcoming ☐

Moderate-friendly and welcomed with unnecessary questions ☐

Badly, Health worker, harsh, rude and denied services ☐

F.5. Have you ever visited any sexual and reproductive health facility and missed the service you required?

Yes ☐ No ☐

F6. For how long where you made to wait by the health workers before getting served?

Less than 15 minutes ☐ 15- 30 minutes ☐ 31- 45 Minutes ☐ 45 Minutes - 1 Hours ☐
More tha☐Hour

F7. Where you attended to alone in privacy or you were in a group?

In a group without Privacy ☐ Alone with Privacy ☐

F8. Do you think the sexual and reproductive health facility you go to has trained health workers?

Yes ☐ No ☐

F9. Do you think health workers take information given by the youths on their SRH as confidential?

Yes ☐ No ☐

END OF QUESTIONAIRE-GUIDE

THANKS SO MUCH FOR YOUR CONTRIBUTIONS

Appendix III: FGD- Guide for the Young people (In School and out of school)

SECTION A: INTRODUCTION

Dear Respondent,

My name is _____ I am here on behalf of Mary Juan Marle, a postgraduate student in the Institute of Health Policy and Management at International Health Sciences University who is carrying out a research about **DETERMINANTS INFLUENCING THE UPTAKE OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES AMONG YOUNG PEOPLE IN JUBA, SOUTH SUDAN.** This is a partial requirement for the award of a Master of Science in Public Health.

You're kindly requested to participate in answering the following questions for about 40 minutes, the data collected will be used entirely for academic purposes hence your name is not required. I would like to assure you that what we discuss will be confidentially treated.

Themes/Guiding Questions

1. What do you understand by sexual and reproductive health services?
2. Where do you find these services in this community?
3. Which sexual and reproductive health services do you take as you young?
4. What do you think is the uptake rate of sexual and reproductive health services among young people in Juba, South Sudan?
5. What are the individual factors influencing uptake of sexual and reproductive health services among young people in Juba, South Sudan?

6. What are the socio-economic factors influencing uptake of sexual and reproductive health services among young people in Juba, South Sudan?

7. What health systems factors influence uptake of sexual and reproductive health services among young people, in Juba, South Sudan?

8. What are the challenges you face as a youths of RHS?

9. What suggestions would you give to improve uptake of SRH services by young people?

END OF THE DISCUSSION, THANKS SO MUCH FOR YOUR CONTRIBUTIONS

Appendix IV: Key Informants Interview- Guide

SECTION A: INTRODUCTION

Dear Respondent,

IN-DEPTH INTERVIEW GUIDE FOR KEY INFORMANTS ON ASSESSMENT OF DETERMINANTS INFLUENCING THE UPTAKE OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN JUBA, SOUTH SUDAN

Introduction

Greetings Sir/Madam,

Thank you for accepting to talk to me. My name is Mary Juan Marle, a postgraduate student in the Institute of Health Policy and Management at International Health Sciences University. I am conducting a research about **DETERMINANTS INFLUENCING THE UPTAKE OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES AMONG YOUNG PEOPLE**. This is in partial requirement for the award of a Master of Science in Public Health.

The information collected in this discussion will provide relevant information to assist me respond to my research questions and is therefore for purely academic purposes.

I request therefore that if could allow me about 40 minutes for the discussion. I will be taking some notes while we discuss.

Themes/Guiding Questions

1. Do you offer Reproductive Health services (RHS) to the young people in this area?
2. What is your own view about RHS utilization by the youth?
3. What SRHS do you offer in your facility?
4. What are your operation hours?
5. Do you have a separate service area for youth?
6. What is the gender who seeks SRHS most?

7. Which RHS are mostly sought for by young people?
8. What is the uptake rate of sexual and reproductive health services among young people in Juba, South Sudan?
9. What are the individual factors influencing uptake of sexual and reproductive health services among young people in Juba, South Sudan?
10. What are the socio-economic factors influencing uptake of sexual and reproductive health services among young people in Juba, South Sudan?
11. What health systems factors influence uptake of sexual and reproductive health services among young people, in Juba, South Sudan?
12. What are the challenges you face as a health provider of RHS?
13. What suggestions would you give to improve uptake of SRH services by young people?

END OF THE DISCUSSION, THANKS SO MUCH FOR YOUR CONTRIBUTIONS

Appendix V: Research Budget

S/N	ITEM	QUANTITY	UNIT COST SSP	TOTAL AMOUNT SSP

1	Pre-Testing Exercise Allowances & Transport	30 Questionnaires	30	1,500
2	Research Assistants' Training Exercise	3 Day For 6People (Lunch+ Transport)	50(3daysx 6pax)	900
3	Research Assistants' Allowances	6 People	50(14days x6days)	4,200
4	Printing	1000 pages	2	2,000
5	Photocopying Services	2,000	1	2,000
6	Flash Disc	1	150	150
7	Binding	Proposal and Final Report	500	500
8	Transport For Principle Investigator the 3 payams	50 litters	6	300
9	Meals For Investigator	14 Days	30(7pax X 14days)	2,940
10	Data Entry & Analysis	1 Data Analyst	2,000	2,000
11	Communication Fees	Airtime & Internet	300	300
12	Sub-total			16,790
13	Miscellaneous			1,679
14	**Grand Total Cost**			**18,469**

Appendix VI: Work plan

Appendix VII: Data Collection Approval Letters

Research Project Activities	**2013**					**2014**											
	A	**S**	**O**	**N**	**D**	**J**	**F**	**M**	**A**	**M**	**J**	**J**	**A**	**S**	**O**	**N**	**D**
Developing and Consulting Supervisor for Proposal																	
Designing & submitting Data collection Tools																	
Submitting the Research Proposal for clearance																	
Data Collection Data Entry & Analysis																	
Submission 1st Dissertation Draft																	
Correction & Submission 2nd Dissertation Draft																	
Making Corrections																	
Submission of Final Dissertation																	

Appendix VII: Data Collection Approval Letters

International Health Sciences University

sanitas per scientiam

Making a difference to Health Care in Uganda

Office of the Dean, Institute of Health Policy and Management

Kampala, On the 15th of July , 2013.

The .....
.....
.....

Dear Sir/Madam,
Re: Assistance for Research

Greetings from International Health Sciences University.

This is to introduce to you **Ms. Mary Juan Marie** Reg No. 2011_ MPH_RL_AUG_047 who is a student of this University. As part of the requirements for the award of a Masters Degree of Public Health of this University, the student is required to carry out field research for the submission of a Research Project. **Ms. Juan Marie** would like to carry out research on issues related to:

Assessment of the uptake and utilization of reproductive health services : A case study of young people in Juba South Sudan.

I kindly request you to render this student such assistance as may be necessary for her research.

I, and indeed the entire University are thanking you in anticipation for the assistance you will render to the student.

Sincerely Yours,

INSTITUTE OF HEALTH POLICY AND MANAGEMENT IHSU

David N. MAJWEJWE

Dean, IHPM

Appendix VIII: Approval letters from National and the State-Ministry of Health

The Republic of South Sudan

Ministry of Health

20th November, 2013

To: Ms. Mary Juan Marle
International Health Science University
marynamarle@gmail.com
Kampala , Uganda

Dear Ms. Juan

RESEARCH APPROVAL LETTER

ASSESSMENT OF DETERMINANTS INFLUENCING THE UPTAKE OF SEXUAL & REPRODUCTIVE HEALTH SCIENCES: A CASE STUDY OF YOUNG PEOPLE IN JUBA, SOUTH SUDAN.

I am writing in response to the request for authorization to the study on "***Assessment of determinants influencing the uptake of sexual & reproductive health sciences': A case study of young people in Juba, South Sudan***" As part of your secondary data analysis to provide insight into South Sudan's determinants influencing the uptake of sexual &reproductive health services for the young people.

After close review on the proposal, I am glad to inform you that the ethical committee at the Ministry of Health for the Republic of South Sudan has approved the study. The Ministry acknowledges the importance of the study in improving the sexual and reproductive health services of the young people in the country. Please, keep the Ministry of Health, Republic of South Sudan informed on the outcome of the study.

I look forward to the report and recommendations that will be generated from the study. Note that the study should not be published without the consent of the Ministry of Health, Republic of South Sudan.

Yours sincerely

20/11/2013

20 NOV 2013

Dr. Richard Lino Loro Lako
Director General
Policy, Policy, Planning, Budgeting and Research
Ministry of Health
Republic of South Sudan

cc: Under Secretary, MOH-RSS
cc: Director General, Reproductive Health, MOH-RSS
cc: Director General, Primary Health Care, MOH-RSS

REPUBLIC OF SOUTH SUDAN
CENTRAL EQUATORIA STATE - JUBA
MINISTRY OF HEALTH

GENERAL CORRESPONDENCE

No: SMOH/CES/50.B.1

Date: 21st November 2013

To Whom It May Concern

Subject:- **Approval for collection of data on Sexual Reproductive Health Services**

This is to certify that Ms. Mary Juan Marle is a masters degree study course in public health student at International Health Sciences University, Kampala, Uganda. She is collecting data on Sexual Reproductive Health Services in Juba City.

The Ministry of Health and Environment, Central Equatoria State is, therefore, requesting you to cooperate and facilitate her work should she show up at your facility for the exercise.

Regards and thanks for your cooperation.

DR. HILLARY O. OKANYI
DIRECTOR GENERAL
STATE MINISTRY OF HEALTH
CENTRAL EQUATORIA STATE/JUBA

cc:- CMO, Juba County – Juba.
cc:- Juba City Council Health Unit - Juba

E - Mail - smoh-ces 65@yahoo.com