

## KNOWLEDGE, ATTITUDE, AND PRACTICES ABOUT YOUTH-FRIENDLY REPRODUCTIVE HEALTH SERVICES AMONG STUDENTS AT MEDICARE HEALTH PROFESSIONALS COLLEGE, MENGO. A CROSS-SECTIONAL STUDY.

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### Abstract

#### Background

The term Youth Friendly Reproductive Health Service (YFRHS) refers to those services that are accessible, acceptable, and appropriate for youths such as contraceptive methods; quality obstetric and Antenatal care for all pregnant women and girls and prevention and management of sexually transmitted infections including HIV.

#### Methodology

The study employed a cross-sectional study design where 116 respondents were conveniently sampled and comprised young adults both male and female aged between 18-24 years admitted at Medicare Health Professionals' College, Mengo. Data analysis was presented in tables and figures.

#### Results

The majority 113(97.4%) of the respondents had heard about YFRH services, 44(37.9%) of the respondents heard about HIV counseling and testing, while only 6(5.2%) knew of post-abortion care. 69(59.5%) of the respondents did not agree that discussion about contraceptives promotes immorality. 46(39.7%) felt embarrassed to buy condoms from the shop/health facility. 61(52.6%) of the respondents did not agree that contraceptives are linked to sterility. The highest number 72(62.1%) had ever visited a health facility for YFRH services in the last 12 months. The majority 39(54.1%) of the respondents had used family planning services, only 1(1.4%) had gone for antenatal care while none had post-abortion care.

#### Conclusion

The majority of the respondents were knowledgeable about YFRH services, most heard services were family planning and HIV counseling and testing while the least known were antenatal and post about care services. The majority did not agree that discussion about contraceptives with young people promotes immorality. Most respondents had ever visited a health facility for YFRH services with the majority having used family planning services.

#### Recommendations

The Ministry of Health should create more awareness regarding youth services such as STI screening and treatment, antenatal care, and post-abortion care to address the high number of unplanned pregnancies and unsafe abortions present.

**Keywords:** Knowledge, Attitude, Practices, Youth, Friendly, Reproductive, Health, Mengo.

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### Background

The term Youth Friendly Reproductive Health Service (YFRHS) refers to those services that are accessible, acceptable, and appropriate for youths such as contraceptive methods; sensitive counseling; quality obstetric and Antenatal care for all pregnant women and girls and prevention and management of sexually transmitted infections including HIV. (Teshome, et al, 2021). Sexual behavior among young people is becoming one of the most important and emerging issues in the field of public health. Different problems such as sexually transmitted infections

(STIs) and unintended pregnancies may result from unprotected sex. Young people have the right to get sexual health services but due to the inaccessibility of information and friendly reproductive and sexual services, young people are still not able to get proper health services. (Gautam, et al, 2018)

Globally, 45% of all new HIV infections worldwide are occurring among young people aged 15-24 years. Over 500,000 young people are infected with STIs per day; approximately 80 million women have unwanted pregnancies every year. Moreover, the magnitude of unsafe

abortions in young women aged 15-24 years reached 45%. This is because many adolescents/young people are less informed, less experienced, and less comfortable accessing health services for Reproductive health than adults (Teshome, et al, 2021). Countries around the world have made remarkable gains in areas of sexual and reproductive health over the past few decades, but the gains in these areas have been inequitable and services have fallen short in coverage and quality. Furthermore, in much of the world people have insufficient access to a full set of sexual and reproductive health services, and their sexual and reproductive rights are not respected or protected. Ultimately, almost 4.3 billion people of reproductive age worldwide will have inadequate sexual and reproductive health services throughout their lives. (Starrs, et al, 2018) Across sub-Saharan Africa, youth aged 10-24 years have a high unmet need for sexual and reproductive health and the existing sexual and reproductive health services may not have the capacity to fully address their developmental needs. As a result, utilization of sexual and reproductive health preventive and treatment services among youth remains low. Of even greater concern, is that more than half of new HIV infections in sub-Saharan Africa still occur among those aged 15-24 years. The prevalence of sexually transmitted infections is also high among this population, as a third of the 333 million estimated infections are reported annually among individuals less than 25 years (Obiezu-Umeh, et al, 2021)

A systematic review of factors associated with access and utilization of youth-friendly and reproductive health services in sub-Saharan Africa identified some of the individual barriers including incomplete or inaccurate knowledge of sexual and reproductive health myths and misconceptions around contraception, and lack of access to information about what sexual and reproductive health services are and where to seek to them. (Ninsiima, et al, 2021)

The youth in Uganda, face numerous sexual and reproductive health (SRH) challenges, from HIV infection, and unsafe abortions to unwanted pregnancy. According to (Murungi, et al, 2023) Even those able to find accurate information about their health and rights may be unable to access the services needed to protect their health. Hence, adolescents' sexual and reproductive health must be supported by providing access to comprehensive sexuality education; services to prevent, diagnose, and treat STIs; and counseling on family planning. In addition, young people need to be empowered to know and exercise their rights—including the right to refuse unwanted sexual advances. This study aims to assess knowledge, attitudes, and practices about youth-friendly reproductive health services among students at Medicare Health Professionals' College, Mengo.

## Methodology

### Study design

The study employed a descriptive cross-sectional study design as it facilitated the collection of adequate data despite

the limited timeframe allocated as well as the limited resources that were available for the study.

### Study Area

The study was conducted at Medicare Health Professionals' College, Mengo located in Kampala district, the capital city of Uganda next to Ndejje University, Kampala campus. It is a health training institution offering a wide range of medical courses in the fields of Clinical medicine and community health, Medical laboratory, and Public health dentistry at the Diploma and certificate levels. The study was carried out from August to September 2023.

### Study Population

The study population comprised young adults both male and female aged between 18-24 years admitted at Medicare Health Professionals' College, Mengo. These were medical students pursuing medical courses in the fields of Clinical medicine and community health, Medical laboratory, and Public health dentistry at the Diploma level. Most of the students come from different parts of the country with English being the widely spoken language.

### Sample Size Determination

The sample size was determined using Kish Leslie's (1965) formula

$$n = \frac{Z^2 PQ}{e^2}$$

Where; n = sample size required

e = acceptable error/ required precision of the estimate = 0.07

Z = the standard variate (normal Z-score) corresponding to the confidence interval i.e., for the confidence interval of 95% Z = 1.96

P = The estimated prevalence of utilization of sexual and reproductive health services among young adults and street children in Kampala is 18.13%. (Mulekya. F. Bwambale, et al, 2021)

$$n = \frac{Z^2 PQ}{e^2}$$

$$n = \frac{(1.96^2 \times 0.1813 \times 0.8187)}{0.07^2}$$

$$n = 116 \text{ respondents}$$

Hence, the study involved 116 respondents.

### Sampling Technique

A convenience sampling technique was used to select the respondents where students who attend school at Medicare health professionals' college were interviewed. This method is relatively cheap, offers faster results, and does not require a sampling frame.

### **Sampling Procedure**

Students both male and female admitted at the institution were conveniently recruited, depending on how accessible and cooperative the respondents were willing to participate in the study and their presence at the time of data collection. The participants were selected after being explained to, the objectives of the study.

### **Data Collection Method**

The questionnaire method, using pre-tested questionnaires was used for data collection in the study. This method is simple, time-saving, and cheap as many questionnaires were administered to various respondents simultaneously. Record keeping and retrieval for future reference were also made possible.

### **Data Collection Tool**

Data was collected from correspondents using the self-administered questionnaires that encompassed both open and close-ended questions. These were printed on papers in English and handed over to the respondents.

Questions addressing information regarding knowledge, attitudes, and practices about youth-friendly reproductive health services among students were sought.

Brief characteristics regarding the characteristics of the participants were also obtained. Respondents were guided on how to fill them using either a pen or pencil. Writing materials such as pens or pencils were provided to the participants. Parcels for proper storage of the questionnaire forms were used before and after the study.

### **Data Collection Procedure**

Data was collected from respondents admitted as students at Medicare Health Professionals' College. The respondents were informed about the content and intent of the study and informed consent was sought. The questionnaire forms were then handed to respondents and they were given instructions on how they were to be filled.

For more clarification, a thorough interpretation of the questions was provided by the researcher or research assistant to the respondents.

The time of collection of the questionnaires was communicated to the respondents. Upon filling out the questionnaires, the forms were returned to the researcher. Data was collected daily while interacting with about 20 participants on each occasion until the required sample was obtained. Later on, a compilation of the questionnaires was made for analysis and interpretation.

In the case of refusal to consent to the study or failure to fill out the questionnaire form, the respondent was eliminated from the sample and replaced by another respondent. In case of loss of the questionnaire by a respondent, another copy was supplied at the expense of the researcher. This was catered for by obtaining a surplus of copies of the forms and retained by the researcher.

### **Study Variables**

These included the dependent and independent variables

### **Independent Variables**

The independent variables of the study included Knowledge, attitude, and practices about youth-friendly reproductive health services among students at Medicare Health Professionals' College, Mengo.

### **Dependent Variable**

The dependent variable was the Utilization of youth-friendly reproductive health services among students at Medicare Health Professionals' College, Mengo.

### **Pilot Study**

A pilot study was carried out a week before the start of the actual data collection at Medicare Health Professionals' College, Mengo. This was relevant to the study to assess whether the required research and information was available from the population hence ascertaining the area feasible for the study.

### **Quality Control**

The data collection tool i.e., the questionnaire was pretested by selecting randomly a few respondents from the institution and administering it to them. The answers were then analyzed to check their feasibility. The questionnaires were checked for errors and omissions to ensure completeness and accuracy in filling them and necessary adjustments were made.

For quality data collection three research assistants were selected from the institution of which the principal researcher was not part. These were trained on how to treat respondents ethically, and how to translate any question in the questionnaires for the respondents. Ample time was given to the respondents, to allow them to provide adequate information. All the above were carried out while adhering to the institution's rules and regulations.

### **Inclusion Criteria**

All students both male and female aged 18-25 years admitted at Medicare health professionals' college and consented were eligible to participate in the study.

### **Exclusion Criteria**

Students below 18 years of age and above 25 years of age and admitted to Medicare health professionals' college were not eligible for the study.

Students who did not consent and those not admitted to Medicare health professionals' college were not eligible for the study.

### **Data Analysis and Presentation**

The data collected was analyzed using Microsoft Excel. Results obtained were presented in the form of frequency tables, percentages, and pie charts.

### Ethical Consideration

A letter of introduction of the researcher from the training school, Medicare Health Professional's College was written and addressed to the principal of Medicare Health Professional's College to allow the researcher to carry out research in the same institution.

The respondents were assured of a high level of confidentiality by the researcher and his team. This was

ensured by the use of numbers instead of names on questionnaire forms to ensure anonymity. The respondents were informed of their right to refuse to be enrolled in the study and their right to withdraw from the study at any time along the way without any repercussions.

Informed consent was sought from the respondents by presenting them with a consent form to sign after a thorough explanation of the study. The researcher and her team observed and respected the expectations of the respondents.

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## RESULTS.

### Demographic Data of Respondents.

**Table 1: showing demographic data of respondents (n=116).**

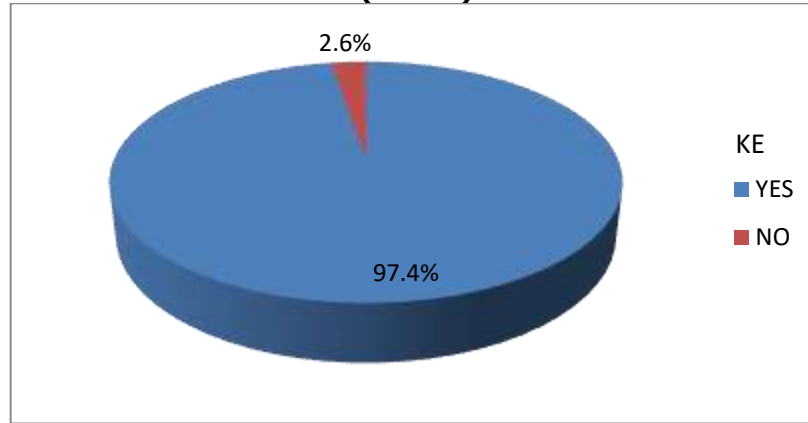
VARIABLE	CATEGORY	FREQUENCY(F)	PERCENTAGE (%)
AGE	18-21	15	12.9
	22-25	101	87.1
SEX	Female	62	53.5
	Male	54	46.5
RELIGION	Catholic	24	20.7
	Anglican	28	24.1
	Moslem	12	10.4
	Born-again	44	37.9
	Others	8	6.9
TRIBE	Latesta	32	27.6
	Munyankole	22	18.9
	Musoga	8	6.9
	Itesot	16	13.8
	Others	38	32.8
COURSE ENROLLED	DCM	75	64.7
	PHD	21	18.1
	MLT	12	10.3
	CLT	8	6.9
MARITAL STATUS	Single e	109	94.0
	Married	7	6.0
<b>TOTAL</b>		<b>116</b>	<b>100</b>

By age, the majority of 101(87.1%) were aged between 22 and 25 years, and the least 15(12.9%) were aged 18-21 years. 62(53.5%) were females and 54(46.5%) were males. The majority 44(37.9%) were born again with 8(6.9%) belonging to other religious dominions. Most 38(32.8%) of

the respondents belonged to other tribes, 32(27.6%) were Baganda by tribe and the least 16(13.8%) were Itesot. The majority, 75(64.7%) were DCM students, and the least 8(6.9%) were CLT students. Most 109(94%) of the respondents were single while 7(6%) were married.

**Knowledge about Youth Friendly Reproductive Health Services among MHPC Students.**

**Figure 1: Distribution of respondents whether they had heard about YFRH services. (n=116)**



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The majority, 113(97.4%) of the respondents had heard about youth-friendly reproductive health services while 3(2.6%) had not.

**Table 2: Distribution of respondents regarding the youth-friendly reproductive health services they have had about. (n=113)**

Variable	Category	Frequency(f)	Percentage (%)
YFRH services	Family planning	36	31
	HIV counseling and testing	44	37.9
	Screening and treatment of STIs	18	15.5
	Antenatal care	12	10.4
	Post-abortion care	6	5.2
	<b>Total</b>		<b>113</b>

Most, 44(37.9%) of the respondents heard about HIV counseling and testing, while only 6(5.2%) knew of post-abortion care services.

**Table 3: Distribution of respondents regarding where one accesses youth-friendly reproductive health services from. (n=113)**

Variable	Frequency (f)	Percentage (%)
Clinics	39	33.6
Hospital	62	53.5
School/institution	15	12.9
<b>Total</b>	<b>116</b>	<b>100</b>

The majority, of 62(53.5%) of respondents mentioned the hospital/health center, and a few 15(12.9%) schools/institutions as places where one can access YFRH services.

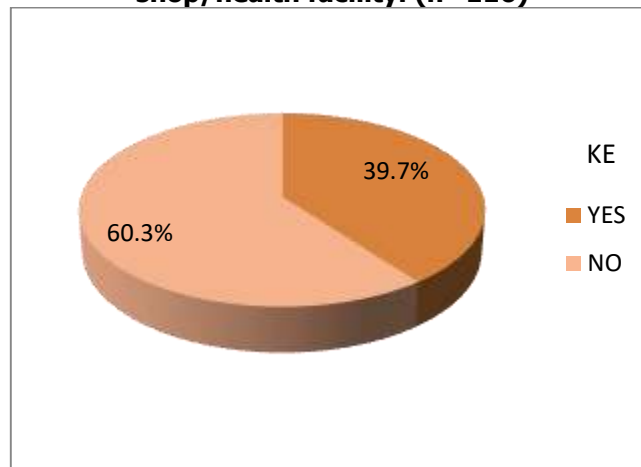
**Attitude towards Youth Friendly Reproductive Health Services among MHPC Students.**

**Table 4: Distribution of respondents whether discussion about condoms with young people promotes immorality. (n=116)**

Variable	Category	Frequency(f)	Percentage (%)
Discussion about contraceptives with young people promotes immorality	Yes	47	40.5
	No	69	59.5
	Total	116	100

The majority 69(59.5%) of the respondents did not agree that discussion about condoms/contraceptives with young people promotes immorality while 47(40.5%) agreed.

**Figure 2: Distribution of respondents regarding feeling embarrassed to buy condoms from a shop/health facility. (n=116)**



The majority 70(60.3%) said they would not feel embarrassed to buy condoms from the shop/ health facility while 46(39.7%) felt embarrassed.

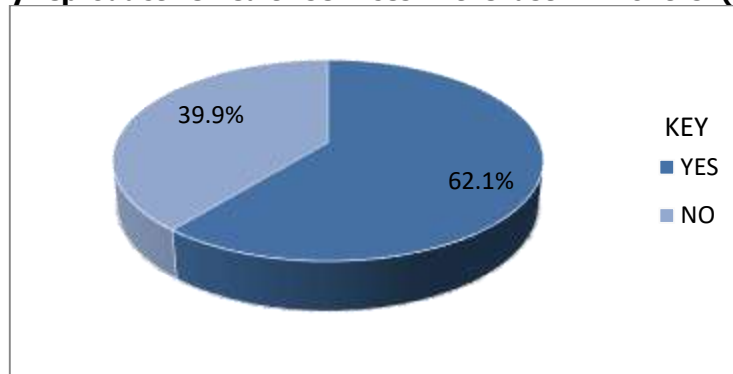
**Table 5: Distribution of respondents on whether contraceptives are linked to various side effects. (n=116)**

Variable	Category	Frequency(f)	Percentage (%)
Contraceptives are linked to various side effects including sterility	Yes	55	47.4
	No	61	52.6
	Total	116	100

Most 61(52.6%) of the respondents did not agree that contraceptives are linked to side effects including sterility while 55(47.4%) agreed.

**Practices Regarding Youth Friendly Reproductive Health Services Among MHPC Students.**

**Figure 3: Distribution of respondents regarding visiting any health facility for youth-friendly reproductive health services in the last 12 months. (n=116)**



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The highest number 72(62.1%) of respondents had ever visited a health facility for youth-friendly and reproductive health services in the last 12 months while 44(39.9%) had not.

**Table 6: Distribution of respondents regarding the YFRH services they have used. (n=72)**

Variable	Category	Frequency (%)	Percentage (%)
YFRH services used	Family planning	39	54.1
	HIV counseling and testing	28	38.9
	Screening and treatment of STIs	4	5.6
	Antenatal care	1	1.4
	Post-abortion care	0	0
<b>Total</b>		<b>72</b>	<b>100</b>

The majority 39(54.1%) of the respondents had used family planning services while only 1(1.4%) had gone for antenatal care and none had used post-abortion care services.

**Table 7: Distribution of respondents regarding the contraceptive method used before. (n=116)**

Variable	Category	Frequency(f)	Percentage (%)
Contraceptive method	Condoms	60	51.7
	Implants	0	0
	IUDs	0	0
	Oral pills	41	35.4
	None	15	12.9
	<b>Total</b>		<b>116</b>

Most, 60(51.7%) of the respondents reported to have ever used condoms, while none had ever used implants or IUDs.

**Discussion**

**Knowledge about Youth Friendly Reproductive Health Services among MHPC Students.**

According to the study, majority, 113(97.4%) of the respondents had heard about youth-friendly reproductive health services while 3(2.6%) had not. This indicates a high

level of awareness about youth-friendly services among the respondents. This is probably because respondents had heard about these services from various sources including the internet, hospitals/clinics during their clinical practice, and even at the institution since they were incorporated in some of their fields of study. This is contrary to a study done in Ethiopia, (Getachew, 2022) where the overall level of knowledge of respondents was poor, 237(55.4%) did not know about youth-friendly health services and never had about youth-friendly health services(YFHS).

Most, 44(37.9%) of the respondents had heard about HIV counseling and testing while only 6(5.2%) knew of post-abortion care services. This is probably because HIV testing services are widely available in every level of health facility and respondents have had an opportunity to see these services being provided and some have given them out to people themselves during their clinical/hospital practices. These findings are in line with a study done by (Adelafu, et al, 2019) in Nigeria where (44.4%) claimed that Voluntary Counselling and Testing for HIV were some of the services rendered to youths.

The majority, of 62(53.5%) of respondents mentioned the hospital/health center, and a few 15(12.9%) schools/institutions as places where one can access YFRH services. This is probably due to the access and exposure of the respondents to health facilities during their clinical practice. Some also mentioned that condoms were availed to them at the institution. These findings are similar to a study done by (Adelafu, et al, 2019) where the responses on where people got reproductive health services, it was shown that 253(65.2%) got Reproductive health services from hospitals and 27(7%) from schools.

### **Attitude towards Youth Friendly Reproductive Health Services among MHPC Student.**

This study revealed majority, 69(59.5%) of the respondents did not agree that discussion about condoms/contraceptives with young people promotes immorality while 47(40.5%) agreed. This is probably because most of the respondents had ever discussed contraceptives on various occasions. Some respondents mentioned that immorality was based on one's moral upbringing and rather that these discussions when held properly, reduced risky sexual behavior. These findings are in line with a study in Ethiopia by (Haile, et al, 2020) where only 31.2%, of the respondents agreed that discussing condoms or other contraceptive methods with young people promotes promiscuity.

Results also showed that the majority, 70(60.3%) said they would not feel embarrassed to buy condoms from the shop/health facility while 46(39.7%) said they felt embarrassed. This is relative because most respondents regarded it as one's responsibility to protect oneself rather than putting oneself at risk due to fear. These findings disagree with a study done by (Kara, et al, 2019) where the majority (64.6%)

of the respondents mentioned feeling embarrassed while buying or asking for contraception at the facilities.

In this same study, most, 61(52.6%) of the respondents did not agree that contraceptives are linked to various side effects including sterility while 55(47.4%) agreed. This is probably because some respondents argued that many women were able to conceive with a prior history of contraceptive use. However, others perceived it to be true stating that if misused, hormonal contraceptives may interfere with one's reproductive cycle hence difficult or failure to conceive. These findings agree with a study done by (Govender, et al, 2019) where only 101(30%) agreed that the use of contraceptives causes sterility in women.

### **Practices Regarding Youth Friendly Reproductive Health Services among MHPC Students**

In this study, the highest number, 72(62.1%) of respondents had ever visited a health facility for youth-friendly and reproductive health services in the last 12 months while 44(39.9%) had not. This is relative because respondents knew of these services and where to obtain them these findings are in line with a study done in Uganda by (Bernadette, et al, 2021) which showed that the majority, 320/336(95.2%) had sought adolescent youth sexual reproductive services from a health facility.

The majority, 39(54.1%) of the respondents had used family planning services, while only 1(1.4%) had gone for antenatal care while none had post-abortion care. This is probably because these family planning services are readily available and accessible to the youth in their surroundings. These findings differ from a study done by (Tilahun, et al, 2021) where the result showed that the majority, 43(65.15%) of the participants had counseling and testing services for HIV.

Most, 60(51.7%) of the respondents reported to have ever used condoms, while none had ever used implants or IUDs. This is probably because condoms are easily accessible and relatively affordable. These findings are in line with a study by (Mambo, et al, 2022) where the majority (72.5%) used condoms, 10.3% reported using emergency pills, 6.9% relied on an IUD, 6.2% on an injectable contraceptive, and 4.1% had used implants.

### **Conclusion**

The majority of the respondents had heard about youth-friendly reproductive health services, most heard services were HIV counseling and testing followed by family planning and the least known were antenatal care and post-abortion care services. In addition, the majority of the respondents were aware of where the services could be obtained.

The majority of the respondents did not agree that discussion about condoms/contraceptives with young people promotes immorality. Furthermore, the majority would not feel embarrassed to buy condoms from the shop/health facility



and most of the respondents disagreed with contraceptives being linked to various side effects including sterility. The highest number of respondents had ever visited a health facility for youth-friendly and reproductive health services in the last 12 months, with the majority having used family planning services and HIV counseling and testing. The most used contraceptive was condoms while none had ever used IUDs or implants.

### Recommendations

The government should increase accessibility and availability of youth-friendly services in rural areas, especially hard-to-reach areas to increase uptake of these services among youth as it is in urban centers.

The Ministry of Health should create more awareness regarding other youth-friendly services such as STI screening and treatment, antenatal care, and post-abortion care to increase their utilization and in turn address the high number of unplanned pregnancies and unsafe abortions present.

Health workers should health educate the community regarding the proper use of contraceptives, their side effects when to seek medical attention, and clear any misconceptions surrounding them.

Health workers should be more receptive and friendly to young people as they access these services by creating a conducive environment i.e. privacy, and being non-judgmental among others to encourage uptake of the services.

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### Abbreviations

**HIV:** Human Immuno-Deficiency Virus  
**MC:** Modern contraceptives  
**SRH:** Sexual and Reproductive Health  
**STIs:** Sexually transmitted infections  
**UNFPA:** United Nations Population Fund  
**UPHIA:** Uganda Population-based HIV Impact Assessment  
**VCT:** Voluntary counseling and testing  
**YFRHS:** Youth-friendly reproductive health services

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### Conflict of interest

No conflict of interest.


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