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Socio-Economic Factors on the Utilization of Adolescent Sexual Reproductive Services in Selected Primary Health Facilities in Trans Nzoia County.

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ABSTRACT: Despite, reproductive health needs of adolescent and youths being supported by different organizations, utilization of those services is low. All efforts have not been felt across Trans-Nzoia County primary health facilities as is evidenced by persistent reproductive health problems therefore, there is a need to conduct a study on the influence, socio-economic factors on the utilization of adolescent sexual reproductive services in selected primary health facilities in Trans Nzoia County. The study was anchored on sociological theory. The study adopted descriptive cross-sectional design. The study was conducted in Trans-Nzoia County. The target population was 2345 adolescent (10-19 Years) seeking sexual reproductive health services in 87 dispensaries and health centers each month. Dispensaries and health centers are ideal for the study since they are involved in offering primary health care. The study also targeted Community Health Assistants and Community Health Promoters. The study used multi-stage sampling procedure. For the adolescent the study adopted Slovins' formula to get a sample of 291 adolescents. In addition, the study adopted stratified random sampling to get the sample of adolescent in each sub-county. The study adopted a census sampling technique to incorporate all the 67 targeted CHAs and CHPs. The study utilized primary data. Primary data was collected through the use of questionnaires and interview schedule. A pre-test was done in Uasin Gishu County. Quantitative data was analysed using both descriptive and inferential statistics. Qualitative data was analysed using thematic content analysis. From the correlation analysis, the study concluded that there was a moderate positive and statistically significant correlation between socio-economic factors ($r=0.753$; $p<0.05$) and utilization of adolescent sexual reproductive services in selected primary health facilities. The study recommended that policymakers and government authorities should also advocate for the inclusion of a robust comprehensive sexuality education (CSE) program in school curricula.

Keywords: Socio-economic factors, utilization of adolescent sexual reproductive services, primary health facilities and Trans Nzoia County.

I. INTRODUCTION

The World Health Organization (WHO, 2018) defined reproductive health (RH) as a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life. This means people are able to have a satisfying and safe sexual life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. It is therefore the right of an adolescent to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, as well as the right to appropriate health care. Sexual reproductive services are the act of helping patients access reproductive health services. In this case, it refers to the action of helping adolescents' access reproductive health services such as maternal and newborn care, access to contraception, and the prevention and treatment of HIV or other sexually transmitted infections.

According to the latest World Health Organization (WHO) report, the age brackets of adolescents are defined as individuals between the ages of 10 and 19 years old (WHO, 2021). This age range is further subdivided into early adolescence, which includes those aged 10 to 14 years old, and late adolescence, which includes those aged 15 to 19 years old (WHO, 2021). According to the World Health Organization (WHO), globally, adolescents (aged 10–19) make up approximately 16% of the world's population, which is about 1.2 billion individuals. In Kenya, according to the United Nations Population Fund (UNFPA), adolescents (aged 10–19) make up approximately 21% of the country's population, which is about 10.5 million individuals. However, it is important to note that these figures may vary depending on the data source and methodology used for estimation.

Reproductive health continues to be a global priority because of the gap and challenges that exist in the status of youth's well-being between developed and developing countries. A study in China that was seeking to evaluate adolescent sexual reproductive services found that despite there being some form of good infrastructure, good equipment, friendly health personnel, and a conducive environment, some adolescent could not use reproductive health services because of a lack of publicity, a lack of full-time health service providers, poor health care services, and a loose referral system (PATH, 2016). In Russia, where young people's reproductive health needs are a key concern and priority for the government, the health care and education systems in the country were not adequately equipped for them to tackle some of the common reproductive health challenges among the youth. In this case, a Russian adolescent of ages 15–18 was being attended to by non-health practitioners. Further, the various health reports indicated that many of the young people who had a long relationship with health practitioners were, in most cases, feeling embarrassed to discuss common reproductive health issues such as contraceptives and STIs due to their perceived lack of confidentiality (WHO, 2017).

In Nepal, one-fourth (23.6%) of the total population is comprised of adolescents. Two in five girls aged 15–19 are already married, and around 17.0% have previously given birth or are pregnant with their first child by that age. One-fifth of males aged 15–24 have had premarital sex, whereas two-thirds have spouses or cohabitation partners as their most recent sexual partner. The unmet need for family planning among 15–19-year-olds was 41.0%, which is very high in comparison with women of reproductive age (15–49), which was 27.0%. Evidence suggests that there is an increased threat of sexual reproductive health (SRH) concerns among adolescents (Government of Nepal, Ministry of Health and Population, 2017). Along with physical health problems, the social and mental health consequences of SRH problems are also distressing. Moreover, adolescents are often hindered in their access to SRH-related information and services. Even in cases where services are offered, the lack of confidentiality, gender mismatch of service providers, and fear of embarrassment, as well as unawareness of the existence of services, are barriers to service utilization.

Sub-Saharan Africa is an area where teenagers make up the highest share of the population, with entirely 23% of the section's population aged 10–19 (World Health Organization, WHO, 2016). In most nation-states in this section, youth come across substantial impairments in getting sexual and reproductive health (SRH) services and in finding active, up-to-date contraception and condoms to keep from sexually transmitted illnesses, including HIV. The consequences of adolescents' health do not end in this age group; rather, they may persist into their upcoming lifetime. Regarding this, literature has established that numerous health glitches and considerable of the dangerous behaviors that cause future health problems initiate throughout the teenage years. Thus, promoting healthy practices during adolescence to well protect this age group from risks safeguards a longer, more creative life for many (Kidanu & Bantayerga, 2015).

According to the Ministry of Health (MoH) cited in the Kenya Demographic and Health Survey (KDHS, 2017) report, about 56% of women and 66% of men have some level of knowledge and understanding of sexual and reproductive health. The Ministry further noted that about 46% of Kenyan married women use some form of family planning to control child timing and determine the size of the family. As a result, a Kenyan woman now has four children, on average, which is a significant drop from eight children per woman 30 years ago. The report further identified more men than women between 15 and 24 who reported to have had two or more sexual partners (10% and 2%, respectively), a clear indication of the numerous challenges adolescents are facing in Kenya. Some literature suggests that some health care systems may sometimes fail to prioritize adolescents' health and end up overlooking reproductive health service provision to them. Family Health International (FHI, 2018). In some cases, adolescents themselves may fail to consume existing reproductive health services due to a number of factors. For instance, adolescents may or may not know about the services and do not want to seek them due to some concerns that need to be addressed (Chen, 2019).

In Kenya, many adolescents are increasingly becoming sexually active before the age of 20 (WHO, 2015), and many face difficulties in obtaining reproductive health care. Also, adolescents are typically poorly informed about how to protect themselves from pregnancies and sexually transmitted diseases. Despite the call by the ICPD and Kenya's commitment to the Program of Action, adolescents in Kenya lack access to sexual and reproductive health services. Also, despite evidence that adolescents face sexual health risks, the perception of 'healthy adolescents' persists. Therefore, the study seeks to address the factors influencing the utilization of adolescent sexual reproductive services by assessing the demographic factors, socioeconomic status, and human resource factors influencing the utilization of adolescent sexual reproductive services at selected primary health facilities in Trans Nzoia County.

1.1 Statement of the Problem

Adolescent sexual reproductive health services (ASRH) are crucial in promoting the sexual and reproductive health of adolescents, especially in developing countries like Kenya. However, the utilization of these services is still low, and this is a significant challenge to various improving the sexual and reproductive health outcomes of adolescents. Trans-Nzoia County is one of the counties in Kenya where the utilization of ASRH services is still low. Various reports indicate that the utilization of various adolescent sexual reproductive health services is still low. According to the Kenya Demographic and Health Survey (2020) the number of girls in Tran-Nzoia County in the age of 14-19 years who attend to all Anti –Natal Clinic visits was 11601, in 2021 the number reduced to 7413 and in 2022 the number decreased further to 5903. This shows that there has been a decline in the utilization of adolescent sexual reproductive health services, (Demographic and Health Survey, 2022). In 2020 report from Kenya Demographic and Health Survey indicated that the

number of girls in Tran-Nzoia County in the age of 14-19 years who receive all family planning services was 6591, in 2021 the number reduced to 5626 and in 2022 the number decreased further to 5285. This shows that there has been a decline in the utilization of family planning services, (Kenya Demographic and Health Survey, 2020).

According to the Kenya Demographic and Health Survey (KDHS, 2021) only 23% of women aged 15-19 in Trans-Nzoia County had access to modern contraceptives. Furthermore, the same survey showed that only 12% of adolescents aged 15-19 had received information on STIs and HIV/AIDS. The KDHS 2021 survey showed that only 14% of women aged 15-19 in Trans-Nzoia County had been tested for HIV in the 12 months preceding the survey. From the above statistics it is evident that there is an issue in the utilization of adolescent sexual reproductive health services therefore the study sought to assess socio-economic factors influencing the utilization of adolescent sexual reproductive health services in selected primary health facilities in Trans-Nzoia County, Kenya.

1.1 Study Hypothesis

$H0_1$: Socio-Economic factors have no significant influence on the utilization of adolescent sexual reproductive services in selected primary health facilities in Trans Nzoia County.

II. LITERATURE REVIEW

2.1 Theoretical Review

The sociological theory of adolescence explains how adolescents as a group come of age in society, and how the coming of age varies across historical epochs and cultures. The focus of sociological theorists is on relations between generations. They emphasize problems that young people have in making the transition from adolescence to adulthood. The focus thus is moving through adolescent to adulthood. Steinberg (2001) while quoting Kurt Lewin (1951) and Edgar Friedenberg (1959) noted that the difficulties that adolescents experienced in transiting into adulthood arose because adolescents are treated like 'second class citizens' (see Steinberg, 2001). This view was supported by the contemporary theorists who stress that many adolescents are prohibited from occupying meaningful roles in society and therefore experience frustration, restlessness and difficulty in making the transition into adult roles. Other sociological theorists of adolescence consider the intergenerational conflict or the generation gap.

Steinberg (2001) further quoted Karl Mannheim (1952) and James Coleman (1961) and observed that, adolescents and adults grow up under different social circumstances and therefore develop different sets of attitudes, values and beliefs. According to Mannheim, the modern society changes so rapidly and as such, there is always be problems between generations because each cohort comes into adulthood with different experiences and beliefs. Coleman argued that, adolescents develop a different cultural viewpoint (counterculture) that may be hostile to the values or beliefs of adult society. Emphasis is thus on the broader context in which adolescents come of age, rather than on the biological events that define adolescence. Thus, the theory helps in explaining the influence of socio-economic status on the utilization of adolescent sexual reproductive services in selected Primary health facilities in Trans Nzoia County.

2.2 Socio Economic Status on the Utilization of Adolescent Sexual Reproductive Services

Khan, Zafar, and Ahmad (2019) conducted a study on the effect of socio-economic, cultural, and demographic factors on women's reproductive health. A total sample size of 720 (360 users of contraceptives and 360 non-users of contraceptives) was selected using systematic random sampling techniques. A well-structured interview schedule consisting of open-ended and closed-ended questions was prepared to explore the research objectives. Inferential and multivariate analysis demonstrate the importance of socio-economic factors in determining the respondents' family size and their choices about the use or not-use of contraception. Gender roles and relationships in terms of spousal communication and women's participation in the decision-making process regarding family and non-family matters also play an important role in influencing reproductive health status. The cost of contraception physical and normative—is a strong predictor of contraceptive use. Positive attitudes of health care providers towards their clients in providing health care services do affect positively the utilization of health facilities available at the health care outlets, resulting in improved women's reproductive health status.

Palamuleni (2013) did a study on the socio-economic and demographic factors affecting contraceptive use in Malawi. The paper used data from the 2000 and 2004 demographic and health surveys to examine the correlates of contraceptive use among currently married women in Malawi. Bivariate and multivariate logistic regression analyses were used to establish the relationship between socioeconomic variables and the current use of contraception. The results showed that the major determinants of contraceptive use were age, respondents' and partners' approval of family planning, family planning discussion with partner, number of living children, work status, education, and visit to a health center. As a policy measure, information, education, and communication programs on family planning were intensified, particularly in rural areas and targeting men.

Langille, Tomblin, and Rigby (2018) conducted a study on socio-economic factors and adolescent sexual activity and behavior in Nova Scotia. Students at four high schools in northern Nova Scotia completed surveys examining relationships between family SES factors and sexual activity (having had vaginal or anal intercourse, intercourse before age 15 (early intercourse), and risk behaviors (use of contraception or condoms, number of partners, and unplanned

intercourse after substance use). The study findings revealed that in univariate analysis for young women, non-intact family structure and lower parental education were associated with having vaginal, anal, and early intercourse. Female risk behaviors showed no significant univariate associations with SES. Young men had univariate associations with family structure, lower maternal education and paternal unemployment with early intercourse, and lower paternal education with anal intercourse. Condom use was higher for young men with employed fathers; those living with both parents less often had sexual partners.

Manju (2019) sought to explore the socioeconomic dimension of adolescent reproductive health: a multicounty analysis. Nationally representative demographic and health survey data for 12 developing countries was used to assess socioeconomic differentials in reproductive health outcomes and service utilization among young women. For each country, chi-square tests were performed to identify statistically significant differences between the poorest and the richest quintiles, which were constructed using a household wealth index. The study findings revealed that in most countries, young women from the poorest households were more likely than those from the richest households to be married by age 18 and to have had at least one child by that age; they were less likely to report a mistimed birth, to be practicing contraception, to use maternal health services, and to know how to prevent sexual transmission of HIV. Economic autonomy, school enrollment, and regular exposure to mass media were less common among poor adolescents than among rich adolescents.

Susheela, Darroch, and Frost (2017) did a study on socioeconomic disadvantage and adolescent women's sexual and reproductive behavior: the case of five developed countries. Researchers in Canada, France, Great Britain, Sweden, and the United States used the most current survey and other data to study adolescent sexual and reproductive behavior. Comparisons were made within and across countries to assess the relationships between these behaviors and factors that may indicate disadvantage. The study findings revealed that adolescent childbearing is more likely among women with low levels of income and education than among their better-off peers. Levels of childbearing are also strongly related to race, ethnicity, and immigrant status, but these differences vary across countries. Early sexual activity has little association with income, but young women who have little education are more likely to initiate intercourse during adolescence than those who are better educated.

Nzala and Fwemba (2021) conducted a study on the association between socioeconomic status and fertility among adolescents aged 15 to 19: an analysis of the 2013/2014 Zambia Demographic Health Survey (ZDHS). Secondary analysis of the ZDHS 2013/14 data was carried out to find out the factors that affect the fertility rate of adolescents aged 15 to 19 years using multivariate logistic regression (n = 3666). The study findings revealed that the socioeconomic factors that affect the utilization of adolescent reproductive health include residence, wealth status, educational attainment, marriage, and abortion. An urban-based adolescent with a lower socioeconomic status was 2.4 times more likely to give birth compared to rural-based, poorer adolescents. Although the odds of giving birth were much higher among rural-based married adolescents compared to urban married adolescents, these relationships both statistically indicate higher educational attainment.

Kamau, Kausya, and Mugai (2020) conducted a study on the socio-demographic and economic factors influencing the utilization of youth friendly reproductive health services among youths in selected universities in Nairobi County, Kenya. A descriptive cross-sectional design was used to study 421 youths at selected universities in Nairobi County. A systematic sampling technique was used. Data was collected using a researcher-administered structured questionnaire and a key informant interview. Quantitative data analysis was conducted using the SPSS version and involved univariate and bivariate analysis. Chi-square was used to test the significance of the association between the dependent and independent variables. The study findings revealed that socio-demographic factors influence the utilization of adolescent sexual reproductive services, and therefore there is a need for the government, through the Ministry of Health and partners in health service provision, to increase the number of adolescent sexual reproductive services and ensure that the recommendations of adolescent health policy guidelines are fully implemented with good evaluation strategies in place.

Kimani (2018) conducted a study on the socio-economic factors influencing access to reproductive health services among youth in Laikipia County, Kenya. The study focused on youth aged between 18 and 25 years through a cross-sectional model using a mixed-methods approach to data collection. Thus, the study collected quantitative data through a survey, while key informant interviews and focus group discussions were used to collect qualitative data. The study was guided by the theory of reasoned action. The study findings indicate that social determinants of youth access to reproductive health services include social networks and support, service provider relationships with youths, and the availability of information in social spaces such as home and school. The economic determinant is affordability, including direct costs such as product prices and embedded costs such as transport product prices associated with accessing reproductive health services. The study concludes that access to reproductive health services among youth is significantly influenced by socio-economic factors such as social support, stigma, provider relationships, and financial constraints.

2.3 Utilization of Adolescent Sexual Reproductive Health Services

Adolescent sexual and reproductive health (SRH) services are vital for addressing the unique health needs of young people. These services include contraception, sexual education, STI prevention and treatment, and maternal health care.

The utilization of these services by adolescents is an indicator of how well health systems are meeting their needs and can reveal gaps that need addressing (World Health Organization, 2020). The effective utilization of these services by adolescents is influenced by multiple factors, such as accessibility, cultural attitudes, education, and policy frameworks. Understanding these factors is essential for improving SRH outcomes for adolescents globally.

First, accessibility is a fundamental determinant of the utilization of adolescent SRH services. Accessibility encompasses both the physical availability of services and the affordability of these services to young people (Bearinger, Sieving, Ferguson, & Sharma, 2019). Studies have shown that adolescents often face significant barriers to accessing SRH services, including geographic distance from health facilities and financial constraints. Additionally, health facilities may lack youth-friendly services, which can deter adolescents from seeking care (Chandra-Mouli McCarraher & Hainsworth, 2019). Implementing mobile clinics, subsidizing health care costs, and ensuring that health services are youth-friendly can significantly enhance the utilization of SRH services among adolescents.

Cultural attitudes and societal norms also play a crucial role in shaping the utilization of SRH services by adolescents. In many cultures, discussing sexual and reproductive health is taboo, and adolescents may feel stigmatized for seeking these services (Haberland & Rogow, 2020). This stigma is often compounded by a lack of privacy and confidentiality in health care settings, which can discourage young people from accessing care. Efforts to promote cultural sensitivity and confidentiality in health care, along with public education campaigns to normalize conversations about SRH, can help mitigate these barriers and encourage adolescents to utilize SRH services (Kirby, Laris, & Rolleri, 2021).

Education is another critical factor influencing the utilization of SRH services. Comprehensive sexual education equips adolescents with the knowledge they need to make informed decisions about their sexual and reproductive health (UNESCO, 2018). Evidence indicates that adolescents who receive comprehensive sexual education are more likely to use contraceptives and less likely to engage in risky sexual behaviors. However, many education systems either lack comprehensive sexual education programs or provide inadequate information (Guttmacher Institute, 2019). Strengthening sexual education curricula and ensuring that they are age-appropriate and inclusive can significantly improve the utilization of SRH services.

2.3 Conceptual Framework

Independent Variable **Dependent Variable**

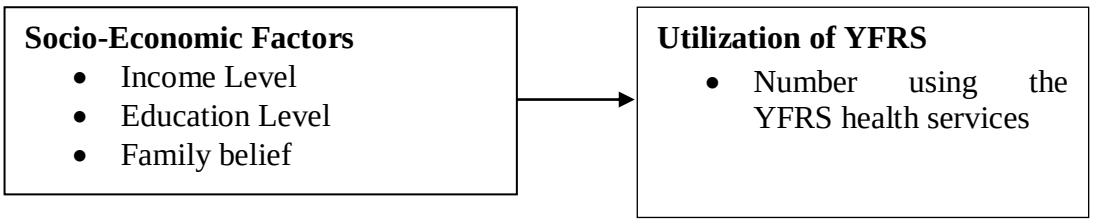

Figure 1: Conceptual Framework

III. RESEARCH METHODOLOGY

The study adopted descriptive cross-sectional design. The target population were adolescent (10-19 years) seeking sexual reproductive health services. According to the county record an approximate of 2,345 adolescents visit 87 dispensaries and health centers each month. Dispensaries and health centers are ideal for the study since they are involved in offering primary health care. The study also targeted Community Health Promoters (CHP) and Community Health Assistants (CHAs). The CHP and CHAs were targeted because they were in forefront to refer adolescents to the health facilities to seek for sexual reproductive health service. Table 1 shows the distribution of dispensaries and health centers in each sub-county

Table 1: Target Population

Sub-County	Number of dispensaries	Number of health centers	Number of adolescents	Number of, CHAs & CHP
Cherangany	16	6	231	10
Saboti	12	5	219	12
Kwanza	16	4	209	13
Kiminini	5	7	215	18
Endebess	13	01	217	14
Total	**62**	**23**	**1091**	**67**

The study used multi-stage sampling procedure. For the adolescent the study adopted Slovins' formula to get a sample of 291 adolescent

$$n = \frac{N}{1+Ne^2}$$

Where: n = Sample Size
N = Population Size
e = Margin of Error
1 = is a Constant Value

$$= \frac{1091}{1+1091(0.05)^2}$$

$$= \frac{1091}{3.7275}$$

$$=291$$

In addition, the study adopted stratified random sampling to get the sample of adolescent in each sub-county. For the Community Health Assistants (CHAs) and Community Health Promoters (CHP) the study adopted census technique to incorporate all the 67 targeted respondents. The study utilized primary data. Primary data was collected through the use questionnaire and interview schedule.

Data was coded and entered into SPSS version 24. Quantitative data was analysed using both descriptive and inferential statistics. Descriptive statistics included frequencies, percentages, means, measures of central tendency involving the mean as well as measure of dispersion, that is, the standard deviation. The items were then ranked using the computed means. Inferential statistics included testing of relationship between the independent variables and dependent variables. Bivariate and multiple regression analysis were done to determine the level of association between the variables in the study. Bivariate regression analysis was then used to assess the direction and strength of relationship between variables.

IV. FINDINGS

4.1 Hospital Visit for Sexual Reproductive Services

The respondents were requested to indicate how often they visit the hospital for sexual reproductive services. The findings are indicated in Table 2

Table 2: Hospital Visit for Sexual Reproductive Services

Hospital Visit	Frequency	Percentage (%)
Weekly	23	3
Monthly	40	9
Yearly	7	29
Once in Six Months	23	23
Once in A while	40	34
Not at all	7	2
Total	**50**	**100**

From the findings, 3% of the respondents indicated that they visit the hospital for sexual reproductive services weekly, 9% indicated that they visit the hospital for sexual reproductive services monthly, 29% indicated that they visit the hospital for sexual reproductive services yearly, 23% of the respondents indicated that they visit the hospital for sexual reproductive services once every six months, 34% of the respondents indicated that they visit the hospital for sexual reproductive services once in a while, and 2% of the respondents indicated that they have not at all visited the hospital for sexual reproductive services. This implies that the majority of the respondents indicated that they visit the hospital for sexual reproductive services yearly and once in a while.

The findings agree with Wakasa and Oljira (2018), whose findings revealed that regular visits for sexual reproductive services enable healthcare workers to prioritize preventive care measures such as STI screenings, contraceptive counseling, and reproductive health education. This proactive approach to healthcare can help prevent the onset of reproductive health issues and promote overall well-being. The findings also agree with Mulaudzi, Dlamini, and Coetzee (2018), who found that healthcare workers who visit primary health facilities for sexual reproductive services may have firsthand experience with the quality of care provided. This can enhance their knowledge of available services, allowing them to advocate for improved access, resources, and support for patients seeking similar services.

4.2 Socio-Economic Factors

The researcher sought to assess the effect of social economic factors in the utilization of adolescent sexual reproductive services in selected Primary health facilities in Trans Nzoia County. The findings were as indicated in table 3

Table 3: Socio-Economic Factors

Statements	SA		A		N		D		SD	
	F	%	F	%	F	%	F	%	F	%
I have a sufficient income	19	38	14	28	4	9	8	15	5	10
I can afford to cater for all my needs	19	39	21	41	5	10	5	10	0	0
Education level of the adolescent influences the utilization of adolescent sexual reproductive services	28	55	2	5	20	40	0	0	0	0
More educated adolescents have more knowledge regarding reproductive health which increases the rate of utilization sexual reproductive services	20	40	23	45	5	10	2	5	0	0
Family belief influences utilization of adolescent sexual reproductive services	16	32	21	41	13	27	0	0	0	0
I have a great family support	27	54	15	29	6	12	2	5	0	0
We discuss sexual health openly in my family	35		43		10		6	12	0	0

Source: Research Data (2024)

According to the findings, 19 (38%) of the respondents strongly agreed that they have a sufficient income, 14(28%) agreed that they have a sufficient income, 4(9%) were neutral 8 (15%) disagreed while 5 (10%) strongly disagreed that they have a sufficient income. This implies that majority of the respondents have income. Furthermore, 19 (39%) of the respondents strongly agreed that they can afford to cater for all their needs, 21(41%) agreed, 5 (10%) were neutral while 5 (10%) disagreed that they can afford to cater for all their needs. This implies that majority of the respondents can afford to cater for all their needs. On the same note 28 (55%) of the respondents strongly agreed that 2(5%), agreed 20(40%) were neutral while none disagreed nor strongly disagreed that education level of the adolescent influences the utilization of adolescent sexual reproductive services. This implies that education level of the adolescent influences the utilization of adolescent sexual reproductive services. The study findings are in line with the findings of Nzala and Fwemba (2021) which found that adolescents with higher levels of education are often more aware of sexual and reproductive health issues and have a better understanding of available services. They are more likely to seek out information and resources about sexual health, including where to access services.

According to the findings, 20(40%) of the respondents strongly agreed that more educated adolescents have more knowledge regarding reproductive health which increases the rate of utilization sexual reproductive services, 23(45%) agreed that they more educated adolescents have more knowledge regarding reproductive health which increases the rate of utilization sexual reproductive services, 5(10%) were neutral 2(5%) disagreed while none of the respondents strongly disagreed that more educated adolescents have more knowledge regarding reproductive health which increases the rate of utilization sexual reproductive services. This implies that more educated adolescents have more knowledge regarding reproductive health which increases the rate of utilization sexual reproductive services.

According to the findings, 16 (32%) of the respondents strongly agreed that family belief influences utilization of adolescent sexual reproductive services, 21 (41% agreed that family belief influences utilization of adolescent sexual reproductive services), and 13 (27% were neutral, while none of the respondents disagreed or strongly disagreed that family belief influences utilization of adolescent sexual reproductive services. This implies that family belief influences the utilization of adolescent sexual reproductive services. According to the findings, 27 (54%) of the respondents strongly agreed that they have great family support, 15 (29%) agreed that they have great family support, 6 (12%) were neutral, 2 (5%) disagreed, and none of the respondents strongly disagreed that they have great family support. This implies that the majority of adolescents have great family support.

According to the findings, 18 (35% of the respondents) strongly agreed that they discuss sexual health openly in their family, 21 (43% agreed that they discuss sexual health openly in their family, 5 (10%) were neutral, 6 (12%) disagreed, and none of the respondents strongly disagreed that they discuss sexual health openly in their family. This implies that the majority of the respondents discuss sexual health openly in their family. The study findings are in tandem with those of Kamau, Kausya, and Mugai (2020), who noted that open discussions about sexual health within the family can

foster positive attitudes towards relationships and intimacy. Children and adolescents can learn about healthy boundaries, consent, and communication skills from their parents or caregivers.

Moreover, the researcher sought to assess how the income level status of the adolescents influences the utilization of adolescent sexual reproductive services. Based on the findings, majority of the adolescents indicated that: *adolescents from higher-income families have the financial means to afford out-of-pocket costs associated with sexual reproductive services, such as copayments for doctor's visits, laboratory tests, and prescription medications. This financial stability can facilitate regular utilization of services,* (**Adolescent 5 from one of the health facilities in Kwanza Sub-County**). The findings of the study align with the sociological theory of adolescence, which emphasizes how social structures and economic conditions shape adolescent experiences. Adolescents from higher-income families can more easily access sexual reproductive health services due to their financial stability, reflecting the social capital theory that highlights how economic resources facilitate service utilization.

On the other hand, adolescents from lower-income families are faced with stigma and discrimination when accessing sexual reproductive services, particularly in public healthcare settings. This deters them from seeking care or lead to delays in utilization due to fear of judgment or mistreatment, (**Adolescent 4 from one of the health facilities in Endebess Sub-County**).

The researcher further sought to establish how family beliefs influences utilization of adolescent sexual reproductive services. The findings revealed that: *family beliefs rooted in cultural traditions may dictate what is considered acceptable behavior for adolescents regarding sexual activity, contraception, and seeking reproductive health services. Adolescents may be hesitant to seek services that conflict with these cultural norms due to fear of judgment or ostracization from their families or communities,* (**Adolescent 6 from one of the health facilities in Saboti Sub-County**).

4.3 Utilization of Adolescent Sexual Reproductive Services

The researcher also sought to establish utilization of adolescent sexual reproductive services. The findings were as indicated table 4

Table 4: Utilization of Adolescent Sexual Reproductive Services

Statements	SA		A		N		D		SD	
	F	%	F	%	F	%	F	%	F	%
The number of adolescents seeking health reproductive education has increased for the past five years	7	14	14	28	29	58	0	0	0	0
The health dispensary has recorded higher number of male adolescents seeking for reproductive education.	6	12	20	40	24	48	0	0	0	0
There has an increase in the uptake of contraceptives for the past five years.	23	46	27	54	0		0	0	0	0
The rate of HIV/STI screening among adolescent has increased for the past five years.	8	16	15	30	27	54	0	0	0	0

Source: Research Data (2024)

From the findings, 7 (14%) of the respondents strongly agreed that the number of adolescents seeking health reproductive education has increased for the past five years, 14 (28%) agreed that the number of adolescents seeking health reproductive education has increased for the past five years, and 29 (58%) were neutral, while none of the respondents disagreed or disagreed that the number of adolescents seeking health reproductive education has increased for the past five years. Moreover, 6 (12%) of the respondents strongly agreed that the health dispensary has recorded a higher number of male adolescents seeking reproductive education, 20 (40%) agreed that the health dispensary has recorded a higher number of male adolescents seeking reproductive education, and 24 (48%) were neutral, while none of the respondents disagreed or strongly disagreed that the health dispensary has recorded a higher number of male adolescents seeking reproductive education. The study findings are in line with the findings of Binu and Marama (2018), who concluded that male adolescents perceive a greater need for reproductive education due to specific concerns or questions they have about their own bodies, sexual health, or relationships. This is driven by experience, curiosity, or peer influence.

From the findings, 23 (46%) of the respondents strongly agreed that there has been an increase in the uptake of contraceptives for the past five years; 27 (54% agreed that there has been an increase in the uptake of contraceptives for the past five years; and none of the respondents disagreed or strongly disagreed that there has been an increase in the uptake of contraceptives for the past five years. This implies that there has been an increase in the uptake of contraceptives over the past five years. On the same note, 8 (16%) of the respondents strongly agreed that the rate of HIV/STI screening among adolescents has increased for the past five years; 15 (30%) agreed that the rate of HIV/STI screening among adolescents has increased for the past five years; and 27 (54% were neutral), while none of the respondents disagreed or strongly disagreed that the rate of HIV/STI screening among adolescents has increased for the

past five years. According to Kandeh (2018), efforts to raise awareness about the importance of HIV/STI screening among adolescents have led to greater recognition of the need for regular testing. Awareness campaigns, educational initiatives, and community outreach programs help disseminate information about the benefits of screening and where to access testing services.

4.4 Correlation Analysis

Correlation is a technique for investigating the relationship between two quantitative, continuous variables. The study adopted Pearson correlation analysis. Pearson's correlation coefficient (r) a measure the strength of the association between the two variables

Table 5: Correlation between Socio Economic Factors and Utilization of Adolescent Sexual Reproductive Services

		Utilization of Adolescent Sexual Reproductive Services
Socio Economic Factors	Pearson Correlation	.518**
	Sig. (2-tailed)	.000
	N	50

**. Correlation is significant at the 0.01 level (2-tailed).

The study also indicates that there was a moderate positive and statistically significant correlation between socio-economic factors and utilization of adolescent sexual reproductive services in selected primary health facilities ($r=0.753$; $p<0.05$). This implies that better socio-economic factors enhance utilization of adolescent sexual reproductive services in selected Primary health facilities in Trans Nzoia County. The study findings are in line with those of Ansha, Bosho and Jaleta (2016) who showed that higher socio-economic status is often associated with better access to healthcare facilities and infrastructure. Adolescents from wealthier households may live closer to primary health facilities offering sexual reproductive services and have access to a wider range of services, including specialized clinics and providers, facilitating utilization.

V. CONCLUSION AND RECOMMENDATION

The findings revealed that CHAs and CHPs have a sufficient income. Also, the findings revealed that the education level of the adolescents influences their utilization of adolescent sexual reproductive services. Further, the findings revealed that family belief influences the utilization of adolescent sexual reproductive services. The findings also revealed that they discuss sexual health openly in their family. The study concluded that CHAs and CHPs can afford to cater to all their needs. More educated adolescents have more knowledge regarding reproductive health, which increases the rate of utilization of sexual reproductive services. Further, the study concluded that most CHAs and CHPs have great family support. From the correlation analysis, the study concluded that there was a moderately positive and statistically significant correlation between socio-economic factors and the utilization of adolescent sexual reproductive services in selected primary health facilities.

The study recommended that to enhance adolescent sexual reproductive health (ASRH) programs and services in Trans Nzoia County, policymakers and government authorities should allocate specific funds for the development of youth-friendly health facilities and services. This includes building or renovating clinics to create welcoming environments for adolescents, and investing in the procurement of a diverse range of contraceptive methods, STI/HIV testing kits, and treatment resources. Policymakers and government authorities should also advocate for the inclusion of a robust comprehensive sexuality education (CSE) program in school curricula. This program should cover essential topics such as sexual health, contraception, STI prevention, reproductive rights, and healthy relationships. Collaboration with educational experts to develop age-appropriate curriculum materials and teacher training programs will ensure effective delivery.

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