STAKEHOLDER'S PARTICIPATION AND ACCESS TO REPRODUCTIVE HEALTH SERVICES AMONG YOUNG WOMEN IN MAKUENI COUNTY; A CASE OF KIBWEZI SUB COUNTY.

JACOB OKOTH ODHIAMBO

A project research submitted in partial fulfilment of the requirements for the award of the degree of Master of arts in monitoring and evaluation in the department of monitoring and evaluation and the School of Business of Africa Nazarene University.

May 2022

DECLARATION

I declare that this applied research project is my original work and that it has not been presented in any other university for academic credit.



Signature: ---------- Date: 31st May 2022

Name of student: Jacob Okoth Odhiambo

Student Number: 16S03DMME004

SUPERVISOR'S DECLARATION

This applied research is submitted for examination with my/our approval as the university supervisor(s)

Signature: -  31st May 2022

Name of supervisor: Dr. Wanjiru Nderitu

AFRICA NAZARENE UNIVERSITY,

NAIROBI, KENYA

DEDICATION

I dedicate this work to Adoyo and Odhiambo, to Wangechi Okoth, Amana Okoth and Njiru Okoth and to Mumbi Njiru and Njiru Jason.

TABLE OF CONTENTS

DECLARATION ..... **i**
DEDICATION ..... **ii**
TABLE OF CONTENTS ..... **iii**
ABSTRACT ..... **vi**
ACKNOWLEDGEMENT ..... **vii**
LIST OF TABLES ..... **viii**
LIST OF FIGURES ..... **ix**
LIST OF ABREVIATIONS ..... **x**
DEFINITION OF TERMS ..... **xii**
CHAPTER ONE **1**
INTRODUCTION AND BACKGROUND **1**
1.1 Introduction 1
1.2 Background of the Study 2
1.2.1 Access to RH services among young women 3
1.2.2 Stakeholder participation 4
1.2.3 Makueni County 6
1.3 Statement of the Problem 7
1.4 Purpose of the Study 8
1.5 Objectives of the Study 8
1.6 Research Questions 8
1.7 Significance of the Study 8
1.8 Scope of the Study 9
1.9 Delimitation of the Study 9
1.10 Limitations of the Study 9
1.11 Assumptions of the Study 10
1.12 Theoretical Framework 11
1.12.1 Stakeholder's Theory 11
1.12.2 Arnstein's ladder of participation 12
1.13 Conceptual Framework 13
CHAPTER TWO **15**
LITERATURE REVIEW **15**

2.0 Introduction 15
2.1 Access to RH services among young women 15
2.2. Stakeholder participation 18
2.2.1 RH information among young women and access to RH services in Makueni county. 18
2.2.2 Participation of young women in community health forums and access to RH services in Makueni county. 20
2.3.3 Inclusion of young women in RH planning and decision-making and access to RH services in Makueni county 22
2.3 Summary and Knowledge Gap 23
CHAPTER THREE 25
RESEARCH METHODOLOGY 25
3.1 Introduction 25
3.2 Research Design 25
3.3 Research Site 25
3.4 Target Population 26
3.5 Study Sample 26
3.5.1 Study Sample Size 26
3.5.2 Sampling procedure 27
3.6 Data Collection 29
3.6.1 Data Collection Instruments 29
3.6.2 Pilot Testing of Research Instruments 29
3.6.3 Instrument Reliability 30
3.6.4 Instrument Validity 32
3.6.5 Data Collection Procedure 32
3.7 Data Analysis 32
3.8 Legal and Ethical Considerations 33
CHAPTER FOUR 34
DATA ANALYSIS AND FINDINGS 34
4.1 Introduction 34
4.2 Characteristics of the respondents 34
4.2.1 Response rate 34
4.2.2 Demographics and social-economic characteristics of respondents 35
4.3 Presentation of Research Analysis, Findings, and Interpretation 41

4.3.1 Effect of RH information among young women on their access to RH services..... 42

4.3.2 Effect of participation of young women in community health forums on access to RH services..... 46

4.3.3 Effect of inclusion of young women in RH planning and decision-making on access to RH services..... 48

CHAPTER FIVE 51

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS 51

5.1 Introduction..... 51

5.2 Discussion..... 51

5.2.1 RH information among young women and access to RH services 51

5.2.2 Participation of young women in community health forums and access to RH services. 53

5.2.3 Inclusion of young women in RH planning and decision-making on access to RH services..... 55

5.3 Summary of main findings..... 56

5.4 Conclusion 58

5.5 Recommendations..... 59

5.6 Areas of further research..... 60

REFERENCES..... 61

APPENDICES 68

Appendix 1- Questionnaires 68

Appendix 2- Key Informant Guide 75

Appendix 3- Research Consent Form 76

Appendix 4- African Nazarene University Research authorization..... 77

Appendix 5- NACOSTI research clearance permit 78

Appendix 6- Map of Study Area..... 79

Appendix 7- Research Schedule 80

Appendix 8- Research Budget 80

ABSTRACT

Enhancing access to quality health care services to vulnerable and marginalized populations such as young women is increasingly gaining momentum globally. This study aimed at examining the effect of stakeholder participation on access to reproductive health (RH) services among young women in Makueni county. The three objectives of the study were; To establish the effect of availability of RH information among young women on their access to RH services, to assess the effect of participation of young women in community health forums on their access to RH services and to examine effect of inclusion of young women in RH planning and decision-making on access to RH services among young women in Makueni county. Descriptive research mixing both quantitative and qualitative methods were used to answer to the study questions. The study was underpinned by the Arnstein's participation theory and the stakeholders' theory. Stratified and systematic random sampling was used to identify and target a total of 372 young women aged 18 to 24 years. 12 key informants were interviewed at county, sub-county and ward levels. Data was analyzed using a combination of the IBM SPSS techniques including frequencies, cross-tabulations, means, and descriptive ratio statistics. Findings point that RH information helped young women in seeking RH services. The results also implied that attending community health forums did not influence access to RH services among young women. On the other hand, involving young women in the planning and decision-making forums on RH improved access to RH services. The study findings are significant for health and development stakeholders to benchmark and formulate pragmatic stakeholder participation approaches on fundamental development issues such as access to RH services in order to achieve the development goals. Further research is recommended to investigate capacity of vulnerable groups such as young women to effectively participate as stakeholders in development issues including RH services. There is also need for more studies on the effectiveness of RH information channels, content and language on improving access to RH services among young women. Finally, there is need for action research and experiments on stakeholder participation approaches which can prove effective in enhancing participation of vulnerable groups such as young women.

ACKNOWLEDGEMENT

Firstly, to the almighty God for the opportunity and grace to complete this project. I am sincerely grateful to Dr. Nderitu for her immeasurable support, professional guidance and her patience with me not only during the project as my supervisor but also during the entire journey of the Master of Arts in Monitoring and Evaluation course. Special thanks to Dr. Kimani for the guidance and immense support in setting up the methodology for this project.

I take this opportunity to acknowledge the support and responsiveness of the Monitoring and Evaluation department and the entire faculty and staff in the School of Business.

I acknowledge the efforts of the data assistants during the entire field work and ensuring authentic and quality data was available for the project. I most sincerely appreciate Tumaini Nguma for working with me in coordinating the data assistants team during the field work. I sincerely appreciate Mr. Japheth Kioko and Emmanuel Shalom for their support in data analysis process not forgetting Mr. James Ndimbii for being my sounding board in the entire project process.

I extend my sincere appreciation to the Makueni County administration officials including; the County Aids and STIs coordinator (CASCO), sub-County administrator, ward administrators in the six wards, women group leaders in the specific wards and the CSOs representative who provided their insights to the project. Last but not least, I appreciate all the young women who gave meaning to this project survey by providing the critical information on the project subject.

LIST OF TABLES

Table 3.1 Population of young women by age ……...…….....27

Table 3.2 Study sample size ……. 27

Table 3.3 Cronbach's alpha test.…….…….…….…….31

Table 4.1 Survey respondents and KII type participating in the study …….35

Table 4.2 Respondents by age and marital status ……36

Table 4.3 Respondents marital status and family size ……...…. 38

Table 4.4 Respondents' duration of residence in the study area ……...……..…… 38

Table 4.5; Survey respondents' occupation ……...…… 39

Table 4.6 Perception on RH information and access to RH services…….…….…… 42

Table 4.7 Participation in community health forums and access to RH services.……...47

Table 4.8 Inclusion in RH planning and decision-making on access to RH services. ….. 49

LIST OF FIGURES

Figure 1.1: Study Conceptual Framework. Source: Author (2022) ……. 14

Figure 4.1; Respondent by age has/does not have a child/children ……. 37

Figure 4.2; showing highest level of education among study respondents ……. 40

Figure 4.3; Comparing highest level of education and age of respondents ……. 41

LIST OF ABREVIATIONS

ANC- Antenatal care

CHVs- Community health volunteers

CSOs- Civil Society Organizations

CIDP- County Integrated Development Plan

DHS- Demographics and Health Surveys

FGD- Focus Group Discussion

FP- Family Planning

HFMCs- Health Facility Management Committees

IDIs In-Depth Interviews

KNBS- Kenya National Bureau of Statistics

KENPHIA- Kenya Population based HIV Impact Assessment

KNCHR- Kenya National Commission on Human Rights

KDHS- Kenya Demographic Health Survey

LMIC- Low- and Middle-Income Countries

MCH- Maternal and Child Health

MOH- Ministry of Health

NCPD- National Council for Population Development

NGO- Non-Governmental Organizations

PAC- Post-abortion Care

RH- Reproductive Health

SRH- Sexual and Reproductive Health

SSA- Sub Saharan Africa

SDGs- Sustainable Development Goals

UN- United Nations

UNRIC- United Nations Regional Information Centre

USSR- Union of Soviet Social republics

WHO- World Health Organization

DEFINITION OF TERMS

Participation: Participation is taking part in forums, dialogue, processes, design and decisions in terms of ideas, opinions, desires and aspirations of stakeholders regarding a particular issue.

Reproductive Health: The wellbeing of human male and female reproductive systems during all of human life stages. Key components include Pre and Post Natal care, family planning services and prevention and treatment of reproductive health conditions.

Young Women: The Constitution of Kenya defines youth as any person aged between ages 18 and 35 years. However, this research will focus on young women aged between 18 and 24 years as widely used by WHO and other key international and local health stakeholders.

RH Information: Entails a package of facts or messages in form of print, visual or verbal targeted to a particular or general population for the purpose of educating, sensitizing or creating awareness on reproductive health.

Inclusion: The action or state of being included within a group or structure.

Access: The means or opportunity to obtain or receive a service.

CHAPTER ONE
INTRODUCTION AND BACKGROUND

1.1 Introduction

The conversation on enhancing access to quality health care services to all humans as a fundamental right is increasingly gaining momentum globally. Stakeholders in the health sector are becoming more aware of the need for tailor made approaches to health care services that respond and address dynamic needs of the different populations including marginalized groups like young women. Like in many other development sectors, governments and development partners are embracing stakeholder participation in the designing, planning and implementation of health programs to ensure they respond to the needs of the targeted beneficiaries.

Vitálišová, Murray-Svidroňová, & Jakuš-Muthová (2021) assert that over the years, stakeholder participation is increasingly becoming a fundamental principle of good governance with high participation rates likely to generate high-quality governance. In Europe, stakeholder participation is widely recognised as a critical central component of decision-making in any developmental issue, (Pigmans, Aldewereld, Dignum & Doorn, 2019).

According to the Kenya national human rights commission (2012), young women were evidently among the marginalized groups in terms of access to RH in Kenya. This calls for a need to investigate how participation of young women in terms of availability of RH information, participation at community health forums and inclusion in RH planning and decision-making influences their access to RH services.

1.2 Background of the Study

The Alma Ata Declaration at the International Conference on Primary healthcare in Russia on 12th September 1978 at Union of Soviet Socialists Republic (USSR) demonstrates the global commitment to ensuring access to health services by all human beings regardless or social or economic status (World Health Organization (WHO), 1978). The declaration obligated governments to consistently work towards improving access to quality health care services. The WHO (2020) upholds attainment by all people of highest possible level of reproductive health (RH) a key priority. The Global health body goes further to emphasize that as per the United Nations Conference on Sustainable Development also popularly known as Rio +20, RH is a significant primary health need in all communities which should be integrated into national strategies and programmes (WHO, 2020).

Declaration 288 of 2012 at the United Nations Conference on Sustainable Development popularly known as Rio +20 entitled *The Future We Want* "We recognize that opportunities for people to influence their lives and future, participate in decision-making and voice their concerns are fundamental for sustainable development" (United Nations E-Government Survey, 2014). In the African context, public participation is enshrined in article 48 of aspiration 6 of Agenda 2063 'The Africa We Want' (2015) on the right of all citizens of Africa to be actively involved in decision-making in social, economic, political and environmental aspects of development.

Kimathi et al, (2020) observed need for confidentiality and fear of mistreatment and stigmatization by health care workers were key drivers to access to health services among adolescent and young women. Thapa (2020) found out that the number of children,

participation in household decision-making and exposure to media influenced access to health services among young women.

1.2.1 Access to RH services among young women

Access to RH services among young women focuses on the opportunity for young women to receive RH services such as pre-natal and post-natal care, family planning, prevention and treatment for reproductive health conditions in a particular community. The study focused on whether the variables under stakeholder participation increase, decrease or has no effect on access to RH services. Ensuring young women access RH services is an important global goal in order to achieve the broader health goal under the universal sustainable development goals. Despite the commitment made by United Nations member states towards the sustainable development goals, more than 4 billion people globally will in the course of their lives face a lack of access to at least one key RH service (WHO-UHC, 2020).

Article 43 (1) of the Constitution of Kenya (2010) states that 'every person has the right to the highest attainable standard of health. This constitutional basic right includes the right of young women to access quality reproductive health. The Kenya National Commission on Human Rights (KNCHR), (2012) emphasized the constitutionality of sexual reproductive health as a fundamental right to all persons that states must always strive to fulfil. Desrosiers, et al (2020) suggested that several evidence based RH interventions may be effective for young people in humanitarian and Low- and Middle-Income Countries (LMIC) settings.

The Reproductive Health Policy of 2007 in Kenya was set to improve the reproductive health of young people including adolescents and young women as well as

ensure full access to RH health services and information (Government of Kenya, 2007). The Kenya National Bureau of Statistics (2015) conducted the Kenya Demographic Health Survey and found out that one in every five teenage girls aged 15-19 years had begun childbearing while girls aged 20-24 years had a contraceptive prevalence of 64%. These facts demonstrate the growing and complex RH needs among young women with development stakeholders including the health sector required to formulate strategies that can lead to increased access to RH services among young women. With increased access to RH services, young women will be empowered to make informed and safe sexual and reproductive health choices including planning childbearing and family size and prevention of sexually transmitted infections.

1.2.2 Stakeholder participation

Stakeholder participation in terms of RH information among young women, their participation in community health forums and inclusivity of young women in RH planning and decision-making form the independent variable in this study. Stakeholder participation is a key aspect in monitoring and evaluation especially because it ensures that the processes of identifying, defining and prioritizing social problems, issues and interests are inclusive and involve all stakeholders including the targeted beneficiaries. Effective participation leads to designing of goals and objectives that can adequately address particular social problems or issues with participatory periodic and progressive monitoring of outcomes and impacts.

1.2.2.1 RH information among young women.

The first objective of the study was to measure the relationship between availability of RH information and access to RH services. Availability of RH information touches on

how the beneficiaries of RH services receive information through various channels regarding RH services. Generally, availability of information on health contributes in improving access to health services (WHO, 2001; Rutgers, 2016). The Ministry of Health in Kenya (2016) in the National guidelines for provision of adolescent and youth friendly services in Kenya pointed out that lack of information, education and communication on RH among young people was one of the barriers to access to quality RH services. Mutea, Ontiri, Kadiri, et al. (2020) in their qualitative research concluded that adolescents and young people in Kakamega and Kisumu Counties in Kenya faced a myriad of barriers when seeking SRH information and/or health services.

1.2.2.2 Participation of young women in community health forums

Generally, youth have been considered as one of the marginalized groups in not only Kenyan society but in the African context in general. This has meant that for a long time, young people have historically been left out of development deliberations and engagements including community health forums. In one of its key principles, the national Adolescent reproductive health policy (2015) emphasizes the importance of involvement of stakeholders in the planning, implementation, monitoring and evaluation of reproductive health. Ideally, in this context, young women as key consumers and beneficiaries of health programs and services form part of the key stakeholders that must be involved in health forums deliberating on RH issues. Generally, youth are considered as one of the marginalized groups simply because they have historically been left behind in development engagements including health forums.

1.2.2.3 Participation of young women in planning and decision-making forums

Governments both national and sub-national are putting into practice scholarly ideas on stakeholder participation in terms of soliciting important information to aid decision making and resolving problems, (Baldwin, Rountree, & Jock, 2018). Stakeholder participation can be considered effective where the stakeholders are allowed to fully participate in all aspects of the project including becoming part of planning and decision-making.

A situational analysis carried out by the ministry of health in Kenya through the division of reproductive health established that there was generally insufficient involvement of young people in youth activities and programs (Ministry of Health, Kenya- Division of reproductive health, 2013). The poor involvement of young people as key stakeholders at health activities and program implementation level reflected poor or lack of meaningful involvement at planning and decision-making levels with a possibility that the programs did not respond to their health needs and interests. In the context of young women access to RH services, this study seeks to establish how involvement at planning and decision-making levels of RH services contributes to their access.

1.2.3 Makueni County

Makueni County is one of the forty-seven counties in Kenya situated in the South Eastern part of the country (Makueni County Integrated Development Plan 2018-2022). In 2016, the county was at the forefront of providing UHC by rolling out the Universal health care program known as *MakueniCare* as an initiative of the County Government for all the citizens in the county.

1.3 Statement of the Problem

There is growing evidence on the need to ensure access to RH services among young women especially in developing countries like Kenya. As of 2011, Kenya was facing a high likelihood of not achieving the Millennium Development Goals (MDG) in health due to the inadequate attention to the RH needs of young people (FHI360 & Ministry of Health, Kenya, 2011). Stakeholder participation provides the opportunity to involve young women who are key stakeholders on RH services in planning and decision-making of RH services. The Kenya National Council for Population Development (NCPD) (2021), reported that a considerable proportion of adolescents and young women as early as 15 years engage in early and risky sexual intercourse without adequate access to SRH and HIV information and services. This situation points to a greater need to ensure adequate access to RH services among young women due to the reproductive health risks involved.

However, there still remains a dearth of evidence on how stakeholder participation influences access to RH services among populations such as young women. Ninsiima, Chiumia, & Ndejjo (2021), conducted a systematic review of studies conducted on factors influencing access to and utilization of youth friendly sexual and reproductive health services in sub-Saharan Africa published between January 2009 and April 2019. Apart from showing health education as an enabler to access to RH services, the studies revealed very little on the association between the broader subject of stakeholder participation and access to RH services among young people.

It is in this regard that this study sought to contribute to the knowledge gap on effect of Stakeholder participation on access to reproductive health services among young women with a focus on young women in Kibwezi Sub-county in Makueni County.

1.4 Purpose of the Study

This study examined the effect of stakeholder participation on access to reproductive health services among young women in Makueni county; a case of Kibwezi sub county.

1.5 Objectives of the Study

The following were the specific objectives of the study.

i. To establish the effect of RH information among young women on their access to RH services in Makueni county.
ii. To assess the effect of participation of young women in community health forums on their access to RH services in Makueni county.
iii. To examine effect of participation of young women in RH planning and decision-making on access to RH services among young women in Makueni county.

1.6 Research Questions

The study was carried out in the perspective of the following research questions.

i. How does RH information among young women influence their access to RH services in Makueni county?
ii. How does participation of young women in community health forums influence their access to RH services in Makueni county?
iii. How does inclusion of young women in RH planning and decision-making influence access to RH services among young women in Makueni county?

1.7 Significance of the Study

The government both at national and County level will have an opportunity to gain more understanding on how to improve stakeholder participation towards optimizing

access and utilization of RH services among young women. Other local and international development partners will also have a chance in utilizing the study findings and recommendations in designing strategies that enhance stakeholder participation including among young women in reproductive health programs. This is important because of the increased investment and funding by both national and county governments and other development partners driven towards attainment of the health priorities including RH of sustainable development goals.

1.8 Scope of the Study

The study was conducted in Kibwezi Sub-county in Makueni County drawing participants from all the six wards within the sub-county: Emali-Mulala, Kikumbulyu North, Kikumbulyu South, Makindu, Nguu/Masumba and Nguumo. The research scope was determined by the available resources in terms of financial and time to carry out the research project within the limited academic time.

1.9 Delimitation of the Study

The study was delimited to Kibwezi Sub-County because it is more representative in terms of mix of both rural and urban settings compared to the other sub counties. This is important to ensure the views of young women in both rural and urban settings are captured in the study.

1.10 Limitations of the Study

The main limitation was that the research was conducted during the prevailing COVID-19 pandemic. Due to the adverse socioeconomic effects of COVID-19 to communities leading to unplanned migration of people, it may be a challenge to find some of the targeted young women eligible to participate in the research. To mitigate this, the

researcher utilized the data on population size estimates for young women in each of the six wards in Kibwezi sub-County. The researcher used phone interviews to reach the ward administrators and sub county officials who were the key informants for the study. The researcher and the data clerks assured the participant of the highest possible adherence to ministry of health COVID-19 prevention measures including proper and consistent use of face masks, social distance and use of hand sanitizers during data collection. Additionally, no focus group discussion was conducted which further minimized the risk of COVID-19 infection.

The researcher ensured clear and detailed information regarding the research was made available and explained to all participants before participating in the research to minimize misconception and misinterpretation.

1.11 Assumptions of the Study

The research assumed that the relevant government officials who work with young women will be interested in the research and cooperate in facilitating access to information regarding the research subject at both subcounty and ward level. There was assurance to the stakeholders including the young women that the research shall uphold ethical research standards of confidentiality and anonymity to the data with emphasis that participation would be purely voluntary and respondents allowed to withdraw from the study at any time. The research also assumed that the respondents including the key informants were honest and responded to the research questions honestly and accurately. This assumption was more important for key informants especially that some being key stakeholders on the subject matter could have felt that some of the questions exposed their weakness and shortcomings on their responsibilities.

1.12 Theoretical Framework

This research was underpinned by the Stakeholder's theory and Arnstein's ladder of participation theory. The two theories are discussed below.

1.12.1 Stakeholder's Theory

Fontaine et al. (2006) who refer to Freeman as the 'father of the stakeholder theory' uses his definition of a stakeholder as any group or individual who can affect or is affected by the achievement of the organization objectives. The Stakeholder concept dates to more than 25 years back by Dr. Edward Freeman, Professor at the University of Virginia through his landmark book 'Strategic management; A stakeholder approach'. The theory was built around the corporate business management world and refers mainly to managers and shareholders where managers' key duty should be to maximize shareholders' interests.

Freeman (2015) later acknowledged the inputs of other scholars including Eric Rhenman who made tremendous contribution to construct the management theory commonly referred as the stakeholder theory. The study draws on the stakeholder theory in terms of stakeholder participation where the governments at either national or county level are the managers and the public or citizens are the stakeholders. This approach is relevant to this research where the priority of the 'managers' in this case government institutions, should be to maximize the interests of the stakeholders in this case young women through ensuring their effective involvement. This theory underpins the idea that with adequate and effective involvement of stakeholders in this case young women in Makueni county there will be improved access to RH services. This was relevant to the research which aimed to measure influence of stakeholder involvement through availability

of information and communication, community health forums and involvement at planning and decision-making on access to RH services.

1.12.2 Arnstein's ladder of participation

Arnstein's ladder of participation theory was first fronted by Sheryl Arnstein based on the American 1960's socio-economic and political environment. Arnstein (1969) defines citizen participation as citizen power. The theorist further describes citizen participation as redistribution of power to enable the economic and socially vulnerable members to be deliberately included in the future.

The theorist uses the illustration of a ladder to demonstrate the levels of citizen participation and ability to influence decisions in terms of governance. The ladder has eight rungs categorized into three clusters; non-participation which is the lowest two rungs of manipulation and therapy, tokenism which is the second lowest three rungs of informing, consultation and placation and citizen power which is the three topmost rungs of the ladder (partnership, delegated power and citizen control). Availability of information, participation at community forums and involvement/representation at decision-making level as key steps to effective participation are derived from this theory.

This theory was relevant to this research since it points out the core principles and pillars of stakeholder participation for effective involvement of the public into governance. The conceptual framework and objectives of this study touched on these principles in terms of stakeholders being involved at information and education, participation and representation at community forums and at planning and decision making on RH.

1.13 Conceptual Framework

A conceptual framework is the total, logical orientation and associations of anything and everything that forms the underlying thinking, structures, plans and practices and implementation of your entire research project, (Kivunja, 2018). In this research, the dependent variable was access to RH services measured by uptake of critical RH services and disease trends of RH related conditions.

One of the expected outcomes of increased access to RH services in Makueni county is increasing the number of women accessing family planning services hence increase contraceptive uptake from 65% to 72% by 2022. Achievement of this outcome will reduce the number of unplanned pregnancies within the county hence reducing the number of unsustainable family size due to increased number of children that the family cannot sustain. Additionally, this outcome directly affects young women especially because of socioeconomic factors like unemployment and unstable economic status hence their need to plan their childbearing and family size. Contraceptive uptake rate is a key performance indicator under

Increasing access to RH services will make a meaningful contribution to achieving the global, national and county level goals in terms of RH targets. Makueni county 2018-2022 CIDP has also developed performance indicators for monitoring access to RH screening, prevention and care and treatment services.

The independent variables were availability of RH information among young women, participation of young women in community health forums and inclusion of young women in RH planning and decision-making. As shown in figure 1.1 The study sought to assess how the independent variables of participation influence access to RH services among young women in Makueni county.

Independent variables **Dependent Variable**

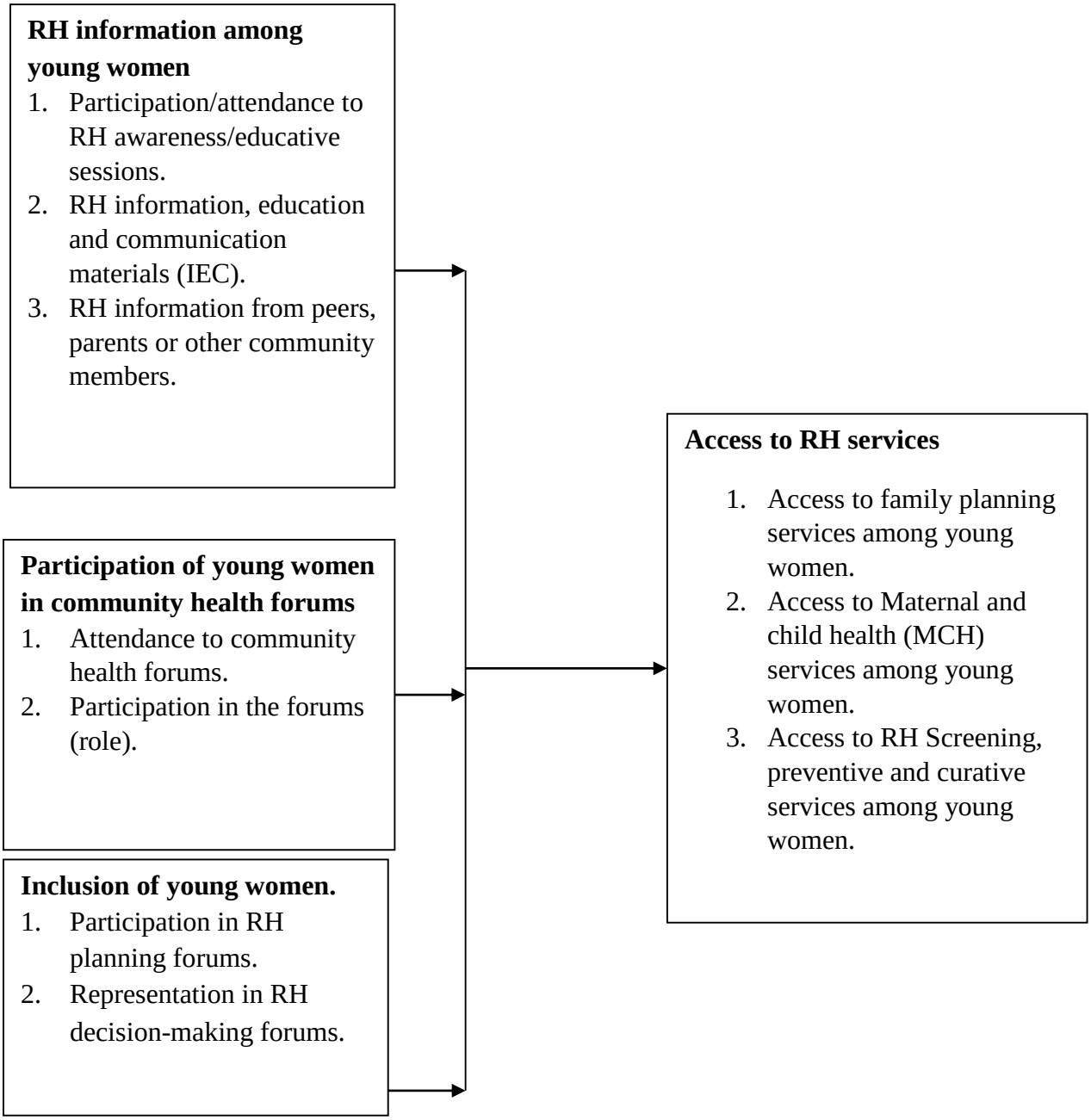


Figure 1.1: Study Conceptual Framework. Source: Author (2022)

CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

This chapter explored the empirical literature in relation to the research gap. section reviewed international and local literature on studies conducted concerning this topic. The literature review demonstrated in depth understanding of the topic and the extent of research by other scholars. Finally, the review pointed to critical research gaps towards which this study aimed at contributing to.

The literature covered both independent and dependent variables under the study and brought to the fore the nature of the relationship among these variables as established by theory and empirical research.

2.1 Access to RH services among young women

The United Nations Joint program on HIV/AIDS (UNAIDS) (2018) reported a serious gap in access to RH among young women including adolescent girls leading to the group accounting for one in four HIV infections in Sub-Saharan Africa despite being only 10% of the population. Zhou, Wang, Fu, Chen, Meng and Luo (2019) conducted a cross-sectional study for more than three months on access to RH services among the female floating population of childbearing age in Changsha, China. A total of 555 participants were selected using random sampling and a self-designed questionnaire was used. They concluded that the female floating population exhibited poor awareness of RH services and rarely used RH services. Further, the findings pointed a higher proportion of unmarried women having sexual lifestyles despite having lower utilization than married women. The study did not cover the reasons behind the poor awareness of

RH services and measure its relation as determinant to access to RH services among young women.

Yadav, Agarwal, Shukla, et al. (2020) conducted a cross sectional study in the slums of Lucknow, India involving 535 young married women aged 15-24 years. The respondents were derived from two randomly selected slums in one Urban-Primary Health Centre from each of the eight Municipal Corporation zones in Lucknow. All the households in the selected slums were visited for interviewing 33 young married women in each slum then logistic regression applied to analyse the data. The study findings showed the unmet need for family planning services among young women was 55.3% with poor knowledge about contraceptive as one of the driving factors.

Another study by Thapa, Sangroula, Pun, et al. (2021), was conducted in Nepal on stakeholder perspectives on equitable access to maternal neonatal and child health services. The study adopted an exploratory phenomenography design with a purposive sampling technique selecting 30 KIIs and involving community members in 6 FGDs from 3 districts with District Investment Case program and another 3 comparison districts. The findings showed that improvement in access to information and access in terms of distance to maternal and child health care facilities were some of the factors which influenced positive health care seeking behaviour. However, both Yadav, et al. (2020) and Thapa, et al. (2021) were conducted in Asia which may have different contextual aspects in terms of RH services.

Dennis, Radovich, Wong, et al. (2017) conducted a study on pathways to increased coverage; an analysis of time trends of contraceptive need and use among adolescents and young women in Kenya, Rwanda, Tanzania and Uganda. The authors used three rounds of

demographic and health surveys (DHS) to examine time trends from 1999 to 2015 in met need for modern contraception, method mix, and source of care by sector (public or private) and type of provider among young women aged 15–24 years. Study results showed that met need for contraception among women aged 15–24 years increased over time, ranging from a 20% increase in Tanzania to more than a 5-fold increase in Rwanda. Improvements in met need were greater among older women compared to younger women in Rwanda and Uganda, and higher among younger women in Kenya. The authors concluded that as much as contraceptive use increased among young East African women during the period, unmet need remained high. However, the study did not focus on stakeholder participation or involvement as a key factor in driving the increase in uptake of contraceptive among young girls and women.

Ivanova, Rai, & Kemigisha, (2018) conducted a mixed methods systematic review exploring qualitative and quantitative data on SRH knowledge, experiences and access to services among refugee, migrants and displaced girls and young women in Africa. The reviewed available evidence indicated that knowledge of young women and girls regarding contraceptive methods, STIs and HIV/AIDS was limited. The evidence further indicated that access and availability of SRH services are often limited due to distances to health facilities, costs and stigma. However, the review did not analyze the relationship between stakeholders' participation in terms of involving adolescent girls and young women as stakeholders and access to RH services.

2.2. Stakeholder participation

Literature was reviewed on the relationship between three aspects of stakeholder participation and access to RH services. The aspects focus on information, participation in community health forums and participation in community planning and decision-making forums on RH as fundamental components of stakeholder participation among young women in access to RH services.

2.2.1 RH information among young women and access to RH services in Makueni county.

Information can be a vital aspect of stakeholder participation in not only access to RH services but other health programs in general. Diniz, Ali, Ambrogi, and Brito (2020) conducted a study on Understanding SRH needs of young women living in Zika affected regions in northeastern Brazil using qualitative research method and thematic analysis with 22 young women aged 14-24 years. Their results showed almost half of the participants had their first pregnancies all of which were unintended during their adolescence years between 12 to 19 years. Further, their findings showed that in northeastern Brazil, young women's knowledge and attitudes towards their SRH needs are key barriers to their access to RH services. However, the small sample size would not be adequate for necessary statistical analysis to demonstrate relationship, significance or extent to which availability of RH information as a variable influenced knowledge and awareness levels and how these generally influence access to RH services.

Thongmixay, Essink, Greeuw, et al. (2019) conducted a qualitative study in Lao People's Democratic Republic to explore the barriers perceived by youth that prevent their access to SRH services. 22 semi-structured interviews were conducted with participants

aged 15- 25 years from urban and rural areas and 7 key informant interviews with health providers working in youth friendly health clinics and from public SRH services. The study findings pointed to lack of SRH knowledge and SRH awareness were some of the main barriers preventing young people from accessing SRH services. However, the study did not collect data on access to RH services among the participants in order to statistically measure the significance of the relationship between the two variables.

Thapa (2020) analysed data extracted from the 2016 Nepal demographic health survey (NDHS) datasets. The weighted sample population size was restricted for modern contraceptive use to 1593 whereas for the antenatal care and skilled birth attendants to1606. The study concluded that exposure to media among other factors increased the likelihood of use of modern contraceptives among young women in Nepal. Results from above studies pointed at a significant relationship between availability of information on RH and access to RH services among young women. However, the studies were conducted outside the African context and may have a different context in terms of mass media use by young people.

Birhan, Tushune, & Jebena, (2018) conducted a cross-sectional study using both quantitative and qualitative methods to gather data from 1,262 school youths. The researchers used simple random sampling technique for quantitative participants and also held 15 focus group discussions and interviewed 22 key informants. The study results pointed out lack of information about SRH and poor perceptions about SRH were among key factors deterring use of SRH services among young people in southwest Oromia in Ethiopia. In as much as the study results statistically demonstrated the relationship between

availability of information and access RH services, the context was limited to school-going youths with need for further research on the general community context.

A study by Loganathan, Chan, Smallen, & Pocock, (2020) explored views on provision of SRH services for migrant women in Malaysia. The study used qualitative methods to conduct 37 in-depth interviews with key informants and other stakeholders. The study concluded that insufficient SRH information was one of the major factors that hindered access to RH services. This study did not demonstrate how access to information and knowledge on SRH influenced access to SRH services among the target group. Further, the study did not evaluate the aspect of stakeholder participation among young women and their access to SRH services.

Pandey, Seale, & Razee (2019) conducted a study in Nepal exploring the factors impacting on access and acceptance of SRH services provided by adolescent-friendly health services. The study adopted a qualitative approach reaching 68 adolescents with FGDs and IDIs. The study findings concur with Loganathan, et al. (2020) and Thongmixay, et al. (2019) which showed that information on SRH for adolescents in the communities was scarce and, therefore, adolescents were uninformed about potential reasons for seeking SRH services.

2.2.2 Participation of young women in community health forums and access to RH services in Makueni county.

Salehi, Whitehead, Upadhyay, et al. (2021) used a concurrent mixed method of research to investigate the social participation and wellbeing outcomes of young women in Iran. They concluded that there was low level of social participation at the community level among young Iranian Women which influenced their wellbeing.

Simuyaba, Hensen, Phiri, et al. (2021) in their formative study conducted between 2018 and 2019 in engaging young people in the design of a SRH intervention in Zambia. 230 adolescents and young people and 21 adults were sampled to participate in the study through FGDs and IDIs. The study findings showed that adolescents boys and young men lacked knowledge of contraceptive services. Further, the study observed that engaging adolescents and young people in the design of an SRH intervention was feasible, informative and considered responsive to their needs.

Kenny, Hyett, Sawtell, et al. (2013) in their scoping review designed to map existing evidence on effects of community participation in rural healthcare planning, design, management and evaluation using 99 relevant studies. Even though the authors identified six articles with higher level of community participation, there was no demonstration of significance in the relationship between community participation and access to health services.

A multi-sectoral stakeholder participation process helps to uncover health issues known to the community but may have not been addressed in the original plan (Negev, Davidovitch, Garb, & Tal, 2013). Baatiema, Skovdal, Rifkin, & Campbell, (2013) further established that male dominance and didactic community leadership and management styles undermined real opportunities for broad-based community empowerment, particularly of women, young people and marginalized men in community-based health planning and services in Ghana.

2.3.3 Inclusion of young women in RH planning and decision-making and access to RH services in Makueni county

Wigle, Paul, Birn, et al. (2020) conducted a study on youth participation in sexual and reproductive health in Malawi with young people as respondents. The study findings concluded that youth generally felt excluded from decision-making spaces as far as SRH policy and planning is concerned.

Lennox, Proctor, & Russell, (2011) conducted case studies on water resources management particularly focusing on deliberative and participatory processes for decision-making in New Zealand. They concluded that stakeholder participation in decision-making is beneficial and increasingly necessary. While Lennox et al. (2011) highlighted the importance of stakeholder participation in decision-making, Razavi, Kapiriri, Abelson, & Wilson, (2019) established a lack of participation of general public and vulnerable groups including young women in decision-making for health at the district level in three districts in Uganda. Hou, & Ma, (2012) in their study on the effect of women's decision-making power on maternal health services uptake in Pakistan, established that women were not adequately empowered to take make decisions which further limited their uptake of maternal health services. However, this study was limited to women decision-making abilities at household level and not at community or public level.

Baatiema, et al. (2013) further established that male dominance and didactic community leadership and management styles undermined real opportunities for broad-based community empowerment, particularly of women, young people and marginalized men in community-based health planning and services in Ghana. Contrary to Baatiema et al. (2013), Gopal, Fisher, Seruwagi, & Taddese, (2020) established that community and

religious leaders, and men themselves, were often left out of the design and management of male involvement interventions in RH services. These findings are however limiting in terms of stakeholder participation on health since the scope only covered male involvement in RH services in Uganda. Ayon, Ndimbii, Jeneby, et al. (2017) in their study on barriers and facilitators of access to HIV, harm reduction and SRH by women in Kenya, include lack of involvement of stakeholders at community health planning and decision making as a key barrier. Factors including user fees, disconnect in communication and healthcare providers lack of understanding of women's needs as listed by Ayon, et al. (2017) can be addressed through involvement of stakeholders in community health planning and decision-making forums.

2.3 Summary and Knowledge Gap

From the reviewed literature, there was need for further research on effects of stakeholder participation on access to RH services among young women. All of the reviewed literature used mainly qualitative methods of analysis making it difficult for statistical analysis that can measure significance of relationship between stakeholder participation and access to RH services. Some studies including Thongmixay, et al. (2020), Diniz, et al. (2020) and Salehi, et al. (2021) were conducted outside the African context making it difficult to generalize due to unique attributes in the various continents that may not be applicable elsewhere. Additionally, studies such as Simuyaba, et al. (2021), Pandey, et al. (2019) and Birhan, et al. (2018) focused on school going youths and young men which may not be applicable to young women. Most of the reviewed studies did not collect data on access to RH services which made it difficult to measure the effects of availability of

RH information, participation on community health forums and inclusion at community planning and decision-making on RH on access to RH services.

Knowledge on relationship between stakeholder participation and access to RH services among young women was scarce where the reviewed studies including Ayon, et al. (2017) and Loganathan, et al. (2020) approached the subject from the aspect of general factors that either impede or facilitate utilization of health services. Finally, as confirmed by most of the authors cited, there was limited knowledge on the second and third objectives of this study with available literature focusing mainly on seeking evidence for importance of community participation and inclusion on access to health services. This study aimed at contributing to the stated knowledge gaps on the effects of stakeholder participation on access to RH services in terms of availability of RH information, participation in community health forums and inclusion of young women in RH planning and decision making.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

Chapter three presented the research methodology which included; the research design, the site where the research was conducted, the research target population and sampling procedures, data collection and analysis procedures and finally legal and ethical considerations for the research.

3.2 Research Design

The research used descriptive research mixing both quantitative and qualitative research approaches which according to Atmowardoyo (2018) can be used to describe the existing phenomenon under study as accurately as possible. Sandra (2020) stated that the purpose of descriptive design is to describe individuals, events or conditions by studying them as they are in nature.

3.3 Research Site

The research site was Kibwezi sub-County in Makueni County and involved all the six administrative wards in the Sub-County; Emali-Mulala, Kikumbulyu North, Kikumbulyu South, Makindu, Nguu/Masumba and Nguumo. The Sub-County population was estimated at 197,000 people in 2019 which ranked as the most populated sub-county in Makueni County (Kenya National Bureau of Statistics, 2020). These statistics also reported an estimated 50,302 young women by 2019. Additionally, the sub-County has a more balanced representation of both rural and urban populations compared to the other Sub-Counties. This is because the major towns of the sub-County are located along the Nairobi-Mombasa highway with fairly more trade Centers and towns.

3.4 Target Population

The study target population was young women aged 18-24 years in Kibwezi Sub-county, Makueni County. The total female population of Kibwezi Sub-county was estimated at 98,517 (Kenya National Bureau of Statistics (KNBS), table 2.5, (2019). Table 2.3 of the KNBS (2019) report further estimated Kibwezi Sub-county had a total of 11,508 young women aged 18-24 years as shown in table 3.1 below. The study targeted to draw the study sample size from this target population to provide the relevant information.

3.5 Study Sample

This section showed how the actual sample that was used in the research was determined.

3.5.1 Study Sample Size

For the quantitative aspect of the study, a sample size of 372 respondents was determined as adequate for statistical analysis for the study using an online sample size calculator (calculator.net, 2021). 95% confidence level and 5% margin of error was used to calculate the sample size of 372 respondents determining the level of accuracy of the sample from the total estimated population of 11,508 young women aged 18-24 years in Kibwezi Sub-county. A sample size of 16 Key informants drawn equally from the six administrative wards including one each from the county and sub-county level, were targeted to participate in the study for qualitative analysis.

Kibwezi Sub-County	
Age in years	**Estimated female population**
18	2007
19	2002
20	1696
21	1527
22	1413
23	1526
24	1337
Total	**11508**

Table 3.1 Population of young women by age. Source; KNBS 2019.

Study respondents	**Total target population**	**Units**	**Sample in every unit**	**Sample size**
Total target population	11508	6 wards	62	372
Total				**372**
KIIs				
Category	**total number to be interviewed**	**Units**	**Sample in every unit**	**Sample size**
County ministry of Health officials responsible for RH services	1 for Makueni County	1	1	1
Sub-county ministry of Health officials responsible for RH services	1 for the Sub-county	1	1	1
Ward Administrative officials	6 (1 in each of the 6 wards)	6	1	6
Representatives of Civil Society Organizations who are RH stakeholders (CSOs)	2	1	2	2
Community Women Groups leaders	6	6	1	6
Total				**16**

Table 3.2 Study sample size.

3.5.2 Sampling procedure

According to Bhardwaj (2019), sampling refers to the procedure of selecting representative elements from a large group or population. This study used a combination

of stratified sampling and systematic random sampling which are both probability sampling methods to identify study respondents. Thomas (2020) state that stratified random sampling is where researchers divide a population into homogeneous subpopulations called strata based on specific characteristics such as gender, race or location. Stratified random sampling allows for statistical inferences from the sample to the population (Etikan, & Bala, 2017).

This mixed sampling approach was suitable for this research especially because the target population was derived from the six administrative wards of Kibwezi Sub-county with each ward making one stratum. An equal number of 62 respondents were derived from each of the six administrative wards. Systematic random sampling was used to select respondents found in every 5^{th} household within rural set up. Due to the dynamics in urban areas within the sub-county, systematic random sampling was also used to select a study respondent in an interval of every 5^{th} young woman aged 18-24 years found in community colleges, shopping centers and churches.

The study used purposive sampling to select equal number key informants from the 6 categories described below from each of the six administrative wards leading to a total of 16 respondents to participate in the study. Purposive sampling was used because participants' willingness and availability to participate in the study determined their participation. As shown in table 3.5 in page 29, the categories of key informants included ministry of health (MOH) officials, ward administrative officials, sub-county level administrative officials, representatives of CSOs implementing health projects and community women groups leaders.

3.6 Data Collection

The research used primary and secondary data with primary data collected from the young women and key informants who were drawn from existing stakeholders in terms of reproductive health and young women in Kibwezi sub county. Secondary data relevant to the research was collected from county government of Makueni, ministry of health and other development partners and stakeholders.

3.6.1 Data Collection Instruments

The research used two types of instruments with a semi structured questionnaire administered to the young women and a key informant guide used in the interview with the key informants. The semi-structured questionnaire consisted of both closed-type questions and open-ended questions which allowed the respondents to add in their opinion on certain aspects of the research. The questionnaire was divided into different categories to address each specific research question in addition to the other general questions. The closed ended sections or questions of the questionnaire used Likert scales where respondents were required to respond to a series of statements indicating their level and extent of agreeing or not agreeing with the statements.

A key informant guide was used to interview the key informants participating in the research. The guide included questions covering the three research variables seeking for clearer and detailed information on perspectives and opinion of the key informant.

3.6.2 Pilot Testing of Research Instruments

Testing the research instruments to ensure their usability through capture of required data relevant to the study questions was very important before the actual collection of data for study purposes. Carrying out a pilot to test research instruments prior to actual research

data collection was critical in ensuring areas of ambiguity are detected and evaluation of the responses on their extent to achieving the study objectives. A pilot was carried out in Kibwezi East subcounty using a 10% threshold of the research sample size.

3.6.3 Instrument Reliability

Reliability concerns the extent to which a measurement of a phenomenon provides stable and consist result.

Average inter-item covariance: .0525115

Number of items in the scale: 11

Scale reliability coefficient: 0.7916

Cronbach coefficient alpha which as confirmed by Amirrudin (2021) remains as a critical reliability tool for sound measurement was used to test the reliability of instruments in this research. As demonstrated in table 3.3 below, Pearson product moment correlation coefficient (r) was used to test reliability of the questionnaire. The correlation coefficients of the halves were corrected by Spearman Brown Prophesy formula and the Cronbach's Alpha Reliability Coefficient of above 0.7 was used to judge whether the reliability level was satisfactory. This resulted to a scale reliability of 0.7916.

Item	Observations	Sign	Item-test correlation	Item-rest correlation	Average inter-item covariance	Alpha
Access to Family planning services	360	+	0.7133	0.6240	0.0477000	0.7545
Access to maternal and child health services	360	+	0.598	0.4782	0.0515609	0.7711
Access to screening, preventive and curative RH services.	360	-	0.5041	0.3857	0.0549887	0.7824
Availability of information through education sessions and awareness on family planning	360	+	0.7059	0.6003	0.0476093	0.7566
Availability of information through education sessions and awareness on maternal and child health services	360	+	0.6913	0.5080	0.0513663	0.7683
Availability of information through education sessions and awareness on screening, preventive and curative RH services.	360	-	0.5307	0.4119	0.0541581	0.7793
Availability of Audio or Visual information on family planning	360	+	0.6633	0.5482	0.0491280	0.7635
Availability of Audio or Visual information on maternal and child health services	360	+	0.6170	0.5019	0.0511080	0.7691
Availability of Audio or Visual information on screening, preventive and curative RH services.	360	-	0.5298	0.4263	0.054966	0.7789
participation in community forums	360	+	0.3692	0.2003	0.05800	0.800
participation in planning and decision-making forums.	360	+	0.4108	0.2568	0.0569470	0.7955
Test scale					0.0525103	0.7911

Table 3.3 Cronbach's alpha test.

3.6.4 Instrument Validity

The study instruments were subjected to validity checks before data collection. Heale and Twycross (2015) assert that validity relates to the extent to which a concept is accurately measured in quantitative study. This means that the research instruments must be able to accurately measure the research variables in relation to content validity, construct validity and criterion validity. The instruments were reviewed by other research and academic experts and determined that the instruments responded to the research questions.

3.6.5 Data Collection Procedure

Data was collected from the selected young women using the semi-structured questionnaire by the data collectors who were taken through a short training. There was emphasis on the importance of upholding all COVID-19 safety and prevention protocols including ensuring researcher, respondent any persons involved wear face masks, maintain social distance and use of hand sanitizers or washing of hands during the data collection.

The researcher conducted virtual and phone key informant interviews using the key informant guide both virtually and on phone. This was due to the COVID-19 prevailing circumstances that required minimal in person interactions.

3.7 Data Analysis

Data analysis entails making ideas about specific research themes as evidenced by collected data while supporting those ideas. Quantitative and qualitative data were analyzed and triangulated to validate the findings. The quantitative data was analyzed using a combination of the IBM SPSS techniques including frequencies, cross-tabulations, bivariate statistics, means, correlations and descriptive ratio statistics. Qualitative data

from both respondents and key informants' interviews were documented using filed notes and thematically analyzed. The analysis from both sets of data was then merged to present the results.

3.8 Legal and Ethical Considerations

Adequate preparation was done to ensure ethical research principles were upheld and the rights of the respondents and institutions including their dignity were not infringed in any way. A research license from the National Commission for Science, Technology and Innovation (NACOSTI) was acquired authorizing the study in terms of compliance with ethical standards. The respondents were provided with an informed consent form with details on the purpose of the research, and their freedom of choice whether to participate in the research or not and choice to opt out at any stage of the data collection. No financial inducement was offered to participants during the research as they were informed on the overall benefit of the research contributing to additional knowledge on an issue of interest to them. The information obtained in the research was strictly for the purpose of the research only and will not be used for any other purpose and will be kept confidential and private. Data collected did not include the names or other personal identification attributes of the participants to ensure confidentiality of the research data.

CHAPTER FOUR
DATA ANALYSIS AND FINDINGS

4.1 Introduction

This chapter presents the results achieved from the data analysis accompanied with the interpretation of the same. It includes descriptive statistics of the variables under study to establish their properties and relation to each other. The findings have been presented using tables and figures to provide evidence on claims of the study objectives and study questions. The chapter also presents the characteristics of the respondents using demographic variables including age, marital status, number of children and duration of residence in Makueni County. The demographic data clearly demonstrated that the study reached the valid respondents representative of the research target population and relevant to the study objectives.

4.2 Characteristics of the respondents

The characteristics of the respondents who participated in the study was as follows;

4.2.1 Response rate

The response rate refers to percentage of the study sample that participated in responding to the study questionnaire. The study targeted 62 young women in each of the six administrative wards in Kibwezi sub-County translating to a sample of 372 respondents. A total of 385 questionnaires were distributed with 360 respondents returning complete questionnaires that were used for analysis. This translated to 96.8% response rate which is deemed adequate to carry out statistical analysis. The researcher managed to reach 12 KIIs out of the targeted 16 with efforts to reach the remaining 4 stakeholders not bearing fruit. As shown in table 4.1 below, the return rate per ward was between the range of 100% to

108% with Makindu having the lowest at 100% and Nguumo the highest at 108.1% as compared to return rates for all the six wards.

Questionnaire respondents (young women)		KII respondents				
Ward	**Young women**	**Women leaders**	**Ward admins**	**Sub-county admin**	**County MOH**	**CSO rep**
Emali Mulala	62	1	1	1	1	1
Kikumbulyu North	58	0	1			
Kikumbulyu South	59	0	1			
Makindu	57	1	1			
Nguu Masumba	61	1	1			
Nguumo	63	0	1			
Total	**360**	**3**	**6**	**1**	**1**	**1**

Table 4.1 Survey respondents and KII type participating in the study

4.2.2 Demographics and social-economic characteristics of respondents

4.2.2.1 Respondents age, marital status and having a child or children

Table 4.2 below presents respondents marital status for every age between 18-24 years. In terms of marital status, a higher proportion of young women participants were single at 65% (n=235) followed by 23% (n=83) married while 9% (n=31) and 2% (n=8) were separated and divorced respectively. Only 3 young women (1%) were divorced with 1 aged 23 years and 2 aged 24 years. The data also showed an upward trend in young women participants being married as the age increases with 2% of married young women being aged 18 years and 19 years and 13%, 31% and 34% for ages 22 years, 23 years and 24 years respectively. The trend for the number of young women who were single was somehow opposite of the trend for married young women with the highest number of young women who are single (20%) being aged 20 years. Young women aged 23 years were the

most among those who were separated (39%) while those aged 24 years were the most reporting being divorced (50%) and widowed (67%).

Age in years	Number and proportion	Marital status				
		Married	Single	Separated	Divorced	Widowed
Total	360	83	235	31	8	3
	100%	23%	65%	9%	2%	1%
18 years	34	1	33	0	0	0
	9%	1%	14%	0%	0%	0%
19 years	39	1	38	0	0	0
	11%	1%	16%	0%	0%	0%
20 years	58	7	48	3	0	0
	16%	8%	20%	10%	0%	0%
21 years	44	9	31	3	1	0
	11%	11%	13%	10%	13%	0%
22 years	58	11	38	8	1	0
	16%	13%	16%	26%	13%	0%
23 years	71	26	30	12	2	1
	20%	31%	13%	39%	25%	33%
24 years	56	28	17	5	4	2
	16%	34%	7%	16%	50%	67%

Table 4.2; Respondents by age and marital status

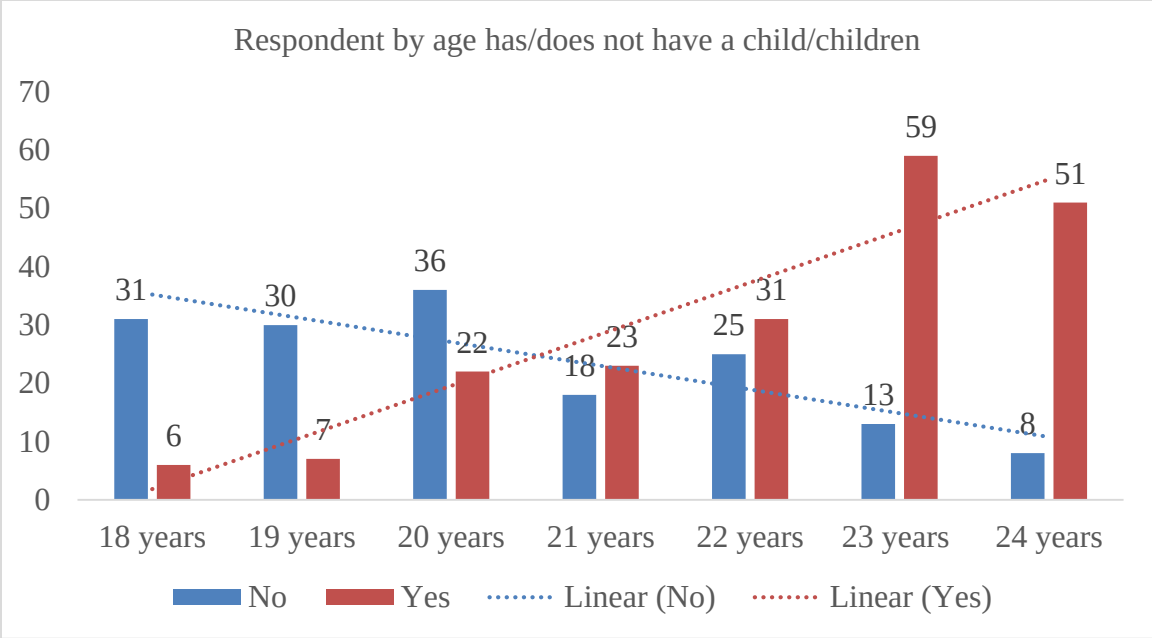


Figure 4.1; Respondent by age has/does not have a child/children

As shown in figure 4.1 above, 55% (n=199) of the young women reported to have a child or children of their own with the highest proportion of respondents having a child or children of their own being aged 23 years at 30% (n=59) and lowest being aged 18 years at 3% (n=6). On the other hand, 71% of the young women reporting to have no child or children of their own were aged between 18 years and 21 years with the lowest proportion reporting to have no child or children of their own being 24 years. As shown by the trend lines in Figure 4.1 above, there are more young women aged between 18 years and 20 years reporting to have no child or children of their own while more young women aged between 21 years and 24 years reporting to have a child or children of their own.

Further analysis comparing young women marital status and having a child or children as presented in table 4.3 below, indicates that 42% (n=83) of the young women reporting to have a child or children were single followed by those who reported to be married at 40% (n=78). 14% (n=27), 4% (n=8) and 1% (n=3) of those reporting to have a

child or children were separated, divorced and widowed respectively. All the young women who stated to be divorced or widowed reported to have a child or children.

Have a child/children		**TOTAL**	**Marital status**				
			Married	Single	Separated	Divorced	Widowed
Total		360	83	235	31	8	3
	%	100%	100%	100%	100%	100%	100%
No		161	5	152	4	0	0
	%	45%	6%	65%	13%	0%	0%
Yes		199	78	83	27	8	3
	%	55%	94%	35%	87%	100%	100%

Table 4.3 Respondents marital status and family size

4.2.2.2 Respondents occupation and duration of residence in the study area

Duration residence in study area	Number	%
<6 months	8	2%
6months-2years	92	24%
3-5years	85	22%
6-10years	73	19%
>10years	127	33%
Total	**385**	**100%**

Table 4.4; Respondents' duration of residence in the study area.

Data in table 4.4 above shows that at least a third of the respondents (33%, n=127) have lived or worked within Kibwezi sub-County for more than 10 years while 22% (n=85) and 19% (n=73) having lived or worked in the area for 3 to 5 years and 6 to 10 years respectively. Cumulatively, the data indicates that 74% (n=285) had lived or worked in the study area for at least 3 years.

Table 4.5 below shows the occupation of the young women and the respective proportion for each occupation. The data shows that secretary, electrical shop attendant, receptionist and sales woman each had the lowest proportion of respondents at 0.3% (n=1)

while student and business lady had the highest proportion at 13.1% (n=47) and 15.6% (n=56) respectively in terms of respondents' occupation. 11.4% (n=41) reported to having no occupation.

Occupation	**Frequency**	**Percent**
Am a secretary	1	0.3%
Electrical shop attendant	1	0.3%
Receptionist	1	0.3%
Sales woman	1	0.3%
Casual worker	2	0.6%
Catering	2	0.6%
Guest cleaner	2	0.6%
Tree nursery attendant	2	0.6%
Domestic worker	3	0.8%
Shop attendant	3	0.8%
green grocer	4	1.0%
Cyber attendant	4	1.0%
Hawker	5	1.4%
Dressmaker	7	1.9%
Teacher	8	2.2%
Restaurant waiter	9	2.5%
Bar attendant	11	3.1%
Employed	16	4.4%
Sex worker	16	4.4%
House help	17	4.7%
Hustler	13	3.4%
Hair dresser	23	6.4%
Farming	27	7.5%
House wife	38	10.5%
None	41	11.4%
Student	47	13.1%
Business lady	56	15.6%
Total	**360**	**100.0**

Table 4.5 Survey respondents' occupation

4.2.2.3 Respondents level of education

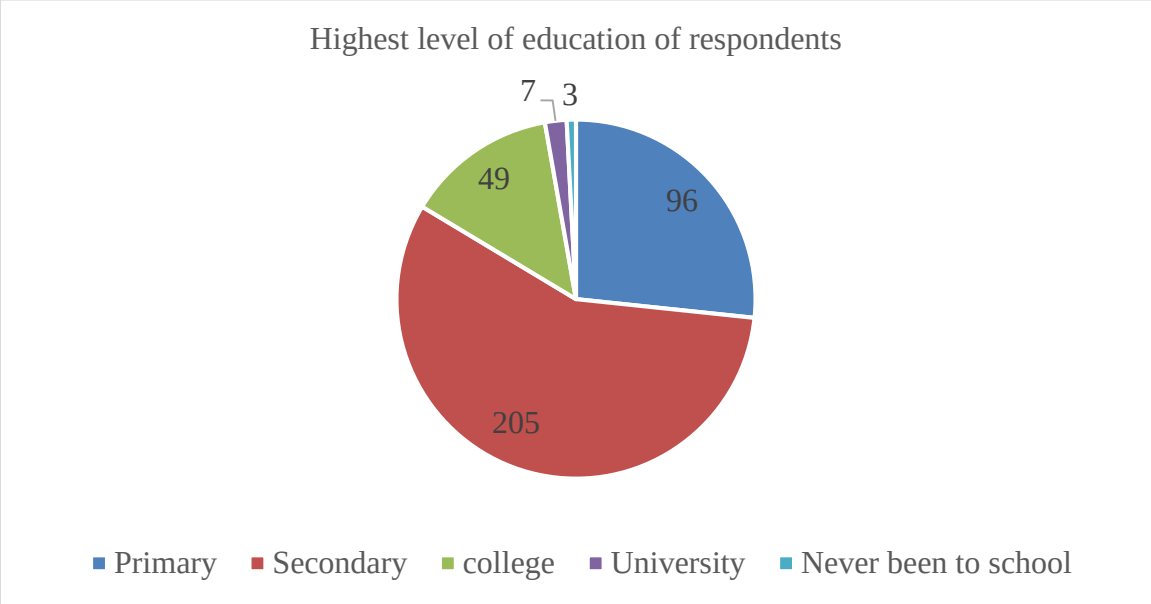


Figure 4.2 showing highest level of education among study respondents

Figure 4.2 above shows the level of education for respondents who participated in the study. The data indicates that 57% (n=205) of the young women had secondary education and more than a quarter of the respondents (27%, n=96) had primary education as their highest level of education. 13% of the respondents (n=49) had attained college education while a small proportion of 2% (n=7) had attained university education. It is important to note that 3 respondents (1%) had never been to school.

Figure 4.3 below compares highest level of education attained by respondent and the specific age from 18 years to 24 years. The data shows that respondents aged 23 years had the highest proportion in primary and secondary school education at 25% and 21% respectively. At the same time, young women aged 20 years had the highest proportion in respondents who had attained college level and university education at 23% and 43%

respectively. 2 out of the 3 respondents who reported to never been to school were aged 24 years.

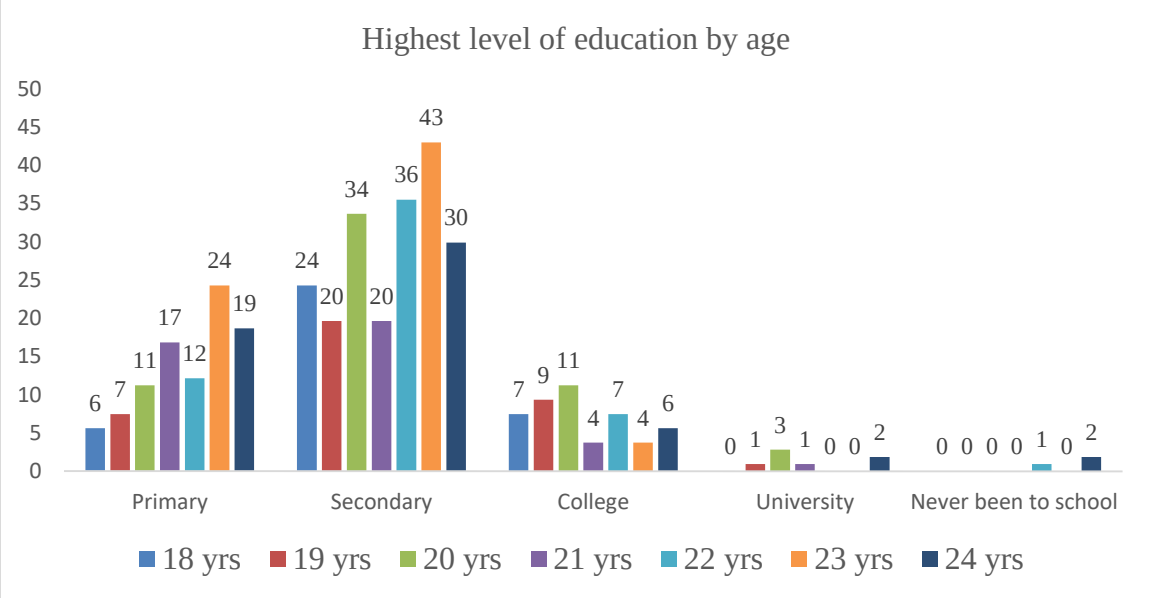


Figure 4.3; Comparing highest level of education and age of respondents.

4.3 Presentation of Research Analysis, Findings, and Interpretation

This section presents detailed results for each study objective including descriptive analysis to respond to the three research questions. The data is presented in form of tables with evidence to support the arguments and claims on the relationships between the study objectives.

4.3.1 Effect of RH information among young women on their access to RH services

Objective 1 Statements	SD	D	N	A	SA	Mean	SD
The information received in the awareness session and education session helped in seeking RH services	21(5.8)	35(9.7)	30(8.3)	151(41.9)	123(34.2)	3.889	3.544
Participating or attending awareness sessions on RH services is important	97(26.9)	86(23.8)	58(16.1)	73(20.3)	46(12.7)	2.681	2.536
Visual or audio educative materials on RH services are important	65(18.1)	94(26.1)	55(15.3)	77(21.4)	69(19.2)	2.975	2.80
Composite mean and standard deviation						**3.181**	**1.721**

N = 360; Percentages in parenthesis ( )

Table 4.6 Perception on RH information and access to RH services. (SD=Strongly disagree, D=Disagree, N=Neutral, A=Agree and SA=Strongly agree).

The first study objective sought to establish the effect of RH information among young women on their access to RH services in Makueni county. Table 4.6 above shows findings for the seven statements developed to measure the first objective. The statements were developed to measure the extent RH information influenced access to RH services among young women. The first statement was on whether the information received in the awareness and education session helped in seeking RH services, where out of the 360 respondents who participated in the study, 123 (34.2%) strongly agreed, 151 (41.9%) agreed, 30 (8.3%) neutral, while 35 (9.7%) and 21 (5.8%) disagreed and strongly disagreed respectively. This translated to a total of 274 (76.1%) agreeing with the statement, 56

(15.6%) disagreeing while 30 (8.3%) were neutral. The mean of this specific item was at 3.889 with standard deviation of 3.544 which is higher than the composite mean at 3.181 with standard deviation of 1.721 denoting the statement positively influenced access to RH services.

The second statement was on whether young women participation or attending awareness sessions was important. From the total 360 respondents, 97 (26.9%) strongly disagreed, 86 (23.8%) disagreed, 58 (16.1%) were neutral, and 73 (20.3%) and 46 (12.7%) agreed and strongly agreed respectively. The findings show that 183 (50.8%) disagree with this statement while 119 (33.1%) agreed. This item had a mean of 2.681 with standard deviation of 2.536 which is lower than composite mean at 3.181 with standard deviation of 1.721 implying that the statement did not positively influence access to RH services among young women.

The third statement was on whether visual or audio educative materials on RH services were important. From the total 360 respondents, 65 (18.1%) strongly disagreed, 94 (26.1%) disagreed, 55 (15.3%) were neutral, and 77 (21.4%) and 69 (19.2%) agreed and strongly agreed respectively. The findings show that 159 (44.2%) disagree with this statement while 146 (40.6%) agreed. This item had a mean of 2.975 with standard deviation of 2.80 which is lower than composite mean at 3.181 with standard deviation of 1.721 implying that the statement did not positively influence access to RH services among young women.

The ward administrator for Nguumo reported that, *"turn up is not so good especially in HIV where for example only 2 young women turned up in an organized meeting for*

youths with HIV. Generally, there has been very low uptake in family planning services for young women. Young women hide but are sexually active due to stigma, taboos and sex as a subject is not openly discussed. Sex education is considered as teaching young people 'tabia mbaya' (immoral behaviour)".

Respondents in the KIIs responded to questions on availability of RH information and its impact on access to RH services. All respondents apart from the ward administrator for Makindu ward agreed that information on RH was available to young women through various channels. The ward administrator for Emali Mulala ward reported that "*RH information is available to young women through organised outreaches at the health facilities and through the internet using their mobile phones and has increased access to RH services*". However, the ward administrator for Kikumbulyu South was of a contrary opinion reporting that *"the information is not detailed enough to make young women seek RH services and does not include information on advantages and disadvantages of RH services*". On whether RH information was available, the ward administrator reported that *"Yes, information is available through the community health volunteers (CHVs) who are members of the community but linked to work at the nearest health facility. RH information through other channels are not available in the community but limited to the health facilities and there is very limited RH information through radio".* On the contrary, Makindu ward administrator reported that *"they don't have the information. The information is shared in barazas, even though young women are very few. I assume they get the information from the media but am not sure".*

The women group leader in Nguumo ward reported that *"the information is available but not so much, young women are mostly not targeted with RH information apart from the ones who get pregnant"*. The respondent further explained that *"there are no posters and pamphlets on RH even though there is a local radio station known as Ene FM which tries to include RH information in their programs".* According to the ward administrator for Kikumbulyu South, "Yes, information is available through CHVs who are from community but linked in the nearest health facility. The other channels are not available in the community (they are limited to the health facility). Very limited information through radio. In terms of availability of RH information to young women through information, education and communication materials (IEC), the ward administrator for Nguu Masumba ward confirmed that, *"posters with RH information are not used and pamphlets with RH information are also rare. However, development committees pass RH information in our community".*

The ward administrator for Kikumbulyu North stated that *"the information has improved access because the girls do not have to ask for permission from their parents especially because it is a taboo subject".* On the other hand, Kikumbulyu South ward administrator reported that*, "there may be very low impact of the RH information on access especially because the information is not detailed enough to make young women seek RH services. The information does not include advantages and disadvantages of RH services".*

4.3.2 Effect of participation of young women in community health forums on access to RH services

Three statements were developed to measure the extent participation of young women in community health forums influenced access to RH services among young women. As shown in table 4.9 below, the first statement was on whether attending community health forums made it easier to seek RH services, where out of the 360 respondents, 118 (32.7%) strongly disagreed, 156 (43.3%) disagreed, 31 (8.6%) were neutral, while 35 (9.7%) and 20 (5.6%) agreed and strongly agreed respectively. This translated to a total of 274 (76.1%) disagreeing with the statement, 55 (15.3%) agreeing. The mean of this specific item was at 2.119 with standard deviation of 1.913 which is lower than the composite mean at 2.632 with standard deviation of 1.564 implying the statement did not positively influence access to RH services.

The second statement was on whether participating in community health forums have made RH services more affordable or free of charge. From the total 360 respondents, 76 (21.1%) and 81 (22.5%) strongly agreed and agreed respectively with 70 (19.4%) being neutral. On the other hand, 78 (21.7%) strongly disagreed and 55 (15.3%) disagreed. This translated to a total of 157 (43.6%) agreeing with the statement, 133 (36.9%) disagreeing. This item had a mean of 3.061 with standard deviation of 2.897 which is higher than composite mean at 2.632 with standard deviation of 1.564 implying that the statement had a positive influence on access to RH services among young women.

Objective 2 Statements	SD	D	N	A	SA	Mean	SD
Attending community health forums made it easier for me to seek the RH services	118(32.7)	156(43.3)	31(8.6)	35(9.7)	20(5.6)	2.119	1.913
Participating in community health forums have made RH services more affordable or free of charge	78(21.7)	55(15.3)	70(19.4)	81(22.5)	76(21.1)	3.061	2.897
Young women are involved in community health forums in my community	85(23.6)	82(22.8)	78(21.7)	80(22.2)	35(9.7)	2.717	2.523
Composite mean and standard deviation						**2.632**	**1.564**

N = 360; Percentages in parenthesis ( )

Table 4.7; Participation in community health forums and access to RH services. (SD=Strongly disagree, D=Disagree, N=Neutral, A=Agree and SA=Strongly agree).

The third statement was on whether young women were involved in community health forums in the community. From the total 360 respondents, 85 (23.6%) and 82 (22.8%) strongly disagreed and agreed respectively with 78 (21.7%) being neutral. On the other hand, 80 (22.2%) agreed and 35 (9.7%) strongly agreed. This translated to a total of 167 (46.4%) disagreeing with the statement and 115 (31.9%) agreeing. This item had a mean of 2.701 with standard deviation of 2.503 which is higher than composite mean at 2.632 with standard deviation of 1.564 implying that the statement positively influenced access to RH services among young women.

The sub-County administrator reported that *"in most cases, young women do not attend the community forums, we assume the older people attending the barazas will share*

the information with the young women back at home. There was a suggestion that we separate barazas by age so that the young women can freely share and discuss their issues". This corresponds with information from the Nguumo ward administrator who also reported poor participation of young women in community forums by stating, *"We formed groups for young men and women for different thematic participation forums for example for youth, people living with HIV and people with disabilities but their turn up for the barazas has not been good because young women expect cash allowances in order to attend the meetings".*

4.3.3 Effect of inclusion of young women in RH planning and decision-making on access to RH services

As shown in table 4.12 below, two statements were developed to measure the extent inclusion of young women in RH planning and decision-making influenced access to RH services. The first statement was on whether involving young women in the planning and decision-making forums on RH has improved RH services in our community where out of the 360 respondents who participated in the study, 77 (21.4%) strongly disagreed, 74 (20.6%) disagreed, 82 (22.8%) were neutral, while 75 (20.8%) and 52 (14.4%) agreed and strongly agreed respectively. This translated to a total of 151 (41.9%) disagreeing with the statement and 127 (35.3%) agreeing. The mean of this specific item was at 2.864 with standard deviation of 2.677 which is higher than the composite mean at 2.754 with standard deviation of 1.606 implying that the statement positively influenced access to RH services.

The second statement was on whether young women are involved or well represented in planning and decisions in RH services in the community. From the total 360 respondents, 98 (27.2%) and 81 (22.5%) strongly disagreed and disagreed respectively with 69 (19.2%)

being neutral. On the other hand, 75 (20.8%) strongly agreed and 37 (10.3%) agreed with the statement. This item had a mean of 2.644 with standard deviation of 2.481 which is lower than composite mean at 2.754 with standard deviation of 1.606 implying that the statement did not positively influence access to RH services among young women.

Objective 3 **Statements**	**SD**	**D**	**N**	**A**	**SA**	**Mean**	**SD**
Involving young women in the planning and decision-making forums on RH has improved RH services in our community	77(21.4)	74(20.6)	82(22.8)	75(20.8)	52(14.4)	2.864	2.677
Young women are involved or well represented in planning and decisions in RH services in my community	98(27.2)	81(22.5)	69(19.2)	75(20.8)	37(10.3)	2.644	2.481
Composite mean and standard deviation						**2.754**	**1.606**

N = 360; Percentages in parenthesis ( )

Table 4.8; Inclusion in RH planning and decision-making on access to RH services. (SD=Strongly disagree, D=Disagree, N=Neutral, A=Agree and SA=Strongly agree).

The women group leader in Emali Mulala ward stated that they formed development committees in every village to participate in the public participation forums for planning and decision-making on matters including RH. The committees gather together to select the young women in the villages who will participate in the ward committees. She stated that “a good example is when the committees that included young women recently participated in discussion regarding two dispensaries that needed maternity units to be developed where the young women”. However, the Makueni county HIV and sexual

transmitted infections coordinator (CASCO) pointed out that "the skills for young women and capacity for young women to effectively participate in planning and decision-making forums are still wanting and need to be developed". In his opinion, he stated that, "young women need to be enlightened in order to have important life skills like confidence and communication skills. They should be made aware that participation is for their benefit".

Kikumbulyu South ward administrator agreed with his counterpart in Kikumbulyu North who reported that young women were not much involved. *"this is mainly because of the cultural belief that women need to sit back and be led, so the leadership has to use affirmative action to appoint young women".* She further stated that *"young women do well but because of stigma and shyness and poor representation their participation is low, however, the support helps to encourage them with the condition that every committee must have a slot for a young man and a young woman".*

On the same subject of participation of young women in planning and decision-making forums, the CSOs representative reported that, *"very few young women are active and participate in planning and decision-making sessions while some just attend to benefit in case there is any cash allowances then end up complaining that the meetings take too long. A good example is when the ward development committee sought to was asked to nominate four youths but couldn't find any competent young woman to attend the stakeholder participations".*

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This final chapter presents discussions on the study results and findings for each objective. The discussion includes contrasting with available knowledge on the subject from other authors. The chapter concludes by providing a summary of main findings, conclusions, and recommendations on the subject of stakeholder participation among young women and their access to RH services.

5.2 Discussion

This section discusses the results under each study objective.

5.2.1 RH information among young women and access to RH services

In terms of respondents' opinion on whether information received in the awareness and education session on RH helped in seeking RH services, 274 (76.1%) agreed that the information helped while 56 (15.6%) disagreed and 30 (8.3%) were neutral. The significant proportion of 76.1% of respondents agreeing on importance of RH information they received, confirms that RH information among young women is critical in increasing their access to RH services. This supports the findings by Thapa (2020), Thongmixay, et al. (2019) and Diniz, et al. (2020) who reported a significant relationship between availability of information on RH and access to RH services among young women.

However, the results were different in the second statement on whether young women considered their participation in awareness and education sessions on RH important with 183 (50.8%) disagreeing. These findings point to the knowledge gap from reviewed

studies including Ayon, et al. (2017) and Loganathan, et al. (2020) who approached the subject from the aspect of general factors that either impede or facilitate utilization of health services and did not specifically focus on availability of RH information as an aspect of stakeholder participation. This implies that young women may be passive recipient of RH information without the capacity to participate as stakeholders in awareness and education sessions and ensure the RH services respond to their unique RH needs and challenges. This claim is supported by the results from KIIs who reported poor access to RH services like family planning despite RH information being available in the communities.

Results for the third statement on RH information and education materials with the majority 159 (44.2%) disagreeing that visual or audio educative materials on RH were important. This contradicts the findings by Thapa (2020) that exposure to media increased the likelihood of use of modern contraceptives among young women in Nepal. However, the findings point to the greater gap of lack of adequate visual and audio RH information materials for young women as raised by the other scholars including Pandey, et al. (2019), Loganathan, et al. (2020) and Birhan, et al. (2018).

Information gathered from some of the KII respondents including ward administrators and women group leaders, indicated that the information materials on RH were mainly available through community structures like the community health volunteers (CHVs). This supports findings by Diniz (2020) that knowledge and attitudes towards SRH needs were key barriers to access to RH services among young women in northeastern Brazil. This results provide insight to the knowledge gap on some of the reasons behind the low knowledge and attitudes towards SRH services and needs among young women. The study results show that lack of targeting young women with RH information using

channels, content and delivery methods appropriate to them contribute to the low knowledge on RH services and enhanced awareness on their RH needs.

Young women receiving RH information from peers, guardians and parents on sexually transmitted infections treatment and screening, appeared to have an inverse relationship to access to reproductive health services. Findings from KIIs concur with this by showing that this may be as a result of stigmatization since sex is not a subject that can be discussed openly especially with parents, guardians or older community members within the confines of the culture in Kibwezi. In as much as Pandey, et al. (2019), Loganathan, et al. (2020) and Birhan, et al. (2018) pointed at scarcity or limited RH information as a factor for low access of RH services among young women, the studies did not look at the effect of the various types or sources of RH information on access to RH services. These results point that the various types and sources of RH information among young women have different effect on access to RH services.

5.2.2 Participation of young women in community health forums and access to RH services.

This study objective sought to assess the effect of participation of young women in community health forums on their access to RH services in Makueni county. A significant proportion of 76.1% respondents disagreed with the position that attending community health forums made it easier to seek RH services. This position concurs with the findings by Kenny, et al. (2013) that concluded that there was no significant relationship between community participation and access to health services.

On the other hand, this outcome contrasts the findings by Salehi, et al. (2021) that the low level of social participation at the community level among young Iranian Women influenced their wellbeing. However, the studies by Salehi, et al. (2021) and Kenny, et al. (2013) did not compare social or community participation with specific aspects of wellbeing such as RH services among young women. The findings in this study indicate that community forums address broad and general community development issues such as health infrastructure without delving into specific matters such as access of RH services among young women.

The outcome for assessing association of participation in community health forums and access to RH services in terms of affordability or services being offered free of charge was different from the results on the first association on whether participation made it easier to seek RH services. 157 (43.6%) agreed that participating in community health forums made RH services more affordable or free of charge while 133 (36.9%) disagreed. This supports findings by Simuyaba, et al. (2021) that engaging adolescents and young people in the design of an SRH intervention was feasible, informative and considered responsive to their needs. However, unlike in this study, the authors did not explore whether the responsiveness to the needs of young people touched on aspects such as cost of SRH services.

As confirmed by information from KIIs including the sub-County administrator and Nguumo ward administrator, there was minimal unstructured participation of young women in community forums coupled with their low capacity in terms of participation skills and negative attitudes towards community forums. More community young women respondents concurred with this position with 167 (46.4%) disagreeing while 115 (31.9%)

agreeing that young women were involved in community health forums in my community. These findings concur with the argument by Baatiema, et al. (2013) that opportunities for broad-based community empowerment and engagement, particularly of women, young people and marginalized men were undermined.

The higher mean of 2.701 with standard deviation of 2.503 for responses for the statement that young women were involved in community health forums in the community indicated statistically significant associations. The results contradict findings by Kenny, et al. (2013) which concluded there was no demonstration of significance in the relationship between community participation and access to health services. In as much as results from both the survey respondents and KIIs pointed at minimal unstructured participation of young women in community health forums, the study results provide some evidence of significance between their participation in the forums and access to RH services.

5.2.3 Inclusion of young women in RH planning and decision-making on access to RH services

The results on the question whether involving young women in the planning and decision-making forums on RH has improved RH services in our community had a total of 151 (41.9%) of the 360 respondents disagreeing while 127 (35.3%) agreeing and 82 (22.8%) were neutral. The statement having a higher mean than the composite pointed to a positive effect on access to RH services as a result of involvement of young women in planning and decision-making forums on RH. These findings support results by Lenox, et al. 2011 who concluded that stakeholder participation in decision-making was beneficial and increasingly necessary.

Findings in this study attempts to address the knowledge gap in terms of scarcity of literature on the relationship between involvement of young women in planning and decision-making forums and access to RH services. The sentiments by the 179 (49.7%) of young women disputing young women being involved or well represented in planning and decisions in RH services against 112 (31.1%) who agreed, resonate with the findings by Razavi, et al. (2019), Wigle, et al. (2020) and Gopal, et al. (2020). The authors in the separate studies, concluded that there was a lack of participation or exclusion of of general public and vulnerable groups including young women in planning and decision-making for health services. The results support the arguments by Ayon, et al. (2017) that lack of stakeholder participation at community health planning and decision making was one of the key barriers to access to RH services. Findings in these studies were however limiting especially because none specifically focused on young women and access to RH services. This position is emphasized by findings from the KIIs who were unanimous on the limited or ineffective involvement of young women in planning and decision-making forums on RH services.

5.3 Summary of main findings

The study results provided insights to address the study objectives and the three study questions. Results addressed the first study question on how RH information among young women influenced their access to RH services in Makueni county. RH information was important for young women in gaining knowledge on RH issues and services available to them and to a greater extent influenced access to RH services. This points that RH information contributed to increased awareness and knowledge among young women on not only RH issues but also RH services available in their respective communities.

However, majority of the participants did not consider their participation in RH awareness and education sessions important pointing to possibility of young women not being actively involved as stakeholders in RH information content development and delivery strategies. This supports the arguments in the Arnstein's ladder of participation theory representing the tokenism level of participation where the public or participants are just recipient of information and have no role or opportunity to make their inputs or provide feedback to duty bearers. At the same time, majority of the young women did not consider visual or audio materials on RH important which may be explained by information gathered from KIIs and supported by the reviewed literature that the materials with RH information for young women are either not available or are not adequate.

Results in this study points out the significance of the channel of RH information for specific RH services to young women, where RH information on RH screening, preventive and curative service from peers, parents and guardians did not increase access to the respective RH services. These results reveal that both young women and older community members are not comfortable discussing this specific RH information mainly due to sex being a taboo subject in conversations between older and younger community members. This challenge may be contributing to lack of SRH knowledge at community level among young women as demonstrated by almost all of the reviewed literature.

Regarding the study question on how participation in community health forums influenced access to RH services among young women in Makueni, the findings generally pointed to low relationship between the two variables. The results showed that participation of young women in community health forums in Makueni County did not improve their access to RH services. The KIIs were in agreement that the most of the community forums

discussed broad issues affecting the community in general and hardly focused on RH services and young women. This was one of the main concerns that led to minimal participation of young women. On the other hand, the KIIs revealed lack of interest, motivation and capacity among young women to participate in the community forums. It is important to note that results however pointed to a general perception by young women that their participation in community health forums contributed to the reduced costs of RH services which increased their access.

There was a positive effect on access to RH services as a result of involving young women in planning and decision-making forums in Kibwezi. However, the study results pointed to poor participation and representation of young women in community planning and decision-making forums due to factors similar to poor participation in community forums.

5.4 Conclusion

One of the principles of the stakeholders' theory is adequate and effective involvement of stakeholders in order to ensure their needs and interests are taken into consideration in the development agenda. The study findings support this theory by pointing to the need of adequate and effective involvement of young women in the RH information through the various channels in order to ensure their needs and interests are covered in the delivery of RH services.

In relation to Arnstein's ladder of participation theory, the findings of this study point at involvement of young women in RH services majorly at the second category of citizen participation known as tokenism which involves informing, consultation and placation.

The negative correlation and reverse relationships between both participation of young women in community health forums and participation or representation of young women in planning and decision-making forums and access to RH services indicate that a lot more still needs to be done to strengthen the participation of young women as key stakeholders. According to the stakeholder's theory, duty bearers who include both government health officers at national and county levels and non-government players in the health sector, need to work on strategies to fully bring on board young women in the RH services at all levels and empower them to contribute to the design and implementation of RH services.

5.5 Recommendations

The study findings point one policy and one practice recommendations which needs to be prioritized by all state and non-state stakeholders to improve access of RH services among young women. There is need for strengthening the stakeholder participation policies and guidelines at county and sub-county levels to ensure young women effectively participate and are well represented in community dialogues, planning and decision-making forums on RH services. This is due to their increased vulnerability, and risk exposure in RH issues which directly affect not only their wellbeing but the general development process in the society. To make this productive, the county and sub-county officials charged with responsibility to oversee successful stakeholder participation need to ensure tailored participation forums which prioritize RH needs and interests of young women and are organized in a friendly and conducive manner to young women.

RH health services stakeholders need to explore ways enhancing effectiveness and the quality of RH information through the various channels which are promising to yield better outcomes as indicated by the study results. Additionally, the effect of the various

channels of RH information appeared to vary with community members such as parents and guardians having an inverse relationship with access to RH services. It is critical for the RH stakeholders to establish an effective RH information strategy targeting young women with selection of appropriate channels for each of the RH services as demonstrated by the study findings.

5.6 Areas of further research

Firstly, there is need for further research on capacity of young women in terms of knowledge, skills and experience to effectively participate as stakeholders in RH services. Further research is needed to explore the possible explanations on the weak relationships between access to RH services and both participating in community health forums and participating in RH planning and decision-making.

Secondly, from the study results, issues including effective RH information channels, content and language of RH information among vulnerable groups such as young women, need to be investigated further to provide evidence that can be used by health stakeholders in their RH services programs.

Finally, there is growing attention and discourse among political, judicial, legislative and development stakeholders on stakeholder participation as a subject. This calls for the need for action research and experiments on various stakeholder participation models that can be relevant and pragmatic in the Kenyan context to increase access to key development aspects such as access to RH services among population groups such as young women.

REFERENCES

Adam, A. (2020). *Sample Size Determination in Survey Research.* Retrieved from https://www.researchgate.net/publication/342447837_Sample_Size_Determination_in_Survey_Research

Agenda 2063. (2015). *The Africa We Want.* Third edition- Popular version. Retrieved from https://www.uclga.org/wp-content/uploads/2018/02/01_Agenda2063_popular_version_ENGs2028129.pdf

Amirrudin, M. (2021). *Effect of Variability on Cronbach Alpha Reliability in Research Practice.* Retrieved from https://journal.unhas.ac.id/index.php/jmsk/article/view/11655

Atmowardoyo, H. (2018). *Research Methods in TEFL Studies: Descriptive Research, Case Study, Error Analysis, and R & D.* Retrieved from http://academypublication.com/issues2/jltr/vol09/01/25.pdf

Ayon, S., Ndimbii, J., Jeneby, F., Abdulrahman, T., Mlewa, O., Wang, B., Ragi, A., & Mburu, G. (2017). *Barriers and facilitators of access to HIV, harm reduction and sexual and reproductive health services by women who inject drugs: role of community-based outreach and drop-in centers.* Retrieved from https://www.tandfonline.com/doi/abs/10.1080/09540121.2017.1394965

Baatiema, L., Skovdal, M., Rifkin, S., & Campbell, C. (2013). *Assessing participation in a community-based health planning and services programme in Ghana.* Retrieved from https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-13-233

Baldwin, E., Rountree, V., & Jock, J. (2018). Distributed resources and distributed governance: Stakeholder participation in demand side management governance. Retrieved from https://www.sciencedirect.com/science/article/abs/pii/S2214629617303419

Birhan, Z., Tushune, K., & Jebena, M. (2018). *Sexual and reproductive health services use, perceptions, and barriers among young people in southwest Oromia, Ethiopia.* Retrieved from https://www.ajol.info/index.php/ejhs/article/view/164673

Bhardwaj, P. (2019). *Types of Sampling in Research.* Retrieved from https://www.j-pcs.org/article.asp?issn=2395-5414;year=2019;volume=5;issue=3;spage=157;epage=163;aulast=Bhardwaj

Bogdan, R., & Taylor, S. (1975). *Introduction to Qualitative Research Methods*. New York: John Wiley & Sons.

Calculator.net, (2021). *Sample size calculator*. Retrieved from https://www.calculator.net/sample-size-calculator.html?type=1&cl=95&ci=5&pp=50&ps=19703&x=74&y=13

Cambridge Dictionary. (2019). Retrieved from https://dictionary.cambridge.org/dictionary/english/stakeholder

Coghlan, D., & Brannick, T, (2010). *Doing action research in your own organization- 3rd edition*. London: Sage publications Ltd.

Dennis, M., Radovich, E., Wong, K., Owolabi, O., Calvallaro, F., Mbizvo, M., Binagwaho, A., Waiswa, P., Lynch, C., & Benova, L. (2017). *Pathways to increased coverage: an analysis of time trends in contraceptive need and use among adolescents and young women in Kenya, Rwanda, Tanzania, and Uganda.* Retrieved from https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-017-0393-3

Desrosiers, A., Betancourt, T., Kergoat, Y., Servilli, C., Say, Lale., & Kobeissi, L. (2020). *A systematic review of reproductive health interventions for young people in humanitarian and lower-and-middle-income country settings*. BMC Public Health 20**,** 666 (2020). Retrieved from https://doi.org/10.1186/s12889-020-08818-y

Diniz, D., Ali, M., Ambrogi, I., & Brito, L. (2020). Understanding sexual and reproductive health needs of young women living in Zika affected regions: a qualitative study in northeastern Brazil. Retrieved from https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-020-0869-4

Etikan, I., & Bala, K. (2017). *Sampling and Sampling Methods.* Retrieved from https://d1wqtxts1xzle7.cloudfront.net/56588350/sampling_methods-with-cover-page-v2.pdf?Expires=1644713255&Signature=b9iRTXzZroT-1T-DqjLz3PiNj1vCHSYDoimengvc8V-HFBRYu~B9raL4yzKxHtE9I-93YMKyeQkY1EcQpOHhacgthTfAVme3MOOwz78ngNcPQfSTNjz6Zm~nZZbMyqgATspQeW2bnCSTlpvMzCDvD-gXFeRtirjjcyZw9QddDJDiA1FJn0sPSLhKTFl5eDPaJKYYxUtJM9Ws4eEG~DrvcEZehpz3qc2TqnXcpkdqdqBjOgJ6EpEQIXMFyYIDRwO0C10~Ls1Cxw29O-MwARPy~PR0wC5-rqfpZGO5eoPQPp4ENNW9wVkuwXrNUYe6ymgaQzY95rLnnLXbtf43BR3ZBQ__&Key-Pair-Id=APKAJLOHF5GGSLRBV4ZA

FHI360/PROGRESS, Ministry of Health, Kenya, (2011). *Adolescent and young reproductive health- Taking stock in Kenya.* Retrieved from https://www.fhi360.org/sites/default/files/media/documents/youth-sexual-reproductive-health-kenya-phase1.pdf

Gathara, P. (2018). *Devolved Healthcare: Makueni's trailblazing experiment in providing universal healthcare coverage.* Retrieved from https://www.theelephant.info/features/2018/01/11/devolved-healthcare-makuenis-trailblazing-experiment-in-providing-universal-health-coverage/

Gopal, P., Fisher, D., Seruwagi, G., & Taddese, H. (2020). *Male involvement in reproductive, maternal, newborn, and child health: evaluating gaps between policy and practice in Uganda.* Retrieved from https://link.springer.com/article/10.1186/s12978-020-00961-4

Government of Kenya- Ministry of Health. (2007). *National Reproductive Health Policy- Enhancing Reproductive Health Status for All Kenyans.* Retrieved from

http://csakenya.org/wp-content/uploads/2016/10/National-Reproductive-Health-Policy-booklet-2007.pdf

Government of Makueni County. (2018). *Makueni County Integrated Development Plan (CIDP) 2018-2022.* Retrieved from https://makueni.go.ke/download/makueni-county-integrated-development-plan-2018-22/

Government of Kenya- Ministry of Health. (2016). *National Guidelines for Provision of Adolescent and Youth Friendly Services in Kenya.* Retrieved from https://faces.ucsf.edu/sites/g/files/tkssra4711/f/YouthGuidelines2016.pdf

Government of Kenya, Ministry of Health, (2015). *Kenya National Adolescent Reproductive Health Policy.* Retrieved from https://www.popcouncil.org/uploads/pdfs/2015STEPUP_KenyaNationalAdolRHPolicy.pdf#:~:text=The%20National%20Adolescent%20Sexual%20and%20Reproductive%20Health%20Policy,into%20the%20country%E2%80%99s%20mainstream%20health%20and%20development%20agenda.

Heale, R., & Twycross, A. *Validity and reliability in quantitative studies.* Retrieved from https://ebn.bmj.com/content/18/3/66.full

Horwitz, M., Pace, L., & Ross-Degnan, D. (2018). *Trends and Disparities in Sexual and Reproductive Health Behaviors and Service Use Among Young Adult Women (Aged 18–25 Years) in the United States, 2002–2015.* Retrieved from https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2018.304556

Hou, X., & Ma, N. (2012). *The effect of women's decision-making power on maternal health services uptake: evidence from Pakistan.* Retrieved from https://academic.oup.com/heapol/article/28/2/176/757843?login=true

Ivanova, O., Rai, M., & Kemigisha, E. (2018). *A Systematic Review of Sexual and Reproductive Health Knowledge, Experiences and Access to Services among Refugee, Migrant and Displaced Girls and Young Women in Africa.* Retrieved from https://www.mdpi.com/1660-4601/15/8/1583/htm

Joint United Nations Programme on HIV/AIDS (UNAIDS), 2017. *UNAIDS Data 2017.* Retrieved from https://www.unaids.org/sites/default/files/media_asset/20170720_Data_book_2017_en.pdf

Kenny, A., Hyett, N., Sawtell, J., Dickson-Swift, V., Farmer, J., & O'meara, P. (2013). *Community participation in rural health: a scoping review.* Retrieved from https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-13-64

Kenya National Bureau of Statistics (KNBS), (2015). *Kenya Demographic Health Survey, 2014.* Retrieved from https://dhsprogram.com/pubs/pdf/FR308/FR308.pdf

Kenya National Bureau of Statistics (KNBS), (2019). *2019 Kenya Population and Housing Census: Volume I.* Retrieved from http://housingfinanceafrica.org/app/uploads/VOLUME-I-KPHC-2019.pdf

Kenya National Bureau of Statistics (KNBS), (2019). *2019 Kenya Population and Housing Census: Volume III.* Retrieved from https://s3-eu-west-1.amazonaws.com/s3.sourceafrica.net/documents/120779/VOLUME-III-KPHC-2019.pdf

Kenya National Commission on Human Rights (KNCHR), (2012). *Realising Reproductive Health Rights in Kenya: A Myth or A Reality?* Retrieved from

https://www.law.utoronto.ca/utfl_file/count/documents/reprohealth/kenya_reproductive_health_report.pdf

Kenya Vision 2030, (2008). Retrieved from https://vision2030.go.ke/

Kesterton, A., & Meelo, M. (2010). *Generating demand and community support for sexual and reproductive health services for young people: A review of the Literature and Programs.* Retrieved from https://link.springer.com/article/10.1186/1742-4755-7-25

Kimathi, R., Mireku, M., Kyongo, J., Digolo, L., Musyoki, H., Ikahu, A., Wanjiru, M., & Otiso, L. (2020). *Factors influencing access of HIV and sexual and reproductive health services among adolescent key populations in Kenya.* Retrieved from https://link.springer.com/article/10.1007/s00038-020-01373-8

Kivunja, C. (2018). *Distinguishing between Theory, Theoretical Framework, and Conceptual Framework: A Systematic Review of Lessons from the Field*. Retrieved from https://files.eric.ed.gov/fulltext/EJ1198682.pdf

Lennox, J., Proctor, W., & Russell, S. (2011). *Structuring stakeholder participation in New Zealand's water resource governance*. Retrieved from https://www.sciencedirect.com/science/article/abs/pii/S0921800911000887

Loganathan, T., Chan, Z., Smallen, A., & Pocock, N. (2020). Migrant Women's Access to Sexual and Reproductive Health Services in Malaysia: A Qualitative Study. Retrieved from https://www.mdpi.com/1660-4601/17/15/5376/htm

Ministry of Health-Kenya, Division of Reproductive Health, (2013). *Adolescent and Youth Reproductive Health Evidence-Based Interventions in Kenya.* Retrieved from https://www.fhi360.org/sites/default/files/media/documents/youth-sexual-reproductive-health-interventions-kenya.pdf

Mulwa, F. (2004). *Managing Community-Based Development- Unmasking the Mystery of Participatory Development.* Nairobi: P.O livex Publishers.

Mutea, L., Ontiri, S., Kadiri, F., Michielesen, K. & Gichangi, P. (2020). *Access to information and use of adolescent sexual reproductive health services: Qualitative exploration of barriers and facilitators in Kisumu and Kakamega, Kenya.* Retrieved from https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0241985

National Council for Law Reporting. (2010). *The Constitution of Kenya, 2010*. Retrieved from https://www.wipo.int/edocs/lexdocs/laws/en/ke/ke019en.pdf

National Council for Population and Development. (2021). *Draft Action Plan for Addressing Adolescent Health and Teenage Pregnancy in Kenya.* Retrieved from https://ncpd.go.ke/wp-content/uploads/2021/10/Draft-Action-Plan-for-Addressing-Adolescent-Health-and-Teenage-Pregnancy-in-Kenya.pdf

National Government Constituencies Development Fund, (2015). *Kibwezi constituency (Sub-county) map*. Retrieved from https://www.ngcdf.go.ke/index.php/2015-07-28-04-03-42/constituency/087-kibwezi-west

Negev, M., Davidovitch, N., Garb, Y., & Tal, A. (2013). *Stakeholder participation in health impact assessment: A multicultural approach.* Retrieved from https://www.sciencedirect.com/science/article/abs/pii/S019592551300070X

Ninsiima, L., Chiumia, I., & Ndejjo, R. (2021). *Factors influencing access to and utilisation of youth-friendly sexual and reproductive health services in sub-Saharan Africa: a systematic review.* Retrieved from https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-021-01183-y

Omweno, L., Ondigi, A., & Ogolla, L. (2015). *Socio-Cultural Factors Influencing Access to Reproductive Health Service Information among the Youth in Korogocho Slum of Nairobi, Kenya.* Retrieved from http://www.ku.ac.ke/schools/human_sciences/images/stories/2016/24557-27137-1-PB.pdf

Pandey, P., Seale, H., Razee, H. (2019). *Exploring the factors impacting on access and acceptance of sexual and reproductive health services provided by adolescent-friendly health services in Nepal.* Retrieved from https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0220855

Pigmans, K., Aldewereld, H., Dignum, V., & Doorn, N. (2019). *The Role of Value Deliberation to Improve Stakeholder Participation in Issues of Water Governance.* Retrieved from https://link.springer.com/article/10.1007/s11269-019-02316-6

President's Delivery Unit. *Big Four- Free maternity Programme.* Retrieved from https://www.delivery.go.ke/flagship/fmp

Preston, R., Waugh, H., Larkins, S., & Taylor, J. (2010). *Community participation in rural primary health care: intervention or approach?* Retrieved from https://www.publish.csiro.au/PY/PY09053

Razavi, S., Kapiriri, L., Abelson, J., & Wilson, M. (2019). *Who is in and who is out? A qualitative analysis of stakeholder participation in priority setting for health in three districts in Uganda.* Retrieved from https://academic.oup.com/heapol/article-abstract/34/5/358/5513294

Renn, O., Webler, T., and Wiedemann, P. (1995). *Fairness and Competence in Citizen participation- Evaluation Models for Environmental Discourse.* Retrieved from https://books.google.co.ke/books?id=HHPoCAAAQBAJ&pg=PA5&lpg=PA5&dq=langton+1978+public+participation+Langton+1978&source=bl&ots=HtYLq89K0C&sig=ACfU3U0lwQ3diQquvHlZA8gzTBNui1bcjA&hl=en&sa=X&ved=2ahUKEwjRyoeogbThAhXL8eAKHTwxAsAQ6AEwDnoECAgQAQ#v=onepage&q=langton%201978%20public%20participation%20Langton%201978&f=false

Robson, C. (2002). *Real world research: A resource for social scientists and practitioner researchers* (2 Ed.). London, UK: Blackwell Publishing.

Rutgers, (2016). *Essential Packages manual: Reproductive health and Rights programmes for Young People.* Retrieved from https://www.rutgers.international/sites/rutgersorg/files/PDF/Essential%20Packages%20Manual_RHR%20programmes%20for%20young%20people_%202016.pdf

Salehi, A., Whitehead, D., Upadhyay, B., Coyne, R., & Haris, N. (2021). *Young women living in Iran: gendered drivers influencing social participation and wellbeing.* Retrieved from https://www.tandfonline.com/doi/abs/10.1080/09589236.2020.1868982

Sandra, S. (2020). *Understanding Descriptive Research Designs and Methods.* Retrieved from https://journals.lww.com/cns-journal/Citation/2020/01000/Understanding_Descriptive_Research_Designs_and.4.aspx

Sheikh-Mohammed, M., Maclntyre, C., Wood, N., Leask, J., & Isaacs, D. (2006). *Barriers to access to health care for newly resettled sub-Saharan refugees in Australia.* Retrieved from https://onlinelibrary.wiley.com/doi/abs/10.5694/j.1326-5377.2006.tb00721.x

Simuyaba, M., Hensen, B., Phiri, M., Mwansa, C., Mwenge, L., Kabumbu, M., Belemu, S., Shanaube, K., Schaap, A., Floyd, S., Fidler, S., Hayes, R., Ayles, H., & Simwinga, M. (2021). *Engaging young people in the design of a sexual reproductive health intervention: Lessons learnt from the Yathu Yathu ("For us, by us") formative study in Zambia.* Retrieved from https://link.springer.com/article/10.1186/s12913-021-06696-7

Taherdoost, H. (2016). Retrieved from https://www.researchgate.net/publication/319998004_Validity_and_Reliability_of_the_Research_Instrument_How_to_Test_the_Validation_of_a_QuestionnaireSurvey_in_a_Research

Thapa, J., Stöckl, D., Sangroula, R., Pun, A., Thapa, M., Maskey, M., & Delius, M. (2021). Investment case approach for equitable access to maternal neonatal and child health services: Stakeholders' perspective in Nepal. Retrieved from https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0255231

Thapa, N. (2020). *Factors influencing the use of reproductive health services among young women in Nepal: Analysis of the 2016 Nepal demographic and health survey.* Retrieved from https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-020-00954-3

Thomas, L. (2020). *How to use stratified sampling.* Retrieved from https://www.scribbr.com/methodology/stratified-sampling/

Thongmixay, S., Essink, D., Greeuw, T., Vongxay, V., Sychareun, V., and Broerse, J. (2019). *Perceived barriers in accessing sexual and reproductive health services for youth in Lao People's Democratic Republic.* Retrieved from https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0218296

United Nations Joint Programme on HIV/AIDS, (2018). Miles to go, Closing Gaps, Breaking Barriers, Righting Injustices. Retrieved from https://samumsf.org/sites/default/files/2019-03/Global%20AIDS%20Update%202018_miles-to-go_en.pdf

United Nations. *Sustainable Development Goals.* Retrieved from https://www.un.org/sustainabledevelopment/sustainable-development-goals/

Vitálišová, K., Murray-Svidroňová, M., Jakuš-Muthová, N. (2021). *Stakeholder participation in local governance as a key to local strategic development.* Retrieved from https://www.sciencedirect.com/science/article/abs/pii/S0264275121002638

Wigle, J., Paul, S., Birn, A., Gladstone, B., & Braitstein, P. (2020). *Youth participation in sexual and reproductive health: policy, practice, and progress in Malawi.* Retrieved from https://link.springer.com/article/10.1007/s00038-020-01357-8

World Health Organization. (1978). *Declaration of Alma-Ata. International Conference on Primary Health Care, Alma-Ata, USSR.* Retrieved from https://www.who.int/publications/almaata_declaration_en.pdf

World Health Organization. (2001). *Information Education and Communication. Lessons for the Past; Perspectives for the Future*. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/67127/WHO_RHR_01.22.pdf;sequence=1

World Health Organization. (2017). *Reproductive health- Fact sheets on sustainable development goals: Health targets.* Retrieved from https://www.euro.who.int/__data/assets/pdf_file/0005/348008/Fact-sheet-SDG-RH-FINAL-04-09-2017.pdf?ua=1

World Health Organization. (2020). *Reproductive health.* Retrieved from https://www.who.int/reproductivehealth/about_us/en/

World Health Organization. (2020). *Humanitarian Health Action.* Retrieved from https://www.who.int/hac/techguidance/preparedness/RH_policybrief/en/

World health Organization. (2020). *Universal health Coverage for reproductive health.* Retrieved from https://apps.who.int/iris/bitstream/handle/10665/331113/WHO-RH-20.1-eng.pdf

Yadav, K., Agarwal, M., Shukla, M., Singh, J., & Singh, V. (2020). *Unmet need for family planning services among young married women (15–24 years) living in urban slums of India.* Retrieved from https://link.springer.com/article/10.1186/s12905-020-01010-9

Zhou, Y., Wang, T., Fu, J., Chen, M., Meng, Y., & Luo, Y. (2019). *Access to reproductive health services among the female floating population of childbearing age: a cross-sectional study in Changsha, China.* Retrieved from https://link.springer.com/article/10.1186/s12913-019-4334-4

APPENDICES

Appendix 1- Questionnaires

RESEAERCH QUESTIONNAIRE **CODE: ……**

My name is JACOB O. ODHIAMBO, a Master of Arts in Monitoring and Evaluation student at the African Nazarene University. I am conducting research on effect of stakeholder participation on access to reproductive health services among young women in Makueni county. The purpose of this research is purely academic, and the information provided will be treated with complete confidentiality. Your participation in the study is voluntary and it is your right to decline or even stop at any point of the interview. We shall not record your name as a participant. Overall, this discussion is set to take approximately one hour.

Your participation in this study will not be used in any way to change or disadvantage the current benefits or opportunities you and the community are having in terms access to health care services.

Thank you!

Ward: _____

Date of Interview: _____

Section A; Demographic information of respondent

1. Age _____ *(Indicate actual age in years). Respondents below 18 years or above 24 years are not eligible to participate in the research- end interview for any respondent below 18 years or above 24 years).*

2. Marital status *(tick one)*

   ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

3. Do you have children of your own? ☐ Yes ☐ No

4. If yes, how many children do you have? *(indicate total number of children by gender and number in each age categories below)*

   Male: ……. <1yrs ……. 1-5yrs……. 6-10yrs……. >10yrs

   Female: ……. <1yrs ……. 1-5yrs……. 6-10yrs……. >10yrs

5. What is your highest level of education?

☐ Never been to school ☐ Primary ☐ Secondary ☐ College ☐ University

6. What is your occupation?

……..……..

7. If you are you currently a student? *Tick one*

☐ Primary ☐ Secondary ☐ College ☐ University

8. How long have you lived or worked or studied in Kibwezi Sub-County?

☐ <6 months ☐ 6mnths-2years ☐ 3-5years ☐ 6-10 years ☐ >10 years

Section B-1; Access to RH services among young women

9. Have you received any of the RH services listed below in your community in the last 6 months? *Please select either Yes or No for each of the services.*

RH services	**Yes**	**No**
Family Planning		
Maternal and Child Health		
Sexual transmitted Infections screening and treatment (HIV testing and STI screening and treatment)		

10. Please rate 1-5 on how frequent you have accessed the RH services answered yes in question 9 above; *Where 1=never, 2= rarely, 3= occasionally, 4= frequently and 5= very frequently.*

RH services	**1**	**2**	**3**	**4**	**5**
Family Planning					
Maternal and Child Health					
Sexual transmitted Infections screening and treatment (HIV testing and STI screening and treatment)					

11. Please rate your level of agreement or disagreement with these statements on access to RH services **….** *Where 1=strongly disagree, 2= disagree, 3= neutral, 4= agree and 5= strongly agree.*

RH services	**1**	**2**	**3**	**4**	**5**

Family planning services are affordable or free of charge in my community					
Maternal and child health services are affordable or free of charge in my community.					
Sexual transmitted Infections screening and treatment (HIV testing and STI screening and treatment) services are affordable or free of charge in my community.					
I do not have to travel a long distance to find family planning services					
I do not have to travel a long distance to find Maternal and child health services					
I do not have to travel a long distance to find Sexual transmitted Infections screening and treatment (HIV testing and STI screening and treatment) services					

12. Please rate your level of satisfaction for each of the RH services listed below you find in your community; *Where 1=very unsatisfied, 2= unsatisfied, 3= neutral, 4= satisfied and 5= very satisfied.*

RH services	**1**	**2**	**3**	**4**	**5**
Family Planning					
Maternal and Child Health					
Sexual transmitted Infections screening and treatment					
HIV/AIDs testing and/or treatment					

Section B-2; RH information and access to RH services

13. Have you ever participated or attended an awareness or education session on the following? *Answer Yes or No for each topic.*

RH topics	**Yes**	**No**
Family Planning		
Maternal and Child Health		
Sexual transmitted Infections screening and treatment (HIV testing and STI screening and treatment)		

14. Have you received a health message or information through visual or audio educative materials on the following topics? *Answer Yes or No for each topic.*

RH topics	Yes	No
Family Planning		
Maternal and Child Health		
Sexual transmitted Infections screening and treatment (HIV testing and STI screening and treatment)		

15. Have you ever received health information on the topics listed below from peers, parents/guardians or other community members? *Answer Yes or No for each topic.*

RH topics	Yes	No
Family Planning		
Maternal and Child Health		
Sexual transmitted Infections screening and treatment (HIV testing and STI screening and treatment)		

16. Please indicate your extent of agreeing or disagreeing with each of the statements in the table below for the RH information received; ***Where 1=strongly disagree, 2= disagree, 3= neutral, 4= agree and 5= strongly agree.***

Topic	1	2	3	4	5
The information received in the awareness session and education session helped in seeking RH services					
The RH information received through visual and audio materials should be in an appropriate language for young women.					
The information received through peers, parents or guardians and community members can help one Know the places in the community to receive RH services either free of charge or at a minimal cost.					
The information received helped in knowing the work hours and days of health facilities one can find RH services in my community.					
It is a challenge to understand my needs for RH services without RH information					
It is easy to receive RH information from parents or guardians					

It is easy to receive RH information from peers					
It is easy to receive RH information from other community members					
Visual RH information materials (pamphlets, posters and adverts) are easily available in my community					
RH awareness and educative sessions are very much available in my community					

Section B-3; Participation of young women and access to RH services

17. Have you ever attended any forum in your community that discussed RH matters?

(This is any forum in the community on health issues)

- Yes ☐
- No ☐

18. If answered Yes in question 17 above, please indicate how frequent you have attended such community forums in the last 1 years?

- Less often ☐
- Often ☐
- Quite often ☐
- Very often ☐

19. Please indicate your extent of agreeing or disagreeing with each of the statements in the table below for community health forums/meetings; ***Where 1=strongly disagree, 2= disagree, 3= neutral, 4= agree and 5= strongly agree.***

Topic	**1**	**2**	**3**	**4**	**5**
Discussions in Community health forums help in improving quality of RH service(s) for young women					
The voice of young women regarding issues on RH services have been heard in community health forums					
Community health forums have made RH services (family planning, maternal and child health services and screening and treatment for					

RH conditions like HIV/AIDs and Sexual transmitted Infections more affordable or free of charge					
My Participation in community health forums is not important					
Young women do not generally have a lot of say regarding RH issues in the community health forums					
Other people attending community health forums should speak on behalf of young women regarding RH issues.					
RH issues are too complicated for young women to be able to discuss during community health forums					
The community health forums discuss ways to address challenges young women are facing in access to RH services					

Section B-4; Inclusion of young women and access to RH services

20. Have you or fellow young women representative ever participated in any planning and decision-making meeting on RH services?

- Yes ☐
- No ☐

21. If answered Yes in question 20 above, please indicate how frequent you or your fellow young women representative have attended such community forums or meetings in the last 1 years?

- Less often ☐
- Often ☐
- Quite often ☐
- Very often ☐

22. Please indicate your extent of agreeing or disagreeing with each of the statements in the table below for participation in planning and decision-making forums on RH;

Where 1=strongly disagree, 2= disagree, 3= neutral, 4= agree and 5= strongly agree.

Topic	**1**	**2**	**3**	**4**	**5**
Young women do not have the knowledge required for planning and decision-making on RH issues					
Young women RH services interests and concerns can be well addressed with issues of other women in general					
Young women can be represented by other women in RH planning and decision-making forums					
Involving young women in the planning and decision-making forums on RH has improved the quality of RH services in our community					
Young women do not generally have a lot of say regarding RH issues in the community health forums					
Other people attending community health forums should speak on behalf of young women regarding RH issues.					
RH issues are too complicated for young women to be able to discuss during community health forums					
The community health forums discuss ways to address challenges young women are facing in access to RH services					

Appendix 2- Key Informant Guide
Key informant interview guide Code: ……Date of interview: _____

Name of Interviewer: _____

Name of key informant (optional): _____

Title/Position: _____

Ward of operation if applicable: _____

Gender: Male ☐ Female ☐

1. **General information on RH services among young women**
   a. What is your view in general on access to RH services (Family planning, Maternal and Child Health, HIV/AIDs, STIs, GBV and Cervical cancer screening) among young women in this County and Kibwezi west sub-County?

   b. What strategies are used at County and sub-County level to ensure young women are involved in stakeholder participation as stakeholders in RH services?

2. **Availability of information on RH for young women**
   a. Is information on RH services available for young women? If so in what form/channels? friendliness? Which channels?

   b. Any impact of the RH information on access to RH services?

3. **Participation of young women in community health forums**
   a. What kind of health forums or meeting are held at community level and how are young women involved? What role do they play in the forums?

4. **Participation of young women in planning and decision-making on RH**

a. What is your opinion on participation and representation of young women in the RH planning and decision-making forums/meetings?

b. Any change(s) in access to RH services as a result of the participation and representation?

c. What suggestions can you give to improve stakeholder participation among young women in RH issues?

Thank you for your time.

Appendix 3- Research Consent Form

CONSENT FORM **Code: ……**

Introduction: (Self-introduction by researcher)

My name is JACOB O. ODHIAMBO, a Master of Arts in Monitoring and Evaluation student at the African Nazarene University. I am conducting a study on effects of stakeholder participation on access to reproductive health services among young women in Makueni county. The purpose of this research is purely academic and the information provided shall not be used for any other purpose. I am requesting you to participate in the research by responding to questions on the questionnaire/ key informant guide. The process will take about 30 minutes to complete.

It is important to inform you that the information you will provide shall only be used for the research purposes only and your identity or personal information will not be shared to any other entity or person. The final report with findings of the research shall not include names and identities of the any of the study participants.

You are free not to participate in the study. Further, you are also allowed to stop the interview at any stage even after beginning if you so wish.

I kindly request that you answer the questions as honestly and openly as possible since this will help give an accurate representation of the issues necessary for the research purpose.

By signing this consent form indicates your acceptance to participate in the study.

Signature……..

Date ……..

Appendix 4- African Nazarene University Research authorization

15th Feb, 2022

E-mail: researchwriting.mba.anu@gmail.com/ monitoringandevaluation@anu.ac.ke
NACOSTI: registry@nacosti.go.ke Tel. 0202711213

Our Ref: **16S03DMME004**

The Director.
National Commission for Science,
Technology and Innovation (NACOSTI),
P. O. Box 30623, 00100
Nairobi. Kenya

Dear Sir/Madam:
RE: RESEARCH AUTHORIZATION FOR: JACOB OKOTH ODHIAMBO 16S03DMME004
JACOB OKOTH ODHIAMBO is a postgraduate student of Africa Nazarene University in the Master OF ARTS IN MONITORING AND EVALUATION (MME) Program.
In order to complete his program, Jacob is conducting a research entitled: ***EFFECT OF STAKEHOLDER PARTICIPATION ON ACCESS TO REPRODUCTIVE HEALTH SERVICES AMONG YOUNG WOMEN IN MAKUENI COUNTY; A CASE OF KIBWEZI SUB COUNTY.***

Any assistance offered to him will be highly appreciated.



Dr. Wanjiru Nderitu

MME, Coordinator; School of Business Studies,

Africa Nazarene University.

Appendix 5- NACOSTI research clearance permit

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **391124**

Date of Issue: **25/February/2022**

RESEARCH LICENSE



This is to Certify that Mr.. Jacob Okoth Odhiambo of Africa Nazarene University, has been licensed to conduct research in Makueni on the topic: Stakeholder's participation and access to reproductive health services among young women in Makueni County; A case of Kibwezi sub County. for the period ending : 25/February/2023.

License No: **NACOSTI/P/22/16022**

391124

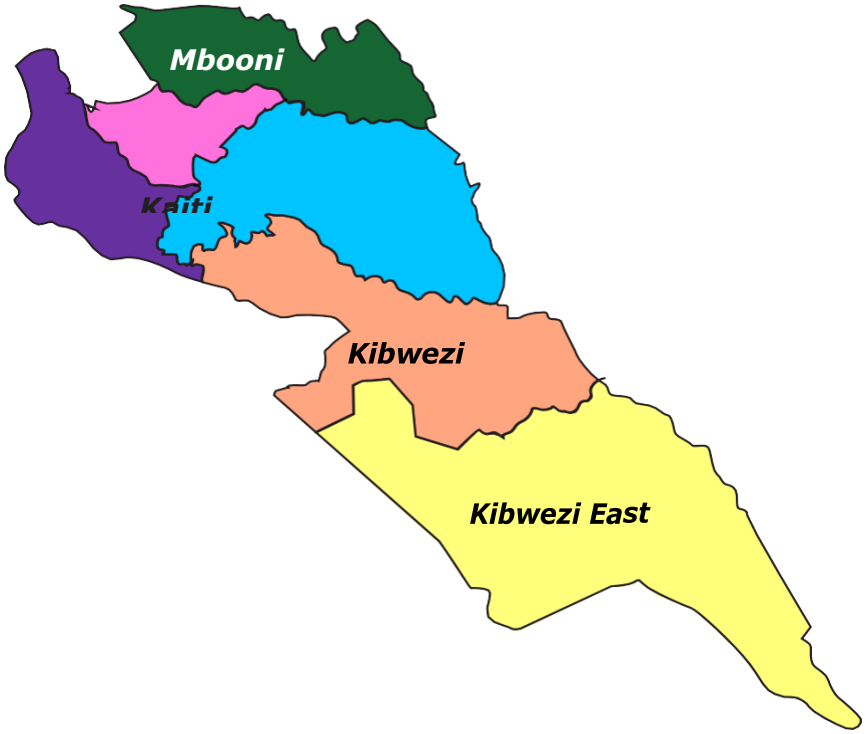
Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

Appendix 6- Map of Study Area



Map of Kibwezi Sub-county in the larger Makueni County as presented by the County Statistical Abstract (2020).

Appendix 7- Research Schedule

RESEARCH ACTIVITY	TIME	EXPECTED OUTCOME
Preparation of research concept	Jan to Apr 2021	Research proposal developed
Preparation of research proposal and defense	September 2021 to January 2022	Research proposal and defense complete
Corrections and actions on defense comments	February 2022	Corrections and defense comments addressed
Approval and authorization for data collection by University and NACOSTI	February 2022	Research approval and authorization letters received
Data collection	March 2022	Research data collection finalized
Data analysis	April 2022	Research data analysis finalized
Writing of final Research findings and discussion chapter	April 2022	Draft and final chapter 4 and five prepared
Defense of Project	May 2022	Final presentation of research report

Appendix 8- Research Budget

Item	Description	Number of units	Cost per unit	Days	Total (KSH)
Transport	Transport to research site	6	500	4	12,000.00
Allowance	Allowance for data collectors	6	1000	4	24,000.00
NACOSTI license	Research License	1	1050	1	1,050.00
Miscellaneous	Other expenses	1	3000		3,000.00
Total					**40,050.00**