

**SOCIOECONOMIC FACTORS AND REPRODUCTIVE
HEALTH SEEKING BEHAVIORS AMONG YOUTHS FROM
POOR HOUSEHOLDS IN NDHIWA SUBCOUNTY,
HOMABAY COUNTY KENYA**

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Abstract

Youths encompass those aged between 15 to 24 years (UN 2006). Reproductive health seeking behavior among the youth is a concept that influences them to reflect positively on their reproductive health. It includes personal actions to promote well being in reproductive health. Many socio economic factors impact negatively on reproductive health seeking behavior of the youths from poor households due to their compromised position in society. This exposes them to low reproductive care compliance and its many consequences (Atuyambe et al 2008). This descriptive study was aimed at establishing the relationship between socioeconomic factors of youths from poor households in Ndhiwa Sub County and their reproductive health seeking behaviors. Socio economic factors including household income, education levels and gender were explored. Data was collected using structured questionnaires. Sample size of n=382 youths were randomly selected from the population. Cleaned data was entered into the computer and analyzed using the Statistical Package of Social Science (SPSS), version 20. Descriptive statistical method was used to summarize data and to determine associations between study variables. Quantitative results were presented in descriptive statistical format like frequency tables, bar charts, and pie charts. Ethical clearance and permission to conduct the research was obtained. Other ethical values and considerations were put in place.

***Key words: Reproductive health seeking behavior, Reproductive health, household income, gender, education level**

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Introduction

Being in good health is one of the most valuable gifts in life. As such, youths regardless of their socioeconomic status should enjoy a safe and healthy reproductive life. Allotey *et al.* (2011), define reproductive health as an individual's state of physical, mental, emotional, and social well-being in relation to sexuality and reproduction.

The United Nations (UN) for statistical purposes defines youth as people between 15 and 24 years of age. This document therefore uses the UN Habitat definition of youth as a quantifiable marker appreciating that the experience and duration of being a youth is diverse due to unique biological, cognitive and socioeconomic changes experienced worldwide.

The United Nations Development Program in its report on Human Development 2011 states that poverty is a multidimensional social phenomenon. Its definition and causes vary by gender, age, culture and other social and economic contexts (Cohen, 2010). Poverty is associated not only with insufficient income or weak consumption, but also with insufficient outcomes in respect to health, nutrition, literacy, deficient social relations, insecurity, low self-esteem and powerlessness (Townsend, 2006). In the context of this study, poor households are defined as those houses that lack what is necessary for material well-being especially food, housing and land; and their lack of voice, power and independence subject them to exploitation.

The youths face different challenges, needs and expectations when it comes to reproductive health seeking behavior. In East Africa; Tanzania, Uganda and Kenya, the trend in reproductive health seeking behavior among youths is not unique either. Despite the existence of several youth friendly reproductive health facilities in major towns such as Mombasa, Nairobi and Kisumu, the youth show up in these facilities is very low. According to NACC (2005), in Kenya, center of attention is steadily swinging from focusing on risks of HIV and AIDS for the youth and adults to a broader approach of youth development, including essential issues related to reproductive health seeking behavior such as voluntarily testing for HIV AIDS.

It is unfair that unlike the older persons, the youths do not appear to enjoy a healthy physical, mental, emotional and social wellbeing in relation to sexuality and reproduction. For instance,

Ndhiwa Sub County is currently struggling with a deepening HIV/AIDS incidence and prevalence rate crisis. Study report from Ndhiwa HIV/AIDS Impact Population Survey (NHIPS) conducted by Blaizot *et al.* (2012) indicate that HIV incident rate in Ndhiwa Sub County is at 21% compared to the national rate of 26%. The study further reveals that high HIV/AIDS prevalence rates are not due to cultural practices rather they are as a result of poor reproductive health practices. It is therefore important to understand why the youths are reluctant to seek help on matters of reproductive health.

Statement of the Problem

Socio economic inequality is described as extreme poverty detached from the relational dimensions with extreme wealth (Cattani 2011). In Ndhiwa Sub County, reports from NACC(2005) indicate that due to socio economic factors such as education level, and family income, 44% of sexual reproductive health complications such as STIs among girls are usually reported at a very late stage when the girls cannot hide it anymore. Additionally, among the boys only 15% reported to engage in safe sex by adhering to correct and consistent condom use during sexual intercourse, the remaining boys reported that condoms were unaffordable since they didn't have a reliable source of income. Due to culture and belief, 62% of adolescent reported that they could not pick condoms from the health facilities. Kenya has health guidelines and policies relating to reproductive health but seem to lack sufficient help seeking plan with regard to reproductive help seeking behavior. The lack of an adequate reproductive help seeking plan might have contributed to the poor reproductive help seeking behavior experienced in Ndhiwa Sub County hence this study shall attempt to explore the interplay between socio economic factors and reproductive health seeking behavior among the youth from poor households in Ndhiwa Sub County.

Research Objective

To explore socioeconomic factors and reproductive health seeking behavior among the youths from poor households in Ndhiwa Sub county.

Specific Objective

To determine the role of household income on reproductive health seeking behavior among the youths in Ndhiwa Sub County.

Theory of Care Seeking Behavior

This study is based on the theory of health care seeking behavior. The theory of health seeking behavior emerges from Andersen's model (1995). This theory conceptualizes three essential factors of health care seeking behavior: (i) population characteristics (predisposing, enabling, and need factors); (ii) behavioral factors (personal and use of health services); and (iii) the outcome of health status (perceived and evaluated health status).

Predisposing factors include population characteristics describing age, marital status, education, occupation, caste/ethnic group, gender value, culture, and health beliefs regarding knowledge and perceptions of the health care system. Enabling factors include accessibility to health care (e.g., the regularity and cost of health care, travel, and the extent and quality of women's social relationships).

The need factors are perceived and evaluated needs. The perceived need for health services include not only youths' self-perception of their general health and functional state, but also how they experience symptoms of illness such as pain stress, and health difficulties, and whether they consider their problems sufficiently important to seek professional help. In contrast, evaluated need involves professional evaluation of health status and individual need for medical care.

Both needs relate closely to the type and amount of treatment received when an individual youth visits a medical care provider. The outcome of health status, either perceived or evaluated, depends on an individual's health behavior. Predisposing factors directly and indirectly determined how individuals practice personal health care or use health services.

Household Income and Reproductive health seeking behavior

Socioeconomic factor as measured by Household income is associated with many measures of health status, including the youths' mortality rates and reproductive health outcomes such as unintended Pregnancy. In a report released by UNPF (2005), adolescent birth rates demonstrated

a strong inverse relationship with measures of socio economic status such as poverty. Furthermore, Gupta and Mahny (2003) reveal that less is known about the relationship between the youths' rates of STI infection and socio economic status.

In a different study conducted by Waage *et al.* (2010) the findings concur that adolescent birth rates are strongly associated with poverty. The study reveals that in the sub Saharan Africa, 17% of adolescent women aged 15 to 19 years were poor, and across most of the nations, 56% of teen births occurred to young women who were poor. In contrast, in families with considerable higher-income the same study revealed that the youths accounted for 56% of the population but only 17% of the births. A close comparison of the two findings show that the birth rate among the youths' from poor families aged 15 to 19 years was almost 10 times the rate among higher-income youths.

Furthermore, Darrochet *al.* (2001) using data from the National Longitudinal Survey of Youth, found that family instability, income, and change in income were independently related to the risk of premarital birth. Contrary to this view, Flynn (2008) states that Household income is not a useful measure of socio economic status among the youth because most youths especially the ones below 24 years don't work and the few who work are on entry level positions. He further explains that the youths may not be reliable reporters of Household income and recommends the use of parents report on family income.

Worthy of note is that this paper focused on the youths. It looked at the relationship between Household income and reproductive health seeking behavior and look at how the Household income of youths from poor household is associated with their increased/ decreased reproductive help seeking behavior.

RESEARCH DESIGN AND METHODOLOGY

Research Design

The research design that used in this study was descriptive survey. Descriptive survey is a method of collecting information by interviewing or administering a questionnaire to a sample of

individuals (Mugenda & Mugenda, 2003). The researcher settled for descriptive survey because it determines and reports things as they are. The major purpose of descriptive research was to describe the state of affairs as they existed.

The study therefore investigated the role of socioeconomic factors among youths from poor households by exploring factors such as: education level, household income, and gender norms. The design also enabled the researcher to collect valuable information about the youths' attitudes, opinions and feelings about various socio-economic factors that affect their sexual reproductive health seeking behavior in Ndhiwa Sub County.

Sampling design and sampling procedures

A “sample” in a research study refers to any group on which information is obtained. Sampling refers to the process of selecting individuals who will participate (be observed or questioned) as part of the study (Fraenkel & Wallen, 2000). The researcher employed simple random technique. A simple random sample is one in which each and every member of the population has an equal and independent chance of being selected (Fraenkel & Wallen, 2000). It was the most desirable kind for almost every survey and is extremely important to the reliability and validity of the data. It was the best because it is most representative of the entire population (Alreck & Settle, 1995). Krejcie and Morgan (1970) have provided a table of determining sample size for different populations. The table is based on a formula which gives a sample size that when drawn randomly from a finite population size, is such that the sample shall be within ± 0.5 margin of error of the population proportion with a 95% level of confidence.

Relationship between household income and reproductive health seeking behavior among the youths from poor households in Ndhiwa Sub County

To establish the relationship between household income and reproductive health seeking behavior among the youths from poor households in Ndhiwa Sub County, various statements were drawn. The statements were likert scaled on level 1 to 5, whereby 1= strongly disagree, 2= disagree, 3= undecided, 4=agree and 5= strongly agree.

The income of the respondents as seen in the table below ranged from less than 2000 to a total of 10,000/= Kenya Shillings per . Majority of the respondents 46.07% (n=176) earned more than 2000 but less than 5000 per month. 28.8% (n=110) earned less than 2000/= per month, 20.4% (n=78) earned more than 5000/= but less than 10,000/= While only 4.7%, (n=18) earned more than 10,000/= per month. This relates well with the poor help seeking behavior of these youth.

Table 4.1: Participants Average monthly income Cross tabulation

	Frequency	Percent
<2000	110	28.80%
>2000, <5000	176	46.07%
>5000, <10000	78	20.42%
>10000	18	4.71%
Total	382	100%

Further, the respondents confirmed that low household income equates to poor reproductive health seeking behaviour. (n=166 (43.46%) and n=84 (21.99%) of the respondents either agreed or strongly agreed that low income equates to poor reproductive help seeking behaviour. As such, it is correct to conclude that household income as a socio economic factor affects reproductive help seeking behaviour among youths from poor households in Ndhiwa Sub County.

Table 4.2 Low Household Income equates to poor reproductive help seeking behavior

	Frequency	Percent	Cumulative Percent
Strongly Disagree	15	3.93%	3.93%
Disagree	42	10.99%	14.92%
Undecided	75	19.63%	34.55%
Agree	166	43.46%	78.01%
Strongly Agree	84	21.99%	100.00%
Total	382	100.00%	

In addition to this, table 4.3 below shows that average monthly income also illustrate statistical significance in reproductive help seeking behavior. A majority of the respondents (n=176), 46.07% have an average income of >2000 <5000. Followed by those who earn <2000 at 28.8% (n=110). A close look at these two lowest earning groups shows that more participant (n=100) and (n=69) either agreed and strongly agreed with the view that poor reproductive help seeking behavior affects the economy of residents in Ndhiwa. This is an indicator that the youth here recognize the association between positive reproductive help seeking and development.

Table 4.3: Poor reproductive help seeking behavior affects the economy of residents of Ndhiwa

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<2000	8	15	26	37	24
>2000, <5000	7	26	35	63	45
>5000, <10000	9	8	13	28	20
10000	3	2	1	6	6
Total	27	51	75	134	95

On making reproductive health services free for all, 40.8% and 31.7% of the respondents, not considering their monthly income agreed and strongly agreed that reproductive health services should be free. This decision dominated across all the income categories. Although most youth want reproductive health services to be free, it is not evident that free services will lead to a positive reproductive help seeking behaviour

Table 4.4: All reproductive health care services should be free off charge so as to improve help seeking behaviour among youths

	Frequency	Percent	Cumulative Percent
Strongly Disagree	13	3.9%	3.9%
Disagree	20	5.2%	9.2%
Undecided	72	18.8%	28.1%
Agree	156	40.8%	68.8%
Strongly Agree	121	31.7%	100.0%
Total	382	100.0%	

Majority of study participants either disagreed (25.4%, n=97), strongly disagreed (12%, n=46) or were undecided (22%, n=84) on the importance of having a medical cover. In line with Gupta et al (2000) findings, those who don't see the need to have a medical cover, or those without medical cover tend to show more negative health seeking behaviors.

Also, those who confirmed by either agreeing or strongly agreeing (33.0% n=126 and 17.8% n=68) that household income affect reproductive health seeking behavior had more negative health seeking behavior than those who disagreed or strongly disagreed respectively with this statement. (20.2% n=77 and 7.3% n=28). This therefore shows that favorable economic conditions would in return promote positive reproductive help seeking behavior. Other independent studies across the country have also shown that cost can hinder a significant number of youths (young people) from seeking health care. Also related to this is the fact that more respondents despite their financial income either agreed or strongly agreed that reproductive health services should be made free for all.

These findings compare well with Christina H (2005) results. In her study in Uganda, she established that poverty was a major contributing factor to poor help seeking behavior. Most respondents in Ndhiwa confirmed that low household income equates to poor reproductive help seeking behavior.

Also noted is that almost an half of respondents would not mind taking a loan to seek reproductive help while the other half would mind. 11.5% n=44 and 26.2% n=100 strongly disagreed and disagreed with the idea of taking a loan/ borrowing money to seek reproductive help. On the other hand, 27.5% n=105, and 15.2% n=58, agreed and strongly agreed that they can take a loan or borrow money to seek reproductive help.

This is in contrast to a related study by Zwi et al (2009) which shows that the study participants did not agree to taking a loan or borrowing money to seek reproductive health assistance. Despite their negative reproductive health seeking behavior, they still made the choice not to borrow money or ask for a loan for their own care. They reasoned that only primary health care was imperative and deserved a loan/ debt.

Conclusions

This study therefore established that household income was a serious factor when it comes to reproductive help seeking and regardless of the amount of money/ income in the household, there was need to have support when it comes to reproductive health services. The study further established that there was a higher prevalence of youths with poor reproductive help seeking behavior compared to those with positive help seeking behavior. Also, that there was a significant association between low household income and poor reproductive help seeking behavior.

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