Providing integrated sexual and reproductive health services at Kikuyu Campus, University of Nairobi: Assessment of a new reproductive health unit

STUDY TEAM

FHI 360 conducted this research in collaboration with:

- I Choose Life–Africa (ICL)
- University of Nairobi (UON)

Objective

To evaluate provision of integrated youth-friendly sexual and reproductive health services to students at the Kikuyu Campus of the University of Nairobi.

Background

Since 2005, I Choose Life-Africa (ICL), a local Kenya non-governmental organization (NGO) has been implementing a project at three institutions of higher learning in Kenya (University of Nairobi, Kenyatta University and United States International University). The project aimed to reduce high risk behaviors that can lead to sexually transmitted infections (STIs), including HIV, and unintended pregnancies. Specifically, the project focuses on promoting abstinence, being faithful to one uninfected partner, and using condoms correctly and consistently (the ABC approach). The project has worked through peer educators, and Campus Change Agents (CCAs), students and staff trained and certified to provide select reproductive health (RH) services to the university community. CCAs are the equivalent of community health workers and the services they provide include giving information on contraception and on STIs and HIV counseling and testing, and providing contraceptive pills and condoms. In addition, university health service providers have been trained on integration of RH and HIV services as well as breast and cervical cancer screening. Services have been offered in a variety of forums including through peer educators, thematic events, and health weeks. Referrals to other facilities have been made as needed.

For the 2012/2013 academic year, ICL established a dedicated RH unit on the Kikuyu Campus of the University of Nairobi (UON) to serve as a model for the provision of integrated youth-friendly sexual and reproductive health (SRH) services targeted specifically to students. The unit provides contraceptive information and methods, STI/ HIV counseling and testing, other counseling services, breast and cervical cancer screening, voluntary male medical circumcision (VMMC) and referrals to other service sites within and outside the university as appropriate.

To better understand the provision and use of SRH services at UON, FHI 360, in close collaboration with ICL and UON conducted an evaluation with the following objectives: 1) to determine the acceptability of the RH unit to students, 2) to assess student uptake of services at the RH unit, and, 3) to assess uptake of services provided by CCAs.

Methods

The evaluation was a descriptive study that used a pretest–posttest design. Data were collected through a survey of students at Kikuyu Campus before the RH unit was established, and again six months after the RH unit began operations. In addition, in-depth interviews (IDIs) and focus group discussions (FGDs) with students, UON health service staff and CCAs and other UON administrative staff were conducted. Finally, service statistics were collected from the beginning of service provision to record the number of visits to the RH unit and type of visit. The study was approved by the Kenya Medical Research Institute (KEMRI) and FHI 360's Protection of Human Subjects Committee (PHSC).

The sample of students surveyed was randomly selected from the list of residence rooms on the campus. There are approximately 573 rooms among the 14 residence halls; separate samples were drawn for the baseline and endline surveys with a sample size of 400 student respondents targeted for each survey. For rooms with multiple samples, only one student was selected to participate.

Baseline data were collected between December 2012 and January 2013 and a total of 442 students were interviewed. During the same period, IDIs were conducted with 20 students, CCAs, and UON health and administrative staff and three FGDs were conducted, two with student clients of CCAs and one with student CCAs. The RH unit began providing services in August 2013 and endline data collection was conducted in February 2014. A total of 522 students were interviewed for the endline survey; the nonresponse/ refusal rate was 5%. In addition there were 17 IDIs and two FDGs.

Analysis was primarily descriptive with weights calculated to account for the distribution of students by residence hall. Chi-square tests were calculated on two key outcome variables, change in awareness of RH services on campus and change in awareness of CCAs. The baseline and endline survey samples were similar in terms of select background characteristics. The results show the average age of the two groups was nearly identical (22.4 years at baseline and 22.5 years at endline). The majority of respondents were male (61% and 63% respectively), most grew up in a mainly rural area (78% vs. 81%) and just under half were first- or second- year students (46% and 49%) compared to third or fourth year. The only significant difference between the groups was in terms of religion; in the baseline sample 63% reported that their religion was Protestant and 31% said they were Catholic. In the endline sample 70% were Protestant and 29% Catholic.

Results

This brief presents key findings on the use of health services in general, awareness of RH services on campus; knowledge and use of the RH unit, perceived quality of the services offered there, and, awareness of CCAs and ICL.

HEALTH SERVICE USE ON CAMPUS

The majority of students in both survey rounds reported that they received their health services from the Kikuyu health campus facility. A small percentage (less than 10%) reported using the University Health Services on the Main Campus of UON. Fewer students reported using the Kikuyu Campus at endline compared to baseline (80% vs. 93%) and they were more likely to report that they did not use any health services (18% vs. 5%). On their last visit to the facility that they used the majority reported that they went for curative services (88% at baseline and 94% at endline). Very few (between 2% and 5%) said that they went to the health service for a RH need such as STI or HIV counseling or testing, or for an obstetric/gynecological reason. The two main reasons why these facilities were preferred were convenient location and because services were included in their school fees. Few reported being referred to a facility outside of the university for RH services; 3% of the baseline sample compared to 1% of students at endline.

When students were asked why they did not seek services from university health services the most common reasons cited at baseline were lack of confidentiality/ privacy (36%), lack of professionalism/ competency (26%), and fear/ stigma/discrimination (21%). Similarly at endline students reported lack of confidentiality/ privacy (37%), fear/ stigma/ discrimination (41%), and poor diagnosis/ wrong prescription (27%). The three factors of on-campus service provision that students said were most important to them were positive attributes in staff (65%), maintenance of confidentiality/ privacy (29%), and professionalism (18%).

AWARENESS OF RH SERVICES

In the year between the two surveys, the percentage of students who did not know of any source of RH services within the university decreased significantly from 36% to 11% ($p<.0001$). Where students learned about these sources also changed. At baseline, students reported that they learned about the services from information shared during the first-year orientation (51%), from other students (27%), and from publicity (10%); few had heard about health services from CCAs (1.3%) or ICL (1.2%). At endline, publicity, CCAs, and ICL all became more frequently cited sources (20%, 15%, and 7%, respectively), while information shared during the first year orientation and received from other students decreased to 33% and 21% respectively.

Participants in IDIs and FDGs also noted that students and staff had much better awareness of RH services available on campus at endline compared to the baseline. Baseline participants indicated that services were primarily limited to male condoms, oral contraceptives and referrals for injectables. At endline, participants were able to readily name a number of RH services available to students beyond these basic contraceptive methods. As one staff member at endline noted, *"Reproductive services are quite broad and I can say for the last one or two years, the scores of services have increased significantly, especially with the preventive... things like screening of cancer has increased because there have been quite a bit of training by the ICL, so some nurses and doctors have gone for training for the cervical cancer screening, family planning and treatment of sexually transmitted infections and that has been a major boost in the last one year, six months or so."*

Survey respondents at endline had several suggestions to encourage students to seek out RH services. The most common response to this question was greater awareness/ sensitization cited by 80%. Respondents also said that they could personally make more students aware by talking about the importance/ benefits of RH services (42%) and telling them by word of mouth (24%).

IDI and FDG participants at endline agreed about the need to more actively promote RH and CCA services. Many suggested that student CCAs should be introduced during orientation so that first-year students can learn who the CCAs are and what services they provide. Along with promoting RH at orientation, many staff and students in IDIs and FDGs suggested holding events on specific health topics to increase awareness about and comfort with RH topics, thereby reducing stigma.

KNOWLEDGE AND USE OF THE RH UNIT

At endline the majority of students (89%) had heard of the RH unit though they were not very aware of the types of services provided there. They were most knowledgeable about HIV services with 43% aware that the unit provided HIV testing and 42% knowing it provided HIV counseling. Availability of contraception, STI testing, STI treatment, breast and cervical cancer screening, and ante/postnatal care were known by far fewer students with between 20% and 25% citing awareness of each of these services. Knowledge of the availability of VMMC was mentioned by only 2% of respondents and general obstetric/gynecological services by 8%. Of those who had heard of the

RH unit, they first learned about it from publicity materials (22%), CCAs (20%), information shared during the first year orientation (18%) and from other students (17%).

Only 15% of respondents (or a total of 74) stated that they had received any type of health service from the RH unit. Of those who used it, the RH unit was most often accessed for HIV counseling (33%), HIV testing (31%), and contraception (24%). Among the 41 women users, reasons for going to the unit included general obstetric/gynecological services (30%), breast/cervical cancer screening (23%), and contraceptive services (17%).

According to the service statistics there were 297 visits to the RH unit between its opening in August and the end of January 2014 (see figure below). The majority of the visits were for general obstetric/ gynecological care (169 visits), followed by antenatal care (73) and HIV/ STI services (46). Very few visits were for family planning (6) or cancer screening (3). While these numbers may seem small, two staff members in IDIs pointed out that over time the RH unit would generate more word of mouth among students; they felt this alone would successfully increase the number of students seeking services.

QUALITY OF RH SERVICES

The quality of services at the RH unit was measured in the survey by perceived acceptability, accessibility and friendliness of staff by those who had received services at the unit. Thirty-nine percent stated that the services were "very acceptable" and 57% said they were "acceptable." Only 4% (two respondents) felt they were "not acceptable." In addition, survey respondents were satisfied with the staff at the RH unit. The staff were rated as "very friendly" by 51%, and 46% said they were "friendly." Only 2% (one respondent) reported that the staff were not friendly.

Accessibility was measured in terms of location and hours of operation. All of the 74 students who used the unit reported that the services were either "accessible" or "very accessible," mainly because they are located near the halls of residence or otherwise well located. Eighty percent stated that the current location, near the halls of residence, is the most suitable location for the unit. An additional 5% wanted it actually located within the halls of residence while 8% thought it should be far from the halls of residence. While 25% think the unit should be open between 8 am and 5 pm, the majority wanted to see extended hours; 31% desired 24- hour operation and 37% wanted the unit to be open from 8 am to 10 pm.

Some of the discrepancies about desired location was discussed during the endline IDIs and FGDs. Some students felt the location was convenient whereas others thought that the central location was a deterrent because students were afraid of being seen going to the RH unit by other students. Because the unit is located in a main building separate from the regular health services students were concerned about being seen and labeled as having a disease or being sexually active.

Many of the participants in the IDIs and FGDs also provided positive feedback regarding the quality, adequacy, timeliness, and friendliness of services. In particular, the RH unit staff were perceived to be friendly, accessible, and nonjudgmental of students. However, there were complaints regarding long waiting times or being told to come back another day. Several participants mentioned the need to increase the number of permanent staff at the RH unit as a way to address this issue.

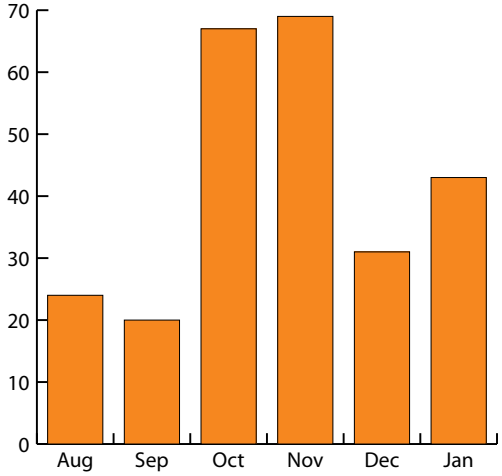
Despite the positive feedback by those who had actually used the RH unit, barriers to accessing the service still exist. Many IDI and FDG participants viewed the long waiting times as a barrier. As well, according to more than one-third of endline participants, students have concerns about staff maintaining their confidentiality and fears of stigma or discrimination. In FGDs, students also expressed fears of criticism by medical staff. Finally, participants said that many students feel shy about RH issues and accessing RH services, which was cited as another barrier to service use.

One issue noted by many of the student participants in the IDIs and FGDs was that condoms were not always available in the dispensers. Participants thought that either condoms were not being replenished quickly enough or that students were taking too many at once and not leaving any for other students.

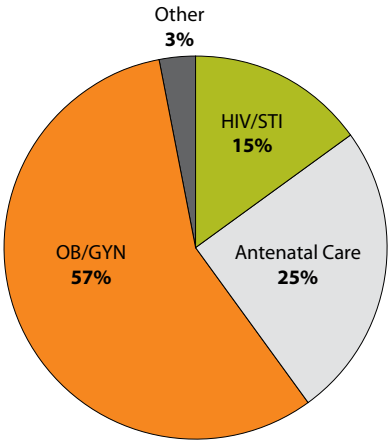
CAMPUS CHANGE AGENTS

Awareness of CCAs increased over the course of the evaluation. At baseline only 11% said they had heard of CCAs who provide SRH services to students on campus. By endline this had increased significantly to 39% ($p<.0001$). In general CCAs were known for providing condoms, information on HIV and information on contraceptives. Participants' impressions of the quality of services the CCAs provide also increased; 33% stated that services were "ok" or "good" at baseline and 67% stated that at endline. Students had some suggestions for other services they would like the CCAs to provide (60% at baseline and 44% at endline). These suggestions included a request for counseling/ IEC materials and for RH services (though it is not clear if they meant services that were different from those already being offered). Participants of

Number of Clinic Visits to RH Unit



Type of Visit



endline IDIs and FGDs noted that student CCAs did not venture far outside their own social networks, so first- and second- year students did not benefit from peer education as much as older students. One student who was a client of a CCA said, *"Yes I would describe them as accessible because they are personal friends, but I would say outside that friendship they are not known that much."* Service statistics show that six CCAs provided services to 140 clients between September 2013 and January 2014. Over one-quarter of the contacts were either for condom distribution (21) or pregnancy/ unintended pregnancy counseling (23). The majority of the rest of the visits were for information on breast or cervical cancer screening (20), contraceptive information (17), referral to the RH unit (14) and HIV counseling and testing.

I CHOOSE LIFE (ICL)

Between 85% and 89% of the students in both surveys were aware of ICL. Knowledge of specific activities run by ICL varied between the surveys. Baseline students were most aware that ICL provides VCT services (33%), peer education and training (30%), edutainment (17%) and counseling (9%). Conversely, the four main activities that endline students were aware of were HIV/STI awareness (20%), RH information (20%), condom awareness and distribution (19%), and life skills (16%).

Conclusions

This evaluation shows that there has been an increase in awareness of RH services and CCAs at the UON over the year between the two surveys. Most respondents knew of the newly opened RH unit though awareness of specific services was not very high. The results demonstrate that there is still a need for greater promotion of the RH unit and also the specific services that the unit provides. In addition, the results show that students would benefit from information that would make them more comfortable in accessing RH services and encourage them to use the services as needed.

While use of the RH unit was still relatively low, the monthly statistics showed the number of visits picking up in the third and fourth months of operation; the drop in December is a result of the students breaking for the Christmas holiday which also affected January statistics. The quality of services was uniformly praised although qualitative data show that there are perceptions among those that do not use the unit that the quality may not be good. Although students in general clearly have concerns about confidentiality/ privacy, stigma, and competency, people who actually used the RH unit did not mention these as problems. More publicity is needed to counter poor perceptions with the more favorable opinion of users. The issue of long waits does, however, appear to be a barrier and steps should be taken to reduce waiting times.

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