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A CROSS-SECTIONAL SURVEY WAS CONDUCTED TO ASSESS THE COMMUNITY-RELATED DETERMINANTS INFLUENCING THE UTILIZATION OF ADOLESCENT SEXUAL REPRODUCTIVE HEALTH SERVICES IN TONG PING AREA JUBA, SOUTH SUDAN.

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ABSTRACT.

Background:
The study examined the community-related determinants influencing the utilization of ASRH services in the Tong Ping area, Juba South Sudan.

Methodology:
A cross-sectional survey research design whereby 177 adolescents (18-19 years) were interviewed. A probability sampling procedure was used to target the sample population. Quantitative data was organized and analyzed through utilization of the Statistical Package for Social Sciences and findings were presented using the percentage tables. Bivariate and Multivariate analyses were used to identify factors that categorically and jointly influence the utilization of ASRH.

Result:
The study established that community perception of reproductive health services was positively associated with utilization (P=0.049). The study further found out that there are limited or no public health facilities to provide ASRH in Tong Ping which led to expensive utilization. The study indicated that there are limited health facilities that offer almost no adolescent health care to the users.
The study indicated that adolescents have to move long distances to access health services. Tong Ping residents have to travel to either Juba Teaching Hospital or Munuki PHCC to access public treatment. This turns out to be very long distances that require transport costs.
However, it found out that the healthcare-seeking behavior makes it difficult to utilize adolescent healthcare services because of the perception in communities that whoever uses reproductive healthcare is a prostitute. It is a taboo for adolescents to seek health services related to reproductive health.

Conclusion:
Younger adolescents are inquisitive and have been adequately reached with SRH information and services. Due to cultural beliefs like early marriages, utilization of SRH has been hampered because the assumed users are compromised. Health care is usually sought more in critical conditions than preventive.

Recommendation:
Active sensitization of adolescents should be done through boosting peer education.

Keywords: *Adolescent Sexual Reproductive Health, Human Immune Virus, Tong Ping Area Juba, South Sudan*
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BACKGROUND.
On the international scene, according to WHO, many adolescents have little access to information about health and life skills (UNICEF, 2019). Looking at the African perspective, there has been slow progress in eliminating child marriages yet it is a very important risk factor that adversely influences the lives and health of adolescents. According to Dr. Chandra (2015), early marriages expose girls to early pregnancies and childbirth. Dr. Symplice (2015) stated that adolescent pregnancy is the leading cause of death in the African region. Knowledge of reproductive health and contraception is low, and early marriage frequently means early motherhood; childbirth

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complications are the leading cause of death among South Sudanese girls aged 15 to 19 years (WHO, 2018).
According to Reajul and Kevin (2018), the South Sudan Household Health Survey of 2010 found that 26 percent of adolescent girls (aged 15–19 years) are mothers. World Bank (2016) stated that; The Adolescent Girls Initiative in South Sudan aimed at promoting the transition of adolescent girls from school to productive employment through innovative interventions. This is because adolescent girls are usually restricted to fewer opportunities and limited freedom to exercise their choices as compared to adolescent boys (World Bank, 2016). However, AGI which was implemented by BRAC closed shortly after the outbreak of conflicts in Juba in 2016. Therefore, the study aims to examine the community-related determinants influencing the utilization of ASRH services in the Tong Ping area, Juba South Sudan.

Purpose of the study.

- The study may attract the interest of humanitarian organizations that are targeting areas that require adolescent health promotion.
- The Ministry of Health Republic of South Sudan, the World Bank, and other Public Health donors to establish initiatives that can meet the educational and service needs of adolescents to enable them to deal with their sexuality positively and responsibly could use the study.

METHODOLOGY.

Study Design.

A cross-sectional survey was conducted whereby a sample of the population was interviewed at a given time. This provided a measure of the degree and comparison of the relationship between the independent and dependent variables. The advantage was; that information was gathered on existing groups without changing their experiences in any way.

Sources of Data.

The study used both primary and secondary data. Primary data included an interview of the participants using questionnaires and secondary data came from journals, the internet, website links showing previous studies and dissertations, phone calls, and other sources like publications from WHO, UNICEF, UNMISS, and MOHRSS.

Study Population.

The targeted population from which the sample was drawn were adolescents between 18-19 years as defined by WHO. Organizations working in partnership with health services in South Sudan. These organizations were of different types, geographical locations, sizes, and experiences. In terms of the types, the partners were categorized as Local and International NGOs, Government departments under the MOH, Peace monitoring bodies including UNMISS, and orphanage homes. In terms of geographical locations, the partners were located and working in South Sudan. In terms of size and staffing, these organizations ranged between 10 and 100 staff. All these organizations had at a certain point monitored and reported on health, child protection, and humanitarian crises in South Sudan. The reasons for selecting this nature of population were based on their similar mandate and characteristics as defined by Brain (1993). The study population consisted of 240 adolescents between the ages of 18 to 19 years of age.

Sample Size.

The study used Slovin's formula. This is a general equation used to estimate the population. This formula is derived from research assignments on Google Scholar.
The formula is described as:
Sample Size = $N / (1 + N*e^2)$
N = population size (247)
e = margin of error (0.04)
$= 247 / (1 + 247 * 0.04^2)$
$= 247 / (1 + 247 * 0.0016)$
$= 247 / (1 + 0.3952\}$
$= 247 / (1.3952)$
Sample size= 177

Sampling Procedure.

Probability Sampling Procedure was used to target the population which is believed to provide reliable data. According to the knowledge of this study, this sampling procedure was suitable for determining the population size and representing the population. The main focus on criteria for sampling was the respondents 'academic qualifications, social responsibilities, and past experiences.

Selection of Health Facilities.

Stratified sampling was used to select the health facilities. The strata were the levels of the health facilities; community health centers were selected on the probability of their existence because they are few.
Selection of Local and International NGOs

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Some International and Local NGOs that have child protection and humanitarian mandates were considered to participate in this study. This provided reliable and updated data concerning the area of study.

Selection of Community Participation.

Reliable data was extracted from some church leaders and adolescents.

Exclusion Criteria.

According to the Convention on the Rights of the Child (UNICEF, 1989), all people below 18 years are considered to be children. Therefore, the study excluded all adolescents below 18 years. Adolescents with mental disabilities were not included in this study.

Variables to be studied.

The variables listed below were studied at the community level in the Tong Ping area in Juba, South Sudan. They were presented according to the issues enumerated in the specific objectives.
Socio-demographic Factors were studied depending on the age, gender, employment status, educational level, tribe, period of stay in Tong Ping, perception of adolescents, and their preferred SRH services.
Socio-cultural Factors. Data was collected on the knowledge of adolescent SRH services and accessibility, willingness to use, ability to use, equity in delivery, costs incurred, feasibility, trust in services, and acceptance of adolescent health services by the community.
Community set-up. The study was conducted on support provided by the community health centers and clinics, availability of information concerning adolescent SRH and how it is disseminated, how often peers engage to talk positively about their health, how often adolescents visit health centers, and if they have ever used adolescent SRH services before.
The Utilization of adolescent SRH services was studied according to the responses provided in the examination of socio-demographic factors, socio-cultural factors, community set-up, and policy issues. These were measured according to the number of participants who have ever utilized adolescent SRH services, how when, why, and where they seek these services. Responses from key informants informed the availability and challenges faced during the implementation of strategies.
In conclusion, the study measured how socio-demographic, socio-cultural, and community setups cause changes in the utilization of adolescent SRH services in Tong Ping.

Data Collection Tools and Techniques.
Tools.

Questionnaires: These tools have four parts which include; demographic data, socio-economic factors and health Sector set, and policy issues.
Interpreted Key Informant Interview Guide:
Interpreted Focus Group Discussion Guide:
Interpreted Informed Consent Forms:

Techniques.

Semi-structured questionnaires were administered to the study population. Interpretation of data collection tools was done to assist in the collection of guided data from participants who were challenged with English.
Key Informant Interview guides were administered to key personnel from WHO, MOHRSS, SMOH, PHCC, HPF, SRHD, CTSAMVM, UNMISS Headteachers, and church leaders.
Focus group discussions were held with some adolescents from churches and schools. All participants provided the data willingly after consenting to participate in the study.

Data Analysis.

Data was entered using the Epi info 2002 software package and Excel master sheet and exported to the statistical package for social sciences version 20 for analysis. Bivariate correlation tests were used to check the relationship of the variables.
A tailed test using the Fisher Exact test was used to test the probability of the proportion at a 95% confidence interval. The chi-square test was employed to determine the association between variables at a significance threshold of $P<0.05$.
Bivariate analysis was used to identify independent categorical factors that influence the utilization of ASRH services whereas multivariate analysis identified factors jointly influencing the utilization of adolescent SRH services.
Daily monitoring and supervision of the data collection by the principal investigator ensured quality control. The data collected was cross-checked at the end of each day and the necessary corrections were made.

Personal Data.

Three research assistants with good knowledge of both English and the local language were recruited and trained to work with the PI during the study. The questionnaires and checklists were pre-tested before actual data collection and necessary changes were made.

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Ethical Issues.

After a careful review of the research proposal by the Research Ethics Committee at Clarke International University, approval was issued to proceed with data collection. Application to MOHRERB for permission to conduct academic research in South Sudan was successfully approved. Approval to collect data was given by the MOH Research & Ethics Review Board in South Sudan. Informed consent from the respondents for the interview. Health education was given during fieldwork. Confidentiality was observed during data collection, storage, entry, analysis, and report writing and dissemination.

Risk Management Plan.

The plan for risk management depended on the outcomes of the risk assessment. Since the current security situation in South Sudan is unpredictable, there was a possibility that fighting in South Sudan, including Juba was likely to re-occur. Therefore, the plan was to stop the data collection exercise as soon as the fighting started. Data collection was safely conducted under strict adherence to South Sudan SOPs and IPC precautions.

Quality Control Measures.

The following steps were taken to ensure the quality of data. Research team members were skilled with data collection techniques in both qualitative and quantitative skills, orientated on the objectives of the study, and trained in record taking and ethics before data collection. No payments were made to any participants. This helped a lot in minimizing biased data. In situations where a participant requested payments, that data was automatically excluded.
Day one of the orientation involved face-to-face talks and mock interviews. This was followed on day two with fieldwork to familiarize me with data collection tools to ensure the accuracy, consistency, uniformity, and validity of the dialogue.
Pre-testing the tools was done whereby; questionnaires, key informant guide, and FGD guide were pre-tested and refined according to the feedback generated from the pre-testing exercise before data collection started. This exercise validated the appropriateness of the tools whether it is too long or not, difficult or easy to understand, check for clarity of the questionnaire items, and eliminate ambiguity, difficult wording, or unacceptable questions. Research assistants were allowed to comment on the clarity of the questions and they were requested to make suggestions for improvement.

RESULTS.

Community-related factors that influence the utilization of adolescent SRH services.

Table 1 results show that 38% of the participants feared being raped while traveling from home to the health centers to access SRH in Tong Ping Area, Juba Town-South Sudan.

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Table 1: Community-related Influencers of SRH among adolescents of Tong Ping, South Sudan.

Category	All 177, n %)
There is fear of rape while traveling from home to the health facilities	
Yes	68(38.4)
No	109(61.6)
There are no SRH services in my community	
Yes	108(61.0)
No	69(39.0)
The services are very expensive.	
Yes	81(45.8)
No	96(54.2)
The distance where the services are located is very long	
Yes	116(65.5)
No	61(34.5)
There is fear of getting killed while traveling to access the services	
Yes	70(39.5)
No	107(60.5)
The services are discriminative. They are for one particular tribe	
Yes	24(13.6)
No	153(86.4)
It is taboo to use those services in my tribe and culture	
Yes	61(34.5)
No	116(65.5)
There is trust in service providers in the community	
Yes	112(63.3)
No	65(36.7)

When asked if there were any adolescent SRH services in the Tong Ping Juba area; 108(61.0%) reported that they were available. The study also established the adolescents' opinion of the cost of adolescent SRH Services. The findings revealed that 81(45.8%) compared96(to 54.2%) of the respondents felt that SRH Services in Tong Ping Area, Juba-South Sudan were expensive.

About thirty-nine percent of the participants expressed fear of being killed if they traveled to access SRH services in Tong Ping, Juba area. This was due to the tribal/cultural conflicts among key ethnic groups in South Sudan. On the contrary, 107(60.5%) of the adolescents disagreed that there was any life threat to them while traveling to access SRH services in Juba.

The participants were also asked whether it was a taboo to use adolescent SRH services. Thirty-four percent 61(34.5%) reported that it was a taboo to access adolescent services in Tong Ping, Juba area while 116(65.5%) disagreed. More than half,112(63.3%), of the participants agreed that the Tong Ping community trusted the service providers while 65(36.7%) disagreed

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Table 2: Community-related factors and the influence on utilization of SRH health services.

Category	Utilized SRH in Tong Ping					
	Yes n=82	No n=95	χ^2	p-value	OR(95% C.I)	p-value
Fear of being raped on the way to the health facilities						
Yes	26(38.2)	42(61.8)	2.908	.088	.755(.370-1.538)	.438
No	56(51.4)	53(48.6)			1	
No AHS						
Yes	50(46.3)	58(53.7)	-	-	1.189(.602-2.346)	.619
No	32(46.4)	37(53.6)			1	
The services are very expensive.						
Yes	27(33.3)	54(66.7)	10.142	.001*	.415(.206-.835)	.014*
No	55(57.3)	41(42.7)			1	
The distance where the services are located is very long						
Yes	53(45.7)	63(54.3)	.055	.814	1.072(.539-2.131)	.843
No	29(47.5)	32(52.5)			1	
There is fear of getting killed while traveling to access theservices						
Yes	23(32.9)	47(67.1)	8.450	.004*	.552(.271-1.126)	.102
No	59(55.1)	48(44.9)			1	
AHS services are discriminative						
Yes	10(41.7)	14(58.3)	.243	.622	1.419(.534-3.773)	.483
No	72(47.1)	81(52.9)			1	
It is taboo to use those servicesin my tribe and culture						
Yes	26(42.6)	35(57.4)	.514	.474	1.235(.608-2.509)	.560
No	56(48.3)	60(51.7)			1	
There is trust in service providers in the community						
Yes	60(53.6)	52(46.4)	6.436	.011*	2.457(1.223-4.934)	.012*
No	22(33.8)	43(66.2)			1	

†f-fisher's exact test, χ^2 Chi-square test, *p<0.05 at 95% level of significance

Adolescent Health Services utilization was associated with fear of losing a life (p-value 0.004), cost of adolescent health services in the community (p-value 0.001), and trust in the service providers (p-value 0.011).

Community Set-up.

46% of the participants reported that the Tong Ping community encourages adolescents to use condoms, and 94(53.1%) had heard of or used a family planning method.

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A relationship was found between the use of family planning methods and the utilization of adolescent health services (p-value <0.001). The types of family planning commodities identified condoms, injectable, pills, and other long-term contraceptives. The results show that fifty-eight percent of the participants reported that hospitals provided adolescent SRH services in the Tong Ping area in Juba. An association was found between knowledge of the service providers and utilization of SRH among adolescents in the TongPing area in Juba (p-value 0.003).

Sixty-five percent of the participants acknowledged that they talked about safe sexual practices and sexuality among their peers. Peer talks of safe sexuality were positively associated with the utilization of SRH among adolescents in the Tong Ping area in Juba (p-value<0.001). More than half (73.2%) of the adolescents confirmed that they used different social media platforms and the internet to get information on sexuality in the Tong Ping area in Juba. And it was significant (p-value <0.001).

Results in Table 3 show that 105(59.3%) of the adolescents reported that their community members thought that they were still children. The utilization of SRH was positively associated with community perception (p = 0.049).

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Table 3: Community set-up and utilization of SRH health services.

Category	Utilization of SRH in Tong Ping					
	Yes n=82	No n=95	χ^2	p-value	OR(95% C.I)	p-value
The community encourages the condom use						
Yes	44(52.7)	38(46.3)	3.302	.069	1.032(.442-2.407)	.942
No	38(40.0)	57(60.0)			1	
Heard of or used family planningmethods						
Yes	62(66.0)	32(34.0)	31.064	.000	.195(.086-.443)	.000*
No	20(24.1)	63(75.9)			1	
Hospitals providing ASRH in your community						
Yes	58(55.8)	46(44.2)	9.040	.003*	.739(.312-1.749)	.492
No	24(32.9)	49(67.1)			1	
Peers talk about safe sexuality						
Yes	73(62.9)	43(37.1)	37.317	.000	.080(.027-.233)	.000
No	9(14.8)	52(85.2)			1	
Policy Issues						
Media educate communities about adolescent SRH						
Yes	72(56.3)	56(43.8)	18.307	.000	.447(.148-1.351)	.154
No	10(20.4)	39(79.6)			1	
Health policy discusses adolescent SRH						
Yes	48(50.0)	48(50.0)	1.506	.220	2.714(1.016-7.251)	.046*
No	30(40.5)	44(59.5)			1	
Adolescents accepted as children in your community						
Yes	56(53.3)	49(46.7)	3.883	.049*	.901(.390-2.078)	.806
No	25(37.9)	41(62.1)				

*†f-fisher's exact test, χ^2 Chi-square test, *p<0.05 at 5% level of significance*

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96(54.2%) of the participants reported that adolescent health was featured in the South SudanHealth policy. This was confirmed by the narratives below:

[…] Yes, a special day for adolescent service i.e. appropriate timing, age-sex relevantfacilitators, equitable and non-discriminatory service provision. (KI Medical Officer,15/09/2022)
[…] ASRH policy, MoH family planning policy, MoH reproductive health policy,MoH sexual and reproductive health strategic plan and Family planning 2030 commitment. (KI Nurse, 16/09/2022)
The study findings revealed that the community was sensitized to ASRH and condoms weredistributed. One key informant explained:
[…] Capacity building training of youth on adolescents sexual reproduction health rights (ASRHR), training on VCAT(value clarification and attitude transformation) ona family plan and adolescents health, community awareness raising on ASRH, the establishment of 15 youth friendly centers and strengthening of the existing women/girls' spaces, formation and training of adolescent health clubs or peer to peer educators in 5 selected schools to champion ASRH and GBV response, procurement, and provision of the sanitary pack for school girls, support key community members and leaders as champions on ASRHR activities through community dialogue meeting. (KI Counselor, 14/09/2022)
[…] Information and comprehensive sexuality education (CSE), information on adolescent sexual reproductive health rights including family planning, advocacy to end child marriage. Contraception counseling and provision. Antenatal, intrapartum, and postnatal care including safe abortion care. Sexually transmitted infections (STIs) prevention and care. Gender, sex, gender norms and power. HIV prevention and care.Violence against women and girl's prevention, support and care. Harmful traditional practices prevention. (KI Health Officer, 13/09/2022)

The health workers also encouraged the adolescents to abstain till marriage, although it proved fruitless. These trainings are done in collaboration with NGOs such as UNFPA, Shabab le Shabab, Impact Health Organization (IHO), ADRA, PHCC, UNICEF, WHO and UNFPA, National organizations, Ministry of Health, state Ministry of Health, and county health departments. United Nations Population Fund (UNFPA). Health partners, international and national non-governmental organizations (NGOs and INGOs) youth leaders, and key community leaders.

The SRH providers face numerous challenges during sensitization and policy making. The key informants reported that:
[…] Community resistance, low knowledge on prevention methods of STIs and HIV,lack of prioritization of youth issues, economic crisis/lack of funding, political will to support adolescent and youth challenges/activities. (KI Medical Officer 14/09/2022Chris)
[…] Some students are about their challenges (KI Nurse 13/09/2022)
[…] Yes, getting the information on knowledge and attending. No up-to-date survey,making policy designing a challenge. (KI Nurse 13/09/2022)
[…] Resources are limited (funding), social norms and traditions. (KI MedicalOfficer 13/09/2022)
[…] Yes, lack of commitment and political will, poor involvement of the adolescents in policy making. (KI Counselor 15/09/2022)
[…] Delays in reviewing and approving policies, low turn-up for sensitization, and high expectations from the community. (KI Nurse 13/09/2022)

DISCUSSION.

Community-related factors that influence the utilization of adolescent health services.
South Sudan has been facing conflicts in the past years until today. The conflicts escalated from political, to tribal and now revenge killings and cattle raiding. In Juba, there has been stability which is reported as unpredictable according to CTSAMVM, the IGAD monitoring body. The study findings also revealed that there is less fear for adolescents to move from their homes to the health facilities.
The study indicated that there are limited health facilities that offer almost no adolescent health care to the users. The study agrees with the study conducted by Reajul and Kevin (2018), which indicated that due to the limited availability of adolescent health services, adolescents resort to private clinics, which turn out to be very expensive in the long run. The study further agrees with Isaac (2021) who indicated that the unavailability of adolescent-friendly health services makes utilization almost impossible.

The study indicated that adolescents have to move long distances to access health services. Tong Ping residents have to travel to either Juba Teaching Hospital or Munuki PHCC to access public treatment. This turns out to be very long distances that require transport costs. The study relates to the study which was conducted by Peter et. al (2017) which indicated that only about 28.6% of the population of South

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Sudan were within 5 km Euclidean distance of the nearest public health facility.

The study disagreed that there is discrimination in healthcare service delivery. However, it found out that the healthcare-seeking behavior makes it difficult to utilize adolescent healthcare services because of the perception in communities that whoever uses reproductive healthcare is a prostitute. It is a taboo for adolescents to seek health services related to reproductive health. The study agrees with the Health Pooled Fund report (2020) which stated that the common barriers to accessing reproductive health services include lack of information on available services, cultural attitudes and misconceptions, early marriages, and lack of preparedness by expectant mothers and families.

The study identified that the SRH is trusted by the communities. The Health Pooled Fund report (2020) evidenced that healthcare support is provided by various donors and Since 2012, various donor funding mechanisms have financed primary healthcare services in the country. This increases the trust that communities have in health care services.

CONCLUSION.

Younger adolescents are inquisitive and have been adequately reached with SRH information and services. Due to cultural beliefs like early marriages, utilization of SRH has been hampered because the assumed users are compromised. This means adolescents have limited knowledge about the use of Reproductive Health. Health care is usually sought more in critical conditions than preventive. Health care is usually sought more in critical conditions than preventive. On the other hand, utilization is limited due to the absence of health facilities in Tong Ping. Users move long distances to utilize health care.

LIMITATIONS.

Few studies have been made on the utilization of adolescent SRH services in South Sudan. There were no previous studies made on Utilization in the Tong Ping area. This made it difficult for this study to compare notes.
This study only focused on the utilization of adolescent sexual reproductive services in the Tong Ping area, therefore it may not apply to other parts of South Sudan.

Due to the current climate change around the globe, the hardest-to-reach parts of South Sudan have been affected. For example; it was very difficult to travel within the Tong Ping area by road due to heavy rains and floods.
The unpredictable security situation in South Sudan made it difficult for this study. For example, frequent irregular roadblocks were manned by people in casual wear, requesting travel documents and work permits. There were a couple of gun sounds heard within Tong Ping.
The lost trust among the communities and government led to the denial of access and data collection.
Due to the humanitarian crisis in South Sudan, most participants requested incentives to provide data.
COVID-19 Infection Prevention and Control precautions and Standard Operating Procedures involving travel and social gatherings hindered the planned interaction with the target population. For example, wearing a mask while interacting with communities that do not embrace masks led the communities to discriminate against the data team. Team members who failed to shake hands were less welcome by some communities.

RECOMMENDATION.

Active sensitization of adolescents should be done through boosting peer education. There should be active sensitization to increase awareness of service provisions, more training of adolescents, equip available health facilities with trained personnel and other resources, and establishment of a health center around the Tong Ping area to bring free services closer to the communities.

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The completion of this study could not have been possible without the expertise of Prof. John Charles Okiria, my research supervisor who worked tirelessly to see me produce an outstanding research report, by correcting my mistakes and giving correct procedures to use during the study.
I would like to thank Dr. Rumunu John, DG of preventive medicine in MOH RSS, and Dr. Jacob Omuya in MOH RSS ethics department for guiding me step-by-step process while conducting research in South Sudan.
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LIST OF ABBREVIATIONS.

ASRH: Adolescent Sexual Reproductive Health
FGD: Focus Group Discussion
HIV: Human Immune Virus
MOHRSS: Ministry of Health Republic of South Sudan
STIs: Sexually Transmitted Diseases
SRH: Sexual Reproductive Health
RMNCAH: Reproductive Maternal Neonatal Child and Adolescent Health
WHO: World Health Organization

SOURCE OF FUNDING:

The author used personal Sources

CONFLICT OF INTEREST.

The author declares no competing interests.

AUTHOR BIOGRAPHY.

Noelah Nanzira, the founder of Mariana Medical Center was Born in 1983 in a village called Kiwuliliza. Later, her family moved to Buziga-Katuuso where she spent the rest of her life with her mother Josephine Nakivumbi, and father the late Kigongo Samuel.
Noelah is inspired by her children and close family. She spends almost half of her lifetime teaching and mentoring others especially those who are less privileged and vulnerable groups. She recently took a passionate job of lecturing at Destiny University College of Juba.

Education.

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