

Kenya Youth

Communities Support Adolescent Reproductive Health Education

OR Summary 33 *Community, health, and school interventions in rural Kenya increased understanding and discussion of adolescent reproductive health, including prevention of HIV/AIDS, and encouraged safer sexual behavior among young people. The Kenyan government plans to scale up selected activities.*

Background

Young people in Kenya have limited knowledge of reproductive health, and face many challenges in their transition to adulthood. Chief among these challenges is the high prevalence of HIV/AIDS among adults and its increasing incidence among rural youth. In 1999 FRONTIERS initiated a three-year project in Kenya to test the feasibility, effectiveness, and cost of interventions to improve adolescent reproductive health. The project, implemented jointly with the Kenyan government and the Program for Appropriate Technology in Health (PATH), was part of a four-country study that examined ways to improve knowledge, attitudes, and behavior of adolescents aged 10 to 19 years.

The study took place in six rural communities in Kenya's Western Province. Two sites received



community and health interventions. The community intervention included intensive sensitization in which

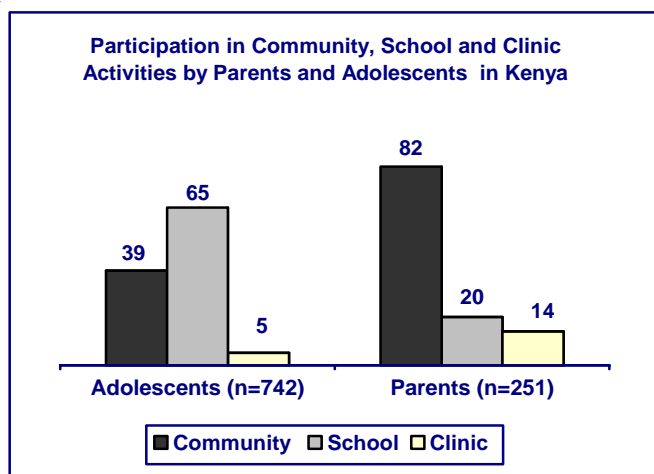
religious and community leaders and peer educators organized briefings and outreach events. In the health intervention, peer educators and providers at public and private facilities were trained to offer youth-friendly services. Two additional sites also received a third school-based intervention, in which teachers, peer educators, and guidance counselors were trained to teach a 34-part "life skills curriculum" that included modules on reproductive health, sexuality, and HIV/AIDS. Two control sites received the prevailing government services.

Findings

- ◆ Communities were very receptive to information and dialogue about adolescent reproductive health. Community and religious leaders conducted 60 outreach meetings attended by over 7,000 parents. Peer educators provided outreach and links among project activities, reporting over 10,000 contacts through individual and group encounters.
- ◆ Young people's knowledge of adolescent reproductive health increased in the intervention areas. Following the intervention, two-thirds of boys and 44 percent of girls knew at least one step in correct condom use. Post-intervention surveys also showed increased knowledge about reproductive physiology, contraception, and prevention of sexually transmitted

infections (STIs), largely through abstinence and faithfulness to one partner.

◆ Participating parents were most likely to attend community events (82%), while adolescent participation was highest in school activities (65%). Only 5 percent of young people surveyed said that they had attended a youth-friendly clinic (see Figure).



Source: Folsom 2003

◆ Project activities may have reduced sexual activity among adolescents—though their sexual activity is infrequent (only 30% of boys and 18% of girls reported that they had ever had intercourse). Pregnancy among unmarried girls decreased in both the experimental and control sites. Among sexually active adolescents, use of contraception was low (used by 38% of girls and 33% of boys at last encounter); but where protection was used, condoms were by far the most common method.

◆ Some positive changes, such as reductions in STI symptoms among boys, and in pregnancy among girls, were also reported in control sites. This suggests that

general social change may be affecting or enhancing the project's results.

◆ Incremental costs for all phases of the project (planning, implementation, monitoring, and service delivery) totaled US\$153,000. Non-financial costs (such as the reallocation of existing services or staff time) totaled \$16,000. Financial costs would be significantly lower in the event of scale-up, as many of the planning costs (\$28,000) would be eliminated, and salaries for local staff would be lower.

Utilization

◆ While the project was underway, the Kenyan government mandated that schools provide students with information on HIV/AIDS. Teachers in the school intervention areas reported that their training in the life skills curriculum enhanced their ability to carry out this mandate.

◆ The Population Council and PATH are working with the Kenyan government to institutionalize successful aspects of the intervention, replicate the project in other areas of Western Province, and document improvements made during the process of scaling up.

Policy Implications

◆ The involvement of numerous influential stakeholders, including religious leaders, teachers, young people, and national, regional and district government representatives, was critical to increasing community discussion of adolescent reproductive health. Program managers should inform and involve a diverse network of community groups to enhance local support.

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Source: Askew, Ian, Jane Chege, Carolyne Njue, and Samson Radeny. 2004. "A multi-sectoral approach to providing reproductive health information and services to young people in Western Kenya: the Kenya Adolescent Reproductive Health Project," *FRONTIERS Final Report*. Washington, DC: Population Council. Available on our website at www.popcouncil.org/frontiers/frontiersfinalrpts.html or by e-mail: frontiers@pcdc.org

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