ADOLESCENT SEXUAL HEALTH IN KISII COUNTY: KNOWLEDGE, ATTITUDES AND PRACTICES
Muendo C1, Herzog T2, Naulikha J3, Batra M3, Pak-Gorstein S2, Wamalwa D1, Nduati R1
Department of Paediatrics and Child Health, University of Nairobi-Nairobi, 2Seattle Children’s Hospital, University of Washington

BACKGROUND AND RATIONALE
• Adolescent health remains underserved in many areas of the world. Approximately 198 million young adults aged 15-24 years live in Sub-Saharan Africa and adolescents (10-19 years) comprise of 24% of the Kenyan population.
• They are particularly vulnerable to sexual health issues including early and unintended pregnancy, unsafe abortion, female genital mutilation, child marriages, sexual violence, and sexual transmitted infections including HIV (9%).
• Given the significant impact that sexual health plays in health, we sought to understand adolescent sexual health and behaviors in Kisii.

METHODOLOGY
Study design: Community based mixed methods research.
Study population: Primary and secondary school students, teachers, community health volunteers and caregivers in the community.
Study location: Nduru sub county in Kisii county.
Study period: May 2016 to July 2016.
Methodology: We collected data using hospital registers at Kisii Teaching and Referral hospital, Interviewed 20 households, conducted questionnaires and focus groups with 218 and 210 primary (class 7 and 8) and secondary (form 1 to 4) students respectively. We conducted key informant interviews with 11 school administrators and focus groups with 47 teachers and 21 community health volunteers.
Data analysis: Major themes identified from qualitative and quantitative data analysed using Microsoft excel.

RESULTS
• In 2014-2015, adolescent mothers at Kisii Referral Hospital accounted for 12% of deliveries, 4% of antenatal clinic and 3% of family planning clinic patients.
• Caregivers felt schools (65%) and church (60%) are best places for children to be taught about reproductive health.
• Sexual debut was reported by 36% of girls and 23% of boys in a rural primary school and in 49% of girls and 67% of boys in a mixed secondary school.

Fig 1: Best sources of sexual health education as reported by caregivers

Fig 2: Sources of sexual education among adolescent mothers (n=8)

Table 1: Reported challenges and solutions for adolescent sexual education interventions.

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<tr>
<th>Group</th>
<th>Challenges</th>
<th>Solution</th>
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<tr>
<td>Community health volunteers</td>
<td>Difficulty in communicating with adolescents.</td>
<td>Involve the parents in addressing SRH topics</td>
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<tr>
<td>Parents</td>
<td>Discussing sex is a taboo.</td>
<td>Respected community leaders should educate community about rationale of education</td>
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<tr>
<td>Teachers</td>
<td>Minimal time allocated to life skills</td>
<td>Increase time devoted to life skills training</td>
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RECOMMENDATIONS
1. Improve access to youth friendly services
2. Start a school-based outreach counseling program to remove barriers to accessing sexual education.

CONCLUSIONS
Adolescents are underutilizing preventative reproductive health services relative to their burden of pregnancy and delivery. A concerted effort to improve life skills and reproductive health education at all levels of the community may provide greater impact on the lives of adolescents.

REFERENCES

AUTHOR CONTACTS
Email: carthynm@gmail.com