EMPOWERING TRAINERS ON ADOLESCENT SEXUAL REPRODUCTIVE HEALTH IN KISII, KENYA

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INTRODUCTION

Teenage pregnancy has been linked to poor health outcomes for the infant and mother, with higher rates of neonatal and maternal mortality in this group. This has been attributed to major knowledge and communication gaps between adolescents and their caregivers. An Adolescent Health Factsheet was developed to empower adult literate professionals (trainers) in the community so as to communicate with adolescents and their caregivers on adolescent sexual reproductive health (SRH).

OBJECTIVES

Main Objective:
To improve knowledge and communication on adolescent health among adolescents and their caregivers in South Mugirango, Kisii County in order to reduce teen pregnancy and neonatal mortality.

Specific Objectives:
1. Sensitize trainers on key information about adolescent SRH.
2. Determine efficacy of implementation of Adolescent Health Fact Sheet by Trainers.
3. Increase knowledge and communication on Adolescent Health in the community.

METHODOLOGY

This objective was addressed by developing a one-page educational Adolescent Health Fact Sheet and sensitizing literate professionals such as teachers and healthcare workers as trainers on the fact sheet. A total of 68 trainers were observed and evaluated during implementation of the fact sheet in schools, the health facility, home visits and during a chief baraza.

We evaluated our efforts through 4 focus group discussions (FGD) with healthcare workers, teachers of two primary schools, and the caregivers of the Class 4 and 5 students.

In addition, we completed surveys with the above groups to get feedback on the fact sheet and make subsequent improvements.

We analyzed our data using Microsoft Excel, Stat 13.0, and thematic coding using a grounded theory approach.

Figure 1: Adolescent Health Factsheet

RESULTS

The top 5 key messages that the surveyed cohort felt every adolescent should know were general sexual education at 18%, sexually transmitted infections at 16%, changes in adolescence at 13%, early or unintended pregnancy at 10% and abstinence at 5%.

FGDs with all four groups agreed that graphic aids such as videos, posters or handouts would help disseminate information and the need for religious leaders’ involvement to promote sexual reproductive health.

Figure 2: Trainer survey: Aside from a fact sheet, what other tools can teach adolescent SRH

RECOMMENDATIONS

Based on our quantitative and qualitative data, the following recommendations were suggested for key stakeholders in adolescent health:

- Health facilities should encourage the use of health talks to educate parents and adolescents in the community groups.
- Both the MoH and Ministry of Education should implement practical guidelines to promote adult education on adolescent and SRH.
- MoH should expand Youth Friendly Services to sub-county level hospitals and promote adolescent access to these services.

REFERENCES

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