

# EMPOWERING TRAINERS ON ADOLESCENT SEXUAL REPRODUCTIVE HEALTH IN KISII, KENYA

Odundo DA, Posa A, Nduati R, Pak-Gorstein

Department of Pediatrics, University of Nairobi, Department of Pediatrics, University of Washington, Kenya Medical Research Institute

## 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 SHR using a fact sheet tool
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 Fact Sheet

**HEALTHY ADOLESCENTS FOR A HEALTHY COMMUNITY**  
This fact sheet has key messages for adult trainers (e.g. teachers and healthcare workers) to share with adolescents (age 10-19 years) and their caregivers. When possible, share these messages starting at age 10.

- 1. Communicating with Adolescents**
  - Adolescents may get incorrect information from videos, phones and friends.
  - A trusted adult should give them correct information.
- 2. Normal Changes in Adolescence**
  - Physical Changes**
    - Girls: breasts become bigger; hair grows on armpits and sexual organs; hips broaden; menses start
    - Boys: sexual organs become bigger; hair grows on face, armpits and sexual organs; voice deepens; chest broadens; penis becomes hard at times (erections); fluid spills from penis during dreams about sexual intercourse (wet dreams)
  - Brain Changes**
    - Brain changes are slower than physical changes
    - Brain changes continue until after 20 years
    - A fully developed brain is needed to make safe decisions
    - This is why an adolescent can look like an adult, but still behave like a child
    - This is why they make risky decisions like trying alcohol, drugs, smoking or unprotected sexual intercourse
  - Behavior Changes**
    - Hormones make adolescents moody, angry or sad
    - Adolescents want to be like their peers and feel accepted
    - They develop sexual desires
    - Girls mature earlier than boys
- 3. Sexual Reproductive Health**
  - Use the ABC's to prevent sexually transmitted infections (STI):
    - A is for Abstinence.** Not having sexual intercourse is the only 100% method of protection
    - B is for Be Faithful.** If you cannot abstain, be faithful to one partner AND use condoms (see C below)
    - C is for Condom.** If you cannot abstain, both males and females should suggest using a new condom correctly every time
  - Symptoms of STI: Sores, itching and abnormal discharge from the sexual organs; Lower abdominal pain
  - Anyone can get an STI by having sexual intercourse just once, even with a person who looks healthy
  - Unprotected sexual intercourse can lead to pregnancy, infections like HIV and cervical cancer
  - Unintended pregnancy can lead to school dropout, illegal abortions and death
  - Females can get pregnant during menses and by having sexual intercourse just once
  - Family planning methods are available to prevent pregnancy. They include abstinence, condoms, pills, injections, implants and more
  - Sexual intercourse is when the sexual organs contact each other, such as when the penis enters the vagina, anus or mouth
  - It is normal for boys to have wet dreams or be circumcised, but they should not start sexual intercourse
  - Caregivers should provide soap and sanitary towels for personal hygiene

**Educate and empower your child to...**

Say NO to sexual intercourse before marriage	Say NO to female genital cutting (FGC/FGM)	Say NO to exchanging sexual intercourse for gifts or money	Report to a trusted adult if anyone encourages or forces them to have sexual intercourse
--	--	--	--

Visit your nearest hospital or Youth Friendly Service Clinic for more information on sexual reproductive health

Caregivers should guide and provide for adolescents until they are fully grown and can make mature decisions.

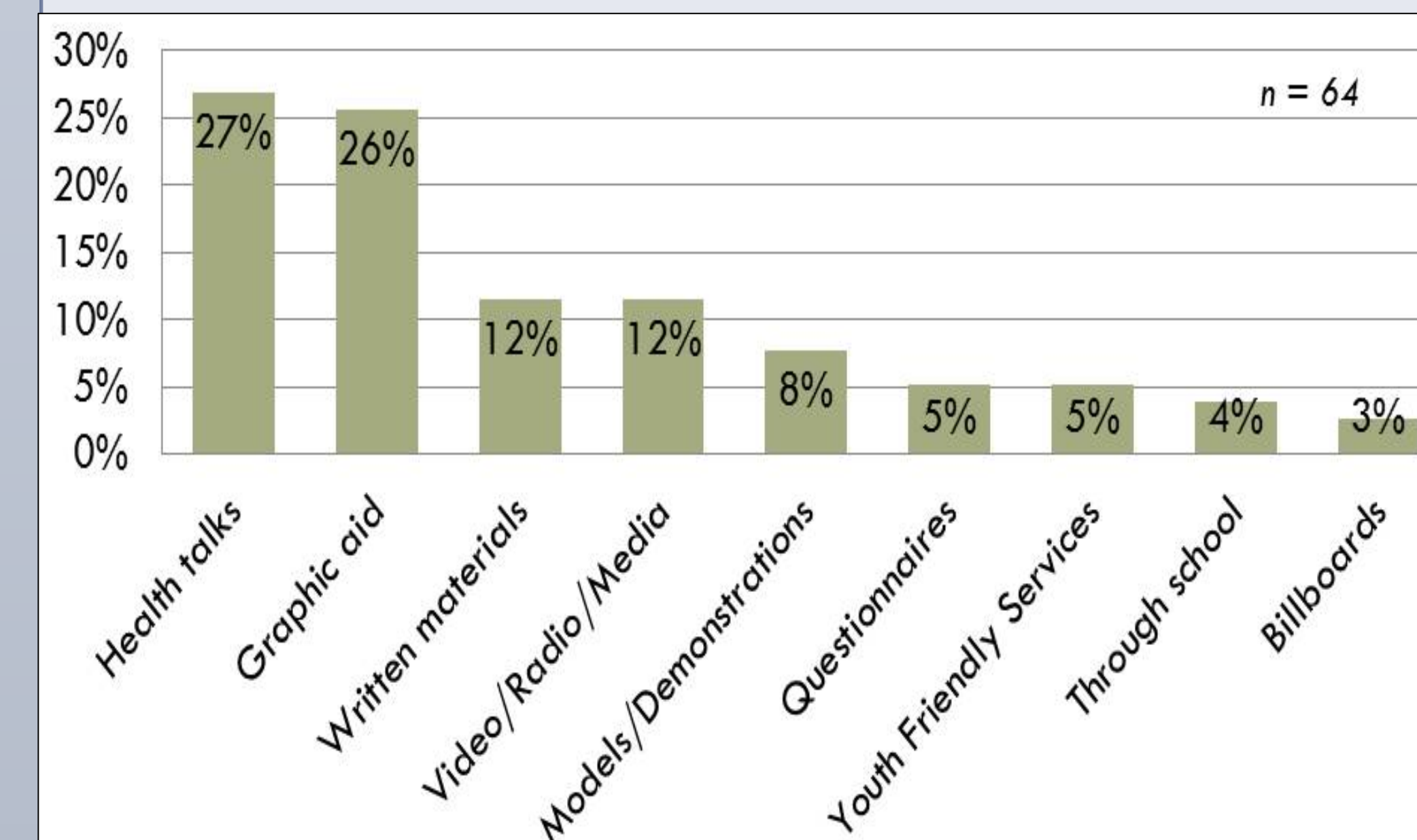
Produced by: KEMRI/University of Washington and University of Nairobi, Child Health Education Program, March 2017  
References: 1. Mosher D, Cohan N, Water L, Lewis-Pastan M, St. Andrew A. (2010). Sexual Health: An Adolescent Provider Toolkit San Francisco, CA: Adolescent Health Working Group. San Francisco. 2. www.who.int/mediacentre/factsheets/fs284/en/

## 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



"Is there a drug to control these sexual urges these children have?"- Nyangweta Primary School Parent

"Some of these children won't pick it as they have been radicalized by their family members but if you give the information over and over again, eventually they will accept." - Teacher, Emesa Primary School

## 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 in groups
- Both 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

- Kenya Demographic Health Survey. 2009.  
Kenya Demographic Health Survey. 2014.  
Nguyen, Quynh and Wanyoike, Wambui. Bridging the Gap Between Adolescents and Caregivers on Sexual Reproductive Health, CHEP Final Report. 2017.  
Onkunya, Brenda and Herzog, Thiebeaut. Knowledge, attitude and practices on prematurity in Kisii County, CHEP Final Report. 2016.  
Republic of Kenya Ministry of Health. National Adolescent Sexual and Reproductive Health Policy. 2015.

## ACKNOWLEDGEMENTS

- Department of Pediatrics, University of Nairobi,  
Department of Pediatrics, University of Washington  
Kenya Medical Research Institute (KEMRI)  
Seattle Children's Hospital, WA, USA  
Kisii Teaching and Referral Hospital  
Ndururu Sub County Hospital  
Emesa Primary School  
Nyangweta Primary School  
Kenya Ministry of Health- National and County level  
Kenya Ministry of Education- National and County level