



Reaching young people through digital platforms: findings of a study of NAYA's field programme

Final Report



For sexual and reproductive health and rights





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The Access, Services and Knowledge (ASK) programme is a three-year programme (from 2013 to 2015) funded by the Dutch Ministry of Foreign Affairs with the aim of improving the SRHR of young people (10 – 24 yrs.), including underserved groups. The programme which is a joint effort of eight organizations comprising of Rutgers (lead), Simavi, Amref Flying Doctors, CHOICE for Youth and Sexuality, dance4life, Stop AIDS Now!, the International Planned Parenthood Federation (IPPF), and Child Helpline International (CHI) is implemented in 7 countries, namely Ethiopia, Ghana, Indonesia, Kenya, Pakistan, Senegal, and Uganda. Operations research (OR) was identified as an integral part of activities in the ASK programme. The aim was to enhance the performance of the program, improve outcomes, assess feasibility of new strategies and/or assess or improve the programme Theory of Change.

ACKNOWLEDGEMENT

The Network of Adolescents and Youth of Africa (NAYA) in Kenya employs innovative approaches and tactics to deliver its role and to influence positively the lives of adolescents in Kenya. One of the approaches the organisation uses is electronic and mobile technology. This report presents the findings of a study conducted to understand how the use of E&M approaches influences access and uptake of sexual and reproductive health information by young people of 16-24 years in a rural community in Migori county Western Kenya.

The authors are grateful for the contributions of several people and organisations in the design and implementation of this study. Specifically, We are grateful for the technical guidance in the design and finalisation of this study provided by Rutgers and the SRHR Alliance Secretariat. We would like to thank the Alliance partner, NAYA for their critical support during data collection and interpretation of the results. We express thanks to the young people and research assistants who conducted the data collection exercise and for the many young people who participated as respondents for their invaluable contribution.

We hope these findings will inform current and future programs seeking to address young people's sexual and reproductive health and rights needs in Kenya.

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INTRODUCTION AND CONTEXT

The Network of Adolescents and Youth of Africa (NAYA) employs a multidimensional approach to support the health of adolescents, which includes the following:

- Advocating for action on adolescents' needs and access to care with policy makers, parents and community leaders.
- Increasing access to SRHR information and services through peer education and advocacy exchange programmes.
- Creating opportunities for the empowerment of adolescents through the acquisition of vocational skills that include advocacy and lobbying and participatory education theatre (PET).
- Improving the capacity of other youth-serving organizations in adolescent health programming through trainings and provision of necessary technical assistance.
- Collaborating /networking with identified agencies to share resources and promote our issues.

NAYA employs innovative approaches and tactics to deliver its role and to influence positively the lives of adolescents in Kenya. One of the approaches the organisation uses is electronic and mobile technology.

Globally, the use of internet-based and mobile approaches is increasingly gaining prominence as a viable and cost-effective mechanism to deliver health information to large groups of people within a targeted audience. Internet-based platforms and approaches have been used to increase knowledge and link populations to health services. Worldwide, web-based and mobile applications are creating new pathways for sharing health-related information and learning in the most remote and resource-poor settings.

Consequently, there is growing interest in understanding how these technologies, collectively described as electronic and mobile devices and technologies (E&M), can be harnessed to positively influence the reproductive health outcomes for young people. For instance, the increasing penetration of mobile networks means that access for all sectors of the population has improved. Mobile phones add the aspect of 'anywhere and anytime' to accessing information on demand.

Existing data shows that in Kenya, mobile phone subscriptions reached 32.2 million in the April-June quarter this year (CAK, 2014¹). Internet use via the web or mobile has also risen - 14.0 million data/internet and 13.9 million mobile data subscriptions were recorded in the quarter. An estimated 6.8 billion short text messages, the most popular form of mobile communication in the country, were sent in the same period. Regarding online behaviour, Alexa, an internet-tracking site, reports that the most commonly visited websites in Kenya in 2014 are Google.com, Facebook.com, Youtube.com, Twitter.com, Ask.com and the email website, Yahoo (www.alexa.com).

Although data on internet and mobile phone use by age-group in Kenya is not available, it is highly likely that most youth have access to both technologies, either owned or borrowed, as device and connection costs have become cheaper. A rather small study in 2013 (152 participants) of adolescents (12-17 years) in Nairobi found that over 70% regularly use a mobile phone, and about a quarter of them access the internet once or several times a day (Intermedia, 2013²). The study examined these teens behavior on digital media and concluded that interacting with others via SMS or Facebook are the most important online activities that the young people engaged in. Most significantly, the teens preferred to use web-based applications such as Facebook to make new friends online and chat with them.

With increasing access to internet and mobile phone use, providing information on SRHR via these channels is a logistical step. There is growing interest in establishing whether and to what extent these technologies impact reproductive health outcomes among young people. While published research in Kenya appears limited, studies elsewhere have shown that indeed, digital media has impact on adolescents' sexual and reproductive health knowledge and behaviour. A 2009 study in the USA found that adolescents were using the Internet to find sexual health information, and social networking to express sexual identity and desires, and to find and maintain relationships (Brown, Keller et al. 2009³). In Dakar, Senegal, a study found that more than 85 percent of adolescent internet users had ever signed on to an internet message board seeking friendships and SRHR information (Geary et al⁴ 2005).

1Communications Authority of Kenya. Quarterly Sector Statistics Report, Fourth Quarter of the Financial Year 2013/14(Apr-Jun2014). Retrieved from www.cak.go.ke

2 Intermedia. 2013. A (Private) Public Space: Examining the Use and Impact of Digital and Social Media among Adolescents in Kenya. Unicef

3 Brown, Jane, Sarah Keller and Susannah Stern. 2009. Sex, Sexuality, and Sexting and SexEd: Adolescents and the Media. *The Prevention Researcher* vol 16:4, November

4Cindy Waska Geary, Halley Mahler, William Finger, and Kathleen Henry Shears. 2005. Using Global Media to Reach Youth: The 2002 MTV Staying Alive Campaign. Youth Issues Paper 5, Family Health International

A published review of 10 interventions (seven of which were from the United States, and the rest from China, Kenya and Brazil) targeting adolescents using web, mobile and social networking sites reported significantly delayed initiation of sex and significant influence on psychosocial outcomes such as condom self-efficacy and abstinence attitudes (Guse, Levine et al. 2012⁵). Six studies of the interventions reviewed increased knowledge of HIV, sexually transmitted infections, or pregnancy. The paper by Brown, Keller et al. (2009) reports that intervention in San Francisco that encouraged teens to use their mobile phones to access sexual health information recorded thousands (4,500) of calls in 25 weeks, 2,500 of which led to referrals for services and more information.

Therefore, considering their growing affordability, availability, ease of use and confidentiality, online and mobile resources may be better placed to address adolescents' information needs in Kenya. This is especially so, considering the documented reluctance by young people to seek services and information from traditional health establishments. These technologies allow adolescents to explore sensitive topics, which they may not want to reveal to parents, healthcare staff, teachers, or acquaintances. A qualitative study by Family Health International found that young people in Kenya preferred accessing information on contraceptives through a mobile-based platform because of its simplicity and the fact that they could access the information by themselves, confidentially (FHI, 2012⁶).

To tap into the potential of these platforms, the Dutch Ministry of Foreign Affairs is supporting the implementation of the Access, Knowledge and Services (ASK) programme, a 3-year programme (2013-2015) in Kenya. NAYA is one of the partners implementing the project. Other partners are as follows:

- Africa Alive (AA)
- Centre for the Study of Adolescence (CSA)
- Clinton Health Access Initiative (CHAI)
- Child Line Kenya (CLK)
- Family Health Options Kenya (FHOK)
- Great Lakes University of Kisumu (GLUK)
- Maximizing facts on AIDS (MAXFACTA)
- Nairobi Trust
- National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK)
- UNESCO

⁵Kylee Guse, Deb Levine et al. 2012. Interventions Using New Digital Media to Improve Adolescent Sexual Health: A Systematic Review. *Journal of Adolescent Health*, Volume 51, Issue 6, December 2012, Pages 535–543. Abstract accessed online at Elsevier.

⁶Family Health International. 2012. M4RH Kenya: Results from Pilot Study. Accessed at www.fhi360.org

- Women Fighting AIDS in Kenya (WOFAK); and
- The World Starts With Me Alumni Youth Advocacy Network (WAYAN).
- Adventists Development Services
- K-MET

The programme aims to promote sexual and reproductive health and rights (SRHR) for young people aged between 10-24 years, including underserved groups. The programme is based on the premise that providing SRHR information and services to young people in formats acceptable to them will increase uptake and safeguard their health. The ASK programme targets key elements in meeting young people's needs: information and education; youth-targeted and youth-friendly services; and raising awareness and acceptance of young people's sexuality and rights.

NAYA's programme includes working with local media to influence discussions on ASRH through radio talk shows and newspaper articles. For instance, **NAYA Kenya** uses Participatory Education Theatre (PET) as an education-entertainment (E-E) model for community education and conscientisation. PET draws from the basic principles of theatre and drama but proceeds to deconstruct them through folk media, in order to make a socially relevant theatre that is accessible to people and communities. Through this, NAYA implements advocacy, sensitisation, mobilization and public enlightenment at both national and community level with the aim of creating an enabling environment for youth programming.

This is complimented by a very active new media component, which utilizes text messaging via phone (bulk SMS); and use of Facebook, Twitter and Google plus. This intervention targets youths aged 10-24, who have access to the internet and mobile phones. NAYA targets young people who have accounts in the new media platforms e.g. Facebook, Google plus, Twitter etc. to like or follow the online discussions. Between April and June 2014, for instance, the NAYA Kenya Facebook page reached 6,401,094 in Kenya (likes, friends, followers), 17% of whom are based in the study area (Migori). Trained youth advocates⁷ (120 to date) are used to promote the social media discussions and to drive traffic to the different social media platforms.

The radio and new media interventions are complimented by community activities in Siaya and Migori, which include quarterly youth forums. The youth forums convened by the youth advocates bring together on average 150 youths per meeting, to discuss

⁷ NAYA in partnership with local media houses places the youth advocates on sexual health and rights in the media and in the community to discuss and drum up support for health issues in Kenya. The aim of this activity is to increase dialogue on sexual health and rights as a development issue

and learn more about SHR issues. Through these interventions, NAYA expects to encourage young people; aged 10-24 mostly drawn from Siaya and Migori counties, to be able to use new media platforms as a reliable source for SRHR information.

NAYA recognises that media, particularly social media, plays a very important role in bringing sexual health and rights issues to the fore front as development issues. As a post training activity for the youth advocates on sexual health and rights, NAYA in partnership with media houses places young people in the media to discuss and drum up support for health issues among the youth in Kenya. The aim of these activities is to increase debate on sexual health and rights as a development issue. It is estimated that more than 5 million people are reached annually.

THE RESEARCH STUDY

Despite the increasing evidence on use of electronic and mobile technologies in delivering SRHR information to youths in Kenya, systematic assessment of the applicability of these applications for rural youth remain limited. Studies on the effectiveness of a web-based program also show that that youths spent little time on health-related sites compared to viewing entertainment sites or accessing e-mail (Mitchell, Halpern et al, 2004⁸).

This study explored how the use of E&M approaches (with reference to Twitter, Facebook and Google plus) influence access and uptake of SRH information by young people of 16-24 years in a rural community in Migori county Western Kenya. The study was conducted to provide critical evidence needed for improving E&M strategies used by NAYA in order to effectively reach rural youth.

Study objective

To establish how E&M approaches (with reference to Twitter, Facebook and Google plus) influence access and uptake of SRH information by young people of 10-24 years.

⁸Mitchell, Ellen M. H., Carolyn Tucker Halpern, Tilda Farhan, Eva Muthuuri Kamathi and Erika Steibelt. 2004. TeenWeb Nairobi: Results of a web-based project to survey and educate students about health. Chapel Hill, NC, Ipas.

Specific questions

- 1) What are the perceptions and attitudes of young people (10-24yrs) towards accessing SRH info through E&M strategies (with reference to Twitter and Facebook)?
 - a. Do young people consider E&M strategies accessible, easy to use sources of SRH information?
 - b. Do young people find the information obtained through E&M approaches useful and adequate, compared to more traditional sources?
- 2) Are Facebook, Google plus and Twitter acceptable and feasible approaches to increase access to SRHR information for 10-24 year olds, compared to NAYA's youth forums?
- 3) How do young people of 10-24 yrs utilize social media platforms to access SRH info? Who uses what service and what are the most preferred platforms for what kind of information?
- 4) How do the three platforms (Twitter, Facebook and Google Plus) complement each other, from the users' perspective, and how do they compare with other sources of SRH information for youth?
- 5) What factors limit or promote access to SRHR info for 10-24 yr olds through E&M strategies?

The study took place in Migori County. Data collection was conducted in November 2014. While originally designed to be a cross-sectional study utilising quantitative and qualitative approaches, the quantitative survey did not take place as a result of poor participation by the target population. This report therefore presents the findings from focus group discussions with youths aged 10-24 years old. There were a total of 8 FGDs.

METHODS AND DATA

Study Design and Methodology

This study was rolled out as a cross-sectional study utilising both quantitative and qualitative approaches.

Research methods: An online quantitative survey (via Survey Monkey) was posted online for young people accesses NAYA platforms. The online survey link was posted on the NAYA Facebook and attached to Twitter messages. The survey monkey was not successful despite awareness creation efforts and links on the E&M platforms used by NAYA for reaching young people in the study site. Only fifteen young people using NAYA platforms responded to the online survey. The researchers therefore decided not

to include the survey in the analysis. The research team has also not been able to access Google analytics from NAYA to complement qualitative data collected from the study site in Migori.

Qualitative data was collected via focus group discussions with youths aged 10-24 and with the NAYA youth advocates. Two separate guides were used– one for youths and one for youth advocates Eight (8) FGDs – with participant between 8 and 12. There were 2 with young adolescents 10-14 year olds; 2 with 15-19 yr olds; 2 with 20-24 yr olds and 2 FGDs with NAYA youth advocates to explore acceptability, perception, barriers and facilitators in and attitudes towards using E&M health approaches in accessing SRH information and services. The recruitment process of participants for the FGDs considered age, gender and locality differences in Migori County. Study tools were pre-tested and adjusted before actual data collection commenced.

Study location: This study was conducted in two locations in Migori County, located in Western Kenya. NAYA has an extensive network of youth advocates and peer educators in the two locations.

Migori has five constituencies (Rongo, Migori, Uriri, Nyatike and Kuria). It borders Kisii County and in 2012, was estimated to have a total population of 1,006,894⁹. This study will cover locations in Suna East (urban, population 91,548) and Suna west (rural, population 52,876). Migori has a high birth rate and a low contraceptive prevalence rate of 36.4%. One study found that the total fertility rate in the county is 5.6 children per woman, and that the adolescent birth rate is 230 births per 1000 women, and highest in the 20 to 24 age group with 260 births per 1000 women.¹⁰ According to this study, teenage pregnancy (the proportion of women aged 15-19 years who have begun childbearing) in Migori is 42 per cent, higher than the average in the region. Comprehensive knowledge of HIV is also low in the county.

Data processing and analysis

Qualitative recorded FGD data from the voice recorders was transcribed to allow for thematic analysis and then expanded notes were explored to check for emerging themes. Similar themes data was coded with similar issues being clustered into themes. Inferences were made from particular data under each theme and conclusions were then drawn for the findings.

9 Migori County Fact Sheet. Accessed at <http://www.healthpolicyproject.com/index.cfm?id=kenyaCHFS>

10 Kenya National Bureau of Statistics. 2013. Migori County Multiple Indicator Cluster Survey 2011, Final Report. Nairobi, Kenya: Kenya National Bureau of Statistics.

KEY FINDINGS

The findings from the focus group discussions are presented in the following sections.

Awareness of SRH issues and services among young people

Young people in Kenya are at risk from a broad range of health problems. Sexual and reproductive health behaviors are among the main causes of death, disability and disease among young people. They are at particular risk for unwanted pregnancy and related complications, STIs and HIV/AIDS. Therefore, the need for sexual and reproductive health services for young people has, over the past years, become particularly critical to avert negative reproductive health outcomes. Therefore, the FGDs explored participants' awareness of the sexual and reproductive health issues that affect the youth in their community. Among those mentioned severally by the different participants was teenage pregnancy, which often led to the girls dropping out of school, abortion, sexually transmitted infections, misuse of contraceptives and drug abuse.

“Some of the girls go to traditional midwives who carry out abortion and it is not safe, they may end up losing their lives. We also have STIs among very young people. You see the age of sexual debut in Migori is low and many young people are falling victim to STIs such as gonorrhoea, HIV and AIDS.” FGD Youth Advocates, Migori.

Other issues raised in the discussions include misuse of emergency contraceptive pills (used as a regular contraceptive pill rather than in emergency), vulnerability to rape, limited access to post abortion care services by young girls, stigma associated with STI and HIV testing, and ignorance about the signs and symptoms of STIs. Drug and substance abuse was highlighted in the focus group discussions as a key problem in Migori. This was corroborated by the other FGDs conducted with the youth and key informant interviews in the area.

Awareness of SRHR information dissemination activities in the area

The study also sought to find out whether the participants were aware of programs or projects on sexual reproductive health targeting young people within their community. In some FGDs, participants could not name any such programme or project, particularly those in the 10 – 14 age group. Among the projects mentioned were the following:

- A community development project called CARD

- Youth Education Services project, which educates young people on reproductive health.
- FIDA (a national women lawyers organisation), which fights for the rights of children in the society.
- The church: *“We cannot forget the church as it also offers education on sexual and reproductive health” FGD, men 15-19 yrs, Migori.*
- Research agencies. One FGD mentioned Impact Research and Development Organization, which promotes voluntary male circumcision, as being active in the region. *“They are always campaigning to educate people on how to control HIV. Sometime they are at the bus stage...they always come and teach people on how to control HIV and AIDS” FGD, women 20-24, Migori.*

However, it was clear in the various FGDs that while some youth knew of programmes or projects such as those addressing HIV/AIDS or education, they did not know the names of the organizations behind the projects. Many of participants did not know about NAYA in particular. Those participants, both youth advocates and adolescents, that were aware of NAYA said that the organization deals with adolescent issues. Some pointed out that NAYA inquires about the problems affecting adolescents and helps them in finding solutions. According to youth advocates:

“NAYA is a network that mainly deals with SRHR for adolescents and youth. We have been part of the projects where we have attended workshops and meetings. These activities were meant to sensitise youth on SRH and what to do and what not to do. The activities began in mid-2014. NAYA also sponsors programmes on radio such as Mayienga FM where they talk about early pregnancy that affects the youth. Then there is a programme called FACES where there are discussions on early pregnancy and HIV and AIDS and how it can be controlled. The discussions are held among teenagers and young people. Here young people share their views and allow young people to call and ask questions on how they can prevent the disease.” FGD, youth advocates, Migori.

Some participants also said that NAYA builds the capacity of young people by involving youth advocates in budget-making processes and in analysing county budget to find out if it has items on youth health programmes.

Participants were also asked about the methods used by the programmes and projects they had mentioned to disseminate information to young people in the area. Although some youths mentioned radio shows, TV programmes, and newspapers, there was general agreement among the participants that the most commonly used methods were community meetings and small group outreach.

“They might be using newspapers and we are not aware, although you might find this information in newspapers... The organisations just approach the people. They call the youth and give them information on the topic” FGD, females 20-24yr, Migori

Perceptions about available information and programs on SRHR

Some participants expressed concern that most projects and services in their community appear to have been designed for adults and that service providers are not supportive of youths seeking services within their facilities. They felt that many of the facilities are not youth friendly, and services for adolescents are poorly publicized. Some also felt that the attitudes and biases of service providers are a great barrier to adolescent services.

“... in Suna East [...] you find that most youth are not free to mingle with the adults at the clinic and there are no specific areas or hospitals or sites that only deal with youth. Most of them tend to combine both adults and youth” **FGD, youth advocates, Migori.**

“I would say young people are really reluctant when it comes to cancer screening because in some facilities when most ladies come in, they prefer that the service provider should be a lady. Sometimes you may find that it’s a male dominated zone so it’s more of a challenge” **FGD, youth advocates, Migori.**

In terms of youth friendly services, according to the key informants, adolescents are particularly sensitive to rude, judgmental, or overbearing attitudes and behaviours on the part of adults. As one key informant put it:

“In fact, such attitudes and behaviours can cause adolescents to leave the clinic before they get the care they need, fail to comply with treatment requirements (such as taking medicine on time, getting physical therapy, etc.); and/or refuse or forget follow-up care.”
FGD, men 20-24 yrs, Migori

The study also found that sometimes, well-meaning adults express disapproval of adolescents’ behaviours, even though such expression is entirely inappropriate in a health care setting. Any youth who has come in for health care deserves respectful treatment. As one teen said about rude comments,

“Whether or not you approve, I’m still pregnant. So how is your disrespect going to help the situation” **FGD, women 15-19years, Migori**

Then there is the issue of confidentiality and easy access to health services. For the youth in this study confidentiality meant that the provider keeps an adolescent’s sensitive health care issues in strict confidence between the adolescent and the provider. For them the imperative need to guard the adolescent’s confidentiality extends, as well, to every member of the clinic’s staff, including receptionists and technicians, not just the doctors and nurses.

“Easy access to health services is important to youth. Access issues include lack of transportation; difficulties making appointments; not knowing where to go; hours and days when services are available; and requirements to return for follow-up. These should be related to culture and language in the context.” FGD women 15-19 yrs, Migori.

Generally it emerged from the findings that the youth need information and counselling to reduce their insecurities due to bodily changes, to create awareness of SRHR problems, to address gender inequality and to enable them to make safe and informed decisions. The discussion raised concern over drug abuse, rape and carefree attitude by young who have unprotected sexual encounters with multiple partners increasing the risks of STIs. Peer education and community education were recommended as avenues for empowering young people with requisite SRHR information and skills.

Perceived SRH information needs among young people

This study also sought to establish what the participants thought was the most pressing need for information among young people in their community regarding sexual and reproductive health. The most frequently mentioned needs for information were around STIs and HIV, abortion, pregnancy prevention, drug abuse, rape and cervical cancer. On cervical cancer, participants pointed out that there were no appropriate sources of this information in their community. In addition, they indicated they need more information on puberty, how to deal with peer pressure and sexual harassment, post-abortion care, correct condom use, reproduction, sex and relationships. Key informant interviews with youth advocates suggest agreements with concerns raised by young people for SRHR information.

Perceptions and attitudes towards using E&M platforms

To assess the perceptions and attitudes of the study participants towards the use of E&M strategies to access sexual and reproductive health services, the focus groups explored questions around actual and preferred digital platforms, and discussed challenges and barriers perceived to impede use of these channels.

a) Use of digital communication platforms and social media for information by young people

Evidence-based, comprehensive sexuality education delivered through schools has been demonstrated to improve knowledge and attitudes, reduce risk behavior and improve SRH outcomes. The use of targeted media, both print and electronic, to reach in and out-of-school adolescents, has also been found to be promising. This study sought to

establish young people's preferences, behavior and practices regarding social media as a platform for sexual and reproductive health information.

The findings indicate that participants in the study generally are aware of the different social media platforms which they can use to access SRH information. They were aware that they could use any of the following platforms: Facebook, Twitter, Google-plus, YouTube, short messaging service (SMS), WhatsApp, Instagram, Blackberry Messaging service (BBM), and MySpace. The most popular was reported to be Facebook. It was not possible to isolate preference for particular platforms per FGDs.

The reasons why the youths liked these platforms were confidentiality, personal preferences, easy to use applications and the ability to remain anonymous while using them. They also liked them because many of their peers were using them and they could discuss issues and get answers to questions from their online community:

"On Facebook and WhatsApp, people share things, which means that there are many users ... the feedback is immediate and there are a lot of people involved. Some of the platforms such Eskimi can be used for getting to know each other better. Some have group discussions where ideas are shared [including topics on sex, HIV and other topics]. It is especially fun discussing these issues with classmates. If you have a view on something, many people tell you their opinion as they comment on it endlessly." **FGD, men 20-24 yrs Migori.**

The participants mentioned that some of these forums are moderated by an expert who answers questions, but in most cases, if one has a problem on any SRH issue, they can post the question on the platform and other people will comment and in the process the person will obtain answers and other information.

The youth advocates said that the idea of virtual friendship made it easier for young people to share information. Youths who were on social media said they were introduced to it by other young people:

"I've been following NAYA on Facebook, I have also told my friends about it so that they may also like the page because most of the information on that page is always about sexual and reproductive health, there are also issues on abortion." **FGD, youth advocates, Migori.**

In terms of preferred platforms, the participants reported that although popular, social media applications, including Google+, Instagram and WhatsApp were less used by young people compared to simple SMS because they required one to have a smart phone. They felt that most adolescents preferred texting on short message service (SMS) because it is easy to activate and operate:

“It is good, easier to use and also accessible because you can access it more easily than WhatsApp and you don’t need laptops and so on. We dislike WhatsApp [and also Twitter] because it’s difficult to access, depending on the type of phone you have. Twitter is also very complicated if you don’t know how to tweet. The restriction on the number of characters per tweet makes it complicated. It leaves some of us hanging.” FGD female, 20-24yrs, Migori.

Participants thought that Facebook is more appealing to young people because it is very interactive and one always gets responses from their online community. Those that reported using NAYA’s Facebook page said that most of the issues raised by followers through comments are followed up in further discussions during the youth forums with the youth advocates and service providers. Many issues that are not clear on Facebook are clarified in the forums. Those who are unable to access Facebook get to hear the kind of information that NAYA provides through these forums.

Participants also reported using the search engine, Google to seek information online on relationships or sexual health. However, some felt that a major drawback in using Google is that one has to be very specific on the kind of information they are looking for in order to get good results. Facebook and WhatsApp were also reported to have other drawbacks, besides requiring a smart phone, in that one has to rely on what other people post for information, which was seen as somewhat limiting. Another problem was lack of expert advice on these platforms, forcing the users to have to counter-check the information through other sites.

Much as Facebook is very popular, some of the participants in the age group 15 – 19 had some reservations about its appropriateness. They pointed out that the platform is vulnerable to fraudulent people with schemes to con other people, and that friendship requests from strangers put them off. They also reported that some individuals used Facebook to settle grudges by sending offensive messages about other people. They also complained about online stalking and misleading personal information, which reportedly makes some adolescents avoid the platform.

“We dislike Facebook because ... someone might send you a friend request and you agree to be friends with the person. ...but when you meet, the person you meet will be very different from the one in the photo; that makes me dislike Facebook.” FGD, women, 20-24 yrs, Migori.

Mobile phones were identified as the primary channel for internet access, and were preferred because they were seen as offering anonymity and privacy as well as autonomy and independence. The participants considered mobile phones, especially those which are internet enabled, as good sources of current information because it

allowed them to search for the information they wanted. However, it was also noted as a source of pornography, with some adolescents suggesting that many young people learn about SRH from pornographic videos, images or magazines.

In the FGDs, it was mentioned that while the digital platforms were engaging and becoming popular, some young people still depend on radio primarily for information.

“Most people don’t have power in their houses so using computers or mobile phones to access the internet becomes a problem. Therefore, the radio is the cheapest way. The problem is the radio is not interactive as such” **FGD, boys 10-14yrs, Migori**

b) Reasons why some young people do not use digital communication platforms and social media

Understanding the barriers that affect youth ability to use digital platforms is important in determining which types of interventions to use to improve their access to SRH information and services. From the FGDs and KIIs, it emerged that youth experience some challenges and barriers in using these platforms. These include lack of internet connectivity, cost of internet-enabled mobile phones, costs of charging phones (electricity available at shopping centers which are far, and actual phone charging costs), lack of phones, restriction by the parents on access to phones and what their children can access on their phones and computers, and, limited access to phones in schools because of restricting school policies. During school hours, a restriction on use of mobile phones and computers also denies the students opportunity to obtain information through these channels.

“Most people don’t have electricity in their houses so using computers or mobile phones to access the internet becomes a problem. Another problem is that parents are very protective of their children and are keen to know whatever information they are accessing through their phones. This mostly affects those adolescents in the age group 10-14 years” **FGD, boys 10-14yrs Migori**

“Some of us have phones without such applications. It is therefore difficult to access the platforms. We have to rely on friends, but some of the information is sensitive and confidential” **FGD, girls 20-24yrs Migori**

“Some of us are not well conversant with the twitter because that twitter handle is too complicated. Again, most of our friends are not conversant with those things, so to reach them, with the information very fast is a problem. We are limited to just chatting verbally and we learn very little in the process” **FGD, women 20-24 yrs, Migori.**

c) Participants' perceptions on the influence of social media on young people's SRH behaviour

We sought to find out from the study participants their opinion about the perceived impact of social media on SRH behaviour of young people in their community. The findings indicate that the youth believe that receiving messages and health advice through social media platforms and having the opportunity to ask questions increased access to information for those who normally would not access health centres due to perceived stigma and taboo, costs or long waiting times. The findings from the FGDs indicate that young people post many questions on different topics on social media platforms. Assurance provided on privacy and confidentiality is a major motivating factor helping young people to break the barriers in discussions on sensitive sexuality topics in rural settings. Social media is also used by young people to learn about the range of available services that they are able to receive at health facilities, motivating them to seek help.

It can therefore be assumed that social media use can encourage adolescents to take up positive behaviour in regard to SRH. This study found that the youth perceive social media to have improved young people's access to information:

"We can say it has helped positively since the youth have access to all information and it can change them now if you go. We now know the full consequences of our actions. We also know where to get advice. You cannot just go there posting information before somebody advises you." **FGD, girls 10-14syr, Migori.**

The young people in the discussions pointed out that many young people have access to information about early pregnancy and abortion through NAYA social media platforms. They are also aware of the consequences of drug abuse such as reckless sexual behaviour that exposes them to unwanted pregnancies, rape, STI. This was amply captured in an FGD with 15-19 year-old boys who pointed out that:

"We now know the consequences of drug abuse. It can make one to do evil things such as raping a girl and making her pregnant. But raping a girl can also expose you to diseases if the girl is infected." **FGD, men 15-19 yrs Migori.**

This was corroborated by the youth advocates in Gesare:

"We have also personally interacted with some youth who say they have obtained accurate and positive information from these [websites] and believe they are fully equipped with the information. (FGD, youth advocates, Migori).

Another group of advocates had this to say:

"It could be 50/50 really because when you talk about Facebook, most youth have information but they are also posting decorations and pictures which may distract others

from reading about the SRHR information provided. These decorations attract the youth because I have some who have complained about them.” FGD, youth advocates, Migori.

However, not all the participants agreed that social media platforms have contributed positively to SRH behavioural change among the youth in project area. On the contrary, they thought that some platforms, including Facebook and WhatsApp, have negative influence on the behaviour of the youth in general. In one of the FGDs at Migori County Lodge, the participants had this to say:

“...the negative effect maybe it affects the youth who get into immorality, drug abuse, and so on because once they access maybe Facebook and then they go to a page and maybe they would like to try ... I saw, somebody do this, will it happen to me when I do that? So they try to find out what’s about that.” FGD, men 20-24ys, Migori.

Other negative influences resulted from exposure to unsavoury content:

“Google also helps young people access pornographic sites which expose them to immorality. How can one say this is something positive? Mobile phones have introduced privacy and what we can now refer to as sexting: exchanging sexually loaded messages. This could be tempting.” FGD, men 20-24, Migori.

The youth advocates in Suna east and west had this to add:

“Much as these social media platforms are good, they can however affect the youth negatively. Because of some of the platforms, many of the youth have engaged in relationship through the facebook and this could lead to sex and STI. I suspect it already has such consequences for some youth.” FGD, youth advocates, Migori.

c) Participants recommendations on how digital platforms can be used to influence positive SRH behavior

FGD and KII participants were also asked to make suggestions on how programmes using digital platforms can achieve positive influence on the sexual and reproductive behaviour of young people in their community. Among others, they recommended that such platforms should aim to generate discussion and to promote safe sexual behaviours. It is also crucial to educate and raise awareness among young people on sexual health issues in a fun, engaging, and interactive, gender-sensitive and entertaining way. As the youth advocates in Gesare put it:

“We advocates should do campaigns on issues of SRH among the youth before launching our efforts on social media. We should involve them in these forums, community, grass root advocating. We can also do it when pupils are not in school, so many youth are involved. After the youth have obtained information on NAYA and what NAYA does then they will follow up on social media. We should also encourage our friends to

encourage their friends to keep following these social media sites. This could be done by telling them the importance of the information.” FGD, youth advocates, Migori.

There were suggestions too to have gender-specific blogs (i.e., male and female writers write daily blogs from their gender's perspective) which can be linked to Facebook, WhatsApp, Google+ or SMS on topics such as HIV/AIDS, health, relationships, sex, sexuality, love and gender issues. Such blogs should also allow the youth who read them to comment and have their voices heard. Participants felt that such ‘girl’ and ‘boy’ blogs can be useful in instilling positive behaviours as young people respond well to peer-to-peer educational material. The youth advocates pointed out that since young men and women have different needs it would be appropriate for them to have specifically tailored services on the blogs.

“Let’s face it even something neutral as HIV/AIDS, affects men and women differently, same to drugs. Some people may assume that pregnancies do not affect young men as such. They do, but not in the same way as young women.” FGD, youth advocates, Migori.

CONCLUSIONS

This study was designed to provide evidence that can assist NAYA in redirecting its programme to reach more young people and positively influence their SRH outcomes. The study sought to establish the perceptions and attitudes of young people (10-24yrs) towards accessing SRH info through E&M strategies (with reference to Twitter, Google plus and Facebook). It also sought to provide evidence on whether the selected E&M approaches are feasible in increasing the youth’s access to SRH information, as well as establishing factors that promote or hinder youth’s ability to fully utilise E&M technologies.

From the findings, it can be concluded that:

- youth believe that receiving messages and health advice through social media platforms and having the opportunity to ask questions increased access to information for those who normally would not access health centres due to perceived stigma and taboo, costs or long waiting times
- youth mentioned topics they need information on as: cervical cancer screening, post abortion, how to deal with sexual abuse and peer pressure, correct use of condoms, and suitable contraceptives to use.

- mobile phones were identified as the primary channel for internet access, and were preferred because they were seen as offering anonymity and privacy
- most adolescents preferred texting on short message service (SMS) because it is easy to activate and operate
- young people do consider digital platforms as accessible, easy to use sources of SRH information, and are using them widely. Of the three platforms that NAYA employs, Facebook and SMS are most widely used and preferred for instant and interactive nature.
- digital platforms are being used to complement information obtained elsewhere such as youth forums. The youths in this study mentioned that due to lack of stable internet connectivity and appropriate phones, radio is still widely used in the area by young people as a source of SRH information.
- digital platforms serve to generate content for face-to-face discussions. The youths reported following up on online discussions with face-to-face interaction. This is significant, because continued discourse is necessary to support/stimulate new behaviour.
- young people in Migori reported finding the information obtained through digital platforms sometimes helpful, and sometimes not. It was noted in particular that while the interactive nature of Facebook allowed youths to post questions and get answers, lack of expert moderation sometimes rendered the information inadequate and unreliable.
- challenges and barriers in using these platforms mentioned by the youth include potential of exposure to unwanted information/ people through the platforms, lack of expert advice on platforms/ forums and concerns about negative influence on the behaviour of the youth in general
- not much evidence was provided on complementarity and cross-use of the different digital platforms, so it is not possible to conclude if they enrich each other's content. However, it was mentioned that due to lack of access to the internet and apps-enabled phones, some youths still rely on radio more than digital platforms.
- while lack of appropriate technology appears to be the biggest hurdle for youth using digital platforms to access SRH information, parents and restrictions imposed by schools further reduce their ability to use the platforms.

RECOMMENDATIONS

Digital platforms are increasingly attractive and accessible to young people and can be used to increase knowledge and promote healthy behaviours. In a country such as

Kenya with a large adolescent proportion, their potential should be exploited to complement other approaches targeting young people.

These findings have shown that young people in the research area are already using these platforms, and NAYA needs to continue building on this. The results have highlighted areas where the youth feel they would like more information on, where they feel they have information gaps. Specifically, the programme could adopt the following measures to strengthen its impact through digital platforms:

- *Ensure that its programme contains content on the identified areas where the youth would like more information.* The most frequently mentioned needs for information were around STIs and HIV, abortion, pregnancy prevention, drug abuse, rape and cervical cancer as well as puberty, reproduction, sex and relationships.
- Complement its online/digital content/programmes with more traditional face-to-face forums, to strengthen learning and promote the platforms. The results show that some young people consider online information inadequate and would benefit from further discussion within a group or with an expert. It is illustrate to note that some youths questioned the veracity of information obtained from online discussion forums such as Face book, especially where it is not moderated by an expert. NAYA could do well to provide expert moderation and reinforce its peer outreach to support information dissemination and positive behaviour change. NAYA should train its peer educators/advocates to enhance their understanding and skills in the use of mobile technology and social media.
- *Deliberately design its content and approaches to serve the needs of adolescents:* While not discussing NAYA's programme in particular, the participants did express concern that most programmes in their community were implemented for adults. In order not to fall into this trap and to reinforce its influence, NAYA should ensure young people are fully involved in the design, planning, implementation, organization and evaluation of its programmes.
- *Ensure that the content of its digital platforms is fully interactive:* The youths in this study appreciated the ability to ask questions and broach different sensitive topics through digital platforms, and to get responses almost immediately. NAYA should build on this and ensure that all its digital platforms are fully interactive and moderated, so that users can get a response quickly, and to introduce topics that can keep discussion going.

- NAYA can work to increase access to web based platform through use of community mobile phones made available to young people during youth forums and at schools. This will not only stimulate more interest into the programs but also enable more young people to actively participate in the intervention through different platforms.

As digital technologies and mobile phone penetration continues to grow in Kenya, opportunities are increasing for programmes such as NAYA to extend their reach to more young people. Already, as the results in this report show, digital platforms provide forums for information on a wide range of topic and are fast becoming virtual 'hang-outs' for many youths. To tap into this technology, NAYA will need to pay attention to how its information is packaged and delivered, and can perhaps reinforce its approach (education plus entertainment) to draw more young people by providing more opportunity to engage in discussion with their peers and enjoy their time on the platform.