CO-CREATION WORKSHOP PROJECT

Youth Adoption of Contraceptives: Developing Behavior Change Communication
1 ABOUT THE STUDY
INTRODUCTION

• PSK has been carrying out family planning communication in the Kenyan market for years. Their driver is enabling the target to change behaviour through their targeted communication

• By 2016, there were still high numbers with respect to sexual activity, abortion and misconceptions amongst the adolescent and youth population. These were attributable to a multiplicity of factors including but not limited to illiteracy, ignorance, lack of access amongst others

• Their 2017 communication strategy aims to create a health enabling environment that will allow the target to make the right choices with respect to their family planning needs

• The new approach is aimed at creating a movement. The target will be exposed to messages they will have been partisan in ideating such that:

  • They can relate with the communication
  • The messages are expected to be authentic and unique
  • The messages will have to be tailor made to correlate with respective county’s needs and unique target identifiers
  • The message can initiate a call to action which is expected to deliver on the promise

July 2017

FACTS AND FIGURES ON NAIROBI

<table>
<thead>
<tr>
<th>Population</th>
<th>Age Group</th>
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</thead>
<tbody>
<tr>
<td>3,138,369</td>
<td>Total Population of Nairobi</td>
</tr>
<tr>
<td>144,943</td>
<td>15 - 17 Years</td>
</tr>
<tr>
<td>299,409</td>
<td>18 - 21 Years</td>
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<tr>
<td>422,084</td>
<td>22 - 25 Years</td>
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Service & Juakali

Main economic activity (Mixed - Service, Manufacturing, Jua Kali etc.)
INTRODUCTION

- In 2016, PSK commissioned Teenwise Media Ltd to carry out an explorative and co-creation study in Nairobi.
- The study was two fold in that it not only provided segmentation data for the county but also allowed inclusion of the target in the ideation of content messaging that would inform social behaviour change communication
- Based on the 2016 study the key insights to youth behavioral change in Nairobi as regarding responsible sexual behavior was determined to be anchored on three main pillars:
  ✓ Future
  ✓ Health
  ✓ Selfishness

- The aim of the validation exercise was to investigate and confirm these truths in relation to informal settlement youth
- The validation exercise was carried out between May and June, 2017 in the counties of focus. The study was based on a qualitative study that would compare prior results which were initially perceived to be representative of a very urban and peri-urban population such that it may have omitted the outcome of the informal settlement youth
- The findings in this report combines the outcome from:
  ✓ The co-creation study &
  ✓ The validation study

- The combined results provide a detailed outcome of what the youth in Nairobi are like, their lifestyle, aspirations, the contraceptive space and proposed way forward on how to implement strategic actions that would lead to social behaviour change in the county
The objectives of the co-creation exercise were:

- Understand the youth and their perception on contraceptives
- Provide insights on the youth to be used as a basis to revamp the contraceptive communication
- Allow youth participation in creation of the communication

In addition to these; the validation exercise sought to:

- Incorporate the adolescent target aged 15-17 years who were initially not included in the co-creation exercise
- Overcome biases perceived to have been caused by the initial study approach used. The new methodology would adopt a homogeneous approach in targeting while also concentrating on more individualistic feedback
- Balance the incorporation of extremes and mainstreams to ensure balanced feedback representation of both introvert and extrovert adolescent and youth population from Nairobi
METHODOLOGY ADOPTED

• A qualitative 3 phase; three day workshops process that involved:

1. Explorative research where youth were split into small groups. Non structured discussions were done spread through out the day with activities in between to ensure the youth remain engaged
2. Communication ideation where youth did group work to generate content ideas
3. Co-Creation workshop that brought together youth, TWM team and PSK team & agencies to refine content ideas developed in phase two

• A total of 15 youth aged 18-24 years that consisted of youth from: colleges, universities, young working youth (in employment or in business) and jobless (straight out high school, waiting to join colleges). Gender split was a third male and two third female
• To enhance ownership; during ideation phase youth presented their ideas on the message, its objectives & benefits, storyline, channels, go to market procedure. This was after testing that their designed communication passed the authenticity, believability and uniqueness tests
METHODOLOGY ADOPTED

A qualitative methodology was adopted which combined participant observation, key informant interviews, focus groups, immersions and focus groups. The aim of this validation exercise will be provision of objective evidence that the given SBCC communication feedback fulfils specified requirements and that these specified requirements are adequate for intended use.

The design was intended to overcome:

- group bias and
- heterogeneous bias

which were seen as core restrictions to implementation of SBCC communication earlier developed in the co-creation exercise.

In this case homogeneous targets were used for the validation process for the different methodologies used.

Sample distribution:

- Male, 15-19 Years, Boys
- Female, 15-19 years, Girl, Unmarried
- Female, 15-19 years Married with child
- Male, 20-24 years, Hustlers, Boys
- Female, 20-24 years Married, spacing second child
- Male, 20-24 years, in the community, unemployed
- Male, 20-24, Hustlers, Undefined relationships, Young Men
- Female, 15-19 Years, Unemployed, Wild, With child
- Male, 15-19 years, Hustlers, Boys
- Female, 20-22 Years, Hustlers, Unmarried, without children
- Sociology Lecturer, Written articles on sociology
- Female, 20-24 years, married, spacing second child
- Female, Unmarried
- Male, 20-24 Married, living with family
- Female, 15-19 Years, Unmarried, without child
- Male, 20-24 Hustlers, Undefined relationships, Young Men
- Female, 15-19 Years, Unmarried, without a child
- Male, 20-24 years, Hustlers, Boys
- Female, 15-19 years Married with child
- Female, 20-24 Unmarried and without a child
- Male, 20-24 Married, living with family
- Female, 15-19 Years, Unmarried, without child
- Male, 20-24 Hustlers,Undefined relationships, Young Men
- Female, 15-19 Years, Unemployed, Wild, With child
- Male, 15-19 years, Hustlers, Boys

2 groups: All inclusive (Hustlers, Unemployed, Married, Unmarried) - 18-24 years, Mixed Gender, Mixed Gender, extremes and Mainstreams
THE INFORMAL SETTLEMENT vs OTHER NAIROBI

With a total population of 3,138,369 it is estimated that between 60 and 70 percent of Nairobi residents estimated live in slums. Nairobi has some of the most dense, unsanitary and insecure slums, with over 100 squatter settlements. Further, slums are characterized by abject poverty, overcrowding, lack of access to water, as well as exposure to sexually transmitted infections (STIs) such as HIV/AIDS.

APHRC: Nairobi Cross-sectional Slums Surveys (NCSS) 2000 & 2012, Kenya Demographic and Health Survey (KDHS) 2008-09 findings;

• Although the proportion of households with electricity in the slum improved slightly from 17.8 percent in 2000 to 19.5 percent in 2012, it is lower than 88.6 percent for the rest of Nairobi in 2008-09

• The proportion of households with piped water also increased from 21.7 percent to 27.6 percent in the inter-survey period. The proportion remained lower than that of Nairobi in 2008-09 at 78.2 percent

• Households using flush toilets increased from 7.3 percent in 2000 to 46.2 percent in 2012; that notwithstanding, this is far below 82.0 percent of households in the rest of Nairobi who use flush toilets

• The quality of housing construction material improved between 2000 and 2012, with a decrease in household structures with mud floors from 30.6 percent to 15.1 percent, and an increase in household structures with cemented floors from 69.0 percent to 79.2 percent.

• The proportion of households in slum areas with a television set more than tripled from 14.5 percent in 2000 to 49.2 percent in 2012. However, this is below the proportion of households with a television set in non-slum Nairobi in 2008-09 (74.3 percent)

• Although the proportion of households with a refrigerator moderately increased to 4.1 percent in 2012, striking disparities remained when compared with households in non-slum Nairobi in 2008-09 at 31.5 percent.

• The proportion of those aged 15-19 who have lived in the slum since birth increased from 4.3 percent in 2000 to 17.4 percent in 2012, suggesting that more individuals are staying longer in the slums from birth than previously observed

• An important dimension of the results is the increase in unemployment rate among individuals with secondary school and higher from 36.6 percent in 2000 to 50.4 percent in 2012

• Unlike 2000 when the major concerns were unemployment and housing, lack of water and garbage/ sewer disposal were the key concerns in 2012

• Relative to older women, educational attainment of women aged 15-24 substantially increased implying that better educated women are forming the next generation of slum residents.

• In 2012 smaller proportions of slum dwellers reported concerns about housing and access to education, which may be related to increased access to educational opportunities following the government investments in free education programs over the period.
THE INFORMAL SETTLEMENT vs OTHER NAIROBI

- An emerging concern that did not exist in 2000 on security may be driven by high unemployment, especially among young people.
- Overall, HIV/AIDS remained one of the least reported problems among slum residents in 2012. This may be attributed to prevention campaigns undertaken by the Government and its development partners, availability of cheaper treatment, as well as government policies aimed at raising awareness about the consequences of the disease.
- Fertility rates in the slums declined with increasing level of education, with women with no education having the highest rate of 4.5, while those with at least secondary level of education having the lowest rate of 3.1.
- Findings show that in 2012, a substantial proportion (23 percent) of births in the slums occurred shortly after the preceding birth (less than 24 months), thereby putting women’s lives at risk in a very challenging environment.
- Median age at first birth was 19.9 years. Findings indicate that for all age groups, women living in Nairobi slums entered into motherhood earlier than their counterparts from Nairobi as a whole. Age at first birth at the national level was lower than that of Nairobi slums at ages 25-29, 30-34 and 45-49.
- In urban slums, lack of access to proper care during and immediately after delivery contributes to the observed high maternal mortality. Qualitative accounts from women in the slums indicate that insecurity, usually higher in the slums, prevents women from getting to facilities especially if labor starts at night.
- A study conducted in Nairobi’s slums showed that 48.4 percent of households experience extreme food insecurity.
- Young people aged 10-24 years comprised about a third (30.6 percent) of Nairobi urban slum residents in 2012. Previous studies conducted in urban slums have shown that youth in these settings are at significantly greater risk of poor sexual and reproductive health, education, and other outcomes compared with similarly aged youth living in other urban or rural contexts.
- Results from NCSS 2000 showed that 47 percent of female adolescents aged 15-24 years in Nairobi’s slums had begun childbearing compared to 30.5 percent among their counterparts in Nairobi. Abject poverty, limited livelihood opportunities, and high levels of violence and crime that characterize urban slums pose major challenges to youth development and heighten their risk taking.
- The proportion of young males with secondary or higher level of education was 70.1 percent in the larger Nairobi according to the KDHS 2008-09, compared to 52.0 percent in the slums in 2012. previous studies have shown that slum settlements are underserved by public school facilities compared to non-slum areas, meaning that the urban poor are disadvantaged with respect to educational opportunities compared to their peers living in non-slum areas.
- The proportion of young people reporting condom use in the most recent sexual encounter was slightly lower among those living in the slums in 2012 compared with the national average.
- The results indicate that young females in the slums were more likely to have given birth than those in other parts of Nairobi.
SETTING THE SCENE
THE ANCHORS
DETERMINING FACTORS

• We have determined that youth behaviour is mainly influenced by 3 categories of factors namely:

1. Maintaining factors – this is a combination of one’s thoughts, feelings, and behaviour / habits.
2. Contributing factors – these are the things that contribute to the end result of how youth exhibit their sexual behaviour. This is a combination of their developmental stage, peer pressure, social economic status, education and the general environment
3. Supporting factors – these are things that are supposed to assist the youth maintain their sanity within the context of their life and the environment they is in. This is a combination of skill, religion and culture. This is in addition to:

   a. Coping skills
   b. Family
   c. Society
The way in which the youth react starts with the thoughts they have. These thoughts are evoked by the feelings they are dealing with. These feelings are caused by a multiplicity of factors – this could be a mix.

For example, when a 16 year old female youth, mother to a one year old child, living in Korogocho says she has given up on life and whatever happens her life will not change. On quizzing her, the conversation reflects these:

- Thoughts: desperate to survive, she needs to support her child, she has let down her parents, how will she get out of her problems and she has no skill to even access a job...
- Feelings: worthlessness, shame and despair
- Risky sexual behaviour: her friends engage to get money to fulfil daily needs, there are men willing to pay for the service, the place to run to is drugs and poverty which are really not options

What this shows is the multiplicity of factors affecting this girl such that not a single program but multiple small programs would have far reaching effects on her life.

This is because, at age of 16 years she has not:

- Developed complex problem solving and decision making skills such that she can’t fully distinguish wrong from right hence she thinks she has ashamed her parents by getting pregnant at a young age
- Completed education as she had to drop out such that she does not see hope in getting a job or any employment
- Fulfilled her parents dreams for her to complete education and be the one to get the family out of poverty hence feels hopeless and ashamed

Different feelings

- Hopelessness
- Incapacitated
- Worthless

Risky sexual behaviour is as a result of how the youth react to all the thoughts they have considering the push in all directions

What youth think about is always the starting point and evokes feelings

Their feelings are the push that creates momentum into how they react

THOUGHTS

1. MAINTAINING FACTORS

PSK_Combined Co-creation and Validation Report
In reference to our example of the 16 year old mother in Korogocho; her conversation reflected the following:

- **Developmental stage** – she has not developed decision-making skills; it was her mother who took her to get the contraceptive injection to ensure she does not get pregnant again, when she realized she was still sexually active.
- **Poverty chain**, she depends on her mother to feed both her and her child. She has not embraced the fact that her child is her responsibility.
- **Peer pressure** and her environment where she is exposed to sex, drugs, alcoholism and other vices from a tender age, survival becomes paramount. Sometimes, these factors outweigh the will to be a better person and she, like many of her friends, got swallowed.
- **School dropout** – she does not consider going back to school an option towards shaping her future.
DETERMINING FACTORS

3. SUPPORTING FACTORS

- These are considered to be the bearings that spin the wheel. This means the life of a youth will not be complete without these factors
- In the context of our example of the 16 year old youth in Korogocho, her life was affected in this way:
  - The culture in Korogocho is that early pregnancy and engaging in sexual behaviour with multiple partners is common. This triggered trial, unfortunately there is insufficient education on contraceptives as all she had heard of was about condoms which she did not use
  - Religion in her context alienates her further as opposed to being a support and a home for her
  - Her family felt let down thus had to go through frustration before they accepted what had happened
  - She does not have skills to enable her fend for herself and her child. This has been brought on a sense of worthlessness
WE HAVE USED THE 3 DETERMINING FACTORS TO IDENTIFY THE KEY PILLARS THAT ANCHOR THE YOUTH BEHAVIOURAL ECOSYSTEM WHICH WILL GUIDE OUT FEEDBACK FOR THE COUNTY ...
BEHAVIOURAL ECOSYSTEM

• We have summarized the behavioural ecosystem of the youth in Nairobi to consist of 6 fundamental pillars

• These pillars are what has shaped the way they behave and will act as a guide both in interpreting the outcome as well as elaborating on the insights that will shape the social behaviour change program designed for this region

• The fact is, the pillars do not operate in isolation hence the program will have to have several facets addressing the pillars to achieve a long term lasting solution for the youth target in this region

• In this report we have highlighted the pillars that have a huge impact in Nairobi and thus these need to be considered in the development of a sustainable solution

1. Environmental – how the space they live in, and what they are exposed to affects the way they think, perceive and reason
2. Family – the support or non-support they receive from the family, and the information received through generational transfer directly affects them
3. Intrinsic pressures – these refer to their own personal pressures that they deal with e.g. their thoughts and feelings
4. Social norms – these are the myths, perceptions, beliefs and taboos that are present in the environment they live in
5. Controlled environments – refers to some of the controlled spaces they live in, say for a specified amount of time e.g. at school
6. Developmental stages – At different stages of growth and development, youth behave differently.
FINDINGS

This report provides detailed analysis and output of the content collected from the co-creation and validation studies to
PROFILE OF THE URBAN YOUTH

- I like making useful noise; I work as an master of ceremonies (MC) in events. As an MC, I am able to make my audience laugh until they forget troubles/stress.

- I love singing, so I do song writing. I am a record performing artist. I like listening to music, to research on all music genres and writing.

- I am passionate about modeling and I model as well. I also like talking to people who are depressed, because I have realized that depression leads to suicide.
PROFILE OF THE INFORMAL SETTLEMENT YOUTH

22 years, I am a hustler - any job that comes my way, I stay with my mother and I am the only child

Am 19 years old going to 20 years in a month or so, I am with somebody, okay we are not married but then I have a son he is called Baraka, soon turning 2 years

20 years, I have a kid and am jobless. I live with my mom who is also trying to hustle so life for us is not easy. I have attained secondary level education, completed in 2015
YOUTH LIFESTYLE
ARTISTIC ILLUSTRATION OF YOUTH LIFESTYLE
THEIR WAY OF LIFE
URBAN YOUTH (FEROCIOUS)

• **Their lifestyle:** Go getters! They are not held back by societal norms as they have defined their own truth
• Success is their code, they believe they must succeed whether through conventional or unconventional means, to them, the end justifies the means.
• While they regard education as a pillar for success, they cannot be separated from their hustle e.g. event organizers, viners, You-tubers, online marketers, design, online writers, business persons in campus selling second hand clothes, operating printing services etc.
• They use the internet to search for information but do not trust it as a credible source of information as regards to various aspects of their lives including health.
• Individualism defines their character, they call this “selfishness”
• **Their sexual behavior:** To them, sex is a norm, more less of a basic need, It is spontaneous i.e. it is not planned.
• Sex is not a binding element in relationships, it is more functional than emotionally benefiting hence proliferation to have multiple partners, they call this “kuokoleana”
• They talk about sex within their cliques regardless of gender however the details vary when its mixed gender, Happy-go-lucky! They believe it time to do it, and do it hard now!

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THEIR WAY OF LIFE
INFORMAL SETTLEMENTS (APATHY)

• **Their lifestyle:** The harsh life has made them aggressive “you have to be smart to survive”. The opportunities are scarce so are the resources. Their hustle is mostly the manual jobs which they depend on for their livelihood.

• The phone is their first contact when they wake up hence SMS and WhatsApp is a good form of communicating with these youth.

• **Their sexual behavior:** Overexposure to sex that make it abstract hence promiscuity is not judged.

• For males, life is not as easy because the females size them depending on the money they have. They engage in sexual activities just for approval among peers.

• Friends are the source of the **SOLUTIONS** after the occurrence of consequences of unplanned/unprotected sex. These solutions are **FUTURE DRIVEN** with the youth admitting to have a **fear for RESPONSIBILITY**
“The most important thing in my life is family; people around me”

“The most important things to me is my salvation and my music ministry”

“Money is everything, I am an artist, all I want is not a big house or car, but a big studio, where I can sit, be me, do my art create new things and I will be very much okay”

“Education because education will give you a good life in future”

“Security is important “You have come here because there is security, if there was war you wouldn’t have come”
VALUES

INFORMAL SETTLEMENT

“The most important thing in his life at the moment is mostly a job and my family back at home as we are poor”

“It is my child Kendra, she is very important, I just want to provide for her everything if she needs cereals i give her cereals”

“Family and future of the family”

“Family and friends”
BOTH YOUTH VALUE THEIR FAMILIES AND CARE ABOUT WHAT THE FUTURE HAS FOR THEM. HOWEVER FOR URBAN YOUTH, THEY HAVE A ZEAL TO SUCCEED IN LIFE. THE INFORMAL SETTLEMENT YOUTH VALUE FRIENDS BECAUSE THEY ARE THE SUPPORT SYSTEM IN WHATEVER IT IS THEY ARE GOING THROUGH.
HOPES AND DREAMS

URBAN YOUTH

“Yes, I have helped some of my friends who are lazy to arise and start working. By the way I advise them and my lifestyle hence they are convinced to follow my advice as the end of the day. I would like to start an NGO but funding is a challenge. So I do what I can”

“I think what I am lacking in my life is some adventure (laughs) I need new experience over and above what I have. I need to see new places, new people”

“I think I am lacking a vocalist; I do not feel like I have reached where I want to be (talking about vocals). I want a male vocalist to take me there”

“What I am lacking is the right job for me. Being a brand ambassador, I have been doing all sorts of work but at the end of the day, I am not getting any anchor”

“A stable job to provide for me and my future kids and sustain my day to day life”

“If I am and entrepreneur, I must be the best; I should have enough capital for my business to grow every day. If I am employed, I should have a well paying job where are am contented”

Most urban youth seem to have their paths set for the future, their zeal to succeed gives them the drive and motivation to keep pushing and making themselves better.
HOPES AND DREAMS
INFORMAL SETTLEMENT

“For me I hope to get a good wife, have a beautiful family, provide everything for my kids, just be stable and give your kids what you never had”

“I just want a good life since from where I come from my parents had a hardship of raising school fees, so they have struggled for me to be here”

“I just hope to change the situation that is in at the moment, I hope to improve”

“The way I am currently getting some training on the saloon work, in my mind I would like to open up my saloon someday, for now I am still training and I could say that am getting acquainted with it am just waiting for my baby to be two years so that I can officially start working. When I start working, I will have to save so that even if it is buying a blow dryer, I buy, get chair and things in bits”

“To have a good future, be a successful business man in the agricultural sector. I am saving in a bank account towards that”

“In 10 - 15 years I hope I will be at my own house, married since I have a boyfriend, leading a stable life, don’t have to struggle to make ends meet since I will be owning and running a business so income is flowing in steadily”

“I envision the future in my rural home in Kakamega where I want to go and buy land and build a business where I can assist my parents, however the lack of funds and also lack of employment is holding me back”

Their dream is to change their current state. They hope to live better lives in the future, lives with less struggle and less hardship however they are operating within limited resources
FUN ACTIVITIES

URBAN YOUTH

They engage in real fun to relieve the stress of their daily live activities, where they forget about everything at that moment ‘unhook their daily lives and embrace a fun life for the moment’

During my free time I read but I like to be all sided – both party life and serious life. When alone I can read more but when I am around people, then I can go drinking, partying, and all those things.

I love travelling, when I get a chance to walk around Nairobi I get very happy and when there I love eating but not to say that I am greedy, I just love sampling especially meat.

I love traveling but not alone, as a group so that we can make fun, new places I like adventuring a lot.

I love traveling and participating in athletics - then after games I can go out dancing.

There are so many hang out joints like most of the time we just go hang out, take photos, I also love swimming a lot.

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FUN ACTIVITIES
INFORMAL SETTLEMENT

They engage in activities to better themselves especially those already with kids. They are reminded of their lives each minute of their time ‘It’s not about fun but looking for a means to a livelihood’

I like plaiting hair, I usually go for some training at a friend’s salon. I wake up at 8am, cook, wash dishes, give my child porridge then go for training at the salon and I go with the child

I normally hang out with my brother and my friends who live in Kawangware. We take walks to town and discuss on how to better our lives and our parents lives

When am with my friends we watch football, movies and we walk together but when alone I study - I read books like on how to repair things if they are broken and I read the bible

When am not hustling I just stay at home, read novels
Their desire to succeed gives them the drive to life. Below are some of the things that drive them:

- Money growth and development
- To ensure that your children don’t suffer, you will work hard
- Good life
- The need to be successful
- At the end of the day you must eat something.
- To be part of the society - to deliver services to the society

Hence their biggest fear is FAILURE
Fear revolves around the kind of relationship they have with GOD, they acknowledge he is the mighty one so they wouldn’t want to die before they align their ways to GOD’s.

- **Fear of DEATH** “I fear dying before my time” maybe as a result of the environment they live in, exposed to insecurity and other which trigger the fear of death.
- Fear of terminal illnesses like AIDS, cancer. “HIV the current disease scaring everyone”
- “Pregnancy this early and AIDS”
- “Sickness, poverty, dying, being robbed”
SUMMARY

Generally, Nairobi is a fast paced environment, one needs to be smart to survive. Despite both units (urban and informal settlement youth) residing in the same city, their access to resources, opportunities as well as their living standards vary significantly.

- Youth in informal settlement are exposed to a harsh environment; have limited access to resources and opportunities, they live in abject poverty, exposed to high levels of insecurity, overexposed to sexual activities hence this impacts on their character hence perceived ‘AGGRESSIVE’, while urban youth live a fairly manageable life; have access to opportunities, resources etc.

- **Family** and **future** are valued across both units, however, the **urban youth value success** while **informal settlement youth value friends** as friends form part of the support system in the struggle to survive.

- Urban youth have a zeal to succeed and have already set their paths to achieving that through education, engaging in a business or both. On the other hand, the informal settlement youth are hoping for a life with less struggle, less hardship and a better future compared with the current life they are living.

- The environment contributes a great deal to youth fears in life; urban have a fear of failure ‘not succeeding in life’ hence are perceived to be FEROIOUS ‘go getters’ while the informal settlement youth have the fear of death which is basically triggered by their surrounding and as such demonstrate APATHY in their approach to life.
THE PILLARS OF YOUTH BEHAVIOURAL ECOSYSTEM
# INFLUENCES OF YOUTH SEXUAL BEHAVIOUR

The youth’s behavior is necked by their thoughts and feelings which is as a result of influence of the environment. There is so much information they are being given through the various sources and most of it is not the right information, therefore they certainly make decisions based on these information.

## URBAN YOUTH

1. **Environment**: Environment is fairly stable in terms of security, resources, opportunities to life compared to the informal settlements. Most youth have a chance to get an education and hence have a positive outlook towards life.

2. **Family**: Family is critical at this stage in offering guidance through the development stages however, the findings indicate a weak support system in terms of guidance on reproductive health, a critical area that impact on the youths’ future.

3. **Intrinsic pressures**:
   - The lack of jobs
   - Alcohol and drug abuse and peer pressure are some of the issues facing youth as well.

4. **Social Norms**:  
   - **Religion**: Youth acknowledge that religion imparts values that enable them live meaningful lives, however, they disregard these values at some point in their lives. They only engage in religion when circumstances dictate. Religion can form a support system to continue instilling values in youths’ lives.  
   - **Culture**: Culture is dictated by the environment youth live and as seen the environmental factors presents; drugs, alcohol, sex as things that people indulge in. This is likely to become the new norm to the youth and form part of their culture.

5. **Controlled environment**: Schools have their own culture which youth adopt to, like in campus clubs and beer is the norm. Schools can form a support function in mentoring the youth to have fun but in a responsible manner.

6. **Developmental stages**: At this stage the youth’s focus is on opposite sex relationships and are engaging in sexual relations. Friends are the support system as seen in the findings however, they lack information to give proper guidance on the critical issues on reproductive health.

## INFORMAL SETTLEMENT

1. **Environment**: The environment ‘lifestyle’ exposes the youth to their fears ‘death, poverty, HIV, pregnancy’. Youth are getting children early and dropping out of school to look after their kids.

2. **Family**: Family is critical at this stage in offering guidance through the development stages however, the findings indicate a weak support system in terms of guidance on reproductive health, a critical area that impact on the youths’ future.

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"If you see beauty in something, you then put efforts to enhance that beauty. You see potential in beggars look beyond to see the inner beauty, and you can help them exploit their potential and become better”

THEY SEE EACH SITUATION AS AN OPPORTUNITY THAT NEED TO BE TAPPED INTO

Life is manageable for the urban youth compared to informal settlement. They have the opportunity to further their studies, exposed to opportunities and resources hence have a positive outlook towards life.
On the other hand the informal settlement youth are exposed to a ‘harsh life’. Joblessness has aggravated the situation further and youth have resorted to other means of survival ‘manual jobs, sex for money, stealing’

The advise they will offer a lady coming to Nairobi from rural setting

“She should be wary of her security, not to be robbed”

“There is a good and a bad side of a river, like in Nairobi there is the good side where she say she wants to be holy, she wants to go to church and also the bad side of going to disco clubs, pressure, its upon her to choose, of which I can’t make her not to go those clubs, but she shouldn’t lose her focus she should know what she wants and what she is doing, but she should have fun”

“She should be vigilant, there are diseases, AIDS, STI’s, In case she is approached by anyone, she must know his status first, secondly take care while in the relationship because there are infections, pregnancy, she should know the person well what he does, also not to follow people who tell her they provide employment for her”

“She should be alert, look for something to do so that she can be independent, should be keen and not to be greedy, have patience and fit into Nairobi slowly

“Put God first, be on the lookout while crossing the roads, be wise, and take care not to be coned, not to abuse drugs, not to be greedy”

“They say no man is an island, but I say the strongest man is the one who stands alone, no one can influence my decisions, everyone has choices to make avoid pressure from the youth, she should stick to the vision she had before making the choice to come to Nairobi”

“You can’t deny her the chance to enjoy life if its clubs let her go so that she may know what happens there, also sponsors have positive side and negative side, one must benefits from sponsors they should take you to school, give you money, one must use their brain well”

“Life is fair, it’s not hard but it’s tricky so it’s up to you to look for loop holes of survival”
Most families are shying away from discussing reproductive health and sexual matters with their children. The few parents who are openly talking with their children about it have given the youth a basis for making informed decisions.

1. **Reserved families…**

<table>
<thead>
<tr>
<th>Statement</th>
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<tbody>
<tr>
<td>“You may find parents are very strict making it impossible to approach, so instead I approach someone else that am free with”</td>
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<tr>
<td>“My aunt is open and will tell you everything unlike my mum who will hide some things from me”</td>
</tr>
<tr>
<td>“It’s very rare but at times she can bring up a topic on how she used to behave while she was a young girl so that she can hear if you know about them but in a very indirect way”</td>
</tr>
<tr>
<td>“Not really but then she usually tells me to take care of myself so that I don’t get pregnant again”</td>
</tr>
<tr>
<td>“My mum is the one who introduced me to contraceptives, she introduced me last year December when I was already in campus and is because I got a child”</td>
</tr>
<tr>
<td>“Young parent can sit and discuss the topic with their daughters but our parents, you can’t sit with them, it even feels awkward”</td>
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<tr>
<td>“My mom is so conservative, I will feel a lot of shame… when it come to your parents you are like, ‘what is that?’”</td>
</tr>
</tbody>
</table>

2. **Open families…**

<table>
<thead>
<tr>
<th>Statement</th>
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<tbody>
<tr>
<td>“My mother is a good one, when the Catholic Church was against contraceptives she came and talked to me but also advised me on what she did with dad in order to have proper family planning”</td>
</tr>
<tr>
<td>“My father one day advised me and told me directly that he has not denied me the freedom of sex but if I must engage in sex then I should use a condom, he told me gone are the days when I was in high school when he used to tell me sex is wrong at my age if it’s got to be done there should be protection”</td>
</tr>
<tr>
<td>“My mum did, she took the role of a father and a mother. What prompted her to tell me is I was running all over the girls, one day she came by passed me at the gate with a certain chick, we were doing our things, when I came in the house she asked me to sit down and told me all that stuff. She said what am doing is not wrong but I have to be careful, she used to give me example of some neighbors who were infected and asked if I would wish to be like them, like right now I don’t do the things that I used to do”</td>
</tr>
<tr>
<td>“I have a sister who is a medical doctor, so when I have a problem I call her”</td>
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</tbody>
</table>
REASONS FOR NON DISCUSSION OF SRH WITH PARENTS

Generally, youth are shying away from talking to the parents about their relationships and sex for fear of being reprimanded. Sex is projected as a bad thing hence not a topic of discussion in most families.

I remember in high school our toilets were very dirty so I got UTI, I was not urinating as frequently as I should I could not share that with my mum, I had to wait for my uncle to come from Coast in December because he was the one I am close with so I told her what I was experiencing and asked him whether it is normal, he told me it is not and we needed to go to hospital there and then so discussing some things with parents is not easy because they will not understand you probably, they will quarrel you, they will show you that it is like you have done something wrong and disappointed them that is why I have said you can use a friend or maybe a relative but not your parents.

Some of our parents are strict so they will be mad at us, and even beat you over such an issue, like there is a time I googled about the safe days because the girl I had didn’t know about it and also at that time I was shy I couldn’t ask my friends and you cannot also ask an older person cause of shyness.

You can go to your mum and tell her then she will want to know who it is you were sleeping with.

You may not want your parent to know you are in a relationship, and that you are having sex, it’s good to let them suspect but not to know that you are engaging in it.
CONTROLLED ENVIRONMENT

Schools also have their own culture which youth adopt to, like in campus life PARTIES and BEER is the norm while in high school secondary school peers dictate the culture to adopt and this is where peer pressure sets in. However, there is effort put in schools / universities to educate the youth on RH. There is need to partner with institutions of learning as an avenue to educate as well as create awareness

Schools......

“We have a lecture in school, one that is not examinable - Last semester we did HIV and AIDs and then there was a topic on contraceptives and STDs and so the lectures were able to talk about it. Reactions of students is some laugh or others just brush it off - most people were keen because they do it, when someone talks about it openly, people feel it”

“For us we were taught sex education in form 3 while doing the topic on reproductive health. I was in a mixed school so the teacher told the girls to research on the male reproductive system and the boys also to research on female reproductive system, you draw the parts and everything, the teacher didn’t teach us on the topic”
Drug and alcohol abuse is big among both urban youth and informal sector youth. The degree is high among both segments of youth with informal sector youth engaging in lower quality of drugs (ndovu). Informal sector is a mix of fun and an escape while for the urban youth it is more a lifestyle than a coping mechanism.

“Some have engaged in stealing and using their body to get cash (sex in exchange for money) as coping mechanism”

Sponsor business: “A man approaches me maybe because his wife is not good maybe not as beautiful as me, all what sponsors want is sex, in return as a girl you also think of what you will get in return, maybe he pays school fees for you”

Prostitution is also a means of survival especially in the slums

Trending: Drugs (Shisha, Weed, Miraa), fashion - dressing the look “people are trending on wearing clothes that expose them”
SOCIAL NORMS

Religion: Youth recognize the importance of religion sets; it imparts values in their lives however religion is not a priority to them most of the times; They engage in it when parents or circumstances force them to

“Most youth don’t embrace their religion because you find someone follows the Christian values up to a certain age. Like me in university my parents can’t be coming to check on me every Sunday. So not that we don’t believe in God but we are not that religious”

“Most youths are pretenders nowadays, most don’t go to church while far from home but when at home with our parents you must go because it’s a Christian family”

“The youth only remember God when they are in a mess”

“Most of the youths are not religious because you may find a Muslim girl like me, our parents are strict when it comes to religion and following the rules of dressing, so we do it only when are where our parents can see us but when far away you wear other clothes that other girls put on and plaiting the hair different styles which is not allowed to us Muslims”

“The most important things to me is my salvation and my music ministry”

Culture: Nairobi is a cosmopolitan region and has no culture. The fact that culture does not exist means that youth are easily influenced by the culture around them. They have no values to fall back on and hence predisposed to the culture around them

“It is a diverse culture because it is a cocktail of culture, but at some point it looks like confusion”

“No one has their specific culture so there is unity”

“It depends on where you were brought up”

“Culture in terms of lifestyle, dressing, behavior”

“Contraceptives “People still view it as a taboo it’s not something that is open still so they fear getting judged it is not a common thing people will talk about so it’s not yet accepted in the society

“Sex is a bit open to discuss but not contraceptives. I guess only condoms have been accepted but the other things i don’t think its deep down in the market yet”
YOUTH AND RELATIONSHIP
Do Relationships Work?

Get Real!

Are Nairobians Real?

What We Discuss With Our Peers

- Use of P2
- Ignorance
- Desperation

Girls Want
- A Responsible Man
- Who Takes Care of Them
- Who Understands Them

Is it Possible to Abstain?

Boys Is Not Possible

Do You Think of the Repurcussions of Sex Before or After?

Boys ➔ After

Girls ➔ Before

Fashion

Drug's - Weed

Music

Good Sponsor vs Bad Sponsor

ARTISTIC ILLUSTRATION OF SEX
DISCUSSIONS ON SEX

Sex and relationships are discussed with friends. Contraceptive discussion also come up especially when trying to address a situation or advise peers on protecting themselves against pregnancy.

<table>
<thead>
<tr>
<th>Their discussions on sex and relationships</th>
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<tbody>
<tr>
<td>“You may ask someone <em>what they do to their chicks to make them enjoy</em>”</td>
</tr>
<tr>
<td>“For me there is a friend of mine whom, <em>after sleeping with a girl the next day he started feeling pain</em>, like someone who is circumcised, <em>I advise him to go to the hospital and he was treated</em>”</td>
</tr>
<tr>
<td>“Issue of <em>sponsors</em> since they <em>don’t like using condom while making love</em> since they are in control, <em>if a girl doubts herself she may go to the hospital then claims she was raped</em> and will be given medicine to prevent pregnancy”</td>
</tr>
<tr>
<td>“Like maybe when one of us receives a text from the boyfriend and he just decides to talk about it”</td>
</tr>
<tr>
<td>“I have six friends. We talk about everything from hair to nails, boyfriends, sex, money, businesses, everything”</td>
</tr>
<tr>
<td>“For me it is about stages in life, when I was very young, in class 1 &amp; 2, I would ask my mother about stuff like ‘Is it supposed to look like this?’, when we went to the boarding school, it was about the friend, other boys - We would ask like, ‘Kwani yako hukaanga hivyo kumbe’ You mean yours look like this? Google came, it took over although <em>there are still friends for confirmation</em>”</td>
</tr>
<tr>
<td>“We talk about the men’s performance in bed, there are those who just go for one shot and then they sleep, we usually know who those are”</td>
</tr>
</tbody>
</table>
TYPES OF RELATIONSHIPS

There are three distinct types of relationships engaged in by the youth

Peer to peer relationship: Youth engage in this kinds of relationships for approval among their peers. Mostly they engage with people of the same age ‘in school, home’ etc. Peer pressure is the greatest challenge

“I have had sex, you have had sex why not me that is the greatest thing i have seen in schools, everyone around you has had sex so why wait”

Non peer relationship: The distinction is on age where one is slightly older than the other. Although the relationship is consultative, the younger one will most of the time rely on the older one to make decisions

“I was at a party just before I finished high school, it was in Meru and then at that time he was working in Meru at an NGO”

Sponsor relationship: is associated with benefits gained by both males and females. The relationships is mostly among older men and young females however the reverse is also true. Men are in the relationship for sex, while the females engage in the relationship for money or other benefits.

“Usually the sponsors (men) dictate what happens in that relationship, the females have no objection to what they are told as they are being sponsored in other things”

There are also other relationships youth engage in;

• One off which they refer as Kuchipoiyana or supper
• Know it all – “Some partners are faithful to each other but in this generation everybody is ‘I know it all’. So if you suspect and verify that your guy is cheating of you, you also cheat on him”
• Show off – “There is no love nowadays. Boyfriends/ girlfriend are for show, for people to see he is handsome and you are beautiful, because that is how the society is like. That is the cause of all sort of infections we are having currently”

“I think age comes to play. There are guys who like dating young girls – girls in high school, ‘wanataka kunyemelea vitu mzuri”

“Older guys manipulate younger girls into using pills”

“Sponsor is somebody who will give you money in exchange for sex, company ... anything. But you are like a slave to that person because he or she is the one in-charge of you”
VIEWS ON SEX

Sex is a need for them, they are unable to imagine life without sex. For most it starts off as a way to feed that need, and develops into an expression of love if the partner lasts for a long time. Apart from when they are worried about it hurting their future and their image, generally sex is not viewed with seriousness, it is casual and not thought about too often.

IN THEIR OWN WORDS

“There is no way a man can take a girl out and buy her something then later she denies him sex”

“You should question yourself when you get a girl who pulls down her pant easily for you to have sex with her, easy come easy go”

“By the way it was long ago and it didn’t just happen i told him that i was a virgin and so he was like okay and so he asked me if i thought i was ready and i told him that i was ready”

“I would say that people with good sexual behavior abstain, am not regretting but if we had not had sex with Jackson that early, it would have been better you know”

“If a girl doesn’t allow you have sex with her then she doesn’t love you but if she agrees then she loves you”

“They take it as a leisure practice which is not right because there are so many sexual transmitted diseases they can contract”

“I like for a girl you are pressurized into having sex with a guy because if you don’t he is going to leave and go get it somewhere else and maybe you want to keep him so you have to give in”

“Sex creates bonding in the relationship”

“First sex at age 14 is normally a bad experience, a one off. But once you get to campus, you start getting used to it and it gets better and better”
The environment youth live in influence the age they begin engaging in sex. For instance in the slums, girls and boys are likely to begin engaging in sex early compared to other youth. This is as a result of them being exposed to an environment where sex is no private affair.

“I have lived in the ghetto and living in the ghetto everyone thinks that sex is like drinking water it’s something very normal all the time morning, noon and day”
CHALLENGES IN RELATIONSHIPS

Lack of information is the biggest gap among the youth. The information they have is very little and the peers they consult also lack the information hence theirs is more of ‘kuchohana – peer pressure’ as opposed to helping each other

- **Burden of secretive relationships** – “I think it’s more awkward when your parents tell you about sex, like if they tell you that if you are having sex do this, its awkward so youths face challenges because they are keeping it a secret”

- **Lack of guidance on sexual matters**: “I think, most people are shy like from 15 to around my age that is 17, maybe you do it but you are shy to tell it maybe to your parents, or your sisters and **I don’t think there is guidance right now from the parents**”

- “Like for my mom she was not someone who would tell you that this is what is going on so when I went to school, I heard people talk about boys, so that is where I came to learn about that. So I think people should be free to talk to their kids about these things because they are happening”

- **Peer pressure**: “Peer pressure i have had sex, you have had sex why not me that is the greatest thing i have seen in campus you felt that everyone around you has had sex so why wait so peer pressure is the greatest challenge”

- **Drugs**: “The way of life you know to party, there are a lot of weed and bhang”
SUMMARY

• Youth engage in relationships for different reasons; as a result of peer pressure just to conform to their peers, for fun, security as well as for benefits.

• Sex is a norm and forms the basis of the relationship most of the time. Sometimes youth engage in random sex not necessarily in a relationship setup ‘kuchipoiana’.

• Multiple relationships are also common among youth with each relationship viewed differently in terms of the role it plays in their lives. E.g. partner for company, for money, for fun etc.

• The environment youth live in influence the age they begin engaging in sex. For instance in the slums, girls and boys are likely to begin engaging in sex early compared to other youth. This is as a result of them being exposed to an environment where sex is no private affair.

• Other influences to engaging in sex are such as alcohol and drugs, media exposure and peer pressure which form the curiosity to engage, government as they are giving free condoms to youth, the culture as well as friends.

• The fact that culture is not defined means that youth easily get influenced by the culture around them. They have no values to fall back on and hence predisposed to any culture that there is in the surrounding they find themselves in at any particular time.
ARTISTIC ILLUSTRATION OF CONTRACEPTIVES

- Reproductive Health
- STDS, contraceptives
- Information
- Online Research
- Friends
- Use of contraceptives
- Use of P2

- Myths about contraceptives
  - Condoms - Causes itching
    - Has holes - Not 100%
    - Can burst
  - P2 - 100% not safe
    - Alter menstrual cycle
    - Causes nausea, headache
    - Causes heavy periods, cramps
  - Pills - Makes ladies shapeless
    - Add weight
  - Coils - Bandeniness
    - Makes sex not sweet
  - Vasectomy - Future kids not guaranteed
  - Implants - Low libido
    - Mood swings

- Role of the government
  - Create awareness
  - Billboards, TV shows, posters

- Parent Advice
  - According

- Girls want
  - A responsible man
  - Who takes care of them
  - Who understands them

- What we discuss with our peers
  - Use of P2
  - Ignorance
  - Desperation

- Reproductive health advisor
  - Youth at heart
  - Youth friendly
  - Going to hospital for reproductive health

July 2017
PSK_Combined Co-creation and Validation Report
Awareness: Youth are aware of contraceptives i.e. Condom, coil pills, p2, vasectomy, Nor plant etc however there is low resonance of contraceptives among the youth because of the way the communication is packaged.

Sources of awareness: Youth learn about contraceptives from advertisements, health centres, chemists ‘on display’, seminars, friends, on the streets, in school, sex workers in the neighbourhood (ghetto)”there are so many sex workers in my neighborhood so I hear them at times and in some other occasion you can met them distributing condoms”, community health workers, radio, online, spouse, roadshows, organizations. Information about contraceptives is everywhere however they do not have full details of contraceptives.

Usage: The reality is that some use and some don’t use. Pills specifically p2 and condoms are common among the unmarried while the married go for injection. Condoms are used when the couple have not familiarized with themselves however the most common contraceptive used is P2. P2 and condoms are used interchangeably

We use P2 - Because some of us fear responsibilities. And you are not ready for it. You are afraid of the outcome Its more scary - To get pregnant - Like for instance now am under parents so somebody might opt for the STI because it cant be seen and you can live with it. Most of the time we don’t think of the STI we only think of pregnancy

When in a relationship, some men do not want to use a CD. So it is up to the girl to take the initiative and source for the best FP method

Influence to usage of contraceptives:
“My main influencers on using contraceptives are the friend as they are the only people that speak freely on sex issues, mainstream media has also been a source of information on condoms as I have heard about the Kuwa True advert on TV”

“What influenced my usage was early pregnancy since I fear raising a kid alone as a single mother”
### DISCUSSIONS ON CONTRACEPTIVES

Discussions always take place after a problem has arisen but never before.

<table>
<thead>
<tr>
<th><strong>Their discussions on Contraceptives</strong></th>
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<tbody>
<tr>
<td>“If you don’t trust the girl you use condom or you let her be”</td>
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<tr>
<td>“There is a time, she told me that she had messed up and was yet to receive her periods so I told her to always use condoms”</td>
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<tr>
<td>“We usually say that it is good to indulge in sex past 18 years, and contraceptives is not good but use of condoms is and then they also say that if you go around having bad sexual behavior you might end up contracting HIV”</td>
</tr>
<tr>
<td>“I discuss contraceptives with my friends mostly when we are talking about girls as we know a number of girls who are a risk and condoms are a necessity’ safe days”</td>
</tr>
<tr>
<td>“For the contraceptives, people have shallow information, we talk about things like ’what do you use?’”</td>
</tr>
<tr>
<td>“With my friends, the topic is about safe days. We know safe days for one another, so when one is past their safe days, we all get concerned. But these days there is the 50/- stick that we buy from the chemists for use to test on if you are pregnant and you are done”</td>
</tr>
</tbody>
</table>
PERCEPTIONS ON CONTRACEPTIVES

URBAN YOUTH

There is a projected care and fear of the consequences of unprotected sexual behavior.
The reality is that they do not care nor take precaution of the consequences.
They seek spontaneous solutions to their “mess”

When referring to contraceptives, majority associate it with condom

Prompts leads them to the mention of general RH solutions like implants, injections, IUDs, Pills

They do not have a plan, pills are a solution to their already done “mess”. If not, thy have an option to keep the baby of have an abortion discretely. All this are done without the knowledge if the parent nor the medical practitioner- crude items, pills, chemicals, detergents are some of the attested items used for the discrete abortion

Since sex is highly abstract, the culture of “kuokoleana” exists, this is a barrier to the long term RH solutions

The myths and misconceptions have heavily influenced the usage usage behavior.
The recently married are afraid to use Family planning solutions with the fear of the consequences as a result of the myths and the misconceptions

The learned and the liberal lot have taken the imitative, they are on a plan with a core mission of avoiding pregnancy. HIV and other STIs are only protectively mentioned to be protected by ideally not.

INFORMAL SETTLEMENT

Condoms accepted among their fears
Minimized fear of death among informal youth therefore more risk
Abortion high among youth and is not scorned upon by the society they live in

Perceptions: “Health wise I don’t think it is good to take these contraceptives, you can use condoms or just abstain if you can actually”

“Contraceptive are viewed as protection for adults and I purchase condoms from the shops although I buy many so that I don’t frequent the shops”

“The pills people take that is my definition of contraceptives”

“I would be more afraid without using contraceptives, am afraid of STI’s - those funny diseases like gonorrhea, syphilis, of course AIDS, am afraid of pregnancy as well because I would like to have my first baby at 25 years”

“It is good since it help people control child birth so one will be able to give them a good life”

“The married women are the one who knows about them and they don’t share the information with us”

“When I went to get them at the chemist they didn’t tell me about them she only told me that I might gain weight or something like that she didn’t tell me about cellulite or some weird stuff on low libido, If she told me about irregular periods that is not a problem but the low libido and cellulite, and first if you have low libido why are you taking them”

“It helps in planning the family so as to avoid getting babies when you not ready and allowing proper gapping of the kids, we don’t discuss contraceptives with my wife since it’s a lady duty to control childbirth”
**PERCEPTIONS ON CONTRACEPTIVES**

Contraceptives are also perceived as for women, men are least concerned about contraceptives as long as the females are safe from getting pregnant. Contraceptives use among youth is also perceived as immoral ‘societal judgement’

<table>
<thead>
<tr>
<th>According to me, the word Family Planning is more of family. So from the Bible point of view, since you are not married, and you do not have a family, I feel obstinacy is best for us as youths although it is a challenge for us (we cannot help it), but FP is not our portion”</th>
</tr>
</thead>
<tbody>
<tr>
<td>“When I hear of contraceptives, what comes into my mind is methods of preventing pregnancy, because it is only one contraceptive that prevent diseases – condoms”</td>
</tr>
<tr>
<td>“What women are taught at home is that things to do with contraceptives, monthly period are strictly women affairs and men should not get involved. That has been the basic teaching since ancient times”</td>
</tr>
<tr>
<td>Condom are regarded as boring</td>
</tr>
<tr>
<td>“I was listening to a certain gyne from Nairobi hospital who said, EP are not contraceptives. They are for emergency. Then there are those other pill like Femiplan pills, it is true?”</td>
</tr>
<tr>
<td>If I find a lady with a condom unless I had requested she comes with it but if she comes with it without my knowledge I wont touch her</td>
</tr>
<tr>
<td>if you are found with contraceptives you are considered to have eroded morals, society will also think of you as immoral</td>
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</tbody>
</table>
VIEWPOINT ON THE EMERGENCY PILL

Yes they have information it is not credible information. Youth seem not to be well informed even on their most often used pill (p2). As much as they are using the product they seem to have very little knowledge of what it is they are using. PSK has an opportunity to reach out to the youth and educate them on ways of protecting themselves against pregnancy and diseases.

It is a contraceptive and you can use it any time you want to. They say they are for emergency, but I think they help a lot. Most youth do not plan to have sex, they just find themselves. So to me is it a contraceptive because whenever they blunder it comes in handy.

I trust EP. The instructions (on the pack) show that it is effective within 72 hours. The instruction on the pack is that you take within 12 hours for 70% effectiveness but when you take it immediately, you will be safe. So you should not take it before, but after.

According to that information, that is it effective within 72 hours, in your scenario, if you mess a second day, you need not take more EP, because whatever you took will still be effective.

I think people have information about EP but they just tend to do otherwise. It is an emergency pill yet people take them as contraceptives.

Other people are not aware that they are supposed to take the two pills at once, some take one tablet and the other after 12 hours.

But the best thing is to take both at once, if you take one now and then the other after 12 hours, it will not work.

It varies from one manufacturing company to the other, some come in a single dose of 2 tablets while others the two are taken within 12 hours interval.

You hear that you should take thrice in a year even in you take one today, tomorrow and the day after tomorrow, other say you may take them as many times as you wish.

I am against what she said that you take before having sex, I do not think it can work because P2 is an after pill, if you plan to have sex for two day, you will only take after the two days; in the morning of the third day, for it to work.
MYTHS ON CONTRACEPTIVES

The myths associated with contraceptives also create a barrier to uptake of contraceptives among youth hence the need to educate on both the benefits and risks of not using contraceptives.

Coil: if you use coil and you have never given birth you may never conceive

- from what I have heard the coil sometimes rusts and endanger someone life
- also I heard that for the coil when you remove it one goes for another 5 years before you start bearing children
- I heard that for coil, when it comes to sex there are some styles that you can’t engage in, you feel some sort of pain
- people say it rusts causing cancer, you are unable to do heavy works, and one becomes dull and aggressive, un-satisfaction during sex
- For impurity they say it’s an impurity which affects the blood system, a person becomes dizzy, loss of appetite
- I was told it doesn’t want any dirt because it can lead to infection and also it can be pushed further inside during the intercourse

Condom: the lubricant found in condom causes cancer, cause allergic reactions

- There is no pleasure when you use condom
- Condoms they do burst at times due to friction
- I have heard stories about the female condom and the ladies are not comfortable with them

Injectable: When used for long one becomes sterile, the girl becomes inactive, it means she is dull during the action

- When you use the injections, you might bleed a lot or even stop having your periods

Pills: it can destroy a girl’s womb so they will never conceive

- It can make one over bleed it sometimes doubles the duration that you were protecting yourself, it makes you to over eat, makes one feel dizzy, makes one to reduce in weight makes one too thin or too fat
- There was one who used to say that the first few times they used to make her puke but it ended after a week or so and another one said when they have periods the flow is minimal or heavy that is when using the pills

Implant: at times it has side effects that may led to high blood pressure

- Makes one fat and have cellulite
- infertility, abnormalities in kids, cause cervical cancer, increase heartbeat rate, high blood pressure, can lead to death to mothers, premature birth, leads to miscarriages, leads to low libido, excessive bleeding during menstrual, severe headache and leads to the death of the unborn
- They can make a lady to have no feelings towards a man
- they can lead to getting a kid with disability
- I have heard that they have side effects like making a woman to be barren and it also increases discharge during menstruation
- I have heard that if you use them for long, getting pregnant in future becomes a problem
- If you use them for over a year you get cellulite on your thighs and you get dimples and you become fat excessively so i have been scared
BARRIERS TO UPTAKE OF CONTRACEPTIVES

URBAN YOUTH

The fear of being judged, the lost grip in relationships and the lack of regard for sex are contributing factors to lack of uptake among the unmarried; the married are hindered by their partners and the existing myths and misconceptions

Lack of regard for relationship
Since relationships are not highly regarded, youth do not see the need to commit to a definite and regular plan for themselves. Their protection is to sort the problem of the moment—here e-pills are their “savior”

Lack of youth friendly services
The facilities available are not friendly to the youth, the internal spaces, the service providers and branding of the facilities to being friendly to them. This hinders the youth from accessing the facilities. The facilities do not allow discretion

Existing myths and misconceptions
The misconceptions on the effects of using contraception's lag the usage behavior among the youth. Rightful information is needed to avert such myths and misconceptions

Some are perceived to be prostitutes when known to have taken a contraceptive. This bars them with the fear of losing the friendship circle they are part of or being judged

Partners
Those in serious relationships like courtship, marriage etc. are hindered by their partners who either perceive pleasure is ultimate without the use of contraceptives or dearly believe in the existing myths and misconceptions

Accessibility – Ridicule from the health providers. There is a time I went to Nairobi hospital, I met a female nurse and I explained to her that I wanted to put on a implant. She looked at me and started telling me, 'You are too young for an implant, why do you want an implant, why are you wasting yourself, blah blah...'

Resistance from partners especially for those who are married is the biggest barrier while for the unmarried and school going, the fear of being discovered is the hindrance to uptake

INFORMAL SETTLEMENT

Partner: “You know if I want to use the contraceptives and my husband might decide for me not to use that and he tells me no so he shouldn’t know that am using”

“We need to work with the men, they need to understand the importance of contraceptives because every time you tell someone no, they insist they don’t want to use condoms so we go ahead an do it then take a p2 in the morning”

Family: I don’t buy but my boyfriend buys them - I don’t carry them in my handbag, if I go home and someone finds them in my bag that will be another issue, they know the ones given by the Government the red ones”

Negative perceptions among peers: “I am thinking someone using the 28 pills is having unprotected sex and the P2, I met you the other day and I am buying pills so it’s not accepted”

Availability: "I get them at Astrol petrol station the other chemists don’t have and there is this fear of fakes and so if you feel a chemist is looking funny then you don’t buy from there” (Ruiru)

Accessibility: Well I can say it’s the medical practitioners who make the youth not to go to them, that’s why we prefer going to the chemist, it’s hard to go and sit with them since they don’t have your time, so they should be social”

The myths also contribute to the low uptake of contraceptives where it is believed that contraceptives have side effects and most of the time the side effects are exaggerated because of the lack of authentic information on the same

August 2017
INSTITUTIONS AND CONTRACEPTIVES

There are also initiatives to educate students on contraceptive to prevent HIV, however to attract more youth to attend such events then there is need to entice them by use of celebrity or any interesting thing that will draw their attention

Initiatives done in institutions
There are those organized in campus by the university administrator where you get VCT services and are taught about condoms, how to use female condoms. I do not think there is any other on contraceptives specifically. The nurses give the services.

Resistance: “But I do not think they would give much information about them (implants and the coils) because the two are long-term methods and we are students “

“They taught us but did not expound on Implants and coils, they taught about condoms, pills. We would have wanted to hear more on other contraceptives”

Opinion on reproductive health events…..
“If there has been any, I don’t think I would have attended. People don’t like attending such things especially when it has to do with STDs and sex but if there is a singer coming people will really attend, but if it is about reproductive health not most people would attend”

“I think if someone popular was coming, out of curiosity people would attend then in that forum you can talk about reproductive health, that way I think people will listen”.
SUMMARY

• Awareness of contraceptives is high among the youth, however, there is low familiarity on the same; there is an existing knowledge gap on contraceptives.

• Further, the youth associate contraceptives with the married more so for family planning purposes. The perception maybe as a result of the communication messages and the manner in which the information is packaged ‘family planning’.

• The information they have on contraceptives is also not validated in most cases hence contributes greatly to the myths about contraceptives.

• Perception ‘for the married’, knowledge gap, myths and other; Partners, family, availability as well as accessibility form barriers to uptake
YOUTH FRIENDLY SERVICES
CURRENT SITUATION

Availability

• The need for youth friendly services is on the high among the youth.

• While there are facilities that offer services that may target the youth— they hardly offer youth friendly services

Awareness

• There is minimal awareness not only of what youth friendly services mean but also availability of the services.

An opportunity to tap in

• Offering youth friendly services is an area that PSK can leverage on provide reproductive health products and services to effectively reach the youth segment
IDEAL YOUTH FRIENDLY SERVICES IN THEIR OWN WORDS

A 360 DEGREE SOLUTION FOR ALL THEIR HEALTH NEEDS

SOLUTIONS

• Offer services on the common diseases such as malaria, typhoid, TB, sexually transmitted diseases.
• The facility should give free antiretroviral drugs, free contraceptives; condoms and syrup to prevent the HIV parents from getting a kid with HIV virus
• Have free cancer screening
• Have cards so that it can show the members who have registered and their health status
• Supply things like sanitary pads and soaps to people with cards to make more youth register so that they can be getting free products
• They should offer maternity services and counseling services and also rehabilitation for the drugs addicts

SERVICE

• The staff should be friendly and mostly people who have started from a low economic status and who would not look down on the people in the slum.
• At a youth hospital you don’t expect to meet someone like your mom or someone who is way older, like if you are going in for a test everyone will understand so there will be not judgy looks or something like that.
• Practitioners should be young people because if we are going for the maternity services,
• Some times you meet a doctor who is so old such that in as much as you want to open up and say everything, then you are like, 'no, I just can't'

LOCATIONS

• An ideal health centre would be located in the middle of the slum where anybody can access,
• Should be located somewhere that is outside the main town because you will not be worried of being seen by anyone.
NEEDS FROM HEALTH FACILITIES

DISCRETION IS KEY IN THE OFFERING OF YOUTH FRIENDLY SERVICES
Issues on their sexual and reproductive health have to be “chini ya maji”. There are various noted touch points that needs discretion

Service providers
Youthful none judgmental service providers are preferred over the mature/older service providers who are perceived to be judgmental and restraining them to what is socially acceptable that the youth are not a part of

Internal space of the facility
The internal space should not make them have a similar space with people who seem an authority to them i.e. their parent’s age. They dislike the authority as they perceive it to restrain them to the social norms that are not in tandem with what they regard to be true/right

Branding of the facility
They are equally specific on the branding of the facilities that offer services. Services offered at the facility should be generalized in a manner not to easily depict what those who enter the facility are up to.

Location
They prefer facilities in discrete locations where none of the members of their family or close people can see them when they are accessing the facility

Communication lines
Communication with the youth should not disclose their identity. This way they feel at ease to open up and share their issues. Marie Stopes have effectively tapped into this space by providing a WhatsApp line where youth can contact them and share their issues and needs

Partnerships to offer youth friendly services
There is need to enhance success among the youth that has over time been gagged by teenage pregnancies, unwanted pregnancies and early marriages
Social institutions -e.g. Institutions of learning, health institutions, community based organization and faith based organizations are
IDEAL YOUTH FRIENDLY SERVICES

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• Some times you meet a doctor who is so old such that in as much as you want to open up and say everything, then you are like, 'no, I just can't'.
The communication was based on the singled out truth for that region.

Based on this truth, the youth created a cutting edge communication for each of the segments (urban youth, informal settlement youth).

Each generated communication had a campaign tagline, its objective(s), key message(s), the benefits and a storyline the communication should adopt.
THE CURRENT SITUATION

URBAN YOUTH

Social norms are abstract...

- Sex is a norm...
- Its an urban culture- a culture of survival (the strong survives, if one cannot survive, then there is “kuokoleana” ) everyone bends the social norms to suit their needs

- Parents are shying away from discussing SRH issues, institutions of learning form the foundation of the little knowledge they have and its due to the restrictions on how far the institutions can go on the topic

- The internet is the new solutions to their questions. Answers to their health and reproductive questions are provided by the internet and friends. Medical practitioners are a rare alternative. Parents are a last resort.

INFORMAL SETTLEMENT

The new normal.......

- Promiscuity is not judged
- Culture is environment defined
- Overexposure to sex that make it abstract

- Parents pushing DO NOT ENGAGE message with the youth already admitting that abstinence is a challenge and desiring a MAKE A GOOD CHOICE message

- Friends are the source of the SOLUTIONS after the occurrence of consequences of unplanned/unprotected sex. These solutions are FUTURE DRIVEN with the youth admitting to have a fear for RESPONSIBILITY
THE CURRENT SITUATION

URBAN YOUTH

“FEROCIOUS”

“Better physical hurt, than heart hurt”

“Kila Mtu Ajisort”

INFORMAL SETTLEMENT

“APATHY”

“Living a life similar to the past lived in my environment i.e Poverty, HIV”

“Jijenge Maisha Ngori”

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<th>Consequences</th>
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To tap into the their respective pillars, the Nairobi youth came up with the following communication campaign elements:

**BENEFITS OF THE CAMPAIGN**

→ Reduce school drop outs, early marriages and single parenthood
→ Make youth be aware of the consequences of not using contraceptives - STIs, AIDS, stress, unwanted pregnancies, abortion
→ Increased self esteem and confidence for one to speak about contraceptives and use them

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**#U4U**

**OBJECTIVE**

The objective of this communication tagline is to make youth selfish about their life, think of their health and their future.

**THE MESSAGE**

The perceived key message that the tagline espouses is "your future your health, be selfish".

**COMMUNICATIONS STORYLINE**

"Two boys who are friends meet in a club. Each of boys get hooked up with a girl-one "amejisoru na contraceptive" the other, "ako bila contraceptive". They proceed to have sex. Two years later, the girls meet in a supermarket with their families. The one who had no contraceptive, got pregnant and an STI that made her to commit an abortion in a crude way that has in turn destroyed her womb so she cant conceive now she is married but on the edge of a divorce with no child. The one who had contraceptive protected the pregnancy and she has children now. The lady who had no contraceptive, laments to herself "Nakweli its U4U, life ni kujisort".

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**# Awesome planned**

**OBJECTIVE**

The objective of the communication tagline is to make youth think about the consequences and the future.

**THE MESSAGE**

The perceived key message is with the future in mind you make the right decision.

**COMMUNICATIONS STORYLINE**

Two youth walking to the clinic and one takes the contraceptives and the other doesn’t take and then they come back for review one is pregnant and one is not. The review should be after three months, the one not using contraceptives will be pregnant. The name of the campaign would be Kuwa msmart, jijue jipange mapema.

Plan your life using the contraceptives to avoid early pregnancies and contacting sexual transmitted diseases.

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*PSK_Combined Co-creation and Validation Report*
The youth in the area would trust their fellow youth to educate them on issues about sex as they feel free to talk to them

You know you can’t seek for something that you don’t know exists you have to make me know that it exists first, or I go search for it online - Yes, like the way Safaricom keeps sending texts that would be create awareness

Contraceptives day. It should be a cool day around April, March so this could be a good time - I am relating the cold to the activity and there is a lot of sex when it’s cold so it is better you organize around that time and everyone would be okay lets listen to this. Because it is very important first of all and we cannot assume that people are not having sex, it is a topic heavy enough to have its own day

In campuses you can go to the notice board and stick the advert there. We visit it a lot and when you are in fourth year like me you only go to school when you are in class and you must pass by the notice board or the lecturers might be on strike and you don’t know or there is blood donation so we read everything on the notice board

It’s not good for the adults to be seeing the negative side only, at least they should tell its good and then advise us on the repercussions, because if you are threatened you will find yourself trying it out to prove if it’s true. We were being taught in church that sex is good awesome and amazing, so as she has said we should be told of the positive side of sex then be advised on the negatives

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Mostly, youth listen to the soap making organization that comes to offer the education since they know if they attend they will go back home with bread and milk or if it’s not so they will go home with soap. Ghetto Radio used to bring up a program about contraceptives and youths used to call in and ask question - Ghetto radio will be most appropriate since it is popular in the slum (informal settlement)

Use youth ambassadors - they will be able address each other because they are in the same age group, one who understands youths, the language will be easy. The youth ambassador should be well informed, have knowledge on what is true about the contraceptives, should be free and open to the youth, be able to call things by their actual names, should stand with what is right, answer the questions correctly (informal settlement)

I can only listen to a medical doctor since they have the knowledge. On radio or TV I won’t trust them since they are doing that for commercial purpose so as to increase the sale. To get the youth communication can be done on Facebook, Instagram and radio specifically Ghetto and Homeboyz (informal settlement)

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CHANNELS OF COMMUNICATION
CHANNELS - URBAN

• A call away doctor – To facilitate the youth to have access to a specialist, someone they can call discretely to respond to their issues.

“I saw a certain advert on a billboard along Jogoo road on my way to town, it was written, 'call a doctor'. They can improve on that sector because you are less shy when you are not seeing the doctor; it is easier to explain your situation on phone. Also have a portal where youth can send their queries and get answers. It guarantees privacy and confidentiality”

• WhatsApp. It is so far the easiest way of communicating, especially amongst members of WhatsApp groups. Discussions on WhatsApp group, people share ideas, so it is very easy and efficient
1. **Door to door** - It's where there should be people going round in estates talking to the youth since there are some who are ignorant, like there are those who used to go from house to house telling people to get tested on HIV.

2. **Health practitioners** – To inform the youth about reproductive health, like most of the youth get pregnant because of lack of information, not knowing the safe days. Give guidance on how to use the contraceptives. The doctors and nurses should explain the advantages and disadvantages of using contraceptives.

3. **Parent & guardians** - To give advice to their children on what is good and bad when it comes to reproductive health.

4. **Youth ambassadors** - The youth ambassador should be well informed, have knowledge on what is true about the contraceptives, should be free and open to the youth, be able to call things by their actual names, should stand with what is right, answer the questions correctly.

5. **Seminars about reproductive health** - Youth will attend if there is an incentive like food, soda, allowance etc.

6. **Contraceptives day** - It should be a cool day around April, March so this could be a good time - I am relating the cold to the activity and there is a lot of sex when it’s cold so it is better you organize around that time and everyone would be okay lets listen to this. Because it is very important first of all and we cannot assume that people are not having sex.
RECOMMENDATIONS
CONCLUSION

The urban and informal settlement youth lifestyle vary significantly. Their lifestyle impacts on their attitude, character, values, fears and over time on their behavior.

The surrounding environment is a huge influence to the youth sexual behavior; the activities they indulge in, who they hang around with, what they watch, what they access etc. hence their sexual behavior is influenced by multiple factors.

Family, religion, culture, schools and friends are critical in influencing the youth in shaping their behavior, however this function has been left to the friends to advise on a portion of RH matters specifically on relationships and sex yet friends have limited knowledge on the same hence forming a weak support system.

Contraceptives are known among most youth from different sources however they have very little familiarity on the same. The knowledge gap on contraceptives exists due to many factors; youth are not so keen on contraceptives because they associate them with the married hence de-associate themselves. The information is also not easily accessible to them especially from trusted sources like hospitals, chemists, pharmacies, schools etc.

RECOMMENDATIONS

It is fundamental to adopt an approach that resonates to each group because of the significant differences in their lifestyle.

There is need to infuse the communication through their day in day out activities so as to have a wider reach. Reach them on social media, on traditional media, posters in schools, in their hangout joints, through people close to them etc.

Engage family more so parents / guardians, the society and schools at different levels to empower them to form strong support functions on matters of RH; share knowledge and information with the youth to enable them make informed choices.

Create more awareness and increase familiarity of the products by broadening the scope where youth can get information on contraceptives e.g. youth friendly facilities, hospitals, schools, consider having a portal where youth send their queries, avail information on social media, youth ambassadors, youth events etc.
CONCLUSION

In order to achieve greater impact, there is need to include all stakeholders that play a role in influencing change in behavior among youths’. This is to enable all the stakeholders to understand the gaps and their role in bridging the gaps on RH to enhance the future of the youth.

As we work on reaching the youth in terms of knowledge also be cognizant of the barriers on accessing the products as well. Youth need privacy and convenience when it comes to matters of contraceptives. There is also need for acceptance on the same in the society as well as the family unit.

RECOMMENDATIONS

Identify all relevant stakeholders in this process; youth who are the target audience, Ministry of Education officials, Ministry of Health, youth groups, churches, community leaders, political leaders etc. to discuss and align on their role(s) in regards to achieving the communication objectives.

Avail them at their most convenient places like the joints where they hangout, engage people who can distribute in institutions (universities), have facilities that offer the same but in a discrete manner, a proposal to ‘dial a contraceptive’ kind of arrangement. Involve the society as a whole in the communication process so as to own the process as well as gain acceptance.
THANK YOU