
AstraZeneca
Young Health Programme
A global community investment initiative
PLAN
INTERNATIONAL

YHP Kenya Baseline Survey

Report summary

Project aims

Improved:

- Health
- Gender equality

For girls and boys between 10-24 years of age in Kibera, Nairobi.

Specifically:

Reduce the number of adolescent girls and boys in the urban slum of Kibera, Nairobi practising risk behaviours.

Achieved by **increasing knowledge and changing behaviour** leading to informed choices that protect their own health, now and in the future.

How we did the study… (aims and activities)

Aimed to establish benchmarks on :

(i) Knowledge of healthy practices

(ii) Attitude to these practices

(iii) The practices themselves

We also looked at :

- The ability of the community to support young people (towards both better health and gender equality).
- The ability of the government to support through legislation, services and policies.

Interviewed 470 people (10-24yrs) from eight villages.

Using Focus Group Discussions and Key Informant Interviews (NGOs, medical staff and community based organisations).

What the study found...

Overall, there is a high prevalence of NCD risk behaviours in the eight communities targeted through the project.

Tobacco

- Tobacco use is at: 47%.
- 77% of these smoked daily.
- 35.6% exposed to second hand smoke.
- Average age to start smoking: 14.5 years.
- Little to no government regulation.

Alcohol

- Alcohol consumption is at 66.3%.
- 20% binge drink.
- Average age to start drinking: 16.
- Little to no government regulation.

What the study found...

Sex

- 19.5 years is the average age of getting married.
- 18.5 years is the average age that girls have children/ give birth.
- 25% have been ‘sexually coerced’.
- 43% have unprotected sex.
- Girls are seven times more likely to be sexually coerced than boys.

Healthy lifestyles

- The majority are eating three servings of fruit and veg a day. This is supplemented by a high amount of oil, sugar and salt in the diet.
- 97 percent don’t meet World Health Organization (WHO) recommendations on physical activity for health.
- 71% are physically inactive.
- Only 8.9 meet the category of ‘high physical activity’.

What the study found…

Knowledge on NCDs:

Knowledge comes at different levels; individual, relationships, community and society. For example, an individual may understand the importance of safe sex but the community might not.

Sexual health has a culture of silence but the community – when asked on their own- know the YHP mandate is important.

To change this culture, we need to work with parents, teacher, religious leaders, youth groups.

Government health policies support NCDs but not sexual health. The focus is on 18-69 age group, with little to no knowledge on adolescent health. The policy sectors aren't joined up: health, education, agriculture, transport departments are all working in silo.

How we did the study

Preparing for the study:

- Plan Kenya organised a two-day training session on data collection, interview skills, inclusivity and more, ensuring everyone was at the same level.
- Plan Kenya also carried out mock interviews so that everyone could practice (this is considered best practice).

Qualified Research Assistants (RAs) carried out the study:

- Each was accompanied by a Research Guide who is impartial and sits through the interview.
- We used RAs and guides from the local community to build trust and legitimacy.
- Also used the Kish method to ensure it was a fair sample. Data was collected using a questionnaire via smart phones and then analysed on a PC.

How we did the study

Focus Discussion Groups: Four in total. Made up of young people. Used this method to generate mutual support.

Key Informant Interviews: 18 in total. Interviewed programme staff, teachers, parents, peer educators, government officials (area chiefs, Ministry of Health, Ministry of Youth), National Campaign Against Drug Abuse Authority in Kenya, nutritionists, religious leaders, health care service providers.

Choosing the households (HH): We chose 50 HH in eight areas. First we evened the areas out, making sure they were proportional and fair. We used a lottery system to choose the first household. We then used the ‘seven’ system to select each HH, to make sure that the selection was random.

Challenges: Some participants were apathetic as they felt that previous research had not done much to improve their lives. This was overcome by sharing details of the YHP programme and how it aimed to improve lives of 82,000 young people.

What are the recommendations?

One: Young people function in a complex world and society. We need to embrace this and use local communities and existing structures to improve young people's health.

Two: Use innovative ways to reach young people. Peer education, drama, play writing and directing, SMS, websites and youth libraries. Leaflets should be youth friendly. This is for two reasons: (i) it's a language they understand (ii) this helps them feel in control, and self expression and self-esteem are given space to grow.

Three: We need to use IT and social media, as these are platforms young people enjoy.

Four: Increase the knowledge of parents. Young people need to be accepted as positive contributors to their families and communities by being more involved in decision making processes.

What are the recommendations?

Five: We need good partnerships with service delivery systems. Such as the ministry of health, youth groups, to maximise outreach.

Six: We need a strong empowerment component in the programme. This should especially focus on personal development, sexual negotiation and life skills.

Seven: We need mentoring and positive role modelling. Particularly for girls around health and economic risks, and for all around SRHR.

Eight: We need to advocate for government led tobacco and alcohol regulation. This is a real problem, with no support currently.