

## Kenya

Family Health Options Kenya



## Youth Education and Sexuality Project

Family Health Options Kenya has brought much-needed information and services to out-of-school youth in Kenya.

Family Health Options Kenya (FHOK) has greatly improved the lives of young people in Nyanza province, providing them with much needed comprehensive sexuality education. Nyanza has the country's highest HIV and infant and child mortality rates, as well as the highest unmet need for contraception. For young people there, talking about sexual and reproductive health is highly taboo and many of them have nowhere to turn for accurate information.

Through its 'Youth, Education and Sexuality' (YES) project, FHOK ran school-based extra-curricular health clubs at primary and secondary schools, and provided community outreach activities through out-of-school peer education. The Association also advocated at district level to promote comprehensive sexuality education and held internal trainings for its staff and volunteers. This case study presents changes to the lives of out-of-school youth and the young peer educators who worked with them.

Participation in the YES project boosted the confidence of many young people in Nyanza province and empowered them to speak and learn about sexual and reproductive health. Young people appreciated the youth-friendly information and services, which for some have led to improved health-related practices including safer sex. The project has instilled a sense of hope in many of the young people, who feel that their interaction with the project has given them a second chance in life.

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When I was in school I was raped by my teacher and I got pregnant. This made me drop out of school due to early pregnancy. I accepted to see a counsellor who advised me to undergo an HIV test. I agreed and I was tested positive; I was then given drugs. I have now regained my health. I am strong and I am back in school.

Young woman, age unknown

## Achievements

### Access to information and services

Breaking the silence around young people's sexuality was highlighted as a key benefit of the YES project. The peer education activities were specifically designed for out-of-school young people. Interaction with the YES project enabled them to gain more knowledge and understanding about sexual and reproductive health, and encourage them to access services.

A 24-year old female said, "Youth don't have all the facts. Through the YES project we're able to get to know more of these facts concerning the sex issues around us. Most of us only deal with the myths."

### Improved health practices

One of the YES project's biggest achievements is that young people in Nyanza have improved their health practices, particularly related to condom use, substance abuse and testing for HIV. FHOK's project encouraged many young people to start using condoms. The project enabled them to gain a better understanding of why and how to use them and also made male condoms more accessible to young people.

Many of the young people accessed voluntary counselling and testing services through the YES project. A great deal of fear around HIV testing persists, but the YES project gave them the courage to go for testing.

Substance use among young people is prevalent in Nyanza province, particularly the use of alcohol, cannabis and *khat* (a shrub that is an amphetamine-like stimulant). The YES project integrated a focus on substance abuse in recognition

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He said that he didn't have money to get condoms and with some [women] he didn't use condoms. He said that having sex with condoms is like tea without sugar. But now after the talk and the demonstration, he feels more comfortable and now he doesn't fear using condoms.

23-year old male

of the link between substance abuse, poor sexual and reproductive health outcomes and social exclusion. The peer education programme and outreach activities included information about the health-related consequences of substance abuse. Peer educators also provided referrals to health services for substance users and substance abuse support networks. A number of young people have either reduced or entirely given up substance use as a result of the YES project.

A 21-year old male explained the importance to him of giving up substance abuse: "I used my school fees for alcohol and also spent most of time moving around with widows in the village. I got interested in their [YES project] teaching and I started going also for their community outreaches. The project has been of great benefit to me because of the teachings against substance abuse. Eventually I stopped using drugs and I made better friends."

### Sense of hope

All of the achievements mentioned above have culminated into a sense of hope for the young people who participated in this project. Many were introduced to FHOK's project at a time when they were struggling with a sexual or reproductive health problem. There is a lot of stigma around adolescent pregnancy outside of marriage, HIV, other sexually transmitted infections and substance abuse in this region of Kenya. Consequently, young people who are confronted with these issues often feel isolated and lose hope for a brighter future. The services, information and support offered by the YES project helped a number of young people re-gain hope and feel that they have been given a second chance.

### Girls returning to school

An important outcome of the YES project was that it helped several young women return to school. Some girls were forced to leave school due to unplanned pregnancies, HIV infection or because of son-preference by their families. The YES project connected HIV-positive young women and young women with unplanned pregnancies with health services and support networks. As a result, they were able to regain strength and found the support required to enable them to return to school. Peer educators also spoke to parents about the importance of girls attending school.

### Increased confidence

In addition to changing the lives of young people at the receiving end of the project's community outreach, the YES project has also significantly improved the lives of the peer educators. It has helped them gain confidence to speak in public, especially on topics related to sexual and reproductive health, and they value being seen as role models. This increase in confidence has made them feel more empowered and more able to contribute to the well-being of their communities.

The inspiration to serve their communities has also spread among the young people who gained access to services, information and support from the peer educators. They explained how the project brought benefits to their lives that they wanted to share with their peers. Some of them have even created their own youth groups or health clubs, some of which the YES peer educators continue to visit to provide technical assistance. Others have been inspired to address sexual and reproductive health and rights issues with their parents. One young woman started youth education on sexuality in her school.

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Thanks to YES Project for offering their services to the community because knowing my status was the last thing in my mind. I was leading a very careless life. I was not even thinking that I am a widow who needs to take care of her three kids.

23-year old female

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She felt the pregnancy was the end of her life, but after the advice, the encouragements, the information from the YES peer ladies, she decided to move on. This lady is now a very happy lady. She has hope.

18-year old female

## Lessons

✓ In a community where young people’s sexuality is a silent and taboo issue, young people desperately need information about sexual and reproductive health and related services. However, it is often difficult for them to engage with existing services and clinics. FHOK’s strategy of using peer education to reach out-of-school youth was extremely effective in this context. Young people were more comfortable speaking to other young people about issues related to sexuality, which significantly increased their access to accurate information. The peer educators also acted as an important link to the health facilities in the community, since they became recognized as trusted referral agents.

✓ Having youth-run activities is another important strategy for reaching young people with sexual and reproductive health information and services. Several young people were attracted to the outreach activities simply because they were run by other young people. Youth-led activities increased the demand for services among young people in Nyanza; young people were drawn to the activities and learning sessions because they were run by other young people. They were more willing to go for services via the YES project since they were offered in easily accessible places or because they received referrals from fellow young people.

✓ The YES project was focused primarily on comprehensive sexuality education and outreach services, but did not include a component of strengthening youth-friendly services in static clinics. Some of the peer educators, therefore, felt uncomfortable sharing information and education, knowing that young people might not be offered youth-friendly services at the static clinics. Strengthening youth-friendly services of the static clinics would be an effective strategy to complement peer education and outreach activities.

“She heard the activity was run by youths and was curious. The same story was made about HIV prevention, how to prevent pregnancy and how to go about leading a healthy life...one area touched her and she went to one of the youths, a lady, and asked for some assistance.  
20-year old female



## Kenya

### Country context

Population (millions), 2012*	43.0
Proportion of young people under the age of 15 (%), 2012*	42.0
Fertility rate (%), 2012*	4.4
HIV prevalence rate for people aged 15-49 (%)**	6.2
Unmet need for contraception for women aged 15-49 (%)*	25.6

### Context: Nyanza Province\*

HIV prevalence rate for people aged 15-49 (%)	13.9
Unmet need for contraception for women aged 15-49 (%)	31.7

\* Population Reference Bureau (2011) Kenya Population Data Sheet 2011. Washington, DC. <[http://www.prb.org/pdf12/2012-population-data-sheet\\_eng.pdf](http://www.prb.org/pdf12/2012-population-data-sheet_eng.pdf)>

\*\*UNAIDS: Kenya. <<http://www.unaids.org/en/regionscountries/countries/kenya/>>



This case study is one of a series of qualitative reviews called “IPPF Changing Lives” which capture the stories of IPPF’s beneficiaries and clients from around the world. A rapid PEER (participatory ethnographic evaluation and research) approach was used to train project beneficiaries to interview people in their social network. These voices provide us with powerful testimonies on lives changed (and, in some cases, lives saved) and illustrate how IPPF is making a difference. To learn more about this methodology, see <http://www.options.co.uk/peer>.



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