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APHIA II Operations Research Project in Kenya |

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Life-skills education leads to improved effect on adolescents' sexual behavior

Background

The Kenya Adolescent Reproductive Health Project (KARHP) was introduced as a pilot/research project in two districts in Western Province in 1999. KARHP was a three-pronged programme implemented in schools, communities and health facilities, to provide information and services to adolescents in order to improve their reproductive health outcomes. The project was found to be effective in achieving positive reproductive health outcomes for young people when it was evaluated in 2004. Over the following years, the project was replicated and scaled up by the government and partners, to cover seven provinces. This evaluation study sought to find out whether the activities started under the project and desired reproductive health outcomes had been sustained in the ten-year period since inception, and to identify challenges experienced in sustaining the model.

Methodology: A survey of knowledge, attitude and practices on reproductive health among 10-19 year olds was conducted in Sabatia and Nambale divisions, the sites of the pilot project. A school assessment was carried out in the seven provinces where KARHP was replicated, and a review taken of policy documents and work-plans of the three ministries involved (Education, Health and Gender and Social Services).

Key Findings:

Efforts have been made by the government to sustain ASRH activities: At the inception of KARHP in 1999, there was little support for ASRH and HIV/ AIDS in government policies, work plans and activities. The findings show this has changed, and the government has increasingly given priority to ASRH/HIV/ AIDS issues. Over the ten year period of KARHP's existence new policies and financial commitments have been made to support ASRH activities. For instance, the Kenya Adolescents Reproductive Health and Development policy and Plan of Action were developed during this period; the ministries also allocated funding to support the rollout of ASRH activities under them. However, the study found weaknesses in the monitoring and evaluation of the ASRH activities implemented by the three ministries.

ASRH activities introduced in schools under KARHP have continued: The school assessment found that life-skills education is widely offered in schools - 92% of schools said they taught life skills, supported by peer education, or had integrated it into extracurricular activities. Also, 96% of the schools had guidance and counseling departments with at least two teachers, and 56% had a life skills curriculum. Majority (70%) of the schools had life skills sessions on the school timetable and 93% offered at least one lesson per week. Most schools had health clubs and offered referrals for health services to local health facilities. Over 20 different types of curricula/educational manuals from different organizations were found to be in use in schools.

Life-skills education leads to improved knowledge and reproductive health behavior: The evaluation found that reproductive health knowledge and behavior improved among adolescents in the KARHP sites over the ten-year period:

- Knowledge about common RH issues, such as menstruation, dating, sexual intercourse and pregnancy, as well as contraception and sexually transmitted infections was high and had been sustained over time. It was higher among the older (15-19 year olds) than among the younger adolescents.
- A significant increase was found in the proportions of adolescents who have delayed sexual debut – only 7% of females and 26% of males had penetrative sex by 10 years, compared to 13% in an earlier survey (2004).
- A significant improvement was found in the proportion of adolescents who reported safer sexual practices at first sex - among the sexually-active adolescents, 53% of the girls and 34% of the boys said that they had practiced safe sex the first time they had sexual intercourse, compared to 25% (girls) and 19% (boys) in the 2004 survey. Most of the adolescents who reported having used any contraceptive method at first and last sex used condoms.
- However, it was found that most of the adolescents had poor knowledge of correct condom use.
- Among the sexually-active girls in the sample, 40% (n=60) had ever been pregnant, which is nearly the same proportion as in the 2004 survey.
- Among the sexually-active adolescents, 30% of girls and 35% of boys had experienced symptoms of sexually transmitted infections.

Conclusion:

Although the survey suggests that the efforts to sustain KARHP/ ASRH activities may be having desirable behavioral outcomes among adolescents, there is need to strengthen these activities to increase their effect. It is necessary to streamline coordination of ASRH activities by the different partners in order to consolidate efforts, strengthen funding, and provide for monitoring and evaluation.

Resources Available

1. Tuko Pamoja: Adolescent Reproductive Health and Life Skills Curriculum
2. Tuko Pamoja: A Guide for talking with young people about their reproductive health
3. Tuko Pamoja: A Guide for Peer Educators
4. Research reports
 - Evelia H., Wanjiru M., Obare F., Birungi H., (2010) *Ten years of Kenya Adolescent Reproductive Health Project: What has happened?* APHIA II OR Project in Kenya/ Population Council, Nairobi
 - Evelia et. al. 2008. *From pilot to program: Scaling up the Kenya Adolescent Reproductive Health Project.* Frontiers in Reproductive Health, Population Council.
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 - Askew Ian, Jane Chege, Carolyne Njue, and Samson Radeny. 2004. *A multisectoral approach to providing reproductive health information and services to young people in Western Kenya: The Kenya Adolescent Reproductive Health Project, FRONTIERS FINAL REPORT* Washington DC: Population Council

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