



Accelerating Knowledge, Attitudes and Confidence towards Sexual and Reproductive Health and Rights among Learners 10 – 19 years through newspaper pullouts in Kisumu County of Western Kenya

Final Report



For sexual and reproductive health and rights





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The ASK Programme is a 3-year programme funded by the Dutch Ministry of Foreign Affairs to enhance the uptake of SRH services among young people aged between 10-24 years. It was introduced in Senegal in 2013. In Senegal, the ASK Programme is led by l'Association sénégalaise pour le bien-être familial (ASBEF) and Amref Health Africa, with technical assistance from Centre Ginddi.

The programme intervenes in ASBEF and Amref sites: Dakar, Guediawaye, Thies, Kaolack, Louga, St Louis, and Thiadiaye. The programme places a strong emphasis on reaching under-served and hard-to-reach groups, as well as meaningful participation of young people in research and intervention development.

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ACKNOWLEDGEMENT

This report presents the findings of a study conducted to establish how the use of newspaper pullouts for accelerating knowledge, attitudes and confidence towards SRHR and HIV/AIDS amongst 10-19 year olds in Kisumu County of Western Kenya. The findings shed light on the availability, acceptability and factors that promoted or inhibited usage of newspaper pullouts among young learners. They also show attitudes and perceptions of learners about SRHR information and content made available through newspaper pullouts.

The authors are indebted for the contributions made by a number of people and organisations in the design and implementation of this study. Specifically, we would like to thank the SRHR Alliance partner – Centre for the Study of Adolescence, the young people and research assistants who devoted their time for data collection exercise, data entry and coding. We are grateful for the technical guidance and support provided by Rutgers and the SRHR alliance.

We are certain that these findings will inform current and future SRHR programing in Kenya seeking to address young people’s sexual and reproductive health needs.

LIST OF ACRONYMS

AACSE	Age Appropriate Comprehensive Sexuality Education
AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical Research Foundation
ASK	Access, Services and Knowledge
ASRHR	Adolescents Sexual and Reproductive Health Rights
CSA	Centre for the Study of Adolescence
CSE	Comprehensive Sexuality Education
DCTs	Data Collection Tools
FGC	Female Genital Mutilation
FGDs	Focus Group Discussions
FHOK	Family Health Options Kenya
GLUK	Great Lakes University of Kisumu
GoK	Government of Kenya
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IEC	Information Education Communication
KAIS	Kenya Aids Indicator Survey
KDHS	Kenya Demographic and Health Survey
KIIs	Key Informant Interviews
KIs	Key Informants
KMET	Kisumu Medical Education Trust
KNBS	Kenya National Bureau of Statistics
M&E	Monitoring & Evaluation
MWML	My World My Life
NAYA	Network of Adolescence and Youth of Africa
NGOs	Non-Governmental Organizations
OR	Operations Research
PE	Peer Educator
SDD	Standard Deviation Difference
SPSS	Statistical Programme for Social Sciences
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STIs	Sexual Transmitted Infections
TTalk	Teen talk newspaper pull outs
WAYAN	World Starts With Me Alumni Youth Advocacy Network
WSWM	World Starts with Me
YTalk	Young Talk newspaper pull outs

EXECUTIVE SUMMARY

Introduction

Adolescence is a critical developmental period when many young people begin to define and clarify their sexual values and, often, start to experiment with sexual behaviors. According to UNFPA, there are more young people in the world than ever before: an estimated 1.8 billion people are between ages 10 and 24 (UNFPA 2014). In Kenya, young people constitute a significant proportion of the population, where 43% of the population is younger than 15 years and about 9.2 million are adolescents aged 10-19, representing 24 percent of the population (Gok and KNBS 2010). The current ASRHR Policy aimed at enhancing the Sexual Reproductive Health status of adolescents in Kenya is pegged on the previous policy of 2003 and ICPD programme of action of 1994 (Ki-moon and UNFPA 2014), advocates for the increased access to ASRH information and age appropriate comprehensive sexuality education (AACSE) that aim to enhance ASRH outcomes (Ministry of Health 2015). Adolescent sexual and Reproductive Health and Rights (ASRH) indicators in Kenya are unstable and some are performing in negative direction, teenage pregnancy stands at 18 percent for the last one decade (KNBS and ICF Macro, 2014; KNBS & ICF Macro, 2010).

Adolescents and young people in Nyanza region specifically in Kisumu like the rest of Kenya, face numerous SRH related problems resulting from low access to information and utilization of services. They are adversely affected because the area is the epicentre for HIV in the country (National AIDS and STI Control Programme 2014). According to Kenya Aids Indicator Survey (KAIS) 2012, HIV prevalence was higher among women (16.1%) than among men (13.9%) in Nyanza region compared to nationwide prevalence of women (6.9%) and among men (4.4%). Teenage pregnancy and motherhood is also high where 15.4 percent of adolescent women age 15-19 have had a live birth in Kisumu County (KNBS and ICF Macro 2014). The County has unmet need for family planning that stands at 23.2 percent (12.6 for spacing and 10.6 for limiting) among currently married women in reproductive age with adolescents having worst hit (KNBS and ICF Macro 2014).

In order to avert these challenges, relevant interventions are urgently needed for the adolescents' ages 10-14 years and 15-19 years who constitute 13% and 10.8% of the total population, respectively or 23.8% (Gok and KNBS 2010; Ministry of Health 2015; National Council for Population and Development 2013). An immediate example is the use of mass media prongs, for example newspaper pullouts, to provide direct access of Sexual and Reproductive Health information to adolescents. To respond to this, the Centre for the Study of Adolescence (CSA) in collaboration with Sexual and Reproductive Health and Rights Alliance/Kenya through funding from Rutgers initiated the implementation of Access Service and Knowledge (ASK) Nyanza programme in Kisumu and Kisii Counties with an aim of improving the SRHR of young people (10-24 years) by increasing young people's uptake of SRH services including information. ASK project utilised innovative approaches such as newspaper pull outs and games to pass sexuality information to young people. The newspaper pull outs for students called young talk (Ytalk) and Teen talk for primary and secondary schools, respectively were developed and utilized materials for World Starts With Me and My World and My Life curricula. CSA conducted teacher trainings in two years 2014 and 2015 which empowered teachers and peer educators with capacity to guide discussions using the Newspaper Pullouts and SRH board games and debates on SRH issues. The number of teachers who were trained are 153 (75 male and 78 female) and 52 (35 male and 27 female) in 2014 and 2015, respectively. Peer educators assisted the teachers in the implementation process of newspaper pull outs, WSWM and MWML curriculum to other learners on weekly basis.

Pullout magazines were developed by Pupils/students in the editorial group comprising of ASK – CSA project officer as the convener, CSA research Team – member for operations research and Straight talk team from Nation Media Group (NMG). A total of 9,600 copies of newspaper pull outs were distributed amongst 80 schools in Kisumu and Kisii Counties. Trained teachers identified the most enthusiastic pupils to participate in Peer Educators’ (PEs) training. In collaboration with CSA, the trained teachers conducted PEs training. The number of trained PEs was 575 (285 male and 290 female) and 1,212 (486 male and 726 female) in 2014 and 2015, respectively. PEs guided discussions newspaper pull outs on weekly basis.

Research objectives

Main goal of newspaper pullouts was to contribute towards addressing the unmet need for SRHR information among adolescents through newspaper pullouts in selected primary and secondary schools in Kisumu County, Kenya. In phases 1 and 2, the main objective was to assess the attitudes and perceptions of learners about SRHR information and content made available through newspaper pullouts. Phase 3 concentrated on assessing the effects of newspaper pullouts on sexual and reproductive health knowledge, attitudes and confidence of young people in schools.

Study methodology

The study was organised in three phases. Phase 1 and 2 studies were focused on the perceptions and attitudes towards newspaper pullouts among learners, teachers and parents. They both collected and analysed qualitative data for reporting of the findings through a triangulation of research methods: observations, FGDs and KIIs. The results gave input in the development of the next newspaper pull outs. The third phase of OR study gathered the effect of the newspaper pull outs on SRHR capacity (knowledge, attitudes and confidence) among learners aged 10-19 years in selected schools using a structured questionnaire through a quasi – experimental research design. It also gathered qualitative data for triangulation.

Findings

The results indicate that learners developed positive perceptions and attitudes towards newspaper pullouts. Learners in secondary school (students) mentioned relationships, contraceptives and talking to parents about sex, while primary school pupils identified physiological changes, child rights and sex as important topics, interesting and very educative to them. There were gender differentials in topics that secondary school students found to be educative in the Teen Talk pullout. Many girls found the topic on contraceptives and avoidance of pregnancy as educative, while boys focused on relationships and sex. The students perceived newspaper pullouts as encouraging and educative.

There were mixed reactions with secondary students rating the Teen Talk pull outs highly because the content was relevant to their experiences and was comprehensible. Those who rated the pull outs low, cited the topics as difficulties in comprehension of the language/vocabulary utilised and gender insensitive content.

Pupils in primary schools equally found the topics on physiological changes of adolescents, contraceptives and relationships very exciting. They were eager to learn more about the process of menstruation, how adolescence affects boys & girls and sexual intercourse. Most respondents liked features in the pullouts, particularly the stories, quizzes, use of imagery and celebrity talk shows.

Results indicate that comprehension of the content, knowledge of the newspaper pull outs, interesting topics, favourable features and design of the pull outs were facilitating factors for uptake whereas, language barrier was setback for utilisation of the newspaper pull outs amongst the young learners.

Teachers and parents reported to have some problems that hinder them to discuss effectively with teens on matters relating to SRHR. Most teachers reported that they do not teach SRHR to students because the issues are not included in their curriculum, the subject is not examinable and that they rely on their own notes and experiences to guide students. Teachers reported that their trainings are ill-equipped to handle SRHR issues of adolescents. Teachers reported that parents ought to instill good morals, become friendly to their children and use culture and religion positively to instruct their children on SRHR issues rather than letting teachers shoulder the burden alone. However, some teachers showed willingness to support the learners to learn the content in pullouts such as sex related matters and also support implementation of the project in their schools. On the hand, parents also reported that they do not talk to their children because their children don't take them seriously because they prefer getting information from other sources. Although in phase 3, learners reported that it is easy for them to talk to their fellow classmates, parents and teachers about sexually issues since the introduction of newspapers.

Qualitative findings show that newspaper pull outs had increased capacity of learners in terms of knowledge, positive attitudes and confidence to address challenges that adolescents experience. Learners stated they had acquired a lot of information on SRHR which they planned to cascade to fellow peers and also apply to situations they face in lifes. Teen Talk pull outs enabled secondary school students to clear myths and misconceptions about sex, abstinence, menstruation and contraceptives. Further, results from quantitative indicate that intervention group of learners scored higher in knowledge items assessed on SRHR than control group of learners. Overall, the mean score for SRHR knowledge for the intervention group (69.2) had significant different ($p=0.056$) from the control group (62.5) at 90 % confidence level using only five variables. Results confirm that the intervention group scores significantly higher on knowledge compared to the intervention group.

Both quantitative and qualitative results indicate that young people expressed positive attitudes towards sexual and reproductive health and rights. Learners reported that newspaper pull outs have really assisted them to have positive attitudes towards using contraceptives such as condoms and pills. Overall, there was statistical significant evidence that intervention and control group of learners had different attitudes towards SRHR at 99 % confidence level.

Majority of leaners felt more able and confident to cascade SRHR information to their peers. Primary school learners felt confident to take positive action such as escaping or reporting to relevant authorities if forced into marriage at an early age. Learners reported they used to be shy, afraid and had fear of talking about sexual matters with their parents and other people but they have improved confidence about talking to their teachers, guardians and parents and hoped to get solutions on matters relating to SRHR. Quantitative results indicate that there was effect of the newspaper pullout on the confidence towards SRHR among young learners, 7 out of the 8 confidence questions assessed intervention group of learners scored significant higher than control ones.

Conclusions

The study concludes that well designed and well implemented innovative way of imparting SRHR information to learners such as newspaper pullouts improve knowledge, attitudes, communication and confidence towards their sexual and reproductive health and rights. Direct access to ASRH information for the youth provides conducive environment for proper intake of ASRHR information. Interesting and educative content of newspapers with simple language, attractive pictures and colour, exciting topics and features improve the acceptability, usage and discussions among the learners. Involving all the stakeholders in SRHR programming including religion leaders, parents, teachers enhance information and service delivery and uptake.

Recommendations

- i. There is need to scale up this innovative way (use of newspaper pull outs) of imparting SRH knowledge, attitudes and confidence to majority of learners in our schools (both primary and secondary schools) and communities.
- ii. When creating materials or any other interventions that encourage direct access to ASRH information to the youth, use simple language, attractive pictures and colour, exciting topics and features with interesting and educative content in order to improve the acceptability, usage and discussions amongst them.
- iii. There is need to increase levels of championing and sustaining meaningful youth participation in comprehensive sexual education programming that include information and services to improve behavioral changes amongst them.
- iv. Involve all the parents in implementing innovative ways of imparting SRHR information to learners so that they can also embrace the programme and acquire knowledge, improve attitudes and confidence towards SRHR matters.

1.0: Background

Globally, many young people have poor sexual and reproductive health indicators. Young people all over the world face high rates of unplanned pregnancy, staggering burdens of disease from sexually transmitted infections (STIs) and Human Immunodeficiency Virus (HIV), and sexual violence (UNICEF 2011; Greene et al. 2012; UNFPA 2014). More than 2 million 10 to 19-year-olds are living with HIV: about one in seven of all new HIV infections occur during adolescence (UNAIDS 2014; UNFPA 2014). Yet there is an evidence-based approach that can ameliorate many of these poor outcomes by providing young men and women with the information and skills they need to make safe and healthy decisions.

Adolescence is a critical developmental period when many young people begin to define and clarify their sexual values and, often, start to experiment with sexual behaviors. According to UNFPA, there are more young people in the world than ever before: an estimated 1.8 billion people are between ages 10 and 24 (UNFPA 2014). Globally, there are about 1.2 billion people between the ages of 10 and 19, making it the largest generation of youths ever. A sizeable proportion of this population lives in developing countries (International Women's Health Coalition 2011). Sub-Saharan Africa is home to over 372 million youths accounting for slightly over 30% of the population (Population Reference Bureau 2006) .

In Kenya, young people constitute a significant proportion of the population, where 43% of the population is younger than 15 years and about 9.2 million are adolescents aged 10-19, representing 24 percent of the population (Gok and KNBS 2010). The current Adolescent Sexual and Reproductive Health and Rights (ASRHR) Policy aimed at enhancing the Sexual Reproductive Health (SRH) status of adolescents in Kenya is pegged on the previous policy of 2003 and ICPD programme of action of 1994 (Ki-moon and UNFPA 2014), advocates for the increased access to ASRH information and age appropriate comprehensive sexuality education (AACSE) that aim to enhance ASRH outcomes (Ministry of Health 2015). Adolescent sexual and Reproductive Health and Rights (ASRH) indicators in Kenya are unstable and some are performing in negative direction, teenage pregnancy stands at 18 percent for the last one decade (KNBS and ICF Macro, 2014; KNBS & ICF Macro, 2010). Female Genital Cutting (FGC) declined from 15 percent in 2008 to 11 percent in 2014 among young girls aged 15-19 (KNBS and ICF Macro, 2014; KNBS & ICF Macro, 2010). Six percent of females were married by age 15 and 26 percent by age 18 in 2008 but the proportions have gone up to seven percent and 28 percent, respectively in 2014 (KNBS and ICF Macro 2014; KNBS and ICF Macro 2010).

It is reported that HIV testing rates for Kenya are lowest among adolescents between 15-19 years (49.8%), with only 23.5 percent reporting awareness of their status (McKinnon et al., 2013). Forty-nine percent of young women aged 15-19 and 60 percent of those aged 20-24 years while 58 percent of young men aged 15-19, and 71 percent of those aged 20- 24 had comprehensive knowledge of HIV (KNBS and ICF Macro 2014). Evidence shows that culture of condom use among youth is low, 53 percent of female adolescents and 34 percent of their male counterparts reported condom use during their sexual debut compared to 70 percent of females aged 20 – 49 years and 65 percent of males aged 20 – 54 years (NASCOP 2014). The proportion of adolescents reported to have had sex by the age 15 has dropped from 12 to 10 percent of girls and from 22 percent to 19 percent of boys (KNBS and ICF Macro 2014; KNBS and ICF Macro 2010). Among the married adolescent women, 40 percent were currently using any method of contraception and 37 percent were using any modern method (KNBS and ICF Macro 2014). Unmet need for family planning among currently married adolescents is dropping. About one in four adolescent married girls (23% in 2014 from 30% in 2008) had an unmet need for family planning (KNBS and ICF Macro 2010; KNBS and ICF Macro 2014).

While young adolescents aged 10-14 years are largely considered as an underserved group in SRH programming despite having a huge SRH problem, most SRH programming targets the middle and late adolescents. Early adolescent age group, 10-14 year olds are typically characterized by initiation of first romantic and sexual relationships as risk-taking is heightened associated with peer pressure. They face high rates of unplanned pregnancy and disease burdens including sexually transmitted infections (STIs) from sexual violence (UNICEF 2011; UNFPA 2014). They lack information and skills to navigate difficult transition to adulthood. However, evidence shows that providing young people with information and skills reverses many of these poor SRH outcomes by enabling them make informed choices (Government of Kenya 2013; Humphres Evelia et al. 2011; Ndwiga and Omwono 2014; UNICEF 2011; UNFPA 2014; Ki-moon and UNFPA 2014).

Studies have shown that unmet need for SRH information among adolescents sometimes contributes to their infection with sexually transmitted infections (STIs), including HIV, and unintended pregnancies with several adverse outcomes, such as miscarriages, unsafe abortion, obstructed labour and other complications (KNBS and ICF Macro 2010; Birungi et al. 2008; Reynolds et al. 2006). Adolescents and young people in Nyanza region specifically in Kisumu like the rest of Kenya, face numerous SRH related problems resulting from low access to information and utilization of services. They are adversely affected because the area is the epicentre for HIV in the country (National AIDS and STI Control Programme 2014). According to Kenya Aids Indicator Survey (KAIS) 2012, HIV prevalence was higher among women (16.1%) than among men (13.9%) in Nyanza region compared to nationwide prevalence of women (6.9%) and among men (4.4%). In particular, young women aged 20-24 years were over five times more likely to be infected (4.6%) than young men of the same age group (1.3%). 81 percent of children aged 10-14 years had heard of HIV. However, only 17.4% had correct knowledge about HIV prevention and treatment (National AIDS and STI Control Programme 2014). 99.6 percent of young people age 15 – 24 years had heard AIDS but only 63.7 percent of men and 54.2 percent of in the same category had a comprehensive knowledge about AIDS (KNBS and ICF Macro 2014).

According to the recent Demographic and Health Survey (DHS), Kisumu County had a total fertility rate of 3.6 per woman in the reproductive age. Additional, 5.3 percent of reproductive age women (15-49) were currently pregnant in this County (KNBS and ICF Macro 2014). This implies a high birth rate hence the need to invest in the provision of comprehensive reproductive health services. Teenage pregnancy and motherhood is also high where 15.4 percent of adolescent women age 15-19 have had a live birth in Kisumu County (KNBS and ICF Macro 2014). The County has unmet need for family planning that stands at 23.2 percent (12.6 for spacing and 10.6 for limiting) among currently married women in reproductive age with adolescents being hit worst (KNBS and ICF Macro 2014). These poor reproductive outcomes not only put financial strain on available health services but also cause premature deaths, low self-esteem and discontinuation of education among some adolescents (KNBS and ICF Macro 2014). In order to avert these challenges, relevant interventions are urgently needed for the adolescents' ages 10-14 years and 15-19 years who constitute 13% and 10.8% of the total population, respectively or 23.8% (Gok and KNBS 2010; Ministry of Health 2015; National Council for Population and Development 2013). An immediate example is the use of mass media prongs, for example newspaper pullouts, to provide direct access to SRH information among adolescents.

High-quality comprehensive sexuality education for young people is a proven approach to delaying sexual debut, decreasing one's number of sexual partners, increasing condom and contraceptive use, and reducing sexual risk-taking (SRHR Alliance 2013; Government of Kenya 2013). Importantly, sexuality education is also proven to do no harm — it does not encourage young people to engage in sexual

behavior earlier than they otherwise would have (Government of Kenya 2013; Ministry of Health 2015). However, in many countries sexuality education is not offered, poorly implemented, or has such incomplete content that its usefulness is limited. In recognition of this, Centre for the Study of Adolescence (CSA) with partnership of Sexual and Reproductive Health and Rights (SRHR) – Alliance/Kenya through funding from Rutgers - Netherlands initiated the implementation of Access Service and Knowledge (ASK) Nyanza programme in Kisumu and Kisii counties with an aim of improving the SRHR of young people (10-24 years) for 3 years with aim of increasing young people's uptake of SRH services including information.

1.1: Description of the ASK project

The ASK project utilised innovative approaches to pass sexuality information to young people. These platforms included the use of comprehensive Sexuality Education curricula called World Starts With Me (WSWM) and My World and My Life (MWML) and use of newspaper pullouts for students called young talk (Ytalk) and Teen talk for primary and secondary schools, respectively. Materials for WSWM and MWML were utilised, modified and developed young talk and teen talk newspaper pullouts, respectively. The project that targeted adolescents in the 10 to 19 years in primary and secondary schools had a component of newspaper pullouts. In Kisumu County 20 primary and 20 secondary schools implemented the ASK programme with newspaper pullouts. Similar number of schools implemented the programme in Kisii County.

The ASK programme anchored on Sexual and Reproductive Health and Rights Alliance Theory of Change. The theory of change of ASK explored on information; services and an enabling environment. The Theory of Change reflected on the way we envisioned to enhance social change. It reflected our assumptions and determined how we developed interventions. It consisted of three elements: demand, supply and support. Each of these elements has its own strategy and influences the other elements:

Demand; this element aimed at increasing access and quality of SRHR education / comprehensive sexuality education (CSE) among young people through the provision of in- and out-of-school SRHR education. This empowered young people to make healthy and well-informed decisions, and therefore likely increases the demand for SRH services (e.g. counselling, HIV/STI testing and contraceptives).

Supply; this aimed at increasing access to and quality of SRH Services being offered to youth under ASK programme. The programme strengthened the provision of quality public and private SRH services (accessible, acceptable and affordable for young people) to meet the increased demand. By strengthening the provision of services the supply of quality services increased.

Support; the programme created an enabling environment for SRHR, within and outside communities and through lobby and advocacy. The community sensitization, participation and mobilization activities were implemented to create an environment that accepted adolescent SRHR and increased community support for sexuality education and youth-friendly SRH services. The way in which these elements interlink with each other is presented in the figure 1, which is the visualization of our Theory of Change.

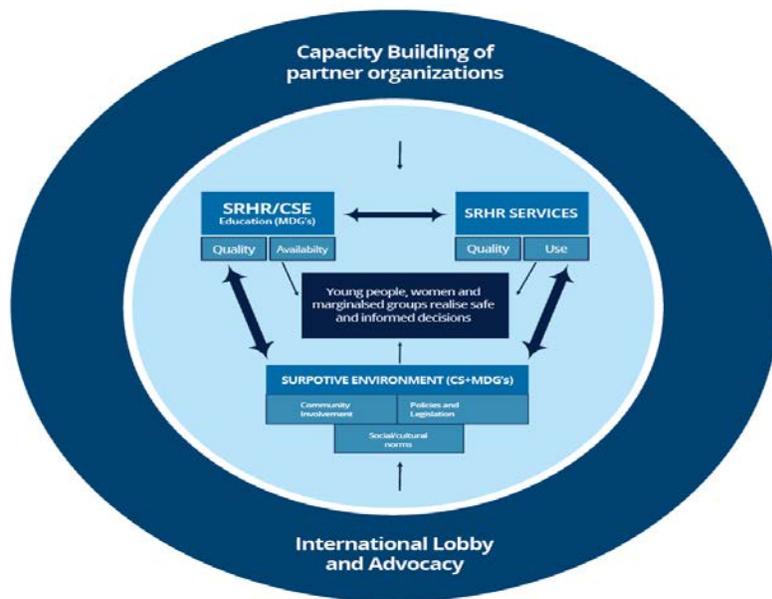


Figure 1.1: Diagrammatic representation of the theory of Change for ASK programme.

1.1.1: Partners in ASK project

The ASK programme in Kenya was implemented by 15 organizations under SRHR Alliance/Kenya but only CSA, Family Health Options Kenya (FHOK), World Starts With Me Alumni Youth Advocacy Network (WAYAN), Great Lakes University of Kisumu (GLUK), Kisumu Medical Education Trust (KMET) and Network of Adolescence and Youth of Africa (NAYA) worked in Kisumu County (Ndayala et al. 2016; SRHR Alliance 2013).

CSA carried out operational research in line with newspaper pullout intervention. It produced, distributed and evaluated the newspaper pullout intervention under ASK (Ndayala et al. 2016). In addition, the centre trained health care providers in some selected health centres to provide youth friendly services to the youth in Kisumu. FHOK played a leading role in delivery of quality SRHR services to adolescents and youth (12-24 years) through youth friendly centres where learners were referred to in case they had SRHR issues. WAYAN improved the SRHR situation of youth in Kisumu by carrying out ASRHR advocacy and raising awareness among youth and policy makers in Kisumu Members of County Assembly (MCAs). GLUK developed community based initiatives that aimed at providing youth with SRHR information and services. KMET implemented a pilot project to test use of telemedicine systems (a toll free line that can be accessed through call-in by young people for SRHR information and referrals for services) in Kisumu County (Humphreys Evelia et al. 2016). Operational research was conducted to understand the use of telemedicine for accessing SRHR and HIV information and services for 10-24 year olds in Kisumu County of Western Kenya. NAYA advocated for the implementation of policies and legislation on adolescent and youth sexual reproductive health through dissemination of information, championing and promoting their rights at both national and County (Kisumu and Kisii Counties).

1.1.2: Description of Newspaper Pullout Intervention and Results

In view of the above description of ASK programme including theory of change, the following section discusses the details of the programme including WSWM, MWML, training of teachers, development of

pull outs, how pull outs have been distributed, training of peer educators and achievement of the programme such as the number of schools & students reached.

WSWM is a comprehensive school – based sexuality, computer based, Life Skills and HIV/AIDS Education Programme. It has been implemented in Kenya since 2006 by CSA and the Ministry of Education with support from Rutgers – Netherlands. WSWM is a student-driven process and interactive, participatory teaching style that results in more individual young people seeking timely counseling and specific health care, WSWM implementation is combined with counseling at school and a referral system providing access to youth-friendly services at the health facilities. The curriculum is designed for in- and out of school youth in the age bracket of 12-19 years and their intermediaries: teachers and youth workers. WSWM combines IT skills building and creative expression with sexual health and rights education. This combination empowers young people not only to obtain required knowledge, but also to develop appropriate attitudes and learn healthy and responsible behaviour and life skills (communication skills, learn how to refuse and negotiate, using health services). In addition, young people learn to develop their creative and IT skills as preparation for the modern job market. Teachers and youth workers have to be youth-friendly, interested in supporting young people in decision-making and skilled in participatory teaching styles and using ICT tools. In addition, the use of IT in the curriculum facilitates innovative methods for assignments on gaining knowledge, developing appropriate attitudes and learning skills. WSWM under ASK programme was CSE curriculum implemented in secondary schools for students aged 14-19 years targeting all form one and two students. The students were taken through the lessons by their teachers and peers – WSWM trained teachers and peers. Each school had at least two teachers drawn from the guidance and counselling (G & C) department and those who had interest in the programme. Teachers consulted with school administration to find time (1 hour per lesson) per week. There were 15 lessons with the last one being meant for moving action. The implementation of WSWM took 14 weeks in a year.

MWML is a comprehensive Sexuality Education Curriculum implemented by the CSA under the ASK project. The curriculum covers a broad range of issues relating to physical, biological and social aspects of sexuality. It's concerned with more than just prevention of disease, unwanted pregnancies and sexual violence and adapted to the age and developmental stage of the target group. MWML is developed on evidence (Situation Analysis) and the needs and behaviours of the target group (Needs Assessment). The curriculum is based on human rights and wants to make pupils aware of their rights. Young people, teachers and parents were involved and played an important role in the acceptance of the content. Under ASK programme, MWML was CSE curriculum implemented in primary schools for pupils age 10 -14 years mostly drawn from class 6, 7 and 8. Learners were taken through the sessions based on their ages 10 – 14. Young learners were taken through the lessons by their teachers – MWML trained teachers. Each school had at least two teachers drawn from the guidance and counselling (G & C) department. Teachers consulted with school administration to find time (2 hours per lesson) for lessons each week. There were 14 lessons with the last one being meant for exhibition. Therefore, for MWML curriculum took 13 weeks in a year to be concluded.

CSA conducted teacher trainings in two years 2014 and 2015 which empowered teachers and peer educators with capacity to guide discussions using the Newspaper Pullouts (Teen Talk and Ytalk) and SRH board games and debates on SRH issues. Table 1.1 shows the results of newspaper pullouts intervention including the number of teachers trained. The number of teachers trained was 153 (75 male and 78 female) and 52 (35 male and 27 female) in 2014 and 2015, respectively.

Pullout magazines were developed by Pupils/students in the Editorial group comprising of ASK – CSA project officer as the convener, CSA research Team – member (for the OR) and Straight talk team from Nation Media Group (NMG) which took part in printing. Editorial group met twice per year and came up with lead stories for the magazines and other case stories considered relevant to support the lead story. The ‘other stories’ were drawn from the students themselves in a group discussion collected by project officer during support supervision visit. Each group received a newspaper pullout, read it and discussed SRH messages and made notes/comments and submitted them for improvement of the next edition. The comments were mandatory for submission and served as a monitoring/confirmation tool that the activity occurred in the schools. Lead stories were then derived from the curricula – MWML for the young talk and WSWM (a reference material) – for Teen talk. Development of the Young Talk and Teen Talk Magazines of the ASK programme was based on the contents of MWML and WSWM manuals (see figure 1.2) for primary and secondary schools respectively. Straight talk was then instructed to print and supply enough copies for all schools. Editions were produced twice a year in 2014 and 2015 adding to 4 productions that were made. The total newspaper pullouts produced were 12,500 (5,000 in 2014; 7,500 in 2014) of which a half were for Ytalk and the rest for Teentalk.

The timing and distribution of newspaper pullouts to various schools depended on the time of production and readiness of the schools to receive. A total of 9,600 copies (4,800 per year) of newspaper pull outs were distributed (YTalk – 2,400 per year and Teen Talk – 2,400 per year) to 40 primary schools and (20 similar number to secondary schools in Kisumu and Kisii Counties. Peer educators assisted the teachers in the implementation process of newspaper pull outs, WSWM and MWML curriculum to other learners on weekly basis.



Figure 1.2: An example of Teen Talk Newspaper Pullout with illustrations

Trained teachers identified the most enthusiastic pupils to participate in Peer Educators' (PEs) training. In collaboration with CSA, the trained teachers conducted PEs training. The number of trained PEs was 575 (285 male and 290 female) and 1,212 (486 male and 726 female) in 2014 and 2015, respectively. PEs guided discussions newspaper pull outs on weekly basis. Newspaper pull outs reached 10,527 (4,942 male and 5,585 female) and 11,088 (4,958 boys and 6,130 girls) pupils in 2014 and 2015, respectively in primary schools (Table 1.1). In secondary schools, the newspaper pull outs reached 11,921 (5,797 male 6,124 female) and 12,146 (5,780 and 6,366) students in 2014 and 2015, respectively.

Table 1.1: Output results for ASK project

		2014			2015		
		Male	Female	Total	Male	Female	Total
Number of schools reached				80			80
Number of Learners reached with MWML		104	176	280	1,858	3,602	5,460
Number of Learners reached with WSWM		347	398	745	1,504	2,048	3,552
Number of Learners reached with Newspaper pullouts (Ytalk)		4,942	5,585	10,527	4,958	6,130	11,088
Number of Learners reached with Newspaper pullouts (Teentalk)		5,797	6,124	11,921	5,780	6,366	12,146
Number of Newspapers pullouts produced	Ytalk			2,500			3,750
	Teen Talk			2,500			3,750
Number of Newspapers pullouts distributed to schools	Primary			2,400			2,400
	Secondary			2,400			2,400
Number of teachers trained		75	78	153	35	27	52
Number of peer educators trained		285	290	575	486	726	1,212

The role of teachers included; sensitisation of Head Teachers, Deputy Head Teachers and Teachers about the project and OR, selected students for the programme, allocated appropriate time for programme within the week during school hours for discussions, planned for WMWL teaching lessons, and liaised with CSA/Other ASK schools. Role of head teachers were to; support ASK programme and trained teachers, avail room and time for programme, Support students through awareness to the rest of school, sensitize the board of management and parent – teacher association (BOM/PTA) and other stakeholders and support peer teaching by students who have undergone programme. The role of Peer Educators included: delivering SRHR information to others, organising and moderating SRHR board games, hold discussions on newspaper pull outs and debates with other pupils and students as well as educating pupil to pupil for entire school and making referrals.

The following were support provided by CSA to the schools; capacitated teachers and Peer educators, Technical support during implementation, monitoring and evaluation, and production and distribution of learning materials; manuals, newspaper pull outs, IEC materials among others to the selected schools.

In this study, different phases assessed how newspaper pull outs were utilised as channels for communicating SRHR information directly to adolescents and how they were contributing to their knowledge, attitudes and confidence towards SRHR in selected primary and secondary schools in Kisumu County, within Nyanza region of Kenya. The project assumed that the newspapers were direct source of SRHR information among learners which stimulated discussions and improved their reading skills amongst themselves alongside SRHR outcomes (knowledge, attitudes and confidence).

This report is based on three assessments conducted after learners had accessed and utilised newspaper pull outs that were distributed in September 2014, March, 2015 and October, 2015. The goal was to better understand whether or not the intervention enabled students or pupils to access information to improve their SRHR knowledge, attitudes and confidence that could enable them avoid risky sexual behaviours that renders them susceptible to unintended pregnancies and sexually transmitted infections including HIV and AIDS.

1.2: Study Research Objectives

Main goal of newspaper pullouts was to contribute towards addressing the unmet need for sexual and reproductive health and rights (SRHR) information among adolescents through newspaper pull outs in selected primary and secondary schools in Kisumu County, Kenya. In phases 1 and 2, the main objective was to assess the attitudes and perceptions of learners about SRHR information and content made available through newspaper pull outs. Phase 3 concentrated on assessing the effects of newspaper pull outs on sexual and reproductive health knowledge, attitudes and confidence of young people in schools.

1.2.1: Specific Objectives for first two phases

1. To assess perceptions and attitudes of learners about newspaper pull outs in selected primary and secondary schools in Kisumu County.
2. To find out how young people were using the newspaper pull outs, who utilised which section and what kind of information were missing from the pull outs (Phase 1).
3. To establish whether exposure to newspaper pullouts increased participation of students in class/communication with parents about SRHR.
4. To establish factors that facilitated and inhibited utilization of newspaper pull outs by students in selected primary and secondary schools in Kisumu County.
5. To determine if the pull outs led to more dialogue and discussion among learners, and between learners, parents and teachers about SRHR in selected primary and secondary schools in Kisumu County.
6. To assess if the pull outs increased capacity (knowledge, positive attitudes and confidence) of learners to make safe and informed decisions regarding SRH in selected primary and secondary schools in Kisumu County.
7. To determine how the pull outs can be successfully linked to peer education.

1.2.2: Specific Objectives of the study in phase three

- 1 To determine the effect of newspaper pullouts on SRHR knowledge among learners in selected primary and secondary schools in Kisumu County
- 2 To assess effect of newspaper pullouts on attitudes towards SRHR among learners in selected primary and secondary schools in Kisumu County

- 3 To establish effect of newspaper pullouts on confidence towards SRHR among learners in selected primary and secondary schools in Kisumu County

1.3: Hypotheses of the Study

The study hypotheses were:

- Young people who had been exposed to the intervention had more SRHR knowledge compared to young people who had not been exposed to the intervention.
- Young people who had been exposed to the intervention have more positive SRHR attitudes compared to young people who had not been exposed to the intervention.
- Young people who had been exposed to the intervention had more SRHR confidence compared to young people who had not been exposed to the intervention.

Knowledge on SRHR includes issues like sex and reproduction, modern family planning, HIV & AIDS and Sexual Transmitted Infections (STIs). Attitudes towards SRHR encompasses feelings and beliefs for use of condoms, boy-girl relationships, right to have sex when young and unmarried, young people dating, young people's right to make informed choice to remain virgin until marriage, right for boys and girls to kiss hug and touch each other. Confidence towards SRHR entails young people being comfortable to buy a condom, insisting on condom use every time they have sex, resisting someone who wants to force them to have sex, using condoms every sexual intercourse with partners they do not know their HIV status, using condoms during every sexual intercourse to prevent pregnancy and resisting to be touched in a way they do not like. SRHR knowledge, attitudes and confidence among adolescents were assessed by comparing the intervention and control group of learners to gauge whether the ASK project specifically newspaper pullouts contributed significantly to their differences.

2.0: Methodology

This section gives methodological approaches of the three phases of operation research. The first was done in October/November 2014, second was in March/April, 2015 and final phase was executed in October/November, 2015.

2.1: Research design

Phase 1 and 2 studies focused on the perceptions and attitudes towards newspaper pullouts among learners, teachers and parents. They both used qualitative data that were collected using triangulation of research methods: observations, Focus Group Discussions (FGDs) and key informant interviews (KIIs). Results of these two phases have been used in the development of the next pull outs. Phase 3 studied the effect of the newspaper pull outs on SRHR capacity (knowledge, attitudes and confidence) among learners' ages 10-19 years in schools using a structured questionnaire. It also gathered qualitative data and triangulated with the quantitative one. A quasi – experimental research design was applied in phase 3: a comparison of intervention and control group of learners in terms of their knowledge, attitudes and confidence towards SRHR was done. In this context, the intervention school had a mix of the following intervention programmes: WSWM/MWML and newspaper pull outs whereas, the control school had no programmes on SRHR. Interventions aimed at increasing SRHR knowledge, attitudes and confidence among learners.

2.2: Geographical area of study

All the phases were carried out in Kisumu County. The County is one of the newly devolved counties of Kenya, bordering Siaya County to the West, Vihiga County to the North, Nandi County to the North East, Kericho County to the East, Nyamira County to the South and Homa Bay County to the South West. Its headquarters is Kisumu City. It has a population of 968,909 (Kenya Census, 2009). The land area of Kisumu County totals 2085.9 km².¹ The county has a shoreline on Lake Victoria, occupying northern, western and a part of the southern shores of the Winam Gulf. For administrative purposes, the county is divided into 7 sub-counties: Kisumu West, Kisumu Central, Kisumu East, Seme, Muhoroni, Nyando and Nyakach. The County has 675 primary and 172 secondary schools in total but out of these only 40 schools (20 primary and 20 secondary) implemented ASK programme. However, only 6 schools in Kisumu County were targeted for the OR study.

2.3: Target population

The study targeted all students/pupils from all schools (40) that implemented ASK programme and 3 comparison schools in Kisumu County with structured questionnaires during end line evaluation (Phase 3) of newspaper pullouts. On average, each school had estimated 300 number of students, resulting in a total of 12900 students targeted both in primary and secondary schools. In terms of age, male and female adolescents aged 10 – 19 years and their parents were targeted within the school set up.

2.4: Sampling procedures and sample size

2.4.1: Sampling procedures

Probability and non-probability sampling procedures were both used to arrive at sample size. Non-probability was utilised to select both intervention and control schools that participated in the study. The following criteria were used to select intervention schools:

- Level of school: Primary and secondary schools
- Has implemented ASK project (WSWM, MWML and newspaper pullouts)
- Geographical area (rural/urban)

In case the above criteria were not applicable to any school then that school was selected as a comparison one. 64 young learners were sampled in each school using probability sampling where the first learner interviewed was selected using simple random method (using a dice). Subsequent interviewees were identified through systematic random sampling by skipping certain number of learners depending on the size of the class and figure on the dice thrown. The research assistants then engaged them in responding to the questions relating to newspaper pullouts and the effects created on their SRHR knowledge, attitudes and confidence.

2.4.2: Sample Size

In phase 3, a sample of 384 learners was drawn from 6 schools (3 per group – intervention and control) in Kisumu County which were selected purposely to participate in the final OR study. In order to determine the sample size of young people participated in the study, Fisher's et.al, (1998) formulae was utilised to generate the sample size of 384 learners from over an estimated 10,000 young persons aged 10-19 years who accessed SRH information and services through Newspaper pullouts.

¹ National Atlas of Kenya, 3rd ed. Survey of Kenya, 1970

Fishers Formula:

$$n = \frac{z^2pd}{d^2}$$

Where:

n = the desired sample size (if the target population is greater than 10,000);

z = the standard normal deviation, (i.e. 1.96) which corresponds to the 95% confidence interval;

p = the proportion of the target population estimated to have a particular characteristic (p=estimated area of operation. 0.5 is a good value to use in a normal livelihood settlement);

q=1-P =0.5 and;

d=the degree of accuracy, which is 0.05.

Therefore, the expected number of the youth sampled will be as follows:

$$n = \frac{z^2pq}{d^2} = \frac{(1.96^2 * 0.5 * 0.5)}{0.05^2} = 384$$

The sampled population was divided into 1 two groups; intervention and control as shown in table 2.1.

Table 2.1: Sampled study population

	Sampled learners (n)		Responded (n)		Response rate (%)	
	Intervention	Control	Intervention	Control	Intervention	Control
Schools						
Primary	96	96	47	52	49	54
Secondary	96	96	83	74	86	77
Total	192	192	130	126	68	66

Table 2.1 provides the target against the achieved study sample size by the groups (phase 3). Although the response rate was two-third, primary school learners had very low response rate as compared to their counterparts in secondary school learners (Table 2.1). The low response rate among learners especially in primary schools was associated with low mastery of SRHR terms and language used, concentration on end year examinations and late timing of the survey since it was done during the last week of closing for the end year thus, students were very overwhelmed to respond. The data collected were valid and yielded consistent results although they can only be generalised in Kisumu County. Moreover, the 130 learners from intervention schools is equivalent to 0.6 % of the total learners reached with the pull outs in 2015 and 3 schools represents 7.5 % of schools exposed to the newspaper pull outs in Kisumu County. The control group of learners were identified through random sampling but the schools were purposively selected to avoid possible contamination of results. The schools that participated in phase 3 of the OR study were selected because of their numerous SRHR challenges facing learners and had a good representation of peri-urban, urban and rural settings.

In the qualitative data, in phase one each Focused Group Discussion (FGD) contained 8-10 respondents that were as homogenous as possible. A total number of 149 learners were interviewed after the oral informed consents were sought from all study participants (phase 1), two FGDs were conducted per study school giving a total of 12 FGDs (phase 2) comprising of 8-10 participants – a total of 101 learners (47

secondary and 54 primary learners) participated in the FGDs. In phase 3, a total of 26 parents and 60 learners participated in the FGDs (Table 2.2). In relation to the KIIs, teachers served as key informants (KIs) for this study in phase 1 and 2 to gain in-depth information on perceptions towards the pullouts. A total of 24 teachers; 12 (7 male and 5 female) in phase one and 12 (7 male and 5 female) in phase 2. There was no KI for teachers in phase 3 (Table 2.3).

Table 2.2: Number of Focused Group Discussions by schools and phases

Phases	Primary	Secondary	Total FGDs	Total participants
Phase One Learners	8	10	18	149 (81 secondary learners and 68 primary learners)
Phase Two Learners	6	6	12	101 (47 secondary learners and 54 primary learners)
Phase Three Learners Parents Total	2 1 3	4 2 6	9	26 parents; 60 learners (30 per school category)

Table 2.3: Number of Key Informant Interviews by schools and phases

Phases	Primary	Secondary	Total KIIs	Total participants
Phase One Teachers Head teachers	3 2	5 2	8 4	12 (7 male and 5 female)
Phase Two Teachers	6	6	12	12 (7 male and 5 female)

** Note there were no KIIs in Phase 3.

2.5: Training of research assistants and piloting

In phases 1 and 2, six young research assistants were recruited from the Kisumu County (aged 18-22 years) and trained on the Explore toolkit with technical assistance from Rutgers. The trained young researchers were fluent in English, Swahili and Dholuo languages. They were better able to observe dynamics among the target group which was more likely to discuss their views with peers compared to adult researchers. Adult researchers from CSA interviewed teachers using key informant interviews (KIIs), respectively. Unlike in phases 1 and 2, phase 3 recruited and trained fresh research assistants because the already trained were no longer available. A total of 6 enumerators, 2 supervisors, 3 moderators and 3 note takers were hired for field data collection.

In all phases, the research team participated in a three day training prior to the survey including piloting. In phases one and two, pilot of the data collection tools (DCTs), namely the FGD and KII guides and informed consent forms (ICFs) was done at a Primary School in Kisumu Town. The purpose of the pilot study was to test DCTs with a group which was homogeneous to the study respondents. The pilot study was conducted among twenty Class 6 and 7 pupils who participated in two FGDs. Each FGD lasted for 1

hour (phase 1 and 2). Several modifications were made to the DCTs after the pilot e.g., some questions which appeared repetitive were removed, while words that were unclear were rephrased as appropriate. The sessions during training included; the purpose of the survey, the role and responsibilities of the enumerators, moderators and note takers, interviewing techniques, research ethics, research tools, consenting respondents and importance of randomness and bias during sampling (Phase 3). The pilot study was conducted among ten students in Form 2 who participated in responding on structured questionnaires that were introduced during the final phase in Kisumu Girls secondary school. Fewer changes were made to the questionnaire after the pilot for example some questions which had complex English language were modified, those appeared repetitive were removed and some questions were added that were significant in phase 3 study.

2.6: Management of data quality during fieldwork

In phase 1 and 2, after the newspapers were distributed to the schools, the observations were done by the research assistants to examine the group dynamics, group leader/peer educator leading the group and reading skills before discussions were held. In both phases, a moderator asked questions while a note taker took notes and controlled the audio recorder. All sessions were audio recorded and transcribed within 24 hours after data collection. Quality assurance was conducted by the team leader through listening to audio tapes during data collection to further guide the research team on how to probe for details. Moderators were instructed on how to handle shy girls in FGDs to ensure that all respondents actively participated in discussions (Phase 1 and 2). To guarantee data and procedural quality, strict supervision, guidance and backstopping was done by the CSA team and supervisors. Reporting meetings was held daily to address any data gaps and quality concerns (Phase 3). The training of enumerators, data entry clerks, note takers and facilitators emphasized the importance of care and attention in interviewing and recording of responses (Phase 3). During fieldwork, a team of supervisors counter-checked some of the visited schools by the research assistants for data validity and reliability that were recorded (Phase 3).

2.7: Ethical considerations

In all phases, a research permit was sought from the Kenya National Council for Science and Technology. In addition, study underwent thorough independent ethical review by the African Medical Research Foundation (AMREF) Ethics, Research and Scientific Committee. The necessary application forms as well as data collection tools were completed and submitted for review and approval prior to commencement of field activities. Confidentiality, voluntary participation, informed consent and anonymity were considered as ethical issues during the study. Participants were assigned codes namely, 01, 02, 03, for reference instead of referring to them using own names for purposes of maintaining confidentiality. Field researchers were trained on ethical issues to ensure that ethical conduct in research was clearly understood and implemented. The respondents were not coerced to participate in the study and their names were not recorded. The youth respondents were given consent forms to sign to participate in the study.

2.8: Data Management and Processing

Phases 1 and 2, coding of qualitative data was done by NVIVO computer software. Transcriptions of audio recorded data were conducted using Microsoft Word Version 7. Further, the team leader went through 4 transcripts and compared them with the audio versions to check whether accuracy and consistency of data reported had been maintained. The team leader confirmed that high accuracy had been employed during the transcription process (Phase 1 and 2). In phase 3, the data from the field was cleaned to achieve yield accurate information that can easily be used for analysis and report writing. Quantitative data entry and processing were done using SPSS version 20. A team of data entry clerks was trained on

how to enter data and make simple analysis to assist in data cleaning using SPSS. Qualitative data was transcribed using Atlas ti. computer software and codes for each thematic area provided for data triangulation and report writing (Phase 3).

2.9: Data analysis and interpretation

Phase 3 data was analysed in SPSS. Variables were recoded to ensure that a higher score means a correct or more positive answer (0-1 for binary and 0-4 for Likert scale). For each of the three main concepts – knowledge, attitude and confidence, two index scores were calculated. One index score includes all variables of the specific concept. The other index score excluded certain variables based on reliability tests to ensure coherence. A minimum of 5 items were retained. A Cronbach's alpha of .7 or higher was considered sufficient. Depending on the number and nature of variables, index scores were summed up and recalculated to a score of 0-100 by multiplying to 100 and dividing with number of variables.

Bivariate analysis was done to ascertain the association and level of significance between the groups and each variable for knowledge, attitudes and confidence. In running chi square tests by the groups for Knowledge, Attitude, and Confidence variables, p values were used to show the level of significance. Null hypothesis was rejected if p-values were $p < 0.1$ at 90 % confidence level; $p < 0.05$ at 95 % confidence level; and $p < 0.01$ at 99 % confidence level (meaning there was statistically significant evidence or difference between the intervention and control learners in terms of SRHR knowledge, attitudes and confidence). T-test was run to provide the overall scores of knowledge, attitudes and confidence towards SRHR between the intervention and control group of learners; with mean, standard deviation and p values being recorded and interpreted. The difference was highlighted with specific colours i.e. 'neutral' no statistical difference 'red' statistical difference where the control group scored higher than the intervention group of learners; in knowledge, attitudes and confidence towards SRHR and 'green' where the intervention group scored higher than control group of learners.

To control the results for background characteristics, regression analysis was run for each of the index scores separately. A dummy variable to distinguish the intervention (score 1) and control group (score 0) is the main determinant of the knowledge, attitudes and confidence towards SRHR among young people. Age (on continuous scale, 10-19 years), sex (0=Boys and 1=Girls) and religion (catholic, protestant and others; with protestant as reference category) were control or background variables explaining variations on the scores of knowledge, attitudes and confidence towards SRHR among young people. The index scores (knowledge, attitudes and confidence towards SRHR among young people) were outcomes being measured.

3.0. Findings

The findings are organized into the following: socio-demographic characteristics of learners, knowledge of ASK programmes including newspaper pullouts, knowledge, attitudes and confidence towards SRHR among the youth in schools.

3.1: The Socio-demographic Characteristics of Learners

The socio-demographic characteristics of the learners who responded or interviewed in different phases are presented in table 3.1a.

In phase 1, majority (54.4%) of the respondents were aged between 15 – 19 years like in phase 3 where majority (62%) of respondents from both intervention and control groups were same age group (15-19 years). In terms of sex differentials, general all the phases of the study involved more male learners in comparison to female learners. Specifically, in phase 3 there was a higher proportion of female respondents (57.1 percent) than male respondents (42.9 percent) in the control group. Unlike the control group, there was higher proportion of male respondents (60.8 percent) compared to female respondents (39.2 percent) in the intervention group (phase 3). In phase 1 and 2, there were more boys than girls represented in the study.

In phases 1 and 2, religion of the respondents was not captured. In phase 3, Christianity was the most practiced religion among the respondents with nearly all respondents from both groups reported that they were Christians. More young people were Catholics followed by Protestant and other religion (including Muslims). In terms of education level, majority of respondents were secondary schools (phase 1 and 3), but in phase 2, majority of respondents were in primary (53.5%) schools (Table 3.1a).

Table 3.1a: Background characteristics of the Learners by phases

	Answer categories	Phase 1	Phase 2	Phase 3		
		Intervention (FGD) (149)	Intervention (FGD) (101)	Intervention (survey) (n=130)	Control (survey) (n=126)	Intervention (FGD) (n =60)
Age (years)	10 – 14	45.6	53.5	37.7	38	20
	15 – 19	54.4	46.5	62.3	61.9	40
Sex	Boys	51.7	54.5	60.8	42.9	40
	Girls	48.3	45.5	39.2	57.1	20
Religion	Catholic	-	-	48.5	49.2	-
	Protestant	-	-	44.6	46.0	-
	Others	-	-	6.9	4.8	-
Education level	primary	45.6	53.5	36.2	42.1	20
	secondary	54.4	46.5	63.8	57.9	40

In phase 3, the study used mixed method to generate findings. The learners who participated in FGDs were 60. Two thirds (40) of the FGDs participants were boys; 15-19 years old and in secondary schools at the time of study as shown in table 3.1a.

In phases 1 and 2, a total of 12 teachers were engaged as key informants unlike in phase 3 as shown in table 3.1b. General, teachers who participated in the study were experienced (aged 30 years and above). As indicated there was no variation within their attributes in both phases.

Table 3.1b: Number of the Key Informants (Teachers) participated in the study by phases and their attributes

Attributes	Categories	Phase 1	Phase 2
Age	30-40	5	6
	40-50	7	6
Sex	Male	5	7
	Female	7	5
Level	Primary schools	6	6
	Secondary schools	6	6
Total		12	12

3.2: Perceptions and Attitudes of Learners about Newspaper Pull outs in Selected Primary and Secondary Schools in Kisumu County

This section describes the perceptions and attitudes of learners towards newspaper pull outs. It describes the topics that learners perceived to be very interesting, informative and educative, what learners perceived as encouraging from Newspaper Pull outs and also encompasses how learners have rated newspaper pull outs.

3.2.1: Topics that Learners Perceived to be Interesting, Informative and Educative

Topics that secondary school students mostly mentioned as educative in ascending order were: relationships, contraceptives and talking to parents about sex, while primary school pupils identified physiological changes, child rights and sex as important topics and very educative. There were gender differentials in topics that secondary school students found to be educative in the Teen Talk pullout. Many girls found the topic on contraceptives and avoidance of pregnancy as educative, while boys focused on relationships and sex.

Primary school pupils found the topic on bodily changes and how to manage them in the YTalk educative. Three younger students in the same FGD concurred that the [YTalk] newspaper pullout had enabled them to understand their lives and bodily changes. According to a pupil, “It [newspaper pullout] was good, [because] health issues were well tackled.” (Female student, Class 4) Another student added, “It [pullout] helps us [adolescents] understand our health life.” (Female student, Class 4).

In Phase 2, almost a half of FGD participants [6 out of 12 FGDs, 12 references] found the newspaper pullouts to be very educative on various topics such as the nature of relationships adolescents should be involved in, types of contraceptives, their side effects, physiological changes in adolescents and sex related matters. Learners perceived pullouts as encouraging because the content was relevant to their reality. FGD participants identified with all issues portrayed in the pullouts. For these reasons, most secondary school learners rated the pullouts 9 out of 10. This is because they found the content relevant and the language was perceived as simple. When asked how she perceived the pullout, a participant observed, “It’s informative, educative, and simple.” (Female student, Form 1) Another participant in the same FGD reiterated “It [the newspaper pullout encourages and educates [adolescents]. Commenting on how she perceived the pullout, a younger participant in a different FGD stated; “I learnt that sex is not

right for my age” (Female student, Class 5) However, about a half of learners in lower primary school, specifically classes 4 & 5 in rural and peri-urban settings, rated the pullouts as low as 3/10 because of language barrier and gender imbalances in presentation of information. English is a secondary to these learners in class 4 and 5 because it has just been introduced to them after the introduction of mother tongue or local language. Also, they are in transition period of comprehension of language. Some use Sheng (mixed languages such as a combination of local, English and Swahili languages at the same time). In Phase Two, pupils found the topic on child rights in the YTalk educative (mentioned 8 times in the FGDs). Seven pupils agreed that the YTalk had enabled them to understand their child rights. The pupils were excited to know their rights, and some admitted they did not know they had rights, as one respondent said: ‘I read in the newspaper that my parents should respect me’ (Female pupil, Class 7). Another respondent said: I didn’t know of who a child is but at least now the newspaper informed me of who I am. It enabled me know my rights as a child.

Secondary school students found the topic on **Relationships** most educative as it was discussed in 8 out of the 12 FGDs. The information in newspaper pull outs taught adolescents the importance of pursuing education instead of relying on sugar mummies in exchange for money as shown in the excerpt below:

As for me, it [newspaper pullout] helps me gain new ideas... because you find for example, a boy has a sugar mummy, and does not know what to do: the challenge, what action to take. There was an advice there [in the pullout] that the boy should continue with his education instead. (Male student, Form 2)

Furthermore, the pull-outs taught secondary school students in relationships about the need for counselling and guidance from their teachers instead of being subjected to physical punishment as is the case in some schools (Phase 1). Commenting on what she had learnt, a participant said, *“When a boy and the girl in a mixed school are in a relationship and a teacher knows about it, he/she should not punish the couple but guide them instead.”* (Female student, Form 1) Another learner echoed a similar concern, *“I have learnt a lot especially on relationships since it’s the main problem in secondary schools”* (Female student, Form 1).

More female learners in secondary schools than males found the topics of **contraceptives** and avoiding **pregnancy in the TeenTalk** to be very educative [5 FGD references]. When asked what she found as educative, a participant stated, *“The issue about contraceptives. Now I know and understand more about contraceptives [Specifically, different types of contraceptives; their advantages and side effects. She will use condoms because they prevent pregnancy, STIs and HIV infections]”* Female student, Form 2). A participant in a secondary school learnt from the *Teen Talk* pullout that introduction of contraceptives in schools could lead to risky sexual behaviors among adolescents.

I learnt that contraceptives should not be introduced in schools because students will engage in sexual immorality knowing that they are protected. [The *Teen Talk* pullout encourages adolescents to abstain from sex. However, those who are already sexually active I can advise them to use contraceptives, especially condoms that prevent STIs & HIV infections as well as pregnancies.] (Female Student, Form 2)

In Phase 2, secondary school learners found the topic on **talking to your parents about sex** very educative (5 FGD references). The students expressed that they were glad they were given advice on how to approach their parents to discuss sex topics. When asked what he found educative, one respondent

stated, *'You know most of us, we really fear to approach our parents or guardians to talk or ask them how we can control ourselves, about sex and the script is clearly telling us how to approach them so that we can exchange advice about sex'* (Male student, Secondary school). (Another participant stated that they learnt how to prepare for the talk with parents, *'it has been clearly stated (in Teen Talk) that for one's discussion to be effective, first you should select the place whereby there is no noise which may cause interruptions'* (Male student, secondary school). One respondent noted that they got courage to be talking to their parents about sex after reading that topic:

'Us youths we usually fear to talk to our parents about something and yet they can educate us more. And they can know so much about what we do not know, so I got encouragement that in any problem I would have I'll always to talk to my parents about it.' (Female student, Form 2).

The topic on **'please advice'** was also found to be educative (Respondents in 2 FGDs, 6 references). One respondent stated that they liked the advice that was given: *'this place of advice where a girl is being told how to control the relationship or love with 2 guys. And this is where she's being told, don't rush to be in love with more than one guy'* (Female student, Secondary school). Another respondent stated that she learnt about possible negative sides of relationships: *'It helped me to know that when you're in love with two guys, it may not help you maybe in cooperation in class and that may lead to conflict between you among them and may lead to each of them fighting and injuring each other. And also it helped me know that a relationship you may have just waste a lot of time thinking about them and not being cooperative or concentrating'* (Female student, Secondary school). One respondent stated that they have learnt how they can control their relationships in terms of making informed decision like when, with whom and where to have sex: *"I'm satisfied with the part of relationships where I have seen you've added how people can control their relationships"* (Male student, Secondary school). Another responded was quoted in the following discussion; *"it is better to seek advice before doing something; you better talk first with the partner before you do what she/he doesn't want if she does not agree to sex, you aren't supposed to force her and forcing her is like raping"* (Female student, Secondary school).

In phase 3, Learners indicated they benefitted greatly on how to use contraceptives, deal with love and relationships, dangers of hurtful love, early pregnancies, drug addiction, physical body appearance as expressed by the secondary learners;

Yes the pull out as helped me a lot even in using the contraceptives and now I know how to use them well it has helped me a lot thank you a lot (FGD participants - Kisumu Day High School).

In primary schools, learners reported to have benefitted a lot through reading newspaper pullouts. They reported that pullouts helped to avert early pregnancies and deal with relationships as indicated by this young lady, *"pullout has helped me very much to know some of the ways you can prevent pregnancy and also to control teenagers who are undergoing through problems related to adolescence"* (FGD girl participant, Lake Primary). Young man says *"the pullout has really helped me on how to deal with relationships and also I have been encouraged that if you don't have a girlfriend you should not feel lonely you should take it easy and wait for future"* (FGD boy participant, Lake Primary). Most learners reported positive teachings from newspaper pullouts for example love doesn't have to hurt to extent of causing other social problems like pregnancies and infections as reported by this primary school learner, *"we have been taught so many things especially in the love doesn't have to hurt we are being taught that the real love dangers are hurtful and can cause early pregnancies, school drop outs and infections and if*

the relationships are so hurtful we are being advised that we should just end the love so as to avoid potential headache and even miscarriage and even other problems in love...” (FGD girl participant, Lake Primary).

Again in phase 3, among secondary learners reported that drug abuse and early sex as immoralities and learners indicated that the topic was very educative to their day to day life. Sexual immoralities associated with drug use like early initiation of sex before maturing enough or being forced to engage in sex or being involved in rape cases were reported by different learners. As this learner reported, “I have learnt that we should stay away from drugs and sexual immoralities and these other bad things like theft” (FGD male participant – St. Georges, Sianda Secondary School). Another student reported, “You know drugs lead to things like unprotected sex all those things originate from drugs and can lead to infection such as HIV”

3.2.2: Learners Perceived Newspaper Pull outs as Encouraging

In phase one, the students found the newspaper pull outs encouraging in two main ways. First, [Participants in 4 FGDs, 10 references] because characters in features shared similar experiences with adolescents. The information empowered adolescents by building their capacity through acquisition of knowledge on SRHR that is necessary to cope with challenges that affect them.

Information inside here [newspaper pullout] is **encouraging**. It encourages us teenagers on how to manage, or take control of ourselves. It gives adequate information, and builds confidentiality to disseminate information [about SRHR]. (Male Student, Form 2)

In Phase Two, respondents were encouraged by what they read in the newspaper (Respondents in 1 FGD, 7 references). One respondent who found the newspaper as encouraging said *‘for me, talking to our parents about sex. I’m so much **encouraged** because if someone has any problem to share we can share it with our parents’* (Female student, Secondary school). Another respondent stated they were encouraged to read the newspaper after reading the joke, *‘the part on jokes, I was really happy with it because when I was given the magazine, when I saw the part of jokes I went through it. I was **encouraged** to read the whole magazine’* (Female, Secondary school).

*Yes to me the newspaper is more encouraging, because **we have learnt a lot from it**, and what we have learnt I think we **[are going to do apply it]**’.* (Male Student, Form 2). Results demonstrate that the pullout had been accessed and read by many learners. When commenting on popularity of the pullout, a group leader said, *“It [the pullout] is very, very, popular. I can say almost everyone in the class came to ask me for the magazine so that they could have a look at it.”* (Male Student, Form 2).

I think you [referring to his teacher] were among the people who brought this newspaper. You introduced yourself, and told us more about the newspaper and you told us that it will be interesting time for reading and **definitely when started discussing the newspaper**, things that were **contained inside were absolutely very good**. (Male Student, Form 2).

In phase 3, learners reported positive encouraging messages on the newspaper pull outs since they have really helped them to communicate to their parents freely on matters relating to sexuality. *“It has helped me to understand to know even if someone has sexually abused me I should not keep it cool but talk to my parents or the teachers or my friends who can help me with these. I feel free because they are going to help me and take action. It has encouraged me to speak out even if am being abused when am saying the truth. I think teachers they have put knowledge to our minds and they have made me to realize many*

challenges in the world” (FGD Girl participant, Lake primary school). Before the newspaper pull outs, learners reported that they used to be shy, afraid and had developed phobia of talking about sexual matters with their parents and other people and now they talk freely with parents and others. *“Having read the newspaper my confident of talking about sexual related matters with my parents has gone high simply because from these have learnt how to approach my parents and also learnt how my parents can react to this matter when I approach them so it gives me a lot of confident to approach them and they also pass through it so they can understand me better thank you very much”* (FGD male participant, Kisumu Day High School).

3.2.3: Rating of Newspaper Pullouts

Newspaper pull outs were rated in 8 out of 12 FGDs. There were mixed reactions with secondary students rating the *Teen Talk* pull outs highly [average of 8 out of 10 points] because **the content was relevant to their experiences and was comprehensible**. A female secondary school student stated, *“It [the pullout] is informative, educative, and simple.”* Another participant in the same FGD concurred by observing that *“Opinions of the youth had been captured [addressed in the pullouts]”* The average score for the *YTalk* pullout was 4 out of 10 points. The frequently cited reasons for low ratings were **difficulties in comprehension of the language/vocabulary** utilised and **gender insensitive content**.

In Phase 2, respondents were asked to rate the newspapers again. The *Teen Talk* newspaper was rated highly, (average of 8 out of 10 points) because the topics were interesting and the magazine contained new topics. One respondent stated, *‘9/10. I liked (the part) that was about talking with your parents or guardian about sex. It is important to talk about any change you see unto a body to the parent or guardian that you’re next to. Maybe you’re not able to remain at school to tell the teachers who are close to you what is happening to you, so it’s better, so I think it’s important to talk to your parents about it. So maybe they’ll give you a piece of advice’* (Female student, secondary school). Another respondent stated that they gave the newspaper a high rating because they saw an improvement that was not in the previous magazine, *‘as for me it’s 9/10 because most of the advice which was not in the previous magazine has been written here. So that one is an improvement.* Respondents mentioned the omission of certain topics as a reason for the lower ratings:

‘My rating is 7/10 because I’d like this issue of cleanliness or hygiene in adolescents because I’ve seen that it hasn’t been included in the (Teen) Talk’ (Male student, Secondary school)

‘I can rate it to be 7/10 because if I can look here they haven’t discussed about drugs’ (Male student, (Secondary school).

In Phase 2, the average score for the *YTalk* was 9 out of 10, which was an improvement from Phase One where the average rating was 4/10. This may be attributed to the differences in class levels of the respondents, whereby in Phase One the respondents were in Class 4, 5 and 6 while in Phase Two, respondents were Class 6, 7 and 8. The *YTalk* was rated highly by some respondents because they **gained new information on child rights** as shown below:

‘10/10 because the writer include the rights a child should have’ Female pupil, Primary school).

‘10/10 because it tells of how the government should protect children, tells the child his/her rights and informs me more about how people abuse (our rights) (Female pupil, Primary school).

‘9/10, there is information which can help us on our daily life e.g. rights (Male pupil, Primary school).

‘10/10, it teaches us how to know basic needs e.g. right to eat and right of food (Male pupil, Primary school).

In phase 3, both young talk and teen talk pullouts were not rated. However, 8/10 respondents in Lake primary confirmed the content of the Phase 3 newspaper pullouts to be excellent and should remain.

3.3: Factors that Facilitated and Inhibited Utilization of Newspaper Pull outs by Students in Selected Primary and Secondary Schools in Kisumu County.

Research results indicate that several factors that facilitated the uptake of the intervention in schools and one factor that inhibited the intervention uptake. Comprehension of the content, knowledge of the newspaper pull outs, interesting topics, favourable features and design of the pull outs were facilitating factors for uptake whereas, language barrier was setback for utilisation of the newspaper pull outs.

3.3.1: Factors that Facilitated Uptake of the Intervention

3.3.1.1 Comprehension of the Content

Most secondary and some primary school learners comprehended the content of both the *TeenTalk* and *YTalk* pull outs, respectively, as stated in 7 out of 12 FGDs. Secondary school students were better able to comprehend the content of newspaper pull outs than their primary school counterparts. For example, all 8 form one FGD participants in a secondary school and urban setting were able to comprehend the content of the pull out due to its **simple language**. In addition, the **characters** in the pull outs were adolescents that learners could easily identify with. The students equally found the **content to be very relevant** to them. Commenting about the simple language, a participant stated, *“The content is easy to understand because it [pullout] uses simple English”* (Male Student, Form 1). Another learner found the content to be clear and comprehensible, *“It was easy to understand due to clear information.”* (Male Student, Form 1) A student in a different school observed, *“The language is very easy to understand”* (Male Student, Form 2).

Apart from the use of simple language, learners in secondary school found the **content of the Teen Talk to be relevant** to them. A participant in a different FGD observed, *“The [Teen Talk] pull out was easy to understand because of the simple language. The content is basically for the youth.”* (Male Student, Form 2). Another participant in the same FGD concurred, *“The magazine is easy to understand because it talks of real issues that happen to the youth.”* (Male Student, Form 2). However, some learners in primary school had not yet experienced bodily changes, hence, appreciated the **moral content** more than the SRHR aspects of pullouts. *“I liked talk [the content] on moral values but did not like talk [the content] about sex”* (Female Student, Class 4). When asked what she liked in the *YTalk* pullout, another student observed, *“Good news, [the pullout was] educative on God’s issues and moral values”* (Female Student, Class 4).

In Phase Two, secondary school learners found *Teen Talk* topics to be **good**. One respondent stated, *‘the magazine was all clear, the topics were good’* (Female student, Secondary school). Another respondent agreed, *‘all topics were good. I support them’* (Female student, Secondary school). One respondent was satisfied with the section on **adolescence and sexuality**: *‘I’ve been interested in the part of understanding adolescence. You see it has been a difficult for us to approach maybe a parent to inform us about sexuality. But as we go through, now we find the tips we can use to reach those matters’* (Male student, Secondary school). Another secondary school student said, *‘It [newspaper Teen Talk pullout] was simple*

to understand. I can say it was easy to understand because the language used was simple' (Female student, Secondary school).

In Phase Two, it is encouraging to note that the language barrier was not as prominently mentioned as in Phase One, especially among primary school learners. This can be attributed to deliberate use of more imagery and less words, as well as use of simple sentences during development of the Phase Two newspaper. However, suggestions to improve the pullout included use of Sheng: *I think also some sheng may be used' (Female student, Secondary school).* Other mentions of language, as shown below:

'Class Four and other lower classes don't understand English. There is need to publish (some copies) in Luo and some in Kiswahili' (Female pupil, Primary school).

'Kiswahili because many of us can find it easier to read in Kiswahili than English' (Male pupil, Primary school).

'One word is written in English on top, under it in Kiswahili' (Male student, Secondary school.)

In phase 3, students reported that the language used was simple to understand issues articulated in the newspapers as opposed to previous newspapers as revealed by another student in primary school "I think that all the topics here (**pull outs**) were interesting and we were able to understand there is no word that I found here that was difficult to understand or something like that and on top of all that we have been educated and know we know that we have important people in our life who take care of us and do everything for us" (FGD participant, Lake primary).

3.3.1.2: Knowledge of Newspaper Pull outs

In phase 3, the study assessed familiarity of newspaper pull outs and class attendance to WSWM and MWML lessons. The results show that knowledge of the newspaper pullouts was high in intervention schools (72.1%) among young people. Young people reported being familiar with newspaper pullouts was 72.1 percent among intervention in comparison to none in the control schools where young people did not have any information about the existence of newspaper pullouts (Table 3.2). Similar result was reported by the students in their focused group discussion.

"I think it is popular because everyone has read it and it is pinned even in the school notice board both at the office and in the compound I think everyone knows about it because everyone is talking about it" (FGD participant, Learner from Lake Primary).

In relation to SRH classes attended by young learners from comparison schools, majority (85%) had come for life skills classes. WSWM and MWML classes or lessons were only attended to by young learners from the intervention schools. 26.3 percent and 17.2 percent of young learners from intervention schools attended WSWM and My World My Life, respectively (Table 3.2).

Table 3.2: Knowledge of Newspaper pullouts and type of SRH class attended by young people in percent

Variable	Intervention (n= 130)	Control (n= 126)
Are you familiar with newspaper pull outs (teen talk and young talk)		
Yes	72.1	0.0
No	27.9	100
Have you ever attended any SRH classes?		
Yes	94.6	68.3
No	3.8	24.8
Not sure	1.5	6.4
If yes, Which classes have you attended?		
WSWM	26.3	0.0
My World My Life	17.2	0.0
Life Skills	51.5	85.0
Other	5.1	13.8
None	0.0	1.3

3.3.1.3: Interesting Topics

The **most enjoyed topic** was on **physiological changes that adolescents’ experience**. This topic was discussed in 7 out of 12 FGDs and mentioned 14 times by both secondary and primary school learners (Phase 2). The secondary school students were interested in the topic because it helped them understand the nature of changes that adolescents experience as shown in the following excerpts:

I was eager to learn more about broadening of hips and the enlargement of breasts. That is common in schools. Some girls... feel shy [about these physiological changes]. (Male student, Form 2)

The magazine had information on challenges that adolescents experience and how to manage them among girls and boys. (Male Student, Form 2)

Pupils in primary schools equally found the topic on **physiological changes of adolescents very exciting**. They were eager to learn more about the process of **menstruation**, how adolescence affects boys & girls and **sexual intercourse**. A pupil wanted to better understand the process of menses. She asked, “*What is menstruation because it’s part of body changing?*” (Female Student, Class 5) Another participant in the same FGD added, “We like the newspaper pullout because boys want to know more; it explains more about boys in adolescence.” A third participant echoed similar sentiments, “*Girls also want to know more on the changes that affect them during adolescence stage.*” Female Student, Class 5) Apart from learning about physiological changes, some pupils in primary schools were eager to learn more about sexual intercourse. “*We want to know more about body changes, menstruation, and the game [sexual intercourse]*”. (Female Student, Class 5) while “*Boys want to know more about wet dreams.*” (Female Student, Class 5)

The second most preferred topic focused on **contraceptives** while the third was on **relationships**. The topic on contraceptives created awareness among learners and corrected myths they hitherto been held concerning the use of contraceptives. When asked about topics they liked most, a respondent reiterated,

“The part about contraceptives it helped me because am now able to understand the different types of contraceptives like pills, condoms and how they are used.”(Female Student, Form 2) A participant in a different FGD stated that the topic had helped him to clear myths and misconceptions about the use of contraceptives. *“I have now cleared myths about contraceptives and replaced them with facts and knowledge about healthy relationships in school.”* (Male Student, Form 1) Another respondent in the same FGD added, *“It was interesting to learn that the use of contraceptives discourages school drop outs,”* (Male Student, Form 1). A male student summarized the dilemma of most adolescents in the following excerpts;

Knowledge on contraceptives was really enjoyable. Before the knowledge was passed [disseminated], I was really questioning myself and lacked **accurate information about contraceptives** since I was getting it from other people who emphasized limitations [disadvantages] of contraceptives. At the moment, most doubts I had about contraceptives have been cleared through the pullout. (Male Student, Form 2)

The third topic that participants found interesting was about relationships and was mentioned in 5 FGDs with 7 references. Relationship means ability to help each other when in need irrespective of the gender involved as shown in the excerpts below.

I understood most about relationships... When you have a relationship with another person, you can share your problems... easily. When you have a problem he can help you... or when he has a problem you can help... (Male Student, Form 2)When I could see a boy and a girl walking together, I thought they were having an affair. But now, I know that ... relationship doesn't matter whether people involved are a boy and a girl, or a boy and a boy. (Male Student, Form 2)

Younger learners were interested in the topic of **children's rights** which was discussed in 4 FGDs with 5 references. *“I liked and focused my attention on children's rights that someone is supposed to know.”* (Female Student, Class 5). Another participant in the same FGD observed, *“I was interested in learning about child labor laws.”*(Female Student, Class 5)

3.3.1.4: Favourable Features

Most respondents liked features in the pull outs, particularly the **stories** [discussed in 4 FGDs, with 6 references], **quizzes** [3 sources, 3 references] and **celebrity talk shows** as shown in the following excerpts: *“I like the story where a girl was forced to get married because our parents can't force us to marry now. We want to learn.”* Female Students, Class 5)

Quizzes were favourite features of learners as well:

Quizzes, the question of what you will do when you are HIV positive. I like the answer because there are some people who are HIV positive and what to die or kill themselves. What I liked about the answer is that positive people should perceive themselves like other people. (Female Student, Form 2)

Other learners found celebrity talk shows to be interesting;

About the actor, Jim Lyke, the question he was asked he answered and this gave her an encouragement. Maybe the friend is involved in drug abuse, how can you help her to abstain from drugs. (Female Student, Form 2)

However, in phase 3, learners discussed topics outlined in the newspaper pullout with their fellow friends and teachers then they suggested the following topics to be included in the pullout which were missing: HIV/AIDS, wet dreams, pregnancies, protection from child abuse and other sexually transmitted infections as well as games, puzzles among others. The quotes from focused group discussions of two learners below provide evidence how future content of pullouts should contain.

“The magazine is good and I will want them to introduce things like puzzles, games as to make other pupils eager and eager to read the magazine, fathers who sexual abuse their children because you realize nowadays that is the major case children mostly girls are being abused by their parents mainly fathers” (FGD participants, Lake Primary). “Why is it that the teen talk is only brought in September to December and yet people are normally suffering daily, we have challenges daily and about the magazine, it should be like a booklet and should have a logo to represent the students” (FGD participant, St. Georges School Siada).

3.3.1.5: Design of the Pull outs

Secondary school students were impressed with the design of the *Teen Talk* pull out due to its **attractive pictures**. Commenting on this aspect, a learner observed, “*I like the pull out because of pictures that are colorful for easy attraction, as well as use of simple English*” (Male Student, Form 2). This position was supported by a participant in the same FGD, “*I like the magazine because of simple English that can be understood by the youths and the use of pictures*” (Male Student, Form 2).

Teachers equally liked the pictures in pull outs because they could identify with the students therein. Other teachers had been involved in preparation of the pull out. When asked about her perceptions of the *Teen Talk* pull out, a teacher observed,

I like it [the newspaper pullout]. The students in the newspaper are from my school, I have been involved from the beginning.” (KII, Respondent 11)

In Phase Two, the use of imagery was also well received by the respondents. One respondent stated, ‘*I liked the images of kids in the newspaper*; (Male pupil, Primary school). However, a teacher expressed a different opinion and preferred the use of real images as opposed to cartoons:

I didn’t like the cartoons; you should use the images of students like in the previous newspaper (Male teacher, Primary school).

3.3.1.6: Use of peer educators for successful linkages of the pull outs and SRH information

Learners in primary school were also impressed with the use of their **peers as main characters** in the YTalk pullout because they could identify with their experiences. Commenting on this aspect, a participant observed, “*In this gazette (magazine) I see my brothers and sisters. Even me I (would) like to be seen in this magazine*” (Male Student, Class 5). A teacher concurred “*It [pullout] relates well to them because stories are about their peers as opposed to me.*” (Female, teacher, Secondary school) A secondary school student said,

I can say that we enjoyed reading and discussing about it [newspaper Teen Talk pullout] the people who were involved were **our age-mates**. We find it easy to interact with our age-mates other than with adults. (Male student, Form 2)

Under the *World Starts with Me* (WSWM) programmes in secondary schools, peer educators were chosen as the group leaders. The primary schools did not have trained peer educators thus teachers were instructed to select pupils exhibiting leadership skills as group leader. All peer educators in the secondary schools mentioned that they used the newspaper to provide advice to fellow students. A peer educator in a secondary school explained how he conducted his discussions as follows:

Based on the [content in the] magazine, we discussed [the link between] love, relationship and sex. For example, I come-up with that topic for discussion. I could start by involving 5 students in the discussions. However, I established that the procedure did not work because so many people were interested to join the group. At the end I could end up with 50 people in a discussion. So it is really [content of pullouts] benefited many people through group discussions (Male student, Form 2).

3.3.2: Factors that Hindered Uptake of the Intervention

Language barrier was reported as the main hindrance factor in uptake of the newspaper pull outs intervention i.e. reading and understanding of the content. Some factors hindered smooth uptake of the intervention, the most cited challenge was the language barrier, especially among day secondary school students and those in primary schools in rural areas where English is not used as a medium of communication. During the observation stage, it was noted that some words were difficult to understand. In one case, secondary students were using a dictionary to look up words they did not understand.

Whereas most students in secondary schools easily comprehended the content in pullouts, the case was different in primary schools where many [about a half of the students] did not comprehend the language used in pullouts. At one school in a rural setting, for example, 4 out of 8 students found the language used in the pullout to be difficult.

Many learners in primary schools were unable to comprehend SRHR terms. One participant observed, “[The YTalk pullout is] difficult to understand, for example, [terms like] wet dreams and boys having breasts. I don’t know why men have breasts.” (Male Student, Class 5) Some of the SRHR terms primary students found difficult to understand include menstruation, ejaculation, stigmatization and rumors. It was reported that some students took initiative and looked for the meaning of the words. When asked how they knew the meaning of the words, learners said, “I looked for a Class 6 book in the library” (Female Student, Class 5). Another student observed, “I asked a Class 7 (pupil) what the words meant” (Male Student, Class 4). In some cases, students did not read the pullout altogether because of language barrier.

It is important to note that due to the feedback received about the language barrier in Phase One, the Phase Two YTalk newspaper featured less words and had more imagery. As a result, there were few mentions of language difficulties compared to Phase 1. This is partly attributed to holding the Phase Two FGDs in the primary schools with upper level pupils (Class 6, 7 and 8) compared to Phase One where the FGDs were held among Class 4, 5 and 6 pupils. However, some respondents mentioned words that they found difficult to understand and should be explained: *Explain the meaning of the words rights and sexual* (Female pupil, Primary school).

There was tremendous improvement of the language used in pullouts from complex in phase 1 to lesser in phase 2 and to simple words in phase 3, where every learner could comprehend without any problem. Students indicated that phase 3 newspaper pullouts were easily comprehensible than previous ones as one primary school learner says “..... there is no word that I found here that was difficult to understand.....I

am happy because of the easy expressions on the unhealthy friendships.....” (Male pupil, Primary school). Therefore, language was not a barrier in uptake of newspaper pullout intervention in phase three. Results show that some learners were uncomfortable with some topics in the pullouts that they perceived to be a cause of embarrassment to them. An immediate example is the topic on good hygiene. When asked to state the topic she disliked, a student observed,

The topic where a girl says she has a foul smell in her vagina due to some weird fluid that is emitted there. Some boys laughed at girls and when we were reading that part and it was very irritating. (Female Student, Form 2)

3.4: Whether Or Not Pullouts Led to More Dialogue and Discussion among Learners and between Learners, Teachers and Parents about SRHR in Selected Primary and Secondary Schools in Kisumu County

During the observation phase, the adolescents were asked to ensure they read the newspaper in groups, as well as borrowing and reading it during their personal time, and were allowed to take them home. Respondents were asked whether they shared the pullouts with others. Most of them stated that they had discussed the content in the pullouts with their classmates, friends and also siblings.

3.4.1: Dialogue among Learners and Topics Involved

Results show that most learners discussed about SRHR issues in the pullouts with their peers. Three topics that were mostly discussed include: first, how to **gain confidence to discuss SRHR** with other people [this topic was discussed in 3 FGDs with 8 mentions]. For instance, by joining relevant clubs in order to interact with peers and also equip oneself with knowledge so as to gain confidence to discuss SRHR issues. Second, establishment of healthy relationships. Emphasis was put on the fact that healthy relationships do not necessarily involve sexual intercourse; and that there is a difference between love and infatuations. Third, use of contraceptives by adolescents in order to avoid unintended pregnancies. Myths and misconceptions such as contraceptives being the cause of infertility, were clarified.

In Phase One, the peer educators and group leaders led the group discussions, and this continued even in Phase Two. In Phase Two, almost all respondents mentioned reading the newspaper in groups (2 FGDs, 5 references), as well as discussing and debating its contents among themselves under the guidance of the peer educators/group leaders.

In primary schools, group discussions on the *YTalk* ranged from **child labour, to child rights and parents**. On child labour, one respondent remarked, *‘we discussed child labour in class. We discussed in a group’* (Male pupil, Primary school). Two other respondents mentioned discussing issues around child rights: *I asked a friend what she can do if she is forced to get married and she said she will stick to **her rights*** (Female pupil, Primary school). Another said, *‘we discussed the **child rights** in class with my friends’* (Male pupil, Primary school). The respondents also mentioned discussing issues involving parents. One respondent said, *‘we discussed how to **respect our parents*** (Female pupil, Primary school). Another respondent stated, *‘our group discussed how to handle when our **parents fight**’* (Male pupil, Primary school).

Just like in Phase One, group discussions in secondary schools on the *Teen Talk* was also done in Phase Two. It was encouraging to note that some respondents were still reading the first copy of the newspaper, as well as the second copy. On the previous copy distributed in Phase one, respondents mentioned what

they discussed in their groups. One respondent said, *‘in the previous teen talk, I shared with my fellow friends about contraceptives where we discussed the advantages and disadvantages of contraceptives’* (Male student, Secondary school). Another respondent stated, *‘as for me, we discussed in the previous teen talk. There was how one may think that anyone walking with a girl, you’re in love with her. When we were discussing about that, the friends were really enjoying and they were interested in the magazine’* (Male student, Secondary school). Other topics secondary students discussed in groups included **relationships and sex**, as shown below:

‘I discussed with my brother about relationship and sex. You know most of the time, my brother sees me with many friends who are girls. And he asks me, why do I have so many girls like that? (He tells me) I’ll die soon. I told him that having many friends is not all about sex’ (Male student, Secondary school).

‘I discussed it with my fellow students and they were so much interested in this topic whereby a lady had two boyfriends’ (Female student, Secondary school).

‘We discussed (the story with the two boyfriends) I think we should always be faithful and always focus on our education’ (Female student, Secondary school).

Like phases 1 and 2, phase 3 learners during and after reading newspaper pullouts held discussions and talked about the content of the newspaper pullouts. They discussed topics that they found very interesting and helpful to them such as HIV, drug abuse and wet dreams. As reported by two of the respondents:

“I would like them to talk more about how Hiv is treated, so I will encourage them to talk more about these one and what causes wet dreams” (Primary school, FGD male participant). *“I have discussed these with my fellow friends and they have suggested that some children should be protected from abuses that their parents do for them”* (Primary school, FGD female participant). Similar results were found in secondary schools where a student reported that they discuss and share newspapers together.

“Yes on my side I do find time to discuss these pull out magazine with my friend because you find that if you are with these magazines they will also borrow it to read” (Male student, Secondary school).

3.4.2: Dialogue between Learners and Teachers

Results showed **little interaction** and **dialogue** about SRHR between learners and their teachers [only three FGDs discussed this issue with three references]. Two learners stated they were free with their teachers but had not yet shared SRHR information with them. This is due to the possibility of the teacher sharing the conversation with her/his colleagues. *When asked whether they shared information in the pullout with their teachers, a student observed, “No she/he may share with other teacher’s about our conversation.”* (Male student, Class 4) Another student reiterated, *“No, she’ll suspect me of being sexually active.”* (Female Student, Class 4)

A participant observed that students only share positive issues with teachers but refrain from discussing topics that could attract punishment. Students even feared being punished if seen in the company of the opposite sex. When students were asked whether they discussed SRHR issues in the pullout with their teachers, a student observed, *“It’s only possible to talk (to teachers) if it’s a positive issue.”* (Male Student, Form 2). A participant concurred,

Some teachers misunderstand us as students. A teacher will find you with a student of the opposite sex, they will always think the contrary” (Male student, Form 2)

Despite such reluctance on the part of learners, some **teachers were willing** to support the latter to learn the content in pullouts such as **sex related** matters and also support implementation of the project in their schools. Unfortunately, teachers stated that students were reluctant to discuss such issues with them. When asked whether she had seen the Teen Talk pullout and her level of involvement, a teacher responded, “*I saw it [the pullout] and think it’s very good. I also helped the students organize groups to read the newspaper.*” (KII, Respondent 4)

When asked whether culture allows them to discuss sex related matters with students, teachers observed there were no obstacles that hinder their interaction with students.

“I doubt it as there is lack of support from teachers due to cultural hesitance to [freely discuss] sex [related matters]. (Female, Teacher, KII 7) However, teachers lamented that students were reluctant to discuss sex related matters with them since they perceive the subject to be a taboo. Teachers hoped that the information in the Teen Talk pullout would enable students to be free to discuss SRHR issues with them unlike in the past. When expressing her optimism about possibility of the content in the pullout to reverse the current negative trend, a teacher reiterated, “*I hope the newspaper helps them [students] realize that it’s not a taboo to talk about sex topics [with teachers and peers]. (Female, Teacher, Secondary School, KII 9).*

Although results revealed that the pullout intervention had not improved interactions between teachers and students, more effort should be made to create a trustworthy relationship for improved communication to attain better SRHR outcomes among adolescents.

Results from Phase Two showed that little had changed compared to Phase One as most respondents mentioned they were still not comfortable talking to their teachers on sexuality matters. Just like in Phase One, resistance to talking to teachers centered mainly on issues of **confidentiality** and **negative reactions** (5 FGDs, 10 references). On confidentiality, one respondent had this to say: ‘*Some teachers may share the story with other teachers (Female pupil, Secondary school).* Two respondents from primary schools mentioned **being chased away by the teachers**. One respondent stated, ‘*We fear them because some of them can easily chase us away*’ (Female pupil, Primary school). The other respondent stated: ‘*some teachers may not take us serious but as jokers and chase us away*’ (Female respondent, Primary school). Issues of **punishment** were raised twice, and one respondent stated, ‘*no, because they will punish me (Male pupil, Primary school).* The MWML curriculum has not yet been implemented in most primary schools, thus pupils don’t know the trained MWML teachers and if they did, maybe the response could have been different.

Among secondary school students, most of the responses were similar to Phase One where most respondents said they would not talk to teachers on sexuality matters due to **confidentiality** and **fear of not being taken seriously**. One respondent stated, ‘*some teachers say you don’t ask about (relationships) because what you are asking is not part of the syllabus. Other teachers will go about telling other people what you’ve discussed with him or her (Female respondent, Secondary school).* However, respondents in Phase Two were asked whether they felt free with the WSWM teachers. One respondent stated, ‘*for the principal who is WSWM teacher, you can be free, other teachers no*’.

In Phase Two, head teachers mentioned that the schools’ Code of Conducts require teachers to **report to the management** any cases of indiscipline, violence and bullying, as shown below:

'Due to my role (as the head teacher), I do handle issues such as teenage pregnancies, drop-outs, support orphans etc.' (Male Head teacher, Primary school).

'All cases of pregnancy, harassment and violence must come to me and I handle the issue between students and parents' (Female Head teacher, Primary school).

'I handle disciplinary cases including pregnancy, bullying and violence. They must be reported to me. However, I don't teach any SRHR' (Female deputy Head teacher, Primary school).

This therefore presents a delicate situation where teachers have to balance between protecting their learners' confidentiality and obeying the school rules and regulations. In addition, learners are also aware that such issues should be reported and may explain why they feel teachers will share with others.

3.4.3: Required Skills for Teachers to Communicate SRHR Information to Adolescents

When asked whether or not they teach SRHR to students, most teachers said that they do not do so since the issues are not included in their curriculum. According to one teacher, ***"I can't say I teach SRHR, but whenever students come to me, I discuss with them as best as I can. In order to become a Guiding & Counseling teacher, I attended a 2 day workshop organized by the school."*** (KII, 1) Another teacher concurred that their training ill-equipped them to handle SRHR issues of adolescents:

"As the head-teacher, I am involved in cases such as pregnancies [in my school]. However, I don't teach about sexuality and pregnancy. I have not been trained on SRHR. However, I have attended meetings held by the Centre for the Study of Adolescence." (KII, 4)

The WSWM curriculum is expected to be taught during the Life Skills lesson in Form 1, 2 and 3, which is in the time table. The MWML curriculum is currently in pilot phase, hence rural primary schools are implementing the Life Skills curriculum. All respondents in secondary schools mentioned doing the WSWM curriculum but respondents from the rural primary schools are not doing the MWML curriculum. Although students are expected to be taught **life skills**, teachers **hardly do so** because the subject is not **examinable**. The few teachers who teach SRHR matters rely on their own notes and experiences to guide students. Alternatively, students suggest topics for discussion as shown in the following excerpts.

"We have the Life skills lesson but sometimes we don't teach and we use that time to teach other classes. Life skills lessons are not examinable. Also, I am the Club Teacher, I was appointed by the head teacher to go to the sensitization meeting for My World My Life." (MWML) (KII7)

"We use our own notes; we also have charts which show the reproductive health system. Sometimes, the students write down their problems and we discuss it in class. We don't have the curriculum." (KII, 2)

To avert the challenge, need arises to build the capacity of teachers through a formal curriculum that could be disseminated through workshops. A teacher observed, ***"We need seminars so as to obtain content on SRHR to teach students. There is also need for experts to talk to parents and religious leaders."*** (KII, 5)

3.4.4: Dialogue between Learners and Parents

During the observation, all teachers were instructed to let the students borrow the newspaper pull outs and take them home for personal reading. This was also done to enable the adolescents to have an opportunity

to share the newspaper with people around them, parents being included. In phase 3 during the FGDs sessions, adolescents were asked whether they had shared the pull outs with their parents. Majority of the respondents had not done so because their parents **are too cruel, judgmental, too busy with work or reluctant to discuss matters related to sexuality** with their children. Some learners in primary schools found **the content in their pullout too embarrassing** to share with parents.

However, few students reported they had shared some topics with their mothers. In many cases, the response was negative. When narrating how her mother responded to the pullout, a respondent observed, *“I took it home and my mother asked me [to wait till] I attain the right age to read such information.”* (Female student, Class 5).

Results from Phase two showed that little had changed compared to Phase One as most respondents mentioned they were still not comfortable talking to their parents on sexuality matters. Just like in Phase One, resistance to talking to parents centered mainly on issues of **fear and violence**. Just like in Phase 1, respondents mentioned preference on their mothers over their fathers, as shown below:

I think you cannot be free to talk to the parent because you’ll be beaten or chased out of the house, especially fathers as they are **harsh**.

For me, I live with my father and I think my father is very **harsh** and if I talk to him something like that, he can even **cut me**.

I’m only free with my mum and not my dad. He’s very **harsh**.

During phase 2, parents reported that still learners had phobia and they do not like talking to them. Here are examples of parents’ echo;

*‘They don’t talk to us because they **fear**. They fear because we will ask, how did you know this? They can’t ask questions (about sex) because they already know we had already **warned** them.’*

*‘It’s good to children to fear their parents because they already know what we have told them. A good child must **fear**, you must explain till they understand.’*

*‘My son **fears** me. If he makes a mistake, he cannot tell me about it because he knows I had already **warned** him. Even if he reads the newspaper, he can’t talk to me. I tell both boys and girls to avoid socializing and concentrate in school.’*

In phase 2, three FGDs were held with parents from two primary schools and one secondary school. It was revealed that most parents **do not talk** to their children as they consider them ‘too young’ due to **age**, as shown below:

‘No, he is still too young. He is 10 years old’

‘(Talking about sex) is not okay with me because it is early. I can only do it when he is a grown up, maybe 18 years’

‘It is too early (to talk about sex) for my child’

This particular finding was echoed by some respondents, who admitted that their parents view them as children who ‘know too much’, as one respondent stated, *‘my dad doesn’t talk about (sex). I think if I talked to them they’d say that (my child **knows too much**). He is scared of that.* Another respondent stated, *‘my father believes that I am a **child and I don’t have any knowledge about sex**, and if I start asking. I think he can be very mad’.*

In addition, parents who do talk to their children send **scary, negative** and stereotypical messages about sex and relationships such as **diseases and pregnancy** (3 FGDs, 12 references) as indicated below:

I have a 16 year old daughter in Form 1. I tell her that in life if she is not careful, she will get **pregnant** or a **disease**.

My daughter is 18 years old. I told her that men when they see girls, they want to have sex with her so it's up to her to control herself to avoid **diseases**. I tell her to go to school to learn and **avoid boys** because they might distract her plus **diseases and pregnancy**. Even if you don't get pregnant, you can get **diseases**.

I tell my daughter to avoid pre-marital sex and concentrate in school.

I don't talk to (my daughter about sex), her mother talks to her. I talk to the mother, and then the mother goes and explains to her about the troubles of the world, e.g. **diseases** and **early pregnancy** out of wedlock.

Parents also reported that they do not talk to their children because their children don't take them seriously due as they prefer getting information from other sources (3 FGD, 3 references). One parent stated, *'but children these days, they know. When they see a pregnant woman, they know everything that even you can't tell them anything they don't know. They know anything.* Another parent supported this view: *You know, these young people have access to phones, especially touch screen phones and they know how to operate them. They look for information on these phones. The parent doesn't know but the child already knows from another source. That also brings a problem.* Another parent said, 'I had to talk to (my child) earlier but there was no change, she dropped out of school and started a business of selling firewood.

Some children are so much scared of us, and some (children) can't change no matter what you do.

*Yes (I talk to my children), but **no change** is seen due to peer pressure*

Parents don't see they have role in talking about sex to their children as indicated below:

*It is in the curriculum so we **don't need to** discuss it (Female parent, Primary school)*

*We will support you to provide the newspaper; they **may not take us parents seriously** other than you people. Also, we have **little time** with them. Male Parent, Primary school).*

When asked what should be done, parents and students gave their responses:

For those who don't want to show up for such forums, you could as well send them the newspapers. (Male student, primary school)

Call the parents to school and talk to them (Female student, Primary school)

To me I think my father can't be convinced because he lives by his own opinions (Female student, Secondary school).

In phase 3, learners reported that it is easy for them to talk to their fellow classmates, parents and teachers about sexually issues since the introduction of newspapers. Some of the important points given by learners in their discussions were:

"Newspaper pullout has helped me to understand to know even if someone has sexually abuses me I should not take it back but talk with my parents or the teachers or my friends who can help me with these....." (FGD Female participant, St. Georges Sianda School).

In relation to the perceptions of parents on teaching SRHR issues to young adolescents in primary schools, some parents in phase 3 reported to have positive perceptions and supported SRHR teachings in primary schools. Most parents who participated in the FGDs reported that CSE improves young people

with knowledge and confidence on how to survive in the society. Parents reported to advocate for CSE since it reduces their children's ignorance and empower them with the knowledge about SRHR and make their own decisions about sexuality which beneficial.

“Children are ignorant about what is going on with their bodies then it is a big problem across the divide of religion, so without education then there is ignorance and this is very disastrous” (FGD participant, parent St. Georges School Sianda).

Some parents advocated for sex education in schools reported that sex education has improved communication and reduced ignorance among learners.

“I think if the children are ignorant about what is going on within their bodies then is a big problem so across the divide of religion the most important thing is communication that the children are aware of what is going on around them and their friends so without sex education, there is place for ignorance and definitely people will take somebody who does not know this and that it can be very disastrous” (FGD participants, parent Lake primary school). “I will always advocate for that sexual education because nowadays parents are so busy and we almost have no time with our children so when organizations come up to teach and help we should really support them” (FGD parent participant, Lake primary school). “I believe that in the age of 18 these teenagers become sexually active and even early than 18 so I don't really think is above their ages it is very okay with me” (FGD parent participant, Kisumu Day High school).

Negative attitudes and perceptions towards sex education to the young learners still exist amongst some parents. As one of the parents reported in the discussion still some parents had issues with sex education in schools.

“The society has some customs that should be abide by all of us and teach our young children how to follow and abide by, I won't agree to these because customs have some explanation to what happens when a kid is in the stage that we call adolescent that is when a parent like the mum they call the child” (FGD parent participant, Lake primary school).

3.4.5: Required Skills for Parents to Communicate SRHR Information to Adolescents

Teachers were asked what skills parents and adults need to possess in order to communicate to adolescents about SRHR: There was consensus that parents need to play a greater role in shaping lives of their children than is the case today. To this end, parents should reverse some of their negative aspects that hinder dialogue with adolescents. First, they should **instill good morals in their children**, second, **become friendly to their children** and third, **use culture and religion** positively by instructing their children on SRHR issues rather than letting teachers shoulder the burden alone. According to a teacher,

Basics [about SRHR] must begin at home. Some [students] come from bad home environments where they are exposed to sexual activity but not sexual information. Some parents encourage teens to 'have fun' by sex. There are also cultural issues. Some parents think it's the teachers' responsibility to teach sex. Some parents are tied to cultural beliefs and religion and are too harsh (KII, 9).

Parents are supposed to become realistic and **equip themselves with knowledge** for guiding their teenagers instead of burying their heads in the sand. When asked which skills parents need in order to disseminate SRHR information to adolescents, one teacher said, “*Parents need to be **open-minded and accept** that teenagers have hormones and are at a reproductive age.*” (Female, Teacher, Primary school).

Another teacher added, “*Some parents are illiterate, very young and dropped out of school due to pregnancy. I think they **don’t know how** to talk to their children about sex.*” (Male, Teacher, Primary school) For this reason, parents need empowerment on SRHR information too.

3.5: Role of Pull outs in Increasing Capacity (Knowledge, Positive Attitudes and Confidence) of Learners to make Safe and Informed Decisions Regarding SRH in Selected Primary and Secondary Schools in Kisumu County.

Results show that newspaper pullouts had increased capacity of learners in terms of **knowledge, positive attitudes and confidence** to address challenges that adolescents experience as evidenced from discussions in 6 out of 12 FGDs with 6 references as well as quantitative results. Learners stated they had acquired a lot of information on SRHR which they planned to cascade to fellow peers and also apply to situations they face in lifes.

3.5.1: Pullouts Increased Knowledge of Learners to make Informed Decisions of SRH Matters

The Teen Talk pullout enabled secondary school students to **clear myths and misconceptions about** sex and contraceptives in all the phases. When asked to state some myths that had been cleared, a participant observed, “*If you **sleep with a man during menstruation** you don’t get pregnant.*” (Female Student, Form 2) Another student reiterated, “*If you are above 13 years and not experiencing **wet dreams you have a problem.***” (Male student, Form 1).

Other respondents mentioned: *Here the myths we are told that if a boy doesn’t have sex he will have mental breakdown. That is not true* (Male student, Secondary school). *I didn’t know that a child should contribute in talks like even family discussion* (Male student, Primary school). *The myth that does not concern me a lot is that, it is a must a boy to have sex. A big lie. It’s not a must that when you’re in a relationship you must have sex* (Male student, Secondary school)

The pullout provided an opportunity for learners to better understand the nature of **physiological changes** that were occurring in their bodies. These ranged from the growth of pubic hair, broadening of hips, development of breasts, deepening of voices and attraction towards the opposite sex, among others. The pullouts equally enabled students to know their reproductive health rights to marriage. Adolescents learned that **no one should ever force them into marriage**. In addition, they learned the disadvantages of early and **unintended pregnancies** that could make them drop out of schools. When asked whether they had learned anything from the pullout, a participant observed, “*What is happening to you; [physiological changes in bodies of adolescents], they [have] already discussed in the pullout.*” (Female Student, Class 5).

Learners indicated they benefitted greatly from newspaper pullouts and reported that they could then use contraceptives well, deal with love and relationships, overcome dangers of hurtful love, do not engage in early sexual intercourse that might lead to early pregnancies, never involve in drug addiction, and appreciate their physical body appearance as expressed in the following FGD narration;

“The pullout has helped me a lot more so in the part of contraceptives like condoms, pills we should not have sex with someone without using contraceptives simply because you love that person and at the end of it you will end up with a very bad disease thank you” (FGD Male

learner participant, Kisumu Day High School). “I want to appreciate the pull out newspapers of this year because we are being taught so many things especially in the love doesn’t hurt we are being taught that the real dangers are hurtful and can cause early pregnancies, school drop outs and infections and if the relationships are so hurtful we are being advised that we should just end the love so as to avoid potential headache and even miscarriage and even other problems in love thank you” (FGD female learner participant, Lake Primary).

Table 3.3: Intervention and control measurement comparison: Knowledge of young people regarding sex and reproduction, modern contraceptives, HIV/AIDS, STIs in percentage

KNOWLEDGE	Intervention (n = 130)	Control (n = 126)	Difference	Significance	P-value
KNOWLEDGE ON SEX AND REPRODUCTION					
A woman can get pregnant on the very first time she has sexual intercourse (% True)	38.0	44.8	-6.8	No	0.270
A woman stops growing after she has had sexual intercourse for the first time (% False)	88.5	74.4	14.1	Yes	0.004***
A woman can get pregnant even before she experiences her first menstrual period/cycle (% True)	12.3	23.0	-10.7	Yes	0.026**
A woman will not get pregnant if she washes her vagina after sex (% False)	89.2	73.8	15.4	Yes	0.001***
KNOWLEDGE OF HIV/AIDS					
Proportion of learners heard of HIV/AIDS (% Yes)	100.0	98.4	1.6	No	0.143
³ It is possible to cure AIDS (% False)	76.7	74.4	2.3	No	0.664
A person with HIV always looks emaciated or unhealthy in some way (% False)	51.5	46.2	5.3	No	0.402
People can take a simple test to find out whether they have HIV (% True)	79.1	79.0	0.1	No	0.988
A person can get HIV the first time he/she has sexual intercourse (% True)	57.1	52.5	4.6	No	0.464
KNOWLEDGE OF STIs					
³ Knows other STIs apart from HIV (% Yes)	90.0	86.5	3.5	No	0.385
Discharge from penis as signs and symptoms of STIs in men (% Yes)	53.8	42.1	11.7	Yes	0.059*
Pain during urination as signs and symptoms of STIs in men (% Yes)	60.8	55.6	5.2	No	0.398
Ulcers/sores in genital as signs and symptoms of STIs in men (% Yes)	50.0	34.9	15.1	Yes	0.015**
³ Knows at least 2 signs and symptoms of STIs in men (% Yes)	46.9	35.7	11.2	Yes	0.069*
Vaginal discharge as signs and symptoms of STIs in women (% Yes)	50.0	46.0	4.0	No	0.525
Pain during urination as signs and symptoms of STIs in women (% Yes)	53.1	43.7	9.4	No	0.131
Ulcers/sores in genital area as signs and symptoms of STIs	47.7	39.7	8.0	No	0.197

in women (% Yes)					
³ Knows at least 2 signs and symptoms of STIs in women (% Yes)	43.8	35.7	8.1	No	0.184
KNOWLEDGE OF PLACE OF /PERSON FOR STIs TREATMENT					
Knows School nurse/matron (% Yes)	4.6	7.1	-2.5	No	0.389
Knows Government hospital/health centre/clinic (% Yes)	70.8	72.2	-1.4	No	0.797
Knows Private doctor/nurse/clinic (% Yes)	20.0	23.0	-3.0	No	0.557
Knows youth friendly centre (% Yes)	6.9	5.6	1.3	No	0.651
³ Knows at least one place of STIs treatment (% Yes)	89.2	81.0	8.2	Yes	0.063*
Knows condom as a suitable method for young people (% Yes)	37.7	29.4	8.3	No	0.158
OVERAL SCORE; KNOWLEDGE²					
MEAN	64.07	59.16	4.90	Yes	0.016**
Standard Deviation	16.23	15.61	0.62		
OVERAL SCORE; KNOWLEDGE³					
MEAN	69.23	62.54	6.69	Yes	0.056*
Standard Deviation	27.18	28.51	-1.32		

*p<0.1 **p<0.05 ***p<0.01 **Red** means negative significant **Green** means positive significant and No colour means no significant difference between the intervention and control groups.

In bivariate analysis, results indicate intervention group of learners scored significantly higher in 6 out of 24 items assessed on SRHR knowledge than control group of learners (Table 3.3). These items included (the deviation between intervention and control groups on knowledge scores is indicated in the bracket):

A woman stops growing after she has had sexual intercourse for the first time, % false (14.1); A woman will not get pregnant if she washes her vagina after sex, % false (15.4); Discharge from penis as signs and symptoms of STIs in men, % Yes (11.7); Ulcers/sores in genital as signs and symptoms of STIs in men, % Yes (15.1); Knows at least 2 signs and symptoms of STIs in men, % Yes (11.2); Knows at least one place of STIs treatment, % Yes (8.2).

Only one item assessed was scored significantly higher by control learners. There was negative statistical significant (p=.026) between intervention (12.3%) and control (23.0%) group of learners reported a woman can get pregnant even before she experiences her first menstrual period/cycle (Table 3.3). No significance differences were found among the other 16 items.

Overall, the mean score for SRHR knowledge for the intervention group (69.2) had significant different (p=0.056) from the control group (62.5) at 90 % confidence level using only five variables. However, using all the variables in computing the score; overall, there was statistical significant different (p = 0.016) between the groups at 95 % confidence level with mean score for SRHR knowledge among learners as indicated in groups 64.1 (intervention) and 59.2 (control). Consequently, the mean score difference among the learners in the intervention and control groups was enough to conclude that intervention learners had at least more SRHR knowledge as compared to control group of learners.

² The Cronbach's alpha was 0.527 using all the 14 knowledge variables – Kindex2

³ The Cronbach's alpha was 0.681 using only five knowledge variables – Kindex1 (See the superscript 3 behind the five variables).

3.5.2: Attitudes towards Sexual and Reproductive Health and Rights

In phase 3, the results indicate that young people expressed positive attitudes towards sexual and reproductive health and rights (phase 3). Learners reported that newspaper pull outs have really assisted them to have positive attitudes towards using contraceptives such as condoms and pills. As shown in the quote below:

“The pull-out has helped me a lot more so in the part of contraceptives like condoms and pills, we should not have sex with someone without using contraceptives simply because we love that person and at the end of it we will end up with a very bad disease.....” (FGD Male learner participant, Lake Primary School).

Overall, there was statistical significant evidence that intervention and control group of learners had different attitudes towards SRHR at 99 % confidence level. The mean scores of attitudes towards SRHR among the intervention were higher in eight attitude items measured than their counterparts in comparison group (Table 3.4), implying that intervention learners scored positively in attitude towards SRHR. They included:

A girl can suggest to her boyfriend that he use a condom; A boy can suggest to his girlfriend that he use a condom; If unmarried couples want to have sexual intercourse before marriage, they should use condoms; Condoms are suitable for casual relationships; Condoms are suitable for steady, loving relationships; If someone is sexually excited and wants to have sex, his/her lover is allowed to refuse; I believe it is all right for unmarried boys and girls to have dates and; I believe it is all right for boys and girls to kiss hug and touch each other.

However, seven attitude items measured were scored higher significantly by comparison learners than their intervention counterparts. They included:

If a girl suggested using condoms to her partner, it would mean that she didn’t trust him; It is acceptable for a man to force his partner to have sex even if she does not want to have sex; It is mainly the responsibility of a woman to ensure that contraception is used regularly; I believe there is nothing wrong with unmarried boys and girls having sexual intercourse if they love each other; I think that sometimes a boy has to force a girl to have sex if he loves her; I believe that boys should remain virgins until after marriage and; If a girl accepts gifts or money from a boy, he has the right to have sex with her and he is allowed to force her if she refuses.

Table 3.4: Differences between intervention and control measurements for attitudes towards the sexual reproductive and health rights among the learners.

MEASUREMENTS (ATTITUDES)	Intervention (n=130)	Control (n=126)	Difference	significance	P-value
⁵ A girl can suggest to her boyfriend that he use a condom (Mean)	3.10	1.67	1.43	Yes	0.000***
⁵ A boy can suggest to his girlfriend that he use a condom(Mean)	2.87	1.45	1.42	Yes	0.000***
If a girl suggested using condoms to her partner, it would mean that she didn’t trust him (Mean)	2.57	3.21	-0.64	Yes	0.000***
⁵ If unmarried couples want to have sexual intercourse	2.83	1.64	1.19	Yes	0.000***

before marriage, they should use condoms (Mean)					
⁵ Condoms are suitable for casual relationships (Mean)	2.61	1.09	1.52	Yes	0.000***
⁵ Condoms are suitable for steady, loving relationships (Mean)	2.33	1.13	1.20	Yes	0.000***
⁵ It is acceptable for a man to force his partner to have sex even if she does not want to have sex (Mean)	2.97	3.71	-0.75	Yes	0.000***
⁵ If someone is sexually excited and wants to have sex, his/her lover is allowed to refuse (Mean)	1.85	0.95	0.89	Yes	0.000***
⁵ If a girl accepts gifts or money from a boy, he has the right to have sex with her and he is allowed to force her if she refuses (Mean)	3.23	3.70	-0.47	Yes	0.000***
⁵ I believe it is all right for unmarried boys and girls to have dates (Mean)	2.37	0.83	1.54	Yes	0.000***
I believe there is nothing wrong with unmarried boys and girls having sexual intercourse if they love each other (Mean)	2.96	3.49	-0.53	Yes	0.000***
I think that sometimes a boy has to force a girl to have sex if he loves her (Mean)	2.95	3.63	-0.69	Yes	0.000***
It is mainly the responsibility of a woman to ensure that contraception is used regularly (Mean)	2.23	3.15	-0.92	Yes	0.000***
I believe that boys should remain virgins until after marriage (Mean)	1.98	2.75	-0.76	Yes	0.000***
⁵ I believe it is all right for boys and girls to kiss hug and touch each other (Mean)	1.75	0.94	0.81	Yes	0.000***
OVERAL SCORE: ATTITUDES⁴					
MEAN	64.32	55.56	8.76	Yes	0.000***
Standard Deviation	10.77	6.94	3.83		
OVERAL SCORE: ATTITUDES⁵					
MEAN	64.75	42.75	22.00	Yes	0.000***
Standard Deviation	15.99	8.81	7.18		

***p<0.01 **red** means negative significant **green** means positive significant

The overall mean of all items shows a higher score for the intervention groups: 64.32 versus 55.56. When limited the number of items based on reliability tests, the difference between both groups is larger with means of 64.75 and 42.75 for the intervention and control group respectively.

In terms of variability to measure variation of attitudes scores to the mean, using only ten variables a standard deviation difference (SDD) of 3.83 was yielded as compared to using all 15 variables which gave a SDD of 7.18 in favour of intervention (Table 3.4). Generally, there was much variation of scores to the mean for attitudes towards SRHR among intervention (SDD = 10.8) and comparison group (SDD = 6.9) of learners.

⁴ The Cronbach's alpha is 0.355 using all the 15 attitude variables

⁵ The Cronbach's alpha is 0.704 using 10 attitude variables (Check superscript 5 behind the 10 variables)

3.5.4: Pullouts Instilled Confidence among Adolescents to Address SRH Challenges

Based on the focused group discussions learners reported that before the newspaper pull outs they used to be shy, afraid and had fear of talking about sexual matters with their parents and other people. However, the level of confidence among the learners improved after reading the newspapers. The learners in their discussions revealed that they have improved confidence about talking to their teachers, guardians and parents and hoped to get solutions on matters relating to SRHR. As reported by one of the student in the discussion, “People believe if a child talks to a parent about sexuality that may be something like a taboo. So by now we understand that we can approach them and they can educate us about these sexual issues”

Other narrated: “Having read the newspaper my confident of talking about sexual related matters with my parents has gone high simply because from these I have learnt how to approach my parents and also learnt how my parents can react to this matter when I approach them, so it gives me a lot of confidence to approach them and they also pass through it so they can understand me better thank you very much” (FGD female learner participant, Lake Primary). “I used to be shy about things that are happening in my body because I fear them because I saw myself as a young boy and I saw pubic hair in my body so I used to be afraid of my body but now I can say that these are lovely things that happen in peoples body and is something that bridges us to adulthood in these society, that is why I can say now am ready to approach anybody for more consultation on my body changes” (FGD Male learner participant, Lake Primary School).

Others felt more confident to discuss topics with their peers.

“It has given me courage to talk to my friends about disadvantages and advantages of love and relationships” (FGD participants, Kisumu Day School). “I can discuss with my friends effectively about love, choose my friendship well and communicate with their parents when they are in adolescent stage (FGD participant, St. Georges Siada School). “After reading the newspaper, it has helped me to understand report sexual abuses for example if someone has sexually abused me I should not keep quiet but talk with my parents or the teachers or my friends who can help me with this issue. It has given me courage to talk to my friends and take action before things run out of my hands” (FGD female learner participant, St. Georges’ Sianda Secondary School). “It (Pullout) has given me courage to talk to my friends and take action before things run out of hand as well as express myself to others because it will also help them in future” (FGD participants, Kisumu Day School).

They also expressed confidence and the ability to cascade SRHR information to their peers; “*This particular, information inside here [in the pullout] encourages us teenagers on how to manage, or take control of ourselves. To me it is encouraging as a youth in that I can now be able to spread this information that is here [in the pullout] to my fellow students*” (Male Student, Form 2).

My brother is some kind of shy of girls. However, when he read this [pullout], he felt encouraged with relationships. Previously, he loved sex [as a way of demonstrating love to girls; which could have been infatuation]. But after reading the magazine, he told me that he now knows how to choose friends, and how to control himself. (Male Student, Form 2).

Primary school learners felt confident to take positive action such as preventing STIs (“It has helped me how to abstain from sex and know the diseases that are transmitted in this sexually transmitted disease”

(FGD boy participant, Lake Primary)), or **escaping or reporting to relevant authorities** if forced into marriage at an early age. When asked what they would do when faced with such a situation, various responses were elicited: “*I would report to the police,*” “*Ask a neighbor to help me,*” “*Report to a Children Rights Movement*” and “*Run away.*” (Female students, Class 5).

While assessing the effect of the newspaper pullout on the confidence towards SRHR among young learners, significant differences in confidence was noted in 7 out of the 8 confidence questions assessed in favour for intervention. These items included:

I am confident that I can insist on condom use every time I have sex; I feel that I know how to use a condom properly; I would refuse to have sex with someone who is not prepared to use a condom; How confident are you that you resist someone who wants to force you to have sex; How confident are you that you will use a condom every sexual intercourse with a partner you do not know his/her HIV status; How confident are you that you will use a condom during every sexual intercourse to prevent pregnancy and; If someone touches you in a way you do not like, do you find it difficult to say you don’t want it (% no).

The comparison group of learners scored better in only one confidence question assessed that is;

“It would be too embarrassing to buy a condom” than intervention group of learners.

The proportion of learners from intervention (79.2%) had higher confidence levels in this question “If someone touches you in a way you do not like, do you find it difficult to say you don’t want it” than comparison learners (57.9%) with a margin of 21.3 percent (Table 3.5). The significance difference in confidence towards SRHR was also confirmed by the overall mean score on overall confidence which significantly differed by a change of 29.6 (53.1 – intervention and 23.6 – control) after removing one confidence variable. However, using all the variables in computing the index confidence score, the mean score difference was narrowed to 23.6 (Table 3.5) meaning confidence towards SRHR among intervention learners reduced with an addition of one variable “It would be too embarrassing to buy a condom”. This implies that this variable was scored high by comparison learners disapproving the intervention learners.

In measuring variation of scores to the mean of confidence index score using all variables, a standard deviation difference (SDD) of 8.4 was yielded as compared to using only 6 variables which gave a SDD of 11.4 in favour of control (Table 4.5). This means that the scores in confidence among the control learners had no much deviation from the mean unlike scores among the intervention.

Table 3.5: Differences between intervention and control measurements for confidence of the sexual reproductive and health rights among the learners.

CONFIDENCE (RIGHTS-BASED SEXUALITY CONFIDENCE)					
MEASUREMENTS (CONFIDENCE)	Intervention (n = 130)	Control (n = 126)	Change	Significance?	P-value
⁷ It would be too embarrassing to buy a condom (Mean. Score reversed; higher score implies less embarrassed)	2.60	3.07	-0.47	Yes	0.000***
I am confident that I can insist on condom use every time I have sex (Mean)	2.31	1.34	0.97	Yes	0.000***

I feel that I know how to use a condom properly (Mean)	1.79	0.67	1.13	Yes	0.000***
I would refuse to have sex with someone who is not prepared to use a condom (Mean)	2.19	1.04	1.15	Yes	0.000***
How confident are you that you resist someone who wants to force you to have sex (Mean)	1.51	0.81	0.70	Yes	0.000***
How confident are you that you will use a condom every sexual intercourse with a partner you do not know his/her HIV status (Mean)	2.30	0.81	1.49	Yes	0.000***
How confident are you that you will use a condom during every sexual intercourse to prevent pregnancy (Mean)	2.65	0.98	1.66	Yes	0.000***
⁶ If someone touches you in a way you do not like, do you find it difficult to say you don't want it (% no)	79.2	57.9	21.3	Yes	0.000***
OVERAL SCORE; CONFIDENCE⁶					
MEAN	54.81	31.15	23.66	Yes	0.000**
Standard Deviation	19.8	11.37	8.44		
OVERAL SCORE; CONFIDENCE⁷					
MEAN	53.11	23.55	29.56	Yes	0.000**
Standard Deviation	22.12	12.41	9.71		

***p<0.01 **Red** means negative significant **Green** means positive significant

3.6: Regression Analysis Results

The socio-demographic characteristics (age, sex, education levels and religion) of the samples presented in section 3.1 above varied from intervention and control group of learners. To confirm if the positive effect of the interventions on knowledge, attitudes and confidence towards SRHR among intervention group of learners observed above is not attributable to sample differences, we run a regression analyses to control for the background characteristics.

Linear regression analyses were carried out separately, using the explanatory variables as: group (intervention and control), sex, age and religion whereas the outcome variables were the knowledge, attitudes and confidence index scores towards sexual and reproductive health amongst the learners. Since R^2 is affected by sample size and number of variables, the adjusted value of R^2 was used to explain the variation in predictors on the said indices. For simple linear regression, the chief null hypothesis was $H_0: B_1 = 0$, and the corresponding alternative hypothesis was $H_1: B_1 \neq 0$. Considering that the first independent variable is group, the results indicate that there was statistic significant difference (significance = 0.000) between the intervention and control group of learners in terms of their knowledge, attitudes and confidence (Table 3.6a & b). Table 3.6a presents the results of the index scores in which only those items were retained that were most coherent.

The exposure to the interventions among learners and their background characteristics including age and religion (not catholic and protestant) could only explain 18.6 percent variation or changes in their knowledge of SRH (Table 3.6a).

⁶ The Cronbach's alpha is 0.661 using 7 confidence variables – one variable⁶ was removed because it has a binary outcome

⁷ The Cronbach's alpha is 0.734 after removing one variable "It would be too embarrassing to buy a condom"

Table 3.6a: Regression Coefficients on index scores⁸

	Knowledge index score			Attitude index score			Confidence index score		
	Un standardized Coefficients	Std. Error	Sig.	Un standardized Coefficients	Std. Error	Sig.	Un standardized Coefficients	Std. Error	Sig.
	(Constant)	2.40	9.52	0.800	26.599	4.77	0.000	8.921	6.694
Group	6.49	3.22	0.050	21.9	1.61	0.000	29.725	2.26	0.000
Sex	-4.31	3.27	0.190	-1.369	1.636	0.404	-0.575	2.296	0.803
Age	4.37	0.62	0.000	1.114	0.309	0.000	0.975	0.434	0.026
Catholic Religion	-4.35	3.30	0.190	0.831	1.653	0.616	1.54	2.32	0.507
Other Religion	-21.18	6.94	0.000	-5.123	3.477	0.142	-10.196	4.879	0.038
R²			0.202			0.457			0.431
Adjusted R Square			0.186			0.446			0.419
ANOVA F Value						42.11			37.805
Significance			12.683			3			0.000
			0.000			0.000			0.000

The regression results show that the variation of SRHR knowledge among youth could be explained by the intervention, as well as age and religion. SRHR knowledge index scores is higher among the intervention group. It furthermore increased with age. Older youth scored on average higher knowledge on SRHR than young ones. In terms of religion, there is inverse association indicating that young people with a different religion (not protestant or catholic) scored on average lower on knowledge than young people with protestant and catholic religion. There was no difference between protestant and catholic respondents.

Out of the control variables, only age contributed to the explanation of attitude scores towards SRHR. Older respondents had on average more positive attitudes towards SRHR compared to younger respondents. Interventions and age could explain 44.6 % variation between the groups, implying that interventions had an effect on the attitudes towards SRHR among learners. On the confidence scores intervention, age and religion could explain the variation between the groups. There was an improved confidence scores with increased age among adolescents. Young people with a different religion (not protestant or catholic) scored on average lower on confidence towards SRHR compared to those with other religion. There is no difference between protestant and catholic respondents.

⁸ These index scores were computed using only variables utilised to compute Cronbach's alpha that is reliable.

Table 3.6b: Revised Regression Coefficients on index scores⁹

	Knowledge index score_2			Attitude index score_2			Confidence index score_2		
	Un	standardized	Sig.	Un	standardized	Sig.	Un	standardized	Sig.
	Coefficients			Coefficients			Coefficients		
	B	Std. Error		B	Std. Error		B	Std. Error	
(Constant)	31.12	5.53	0.000	44.338	3.353	0.000	14.953	5.993	0.013
Group	3.81	1.88	0.044	8.607	1.132	0.000	23.902	2.023	0.000
Sex	-6.84	1.91	0.000	-1.248	1.15	0.279	-0.057	2.055	0.978
Age	2.20	0.36	0.000	0.764	0.217	0.001	1.064	0.389	0.007
Catholic Religion	-0.87	1.93	0.652	1.003	1.162	0.389	1.349	2.077	0.517
Other Religion	-10.80	3.99	0.007	-1.55	2.444	0.527	-9.747	4.367	0.027
R²			0.205			23.7			0.385
Adjusted R Square			0.188			0.222			0.373
ANOVA F Value			12.41			15.559			31.313
Significance			0.000			0.000			0.000

As a robustness check, we also ran an alternative regression analyses with the index scores in which all variables were retained (Table 3.6b), despite a lower Cronbach's alpha there was significant difference in SRHR knowledge, attitudes and confidence scores between intervention and comparison group of learners.

The interventions and background characteristics (sex, age and religion (other than catholic and protestant) together could explain 18.8 % of the variation in SRHR knowledge between intervention and control group of learners (Table 3.6b).

Despite retaining all variables in analyses, the exposure to interventions had an impact on the knowledge, attitudes and confidence towards sexual and reproductive health and rights among the learners. Out of control variables, only age and religion (not catholic and protestant) were significant in explaining the differences in knowledge between the control and intervention group of learners using coherent variables. However, in a lower Cronbach's alpha more control factors explained the group differentials in terms of knowledge on SRHR. Sex, age and religion (not catholic and protestant) gave an explanation of the variation on knowledge differentials in groups (intervention and control).

Despite all these, the effect of intervention on knowledge remained intact. Although, intervention and age had effect on attitude scores, the effect of intervention was weakened when a lower Cronbach's alpha was used. Similarly, intervention, age and religion (not catholic and protestant) could explain the differences in confidence among the learners. The effect of intervention was slightly weakened when all variables were used in analysis. Generally, the effect of intervention remained intact on knowledge, but was weaker on attitudes and confidence scores compared to Table 3.6a above.

⁹ These index scores were computed by including all the variables in analysis and therefore the Cronbach's alpha was lower

In summary, interventions and age had more impact on SRHR index scores among learners. There was improved knowledge, positive attitudes and enhanced confidence towards SRHR among intervention learners in comparison to control group of learners.

Discussions

This operations research study demonstrates the practicability and prospective of using newspaper pullouts in accelerating knowledge, attitudes and confidence towards SRHR including HIV. Background characteristics of respondents show deviation – from younger adolescents aged 10-14 to older adolescents aged 15-19 years. Majority of the respondents were aged between 15-19 years in all the phases. General, in all the phases of the study male learners were involved more in comparison to their female counterparts. Christianity dominated as the main practiced religion among the respondents with majority of the respondents reporting that they were Christians. More young people were Catholics and Protestants but fewer young people reported that they were Muslims or from other religion. More than a half of respondents were in secondary schools.

The results indicate that learners developed positive perceptions and attitudes towards newspaper pullouts. Learners in secondary school (students) mentioned relationships, contraceptives and talking to parents about sex, while primary school pupils identified physiological changes, child rights and sex as important topics, interesting and very educative to them. There were gender differentials in topics that secondary school students found to be educative in the Teen Talk pullout. Many girls found the topic on contraceptives and avoidance of pregnancy as educative, while boys focused on relationships and sex.

The students perceived newspaper pullouts as encouraging and educative. The information empowered adolescents by building their capacity through acquisition of knowledge on SRHR that is necessary to cope with challenges that affect them. Newspaper pullouts were rated in 8 out of 12 FGDs. There were mixed reactions with secondary students rating the Teen Talk pullouts highly [average of 8 out of 10 points] because the content was relevant to their experiences and was comprehensible. The YTalk was rated highly by some pupils because they gained new information on child rights.

Research results indicate that several factors promoted the uptake of the intervention in schools and one factor that inhibited the intervention uptake. Comprehension of the content, interesting topics, favourable features and design of the pullouts were facilitating factors. Most secondary and some primary school learners comprehended the content of both the TeenTalk and YTalk pullouts, respectively, as stated in 7 out of 12 FGDs. Secondary school students were better able to comprehend the content of newspaper pullouts than their primary school counterparts. In addition, the characters in the pullouts were adolescents that learners could easily identify with. Apart from the use of simple language, learners in secondary school found the content of the Teen Talk to be relevant to them. Learners in primary school were also impressed with the use of their peers as main characters in the YTalk pullout because they could identify with their experiences. Language barrier was main impediment in the uptake of the newspaper pullout as noted in Phase One, especially among primary school learners. However, there was an improvement where there was increased deliberate use of more imagery and less words, as well as use of simple sentences during development of the Phases Two and Three newspapers.

Learner made suggestions to improve the pullout by use of Sheng and also proposed the following topics to be included HIV/AIDS, wet dreams, pregnancies, protection from child abuse and other sexually transmitted infections.

Pupils in primary schools equally found the topics on physiological changes of adolescents, contraceptives and relationships very exciting. They were eager to learn more about the process of menstruation, how adolescence affects boys and girls and sexual intercourse. Most respondents liked features in the pullouts, particularly the stories, quizzes, use of imagery and celebrity talk shows as shown in the following excerpts. Teachers equally liked the pictures in pullouts because they could identify with the students therein.

Results show that most learners discussed about SRHR issues in the pullouts with their peers, classmates, friends and also siblings. One of the topics that were mostly discussed include: first, how to gain confidence to discuss SRHR with other people. For instance, by joining relevant clubs in order to interact with peers and also equip oneself with knowledge so as to gain confidence to discuss SRHR issues. Second, establishment of healthy relationships as well as discussing and debating its contents among themselves under the guidance of the peer educators/group leaders.

Results reveal little interaction and dialogue about SRHR between learners and their teachers. Two learners stated they were free with their teachers but had not yet shared SRHR information with them. Similarly, learners were not free with their parents for discussion on issues related to SRHR. Majority of the respondents had not done so because their parents reported to be too cruel, judgmental, too busy with work or reluctant to discuss matters related to sexuality with their children. Some learners in primary schools found the content in their pullout too embarrassing to share with parents Although some parents advocated for sex education in schools since sex education has improved communication and reduced ignorance amongst them with their children, some reported that they do not talk to their children because their children don't take them seriously due as they prefer getting information from other sources.

Teachers and parents reported to have some problems that hinder them to discuss effectively with teens on matters relating to SRHR. Most teachers reported that they do not teach SRHR to students because the issues are not included in their curriculum, the subject is not examinable and that they rely on their own notes and experiences to guide students. Teachers reported that their trainings are ill-equipped to handle SRHR issues of adolescents. The few teachers who teach SRHR matters. Teachers reported that parents ought to instill good morals, become friendly to their children and use culture and religion positively to instruct their children on SRHR issues rather than letting teachers shoulder the burden alone. Parents are supposed to become realistic and equip themselves with knowledge for guiding their teenagers.

Qualitative findings show that newspaper pullouts had increased capacity of learners in terms of knowledge, positive attitudes and confidence to address challenges that adolescents experience as discussed in 6 out of 12 FGDs with 6 references. Learners stated they had acquired a lot of information on SRHR which they planned to cascade to fellow peers and also apply to situations they face in lifes. Teen Talk pullout enabled secondary school students to clear myths and misconceptions about sex, abstinence, menstruation and contraceptives. The pullout provided an opportunity for learners to better understand the nature of physiological changes that were occurring in their bodies ranging from the growth of pubic hair, broadening of hips, development of breasts, deepening of voices and attraction towards the opposite sex, among others. The pullouts equally enabled students to know their reproductive health rights to marriage that no one should ever force them into marriage. In addition, they learned the disadvantages of early and

unintended pregnancies that could make them drop out of schools. The acquired knowledge further instilled positive attitude among adolescents who felt more capable of taking control of their own lives.

Further, results from quantitative indicate that intervention group of learners scored higher in knowledge items assessed on SRHR than control group of learners. Out of 7 items indicated significant difference, 6 were scored higher by intervention learners than control learners. Overall, the mean score for SRHR knowledge for the intervention group (69.2) had significant different ($p=0.056$) from the control group (62.5) at 90 % confidence level using only five variables. However, using all the variables in computing the score, there was statistical significant different ($p = 0.016$) between the groups at 95 % confidence level with mean score for SRHR knowledge among learners as indicated in groups 64.1 (intervention) and 59.2 (control). Regression analyses allowed to control for differences in background characteristics of the intervention and control group. Results confirm that the intervention group scores significantly higher on knowledge compared to the intervention group.

Both quantitative and qualitative results indicate that young people expressed positive attitudes towards sexual and reproductive health and rights. Learners reported that newspaper pullouts have really assisted them to have positive attitudes towards using contraceptives such as condoms and pills. Overall, there was statistical significant evidence that intervention and control group of learners had different attitudes towards SRHR at 99 % confidence level. The mean scores of attitudes towards SRHR among the intervention were higher in eight (out of 15) attitude items measured than their counterparts in comparison group, implying that intervention learners show on average more positively attitudes towards SRHR. This difference remained robust when controlling for background characteristics in the regression analysis.

After having the pullout interventions, majority of learners felt more able and confident to cascade SRHR information to their peers. Primary school learners felt confident to take positive action such as escaping or reporting to relevant authorities if forced into marriage at an early age. Learners reported they used to be shy, afraid and had fear of talking about sexual matters with their parents and other people but they have improved confidence about talking to their teachers, guardians and parents and hoped to get solutions on matters relating to SRHR. Quantitative results indicate that there was effect of the newspaper pullout on the confidence towards SRHR among young learners, 7 out of the 8 confidence questions assessed intervention group of learners scored significant higher than control ones.

The perceptions that newspaper pullouts have improved the knowledge, confidence and attitudes towards sexual and reproductive health and rights amongst learners, are very promising and supportive in providing elaborate answers to their quest of SRHR information through innovative ways. The study exhaustively discusses the critical findings based on the interventions and reveal how they have contributed to the needs of young people in Kisumu County. Providing SRHR information and services is critical and need to remain sustained to build permanent affiliations with the youth for information and services.

Finally, these impressive findings not only reflect the results of the newspaper pull outs, but also they are associated to MWML/WSWM programmes and their related interventions such as board games and puzzles that were also implemented.

Conclusions

The following conclusions can be drawn from the findings;

- Well designed and well implemented innovative way of imparting SRHR information to learners such as newspaper pullouts improve knowledge, attitudes, communication and confidence towards their sexual and reproductive health and rights;
- Making interesting and educative content newspapers with simple language, attractive pictures and colour, exciting topics and features improve the acceptability, usage and discussions among the learners;
- Direct access to ASRH information for the youth provides conducive environment for proper intake of ASRHR information, it is important to champion and sustain meaningful youth participation in comprehensive sexual education programming that include services and information (being designing, implementation or even making the content of intervention like pullouts);
- Persistence and rightful delivery of innovative SRHR interventions clear negative perceptions and attitudes towards certain issues like fear of talking about some SRHR issues with parents, teachers, siblings and peers;
- Engaging religion, parents, teachers and school management is paramount in delivery of SRHR information and services.

Recommendations

The study therefore make the following recommendations based on the findings and conclusions to improve the future intervention in order to enhance access and uptake of information and services by youth:

- v. There is need to scale up this innovative way (use of newspaper pull outs) of imparting SRH knowledge, attitudes and confidence to majority of learners in our schools (both primary and secondary schools) and communities.
- vi. When creating materials or any other interventions that encourage direct access to ASRH information to the youth, use simple language, attractive pictures and colour, exciting topics and features with interesting and educative content in order to improve the acceptability, usage and discussions amongst them.
- vii. There is need to increase levels of championing and sustaining meaningful youth participation in comprehensive sexual education programming that include information and services to improve behavioral changes amongst them.
- viii. Involve all the parents in implementing innovative ways of imparting SRHR information to learners so that they can also embrace the programme and acquire knowledge, improve attitudes and confidence towards SRHR matters.

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