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Original Article

The Need for Community Based SRHR Mentors in Improving Young People's Sexual Reproductive Health and Rights (SRHR): A Case of the "Get Up Speak Out" Programme Implemented in Western Kenya

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ABSTRACT

Kenya's Community Health Strategy (CHS) focuses on health actions for improved health at level one (community-based level). Poor health indicators have been reported among young people over the years; hence TICH, in its design for the Get Up Speak Out (GUSO) program, adopted the community-based approach (Community Health Strategy) by training and engaging 29 Community Health Volunteers as the SRHR youth group mentors for the GUSO program. Thereafter, the mentors were assigned roles with the aim of improving young people's SRHR in their respective communities. The study was conducted among mentors to assess their knowledge and practice towards youth-friendly service, as well as the challenges they experience in mentoring the young people in the community. The survey was a full-coverage survey (target participants included all the 29 youth mentors engaged in the GUSO program). The study engaged an e-platform for questionnaire administration in adherence to the Covid-19 preventive guidelines from the Ministry of Health. The study found that most males are the most concerned with mentoring young people compared to women mentors with key support that mentors provide to young people during the mentorship process are attending young people meetings and providing training to young people. This study highlights the importance of CHVs when trained as mentors in supporting young people's SRHR information and service access. The study emphasises the integration of tasks in line with young people's SRHR alongside the CHVs normal tasks as a working strategy for improving young people's SRHR situations in the community. However, the study highlights the gap in CHVs capacity to handle the hard-to-reach young people with SRHR information and services.

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INTRODUCTION

Community-based mentors are selected community-based health volunteers (CBHV) working with the Ministry of Health to promote health service uptake among the people. In Kenya, community-based health volunteers are operating under community health strategy guidelines where they are responsible for a whole village with a population of 500. Out of the existing CBHV who are identified to have a passion for Young People (YP) are trained to become YP community-based mentors (CBM) (Woldie et al., 2018)

The CBM is therefore trained to support the promotion uptake of Sexual Reproductive Health (SRH) services by YP in their respective catchment areas. Studies indicate that uptake of SRH services by young people is very low globally, Kenya is not excluded. For instance, in a study of 70 low and middle-income countries (LMICs) almost all the countries reported that only 10% or fewer of all adolescent women had visited a health facility in the past 12 months (Woog et al., 2015). Another study indicates that although the majority (90%) of young people aged 15–24 years know where to obtain an HIV test, less than five out of ten have ever gone for an HIV test and received a result (KNASCP, 2009). In sub-Saharan Africa, only 10% of young men and 15% of young women were aware of their HIV status (UNAIDS, 2014)

Young people from sub-Saharan Africa are more at risk of experiencing sexual and reproductive health (SRH) problems than other youth from around the world, where almost 70% of young people are sexually active during the adolescence stage and more than 20% have their first child by age 18 years and below (Ringheim & Gribble, 2010). Young people who are in the rural areas are the most affected because of inadequate knowledge of SRHR issues, poor access to health facilities, lack of enough resources within the rural health facilities and inability to purchase some the contraceptive (Ringheim & Gribble, 2010)

Young people face several significant sexual and reproductive health challenges, such as limited access to youth-friendly services that provide information on growth, sexuality, and family planning. This has led to youth engaging in risky sexual behaviours, which has resulted in high STI and HIV prevalence, early pregnancy, and vulnerability to delivery complications, all of which

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have resulted in high rates of death and disability (Chandra-Mouli et al., 2015).

The risks of neglecting ASRH are great; a painful or damaging transition to adulthood can result in a lifetime of ill effects. For girls, early pregnancy/motherhood can be physically risky and can compromise educational achievement and economic potential. Adolescents, girls in particular, face an increased risk of exposure to HIV and sexually transmitted infections (STIs), sexual coercion, exploitation, and violence. All of these have huge impacts on an individual's physical and mental health, as well as long-term implications for them, their families, and their communities (Morris & Rushwan, 2015).

Among some interventions that have been implemented include the setting up of a youth-friendly service centres program which has shown the potential to improve health services for young people and their health outcomes. Youth-friendly centres provide SRH services which are affordable, acceptable, and relevant. The service provision to young people has been made in two approaches: 1) the targeted (youth-only), and 2) the integrated approach youth training and awareness creation to young people through the various platform by various health partners (WHO, 2012). Other interventions tested and approved by the WHO include direct provision of contraception, peer education, and a mass media campaign (WHO 2016). The intervention that has been implemented over the years has yielded some efforts in various parts of Africa; generally, adolescent mortality rates have reduced from 48% to 41% between 2005 and 2011 (Vine et al., 2011).

Efforts in recent years have focused on not only ensuring health service availability but also making its provision adolescent-friendly—that is, accessible, acceptable, equitable, appropriate, and effective (WHO, 2009). These efforts have increased the ability and willingness of young people to obtain services, particularly among those adolescents who need them the most (Denno et al., 2015).

Despite the rigorous interventions in place, the intervention has focused on the health facility level and other supporting partners with trained health practitioners and staff of the partner organisations being at the forefront in the implementation of such intervention, leaving out community-based health volunteers who are key in implementation to such intervention. TICH, therefore, engaged Community Health Volunteers (CHVs) in the GUSO program as mentors to the young people to serve as a link to the health facilities through referrals as well as facilitators of the CHU based SRHR youth groups, in line with the Community Health Strategy policy (MOH, 2007).

Purpose

A survey was conducted amongst the GUSO program youth mentors to assess their knowledge and practice towards youth-friendly service, as well as the challenges they experience in mentoring the young people in the community.

Objectives

- To assess the support that community-based mentors provide to young people during their mentorship process
- To determine the opinions of community-based mentors on the factors that enable young people to access youth-friendly services at the health facility level
- To identify the challenges experienced by community-based mentors during the mentorship process to young people on SRHR within their villages.

METHODS AND MATERIALS

Study Design

This study was a quasi-experimental design conducted between the years 2018 to 2020 in 5 sub-counties within western Kenya. The intervention aims at assessing the knowledge and practice of community-based mentors on youth-friendly services for young people. Method design for data collection and analysis was a descriptive utilising cross-sectional survey and a quasi-experimental intervention (2020).

This was an intervention conducted in five sub-counties in western Kenya. The counties are operating under the national Ministry of Health,

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guided by the same policies and guidelines. All sub-counties are predominantly practising small scale farming. Butere Sub-County is occupied by the Luhya community, while Alego Usoga, Nyakach, Nyando, and Rachuonyo East sub-counties are occupied by the Luo community.

The main four objectives of the program were to increase meaningful youth participation in SRHR issues, to provide SRHR information education to young people, provision of SRH services and to create an enabling environment for young people to enjoy their SRHR issues. This intervention focused on the provision of SRHR services to young people. TICH therefore engaged Community Health Volunteers (CHVs) in the GUSO program as mentors to the young people to serve as a link to the health facilities through referrals as well as facilitators of the CHU based SRHR youth groups, in line with the Community Health Strategy policy (MOH, 2007). The mentors were selected by young people and fellow CHVs to guide the young people on SRHR issues. The mentors were trained using the Youth for Youth Curriculum, Menstrual Health Management, and Youth Friendly Service in each Community Health Unit to facilitate reaching out to the young people at the community level. Upon training, the mentors were expected to: participate in training, participate in monthly review meetings with YP, replace youth group dropouts with new ones, support the mobilisation of young people and relevant stakeholders during program implementation, and collect and submit monthly CHU referral reports on SRH issues among YP, participate in planned activities (dialogues; outreaches among others), mentor young people, and monitor, evaluate and submit reports of monthly youth activities.

The study covered a total of 29 mentors and of this the aim was to undertake a full coverage. The area of implementation was in the Western Kenya region in 4 counties: Kisumu, Kakamega, Siaya, and Homabay in 5 sub-counties: Alego Usonga, Butere, Nyakach, Nyando, and Rachuonyo East in 29 Community Health Units (CHUs). GUSO's community-based approach engaged Mentors who are trained Community Health Volunteers.

The study included mentors who had smartphones because the data was collected electronically during COVID 19 since the movement and physical contact were restricted by the government to reduce the spread. The table below summarises the number of study participants by sub-county and

Table 1: Summary Distribution of Mentors by Sub-counties

Sub county	No. of CHUs	No. of Mentors
Alego Usonga	5	5
Butere	10	10
Nyakach	5	5
Nyando	3	3
Rachuonyo East	6	6
Total	**29**	**29**

Data Collection

Data captured was done through a closed-ended questionnaire. The questionnaire was developed and coded into Google Forms. Self-administered data collection approach was adopted and facilitated through the use of digital technology using smartphones. To enhance the response rate, mentors were facilitated with data bundles for internet capability to support the filling of questionnaires as the process was internet dependent. The link for the questionnaire was sent to the respondents with instructions on how to complete it. Included in the formation was the preamble regarding the nature and purpose of the study, confidentiality, and the voluntary role of study participants including their liberty to participate and withdraw at any time whenever such a need would arrive. To confirm the participants read and understood the instruction, the first entry of the question was the consent of the participants. The dependents were mobilised to complete the form within one day. Collected data

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was synchronised and received via the main server by a specialised data quality manager.

Data Quality Management

Submitted data form by mentors to the Google Form server was only accessible by authorised personnel to maintain data quality including data cleaning and privacy. The data was later downloaded from the server,

Data Analysis

The analysis focused on the descriptive analysis to describe the activities and period used to conduct the activities by the mentors where the frequency was done and the data presented in figures. In Mentors' Opinion on Factors that hinder service utilisation and Activities from improving access to SRH Services utilisation among YP, a frequency was run and the data was presented in graphic form. On Challenges, in Mentoring YP, the data were also analysed using frequencies and the results were presented using graphs and pie-charts

RESULTS

Demographic Data

GUSO engages a total of 29 mentors, this therefore, implies that the survey had a response rate of 82.75% (24 mentors). This is due to the limited access to smartphones or computers to access Google Forms. Of the respondents, a majority (41.67%) were from Butere, followed by 20.83% from Alego Usonga as well as Rachuonyo East with the latter from Nyakach and Nyando sub-counties. This is due to the high number of CHUs (implementing sites) in the Butere sub-county (10 CHUs) compared to the other sub-counties ((Rachuonyo East (6CHUs), Nyakach (5 CHUs), Nyando (3 CHUs) and Alego Usonga (5CHUs)). The survey had a total of 24 participants of which 50% were male, and the latter were female (45.83%) whose ages ranged between 30-64 years. A majority of the mentors lay between the ages of 45-49 years (33.33%), followed by those aged 40-to 44 years (20.83%) see

Table **2**.

Table 2: Demographic Characteristics

Demographic Characteristics		**N**	**%**
Gender	Female	11	45.83
	Male	12	50.00
	Missing	1	4.17
	Total	24	100.00
Age	30-34	1	4.17
	35-39	1	4.17
	40-44	5	20.83
	45-49	8	33.33
	50-54	3	12.50
	55-59	3	12.50
	60-64	2	8.33
	Missing	1	4.17
	Total	24	100.00
Sub county	Alego Usonga	5	20.83
	Butere	10	41.67
	Nyakach	1	4.17
	Nyando	3	12.50
	Rachuonyo East	5	20.83
	Total	24	100.00

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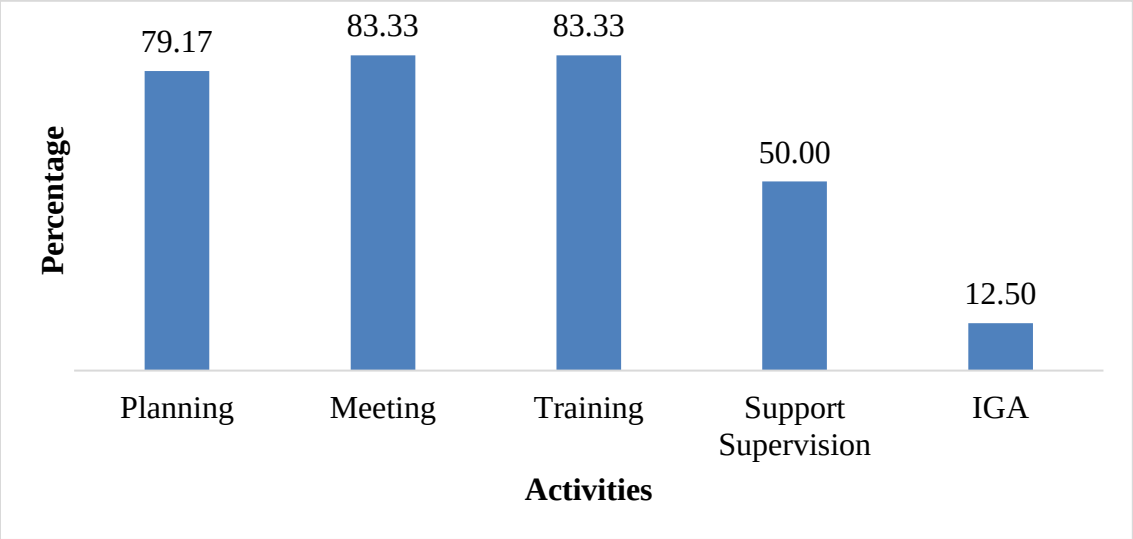
Mentors' Support to the Young People

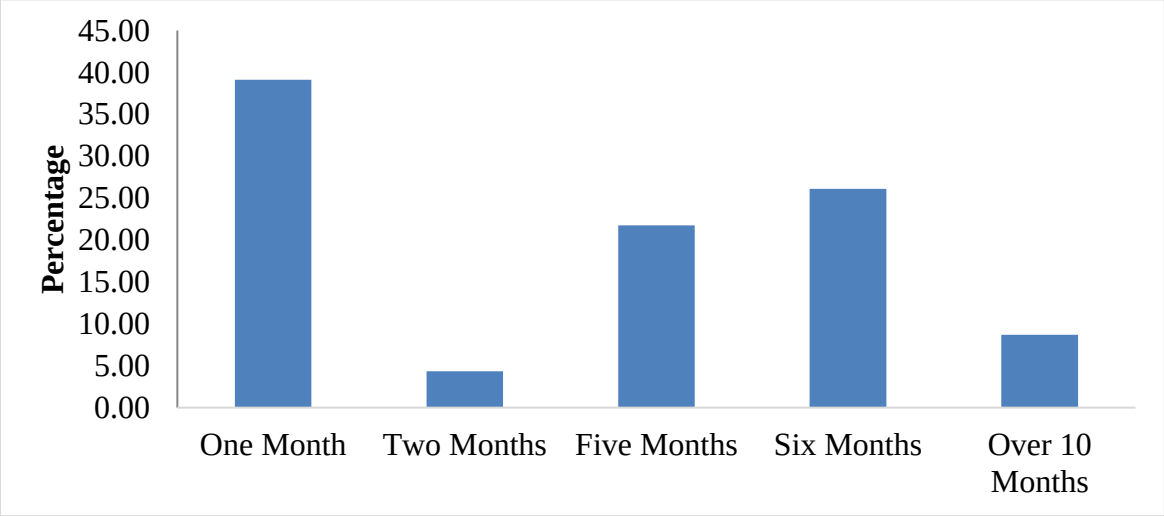
The mentors mentioned a variety of activities that they support the young people in as shown in *Figure* **1**. Over 80% of the mentors mentioned that they support the young people in meetings and training, followed by 79.17% who facilitate the young people during planning workshops. The least mentioned activity was income-generating activities at 12.50%. This led to all the 29 (100% of the youth groups) developing action plans and action plan implementation with support from the mentors.

Figure 1: Support Activities Conducted by Mentors



Of the mentors who mentioned planning as one of the activities they supported the young people in, a majority had conducted at least a planning session within the last one month (39.13%), followed by 26.09% in the last six months; then 21.74% in the last 5 months; and about 8% were engaged in planning activities in the last 10 months or more prior to participating in the survey.

Figure 2: Last Time SRHR youth groups conducted Planning with Mentors



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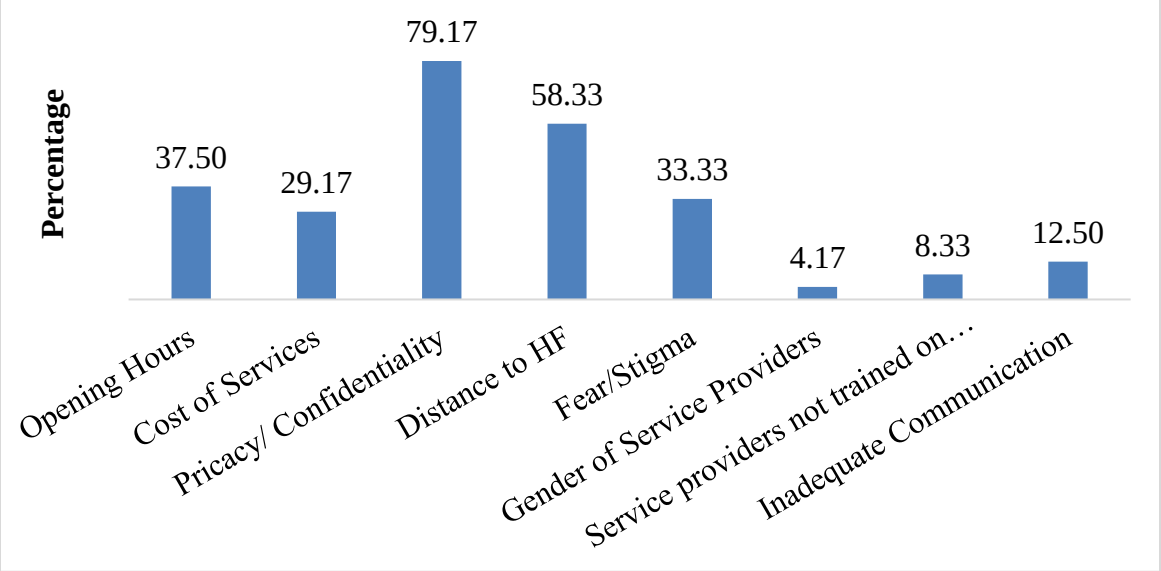
Youth Friendly Service

Youth Friendly Services (YFS) are Sexual and Reproductive Health services that are accessible, acceptable, appropriate, effective, and equitable for young people (MOH, 2016). The survey explored the opinions of mentors regarding factors that hinder SRH service utilisation among young people. The most common factor among participants was privacy and confidentiality (79.17%) with the least mentioned being the gender of the service provider (4.17%). See *Figure* **3** below. These findings are in line with studies that mention a number of barriers to access and utilisation of SRH services by young people including lack of confidentiality and privacy, stigma and discrimination, the unfriendly and negative attitude among service providers, long waiting time for services, and lack of information among young people on availability of SRH services at the health facilities (Godia et al., 2013; Robert et al., 2020). Additionally, studies have identified young people as a group that is shy, selective of the health facilities they visit and secretive about the issues they face with regard to SRH (Godia et al., 2013).

Figure 3: Mentor's Opinion on Factors that hinder SRH Service utilisation among the young people



Mentors mentioned a number of activities that they engage in to improve access and utilisation of SRH services among YP. A majority (87.50%) of the mentors mentioned sensitisation of other CHVs on YFS and Referral of YP for SRH services as the main activities they conduct to improve YP access *Figure* **4**. Further, 70.83% of the mentors conducted household visits to reach the YP with SRH services at their homes. The least mentioned activities were outreaches and guidance and counselling at 8.33% and 12.50%, respectively see

This study recognises the significance of Community Health Volunteers (CHVs), who have been trained in improving young people's access to SRHR services. This finding is corroborated by evidence from Marie Stopes (2012) reports that suggested generally that engaging community members as the primary YFS personnel in the community (in this case, mentors) is a working strategy that enhances access to YF SRH services such as contraceptives (Condoms), SRH counselling and pregnancy testing by reducing the distance to health facilities. Additionally, community (parents) engagement is a step toward achieving an enabling environment for young people to access SRH services. It has proven to work as this addresses the cultural barrier that inhibits access to services among young people.

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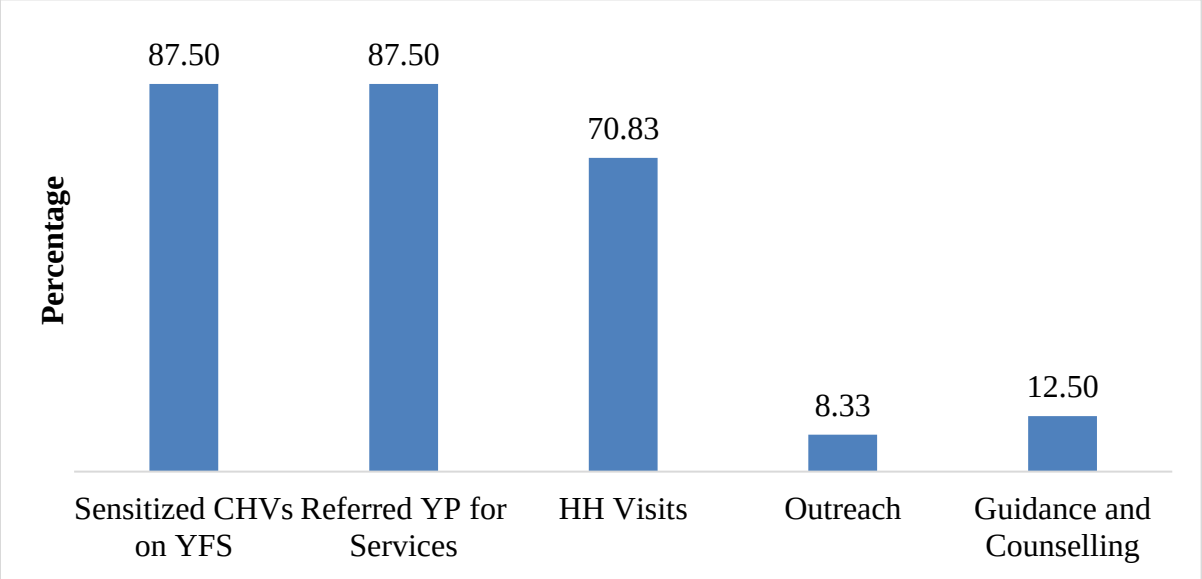
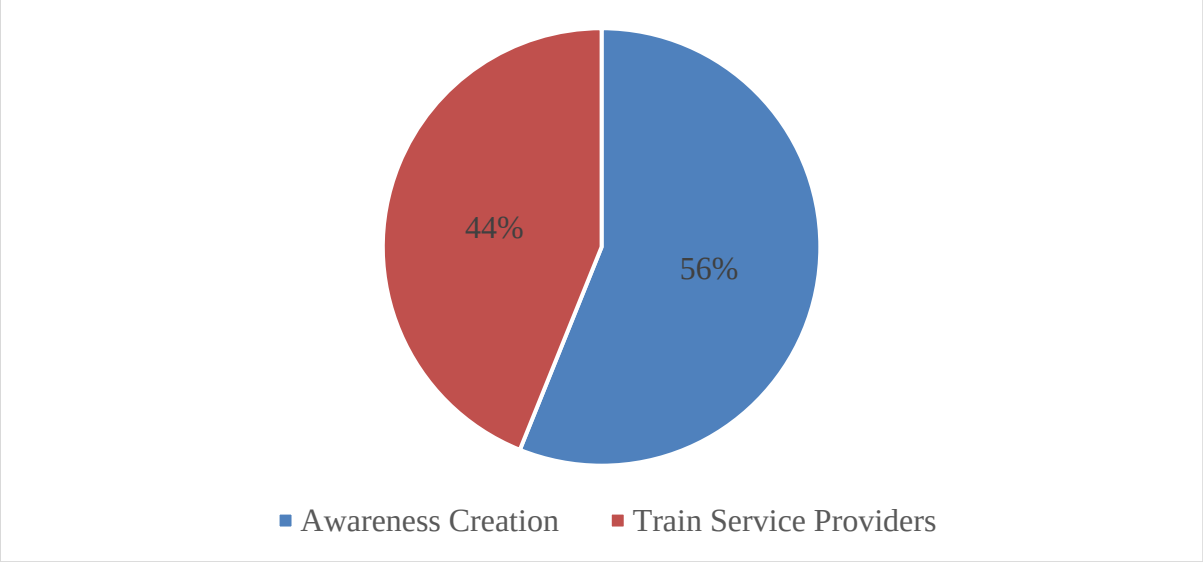
Figure 4: Activities to improve access to SRH service utilisation among YP



Mentors recommended Awareness creation (44%) and training of service providers on YFS (56%) (

Figure **5**) as solutions toward improving access to SRH services among YP; in line with findings that there is a need to train the technical service providers on YFs rather than the top administrative staff who do not directly engage with the young people. This study suggests that CHVs are yet another cadre that would be as important in improving YFS as was reported for the frontline health facility staff (Geary et al., 2014; Godia et al., 2013).

Figure 5: Solutions to improve access to SRH services among YP



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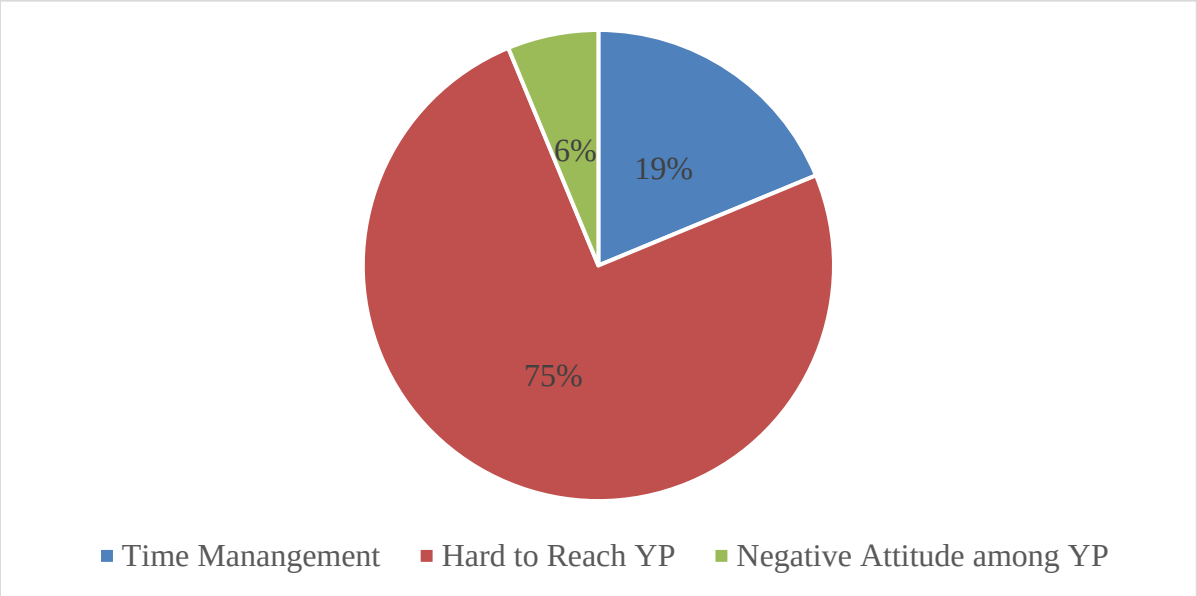
Challenges in Mentorship Role

The mentors mentioned a number of challenges they experienced while working with young people. The main challenge that came up was the issue of young people as a hard to reach the group in the community (75%). The main reasons behind this included: young people not being interested in lengthy meetings; young people engaged in the *Figure* **6** below.

school system; and young people engaged in business or casual employment, among others. Mentors further mentioned time management (19%) as another challenge where they had to balance their community health volunteer duties as well as mentor the young people. A minority of the mentors added that young people have a negative attitude (6%) towards the activities the rest engage in. See

Figure 6: Challenges in Mentoring YP



The mentors added that they addressed the challenges through guidance and counselling sessions (37.50%), engaging stakeholders including parents (20.83%), to improve on engaging young people in SRH activities. Additionally, recruitment of new youth group members was mentioned (8.33%) as a solution to the attrition of young people from the community (See **Figure 7**). The above-mentioned solutions illustrate the mentors' capacity to deliver their TOR as stipulated prior to their engagement with the young people.

The study findings on challenges and solutions of engaging and promoting YFS utilisation among young people reaffirm evidence from Godia et al. (2013) study, which found that engagement of the community in creating an enabling environment that supports SRH programs is a primary strategy that improves YP and community acceptability of SRH programs. It also reaffirms the Marie Stopes (2012) report emphasises the engagement of parents as the primary guardians to the young people to enable a clear understanding of the program and hence have their consent for their children's participation in the program (delivering sexual and reproductive health services to young people).

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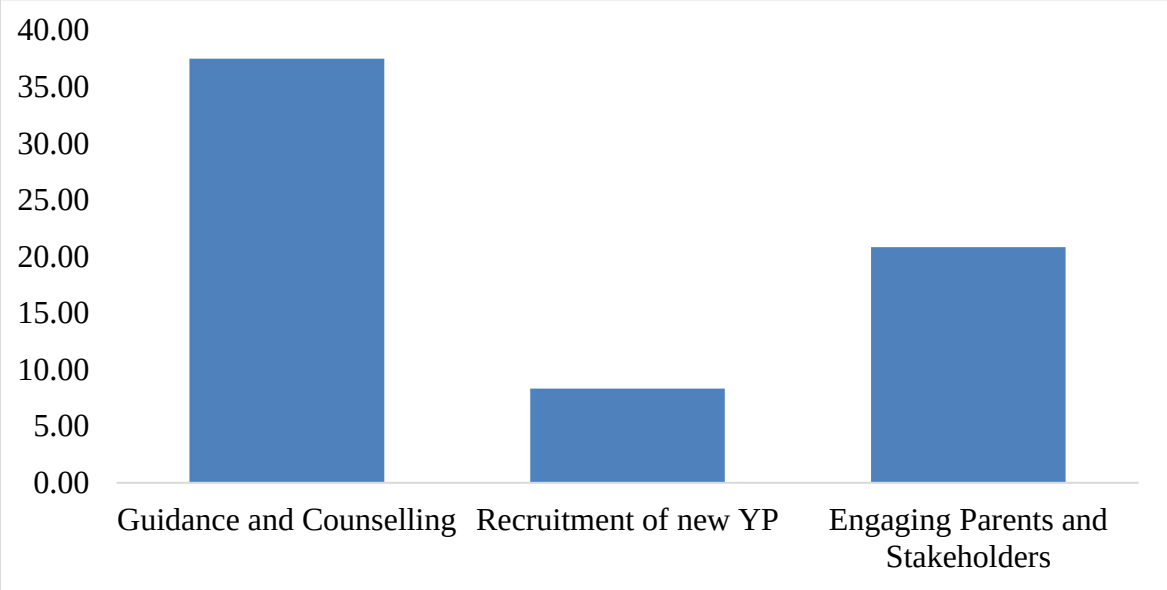
Figure 7: Solutions to challenges in mentoring YP



DISCUSSION

Based on the finding that most male mentors are the most concerned with mentoring young people compared with their female counterparts with the majority of them being in their mid and late forty years, the capacity of such people in the community should be built to deal with any dynamics that might come with interaction with young people during the mentorship. The finding further states that the key support that mentors provide to young people during the mentorship process is attending young people's meetings and providing training to young people. These findings are in line with other studies which have shown similar results that some of the mentoring programs and support which mentors embraced as more goal-directed include training, coaching (i.e., instructing and training)", and these have led to more substantive effects (Goldner et al., 2021)

These findings are in line with studies that mention a number of barriers to access and utilisation of SRH services by young people including lack of confidentiality and privacy, stigma and discrimination, the unfriendly and negative attitude among service providers, long waiting time for services and lack of information among young people on availability of SRH services at the health facilities (Godia et al., 2013; Robert et al., 2020). Additionally, studies have identified young people as a group that is shy, selective of the health facilities they visit and secretive about the issues they face with regard to SRH (Godia et al., 2013).

On the basis of youth-friendly services provided to young people by mentors, this study finds out that most mentors engage in sensitisation of CHVs, referral of young people to health facilities to access the youth-friendly services, and household visits to reach young people with SRHR information as the key activities. This study recognises the significance of Community Health Volunteers (CHVs) who have been trained in improving young people's access to SRHR services. This finding is corroborated by evidence from Marie Stopes's (2012) report that generally suggested that engaging community members as the primary YFS personnel in the community (in this case, mentors) is a working strategy that enhances access to YF SRH services such as contraceptives (Condoms), SRH counselling and pregnancy testing by reducing the distance to health facilities. Additionally, community (parents) engagement is a step toward achieving an enabling environment for the young people to access SRH services and has proven to work as this addresses the cultural barrier that inhibits access to services among the young people.

In line with findings that there is a need to train the technical service providers on YFs rather than the top administrative staff who do not directly engage

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with the young people, this study suggests that CHVs are yet another cadre that would be as important in improving YFS as was reported for the frontline health facility staff. (Geary et al., 2014; Godia et al., 2013;

This study also finds out two key challenges that mentors face during their mentorship to young people are time management since young people have their preferred time of meeting and that young people are hard to reach group due to other engagements like school going, casual employment. The study findings on challenges and solutions of engaging and promoting YFS utilisation among young people reaffirm evidence from Godia et al. (2013) study, which found that engagement of the community in creating an enabling environment that supports SRH programs is a primary strategy that improves YP and community acceptability of SRH programs and Marie Stopes (2012) report emphasises on the engagement of parents as the primary guardians to the young people to enable a clear understanding of the program hence have their consent for their children's participation in the program (Delivering sexual and reproductive health services to young people).

Implication of Findings

MOH should consider conducting YFS training for the technical health care providers to support, mentor and coach CHVs to improve SRH service uptake among young people. The focus for MOH's support to CHVs in improving young people's SRHR should be on:

- Coaching Young People on SRHR action planning
- Mentoring Young People in conducting their meetings
- Training the Young People key capabilities required by young people to implement their SRHR
- Sensitising stakeholders in the community to support the Young People's SRHR agenda
- Conducting referrals for young people
- Conducting HH Visits

CONCLUSION

This study highlighted the importance of CHVs in supporting young people's SRHR information and service access. The study emphasises on integration of tasks in line with young people's SRHR alongside the CHVs normal tasks as a working strategy for improving young people's SRHR situations in the community. However, the study highlights the gap in CHVs capacity to handle the hard-to-reach young people with SRHR information and services.

Recommendation

- Programs should integrate SRHR programming in CHS through CHVs for improved access and uptake of SRH information and services
- CHVs roles can include the SRHR mentorship roles to the young people for improved young people's SRHR.
- CHVs should be supported with job training or mentorships on the challenges they experience with reference to the mentorship of young people.

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