

Original Article

Willingness and Roles of Young People to Meaningfully Participate in Promotion of Sexual and Reproductive Health and Rights Programmes: A Case of Get Up Speak Out Project in Western Kenya

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This study aims to demonstrate the willingness and roles of young people in implementation of Sexual Reproductive Health and Rights for young people. A full coverage survey across all 24 link health facilities of Get Up Speak Out (GUSO) program implementation was conducted in May 2020 adopting an electronic approach in adherence to the MOH Covid-19 preventive guidelines. The findings established that there was a progressive increase in representation over the 3-year period starting at 66% in 2019 to 77% in 2020. The study also revealed that young people involved in program activities over the 3 years recorded an average of 132% on youth participation. The findings imply that programs can effectively engage young people in planning, implementing, and monitoring Sexual Reproductive Health and Rights interventions. The implication of these findings is that, a clear guideline promoting engagement of young people by Ministry of Health on the type of capacity building and for what skill would go a long way to enhance implementation of the Meaningful Youth Participation goal. This will have the effect to actualize meaningful youth participation in Sexual Reproductive Health and Rights programming and implementation by the Ministry of Health. The study recommends strengthening of Meaningful Youth Participation in service delivery to the young people as this will lead to high satisfaction for services and increased uptake by young people.

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INTRODUCTION

Meaningful youth participation (MYP) is a desirable element in programming of sexual and reproductive health interventions for young people that optimizes decision-making by young people, control, and connectedness (Oliver, 2006). Four key components are identified by the General Assembly (GA) to define meaningful youth participation with capacity to create and sustain a culture of respect for children and young people, as including: economic participation relating to work and development; political participation relating to decision-making processes; social participation relating to community involvement; and cultural participation relating to the arts, cultural values, and expression (United Nations, 2003).

Kenya has ratified Article 12 of the Convention on the Rights of the Child, which provides that 'a child who is capable of forming his or her own views has the right to express those views freely in all matters affecting the child and the views of the child being given due weight in accordance with the age and maturity of the child (Ministry of Youth Affairs, 2006). Therefore, programs targeting young people, as part of their beneficiaries should involve them

because it is their human right (United Nations, 1989).

Many States have been faulted by the Committee on the Rights of the Child which has observed that although most States Parties to the Convention attest to the priority and value attached to children and young people within their respective cultures, they generally have failed to undertake all appropriate legislative, administrative, and other measures to the maximum extent of their available resources to ensure that the rights of the younger members of society are realized (United Nations Children's Fund (UNICEF), 2007).

Studies have shown that young people from sub-Saharan Africa are at higher risk of experiencing sexual and reproductive health (SRH) problems than their counterparts from around the world where almost to 70% of young people are sexually active during adolescence stage and more than 20% have their first child by age 18 years and below (Ringheim & Gribble, 2010).

Under Article 16 of the African Youth Charter (2006), States have a responsibility to secure the full involvement of youth in identifying their

reproductive and health needs and designing programmes that respond to those needs. In Kenya, the adoption of the national youth policy (2006), set goal to actualize a society where youth have equal opportunity as other citizens to realize their fullest potential, productively participating in economic, social, political, cultural, and religious life without fear or favour. (Ministry of Youth Affairs, 2006)

Sexual Reproductive Health (SRH) problems have been cited to form the main causes of high morbidity and mortality rates among young people (Mokdad, 2016). A number of factors have been identified to influence accessibility of SRH services including: youth's SRH knowledge and awareness of services, socio-cultural norms regarding sexual activity of youth leading to social stigma, availability of and access to services, costs of using the services, and the quality of the services provided (Tylee, 2007).

Reports and studies have shown that interests of young people are often disregarded in public policy in favour of those of more powerful interest groups not necessarily deliberately, but because their voices are not heard and the impact of public policy on their lives not considered in decision-making forums nor do their concerns reach the top of the political agenda (United Nations, 2003).

To address this disparity, more than one third of Sustainable Development Goals (SDGs) targets have considered young people explicitly or implicitly, with a focus on empowerment, participation, and/or wellbeing. The involvement of young people is priority for realization of participation, inclusion, accountability, and revitalized global engagement embedded in Goals 16 (peaceful, just, and inclusive societies) and 17 (partnerships and implementation). (Bokoyeibo, 2018)

Young people are envisioned to be fully involved in the planning, implementation, and evaluation of development activities that have a direct impact on their daily lives according to the 1994 International Conference on Population and Development (ICPD) - Action 6.15. ICPD sought to draw on demographic diversity to drive economic growth and achieve sustainable development. The Nairobi Summit ICPD25, 2019, committed the state members to recognize that nothing about young people's health and well-being can be discussed and

decided upon without their meaningful involvement and participation through the slogan of "nothing about us, without us" (International Steering Committee on ICPD25, 2019).

In Kenya, the strategic plan (2007-2012) provided a detailed action plan for the implementation of the eight strategic areas including; health and youth empowerment and participation (Ministry of Youth Affairs, 2006). To address the Sexual Reproductive Health and Rights (SRHR) poor indicators, in 2015, Kenya through the Ministry of Health (MoH) launched a National Adolescent Sexual and Reproductive Health (NARH) Policy Kenya to guide government ministries and partners on how to respond to Adolescent Sexual Reproductive Health (ASRH) needs. The policy advocates for the ministries of education and health, other line ministries, the political administration, and other stakeholders for successful ASRH programs to ensure participation of young people (Ministry of Health, Kenya, 2015).

In a recent study, youth representatives noted that young people would mainly be assigned only less important and peripheral tasks without voting rights on key decisions to influence budgets, health agenda, or decisions by Community Health Committees (Evelia, 2021).

Assessments have also shown that Kenya NARH Policy implementation has been limited due to a range of factors, such as: lack of awareness about the policy; lack of coordination among implementers; low stakeholder involvement, including low political will and youth involvement; limited leadership; lack of resources; poverty and unemployment among youth; and limited availability of high-quality ASRH services. It is observed that adolescent SRH remains a contentious issue among some communities, and some cultural and religious practices that act as barriers for implementation. One of the main challenges for implementation has been lack of awareness about the Adolescent Reproductive Health (ARH) Policy, it is further noted. Due to limited policy dissemination and awareness, many stakeholders are uninformed regarding the policy objectives and implementation strategy, the agencies responsible for implementation, and the monitoring and

evaluation (M&E) framework (National Council for Population and Development, 2013).

Therefore, the purpose of this paper is to demonstrate extent of willingness and roles in Meaningful Youth Participation (MYP) in decision making and programming towards improving SRHR for young people as applied through the GUSO program of TICH. The two main objectives were; to determine the level of young peoples' representation in organizations' structures and decision-making processes and; to describe the involvement of youth participation in activity implementation.

MATERIALS AND METHODS

This study was a quasi-experimental design conducted between the years 2018 to 2020 in 5 sub counties within western Kenya. Method design for data collection and analysis was descriptive utilizing cross-sectional survey and the quasi-experimental intervention.

Over the 5-year period, Tropical Institute of Community Health, and Development (TICH) has been implementing the Get up Speak out (GUSO) program in 4 counties within the 5 specific sub counties: Kisumu-Nyakach and Nyando; Homabay-Rachuonyo East; Kakamega- Butere; and Siaya-Alego Usonga in western Kenya. It covered a total of 29 community health units distributed across the 5 sub counties: Butere-10, Rachuonyo East- 6, Nyakach- 5, Alego Usonga – 5 and Nyando 3. The 29 community health units are linked to 24 health facilities.

The counties are operating under national ministry of health guided by same policies and guidelines, all sub counties are predominantly practicing small scale farming. Butere sub county is occupied by Luhya community while Alego Usoga, Nyakach, Nyando, and Rachuonyo East sub counties are occupied by Luo community.

The program aimed at having young people increasingly voicing their rights with two specific deliverable outputs including: % of young people (under 25) representation in the organisation structures and decision-making processes; number of collaborations among young people from

different alliance related organisations/ networks that represent the young people.

To achieve this outcome, the program deployed four main strategies as follows: i) Structural and fair representation in decision making process; ii) Network and movement building; iii) Strengthen capacity of young people youth organization; and iv) building positive youth adult partnership.

The four strategies were implemented through twelve activities: Under Structural and fair representation in decision making process strategy, the activities included: conducting induction meetings for the youth representative at TICH, facilitating Sub County youth group officials forum meetings where youth group officials where the officials met quarterly basis to present and plan with TICH-GUSO management; Sub County Youth group representative attending in periodic (twice a year) review meetings; and tabling young people's SRHR agenda to the TICH Executive Committee.

The strategy engaged four activities including; training youths on evidence based engagement - using Community Based Health Information System (CBHIS) (for dialogue and any other forum); need based training for young people on MYP and Community Health Volunteers (CHVs) on mentorship of young people on MYP including data collection, analysis, and reporting; technical coaching and mentorship; and holding of joint SRH service assessment and planning meetings between young people with CHVs and link health facilities.

Under the strategy and network and movement building, three activities were implemented: participating in SRHR meetings with other groups; annual youth symposium (during conference); and youth groups exchange visits to share experiences and best practices.

The strategy on building positive youth adult partnership had one activity: joint workshops of young people and adults (religious people, community members, local administration, politicians, and health service providers) to review young peoples' SRHR plan implementation.

An assessment survey was conducted among 580 young people within 29 youth groups and constituted in 29 Community Health Units where

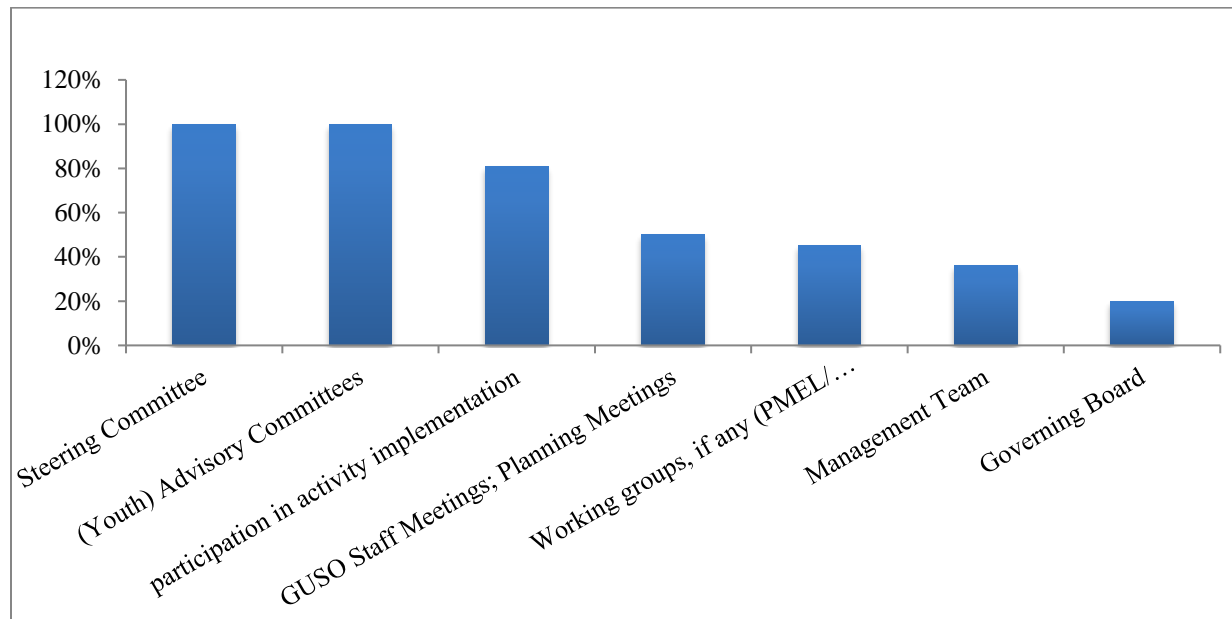
GUSO activities were implemented (Alego Usonga, Rachuonyo East, Butere, Nyakach, and Nyando Sub-counties). The survey aimed to assess extent to which young people had participated in sexual and reproductive health and rights activities within their areas towards improving access to information and health services for young people. The study utilizes monitoring and evaluation data collected alongside implementation of the project for 5 years. Data was collected and collated for quality control every after six months. Quality management of the data used for findings in this study included, validation of data by trained field officers through reconciliations of different program source documents in the various community health units and link health facilities. Qualitative narratives were collected of testimonies

from young people beneficiaries, community health volunteers and health facility personnel in charge of youth friendly services. Final analysis was based on consolidated data for 10 biannual data sets.

RESULTS

Over 60% young people participation was recorded in 3 structures: steering committee, advisory committee, and participation in activity implementation. The other structures had less than 50% participation being: planning meetings, working groups, and management team, with the least percentage representation at the governing board recording at 20% as illustrated in the chart below.

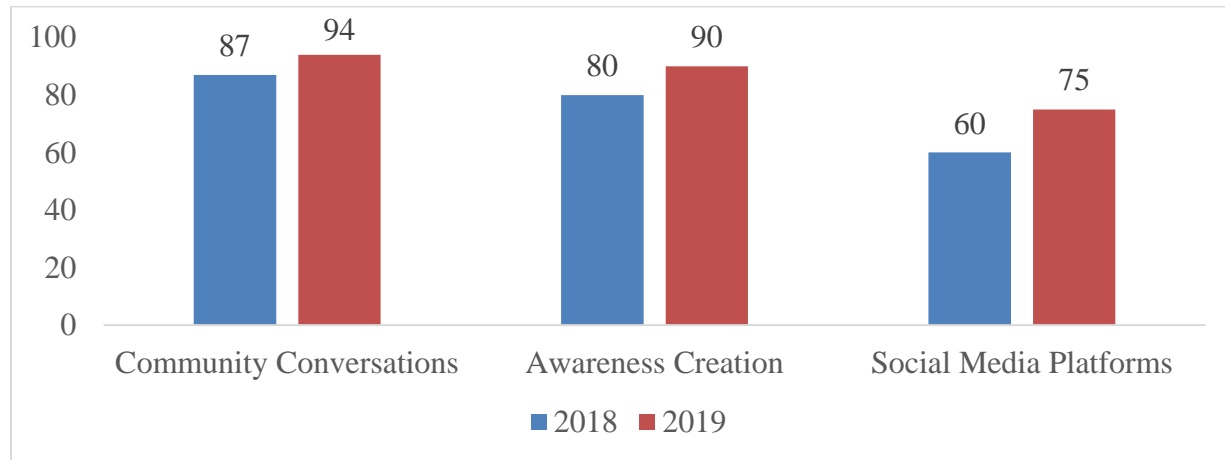
Figure 1: Percentage of young people (10-24 years) in different representation levels



Activities that recorded high level of participation among young people during 2018 and 2019 years of implementation, included: community conversation

(87%, 94%), awareness creation (80%, 90%) and social media platforms (60%, 75%).

Figure 2: Participation of YP in implementation of activities



The results correspond with the experiences that YP shared in different engagement sessions as quoted below.

‘The mentorship and coaching I have received from TICH- GUSO has built my capacity to the level that I can now participate in the process of research For instance, I have presented a case study of SRHR Alliance Youth Council in 2 national scientific conferences.

‘The trainings I have received through the process of my being SRHR young person has enabled me identify and document scientific advocacy key messages For example, on 12/5/2019, I presented on the SRHR situation in West Pokot to the Women representative Hon. Lilian Tomitom during the West Pokot SRHR meeting’

‘The engagement as young people has raised my capacity to engage in issue-based debates For instance, I have been able to mobilize young people to present a petition paper during a national scientific conference and also to meet and discuss the issue of drugs and substance abuse in Chemolo village that led to the assistant chief of Chebon sub-location convene an urgent meeting with the village elders to address the issue’.

Further, young people leadership steered by GUSO institutionalized youth group- link facility joint planning SRHR sessions where they petitioned for stakeholders to resource for: youth friendly service

delivery; improvement on confidentiality; and availability of SRH commodities.

DISCUSSION

The findings highlight 2 important messages: i) willingness of young people to engage in MYP; ii) 5 activities of high MYP willingness that included (participation on governance and decision-making structures including steering committee and advisory committee; and activities implementation roles including community conversation, awareness creation and engagement SRHR debates and education through social media platforms.

Representation in Organizations’ Structures High participation noted in the study confirms earlier findings that showed the unhappiness of young people to be denied opportunities to participate in decision making processes (CHOICE for Youth and Sexuality & YOUACT, 2018), and constantly proclaimed their longing to engage in decision making structures although mechanisms to facilitate the same have been non-existent (Council of Europe and Youth, 2000). Young people have demanded that they too be given opportunity to air their preferences and tastes in decisions made(Lansdown, 2000).

This implies that the ever-growing demand for participation by young people across sexual and reproductive health and rights (SRHR) programmes(Villa-Torres, 2015) is validated and

integration of the demand in SRHR programming and implementation will go a long way in increasing acceptability and uptake of SRH services among the young people. Furthermore, this participation should be designed within acceptable standards for 'meaningful' participation, to ensure active engagement of young people from policies, programmes design, and services delivery (Howard, 2002). Integration of young people have the potential to improve quality and impact of decisions made because of embedded body of experience unique to young peoples' condition and understandings and concepts that originate from this experience, a process that only enhances skills and capacities to steer useful resolutions to solve system problems associated with SRH service delivery systems (United Nations, 2003).

Besides promotion of the welfare and growth of young people, meaningful participation would also sustainably enhance skills, build proficiencies, self-confidence, and develop their ambitions that would further boost development (UNICEF, 2000).

Involvement in Activity Implementation

The study findings also showed that young people appreciated the training, coaching and mentorship they received on MYP resulting in enhanced knowledge, skills and confidence to engage and participate. This resulted to young people interacting with adults over meetings and dialogue on SRHR issues touching on them, steering youth led community conversations, table talks and outreaches, facilitating evidence based SRHR discussions via social media platforms including Facebook and WhatsApp. This finding confirm evidence elsewhere that capacity-built youth are most likely to appreciate community development (Ani, 1999).

After the trainings, young people kept above target in participation on: community conversation, awareness creation, social media platforms, implying further confirmation that education empowers youth to have required qualities that promote participation in the implementation of community development initiatives (Nikkhah & Redzuan, 2009) and projects (Ani, 1999). The implication of the findings was the following: -

- Findings suggests that programs can indeed engage young people (because of demonstrated willingness) in planning, implementing, and monitoring SRHR interventions
- Findings suggest that young people are more likely to effectively engage in 3 areas (steering committee, advisory committee, participation in activity implementation), and hence a guideline promoting engagement of young people on activities by MoH will go a long way to enhance implementation of MYP policy of the government (National Adolescent Sexual and Reproductive Health Policy, 2015)
- Findings suggests that capacity building for young people reinforces their sustained engagement in the steering committee, advisory committee, and activity implementation which recorded an over 60% young people participation. This implies that a clear guideline on the type of capacity building and for what skill is necessary to help the frontline MoH staff actualise MYP in SRHR programming and implementation.

CONCLUSION

This study has confirmed two key evidences about young peoples' meaningful participation in SRHR program design and implementation, which are: i) that there is willingness for participation in decision making structures and programs implementation processes; and ii) that capacity building enhances the meaningful participation process. Furthermore, the has also produced new knowledge that meaningful participation by young people in SRHR programming and implementation improves integration of youth friendly services, improves confidentiality in service delivery and improves commodities availability in link health facilities.

Recommendation

The study has shown the feasibility of actualising MYP in SRHR program design, implementation, and monitoring therefore, the MoH is encouraged to strengthen MYP in their SRH service delivery to the YP as this will lead to high satisfaction for services and increased uptake by YP.

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