Sexual and reproductive desires and practices of Kenyan young positives: Opportunities for skills building through social media

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In this chapter the opportunities for skills building among HIV-positive adolescent boys and girls in Kenya through the use of social media to address their sexual and reproductive health (SRH) information and service needs will be discussed.[1] It is based on: (1) the findings of a diagnostic study conducted among adolescent boys and girls living with HIV in Kenya that assessed the SRH information and service needs of the adolescents with the aim of identifying and developing interventions that integrate these needs into the existing HIV and AIDS programmes (Obare and Van der Kwaak et al., 2010); (2) a workshop on Bridging and Bonding held on October 16-17 2010, in Kibera, Nairobi with 50 young people who took part in the diagnostic study; and (3) the work of the Netherlands-based Royal Tropical Institute (KIT) on mobile health (*mhealth*).[2]

The study among HIV-positive adolescents was implemented in Nairobi and Nyanza provinces in 2009 by Plan International-Kenya and KIT through funding from Plan International-Netherlands, KIT, and the Dutch Ministry of Foreign Affairs. KIT's work on *mhealth*, on the other hand, involves: (1) MobiScopy, a device that facilitates the use of a mobile phone camera to take and send microscopic images to an e-platform for remote diagnosis by a more experienced health worker; (2) a study into the feasibility of improving maternal health by enabling client-provider contact in emergencies, provider-client health promotion, and provider-provider communication to improve quality of care; and (3) the use of mobile phones to produce short project-related documentaries, and as an awareness and skills development tool for young people.

This chapter begins by presenting a summary of the relevant findings from the Kenyan study and their implications for programmatic actions as a way of identifying opportunities for the use of social media. It then highlights some of the existing challenges regarding SRH communication with young people, building self-esteem and life skills. Next, it outlines some of the examples of the use of social media and mobile phones to address public health issues and developments around the globe. It concludes by providing a brief description of the skills building and communication workshop for HIV-positive adolescents in Kenya using mobile phone technology.

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[1] Social media is the use of internet- or mobile-based tools for social interaction, which is, sharing and discussing knowledge and information.

[2] Mobile health (mhealth) is the use of mobile communication and multimedia technology for public health and well-being.

Summary of study findings and implications

The diagnostic study involved a survey of 606 HIV-positive young people aged 15-19 years who were aware of their sero-status, and had a reflective ability to talk about their inner lives as well as four focus group discussions – comprising eight participants each – with a subset of the adolescents aged 18-19 years (Obare and Van der Kwaak et al., 2010). Study participants were identified and recruited through HIV and AIDS treatment, care and support centres with the help of counsellors, community health workers and social health workers. Female respondents comprised the majority (78%) of the study participants. This could partly be attributed to their greater vulnerability given that in Kenya, as elsewhere in sub-Saharan Africa, women are disproportionately affected by HIV and AIDS compared to men. It could also be due to better health-seeking behaviour among women than men. The study further found that most of the HIV-positive adolescents are vulnerable on account of several factors including their young age coupled with the fact that they are living with a chronic illness, many have lost one or both parents and the majority, especially the girls, are out of school. Moreover, only 50% belonged to any psychosocial support group (43% of the boys and 52% of the girls) (Obare and Van der Kwaak et al., 2010).

With respect to sexual and reproductive desires and practices, the findings show that most of the adolescents have already been in a sexual relationship (78% of the boys and 89% of the girls) while many of those who have never been in a sexual relationship intend to be involved in one in the future (97% of the boys and 84% of the girls). In addition, 84% of the respondents have already had sex (73% of the boys and 88% of the girls). Moreover, 76% of the adolescents intend to have children in future (90% of the boys and 73% of the girls) (Obare and Van der Kwaak et al., 2010). In summary, adolescents – whether HIV-positive or HIV-negative – desire to fall in love, have sex and plan for children.

However, most HIV and AIDS programmes dealing with HIV-positive adolescent clients focus on managing illness. Service providers do not seem to be interested, motivated or prepared to find out whether these clients are dating and are sexually active in order to provide appropriate SRH information and services (Obare and Van der Kwaak et al., 2010). Whereas there are efforts to integrate reproductive health and HIV services, these tend to focus on adults. Moreover, although some HIV and AIDS treatment, care and support programmes have incorporated child counselling into their packages, this falls short of mentioning sexuality, social empowerment and rights issues. Thus, HIV-positive adolescents are not empowered with the necessary information to enable them to balance rights and responsibilities, make informed decisions about relationships and sex, and achieve a higher quality of life in general.

Based on the findings of the study, some of the recommendations for programmatic actions included the need to (Obare and Van der Kwaak et al., 2010):

- update the existing counselling and support packages to include SRH information and services in order to equip service providers/counsellors with a tool to systematically assess the SRH needs of HIV-positive adolescents, and to address such needs in time or make appropriate referral;
- encourage and strengthen support groups for HIV-positive adolescents as these are a source of peer and psychosocial support, life skills training, and potential avenues for channelling SRH information;

- strengthen life skills training for HIV-positive adolescents to enable them to make informed choices, and to balance responsibility with sexual and reproductive desires and rights.

The above findings and implications suggest that involvement of HIV-positive young people in social programmes that address their aspirations and rights in the context of chronic illness and vulnerability are needed.

Challenges with sexual and reproductive health communication

As already noted, most HIV and AIDS programmes focus on managing illness and fail to appreciate the fact that HIV-positive young people have different aspirations in life including being successful in their careers, marrying, and having children. This could be partly due to social, cultural and religious norms in most parts of sub-Saharan Africa that do not sanction adolescent sexuality and childbearing, and guide the discussion of adolescent SRH issues (Marston and King, 2006; Mturi and Moerane, 2001). It could also be due to lack of appropriate training on the part of the service providers to offer SRH information and counselling to HIV-positive adolescents ((Birungi, Obare and Mugisha et al., 2009; Birungi, Mugisha and Nyombi et al., 2008). This suggests the need for innovative strategies for addressing SRH issues, empowerment, self-esteem, desires and professional aspirations of HIV-positive adolescents within programmes.

The other challenge stems from the multiple layered identities of young people in general, which makes dealing with adolescent SRH issues a complex task. For instance, young people's behaviour has been found to be context-specific, voicing certain normative attitudes in school while espousing alternative attitudes and behaviours in other contexts (Mitchell, Halpern and Kamathi, 2006; Nzioka 2001). This 'repertoire of faces' seems a necessary coping strategy for young people and might imply that HIV-positive adolescents included in the Kenyan study show different attitudes and behaviours depending on the context, but are also treated differently in different contexts. The enacted and perceived stigma that HIV-positive young people face may interlock with their identities of being a young girl or boy, going to school, being an orphan, and involuntary disclosure of HIV status. This complex, often conflicting and confusing reality in which young people live and in which they follow their aspirations underscores the need for supporting them with life-skills, communication skills, as well as coping strategies that go beyond disclosure or communicating about their illness.

Social media and mobile phones for public health and development

Accessible web-based technologies are used for creation and exchange of user-generated content. Common examples are the popular social networking sites like *Facebook* and *MySpace* but also include *YouTube*, *Flickr*, *Twitter*, *Wikipedia*, blogs and chat sites. Social media are increasingly being used for public health and social development purposes by embedding them in specific, interactive websites and web-based networks. However, computer-based web access is still limited for most people in many developing countries, especially those outside urban areas, due to limited bandwidth and prohibitive costs. In contrast, mobile phone access and coverage are rapidly expanding.

Standard mobile phones have at least voice, voicemail and short message service (sms) or text options, and often a camera for photos/video and multimedia messaging service (mms) while smart phones have e-mail and web access. In recent years, mobile communication and

multimedia technology are increasingly being used for *mhealth* in order to improve public health and well-being. Expectations for the potential impact of *mhealth* are high in terms of increasing access to information and services, improving quality, and lowering cost of services. Mobile phones have also rapidly become a popular tool in the broader field of development-related communication and social networking. Some examples of mobile phone and social media use in HIV and AIDS programmes include:

- The *Sex::Tech 2010, a* US-based sexuality conference focused on social media and mobile technology using *Twitter*, *Flickr*, *Facebook*, *YouTube* and blogs. According to *Sex::Tech* (ISIS, 2010), "The Internet and mobile technologies have strengthened youth networks, provided new avenues for expression, and increased youth access to tools and information designed to improve their sexual health. *Sex::Tech* explores available tools and methods for reaching youth with culturally-appropriate STD/HIV prevention and sex education interventions."
- The *LoveLife-Youth* project/network in South Africa reports connecting more than 6,000 peer educators to 5,100 schools, 150 community-based organisations (CBOs) and 500 clinics with 500,000 youth not only on a face-to-face basis but also through chat rooms, quizzes, and the cell phone-based social network, *MYMsta*, which has 45,000 registered users.
- The Dutch non-governmental organisation, *Text to Change*, sent interactive HIV awareness quizzes to 15,000 mobile subscribers in Uganda. This led to a 40% increase in clients who came in for testing – from 1,000 to 1,400 – during a six-week period (TTC, 2008).
- In South Africa, *Cell-life* uses mobile phones for behaviour change communication and HIV treatment adherence support. As De Tolly and Alexander (2009) note, "The opportunities in South Africa for using mobile technologies to support initiatives in the HIV and AIDS sector are enormous. A huge number of people have cell phone access, and there are a range of innovative ways in which cell phones can be used to support treatment, disseminate information, provide anonymous counselling, gather data, and link patients to services."

Mechael and colleagues (2010: 69) have reviewed present approaches in *mhealth*. They conclude that "the mobile technologies when applied to addressing health issues... are beginning to gain traction and show positive, albeit mixed results," and that for the "programmes to succeed, an enabling well-informed policy and business environment that engages all relevant public and private health and IT stakeholders to drive scale and sustainability is needed."

Skills building and communication workshop in Kenya

A post-research workshop took place in Kibera, Nairobi as a follow-up programme aimed at engaging young people living with HIV face-to-face as well as through virtual communication as a channel for addressing their SRH information and service needs[3]. Its objectives were to:

- Enhance the understanding and skills of the participants to use mobile technology and social media, in order to increase self-esteem and life skills and strengthen 'bonding' activities (among themselves and with other young positives) and 'bridging' efforts (with other groups such as parents, other adolescents, and service providers) for positive living, improved quality of life, and exercising of rights;

[3] This activity was funded by Plan Netherlands and the Dutch Royal Tropical Institute.

- Improve participants' ability to discuss their desires and dreams in terms of social relations; bonding and bridging; positive living and quality of life; exercising rights; information use; and social responsibilities;
- Provide participants with an opportunity to discuss options, benefits and personal interest regarding the use of mobile phones and social media related to their aspirations, identities, and dreams as well as to develop and implement simple ideas for use of mobile phones and possibly other media.

The workshop also aimed at using new approaches to facilitate life skills training for HIV-positive young people in Kenya and to use mobile technology and social media as exciting ways of attracting and engaging them in topics such as HIV prevention and care, as well as rights-based development of self-esteem. It involved mind mapping exercises, representations on power and self-esteem, the presentation of short state-of-the-art social media approaches and a description of the intentions to use these approaches in the work with young people. Managed by a local NGO involved in work with youth and social media (Nairobits), a Facebook page was established during the workshop to enable communication, sharing and community building among the 50 young participants as well as representatives of the Foundation of People living with HIV and AIDS in Kenya (FOPHAK), AMREF and mobilisers of treatment centres. Workshop outputs (mind maps, poster representations on self-esteem) as well as selected photos were immediately uploaded on the Facebook page.

Mobile technology was used as a tool for motivation and communication, later to be integrated with social media. On several occasions during and after the workshops bulk text messages (sms) with motivational contents and questions were sent out to all participants, generating reasonable (>50%) response levels. A subsequent workshop will be held early 2011. The work will be undertaken with the organisations mentioned above, the Kenyan government, and service providers working with HIV-positive adolescents. Liverpool VCT and other organisations are eager to participate. A series of workshops and other initiatives are envisaged to respond to these young people's rights and needs. The workshop showed that there is an urgent need for knowledge and information about sexuality and HIV-related issues among the young people; and that mobile technology, the Internet and social media have a highly motivational quality for young people and are potentially effective assets for channelling information and addressing self-reflection, monitoring and evaluation, and community-building for mutual support; and identifying and engaging other key stakeholders in the process.

Forging ahead

This chapter highlights some of the findings and recommendations of a diagnostic study and related life-skills workshop that assessed the SRH information and service needs of young people living with HIV in Kenya with a view to identifying opportunities for the use of social media to address some of these needs. The findings of the diagnostic study show that the SRH needs of HIV-positive young people require social programmes that address their aspirations and rights in the context of chronic illness and vulnerability. Coupled with the challenges of dealing with adolescent SRH issues in general, there is a need for innovative strategies – such as the use of social media – to address issues of SRH, empowerment, self-esteem, desires and professional aspirations of HIV-positive adolescents within HIV and AIDS programmes.

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