

Efficacy of Social Media for Accessing Sexual and Reproductive Health Information by Youth in Nairobi, Kenya: Case of *AMREF* Programme

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ABSTRACT

Social media has recently emerged as an increasingly powerful health promotion platform that could help, but research remains limited on its usefulness and practical applications in Sexual and Reproductive Health (SRH) interventions. This study explored the efficacy of social media for accessing SRH information among youth in Mathare area of Nairobi using a case study of Y-ACT programme being implemented by Africa Medical Research Foundation (AMREF) in Kenya. The specific objectives of the study were to analyze general patterns of social media usage, assess the sources of SRH information sought and accessed on social media, determine the types of SRH information accessed on social media, and examine barriers faced in accessing SRH information on social media. The study adopted the descriptive survey study design. Stratified sampling was used in the selection of members within the respective groups due to the group arrangements, followed by simple random sampling from the members in the groups to provide all group members with equal chances of participating in the research. To obtain primary data from the respondents, copies of questionnaire were distributed to the youth, and relevant group leaders and Y-ACT programme officials were interviewed by the researcher. Descriptive statistics was applied to analyse quantitative data, where data was scored by calculating percentages using Microsoft Excel software. Thematic analysis was used to analyze the qualitative data by understanding, organizing, interpreting, and presenting emerging thematic patterns. According to the findings of the study, social media is increasingly popular channel of communication particularly among youth. Top social media in order of popularity were Google, WhatsApp, YouTube, and Facebook, followed by TikTok, Twitter and Instagram. Telegram was least popular. Additionally, findings from both primary and secondary data in this study highlighted the significant use by the respondents and potential of social media for accessing relevant SRH information, mainly on family planning.

Keywords: Sexual and Reproductive Health, Youth, Social Media

INTRODUCTION

Scholars such as Ali, Poku, Kojo, & Appiah (2022) and Oyedira, Kelechi & Oyediran (2014) reckon that a majority of sexually active youth population in sub-Saharan Africa face SRH problems that have significant consequences for the region's social and economic development. They list key SRH issues in the region as including limited access to safe delivery, poor distribution and adoption of family planning services, and rapid transmission of sexually transmitted infections (STIs), including HIV/AIDS. WHO (2017) also reports some stark SRH findings: that every year, an estimated 21 million girls aged 15 to 19 years and 2 million girls aged under 15 years become pregnant in developing regions, particularly in Africa; that in sub-Saharan Africa, only 10% of young men and 15% of young women were aware of their HIV status.

In the Kenyan context, despite the significant potential benefits of demographic dividends from a youthful population, Ninsiima & Ndejjo (2021) observed critical challenges and SRH risks facing young people, including unintended pregnancies, early childbirth, abortion, early marriage, and sexually transmitted infections. These negative outcomes limit youth's socio-economic potential and impact negatively on country's long-term development goals.

Studies such as by Kyilleh, Taboong & Konlaan (2018) and Ninsiima & Ndejjo (2021) largely attribute such negative SRH outcomes to limited access to timely SRH information and knowledge. Considering its features and rapid adoption especially among youth, social media can be leveraged to play a significant role in supporting health promotion efforts globally and in Kenya. However, Welch (2016) notes inconsistent empirical evidence on effectiveness of social media in promoting public health outcomes. Stellefson et al. (2020) emphasized the need to optimize technological offers of social media tools to create scalable, culturally adapted health promotion programmes and campaigns. To achieve this, it is important to generate clearer understanding on the advantages and disadvantages of using social media for health promotion. Additionally, Kaufman et al. (2014) highlight the need for research on strategies and effects of social media use for Sexual and Reproductive Health promotion interventions at multiple social and political levels. Gaps also still exist on the study of the relationship between social media and youth health behaviour in developing regions such as Kenya, despite this stage of life providing an important opportunity for molding positive health behaviour with life-long implications. Against this backdrop, this study sought to analyze the efficacy of social media in accessing Sexual and Reproductive Health (SRH) information by youth in Mathare, Nairobi using the case study of the AMREF Youth in Action (Y-ACT) programme. To do this, the study analyzed the patterns of social media use, SRH information sources on social media, types of SRH messaging, and barriers of SRH information access on social media as independent research variables. The dependent variable was the efficacy of social media for accessing SRH information by the target youth population.

LITERATURE REVIEW

The study applied the Uses and Gratifications Theory (UGT) and the Social Cognitive Theory (SCT) to develop its conceptual framework. While defining UGT elements, Katz, Haas, & Gurevitch (1973) posit that audiences seek or obtain diverse gratifications by selecting media and its content, particularly satisfaction of information needs, social interaction, and entertainment. Dolan (2015) specifically applied UGT to social media context. Based on the UGT perspective, Dolan (2015) categorized social media content into four main groups, based on its level of information, entertainment, remunerative and relational content. This study adopted this categorization since it summarized all the key elements of UGT constructs in context of social media environment. Social Cognitive Theory (SCT) is an interpersonal level theory developed by Albert Bandura as Social Learning Theory (SLT) in the 1960s. It posits that learning occurs in a social context with a dynamic and reciprocal interaction of the person, environment, and behavior.

Jamie (2018) defines social media as web-based communications platforms that allow user-generated and interactive content and enable some key elements of use that include collaboration, information sharing, feedback, flexibility, user control, direct messaging, and complex multi-directional communications. Ellison & Boyd (2013) elaborates unique features of social media as including technological features that enable establishment of interpersonal relationships, social connections, and personal profiles online that are aligned to an individual's offline personalities. They emphasize on collaboration and multidirectional interaction between users on the social media platforms. These unique properties make social media potentially useful tools for conducting multi-level sexual health promotion interventions (Wheeler, 2017).

A study by USIU Africa (2020) notes social media use in Kenya as the following percentages of the country's total population: WhatsApp at 89%, Facebook at 81.7%, YouTube at 51.6%, Instagram at 37.3% and Twitter at 34.4%. Kiswili (2020) noted that increasingly more Kenyans are joining social media spaces

to seek essential information such as on health, with a significant portion being youth (with a mean of 29.92 years). In a study on social media and public participation by Kenyan youth, Kamau (2017) established high levels of adoption and reliance on social media in Kenya, with Facebook being the most popular social media platform in the country according to his findings. 82 % of the participants in his study indicated visiting Facebook several times a day. Kamau (2017) also noted the increasing trend by the Government of Kenya and key stakeholders in the health sector to utilize social media for health promotion but decried limited research on its suitability for the same.

According to study in Australia by Gold et al. (2011), Twitter, Facebook, and YouTube are ranked as the most popular platforms for sexual health promotion interventions. Some factors of social media that Schillinger et al. (2020) particularly notes to have strengthened its capabilities in health promotion include popularity and technical sophistication; potential for enhanced creativity, innovation, and engagement; democratized and highly scalable content generation and distribution; and artificial intelligence capabilities that enable highly tailored messaging. Despite its significant importance, Schillinger et al. (2020) and Condran, Gahagan, & Isfeld-Kiely (2017) raise concerns of sluggish adoption of social media for health messaging by public health practitioners.

World Health Organization defines three key aspects of Sexual and Reproductive Health (SRH) as: maternal health, family planning and sexual health. Drawing from the theoretical review, general literature review and empirical review above, this research therefore analysed the interactions of various technology and user experience elements of social media engagement frameworks and how they influence access of SRH information by the study population.

RESEARCH METHODOLOGY

The study adopted the descriptive survey study design because the study sought to describe the prevailing practice of social media use for accessing SRH information by youth in Mathare, Nairobi with a view of generating findings on the application of social media for health promotion in Kenya and the region. The population of the study consisted of current target youth for the Y-ACT programme in Mathare area of Nairobi organized in 20 youth groups, with each youth group having an average membership of 20 youth organized according to age, gender, and marital status. According to Mugenda and Mugenda (2013), when the study population is less than 10,000, a sample size of between 10% and 30% is a good representation of the target population. Considering the study population of 400, the most appropriate sample size for the study was determined by the researcher as 100 youth. Stratified sampling was used for selection of members within the respective groups under the Y-ACT programme due to the heterogeneous group arrangements. Simple random sampling was used to select members from the group strata above due to the homogenous character of the group strata and availability of membership list for all the groups. Mixed method approach was used to obtain primary data from the respondents. Copies of questionnaire and Key Informants Interviews (KIIs) guides were used to gather quantitative and qualitative information respectively. Descriptive statistics was applied in this study to analyze quantitative data presented by calculating percentages in Microsoft Excel software. Thematic analysis was used to organize and present the qualitative data. The researcher sought a permit from National Council for Science and Technology (NACOSTI) to facilitate the study. Thereafter, the notification letters, research instruments and consent forms were shared with the Y-ACT programme official and sampled youth selected for the study.

RESULTS AND DISCUSSION

Out of the issued copies of questionnaire, 83 were returned duly filled, making a response rate of 83%, which was sufficient for statistical reporting. The dominant age brackets for the respondents were found to be 18-25 years at 39% and 26-30 at 32%. 58% of respondents were female, 36 % married and 15 % were widowed. 18% had 1 child and 72% identified as Christians. 33 % had achieved secondary education levels,

25 % certificate & 18 % diploma. At 47%, most respondents were unemployed. 23% were in full-time employed and 17 % were in casual employment. 13% were engaged in business. Older respondents with higher levels of education used Twitter, Google, and YouTube more, while female respondents preferred Facebook, YouTube, & Instagram to Twitter. Women were generally more exposed to SRH information on social media compared to their male counterparts. Older, more educated, female respondents interacted with more credible sources of SRH information on social media compared to younger, less educated, male counterparts across marital and occupational levels, highlighting the significant role of age, education, and gender in access to SRH information on social media. Most respondents were generally interested in family planning, sexual health & maternal health information on social media in that order.

Top social media platforms accessed by the respondents in order of popularity were Google, WhatsApp, YouTube, and Facebook, followed by TikTok, Twitter and Instagram. Telegram was least popular. User engagement as measured by proportionate time spent on each social media platform was highest on WhatsApp, Google, TikTok, and Instagram followed by Facebook and YouTube. A majority of the respondents mainly sought social media platforms for information seeking and entertainment purposes, followed by relational and remunerative purposes. These findings indicated that majority of the study's respondents were familiar with social media and had sufficiently interacted with more than two platforms. This analysis provides important insights into choice of various social media platforms for SRH messaging, including how to format and tailor SRH content for respective platforms. Key features of social media that were identified from qualitative findings as major contributors of high usage and engagement included user-generated content approach that promoted user agency; the peer-to-peer conversational environments that promoted friendship and social connection; the visually appeal of social media content that promoted escape factor in usage; mobile-focus of social media content that increased access levels due to ease of use and access.

Top social media platforms where the respondents accessed SRH information & learning most frequently were Google, Facebook, TikTok and YouTube in order of prevalence of SRH information. Top sources of SRH information on these platforms were doctors and health practitioners for all, NGOs for all, friends (for Facebook, TikTok and YouTube), and UN and Government for Google and UN for Facebook only. Respondents generally actively sought SRH information or accessed them through shares from friends. Advertisements and promotions of SRH information on social media were relatively uncommon.

SRH information affiliated to the Government and the UN were relatively limited on these platforms, highlighting need for more investments by these institutions on SRH messaging on social media beyond Facebook, Twitter & Google. Notably, family members were nearly absent as sources of SRH information on the popular social media platforms, hence more interventions needed to close gap of SRH messaging at household levels.

The most common type of SRH information accessed on SM were family planning information, followed by sexual health information and then maternal health information. This was linked to the character of the study population that constituted largely of unmarried youth. 55% of participants indicated accessing other SRH information that need further investigation. Most common types of family planning information accessed by young people in order of prevalence: family planning methods (68%), types of contraceptives (61%) and how to use contraceptives (58%). Most common types of sexual health information accessed by young people in order of prevalence: types of Sexually Transmitted Infections (STIs) (90%), how to test for STIs (75%), how HIV and STIs are transmitted (65%), signs of HIV infection and signs of other STIs (65%) and how to protect oneself from HIV and STIs (65%). Prevalent types of maternal health information accessed by young people in order of prevalence: Pregnancy advice and counselling (82%), pregnancy testing (70%), child immunization (59%), safe childbirth (41%) and post-pregnancy care (41%).

The most prevalent barriers to SRH information identified in the study were related to shame and

embarrassment (71% of responses), privacy concerns (55% of responses), information overload (52%), and mistrust and misinformation concerns (49%) and disinformation related to difficulty in navigating available information (47%). A significant number of respondents (42%) indicated constraints in their ability to access information readily due to economic constraints. Most research participants highlighted that SRH information accessed on social media were not interactive but rather designed as one-way information sharing, hence not aligned with social media concept of interactive communication. About half of the respondents indicated having other barriers of access to SRH information on social media, implying need for additional research on these probable barriers.

The findings of this study therefore clearly provided positive inference of the research question on efficacy of social media as channels for promoting access for SRH information by youth. Consequently, and as confirmed by Loss et al. (2018), social media therefore remains a very important channel for promotion of SRH messages that needs to be carefully leveraged by all stakeholders to achieve positive SRH outcomes. However, the study findings point to prevalent interaction with peer-to-peer, and in most cases unreliable and uncredible sources of SRH information on social media by young people. SRH practitioners should therefore accelerate efforts of enhancing availability of tailored, reliable, and credible SRH information in social media spaces. The most prevalent barriers to SRH information identified in the study were external to the respondents and mostly related to shame, stigma, and embarrassment especially on sexually transmitted infections (STIs), privacy concerns, information overload, mistrust, misinformation, and disinformation. These findings implied need to re-organize and re-package SRH information disseminated on social media in more effective manners that are not overwhelming to young people.

To effectively adopt social media as a channel for SRH promotion for young people, and as noted by other authors such as Byron (2017) and Loss (2014), SRH messaging needs to be adjusted for emerging realities of the social media landscape. SRH practitioners also need to respond to the permeable boundaries of social media spaces that are different from traditional settings-based spaces used for dissemination of SRH information such as schools and hospitals.

Additionally, the instrumental approach by many health interventionists often premised on unidirectional SRH messaging is inappropriate for social media environment. As noted by Lupton (2015), health prevention is often not a high priority in people's daily lives, particularly for young people. He notes that significant investment is therefore required in targeted, engaging mixed-media marketing approaches (that links social media marketing with other channels such as traditional media) to enhance accessibility of credible SRH information by young people.

CONCLUSIONS

The research findings point to the complex ways in which young people use and access Sexual and Reproductive Health information on social media, implying limitations for simplistic, traditional one-way sexual health messaging. Of the demographic variables, age, gender, education, and marital status were most related to general social media SRH information seeking. Older, female, married and more educated youth were more likely to access SRH information on social media. Top social media increasingly used by youth to access SRH information were Google, Facebook, TikTok and YouTube in order of popularity.

Key aspects that emerged from the study were: growing popularity of social media with varied gratifications sought; the participatory culture of social networking sites; and the importance of increasing tailored, engaging SRH messaging on social media. Unique characters of social media identified in this research that can be leveraged for SRH promotion include user-generated content approach for social media platforms; the peer-to-peer conversational social media environments; the visual appeal of social media content and user interfaces; mobile-focus of social media content that significantly increases reach for young people;

decreasing attention spans of social media audiences and shift towards visual and video-focused content and less text-based content; and infinite vertical and horizontal scrolling features.

Overall, the study respondents were highly interested in and would largely benefit from accessing more tailored and engaging SRH information on social media but did not want this to be at the expense of their own sense of comfort, privacy and belonging in their social networks. Any sexual SRH promotion on social media must therefore be tailor-made to specific social media platforms depending on the platform popularity, use and gratification types, and sources of information, and cognizant of differentiated barriers of information across various platforms.

REFERENCES

1. Ali, R. T., Poku, A. & G., Kojo & Appiah, D. (2022). Reproductive health education: a qualitative study of health seeking behaviour of in-school female adolescents. *PAMJ – One Health*. 9. 10.11604/pamj-oh.2022.9.11.33759.
2. Condran, B., Gahagan, J., & Isfeld-Kiely, H. (2017). A scoping review of social media as a platform for multi-level sexual health promotion interventions. *Canadian Journal of Human Sexuality*, 26(1), 26–37. <https://doi.org/10.3138/cjhs.261-A1>
3. Creswell, J. W. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. New York, NY: SAGE Publications, Inc.
4. Ellison, N. B. & Boyd, D. (2013). Sociality through Social Network Sites. In W. H Dutton (Ed.), *The Oxford Handbook of Internet Studies* (pp. 151-172). Oxford: Oxford University Press. <http://dx.doi.org/10.1093/oxfordhb/9780199589074.013.0008>
5. Gold, J., Pedrana, A.E., Sacks-Davis, R., Hellard, M.E., Chang, S., Howard, S. & Stooze, M.A. (2011). A systematic examination of the use of online social networking sites for sexual health promotion. *BMC Public Health*, 11(1), 583. Medline:21777470 <http://dx.doi.org/10.1186/1471-2458-11-583>
6. Stellefson, M., Paige, S.R., Chaney, B.H., Chaney, J.D. (2020). Social Media and Health Promotion. *Int J Environ Res Public Health*.17(9):3323. doi: 10.3390/ijerph17093323. PMID: 32403215; PMCID: PMC7246655.
7. Kamau, S. (2017). Democratic engagement in the digital age: youth, social media and participatory politics in Kenya. *Communicatio*, 43(2), 128-146. Available at: https://ecommons.aku.edu/eastafrica_gsmc/19
8. Katz, E., Blumler, J., & Gurevitch, M. (1974). Utilization of mass communication by the individual. In J. Blumler & A. R. Katz (Eds.), *The Uses of mass communications: Current perspectives on gratifications research* (pp. 19-32). Beverly Hills: Sage
9. Kaufman, M.R., Cornish, F., Zimmerman, R.S., & Johnson, B.T. (2014). Health behavior change models for HIV prevention and AIDS care: practical recommendations for a multi-level approach. *Journal of Acquired Immune Deficiency Syndromes*, 66(Suppl 3), S250–S258. Medline:25007194 <http://dx.doi.org/1097/QAI.0000000000000236>
10. Kyilleh J. M., Tabong P. T., Konlaan B.B. (2018). Adolescents' reproductive health knowledge, choices and factors affecting reproductive health choices: a qualitative study in the West Gonja District in Northern region, Ghana. *BMC Int Health Hum Rights*. 2018 Jan 24;18(1): 6. PubMed| Google Scholar
11. Mugenda, O. M. & Mugenda, A. G. (2013). *Research methods: Quantitative and qualitative Approaches*. Nairobi: African Centre for Technology Studies.
12. Ninsiima, L. R & Ndejjo, R. (2021). Factors influencing access to and utilisation of youth-friendly Sexual and Reproductive Health services in sub-Saharan Africa: a systematic review. *Reproductive Health*. 18. 10.1186/s12978-021-01183-y.
13. Oyetunde, M., Kelechi, O. & Oyediran, M. (2014) Perception of Patients and Other Health Care Professionals about Nurses at the University College Hospital, Ibadan, Oyo State, Nigeria. *Open*

Journal of Nursing, **4**, 947-955. doi: 4236/ojn.2014.413101.

14. Ritchie, J., & Lewis, J. (2013). *Qualitative Research Practice—A Guide for Social Science Students and Researchers*. London, Thousand Oaks, CA: Sage Publications Ltd.
15. Rowles (2017). *How Mobile Technology is Revolutionizing Marketing, Communications and Advertising*.
16. Welch (2016). Interactive social media interventions to promote health equity: an overview of reviews. <https://doi.org/10.24095/hpcdp.36.4.01>
17. Wheeler, K. A. (2017). Learning for Deep Change. *Journal of Education for Sustainable Development*, 1(1), 45–50. <https://doi.org/10.1177/097340820700100110>
18. World Health Organization. (2017). Reproductive health- Fact sheets on sustainable development goals: Health targets. Retrieved from https://www.euro.who.int/data/assets/pdf_file/0005/348008/Fact-sheet-SDGRH-FINAL-04-09-2017.pdf?ua=1