

## **Efficacy of Social Media in Accessing Sexual and Reproductive Health Information by Youth in Mathare Sub-County, Nairobi: A Case of AMREF Programme**

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### **Abstract**

*Social media has recently emerged as an increasingly powerful health promotion platform that is capable of helping in the dissemination of health information. Despite this, research remains limited on its usefulness and practical applications in SRH interventions. This study explored the efficacy of social media in the access to SRH information among youth in Mathare area of Nairobi using a case study of Y-ACT programme being implemented by AMREF in Kenya. It was guided by the following objectives: to analyze the general patterns of social media usage, assess the sources of SRH information sought and accessed, determine the types of SRH information accessed, and examine barriers faced in accessing SRH information on social media. The study employed a descriptive survey study design which adopted stratified and simple random sampling techniques in the selection of the youth, group leaders and officials from Y-ACT programme. Descriptive statistics was applied to analyse quantitative data. This data was scored by calculating percentages using Microsoft Excel software. Thematic analysis was used to analyze the qualitative data and presenting emerging thematic patterns. The study revealed that social media is an increasingly popular channel of communication particularly among the youth. Top social media platforms for accessing SRH information in order of popularity were Google, WhatsApp, YouTube, and Facebook. Telegram was least popular. Top sources of SRH information on these platforms were health practitioners, Non-Governmental Organizations (NGOs) and peers, with family planning most sought type of SRH information. Prevalent barriers to accessing SRH information on social media were related to shame and embarrassment, privacy concerns and information overload. The study concluded that there are complex ways in which the youth use and access SRH information on social media, implying limitations for simplistic, traditional one-way sexual health messaging. It recommended that SRH promotion on social media be tailor-made to specific platforms depending on popularity, information sources and use and gratification types, while being cognizant of the challenges across respective platforms.*

**Keywords:** Sexual and Reproductive Health, Youth, Social Media

## **1.0 Introduction**

Sexual and Reproductive Health (SRH) has increasingly become a significant public health issue in modern society. Improved access to SRH information is crucial in helping the youth make informed decisions on their SRH well-being and countries' socioeconomic development for the current and future generations (Guerrero et al., 2020). According to United Nations High Commission for Refugees (UNHCR), access to quality sexual and reproductive health information plays a vital role in the well-being of a human being and is particularly relevant for people living in a situation of forced displacement (UNHCR, 2022). It is in the same spirit that sustainable development goal 3 expects that by 2030, there should be universal access to SRH services including relevant information and the integration of reproductive health into governments' strategies and programs (Fang et al., 2020).

Unfortunately, challenges remain in so far as access to SRH information is concerned, particularly among young people in Africa. According to Ali et al. (2022), majority of sexually active youth population in sub-Saharan Africa face Sexual and Reproductive Health (SRH) challenges that have significant consequences for the region's social and economic development. The authors highlight several obstacles such as limited access to safe delivery, poor distribution and adoption of family planning services, and rapid transmission of sexually transmitted infections (STIs), including HIV/AIDS. In a report by World Health Organization, 21 million girls aged 15 to 19 years and 2 million girls aged less than 15 years become pregnant in developing regions, particularly in Africa. Out of these, only 10% of young men and 15% of young women were aware of their HIV status (WHO, 2017).

In the Kenyan context, despite the significant potential benefits of demographic dividends from a youthful population, Ninsiima et al. (2021) observed that there were 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. A study by Kyilleh et al. (2018) largely attributed 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 et al. (2016) note that there are inconsistent empirical evidence on effectiveness

of social media in promoting public health outcomes. On the other hand, Stellefson et al. (2020) insisted on 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 of the advantages and disadvantages of using social media for health promotion.

So far, most of the studies done on the role of social media in promoting access to SRH have failed to provide a comprehensive analysis of the existing relationship between the two. For instance, Kamangu et al. (2017) emphasized more challenges that exist between parent and child communication on SRH issues in East Africa but failed to address the aspect of social media in the access to SRH information. Similarly, Mutea et al. (2020) focused on challenges to and promoters of access to youth's SRH care in Kakamega and Kisumu counties, Kenya but paid little attention to the role of social media.

Against the above backdrop, this study sought to analyze the efficacy of social media on 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.

## **2.0 Literature Review**

The study was anchored on the Uses and Gratification Theory (UGT) and the Social Cognitive Theory (SCT) to develop its conceptual framework. While defining UGT elements, Katz et al. (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 et al. (2016) specifically applied UGT to social media context. Based on the UGT perspective, the author categorized social media content into four main groups based on its level of information. These are: informational, entertainment, remunerative and relational content. The present study adopted this categorization since it summarized all the key elements of UGT constructs in context of social media environment. On the other hand, the Social Cognitive Theory (SCT) is an interpersonal level theory proposed by Albert Bandura as Social

Learning Theory (SLT) in the 1960s (Lin & Chang, 2018). The theory holds the assumptions that learning occurs in a social context with a dynamic and reciprocal interaction of the person, environment, and behavior.

Voorveld (2019) 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. Lin and Chang (2018) elaborate on 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. The authors emphasize on collaboration and multidirectional interaction between users on the social media platforms. Wheeler (2017) believes that it is these unique properties that make social media useful tools for conducting multi-level sexual health promotion interventions.

A study by USIU Africa (cited in Ombogo & Namande, 2021, p.400) notes that social media use in Kenya has the following percentages of the country's total population: WhatsApp at 89%, Facebook at 81.7%, YouTube at 51.6%, and Instagram at 37.3% and Twitter at 34.4%. Mugure (2020) noted that increasingly more Kenyans are joining social media spaces to seek essential information such as on health. Out of this, a significant portion are the youth (with a mean of 29.92 years). In a study on social media and public participation by Kenyan youth, Kamau (2017) established that there were high levels of adoption and reliance on social media in Kenya. Kamau (2017) found that Facebook was the most popular social media platform in Kenya, with 82% of the participants in his study indicating visiting Facebook several times a day. The author also noted the increasing trend by the Government of Kenya and key stakeholders in the health sector to utilize social media for health promotion. However, the study was not specific on the form of health promotion. The present study focused on the role of social media on access to SRH information by youths in Mathare sub-county in Nairobi.

Elsewhere, Schillinger et al. (2020) enumerate some factors of social media that have strengthened its capabilities in health promotion. The factors 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, the authors raise concerns

over the seemingly sluggish adoption of social media for health messaging by public health practitioners. World Health Organization (WHO) defines three key aspects of Sexual and Reproductive Health (SRH) as: maternal health, family planning and sexual health (WHO, 2017). Drawing from the theoretical review, general literature review and empirical review above, this research therefore analyzed 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.

### **3.0 Research Methodology**

This study adopted the descriptive survey study design. This was informed by the fact that it 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 study mainly targeted current youth participants 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 Mohajan (2020), 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. Questionnaires and Key Informants Interviews (KIIs) guides formed the main data collection instruments. Descriptive statistics were applied in this study to analyze quantitative data presented by calculating percentages in Microsoft Excel software. On the other hand, thematic analysis was used to organize and present the qualitative data. The researchers 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.

#### **4.0 Results and Discussion**

Out of the issued questionnaires, 83 were returned duly filled, making a response rate of 83%, which was sufficient for statistical reporting according to scholars such as Baruch (1999). The dominant age brackets for the respondents were found to be 18-25 years at 39% and 25-30 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 and 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 Welch et al. (2016), 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 Byron (2017), 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. In his study about self-tracking, health and medicine, Lupton (2017) noted that health prevention is often not a high priority in people's daily lives, particularly for



young people. The author recommended for the need for investment 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.

## **5.0 Conclusions and Recommendations**

The research findings point to the complex ways in which young people use and access Sexual and Reproductive Health (SRH) information on social media, implying limitations for simplistic, traditional one-way sexual health messaging. 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 increasing popularity of infinite vertical and horizontal scrolling technical 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. Therefore, the study recommends that SRH promotion by government entities, public health practitioners and other relevant stakeholders on social media must be tailor-made to specific social media platforms depending on the platform popularity and unique features, use and gratification types for target audience, and cognizant of differentiated sources and barriers of SRH information across various platforms.

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