USAID FROM THE AMERICAN PEOPLE

E2A EVIDENCE TO ACTION for Strengthened Reproductive Health

Generating evidence to meet the sexual and reproductive health needs of students at Kenyatta University and beyond

Research Brief

January 2017

About E2A

The Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A) is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services.

Awarded in September 2011, this project will continue for eight years, until September 2019. The project is led by Pathfinder International, in partnership with ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

www.E2AProject.org

Introduction

Kenyatta University (KU), one of the largest public universities in Kenya, is committed to safeguarding the well-being of its students, including their sexual and reproductive health (SRH). For the past 30 years, KU has been implementing a youth-friendly SRH program on its main Nairobi campus, providing students with comprehensive information, counseling, and services. But like many academic institutions around the world, KU has been experiencing rapid growth and now has over 70,000 students enrolled at 11 campuses countrywide. Keeping pace with such expansion poses a challenge for KU, and the university has been exploring what more it can do—or do differently—to respond to the SRH needs of its increasingly large and diverse student body.

While considering possible program options, KU recognized that it had limited information on the current SRH situation of KU students and the extent to which their SRH needs are being met. Fresh data was needed before KU could fully design and deliver effective interventions on its multiple campuses. The Evidence to Action (E2A) Project - with its global family planning and reproductive health mandate, and a particular focus on youth-friendly service delivery models - was well-positioned to help KU address these information needs and re-think the scope and scale of its SRH program. In 2015-2016, E2A and KU, along with Pathfinder International, Kenya collaborated on two evidence-generating efforts: the first involved an assessment of select KU service delivery statistics, and the second was a qualitative research study on the SRH needs, attitudes, preferences and behaviors of KU students. The emerging results have provided a deeper understanding of the overall context for SRH-related activity and service utilization at KU, including insights on student 'demand', university-based 'supply', and the broader campus environment.

This research brief summarizes the main findings from the quantitative assessment and qualitative research. Based on those

Box 1. Evidence to Action Project

E2A advances effective program models and service delivery approaches that address the sexual and reproductive health (SRH) needs of youth, including university-based youth-friendly SRH programs. Understanding that young women and men—even those who are highly educated—are vulnerable to harmful sexual situations and SRH outcomes, E2A has been working with two universities, Abdou Moumouni University in Niger and Kenyatta University in Kenya, to strengthen their efforts to deliver SRH services and foster positive SRH behaviors. Through these two experiences, E2A is building global evidence on effective, youth-friendly SRH models that address the needs of a critical youth population.

two evidence-generation efforts, the brief includes recommendations that can be applied to strengthening SRH services for university students at Kenyatta University and beyond. While the data may be specific to KU, many findings reflect the general SRH situation of university students around the world, and the recommendations will be useful for other institutions interested in developing and implementing effective SRH programs.

Background

SRH Vulnerabilities of University Students

Like other adolescents and youth, university students face multiple factors that can hinder them from forming healthy behaviors and accessing SRH information and services. Despite having achieved an elite educational level, young people at university are still vulnerable to SRH-related concerns and risks as they navigate new responsibilities, relationships, and experiences on their own and in unfamiliar settings. Negative SRH outcomes, such as unintended pregnancies and sexually transmitted infections (STIs), immediately affect students' well-being and can also cause disruptions in educational attainment, career progression, and life goals, ultimately limiting the potential of this critical youth population to contribute toward national development and leadership goals. For universities and tertiary institutions charged with fostering the 'change makers' of tomorrow, there is an immediate need for evidence-based youth-friendly SRH programs that can be scaled up and sustained to support the aspirations and achievements of their students.

Peer counselors in student dormatories

One University's Response: Kenyatta University Sexual and Reproductive Health Program

Kenyatta University (KU) is one of the largest public universities in Kenya, with approximately 70,000 students, roughly aged 18-24 years, enrolled in 11 campuses across the country. Even as a young institution in the 1980s, KU realized that many of its young women and men were struggling with SRH-related concerns, such as unintended pregnancies and STIs. KU decided to take action, and with the support of Pathfinder International, Kenya, initiated its youth-friendly SRH services program—the KU Family Welfare and Counseling Project (KUFWCP) on its main Nairobi campus in 1986 (see box 2). For the past 30 years, KU has expanded its service delivery and informational and social behavior change (SBC) outreach to address a wide range of SRH issues and has made important strides in reducing negative health outcomes for students. Critically, KU has also taken steps to institutionalize the KUFWCP program, committing leadership, human capacity, and financial resources toward comprehensive SRH service delivery and informational activities, with strategic external support from donor-supported projects and government initiatives.

Despite this long-term progress, KU has been facing a new challenge familiar to many universities and tertiary institutions in Kenya and across sub-Saharan Africa—a significant and rapid increase in student enrollment. Africa's youth bulge, combined with economic growth and more inclusive education programs, have led to large numbers of young women and men seeking higher education. Recent changes in Kenya's national education policy has expanded enrollment and also shortened admission waiting periods by an average of two years, creating larger and younger cohorts of students. In just seven years (2008-2015), KU's student body has grown from approximately 15,000 on four campuses to 65,000 on 11 campuses, and the number of annual admissions continues

to rise. Of the 35,000-40,000 students registered at the main Nairobi campus in 2015, the large majority lived off campus in nearby neighborhoods. Anecdotal information suggests that poor SRH knowledge and behaviors, along with harmful social/gender attitudes and sexual activity fostered within KU student 'culture,' have contributed to an apparent increase in unintended pregnancies, STIs, and other SRH vulnerabilities for students on and off campus. As a result, the KUFWCP team has been increasingly concerned that true student demand for SRH services are substantially higher than current campus-based information and service delivery channels can meet.

Given the situation, the KUFWCP team began reviewing its SRH efforts in 2014 to determine if and how its SRH program could do more to address the needs of young women and men across multiple campuses. While the team had service delivery and program statistics on hand, it realized that it needed additional data and analysis to better understand the broader SRH context at KU within which students live and the KUFWCP operates. In 2015, a new initiative with E2A and long-time KU partner, Pathfinder International, Kenya, provided an opportunity to identify and address these evidence gaps. Over a 12-month period (May 2015-April 2016), the partners collaborated on an assessment of SRH service statistics and a qualitative research study with students and stakeholders, generating valuable findings and recommendations for improving and expanding KU's SRH program.

KUFWCP SRH Services Assessment

From July-September 2015, KU, E2A, and Pathfinder International, Kenya, conducted a secondary analysis of select SRH service delivery efforts to better define current KUFWCP reach and student use of the program. The KUFWCP team routinely collects data on service delivery efforts, condom distribution, and peer counselor

Box 2. Kenyatta University Family Welfare and Counseling Program

Kenyatta University, under the leadership of its Health Division, implements the Family Welfare and Counseling Program (KUFWCP). KUFWCP provides SRH information and youth-friendly SRH services on its main Nairobi campus. Over the past 30 years, KU has built a comprehensive SRH program in collaboration with the Ministry of Health and the National AIDS Control Program, as well as through donor-supported initiatives and international organizations, including Pathfinder International, Kenya, and Liverpool Voluntary Counseling and Testing.

To increase access, SRH services are available on campus and are included within the university health coverage package. Services are provided through a dedicated youth-friendly facility (named "Ghana 2"), the main health unit, and an HIV testing and comprehensive care center (named "Ghana 4"). KU has established referral linkages with outside providers for those services not currently available on campus. The university also conducts periodic service outreaches on campus and in nearby communities, often reaching students who reside off campus. Through its constellation of campus-based service delivery channels, KUFWCP currently provides the following SRH services:

- Comprehensive SRH counseling
- Condom distribution
- Short- and long-term contraceptive methods, including implants and intrauterine devices
- STI diagnosis and treatment
- HIV/AIDS voluntary counseling and testing (VCT) and comprehensive treatment, care and support
- Cervical cancer screening
- Ante- and postnatal care
- Child health services and immunizations
- Post-abortion care
- Post-exposure prophylaxis and post-rape management

SRH service delivery is complemented with informational outreaches during orientation week, health-focused campaigns (e.g., to promote cervical cancer screening or VCT), and special forums convened by university leaders. KUFWCP also includes 100 peer counselors who are trained to conduct individual and group sessions with their peers on SRH information, risk factors, and behaviors. These peer counselors, women and men usually in their third or fourth year at KU, also distribute condoms and refer students to campus clinics for additional services.

outreach. While KU uses this information to monitor progress and report on services delivered, program data alone does not give the team a complete picture of the profile(s) of students who are accessing services (e.g., age, university year, etc.), or the overall coverage of current efforts. To address this gap, E2A and Pathfinder International, Kenya, consolidated and analyzed select SRH service delivery data for one full academic year, covering a nine-month period from September 2013-May 2014. The overall purpose of this assessment was to generate critical information on the SRH and demographic characteristics of students accessing select SRH services through KUFWCP during that period, giving KU a more nuanced understanding of who it was—or was not—reaching.

Assessment Methodology

KU students, staff, and their families are eligible to obtain health services at KU facilities located on the main campus at the main health unit, the youth-friendly services (YFS) Ghana 2 site, and the HIV/AIDS-focused Ghana 4 site. KU uses multiple registers to track client and service delivery information for each visit conducted. Given the volume of available data for the 2013-2014 academic year, the assessment team first identified priority SRH issues—FP, general reproductive health (RH), and voluntary counseling and testing (VCT)—and then selected specific registers with relevant FP/RH/VCT service delivery data for analysis. Five registers were included in the assessment:

- *Youth Desk Register (Ghana 2)*: a KUFWCP registration log that captures basic information about each student/youth client and the main reasons for visiting the clinic.
- *MOH FP Register (Ghana 2)*: an official MOH register that records each client's FP history and the FP services/methods provided.
- *Cervical Cancer Screening Register (Ghana 2)*: a KUFWCP register that records information about clients and the services and referrals provided.
- *VCT Register (Ghana 4)*: a KUFWCP registration log that captures basic client information and reasons for visit.
- *MOH VCT Register (Ghana 4)*: an official MOH VCT register that records client information and services/referrals provided and referrals made.

Given the overall assessment purpose, only data for student visits, as determined by an official KU student registration number (referred to as 'ID' numbers) in the case entry or service log, were pulled from the registers and analyzed further. For the MOH VCT register, the only register that did not include student ID numbers, an age proxy was used and all clients aged 18-24 years were classified as 'presumed' students.

As all identified data sources were paper registers with entries written by hand, the first step in the assessment process was to create electronic databases of key variables of interest. Trained data clerks completed data abstraction and transferred information from registers to Excel database templates designed for each register. Once the databases were completed and cleaned, the assessment team ensured that all identifying information was removed from analytical files and that new, non-identifiable case numbers were assigned to individual records. The data were then transformed into SPSS files for analysis. Frequencies and cross-tabulations were used to examine levels and patterns of health-seeking behavior among KU students by different characteristics. Good ethical research practices were integrated throughout the data consolidation and analysis process to ensure that information remained confidential and that registers and electronic files were safely retained by the assessment team or KUFWCP staff only. [1]

The final cleaned databases contained a total of 9,035 visits for select KU services conducted by both students and non-students during the period of interest. [2] Of these, the data for visits made by students (or presumed students, based on age) were retained for analysis. In all, 6,737 student visits were eligible for analyses, or approximately 75% of the total number of cases. Table 1 presents the breakdown of student visits by register type.

The assessment team examined the cleaned databases for more details on student demographic and university-related characteristics, including: sex, age, class year, financial status (whether government-sponsored or self-sponsored), and parity. Data were also analyzed by health-related needs of the students who visited KU facilities. The assessment team was not able to determine the exact number of students who made these 6,737 visits, as one register (MOH VCT) did not include student ID numbers, nor was it possible to merge the other four databases to examine utilization of

Table 1: Number of Total Visits and Student Visits by Register

Register	Total # Visits	Total # Student Visits	Percent Student Visits
Youth Desk	2,195	1,296	59%
MOH FP	1,025	827	81%
Cervical Cancer	1,280	739	58%
Ghana 4 VCT	1,339	1,245	93%
MOH VCT	3,196	2,630	82%
TOTAL	**9,035**	***6,737**	**75%**

*Student status determined by age (18-24 years)

[1] E2A submitted an ethical review application to PATH's Research Determination Committee (RDC) for this assessment. The RDC determined that the assessment was not research and did not require full ethical review.

[2] KU registers record information for each visit, not by individual client.

multiple services by unique individuals (as identified by ID numbers) across registers. It is also important to note that this assessment explores available data for students who accessed and used YFS services, and as such, introduces a possible self-selection bias. Despite these limitations, the assessment findings provide a clearer picture of KUFWCP's reach and important insights into which students accessed these services during the 2013-2014 academic year.

Key Assessment Findings

In analyzing the five KUFWCP datasets, the assessment team identified several important patterns in SRH service delivery and utilization, generating insights into the overall reach of the KUFWCP program, as well as the characteristics and health situations of those students and young clients who accessed services during the 2013-2014 academic year. While the assessment was limited in terms of the services and timeframe included, these findings highlight some areas of strength and opportunity for KU to consider in its continuing efforts to implement a responsive and high-quality SRH program.

Finding 1: KUFWCP reaches an important percentage of KU students with critical SRH services.

One of the main objectives set out for this assessment was to better understand the reach and coverage of KUFWCP service delivery efforts. The five registers included in this assessment logged a total of 6,737 visits by students (or presumed students, using an age proxy) during the 2013-2014 academic year (see). Given data limitations, it was not possible to determine the exact number of individual students reached. However, by analyzing available student ID information (therefore, removing MOH VCT data) and allowing for some duplication across registers, the team estimated that at least 3,460 students were reached, or 12.7% of the total student body of 27,193 (see Box 3) on the main campus at the time. Since many MOH VCT clients aged 18-24 years would have been students, the actual coverage was likely higher. Even conservatively estimating that 55% of the 2,630 MOH VCT logged visits were made by individual students, KUFWCP reached approximately 18% of the student body, indicating that the program is successfully reaching important numbers of students with these SRH services.

Table 2: Estimated Number of Student Clients

Register	Total # Student Visits	Total # Student Clients	Percentage of Student Body
Excluding MOH VCT	4,107	3,460	12.7%
Including MOH VCT	6,737	Cannot be determined	Cannot be determined
Including 55% of MOH VCT	6,737	4,907	18.1%

Box 3. Kenyatta University Student Enrollment, Main Campus: 2013-2014

First Year	9,919
Second Year	8,459
Third Year	5,713
Fourth Year	3,102
Total	**27,193**

Finding 2: In general, KUWFCP student clients tend to be older, female and government-sponsored.

Beyond the numbers of students reached, the assessment yielded important insights into the characteristics or profiles of students who accessed select KUFWCP services during the 2013-2014 academic year. Patterns emerged and generally held true across the five registers in terms of student clients' sex, age, class year, financial status (government- or self-sponsored), and relationship concerns (exceptions are noted in parentheses):

- The vast majority of clients were female (92-100% of clients; 62% of MOH VCT clients).
- The majority of clients were 21 years or older (at least 65% of clients; 43% for Ghana 4 VCT).
- The majority of student clients were government sponsored (at least 67% of clients; no data available for MOH VCT).
- VCT services (both Ghana 4 VCT and MOH VCT) attracted more diverse students, including younger clients (and those in their first or second year) and males (38% of MOH VCT clients).
- Couples accessed VCT (22% of MOH VCT clients), which specifically provides and tracks couple-oriented services.

The majority of KUFWCP students were women, aged 21 years and older, which perhaps was not unexpected, given that many services are generally designed for female clients. Government-sponsored students were also well-represented. Given that such students may have had limited options for seeking services, it is particularly important that KUWFCP was seen as a resource. While the pattern of older female students generally held across the five registers, some services appeared to draw in different types of students. For example, KU's VCT program was successful in attracting couples, a service delivery strategy that seemed effective in bringing young men in for services.

Finding 3: Some students are generally not accessing KUFWCP SRH services, particularly male students and younger female students.

These client patterns also provide a sense of the types of students who were not accessing KUFWCP services during the 2013-2014 timeframe. With the exception of MOH VCT services, male students did not generally use KU sites for SRH services. Younger clients and first or second year students, who made up the majority of the KU student body at the time, were also noticeably under-represented for several services. As mentioned above, screening services such as the cervical cancer program and VCT seemed to draw younger female students, perhaps as they do not necessarily indicate current sexual activity. Finally, self-sponsored students were less represented than those who were government-sponsored, suggesting a different SRH service utilization pattern for those who have some degree of financial flexibility. It may be that their health needs and situations were different from government-sponsored students, or it may be an indication that they preferred to seek services elsewhere. Again, additional data and analysis would be helpful to inform the YFS program in its efforts to serve diverse groups of KU students.

Finding 4: KUFWCP data highlights SRH vulnerabilities and behaviors of students at KU.

The assessment generated important information about the health needs and situations of different students and young clients who accessed specific YFS services in 2013-2014. Some patterns were drawn from health statistics, such as STI rates, while others emerged from client reasons for seeking various services. In considering these findings, it is important to note that KUFWCP clients are not necessarily representative of the wider student body; these students proactively sought services for some reason, which may be an indication of greater awareness, risk, or need. That said, these broader patterns suggest possible SRH vulnerabilities and behaviors, including positive health actions, which likely hold true for other young women and men at KU.

In considering the data from the five registers, there are several findings that point to priority SRH issues for KU students and the capacity of KUFWCP to address their needs:

- There is strong indication that students (across sex, age, class year, etc.) were sexually active, and that many were dealing with the consequences of unprotected sex.
- The health-seeking behaviors of these students for both preventive and treatment services suggest that some degree of awareness and risk assessment was taking place, and that KU facilities were seen as a resource for these individuals.
- 28% of MOH FP student clients in 2013-2014 chose to use a long-acting reversible contraception (LARC).
- An important sub-set of KU students had maternal and child health needs (26% of Youth Desk clients; 15.5% of female cervical cancer clients);
- 36% of cervical cancer screening clients tested positive for STIs, with the STI level among female students almost double that of male students.
- 15.5% of MOH VCT clients indicated high-risk sexual behaviors or situations as reasons for seeking VCT, including having unprotected sex and multiple partners.
- Many students indicated that concerns about their partners or relationships were driving factors in accessing services (e.g., wanting to know health status at the beginning or end of a relationship, mistrust of partner's sexual activity) whether they sought services as an individual or a couple.
- KUFWCP registers did not track dual protection or link to condom distribution efforts through other YFS channels, such as peer counselors, which limits understanding of how well the program was able to respond to multiple student needs.

In general, the assessment reinforced more anecdotal information received from the KUFWCP team that many KU students are sexually active and are vulnerable to negative SRH outcomes. In particular, high STI rates, even accounting for potential self-selection biases, suggest that students are not always engaging in safe sex practices and are at risk of multiple health problems. At the same time, the assessment also underscored several positive student health behaviors, particularly in the proactive use of preventive services, such as contraceptive use and VCT. Beyond demonstrating basic demand for such SRH services, uptake of LARC and couples VCT also suggest that some students had a deeper understanding of their SRH situation and the ability to exercise more complex options. Taken together, these findings suggest continued priorities for KUFWCP, particularly in terms of interventions that would increase awareness and encourage health action to reduce high-risk behaviors and negative SRH outcomes. The fact that students were proactively seeking and using KUFWCP services provides an important foundation for building the program further and ensuring that systems (e.g., service delivery capacity, promotional approaches, and health information and referral systems) are in place to respond to student needs. E2A's qualitative study, which provides evidence on the perspective of KU students (both users and non-users of SRH services) and is described below, will be important in shaping a strong understanding of current SRH needs, behaviors, and health seeking preferences.

Qualitative Study with KU Students and Stakeholders

Following the completion of the KUFWCP SRH services assessment, KU, E2A, and Pathfinder International, Kenya, initiated the second phase of evidence generation: a qualitative research study of the SRH needs, preferences, attitudes, and behaviors of students on KU's main campus. The study

was designed to bring fresh insight into the current SRH situation of students, enriching KU's understanding of the factors that influence student demand, their preferences for SRH services, and their experiences with university life. From February-April 2016, the study team collected and analyzed qualitative data from a variety of students and stakeholders. The emerging findings provide valuable evidence to inform the design and delivery of quality SRH programming for KU's diverse student body.

Study Methodology

KU, E2A, and Pathfinder International, Kenya, identified specific research objectives that would create a robust picture of the current SRH situation of students at KU's main campus:

- Understand the broader context or campus 'culture' and norms that influence SRH risks and behaviors.
- Explore how students currently address sexual situations and RH issues.
- Identify student SRH informational, behavioral, and service needs.
- Examine the factors that influence preventive or health-seeking preferences and behaviors.
- Elicit recommendations for increasing access to and utilization of priority SRH services..

To ensure that the study captured different perspectives on these complex objectives, the team developed specific criteria for student and stakeholder participants (see Table 3). The team also determined that qualitative research methodologies, mainly focus group discussions (FGDs) and in-depth interviews (IDIs), would be most effective in pulling out nuanced contextual data on the SRH situation of KU students from the different participants identified.

Table 3: Selection Criteria for Qualitative Study Participants

Student Participants	Stakeholder Participants
• Sex (both male and female students) • Age (ages 18-19 years and 20-24 years) • Financial status (government-sponsored and self-sponsored) • Residence (on and off campus): • Students with children • Health service utilization (students who had used SRH services at the time of the study and those who had not)	• Guidance counselors • Representative of Dean's office Student leaders (elected representatives) • Residential hall housekeepers and wardens (charged with overseeing KU student housing both on and off campus) • YFS peer counselors • YFS health providers (on campus)

Given the sensitive topics and young participants included in this study, the research team ensured that proper ethical reviews were conducted both in the United States and Kenya.[3] Over an eight-month period, the team worked closely with an experienced qualitative research consultant and her research assistants to develop a detailed study protocol, secure ethical approvals, conduct data collection and analyses, and document the emerging findings and recommendations.

Data collection was conducted on KU's main Nairobi campus in February 2016, using detailed FGD and interview guides. Written consent for participation and audio recording was obtained from students and stakeholders prior to initiating each FGD or interview. In total, 20 FGDs and 44 IDIs with students and stakeholders were completed, involving 233 individuals (189 students and 14 stakeholders). Transcription of all 64 interviews and FGD audio recordings was completed in March 2016, and the data were then coded and analyzed using atlas-ti to pull out critical themes and findings.

Qualitative Study Findings

The qualitative data generated through this study provide critical insights and address the research objectives and questions put forward. Through detailed analyses, the team identified several common and consistent themes that deepen understanding of the overall SRH context at KU and the factors that influence student perceptions and behavior. In general, these broad findings hold true across student and stakeholder participants, with only a few variations noted for different groups (e.g., responses from female vs. male students). Although eight separate findings are presented below, they are often interrelated and influence one another. This is particularly evident in some of the quotes included throughout the findings, as participants describe how different points connect to facilitate or hinder student well-being. As with any qualitative study, the emerging themes are not generalizable to KU's larger student body. However, these findings do point to some of the SRH vulnerabilities and actions (and inaction) of young women and men at the university and provide a more nuanced understanding of how students are addressing their SRH needs and accessing SRH information, services, and support.

Finding 1: Students are concerned about their SRH and well-being, particularly regarding pregnancy, STIs, and HIV.

Across student groups, participants raised three main areas of SRH concern and need: pregnancy, STIs, and HIV. In general, student respondents were well aware of these specific SRH issues and generally felt that pregnancy-related concerns were particularly important for female students, while male students were more concerned about STIs. Some participants highlighted preventive aspects common to all three, in terms of safer sex behaviors that can avert unintended pregnancies and disease transmission, as well as factors that may increase risk, such as alcohol and drug use. However,

[3] PATH's Research Determination Committee (RDC) reviewed E2A's application for ethical review and determined that no further RDC review required. E2A then submitted the full research protocol to the Kenyatta University Ethics Review Committee (KU ERC) in December 2015. Upon receiving written approval from the KU ERC in January 2016, the team initiated data collection and ensured that high ethical research practices were followed throughout all phases of the study.

many participants seemed to weigh each issue separately, especially when it came to how students cope with consequences (e.g., obtaining emergency contraception, managing a pregnancy, or finding treatment for an STI), or how students perceive the relative severity of these consequences (e.g., pregnancy was seen as being more negative than becoming HIV positive). In general, participants clearly indicated the need for better understanding of pregnancy, STIs, and HIV (including how they are interrelated), as well as access to preventive and treatment/management options.

"I was talking to some friends, girls, and I asked them what they feared most—STIs, HIV or pregnancy—and a large percentage told me that they fear pregnancy. STIs are things they can easily cope with and live with, but the baby can bring some conflict back home. So I think their biggest concern here is pregnancy." (Male Student, 20-24 years)

"I can say that it's [STI is] also a major concern, because you can find most of the people here at KU are more concerned about the issue of pregnancy. They tend to prevent pregnancy, forgetting that there are STIs. So you can find girls are using pills, but ignoring that HIV is there. So they avoid maybe the idea of pregnancy, and they end up with HIV or the other STIs." (Female Student, aged 18-19 years)

Finding 2: Students have multiple fears that inhibit their ability to seek out the quality SRH information and services they may need.

Throughout the study, participants repeatedly mentioned multiple fears that affect how students engage in sexual activity and address their SRH needs, including decisions to seek—or not to seek—proper, timely attention. Although phrased in different ways, student respondents identified a fundamental fear of others knowing that they are sexually active. They fear others (peers) will see them using SRH services and they will be judged for being sexually promiscuous (e.g., by peers, or a counselor/provider). Such fears do not necessarily preclude engaging in sexual activity, nor do they always lead to preventive action, such as condom use. Instead, many students struggle to maintain their 'principles' (or as many said, the values that they were given at home) with the new situations and pressures they face at university. These internal struggles can cause deep anxiety and pose a fundamental barrier to taking any health action that may be visible to others. All of this suggests that there is an important subset of students that are unable or unwilling to access SRH information and services provided on campus, despite their very real need.

"…this thing [sexual health] is intimidating, because you are young and maybe some of us, we are still naïve. We fear. We don't want people to know the things we are doing. Then you don't want to go [for services] and you wait until it becomes so severe." (Female Student, 20-24 years)

"They think you're asking [for information], so that you can now go do that. So I can't ask. The only alternative is to go on the internet and I research—where no one can see me—instead of asking someone. You can even fear to go and ask the health worker in case you meet with him after that, and then he remembers, 'this is the guy who was asking me about this and that'." (Male Student, 18-19 years)

Finding 3: Students are engaging in multiple forms of sexual relationships that pose different levels of SRH risk.

Participants noted that students are engaging in several types of sexual relationships, both consensual and transactional in nature. As described by participants, many of these relationships are characterized by high-risk factors for the students directly involved, as well as others in their sexual networks. Even with some consensual relationships, such as semester relationships and 'friends with benefits,' students described multiple concurrent sexual relationships and also suggested that some peer networks involve sharing sexual partners. Students also noted relationships that involve some level of in-kind or financial transaction to meet a variety of needs. Participants noted that the perceived benefit may be related to increased social status, for example, engaging in sexual relationships in order to be accepted by a particular peer group. Relationships with 'sponsors' may cover daily subsistence, including accommodation, food, and school fees. As the participants highlighted, the fundamental power imbalance in such relationships often limits negotiation/agreement on safe sex practices, placing students at even greater SRH risk.

"You just have sex with a friend or with a friend of your friend, but no feelings are attached. Nothing at all. That leads to more infections day in day out, because you are not sure how many people are sleeping with the same person that you are sleeping with, because sometimes you are ignorant. You don't want to know more. All you want to know is that you sleep with the person, and that is all." (Female Student, 18-19 years)

"And also there's this status thing. Of course there are people who are from wealthy families. They dress nice, they don't live around [here]. They eat in the shopping center. Someone comes and identifies you and sees that you can fit in that. You will also want to fit with those people. You might be the one who is not from a good family or a wealthy family in a group of friends. This is where [you look for] a man who can sponsor you so that you can get good clothes, to have money besides what you have." (Female Student, 18-19 years)

"You find that life in campus is so expensive in terms of maintenance, so many girls who are not from well off families don't have money. So if they don't have money and they feel like [they are] not qualified for a job or they don't have anything to do that can generate income for them, they end up falling prey of the men whom in campus we call 'sponsors' easily. So when they get the sponsors, obviously they will demand everything so that they can satisfy their needs." (Female Student, 18-19 years)

Finding 4: Some aspects of university life and 'campus culture' can reinforce harmful gender norms and sex-

ual behaviors, placing students at risk.

Study participants raised aspects of university life that expose students to SRH risks and reinforce harmful norms and attitudes. Campus phenomena, such as the 'rush' for first year students (targeting incoming students, especially females) or 'Team Mafisi' (a group where status is based on sexual conquest), directly place students in high-risk situations, including possible instances of non-consensual sexual activity. While such phenomena may not be unique to KU, participants saw these as part of campus life that they must navigate. Other aspects are more indirect, but equally, if not more, dangerous in scale. Peer pressure or gender norms that reinforce harmful sexual activity (e.g., male students who feel that they need to prove their masculinity by having multiple partners, female students who feel pressure to engage in sexual activity to fit in with a peer group) can jeopardize students' SRH and overall well-being. While it is every student's responsibility to safeguard their sexual health, many may not be prepared to address the situations and pressures they encounter at university, leaving them vulnerable to potential SRH risk and negative outcomes.

"I think there's a mentality that for a boy, wanasemanga ukionekana na ma-dame wengi, wewe unakaa mnoma [they say that a boy who is seen with many women is macho]; as in, people respect you, they see that you're a real man. So in that process, this guy ends up sleeping with many ladies and there's a probability that he will contract STIs, HIV and AIDS, and then he'll spread it to others in the school." (Male Student, 18-24 years)

"A campus party… it's not like these other parties—family parties—where you just go have fun and leave… first of all you'll go with friends. You have a feeling that you have to prove something, or maybe your friends will start pushing you to do something—like you're saying, peer pressure. I go with friends, then they, 'you see that girl, go talk to her….nini, nini, nini…' or 'try and have sex with her.' That is, they push you; but since its campus parties, you find also the females are willing to get involved in these careless behaviors because also they say, 'Ah, this is my only time that I can enjoy myself'… you know, things like that, or 'you only live once'"… (Male Student, aged 18-19 years)

"If you tell a friend you are a virgin, they may go around mocking you about the same. So if you want to fit in that group, you will find yourself having sex just because you want to be a friend to so and so or fit in a particular category." (Female Student, 18-24 years)

Finding 5: Some students are particularly vulnerable to SRH risk-taking and negative health outcomes, particularly first-year female students and those female students who are financially vulnerable.

Student and stakeholder participants were generally consistent in their assessment of which students were particularly vulnerable to SRH risks. While some broader categorization emerged (e.g., female students are at risk of pregnancy-related issues; male students are concerned with STIs), participants specifically identified first year female students and students with financial needs as those most at risk of negative SRH situations, which echoes earlier points related to relationships and campus phenomena. First year students, particularly females, were consistently named as most vulnerable, given their relative inexperience with campus life and sexual issues, as well as the deliberate targeting by older students. Female students who are financially vulnerable were also identified at risk, as they may not have the power to navigate safe sex practices nor the resources to meet basic needs, including health services. Some participants also mentioned students use or abuse alcohol and drugs, noting the relationship between these risk factors and the potential for negative SRH outcomes.

"As a first year, you're very naïve … Boys want to show you all over and you want to fit in the system. You attend parties, sleep with boys who tell you not to "eat sweet with paper" - no condom use for protection. First year girls have multiple sexual partners and have sex with married people. All this result in unplanned pregnancies, STIs, HIV." (Female Student, 20-24 years)

"The poor students…the poor child comes to KU, gets a roommate from a very well up family; this poor girl wants a smart phone, this poor girl wants a laptop, this poor girl wants you know… so the poor child wants all these other things that she can see others enjoy. She gets a boy who is ready to offer them and what will she do in return? Give her body. She is given all these things either by a student or even by outsiders, depends on who she will land on." (KU Stakeholder)

Finding 6: While some students have limited knowledge and understanding of SRH issues, others are aware, but either do not see the relevance, or deliberately choose not to apply this knowledge to their own lives.

Study participants reflected a range of views on whether or not students have adequate awareness of SRH issues and access to the information they need. While there was a general sense that more accurate and timely SRH information was needed, several participants also noted that many students have adequate information, but are not willing or able to act as needed. As one young woman suggested, student ignorance did not necessary reflect a lack of knowledge, but rather that students chose to 'ignore' what they know. While some participants felt that KU has made efforts to meet students' SRH information needs (e.g., through organized forums), they also thought that this information does not reach many students and that the information presented is rather general. Student participants reported that they need in-depth, but succinct information, which clearly connects specific sexual behaviors to specific SRH risks and specific SRH consequences and outcomes. As with other young people, KU students are not always able to connect these dots on their own or see their own vulnerability, which means that providing basic SRH information will not be sufficient to ensure student wellbeing.

"I think students at the Kenyatta University have that knowledge, but it's just because of ignorance that they tend to fall into all these STIs, because we have awareness being created around the university to make students aware about these STIs. But you find that most of us do not attend. We just ignore. We just see it as a normal, routine thing, or maybe something that the university has planned to do. We do not put into consideration that this awareness is for us…" (Female Student, 18-19 years)

"…when we were young, asking about this stuff, you know, se, is almost the unheard thing and it is not talked about. I don't know, and we don't even talk to our parents about this. Most of the time we feel it is wrong to ask sexual stuff like, 'when to have sex, how do you have it, how do you wear a condom, what is the right way to wear it?' And some of these questions you feel embarrassed to ask them, and if you are ashamed, maybe Google." (Female Student, 18-19 years)

Finding 7: Students have clear ideas of what they want (and do not want) in an SRH provider, stressing the desire for privacy, confidentiality, access, and respectful treatment by providers.

Study participants indicated a number of preferences when it comes to where, when, and from whom students seek SRH information and services. Many preferences are directly related to the underlying fears reported above, where a reluctance to be seen using SRH resources drives students to find those providers that offer some level of anonymity and quick access (e.g., the Internet for SRH information, off-campus chemists for SRH services/products). This provides a particular challenge for KU facilities that are well known for providing SRH services and may involve more of a time commitment. There may also be some services that may not be available on campus (as far as students know), and students then look for these from off-campus providers (e.g., emergency contraception). In addition, participants stressed their treatment by providers, noting that respectful and non-judgmental providers were particularly important. Finally, participants raised several system-related barriers, such as long wait times or queues, difficult hours of operation, and lack of supplies, as also influencing their choice of provider.

"There are those who don't want to go to anything here in school—they fear being seen—so they end up going outside the campus." (Male Student, 18-19 years)

"The reason why most of the services are not accessible to students is trust and confidence. If I come to a place where I know I can be assisted, then I express my problem then the kind of reactions I am given are harsh…now next time you have the same problem you will find it hard to face the same person." (Male Student, 18-24 years)

"There was research done around KM [Kenyatta Market, shops near to the main campus] about the use of P2s [Postinor 2, an emergency contraceptive], family planning, and the highest number of drugs used in most chemists are P2s. So that means they just like 'I want someone who won't tell, who will not remember my face. If they see me tomorrow they can't tell this one used P2.'" (Female Student, aged 20-24 years)

Finding 8: Students who have used KU services, particularly at Ghana, or met with a peer educator generally see these as positive resources, but many others are not aware of the constellation of health and supportive services available to them on campus.

Some of the student participants had direct experience with KU resources, particularly Ghana and the health unit, and provided important insights into if/why they found these to be good resources for meeting their SRH needs. Some also had interacted with peer counselors and noted the value of being able to access information and guidance from people who directly understand the pressures and situations that students face. In general, these students (often government-sponsored) felt they had positive experiences, especially with Ghana and peer counselors, highlighting the respectful and helpful treatment of the different providers.

That said, many student participants were not aware of SRH facilities, peer counselors, or services available to them while they are living on or visiting campus. Although the study attempted to pull findings specific to students living off campus, this was not possible from the data available. Given that the majority of KU students do not live on campus, it is vital that all students know where and when they can access information and services while on campus and close to where they reside.

"…the nurses in Ghana are always friendly. Like, even if we students are somewhat harsh—like some student who is pregnant—and maybe she doesn't know where the child's clinic card is, doesn't know what time to come for the clinic, but they come in a rude way. So them [the nurses], they just calm down, they try and talk to us, they teach us. Whatever it is, they know we're suffering inside, so they try and become friendly to us." (Female Student, 20-24 years)

"Peers are people who are the same age as you are… they talk in a language that you understand. So it's better to get advice from peers than even the family. If they find that you're going to the wrong path, they can direct you to the right one." (Female Student, 18-19 years)

Consolidated Recommendations

The collaboration between KU, E2A, and Pathfinder International, Kenya, generated a wealth of quantitative analyses and qualitative insights on the broader SRH context of student activity and KUFWCP service delivery on the university's main Nairobi campus. Looking across the emerging findings, the team identified a few broader recommendations for KU to consider

when strategizing on how to strengthen and scale up its SRH program in collaboration with partners and the Ministry of Health. Many of these recommendations will be of value to other universities interested in providing comprehensive SRH programs for their students.

Provide accessible, affordable SRH services and respectful care on campus to help meet the needs of an important sub-set of students.

As KU's experience indicates, students value and use campus-based SRH services, particularly contraceptive and condom provision, STI diagnosis and treatment, and HIV testing and care, when they are treated with respect and understanding. Including youth-friendly SRH services within university health coverage schemes and facilities also ensures that students with diverse needs and resources can access care. With its expanding student body, there is an opportunity for KU to build on current SRH service delivery platforms and create additional access points, especially for those student populations (e.g., male students, younger students) who have not been using the dedicated YFS center. Mainstreaming youth-friendly SRH services across all university health units would help ensure that more young people benefit from the quality, affordable care available to them as KU students.

While service delivery is important, university students also need informational and behavior change activities that respond comprehensively to their unique needs and perspectives.

Although thousands of students are using KU's services, the evidence also suggests that many more are either unable or unwilling to access the information and care they need. There are multiple internal and external barriers that students navigate, such as ingrained 'fears' of being known to be sexually active or peer pressure to engage in risky behaviors. A comprehensive SRH program must include information, educational approaches, and social and behavior change (SBC) interventions that encourage use of SRH services and address underlying social or gender norms that impede positive health action and tackle aspects of campus culture that may be fostering harmful attitudes or risky situations. For KU, there is a pressing need to expand informational and SBC efforts that address the specific concerns voiced by students, including: building SRH understanding and agency so that students are better equipped to overcome their fears and be proactive about safeguarding their health; promoting positive gender norms and challenging those that can create risk and harm – especially those that lead to sexual coercion and gender-based violence; and encouraging respectful SRH behaviors between students across the spectrum of relationships. In addition to current SBC interventions, KU should consider creating a specific module or class within the university curriculum that builds basic lifeskills and incorporates SRH issues. KU also has an opportunity to tap into student preferences and use of Internet technology by creating a web-based platform that provides accurate SRH information, promotes positive, and delivers personalized counseling and referral services to students across the country.

With growing student populations, make special efforts to identify and reach out to the most vulnerable students.

The data from KU were important in highlighting some sub-groups within the larger student population who may be more vulnerable to negative SRH outcomes, such as younger (especially first-year) or poorer students who do not have the resources to seek services elsewhere. For many universities with large student bodies, it may not be feasible or realistic to reach all students. Identifying and responding to particularly vulnerable groups may be a strategic way of prioritizing program resources. At KU, the team is already taking this recommendation forward by focusing peer counselor and service delivery outreach on entering first-year students, thereby addressing the needs of a particularly vulnerable group and also fostering a culture of positive SRH behavior and health-seeking throughout their university careers.

Include students as leaders and resources of the SRH program who can reach students and foster positive norms, attitudes, and behaviors.

Throughout much of KU's experience, student peer counselors have been an important source of information, counseling, and support for young women and men. Students appreciate being able to talk with and receive information from these peer resource persons, who deal with the same types of pressures and situations that they face. Importantly, KU's SRH program has involved peer counselors in shaping program design and assessing performance. As a university, KU also has a unique opportunity to create a course that awards academic credit for peer counselor SRH training and program activity, which also ensures that this critical cadre is continuously replenished as older peer counselors graduate and leave KU. Like most universities, KU also has an active student association that has tremendous potential to be a more active partner in SRH efforts, particularly by using its extensive networks to share key SRH messages and challenge harmful aspects of campus culture. While specific capacities and responsibilities need to be clearly defined and monitored, youth leaders can and should be critical partners in promoting positive SRH behaviors, generating demand for youth-friendly SRH services, and providing direct student engagement in SRH programming.

Given the multi-faceted context of SRH issues, build participatory, accountable, and responsive stakeholder networks to provide input into SRH programs.

Many universities place the responsibility for SRH programming under their health divisions or units, and KU's Health Division continues to be a strong leader and coordinator for the university's efforts. At the same time, the broader context for SRH issues on campus, including factors such as off-campus SRH providers and campus culture, highlight the importance of wider stakeholder engagement, including university administration, students, the public health and education systems, and the private sector. Stakehold-

ers should work together to understand students' SRH risks, plan for and monitor YFS, develop a collective approach to addressing risks, and ensure the quality and sustainability of services. Such networks also provide an important opportunity to bring in different types of partners, such as local or campus-based media groups or other branches of the university (e.g., accommodations office to strengthen links with students living off-campus) to build a more representative and responsive SRH program.

With the proliferation of universities and growing student populations, design youth-friendly SRH programs in university settings with scale-up in mind.

KU is not unique in its rapid growth and expansion over the past decade, and strategizing if and how it can take KUFWCP to scale has been one of the driving concerns behind generating and applying the evidence presented here. For KU, findings from these two efforts has pushed the team to rethink critical program elements—from management structures, to YFS service delivery models,[4] to stronger data collection and monitoring systems—to prioritize what is most effective and efficient package of interventions to take to scale. Whether for an individual university, country, or region, planning for scale-up[5]—so that effective programs reach and support more students across multiple settings—should be considered in the design of an SRH program from the outset. This includes working with stakeholders to define core elements of an effective, youth-friendly SRH 'model(s)' and then deliberately laying out steps to achieve the desired scale. While such planning and implementation can take time, it provides a valuable tool for guiding the evolution of a fully realized SRH program that will serve multiple generations of students.

Suggested citation:

Anjala Kanesathasan, *Generating evidence to meet the sexual and reproductive health needs of students at Kenyatta University and beyond* (Washington, DC: Evidence to Action Project, January 2017).

Acknowledgements:

The Evidence to Action (E2A) Project gratefully acknowledges the generous support of the US Agency for International Development for the creation of this brief and the work it describes. This brief was developed with contributions from the following individuals at E2A: Gwendolyn Morgan of E2A/Management Sciences for Health, Regina Benevides of E2A/Pathfinder International, Rita Badiani of E2A/Pathfinder International, and Laurel Lundstrom of E2A/Pathfinder International.

Other contributors to this brief include: Of Kenyatta University's Family Welfare and Counseling Project, Dr. G. Karanja, Director, and Sister Ann Afandi Mugasia. Of the Pathfinder International Kenya office team, Pamela Onduso, Collins Ojwang, Cynthia Anyango, Judy Bariu, and Edwin Odipo. We also acknowledge the contributions of peer counselor coordinators, John Njenga and Sophia Mwende; Dr. Namuunda Mutombo of the African Population & Health Research Centre during the initial phase of the study; and Qualitative Research Consultant Jennifer Liku and her team of research assistants.

Pathfinder INTERNATIONAL
Sexual and reproductive health without fear or boundary

msh Management Sciences for Health

ExpandNet

IntraHealth INTERNATIONAL
Because Health Workers Save Lives.

PATH
A catalyst for global health

Evidence To Action Project
1250 23rd St. NW, Suite 475
Washington, DC 20037, USA
T: 202-775-1977
www.e2aproject.org
@E2AProject

Pathfinder International
9 Galen Street, Suite 217
Watertown, MA 02472, USA
T: 617-924-7200
www.pathfinder.org
@PathfinderInt

This publication was made possible through support provided by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development, under the terms of Award No. AID-OAA-A-11-00024. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

[4] A tool developed by E2A and Pathfinder International—*Thinking Outside of the Separate Space*—can used by decision makers to critically think about and design youth-friendly SRH services that are tailored to the populations they seek to reach.

[5] ExpandNet's tools, *Beginning with the end in mind* and *Nine steps for developing a scaling-up strategy,* are particularly useful when designing and implementing programs with scale-up in mind.