Advocacy and Mass Media: A Winning Combination for Kenyan Youth

“Thank you for presenting us with such an educating, consoling, and entertaining program...it is making us feel recognized and cared for.” This comment from an 18-year-old Kenyan girl typifies adolescent responses to the Youth Variety Show that began regular broadcasts from the Kenya Broadcasting Corporation in March 1995. Hailed as a successful and much needed innovation in radio programming, the weekly, hour-long Youth Variety Show encouraged young people to ask about the problems and challenges of adolescent life.

More than 3.3 million adolescents listened to the show, according to market surveys, and radio became a major source of referral of all new clients at sentinel clinic sites (see Figure 1). The Youth Variety Show was a major building block in the Kenya Youth Initiatives Project which was implemented through the collaborative efforts of 26 Kenyan youth-serving organizations interested in addressing the issues of youth reproductive health. The National Council for Population and Development and the Family Planning Association of Kenya, with assistance from JHU/PCS and funding from USAID, sponsored the radio show.

The long-term goals of the Youth Initiatives Project were to contribute to the reduction of the rates of unwanted pregnancies and sexually transmitted diseases (STDs), including HIV/AIDS, among Kenyan youth. Two communication elements were central to the achievement of these goals: 1) information and education for youth and parents, and 2) networking and advocacy among policy-makers and leaders.

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The strategic design process began by exploring the concerns of young people and parents in focus groups and in a national survey. From the earliest broadcasts young people have participated in panel discussions, attended live broadcasts as audience members, and helped shape the agenda for future shows. Radio listener panels, composed of 6-8 members aged 10 to 19 years, gave regular feedback on both the entertainment and educational components of the programs.

Teenagers’ favorite songs provided the ongoing entertainment. Education came primarily through discussions with guest experts, telephone call-in segments that allowed young people (or their parents) to express their concerns and to ask questions, and the reading of answers to letters from listeners. Young people were further involved in the show as panel members, interviewees, and program organizers. A mobile van—The Teen Bus—traveled to selected districts throughout Kenya to record young people’s opinions, ideas, questions, and dramas. A newspaper column, also called Teen Bus, was published free of charge by a local newspaper. Young people could write for advice to this column.

Multi-Media Approach
Recognizing that a multi-media approach to initiating behavior change is always more effective than a single medium, the Kenya Youth Initiatives Project complemented the Youth

A comic booklet produced by the Kenya Youth Initiatives Project focused on boy-girl relationships, decision-making, and peer pressure for young adolescents.
Variety Show with an array of other media products: a weekly 15-minute radio drama, *Dau La Ujana* (*The Boat of Youth*); two booklets for adolescents, *Play The Game Right* (a factual booklet on pregnancy and STDs) and *Enjoy* (a comic focusing on boy-girl relationships for adolescents); and *Were You Ever Nine*, a book that provides parents with guidelines on how to talk with their children about growing up and reproductive health.

**Networking and Advocacy Initiatives**

The Kenya Youth Initiatives Project has paved the way for promoting adolescent sexual health not only by educating youth but also by initiating an advocacy outreach to policy-makers and leaders. The advocacy initiatives were developed in response to a 1992 Information, Education, and Communication (IEC) needs assessment, which characterized the policy environment as “unfriendly” to youth and youth-serving organizations.

In light of research, including studies by the Center for the Study of Adolescents, two advocacy goals were set: first, to show leaders that their inaction was increasing the severity and magnitude of adolescent reproductive health problems; and second, to show how these serious problems could be managed and finally prevented with appropriate education and services.

Two key workshops developed a strategy to reach Kenyan leaders and policy-makers. The first workshop, in February 1995, resulted in the development of a Strategy Pack that contained: 1) fact sheets on teenage pregnancy, HIV/AIDS and other STDs, harmful practices facing Kenyan teenage girls, sexual activity among youth, and teenage abortion; 2) a booklet entitled, Supporting Kenyan Youth: A Leader’s Guide to Action; and 3) a poster of facts and figures about adolescent reproductive health. Three cues for action incorporated into the Strategy Pack called for leaders to speak up publicly, advocate and support bills and policies related to teenage sexual health, and initiate and encourage positive youth-related dialogue among all members of society.

A second workshop, in July 1995, trained District Youth Advocates. The aim this time was to help develop a national network of youth reproductive health advocates and peer educators whose work would foster a social climate in which youth reproductive issues could be discussed openly.

District Youth Advocates held public gatherings of community groups in their districts where participants were encouraged to take action with regard to adolescent reproductive health and to keep youth on their districts’ agenda. The data presented in Figure 2 suggest that the overwhelming majority of each group participating in these district meetings was highly supportive of initiatives to address adolescent reproductive health.

**Impact**

Data from three sentinel site youth-serving clinics showed a sharp increase in the proportion of clients reporting radio as the source of referral (see Figure 1). As noted, in 1996 a national survey found that 56% of young people aged 15 to 24 years had been listening to the program prior to the survey. Some 19% (or about one-third of listeners) recommended the show to others; 14% took some action; and 1% visited a health center (see Figure 2).

Adults in the survey also listened, with the percentage increasing from 28% in 1995 to 41% in 1996. More than one third recommended the program to others. Their interest may well have facilitated more discussion between parents or other relatives and youth.

Translating the young adult survey data into reach and cost-effectiveness estimates indicates that 3,354,000 young adults were reached by the program, 1,138,000 recommended it to others, and about 60,000 went to a clinic or wrote to the program. Since the total cost of the Youth Variety Show was US$97,000 (including research, production, management, and evaluation), the cost-effectiveness was high (see Table 1). To reach a listener cost US$0.03; to spur a listener to take some action, US$0.12.

The high production quality of the Youth Variety Show attracted the support of the pharmaceutical company Johnson and Johnson (Kenya) who have become an important corporate sponsor. The same production quality attracted UNFPA, which is providing $900,000 to fund phase two of the Kenya Youth Initiatives Project.

As the Youth Variety Show begins its next wave of broadcasting in 1998, messages are designed to be more specific and compelling. New ideas from the young listeners themselves are being incorporated into the program so that they will continue to say, as one young listener put it, “I never fail to listen to the program, and I am glad to report I have learned a lot from it.”

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**Table 1. Cost-effectiveness of the Youth Variety Show among Young People**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percent</th>
<th>Number</th>
<th>Estimated cost per person (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listened to the program</td>
<td>56</td>
<td>3,354,400</td>
<td>3 cents</td>
</tr>
<tr>
<td>Recommended program to others</td>
<td>19</td>
<td>1,138,100</td>
<td>9 cents</td>
</tr>
<tr>
<td>Took action as a result of show</td>
<td>14</td>
<td>838,600</td>
<td>12 cents</td>
</tr>
<tr>
<td>Wrote/called show/visited clinic</td>
<td>1</td>
<td>59,900</td>
<td>$1.62</td>
</tr>
</tbody>
</table>

Estimated 5,990,000 youth 15-24 nationwide.
Source: Kenya Youth Initiatives Project

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**Figure 2. Percentage of Community Groups Responding in Support of Youth Initiatives**

Kenya Youth Initiatives Project, 1994-1996

<table>
<thead>
<tr>
<th>Church Groups</th>
<th>Parents/Teachers/Students</th>
<th>District Development Committee</th>
<th>Health/Social Workers</th>
<th>Community Organizers</th>
<th>Public Gatherings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source: JHU/CCP (PCS) notes - Meetings</td>
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**Impact!**

Summarizes key research and programmatic findings of the Population Communication Services (PCS) project of Johns Hopkins University, Center for Communication Programs (JHU/CCP).

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