

REPUBLIC OF KENYA



# UNDERSTANDING ADOLESCENTS

A Guide for Parents, Teachers and Caregivers



Ministry of Health

FIRST EDITION  
2025





Ministry of  
Health

# UNDERSTANDING ADOLESCENTS

A Guide for Parents, Teachers and Caregivers

Division of Reproductive Maternal Newborn Child and Adolescent Health  
(DRMNCAH)



2025

UNDERSTANDING ADOLESCENTS: A GUIDE FOR PARENTS, TEACHERS AND CAREGIVERS  
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# TABLE OF CONTENT

viii

## FOREWORD

ix

## PREFACE

x

## ACKNOWLEDGMENT

xi

## ABBREVIATIONS

xiii

## DEFINITION OF TERMS

1

## INTRODUCTION

4

## 1: GROWTH AND DEVELOPMENT

- Growth and development in adolescents • Understanding Rights of the Adolescents
- Role of Parents, teachers and caregivers during growth and development of the adolescent • Adolescent participation and meaningful engagement
- Rights of the Adolescent • Principles of child protection • Adolescents with special considerations

15

## 2: COMMUNICATING WITH ADOLESCENTS

- Source/ Receiver • Channel • Feedback • How to communicate with the adolescent
- Tell-tale signs of communication breakdown

20

### 3: HEALTHY RELATIONSHIPS

- Types of Relationships • How parents, teachers and caregivers can help adolescents to build and Maintain healthy relationships • What a Parent should do once they recognize that a relationship is unhealthy

25

### 4: ADOLESCENT NUTRITION AND PHYSICAL ACTIVITY

- Benefits of healthy eating for adolescents • Role of parents, teachers and caregivers in adolescent nutrition • Physical Activities • Role of parents, teachers and caregivers in promoting physical activity in adolescents

33

### 5: PERSONAL HYGIENE AND GROOMING

- Menstruation • Menstrual hygiene practices • Semenarche and wet dreams • Bed Wetting

43

### 6: ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

- Dealing with adolescents' sexuality • How to initiate conversations on sexuality
- Aspects of sexuality education • Sexual feelings • Abstinence • Types of abstinence
- Benefits of abstinence • Risky behaviour • HIV, STIs and UTIs
- Urinary Tract Infections (UTIs) • Cancers of reproductive system

63

### 7: VIOLENCE AGAINST ADOLESCENTS

- Interpersonal Violence • Violence against children • Consequences of violence on adolescents
- How to prevent GBV • Teenage pregnancy

73

### 8: HARMFUL PRACTICES

- Female Genital Mutilation (FGM) • Child Marriage • Child Labor

82

### 9: DRUG AND ALCOHOL USE AMONG ADOLESCENTS

- Effects of substance use disorder/drug addiction • Consequences of substance/drug use

90

## 10: ADOLESCENT MENTAL HEALTH

- Common mental health conditions among adolescents • Risk factors for mental illness
- Signs of mental illness • Effects of mental illness in Adolescence

97

## 11: LIFE SKILLS

- Dealing with peer pressure • Resilience • Goal Setting

106

## 12: DIGITAL PLATFORMS AND ADOLESCENTS

- Social media benefits and risks • Online safety • How can adolescents ensure their own safety online • Online Safety-Links and apps that parents can use to monitor adolescents activities online • Reporting mechanism for offensive online content

112

## 13: CAREER CHOICES FOR ADOLESCENTS

114

## 14: ADOLESCENTS AND RELIGION

118

## MULTI-SECTORAL COLLABORATIONS AND LINKAGES: ROLE OF ADOLESCENT CAREGIVERS IN INSTITUTIONS

121

## ANNEX 1: PARENTS/ CARE-GIVERS GUIDE - AGE APPROPRIATE KEY MESSAGES ABOUT ADOLESCENTS

136

## CONTRIBUTORS LIST

## FOREWORD



The well-being of adolescents aged 10-19 years is a top priority for the Government of Kenya, reflecting our unwavering commitment to ensuring the highest standard of health for all our citizens. This vital age group represents a critical phase in human development, as it encompasses the transition from childhood to adulthood. Within this cohort, the majority are school-going adolescents, making their well-being even more crucial for the future of our nation.

The process of guiding them through this period is complex and often hindered by various economic, sociocultural, religious, educational, and political factors.

This guide is a timely and essential resource designed to bridge these gaps. It equips and empowers parents, teachers and caregivers with the knowledge, skills, and tools necessary to provide effective support for adolescents, ensuring they grow into healthy, responsible, and productive members of society. Topics covered were carefully crafted for ease of use and offers clear, practical and accessible information.

The Ministry of Health is fully committed to providing age-appropriate, culturally sensitive and standardized information for nurturing care and protection through a multi-sectoral approach. We invite you to join us in fostering an environment where open, informed, and constructive conversations about adolescent health can flourish. Together, we can create a brighter and healthier future for our young people, helping them navigate the complexities of growing up and empowering them to face emerging challenges with confidence, resilience and building a prosperous, healthier nation for all.

***Enjoy the read!***

A handwritten signature in blue ink, enclosed in a blue oval. The signature is stylized and appears to read 'Aden Bere Duale'.

Hon. Aden Bere Duale, EGH  
Cabinet Secretary , Ministry of Health

# PREFACE



This guide has been developed to help bridge the gaps in supporting adolescents toward a holistic and fulfilling life. It aims to provide parents and caregivers with the knowledge and skills needed to effectively nurture and guide adolescents in reaching their full potential.

Adolescents require a positive environment to thrive, but challenges such as limited access to quality healthcare, accurate information, and safe spaces can impede their growth. Parents and caregivers play a vital role in creating this environment, offering the support adolescents need as they navigate a critical period of development.

The Ministry of Health is dedicated to providing age-appropriate, culturally sensitive, and focused information to help adolescents grow in a healthy, informed way. This guide covers essential topics such as adolescent development, communication, nutrition, hygiene, sexual and reproductive health, mental health, harmful practices, relationships, and career choices.

By addressing the knowledge gaps between parents, caregivers, and adolescents, this resource highlights the importance of informed and compassionate guidance. It equips caregivers to better understand the changes adolescents experience and empowers them to support healthy growth, ensuring that adolescents become well-rounded, responsible, and productive individuals.

A stylized, handwritten signature in blue ink, consisting of a large, circular initial 'O' followed by a series of loops and a long horizontal stroke extending to the right.

**Dr. Ouma Oluga, OGW**  
**Principal Secretary**  
**State Department for Medical Services**

# ACKNOWLEDGMENT



This guide has been realized as a result of concerted efforts by relevant stakeholders. The process of preparation embraced a multisectoral approach comprising a committee of experts which met and consulted regularly to ensure that the document takes shape. We are deeply grateful to the individuals who dedicated their time, expertise and resources to bring this work to fruition.

The process was spearheaded by Ministry of Health through the Division of Reproductive Maternal Newborn Child and Adolescent Health (DRMNCAH). Special appreciation is extended to the leadership of Dr. Issack Bashir (Head DFH), Dr. Edward Serem (Head, DRMNCAH) We express our heartfelt thanks to the taskforce team, led by Mary Magubo (Advocacy and SBC Manager), Dr. Kisia (SRH Manager), Dr. Rose Misati (Parenting Coach), Mary Gathitu (Training Manager), Grace Wasike HSC (Head, DHIC), Hon. Jackie Kibosia (Magistrate), Nicholas Kigundu (Editor KBC), Stephen Gitau (Directorate of Children Services), Francis Ngunjiri (KICD), Dr. Franklin Mbae (Director, MOYAS), Martin Mburu (Program Officer), Leila Akinyi (MOH Nutrition), Edwina Anyango (MOH NVIP), Dr. Paul Logilae (MOH Turkana), Judy Ayuma, Dr. Estella Waiguru (MOH DRMNCAH), Irene Omangi (Kenya High School), Sheikh Salim (Faith to Action), Merina Lekore (MOH DRMNCAH), Anabay Mamo (WHO), Sarah Ndondi (MOH Kisumu), Rev. Boaz (Vicar), Imam Sheikh, Kigen Korir (UNFPA), Jedidah Maina (TICAH), Job Mwangi, Peter Onyanca (TK), Victor Odhiambo (FAWE) Rev. Boaz Abuko (ACK Priest).

We also extend our gratitude to the organizations that facilitated and supported this process; WHO, KFW, UNFPA, UNICEF, CSA, TICAH, Faith to Action Network, Tujulishane Kenya, AMREF and FAWE. We look forward to continuing our partnerships.

A handwritten signature in blue ink that reads "Patrick Amoth". The signature is stylized and fluid.

**Dr. Patrick Amoth, EBS**  
**Director General for Health**

## ABBREVIATIONS

AIDS	Acquired Immuno deficiency Syndrome
ADHD	Attention-Deficit / Hyperactivity Disorder
AHTCPU	Anti-Human Trafficking & Child Protection Unit
ANC	Antenatal care
ASRH	Adolescent Sexual & Reproductive Health
CBC	Competency Based Curriculum
CPU	Central Processing Unit
CSA	Center for the study of adolescence
DCI	Directorate of Criminal Investigation
DRMNCAH	Division of Reproductive Maternal Newborn Child and Adolescent Health
FGM	Female Genital Mutilation
FIDA	Federation of Women Lawyers
GBV	Gender Based Violence
GPS	Global Positioning System
HIV	Human Immuno Deficiency Virus
HPV	Human Papilloma virus
IEC	Information, Educational and Communication
IGCSE	International General Certificate of Secondary Education
IWF	International Watch Federation
KJV	King James Version

## ABBREVIATIONS

KfW	Kreditanstalt für Wiederaufbau
KE-CIRT	Kenya Computer Incident Response Coordination Centre
KUDHEIHA	Kenya Union of Domestic, Hotels, Educational Institutions and Hospitals
MOH	Ministry of Health
NGAO	National Government Administration Officers
NGEC	National Gender and Equality Commission
NYS	National Youth Service
ODD	Oppositional Defiant Disorder
PMS	Pre-Menstrual Syndrome
PTSD	Post Traumatic Stress Disorder
SBA	Skilled Birth Attendant
SGBV	Sexual Gender Based Violence
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
TICAH	Trust for Indigenous Culture and Health
TV	Television
UNFPA	United Nations Population Fund
URL	Uniform Resource Locator
UTI	Urinary Tract Infections
WHO	World Health Organization
WASH	Water and Sanitation Health

## DEFINITION OF TERMS

**Adolescent** – A person aged 10–19 years. This grouping includes children aged 10–17 years and young adults aged 18 and 19 years.

**Adolescent Health Rights** – Refers to an adolescent's right to quality, appropriate prevention, treatment, and care. It also includes the right to treatment and health services free of discrimination and without regard for race, color, sex, language, religion, political or other opinion, national, ethnic, or social origin, property, disability, birth, or other status of the adolescent or his or her parents or guardians. Healthcare provided to adolescents should be considerate, respectful, and non-judgmental, and the adolescents' privacy should be respected during consultations, examinations, and treatment.

**Community Health Promoter** – This is any health promoter who performs functions related to health care service delivery in the community. Community health promoters have not received formal education but are trained in the interventions and activities in which they are involved. They are typically members of the communities where they work, are selected by the community, are accountable to the communities they serve, and are supported by the health system.

**Confidentiality** – This involves the right of an individual to privacy of personal information, including health records. The requirement to maintain confidentiality governs not only how data and information are collected (e.g., a private space in which to conduct a consultation) but also how the data are stored (e.g., without names and other identifiers and/or kept in a locked cabinet) and how the data are shared, if at all. This means that access to personal data and information is restricted to individuals who have a need to know and who have been granted permission by the client for such access.

**Consent** – This refers to the ability to agree to receive treatment and health services. It also implies the ability to refuse treatment. The age of consent in Kenya is age 18.

**Gatekeeper(s)** – are adults, such as parents and/or other family members, legal guardians, teachers, and community leaders, who have influence over adolescents' access to and use of services.

**Gender** – refers to the socially defined roles and responsibilities of men and women.

**Gender-based Violence** – refers to violence that targets individuals based on their gender. This includes acts that inflict physical, sexual, mental, psychological, emotional, and economic harm and includes harmful cultural practices.

## DEFINITION OF TERMS

**Health Literacy** – refers to the cognitive ability of an adolescent to gain access to, understand, and use information in ways that promote and maintain good health.

**Health Provider** – is an individual trained to deliver preventive, curative, promotional, or rehabilitative health care services in a systematic way to people, families, or communities. These services may be provided in a hospital, clinic, school, or community setting.

**Informed Choice** – refers to a choice made by an adolescent regarding elements of his or her care (e.g., treatment options, follow-up options, refusal of service for care) based on having adequate, appropriate, and clear information as to the nature, risks, or alternatives to medical procedures or treatment, and the implications for the adolescents' health or other aspects of the adolescents' life.

**Standard** – a defined level of quality established to meet the needs of intended beneficiaries. A standard defines implementation processes, performance expectations, and infrastructure needs required to provide safe, equitable, acceptable, accessible, effective, and appropriate services.

**Adolescent and Youth Friendly Services** – refers to those health services that are offered to young people of ages 10-24 years in ways that they find appealing, that respect their right to privacy and confidentiality, and that meet their needs, as they define them.

**Marginalized and Vulnerable Adolescents** - These are adolescents at high risk of lacking adequate care and protection. For this strategy, the term includes orphans and street children as well as adolescents with disabilities; adolescents living with HIV and AIDS; adolescents living in informal settlements; adolescents in the labor market; adolescents who are sexually exploited; adolescents living below the poverty line and adolescent in humanitarian and fragile settings.

**Humanitarian Settings** - These are contexts where there is a significant breakdown in society's normal functioning due to conflicts, natural disasters, or other emergencies.



## INTRODUCTION

Adolescence is the transition period from childhood to adulthood. This transition is often regarded as a period of self-discovery encompassing physical, psychological, and social changes. During this transition the child goes through puberty where their bodies begin to develop and change as they become adults. During this period, adolescents may develop new relationships outside their families and assert their independence.

Globally there are 1.3 billion adolescents aged 10-19 who make up to 16% of world's population. Of these, 20% which accounts to approximately 249 million are adolescents living in Africa. **One in four Kenyans is an adolescent.** Kenya has a rapidly growing segment of the adolescent population projected at **11.6 Million** accounting for almost a quarter of the country's population.

### Adolescent Population

Age (10-19) - 2024 KNBS projections



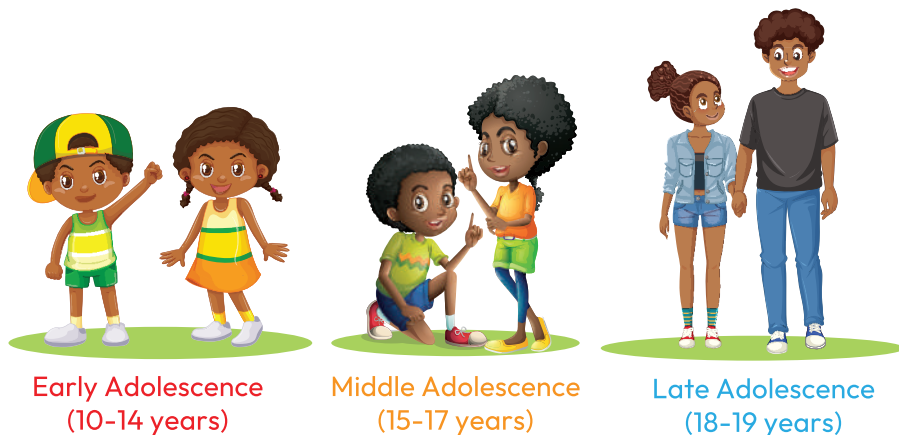
Adolescent male comprise **22.1%** (5,745,958) of the **total Kenyan male population of 25,994,416**

Adolescent female comprise **22.2%** 5,871,932 of the **total Kenyan female population of 26,433,875**

### Projected Adolescent Population 2024 (KNBS)

Age	Male	Female	Total
10-14	2,939,826	3,008,044	5,947,870
15-19	2,806,132	2,863,888	5,670,020
10-19	5,745,958	5,871,932	11,617,890
<b>Percentages</b>	<b>22.1</b>	<b>22.2</b>	<b>22.2</b>

In this document adolescence is classified into three main stages:



Adolescence can be challenging for both parents as this is the first major step into adulthood. Therefore, understanding adolescence and the dynamics that unfold as they transition into their adulthood is an opportunity to reduce risks and vulnerabilities. To shape their future aspirations, parents and caregivers are encouraged to be open minded and recognize that as adolescents develop, family dynamics change which may require adapting to new parenting styles and skills.

They should prepare for these changes and adjust their approaches progressively. Adolescents need for love, support, appreciation, encouragement and guidance is underscored.

Parents, teachers and caregivers have a responsibility to provide a conducive environment for nurturing adolescents as they develop their personalities and identities.

Understanding Adolescents: A guide for Parents, Teachers and Caregivers has been developed to enhance the understanding of parents and caregivers in their efforts to support adolescents.

This Guide addresses inadequate information and knowledge on adolescents' growth and development, differences in thinking patterns between parents, teachers, caregivers and adolescents that may often lead to misunderstanding.

It intends to equip parents, teachers, and caregivers with knowledge and skills that will enable them effectively guide and support adolescents reach their full developmental potential.

The understanding adolescents guide main goal is to equip parents and caregivers with the necessary information to support the wellbeing and development of the adolescents under their care. The guide provides valuable information for any individual raising adolescents.

The target audience for this guide include parents, guardians, relatives, community leaders, teachers or other individuals taking up this important responsibility



## CHAPTER 1

# GROWTH AND DEVELOPMENT

Adolescence is the transition from childhood to adulthood. This stage of development is characterized by rapid changes in physical, psychological, and social functioning. The terms puberty and adolescence are sometimes used interchangeably. However, the two words have different meanings.

Puberty is the biological change that transitions a child into adulthood and includes the appearance of secondary sexual characteristics, development of the reproductive system and increase in body size. However, due to various factors, puberty can start as early as 6 years of age.



**Needs Guidance from Responsible Parents, Teachers and Caregivers**

## Growth and Development in Adolescents

The physiological changes include physical growth, sexual maturation and psychological changes will include emotional and cognitive development while social functioning is characterized by change in the relationship with parents and increasing importance and influence of peers.

At the same time, the individual is seeking to know who they are. The adolescent is also faced with the task of preparing for independent adulthood which includes school and making career choices.



## BOYS

- Voice changes
- Shoulders broaden
- Facial hair
- Sperm production and ejaculation
- Wet dreams and erection occurs frequently
- Muscular and skeletal growth
- Perspiration increases and body odour may appear



## GIRLS

- Breast enlargement
- Hip enlargement
- Monthly period/ menstruation
- Perspiration increases and body odour may appear



## BOYS & GIRLS

- Development of pubic and armpit hair
- Increase of body height and weight gain (adolescent growth spurt)
- Genital organs enlargement
- Pimples (acne) may develop on the face
- Body shape takes on a characteristic adult pattern

*Adolescent physical development / puberty*

### The role of parents, teachers and caregivers during this period is to:

- Help them understand that wet dreams is a natural/ normal body process and they should not be ashamed
- Encourage them to bathe when they wake up to keep clean
- Help them understand that if they engage in sexual activity, they can make a girl pregnant
- Encourage them to abstain from sexual activities

#### Early Adolescence (10–13 years)



##### Stages of Emotional Development

- Mood swings, intense feelings, low impulse control



##### Stages of Cognitive Development

- Concrete thinking, little ability to anticipate long term consequences of their action
- Literal interpretation of ideas

#### Mid Adolescence (14–16 years)



##### Stages of Emotional Development

- Sense of invulnerability, risk taking behaviour



##### Stages of Cognitive Development

- Able to conceptualize abstract ideas such as love, justice, truth and spirituality

#### Late Adolescence (17–19 years)



##### Stages of Emotional Development

- Sense of responsibility for one's health
- Increasing sense of vulnerability
- Able to think of others and suppress one's needs
- Less risk taking



##### Stages of Cognitive Development

- Ability to understand set limits
- Understand other's thoughts and feelings

*Emotional and cognitive stages of development in adolescents*

# Understanding Rights of The Adolescents

## General Rules:

- A child's best interests are of paramount importance in every matter concerning the child
- A child should be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labour
- A child should have parental care and protection, which includes equal responsibility of the mother and father to provide for the child, whether they are married to each other or not
- A child has a right to give assent and consent
- A child has a right to privacy

Consent in summary is given by a person above the age of majority. Consent may only be given by individuals who have reached the legal age of consent. Assent is the agreement of someone not able to give legal consent to participate in the activity. Work with children or adults not capable of giving consent requires the consent of the parent or legal guardian and the assent of the minor.

## Health Act, 2017, S.9:

- The child is being treated in an emergency situation;
- Failure to treat the child, will result in a serious risk to public health;
- Any delay in the provision of the health service to the child might result in his or her death or irreversible damage to his or her health and the child has not expressly, or by implication or by conduct refused that service

**Note: All of the above mentioned exceptions will be applicable where and if the parent, teacher, guardian, partner and or, adult offspring of the child have declined to give consent.**

What should I do if the parent or guardian declines HIV testing? Am I covered by the law?

- General rule: The best interest of the child is of paramount importance. With this, the parents, teachers and caregivers will be guided by the provisions of:
  - » The Constitution of Kenya, 2010, Art.43 (a) Every person has the right—to the highest attainable standard of health, which includes the right to health care services, including reproductive health care; Art. 53 (1) (c) Every child has the right—to basic nutrition, shelter and health care;
  - » The Childrens’ Act, 2022 S.8 (1) In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration

## Role of Parents, Teachers and Caregivers during growth and development of the adolescent

The role of the parents and caregivers is to help adolescents understand, cope and navigate through these phases of growth and development. They can be done by:

- Providing a safe space to have open discussions about the changes they are experiencing as they grow
- Helping adolescents by teaching them positive attributes like self-discipline, self-control, honesty, and integrity
- Helping them understand the importance of personal hygiene and providing items needed for proper sanitation and hygiene
- Advising and encouraging adolescents to make use of guidance and counseling services
- Preparing the adolescents to face the challenges of life confidently
- Creating support groups in the community to help other parents and caregivers raise and guide adolescents

## Adolescent participation and meaningful engagement

Adolescent participation in decisions affecting their well-being is key and intended to empower them according to the Children's Act, 2022.

### Possible approaches for Parents, Teachers and Caregivers

- Adolescents' opportunities to be heard should start in early childhood to lay the foundation for expression and active participation in decision-making in issues relevant to them such as education, health, recreation, sports, creative arts and safety. This increases their sense of self-worth, self-esteem and self-efficacy when done in consultation, with respect to child's age and evolving capacities. This way, adolescents are able to challenge injustices, discrimination, violence, exploitation which affect them directly thus promoting greater accountability in all systems
- Adolescents' participation also enhances their communication, problem-solving, negotiation skills and allows them to build better relationships and connectedness with their peers, families and communities. Their knowledge about their lives, innovations, creativity, skills and aspirations need be harnessed to inform the development sustainable services, programs, policies and practices at home, in school and in the larger community
- Parents, Teachers and Caregivers should remember that participation is voluntary hence informed adolescent's assent and parental consent while ensuring highest level of confidentiality is imperative. Encourage adolescents to participate in school clubs, school leadership, religious group leadership, community peer group leadership, children parliaments and family meetings. When Adolescents turn 18 years of age, it's the responsibility of the parents to ensure they acquire National Identification cards and other relevant documents
- Participation should be inclusive and non-discriminatory to ensure those with disability, marginalized and vulnerable groups among others are included. Parents, Teachers and Caregivers should always remember that meaningful engagement and participation of adolescents is empowering and sustainable when it is for them, with them and by them

## Rights of the Adolescent

A right is an entitlement according to the Bill of Rights as enshrined in the Constitution of Kenya 2010 and supported by Acts of Parliament. The Children Act 2022 in particular outlines the rights and responsibilities of children; adolescents (below 18 years) fall under this category.

## Principles of Child Protection



The best interest  
of the child



Right to survival  
and development



Non-  
discrimination



Child  
participation

RIGHTS OF A CHILD	ROLE OF A CHILD	ROLE OF PARENT/CARE GIVER
<b>Right to a name and nationality</b>	Accept identity/ name.	Determine the name of the child; Procure registration of the birth.
<b>Right to inheritance</b>	Have information about the property in question and help protect the property.	Disclose the property and put in place mechanism to avoid disinheritance.  Receive, recover and deal with the property of the child for the benefit and in the best interest of the child.
<b>Right to healthcare</b>	Accept appropriate health services when in need.	Provide access to: <ul style="list-style-type: none"> <li>• Age-appropriate information on health promotion and the prevention and treatment of illhealth and disease, mental health and reproductive health;</li> <li>• Information regarding their health status;</li> <li>• Information regarding the causes and treatment of his or her sickness; age-appropriate information that affirms human dignity in human relationships and promotes sexual risk avoidance.</li> </ul>

RIGHTS OF A CHILD	ROLE OF A CHILD	ROLE OF PARENT/CARE GIVER
<b>Right to religious education</b>	Accept religious guidance from the parent and caregiver.	Provide parental guidance in religious, moral, social, cultural and other values that are not harmful to the child.
<b>Right to leisure, recreation and play</b>	Participate in leisure, recreation and play.	Allow, provide opportunities and supervise the child during the recreational activities.
<b>Right to basic education</b>	Attend school unless prevented by factors beyond their ability.	Ensure access to basic education and provide suitable learning environment.
<b>Right to social security</b>	Enjoy the social security services including health insurance cover.	Provision of social security services including health insurance cover.
<b>Right to parental care</b>	Enjoy the gift of parental care  Respect his parents, superiors and elders at all times and assist them in case of need provided.	Provide general parental guidance, social conduct and moral values;
<b>Right to privacy and a child-friendly environment</b>	Enjoy state of confidentiality.	Protect the child from unlawful interference with his or her privacy, family or private affairs.
<b>Right to confidentiality</b>	Enjoy state of confidentiality.	Keep confidentiality regarding his/her health status and the health status of a parent, care-giver or family member.
<b>Right to be protected from armed conflicts</b>	Not to join proscribed gangs/ groups.	Closely supervise and monitor the child not to join illegal or unlawful gangs.
<b>Right to Protection from abuse which include:</b>	Understand forms of abuse and how to avoid/ protect themselves.  Report incidences of attempted or actual abuse to a parent and caregiver.	Protect the child from neglect, abuse, discrimination or other differential treatment.
<b>Drugs and substance use</b>	Avoid drugs and substance use.	Educate the child on the risks and consequences of drugs and substance use.
<b>Child labour</b>	Decline to participate in child labour at the expense of child development.	Eliminate opportunities for participation in the child labour. Understand the difference between child work and child labour.

RIGHTS OF A CHILD	ROLE OF A CHILD	ROLE OF PARENT/CARE GIVER
<b>Sexual abuse</b>	Report any incident of attempted or actual sexual abuse to a trusted adult or persons in authority.	<p>Parents and caregivers must not be perpetrators of sexual abuse.</p> <p>Report any incident of attempted or actual sexual abuse of a child to government authorities and ensure the child receives medical assessment/treatment. Support the court process in pursuance of justice.</p>
<b>Child trafficking</b>	Not to accept invitation by strangers to be transported to places without the permission of the parent or caregiver.	Ensure round the clock supervision and monitoring of the child, to ensure he or she is not transported to unknown places.
<b>Violence</b>	<p>Avoid situations where the adolescent could suffer mental, emotional and physical violence.</p> <p>To report any incident of violence suffered to parents, caregivers or a trusted adult.</p>	<p>Parents and caregivers must not be perpetrators of violence.</p> <p>Provide information to the adolescent on how to prevent and report cases of all forms of violence.</p> <p>Report any incident of attempted or actual violence against an adolescent to government authorities and ensure that they receive medical assessment/treatment. Support the court process in pursuance of justice.</p>
<b>Harmful cultural practices. (FGM, Child marriage, Virginity testing, child marriage, girl child beading, forced circumcision for male child)</b>	Be aware, resist and report attempted or actual harmful cultural practices.	<p>Parents and caregivers must not be perpetrators of harmful cultural practices.</p> <p>Advocate against harmful cultural practices among parents and caregivers.</p> <p>Educate the child about the risks and consequences of harmful cultural practices and protect them from the same.</p>
<b>Right to be protected from any form of torture</b>	<p>Be aware of the forms of torture and know where to seek help.</p> <p>To report any incident of torture suffered to parents, teachers, caregivers or a trusted adult.</p>	<p>Parents and caregivers must not be perpetrators of torture.</p> <p>Educate the child on forms of torture and protect from torture</p>

RIGHTS OF A CHILD	ROLE OF A CHILD	ROLE OF PARENT/CARE GIVER
		Torture is any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act which the person or a third person has committed or is suspected of having committed, or intimidating or coercing the person or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.
OTHER		
<b>Rights of intersex children</b>	Accept guidance and support.	Enhance acceptance, privacy, confidentiality and ensure the child has access to appropriate medical services.
<b>Rights of children with disabilities.</b>	Accept guidance and support.	Enhance acceptance, privacy, confidentiality and ensure the child has access to appropriate medical services.
<b>Right to differential treatment not discrimination</b>	The disadvantaged child to accept differential treatment.	Offer differential treatment to create equity.  Differential treatment which denotes special/ remedial measures may be instituted to support children who require additional support to be at par with other children.



**Cases of sexual abuse must not be settled out of court**

## Duties and responsibilities of a child under the Children Act (2022)

- Work for the cohesion of the family
- Respect his parents, superiors and elders at all times and assist them in case of need provided that the child's best interest shall remain paramount
- Serve his national community by placing his physical and intellectual abilities at its service

- Preserve and strengthen social and national solidarity
- Preserve and strengthen the positive cultural values of his community in his relations with other members of that community
- Attend school unless prevented by factors beyond their ability
- Not discriminate against other children on account of ethnicity, race, disability, gender, social status or other grounds
- Protect the environment
- Not abuse or harm other children
- Not destroy any property

## Adolescents with special considerations

Adolescents in the following contexts are regarded as having special considerations and therefore require more support from parents and caregivers.

**Adolescents with disability:** The Kenyan Government defines disability as “a physical, sensory, mental, or other impairment including: visual, hearing, learning or physical incapability, which impacts adversely [negatively] on social, economic or environmental participation.”

**Marginalized and Vulnerable Adolescents:** These are adolescents at high risk of inadequate access to care and protection. These include children with genetic conditions or medical conditions like diabetes, orphans, street connected children, adolescents living with HIV/AIDS, adolescents in informal settlements and children in conflict with the law and adolescents affected by disaster, civil unrest or war as well as those living as refugees among others.

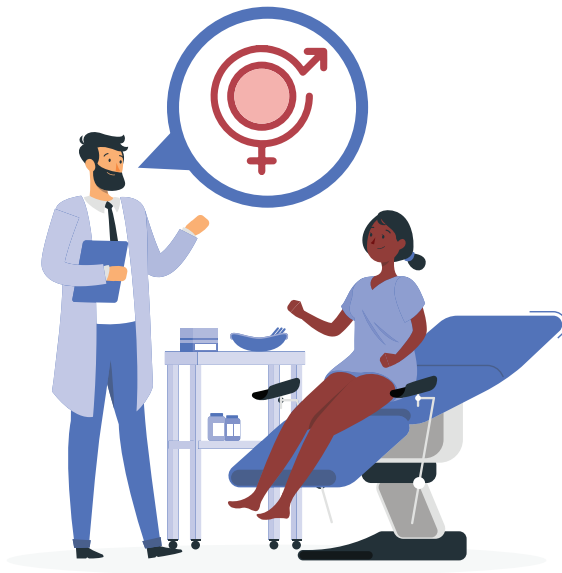
**Intersex adolescents:** Adolescents who have the congenital condition of sex development in which the development of the chromosomal, gonadal or anatomic sex is atypical leading to ambiguous genitalia making it difficult to identify their sex at birth and before development of secondary sexual characteristics at puberty.

An intersex adolescent has the right to be treated with dignity, and to receive appropriate medical treatment, special care education, training and consideration as a special need category in social protection.

The Reproductive Health Policy (2022 - 2032) recognize and protects the constitutional rights of persons born intersex specifically outlawing discrimination and inhumane treatment targeting such persons, including forced premature medical sex reassignment.

## Roles of parents, teachers and caregivers in handling Adolescents with special considerations

- Enhance acceptance, support and provision of appropriate assistive devices/medical services for adolescents living with disability
- Full time parental care for adolescents with severe disability
- Treat with dignity and respect and give the special care they require
- Link the adolescent with an appropriate support group for psychosocial support, networking and linkages, skills acquisition and other resources
- Parents with adolescents who are intersex to ensure that they are given correct information while awaiting medical and/or surgical intervention
- Ensure access and adherence to the treatment for different medical conditions
- Explore training opportunities where they can understand more about the specific disability. These may include: sign language, braille and basic first aid response to the particular condition



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Medical procedures should be deferred to after puberty and attaining the age of eighteen (18) years when a person born with intersex is counselled and grants informed consent.

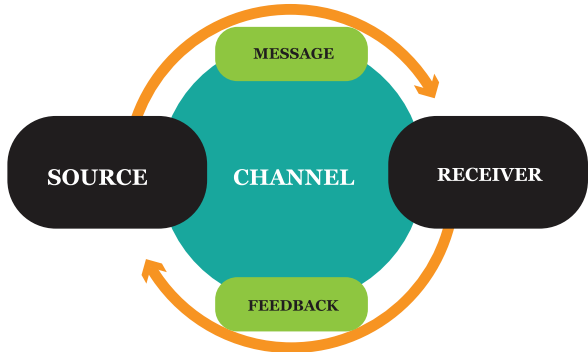


## CHAPTER 2

# COMMUNICATING WITH ADOLESCENTS

**Communication** is the process of exchanging ideas, thoughts, opinions, knowledge so that the message is received and understood with clarity and purpose. It is one of the foundations of healthy parenting. Delivering messages clearly reduces the risk of miscommunication, alteration of messages and potential for conflict especially during adolescence.

During teenage years, adolescents go through many changes. At this stage they may also be pushing boundaries, some pull away as they start to assert their independence. Having a healthy parent-adolescent relationship during this stage is crucial to help both parent and the adolescent to be connected and confident about having complex conversations and resolving conflicts.



*Pathways to effective communication*

The relationship between parents and the adolescent keeps changing, and parents may need to be flexible and dynamic as their child develops. Adolescents may appear to be more independent, but they still need parental guidance. The best way to support adolescents is to create a safe space where they can freely share their concerns without fear of judgment, criticism or reprisal. This can be effectively achieved through active listening.

The communication process involves an interaction between the source of the message and the recipient through appropriate communication channels. The diagram below demonstrates the pathways of effective communication.

### Source/ Receiver

The source and receiver can either be the adolescent or the parent, teacher or caregiver. As a parent, teacher or caregiver, you may experience challenges when communicating with your adolescent especially on sensitive topics such as sexuality and relationship matters. You can overcome these challenges by seeking to understand what could be causing the hesitancy.

As children become adolescents, they often associate more with peers than parents and caregivers. Adolescents may desire more freedom than parents, teachers and caregivers are willing to give. They begin to develop abstract thinking capabilities and a sense of fairness which makes them feel that their concerns are not being considered or taken seriously.

It is important for parents, teachers and caregivers to make deliberate efforts to communicate with the adolescent despite these challenges. This may be achieved by creating time and opportunity to discuss the immediate issues. It is likely that the message will be understood by the adolescent later.

### Channel

There are a number of channels of communications that can be utilized by parents and caregivers. These include:

**Verbal:** Interpersonal conversations.

**Non-verbal:** body language including gestures, cues and facial expressions

**Written:** Text messages, emails, letters among others.

The following tips may help to improve communication with the adolescent. However, always seek professional advice if you are concerned about your relationship with the adolescent.

C

Clarify



L

Listen actively



E

Encourage



A

Acknowledge



R

Repeat and reflect



## Feedback

Active listening is important. Use verbal or non-verbal cues to show that you are listening, such as nodding and thumbs-up. Listening carefully without interrupting enables you to understand the concerns of the adolescent. It is important to give an opportunity to the adolescent to suggest solutions to any challenges they may be facing. In case you digger, offer on alternative and slowly but firmly guide them to the correct path within the boundaries of discipline.

## How to communicate with the adolescent

- **Listen:** Adolescents are more likely to open up to their parents, teachers or caregivers if they don't feel pressured to share information. Asking direct questions might not something that happened during the day could be their way of reaching out, and you are likely to hear more if you stay open-minded and interested.
- **Create a conducive environment** to enable you have a conversation with your adolescent on reproductive health and other issues.

**Note:** There are times when the adolescent might be experiencing developmental changes such as wet dreams for boys and menstruation for girls and might not know how to communicate directly about these issues. Provide correct information and help them understand what the changes mean.

- **Validate their feelings:** Show the adolescent that you understand what they are going through.
- **Show trust:** Adolescents need to be taken seriously, especially by their parents and caregivers. Show that you trust them by delegating duties and allowing them to complete them.
- **Acknowledge and celebrate their wins together:** Acknowledging and celebrating adolescents' achievements boosts their self-esteem.
- **Participate in activities together:** Spending time doing things you both enjoy is critical to building a strong bond that would help improve communication outcomes. It is important for adolescents to know that they can be close to you and share positive experiences without being reprimanded or asked intrusive questions.
- **Be observant:** Expect that the adolescent will be going through physical and emotional changes as they mature. The adolescent may manifest changes in their moods, behavior, energy levels or eating patterns. Pay attention if they self-isolate or stop doing things that they previously enjoyed. If you see these and negative changes in their daily ability to function, ask them about it supportively.
- **Show empathy:** While the adolescent is experiencing physical and emotional changes, the parent, teacher or caregiver should help them understand the changes and allow them to express their feelings without judgment.

### Tell-tale signs of communication breakdown

The following are signs of communication breakdown between parents, teachers or caregivers and adolescents:

- Feelings of disconnection between adolescents and their parents, teachers or caregivers
- Fear to express themselves freely
- Isolation from family members
- Low self-esteem and confidence
- Disobedience
- Inclination to one parent, teacher or a caregiver
- Preferring to stay with peers more than family
- Rude and disrespectful behaviour (insolence)
- Being engaged in acts of violence

## Communicating with Adolescents



### DO's

- ✓ Start early
- ✓ Be your child's friend
- ✓ Be honest, give as much information as possible
- ✓ Start by understanding what they know about their bodies and SRH
- ✓ Start by using the correct terms for all body parts especially the Reproductive health systems
- ✓ Take advantage of the questions that a child asks as an opportunity to start the discussion
- ✓ Ask them what they already know or have heard
- ✓ Use your own experiences as stories to start the sessions and guide through the positives. You can tell about the first time you had a crush, your first boyfriend, how you met their father etc. There are no right or wrong stories, even stories where you made a bad choice can be used to teach a lesson on healthy relationships and SRH choices
- ✓ Learn about what you do not know from them since they are in a different generation
- ✓ Actively Listen without interruptions, this will enable your adolescent to open up and express himself
- ✓ At a young age teach about body parts and their uses and where babies come from, bad touch and good touch,
- ✓ At pre-teen talk about the body changes that happen during puberty, choosing friends, healthy relationships
- ✓ At teen years(13-17) talk about attraction, healthy and unhealthy relationships, difference between love and lust, unwanted pregnancies and
- ✓ Above eighteen(18) talk about contraception, HIV/ AIDS, STI's and safe sex



### DON'Ts

- ✗ Don't wait until it's too late
- ✗ Don't leave the obligation of talking to your child about SRH to other people. You are the parent.
- ✗ Avoid assumptions, criticisms or punishment when your child asks questions.
- ✗ Don't just wait for when they will ask. This could take forever.
- ✗ Don't be vague, avoid statements like "if you play with boys you will get pregnant", instead explain the exact kind of play that could get you pregnant or infected with a disease



# CHAPTER 3

## HEALTHY RELATIONSHIPS

**A relationship** is an interaction or connection between two or more people based on mutual trust. Feelings of disconnection between adolescents and their parents or caregivers.

### Types of Relationships:



Parents, teacher or caregiver daughter and/or son relationships



Peer-to-peer relationships



Teacher-Parent relationship



Romantic relationships



Sibling relationships

### Characteristics of people in healthy relationships:

- Listen to each other
- Communicate openly and without judgment
- Trust and respect each other

- Consistently make time for each other
- Remember details about each other's lives
- Engage in healthy activities together (sports, discussions, planning, spiritual forums, educational support, meeting friends, helping each other etc.)
- Forgive and ask for forgiveness
- Support each other and correct each other

### How parents, teachers and caregivers can help adolescents to build and Maintain healthy relationships.

Parents, teachers or caregivers need to facilitate adolescents and young people to build healthy relationships by doing the following:

- They should be positive role models of healthy relationships because young people often learn by copying what they observe
- Create an environment that is conducive for open, honest, and friendly conversations
- Provide physical, emotional, spiritual, and material support
- Provide basic needs including: school fees, clothing, food, and other personal effects
- Listen attentively to the needs of the young people and guide as appropriate
- Seek more information from experts/professionals like religious leaders, psychologists, teachers, counselors etc
- Seek to know and interact with their friends where possible without making it uncomfortable
- Create opportunities to discuss the subject of healthy relationships
- Inform the young people that they should:
  - » Respect each other
  - » Understand each other's personality
  - » Listen to each other
  - » Learn to be more understanding
  - » Learn to give constructive feedback
  - » Not harm others

- » Love and treat other people fairly
- » Be respectful to others
- » Be honest, open and truthful
- » Seek guidance from trusted and responsible individuals

### Benefits of Healthy Relationships

- Boost self-esteem and foster a sense of belonging
- Promote academic success
- Help shape behavior
- Help to reduce stress and enhances better mental health
- Help individuals to remain focused on their goals
- Strengthen family ties and togetherness

### How to identify unhealthy Relationships

It is important to guide young people in identifying unhealthy relationships and making appropriate choices. Unhealthy relationships are marked by manipulation, disrespect, and control. The following are some of the observations that may signify an adolescent could be in an unhealthy relationship:

- Sulking and social withdrawal
- They perform acts that are against their values out of fear
- They behave as if they are in competition with each other
- Information from their peers, and other caregivers (teachers, instructors, religious leaders)
- Exhibit fear and anxiety
- Evidence of physical harm like body scratches, bites, black eye, tissue injury etc
- Spend excessive amount of time in a manner that impacts their studies and other responsibilities

### Role of parents, teachers and caregivers in fostering healthy adolescent relationships

A parent or caregiver can play a critical role in shaping the choices of an adolescent as regards relationships. The following tips may be helpful:

**TIP**  
**01**

**Know your adolescents’  
friends and their families**

Adolescents are greatly influenced by peers. Relationship with peers tend to increase during adolescence.

- Help your adolescents to choose friends with positive values
- Welcome your children’s friends into your home at the right time, and talk with them regularly
- Engage with their parents on curfews, common rules and expectations

**TIP**  
**02**

**Discourage early dating**

- Discourage adolescents from early dating; make it clear that one-on-one dating/relationships before the age of 18 can have serious repercussions
- Adolescents can have friends of the opposite sex. This is common during adolescence and can be part of healthy development. However, these relationships should not involve sexual activities
- Adolescents should be helped to understand that certain situations/ behaviours may lead to unintended sexual activity. These include: being alone with persons of the opposite sex, drugs and substance use, viewing pornographic content etc

**TIP**  
**03**

**Be clear and specific about  
family values and rules.**

Provide guidance to the adolescent on when it’s okay to start dating and your expectations around dating and sexual behavior

## What a Parent should do once they recognize that a relationship is unhealthy:

- Seek to understand the need/reason making the adolescent to be in such a relationship (loneliness, money/ material gain, protection, low self esteem, peer pressure etc.) and discuss possible solutions to remedy the situation
- Empower the adolescent to make the right choices and remain assertive
- Support the adolescent to develop their own values and set clear boundaries as they engage or interact with others
- Parent should also guide adolescents on identifying and consequences of unhealthy relationships





## CHAPTER 4

# ADOLESCENT NUTRITION AND PHYSICAL ACTIVITY

Growth during adolescence is faster than any stage of the life course and as such adolescents have high energy and protein requirements to sustain the rapid growth (increase in height, weight, fat, muscle density and physical activity levels). Similarly, they undergo hormonal, cognitive and emotional changes. An increase in nutrient needs including carbohydrates, proteins and micronutrients is essential for growth and maturation.

### Parents and caregivers need to understand that:

- Adolescence is the period of highest carbohydrates and protein requirement
- Adolescent boys have higher energy requirements than girls
- There is increased need for iron in adolescent girls. Food rich in iron include organ meats (liver, Kidney) green leafy vegetables, meat. Boys have more iron needs
- Calcium needs are high due to increased need for skeletal growth and endocrine (hormone) function. This can be found in foods such as dairy products, eggs and green leafy vegetables

- Foods such as pumpkin seeds, legumes, dairy products, eggs and beef are rich in zinc and are required for growth and maturation of sexual reproductive organs
- Iodine is necessary for growth and development. Iodised salt, dairy products such as milk, yoghurt and cheese are sources of iodine
- Vitamins are essential for the release of energy and maturation of sexual organs (B12 and folic acid). Meat, fish, poultry and dairy products are sources of folic acid and vitamin B12

## Benefits of healthy eating for adolescents

- Promotes the growth and development of adolescents
- Helps prevent lifestyle conditions and diseases such as high blood pressure, obesity, cancer, and diabetes
- Helps to achieve and maintain appropriate body weight
- Improves mental state and capability to think and reason leading to better performance in school

Adolescents need 3 regular meals and healthy snacks in between meals daily.

## Recommended healthy meals for adolescents



It is recommended to drink fresh milk, fermented milk or yoghurt every day



Eat plenty of vegetables three to four servings a day. Choose or vary the type of vegetables in different meals such as green leafy, red, orange and other vegetables daily



Consume 2 to 3 servings of fruits every day; vary the types such as orange fleshed or other types of fruits



During meals, use whole or unprocessed starchy foods; this includes grains, roots, tubers and green bananas



Eat legumes and pulses more times in a week, alternate between different varieties



Take nuts and seeds in small amounts such as table-spoon/palmful daily or most of the days



Eat meat, fish and poultry twice in a week

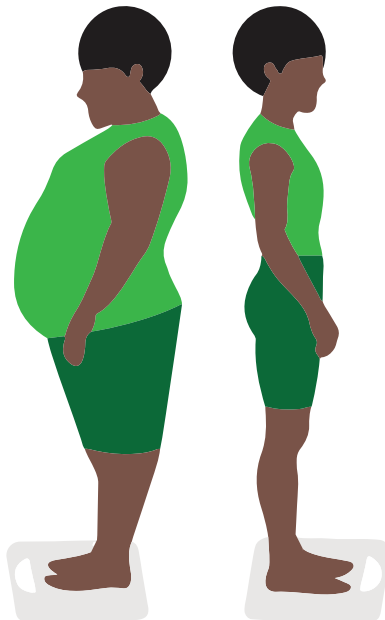
Adolescent girls should consume iron rich foods to increase blood volume due to menstruation

## Malnutrition

Malnutrition occurs when food intake does not match the body's needs. Malnutrition can either be in excess or inadequate intake.

The following are some of the signs and symptoms of malnutrition

- Overweight
- Underweight
- High incidence of lifestyle diseases
- Micronutrient deficiency (nutrition team to expound)



Grains and  
grains product,  
roots, tubers  
and green  
banana



Legumes,  
pulses



Nuts, seeds



Dairy/milk  
products



Eggs



Meat, fish,  
poultry, insects,  
organ meats



Orange,  
yellow  
fruits and  
vegetables



Dark green  
leafy  
vegetables



Other  
vegetables



Other fruits



## What foods should one avoid?

Limit or avoid consumption of unhealthy foods in your diet such as;

- Foods that are highly processed/refined foods where most of the nutrient have been removed
- Sweets and sugar sweetened/ flavoured drinks or beverages
- Foods with a lot of fat/oil
- Foods high in salt
- Foods high in sugar

These have little nutrition value and contain high amounts of unhealthy fats, sugar and salt that can increase risk of a disease worsening its state in a body.

## How much water should one drink in a day?

Drink at least 6-8 glasses of safe water daily to keep your body cleansed, cooled and hydrated.

Safe Water is that which is treated or boiled to kill germs that lead to sickness.

Drinking adequate clean water every day keeps the body hydrated and feels good.

Water is essential to the body functions. It absorbs and transports nutrients around the body, removes waste products, regulates body temperature, acts as a lubricant.

The New Ministry of Health Guidelines on Nutrition recommended the following:

Adolescents should consume a healthy diverse diet; choose at least 5 out of 10 food groups, daily.

In every meal there should be a starchy food and at least 2 or 3 other food groups. For example, have;

- A. A starchy/staple food such as rice, Ugali, Potatoes
- B. A protein rich food (plant or animal source)
- C. Vegetable
- D. A fruit



## Role of parents, teachers and caregivers in adolescent nutrition

- Provide healthy meals and snacks for adolescents
- Encourage eating of meals together as it enhances family bonding
- Limit the use of electronics which include radio, TV and phones during meal times
- Communicate with each
- Teach table manners
- Encourage the adolescent to plan and prepare snacks and meals
- Ensure calcium-rich foods and beverages are readily available (milk and milk products cheese, omena, among others)
- Ensure the adolescents brush their teeth twice a day after meals
- Have your weight and height measured regularly to help monitor your nutrition status and health

## Watch out for signs of eating disorders:

- Pre-occupation with when, what and how much to eat
- Extreme concern or fear about body weight, appearance and shape
- Excessive exercising in order to attain a particular size/ shape
- Laxative abuse, bingeing (out of control eating)
- Vomiting after meals
- Rapid weight loss
- Change in eating habits
- Hair loss or dry skin
- Discoloration or staining of teeth

Parents and caregivers with adolescents in schools and other institutions should be involved and participate in school programs to ensure that there is proper nutrition for the adolescents.

Schools should have sessions where adolescents are taught on nutrition and food production and preservation for food security so that they understand the link between food and nutrition at an early age.

## Physical Activity

Physical activity is any bodily movement produced by skeletal muscles that require energy expenditure above resting, e.g

- Sports activities (cycling, athletics, swimming)
- Dancing
- Gardening



## Benefits of physical activity to adolescents.

Regular physical activity can help adolescents improve fitness, build strong bones and muscles, maintain healthy weight, reduce symptoms of anxiety and depression, improve academic performance and social interactions, reduce the risk of developing health conditions such as heart disease and obesity.



**IMPORTANT:** It is important to accumulate at least 60 minutes of moderate to vigorous intensity physical activity daily.



**IMPORTANT:** The recommended hours of sleep are between 8-10 hours for an adolescent.

## Role of Parents, Teachers and Caregivers in Promoting Physical Activity in Adolescents

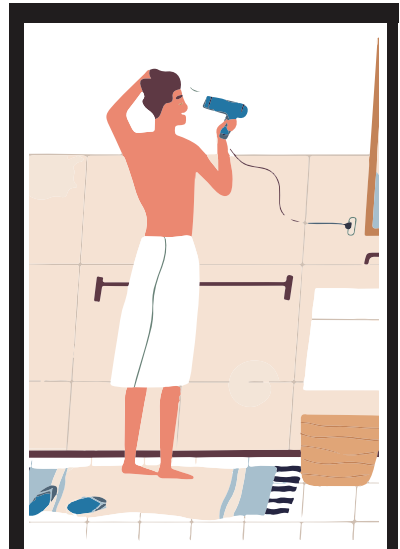
- Regulate passive activities such as listening to music, screen time (watching TV and playing video games among others)
- Give the adolescent family chores such as cooking, cleaning, gardening
- Have planned exercise/ physical activity sessions in the context of family and community activities such as dancing

- Ensure the adolescent is engaged in physical education sessions in school on a daily basis to accumulate the minimum 60 minutes' requirement. You may advocate for this during parents' meetings/ forums
- Allow and encourage the adolescent to explore a sport they like and participate/ engage in competitions in school programs and those that are available in the community
- Parents and caregivers of children and adolescents with disabilities or medical conditions should consult a health professional to understand the type and amount of physical activity that is suitable for them



### **IMPORTANT INFORMATION ON PHYSICAL ACTIVITY**

- Physical activity should be safe and enjoyable
- Use safe playground areas at home (estates) and in school
- Incorporate vigorous-intensity activities, including those that strengthen muscle and bone, at least three (3) times per week
- For inactive adolescents, start with moderate physical activity, gradually increasing the duration, frequency and intensity, until the recommended target is achieved
- It is imperative that the adolescent gets between 8-10 hours of sleep in a day



## CHAPTER 5

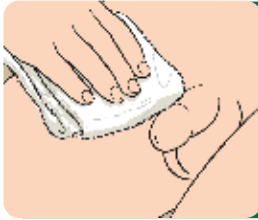
# PERSONAL HYGIENE AND GROOMING

Personal hygiene is how we care for our body and immediate environment to preserve overall health and well-being. Proper hygiene is important because it helps prevent the spread of germs and infectious diseases. As parent talk to the adolescents about personal hygiene and grooming, they should be conscious of the following elements:

- 1.** Adolescents should take a bath at least once a day with soap and water.
- 2.** Washing hands with soap and running water or using hand sanitizer during the following critical times:
  - » Before and after eating
  - » Before and during preparation of food
  - » After using the latrine/toilet or changing a baby's diaper/ nappies
  - » After touching farm animals and pets
  - » After touching rubbish, dirty surfaces or objects
  - » Before and after touching a sick person or cleaning up vomit or bodily fluids
  - » After blowing your nose or coughing

Ensure you and the adolescent wash hands with soap and running water for 20 – 30 seconds and be sure to clean between fingers, back and under the nails as indicated.

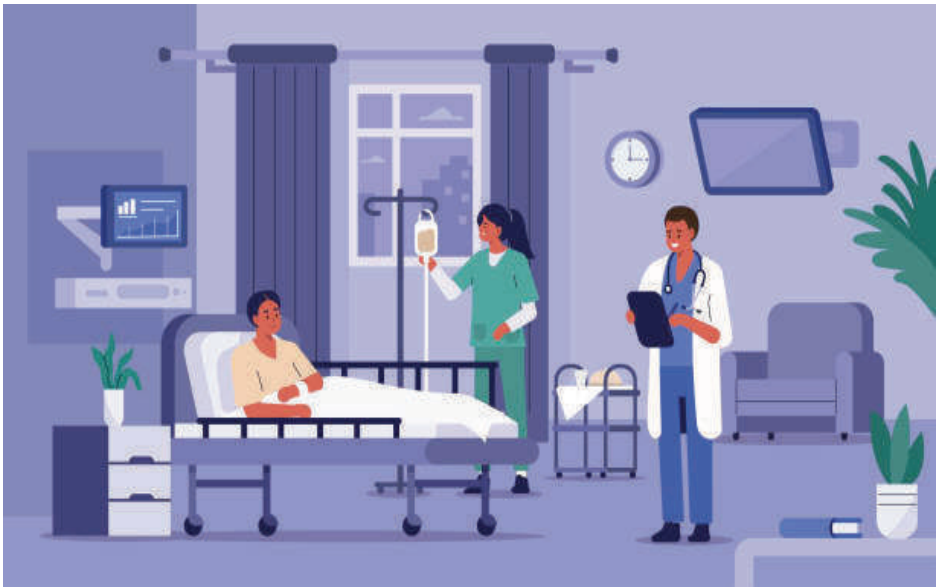
3. Cleaning private parts by hygiene involves regular cleaning of the genital area.



**Adolescent boys who are uncircumcised can clean their penis by gently pulling back the foreskin and washing underneath it with clean water**

- Adolescent girls should:
  - » Gently wash the delicate skin around the vagina with plain water.
  - » Avoid perfumed soap and bath products since these may irritate the sensitive skin of the area around the vagina
  - » Avoid washing inside the vagina, because it upsets the healthy bacteria
  - » Wipe themselves from the front backwards to prevent fecal matter entering the vaginal area and causing infections
- 4. During menstruation (periods):
  - » Wash your external vaginal area as usual
  - » Change the sanitary towels every 3-4 hours or as often as may be necessary
  - » Wash your hands before and after changing sanitary towels
- 5. Nail hygiene involves regular trimming of nails to prevent dirt and germs accumulating underneath them and causing diseases. Nail biting should be discouraged
- 6. Oral hygiene brushing teeth after every meal using a toothbrush and toothpaste containing fluoride. A toothbrush should be replaced every 3 months for it to be effective. Caring for teeth and gums prevents gum diseases and tooth decay

7. Dining etiquette (table manners) should be taught and practiced at home. It includes eating small bites of food at a time, chewing slowly with the mouth closed, and not talking with food in the mouth
8. Cough hygiene involves covering the nose and mouth with tissue paper when coughing or sneezing, and safely disposing the tissue paper in a closed bin. Where tissue paper is not available, cough or sneeze into your elbow or away from people
9. Visit a health facility if you or anyone in your family is feeling unwell



## Menstruation

Menstruation, also known as monthly period or menses, is the regular discharge of blood from the inner lining of the uterus through the vagina. The first period (menarche) usually begins between 12 and 15 years of age, though it can start earlier or later. Periods usually last 4–7 days and may be accompanied by physical and emotional changes, which include:

- Abdominal and lower back pains known as cramps
- Nausea
- Diarrhoea
- Headaches
- Tiredness
- Pimples
- Menestrial disorders: Endometriosis, PCO's
- Pre/post menstrual syndrome (PMS) in which you experience heightened emotions or sensitivity

Parents and caregivers should ensure that they have adequate information about menstrual health in order to educate adolescents. They should prepare, sensitize, educate and provide a sanitary bag (a bag with pads, tissue paper, disposable paper bags, sanitizer/ soap) to their pre adolescent girl way before they start their menstrual period.

It is also important that boys are taught about menstrual health so that they treat adolescent girls with respect and dignity. This duty should not be left to the teachers alone; it requires joint effort.

## Menstrual Hygiene

To effectively manage menstruation (periods), girls and women require access to water, sanitation and hygiene (WASH) facilities as well as affordable and appropriate sanitary materials. Information should also be made available on good practices and a supportive environment where they can manage menstruation without embarrassment or stigma.


Importance of menstrual hygiene

- Prevents urinary or reproductive tract infections
- Promotes self-confidence during menses
- Makes the adolescent feel comfortable
- Limits disruption from learning and other regular activities

## Menstrual hygiene practices


Parents, teachers and caregivers should encourage adolescents to:

- Take a bath at least twice a day during your menses
- Change the sanitary towels every 3-4 hours or as often as may be necessary
- Use the appropriate type of sanitary towels according to the flow (light, medium, or heavy)
- It is not advisable to use two sanitary towels at the same time
- Use clean reusable sanitary towels properly, wash them with soap and clean water and air them well to dry
- Wear comfortable and clean underwear
- Use a mild pain killer if you experience abdominal pain or discomfort
- Visit a health facility in case of severe pain and heavy bleeding with clots
- Wash your hands with soap and running water for at least 20 seconds before and after changing menstrual hygiene products



**Disposing menstrual hygiene products:**

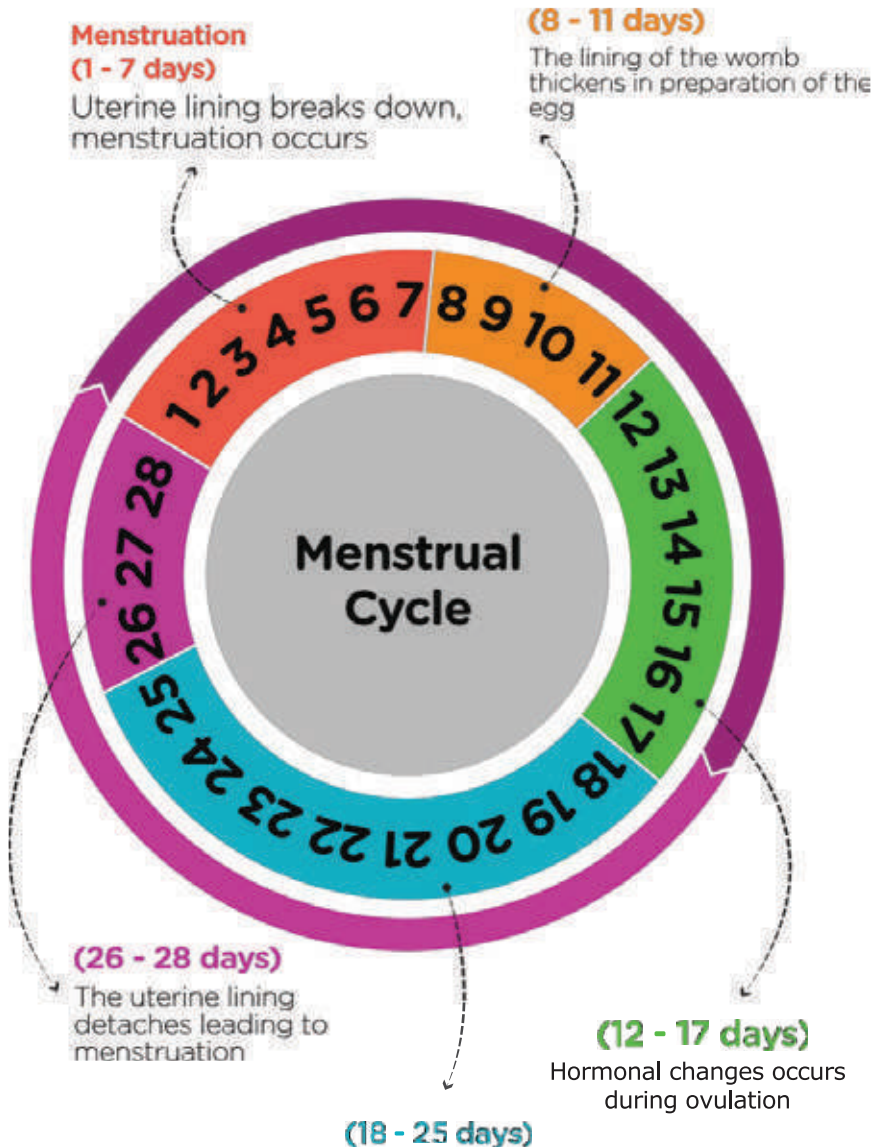
- Menstrual hygiene products should be disposed safely in a pit latrine, Incinerated or disposed in special bins awaiting collection where applicable.



## Semenarche and wet dreams

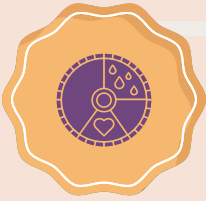
Semenarche, also known as Spermarche is the beginning of development of sperm in boys' testicles at puberty which occurs between the ages of 10 and 12 years (some will start earlier or later). During this period the adolescent boys may experience different reactions, ranging from fear to excitement. This is one of the first events in the life of a male adolescent leading to sexual maturity. Wet dreams refer to the release of semen that occurs during sleep once the adolescent boy has undergone semenarche.

# The Menstrual Cycle



If fertilization has not taken place, the uterine lining fades away

# MENSTRUAL HYGIENE



## HOW TO MANAGE YOUR FIRST MONTH- LY PERIOD

- Don't be afraid. It can be scary to see or feel the blood on your underwear, but it is normal and natural
- Talk to other girls and women or any other person you trust in your community
- If you are at school, tell the matron, a teacher or a fellow student
- Feel proud! Your body is developing into that of a young woman
- Change sanitary materials every few hours or when it is soaked with blood

- Unwrap the pad from its package
- Stick the pad in your underwear using the sticky strip on the back (Some reusable pads are held in place with snaps or the elastic in your underwear)
- Change your pad every few hours, or when it's soaked with blood
- Wrap used pads in the wrapper or toilet paper and throw them in the designated trash
- Place a cloth, pad, cotton on your underwear

## HOW TO USE A PAD DURING MONTHLY PERIOD



### Important Information

**NEVER** insert any foreign objects inside your vagina





### HOW TO DISPOSE OF THE CLOTH, PAD OR COTTON

- If you are re-using a cloth, put it into a paper bag until you can wash it with water and soap and then dry it in the sunshine
- If you are using a pad, or cotton, or want to dispose of your cloth, wrap it in paper to make a clean package and put it in the designated bin so it can be burned later
- If there is no other option, drop it straight in a pit latrine

- Every day (morning and evening if possible) bathe with soap and water
- Keep unused cloths and pads clean (wrapped in tissue or paper bag) for further use
- Pat the vagina dry with a cloth, and put a fresh cloth, pad or cotton on your underwear
- Always wipe from front to back after a long call
- Wash opening of the vagina with water only (do not use soap)

### HOW TO KEEP YOURSELF CLEAN DURING YOUR MONTHLY PERIOD



### HOW TO MANAGE THE STOMACH PAIN FROM YOUR MONTHLY PERIOD

- Use hot water bottle on your lower stomach area. Ensure the water is not too hot to burn you. This can relieve the pain
- Try to do some exercises and keep your body active
- On the most painful days, take painkiller medicines every four to six hours as advised by the doctor
- Regular check-up is important to monitor your blood levels



#### Important Information

It is normal to have menstrual pain during your monthly period but if it is too much and interferes with your normal daily activities it is advisable to seek medical attention

## Bed Wetting

Bed wetting is involuntary urination while asleep after the age at which staying dry at night can be reasonably expected. Generally, bed-wetting before age 7 is not a concern. Bed wetting may happen to both boys and girls.

Most of the time, the adolescent only realize they have wet the bed from the wet bedding. This can result in feelings of shame and low self-esteem.

It is not normal for an adolescent to bed-wet unless they have a medical condition. Seeking help from a healthcare provider can help identify the cause. Some common factors associated with an increased risk of bedwetting include:

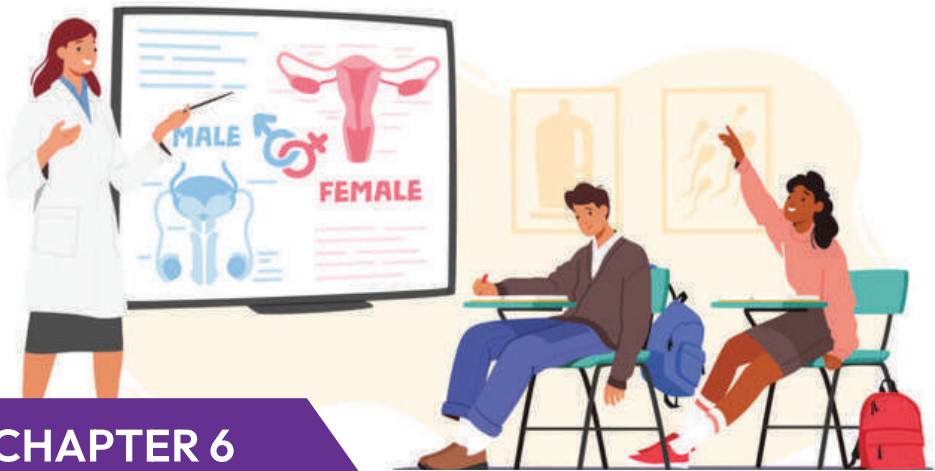
- Stress and anxiety: Stressful events such as starting a new school, a bad experience at home or in school may trigger bed-wetting
- Family history: If one or both of an adolescent's parents wet the bed as children, their adolescent has a significant chance of wetting the bed too
- Parents and caregivers should be aware that there are conditions that may result in regular bed wetting requiring medical attention



## Role of Parent and Caregivers

Parents and caregivers should:

- Treat the problem with patience and understanding
- Consult a healthcare provider for support
- Encourage the adolescent to practice bladder training. Let them make a habit of urinating every two or three hours during the day, even when they don't feel the need. Have them urinate an hour before they go to bed and then again right before they go to bed
- Work with your adolescent to understand their urination patterns over time. This can give your adolescent a sense of control over their bed wetting and help them see and feel good about any progress made
- Encourage the adolescent to drink plenty of fluids early in the day, rather than waiting until the end of the day to quench their thirst. Adolescents who participate in sports late in the day should drink plenty of water before their practice or game, then try to limit fluid intake during the evening
- Parents and caregivers should provide a waterproof mattress cover and keep a clean set of bedding and sleepwear at hand in case a change is needed
- Consider using an alarm to wake them up to urinate at intervals. The process takes time, but after three or four months adolescents get used to the alarm and waking up
- Rally the support of the adolescents' siblings
- For the parents with adolescents in boarding schools with a bedwetting problem, inform the school administration. Identify the direct contact person that can help the adolescent. Provide a waterproof mattress to the school and ask the school to allow the use of an alarm
- Advocate to the school to educate the students and staff on the need to support adolescents with problem of bed-wetting



## CHAPTER 6

# ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

**SEXUALITY** refers to the way people express themselves sexually; It encompasses sex, gender roles, relationships, and reproduction.

It is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, roles and relationships.

### Dealing with adolescents' sexuality

Discussing sexuality with adolescents in general may not be easy largely due to individual parental beliefs and perceptions.

Nevertheless, parents ought to be the primary sexuality educators of their children.

### How to initiate conversations on sexuality

Sexuality education should start at an early age. Adolescents need help to understand how relationships work and how the body functions.



This can be achieved by talking about body parts, body changes in adolescence, understanding love, relationships and sex. As a parent/caregiver, here are some tips on how to initiate and sustain conversations on sexuality with the adolescent:

- Be honest and open in line with your family values. Let the adolescent know your values and beliefs, then be sure to be a good role model and **“walk the talk.”**
- Find out what the adolescent already knows and make the conversation two-way
- Feel free to ask for more time to have a conversation whenever you don't have immediate answers to questions. Find out more information on the issue and fulfill your promise
- Take advantage of teachable moments e.g., while answering questions asked by the adolescents, watching television, telling stories, during family trips etc
- Being an approachable parent or caregiver
- Jointly establish rules, curfews, and expectations for behavior through family conversations

## Aspects of sexuality education

### Sexual feelings

- The adolescents experience hormonal and physical changes that make them to experience sexual feelings
- The sexual feelings may lead the adolescent to desire engaging in sexual activity. The adolescent need not yield to these sexual feelings and should learn to manage the desires by redirecting the energy to other activities like sports, hobbies like cooking, gardening, dancing, hiking etc
- Sexual activities (kissing, petting, caressing etc are strongly discouraged among adolescents because they are not yet ready for the consequences. Abstinence is highly encouraged for adolescents
- The consequences of early sexual debut amongst adolescents include psychological disturbance, unintended pregnancies, STIs, and HIV, school dropout, drug and substance use etc

## Abstinence

It is important that parents encourage adolescents to delay sexual debut (the first sexual intercourse) until they become adults or get married.



### Types of abstinence

#### a. Primary abstinence:

Practiced by those who have never engaged in sex

#### b. Secondary abstinence:

Practiced by those who have already had sex and choose to stop until they become adults or get married

### Benefits of abstinence

- Allows one to focus on their goals such as; school, job and building a career
- Prevents unintended pregnancy
- Protects against the risk of HIV and STIs
- Parents and caregivers should be aware that adolescents and young people are likely to engage in risky sexual behaviors hence the need to discuss and inform them on the possible consequences

### Risky behaviour

- Risky sexual behaviors are practices that can make an individual liable to the risk of STIs including HIV and unintended pregnancies

Examples are:

- Early sexual activity
- Incest
- Unprotected intercourse
- Oral sex

- Sex under the influence of drugs
- Anal sex
- Sex with a partner who injects or has ever injected drugs
- Sex work/ Transactional sex etc
- Insertion of objects in the vagina and anus
- Multiple sexual partners
- Sexual orgies/ group sex
- Cross-generational sex

### **The consequences of engaging in early sexual activities:**

- Risk of sexually transmitted infections, including HIV
- Teenage pregnancies
- Exposure to Human Papilloma Virus that causes cancers such as cervical cancer
- A drop-in academic performance because of distraction from school work

### **What parents, teachers or caregiver should do to prevent risky sexual behaviors**

- Speak openly about sex and the risks involved
- Encourage responsible behaviors
- Keep them engaged - **“An idle mind is the devil’s workshop”**. Encourage them to participate in community activities - these can include tree planting, clean-ups, activities, behavior and attitude change activities, charity walks etc
- Encourage adolescents to attend regular religious forums
- Provide Information, Education and Communication (IEC) materials.
- Encourage regular medical check-ups
- Encourage them to participate in health talks
- Be friendly to the adolescents. Get to interact with their friends, teachers, and networks
- Encourage adolescents to report cases of assault and SGBV
- Encourage them to participate in character building activities

## Important tips for parents and caregivers when dealing with adolescent sexuality

### a. Supervise and monitor adolescents' activities

- Know where your children are at all times; are they safe? what are they doing and with who? Are they involved in useful activities?
- If they are not with you, are responsible adults supervising them?
- It is important to help your children understand that parents who care seek to know the whereabouts of their children although this might be confused for being snoopy
- Adolescents are susceptible to peer influence/ pressure hence the need for guidance on who to choose as friends

Welcome their friends into your home, engage with them regularly

- Speak with them about family values and expectations
- Encourage adolescents to meet in open and public spaces where people can see them
- Parents should be vigilant about stay-in or visiting relatives due to rampant cases of incest. They should also take precautionary measures on visiting friends/ persons due to the risk of defilement/rape and other forms of sexual exploitation

### b. Monitor and regulate what the adolescents are watching, reading and listening to:

- Some audio/visual messages with sexual appeal by the media (TV, radio, movies, music videos, magazines, the Internet) may have a negative impact
  - Be **“media literate”** about what you and your family are watching, reading and listening to
  - Teach your children to think critically; encourage your children to think about consequences of behavior they may be exposed to in the media
- If your adolescent has access to a mobile phone, tablet, computer or
- any other digital device, you need to know what they are using them for, the websites they visit, the persons they call or chat

- Encourage electronic devices to be used in open spaces at home
- Where necessary, turn off the TV, cancel subscriptions, and be clear about what movies, records and videos are acceptable
- Agree with your adolescent the terms of using such devices

### c. Discourage early/ teenage dating

- Discourage adolescents from early/ teenage dating
- Long before your adolescent asks you if he or she can date/ have a relationship with a certain person, make it clear that one-on-one dating/ relationships before 18 years can lead to adverse consequences
- Letting your children understand the consequences of early dating relationships ahead of time will help them appreciate that you are not reacting to a particular person or invitation
- An adolescent can have a friend of the opposite sex. This is normal as part of healthy development. However, such relationships should have boundaries/ limits and not involve sexual activities
- Adolescents should know that certain situations/behaviors e.g., being alone with persons of the opposite sex; engaging in drugs and substance abuse; pornography may lead to sexual activity
- Help the adolescents to understand the consequences/ risks of getting into relationships with a **“sponsor”/ “sugar daddy/mummy”** for whatever reason
- Provide emotional support and basic needs (e.g., food, shopping, sanitary pads, upkeep etc.) to adolescents to reduce their vulnerability

## HIV, STIs and UTIs

### HIV amongst adolescents



**Human Immunodeficiency Virus (HIV)** is a virus that causes **Acquired Immuno-Deficiency syndrome (AIDS)**.

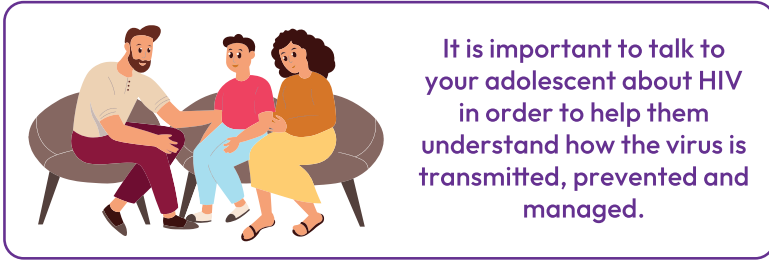
AIDS is the final stage of HIV infection when the body can no longer fight life threatening infections and may lead to death.

## What do I need to know about HIV/ AIDS?

- HIV is a virus that attacks the Immune system; our body's natural defense against illness
- If HIV is left unmanaged, a person's immune system will get weakened until it can no longer fight off life threatening infections and diseases
- Male and female condoms are effective in preventing HIV and other sexually transmitted infections when used consistently and correctly
- If you're pregnant and living with HIV, the virus in your blood could pass into your baby's body, during birth or afterwards through breastfeeding. Taking HIV treatment and adhering eliminates this risk
- There is no cure for HIV, although antiretroviral treatment can control the virus, meaning that people with HIV can live long and healthy lives
- Testing for HIV is the only sure way to know if one has the virus
- Regular testing for HIV is important for one to know their status
- If you test positive for HIV you can immediately get on antiretroviral therapy which is effective and available for free to all and you can enjoy a long and healthy life
- It's possible for antiretroviral therapy to reduce the level of HIV in the body to such low levels that blood tests cannot detect it (undetectable)
- People living with HIV whose viral load is confirmed as undetectable have minimal risk of passing on the virus
- Male circumcision reduces the risk of HIV infection by up to 60%

### Disclosure in HIV

Disclosure is the process of revealing HIV positive status by a HCW (parent, teacher or caregiver) to the client. Disclosure of HIV status is not a one-time event, but rather a process, involving ongoing discussions about the disease as the child or adolescent matures cognitively, socially, emotionally, and sexually.

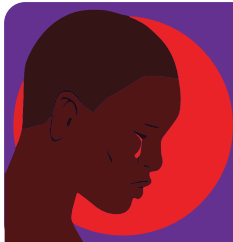


## What Parents, Teachers and Caregivers should know about HIV prevention and care

HIV transmission can be through:

- Sexual intercourse with an infected person
- Blood transfusion, if the blood is already infected with HIV
- Sharing sharp objects like needles with an infected person
- Pregnant or breastfeeding Mother-to-Child if the mother is infected and certain precautions are not followed
- The most common mode of HIV transmission among adolescents is through unprotected sexual intercourse with an infected person
- There are adolescents who were born with HIV
- People living with HIV can lead a healthy life and carry out their daily functions if they adhere to the treatment that they are provided with. Adherence means: taking the medication at the right dosage, at the right time, eating healthy, avoiding unprotected sex, avoiding drugs, going for clinic appointments and following all instructions consistently
- HIV is also not transmitted through sex when a person living with HIV is taking HIV drugs and has an undetectable viral load. This is one way that HIV treatment can also be HIV prevention





In case of defilement or rape ensure your adolescent gets immediate medical attention to prevent pregnancy and HIV transmission.

## How can I help my adolescent to avoid contracting HIV?

- Inform your adolescents that they can greatly reduce the risk of getting HIV by:
  - » Abstaining from sexual intercourse
  - » Refraining from the use of alcohol and other drugs as this impairs their judgment and risk perception predisposing them to having unprotected sex that could lead to HIV infection
  - » Avoiding sharing piercing needles, tattooing needles and injecting drug equipment which are contaminated with blood that can lead to transmitting HIV among adolescents

## How can parents, teachers and caregivers living with HIV disclose their status to their children?

The following tips are helpful for a parent/ caregiver living with HIV to disclose their status to their children:

- Prepare yourself by thinking about how your children will react and what they will want to know based on their age and maturity
- Talk with other parents who have disclosed their HIV status to their children
- Start the conversation by sensitizing the child on HIV transmission, prevention and how to live positively
- If you are taking antiretroviral drugs, it is advisable to explain to them about how the drugs work, and that one can live a long and healthy life with HIV

## Role of parents, teachers and caregivers in supporting adolescents living with HIV.

Households, schools and community spaces need to actively support adolescents living with HIV. Parents, teachers and caregivers should recognize that stigma and discrimination can make it hard for these young people to stick to their treatment. When they don't follow their antiretroviral therapy (ART) consistently, it can lead to missed classes, hospital visits, opportunistic infections, and struggles with schoolwork. Ensuring a supportive environment can help these adolescents stay healthy and succeed in their education.

The following tips can help parents/caregivers who are supporting adolescents living with HIV:

- Create a non-judgmental space; Let the adolescent know that you still love and accept them, regardless of their HIV status
- Encourage adherence to treatment by supporting them to stick to their medication routine to stay healthy
- Educate yourself, and other parents and caregivers, about HIV to better understand their needs and offer informed guidance
- Help the adolescents access healthcare services and link them to critical services
- Fight against any form of stigma and discrimination they might face
- Provide emotional support and encourage them to seek counseling when needed
- Encourage them to maintain good nutrition, regular exercise, and overall well-being to boost their immunity
- Connect or link them with peer support groups or youth networks for shared experiences, advice in schools and Health facilities
- In school settings, efforts should be made to ensure that adolescents living with HIV can be supported to access ART without stigmatization
- In schools, routine or random searches and inspections need to be well-planned and coordinated to limit instances of unintended disclosure of HIV status

Respect their privacy and allow them to decide when, how, and to whom they can disclose their HIV status.

Here are some tips that may help make disclosure easier for you and the adolescent:

- Build a strong parentchild relationship
- Deal with your own feelings first
- Understand your own emotions about living with the HIV positive status (yours or theirs)
- Seek out support for yourself both before, during and after disclosure from friends, social workers, counselors, and others
- Equip yourself with HIVrelated information, creating an appropriate environment and support for your children
- Find an appropriate time to disclose free from interruptions



## Disclosing HIV status

- Be as relaxed and positive as possible before the conversation begins. This will help your child/children to trust you and be open with their own feelings
- Disclosure is a process that involves several conversations
- Understanding the HIV diagnosis may take some time, particularly with children. Continuously give them space, support and information; in due time, they may be more understanding and accepting
- Encourage your children to ask questions as they come up



- Give reassurance and hugs
- It is important to have some HIV-related information ready before you begin the discussion
- Children may want to know how they became HIV-positive, if they will become sick or if they are going to die. It is important to know in advance how you will answer these questions
- Disclosing information on the HIV status of your child may require the support of a professional counselor or a healthcare provider
- Your child may feel isolated, angry, scared, or sad by knowing their HIV status. It may help if there is a counselor or a healthcare provider who can offer appropriate psychosocial support
- Consider your own feelings about the concerns your children may have. You may choose to put the conversation on hold until you get emotional support or talk through the answers to these questions with a friend

### **If my child is living with HIV, how do I disclose this to him/ her?**

- Children need different levels of information depending on their age. Begin with some simple ideas that you think are most important
- Very young children may not be ready to be told the name of the disease or many details; however, try to be as honest as possible
- Children may need some basic information like what to do if they get hurt and bleed (all children should be taught that it is not a good idea to touch anyone's blood)
- Adolescents will require more information about how HIV is transmitted and prevented
- It is important that all children know they cannot transmit HIV to friends or family through casual contact (e.g., hugging, using the same toilet, playing together)
- Introduce them to a support network consisting of healthcare providers, trusted family members and friends, and other parents with similar experiences
- Inform your children that one's HIV status is private and that they should not be pressured or forced to disclose

## Sexually Transmitted Infections (STIs)

Sexually Transmitted Infections (STIs) can have adverse effects if not treated early. These infections include:

- **Human Papillomavirus (HPV):** Symptoms may include warts on the genitals or surrounding skin;
- **Genital herpes:** This usually presents with pain, itching and small sores that later form ulcers and scabs. After initial infection, genital herpes lies dormant in the body. Symptoms can recur for years
- **Chlamydia:** Many who have chlamydia don't develop symptoms, but they can still infect others through sexual contact. Symptoms may include genital pain and discharge from the vagina or penis
- **Gonorrhea:** Symptoms include painful urination and a yellow pus-like discharge from the penis or vagina
- **Syphilis:** The first stage involves a painless sore on the genitals, rectum or mouth. After the initial sore heals, the second stage is characterized by a rash. Then, there are no symptoms until the final stage which can result in damage to the brain, nerves, eyes or heart



### As a parent or caregiver it is important to:

- Provide continuous information on prevention of STIs
- Provide support and understanding to the infected adolescent
- Help the adolescent get medical attention and facilitate adherence treatment
- Seek more information from healthcare providers
- Help fight stigma associated with the condition
- Resist the urge to use the infection as a tool for reprimanding the adolescent



## Do not self-diagnose.

Parents and caregivers should look out for the above signs and symptoms and seek early medical attention.

## Urinary Tract Infections (UTIs)

Some of the common causes of UTIs include:

- Wiping oneself from the back to the front after a long call
- Holding urine for a long time without urinating
- Poor hygiene
- Not washing hands before and after changing sanitary towels. The infections can affect several parts of the urinary tract, but the most common type is a bladder infection (cystitis)

## Symptoms of UTIs

- Pain or burning sensation while urinating
- Frequent urination
- Feeling the need to urinate despite having an empty bladder
- Blood in urine
- Pressure or cramping in the groin or lower abdomen

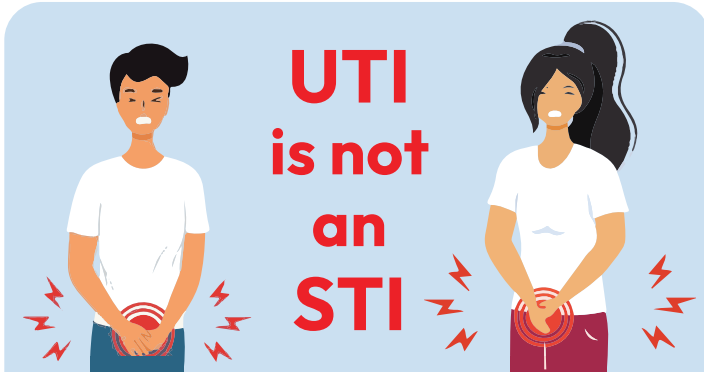


This is an infection (mostly urinary tract system (urethra and bladder). UTI's occur when bacteria, often from the skin or rectum, enter the urethra and infect the urinary tract.

## Preventions of UTI

- Drink lots of water and urinate frequently
- Keep genital area clean
- Wipe from front to back after passing urine and stool for girls
- Avoid inserting fingers into vagina

- Avoid douching (spraying or washing inside the vagina with water)
- Wear cotton underwear and avoid tight underwear and g-strings
- Use clean toilets
- Change pads frequently during menstruation
- Abstaining from sexual activity



**i** **Avoid douching. Douching interferes with the normal vaginal pH environment**

### Cancers related to Sexual Reproductive Health

Cancer is a disease in which some of the body’s cells grow uncontrollably and spread to other parts of the body. Cancer can start almost anywhere in the human body.

Cancers are described or defined by the place where they start. They affect both males and females.



#### Cancers of the reproductive system

The most common form of cancer in men is prostate cancer. The prostate is a gland in the male reproductive system located in front of the rectum under the bladder

#### Risk factors

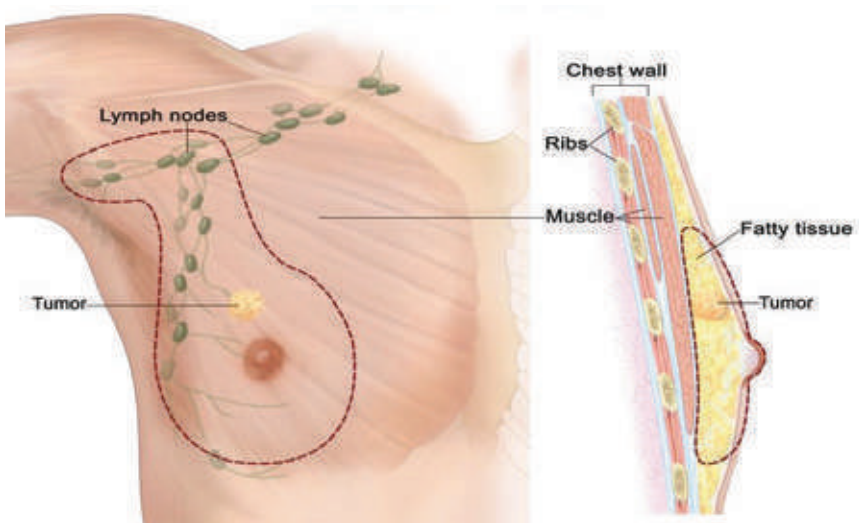
Age is a key risk factor in prostate cancer and the risk of getting the disease increases as one gets older. This mostly occurs in males above 40 years of age.

Type of Cancer	Common Symptoms
<p><b>Cervical Cancer</b> starts in the cervix, which is the narrow end of the uterus/womb</p>	<ul style="list-style-type: none"> <li>• Abnormal vaginal discharge or bleeding</li> <li>• Painful sex</li> <li>• Weight loss and back pain</li> </ul>
<p><b>Uterine Cancer</b> begins in the uterus, where the baby grows during pregnancy</p>	<ul style="list-style-type: none"> <li>• Abnormal vaginal discharge or bleeding</li> <li>• Pelvic pain or pressure</li> </ul>
<p><b>Vaginal Cancer</b> begins in the vagina, the inner part of the female genital organs vulva, the outer part of the female genital organs</p>	<ul style="list-style-type: none"> <li>• Abnormal vaginal discharge or bleeding</li> <li>• More frequent or urgent need to urinate on the vulva</li> <li>• Changes in the vulva color</li> <li>• Presence of rash, sores or warts</li> </ul>
<p><b>Ovarian Cancer</b> begins in the ovaries, which are found on the left and right sides of the uterus</p>	<ul style="list-style-type: none"> <li>• Abnormal vaginal discharge or bleeding</li> <li>• Feeling full too quickly when eating</li> <li>• Pelvic pain or pressure</li> <li>• More frequent or urgent need to urinate</li> <li>• Bloating</li> <li>• Abdominal or back pain</li> </ul>
<p><b>Breast Cancer</b> is the commonest cancer among women</p>	<ul style="list-style-type: none"> <li>• Painless lump in the breast</li> <li>• Nipple retraction</li> <li>• Skin changes such as darkening and having dimpling (appearance like the skin to an orange)</li> <li>• Nipple discharge that may be bloody</li> <li>• In later stages it forms a wound, enlargement in the armpit and neck (enlarged lymph nodes)</li> </ul>

*Cancers of the female reproductive system*

Type of Cancer	Common Symptoms
<p><b>Prostrate Cancer</b> is the most common cancer among elderly men.</p>	<ul style="list-style-type: none"> <li>• Urge to urinate often especially at night</li> <li>• Difficulty in starting or stopping the urine flow</li> <li>• Inability to urinate</li> <li>• Weak, decreased or interrupted urine stream</li> <li>• Burning or pain during urination</li> <li>• Blood in the urine or semen</li> <li>• Painful ejaculation</li> </ul>

Of all the cancers mentioned above, only cervical cancer has screening tests that can detect it early. Early cancer detection is essential for effective treatment and management.



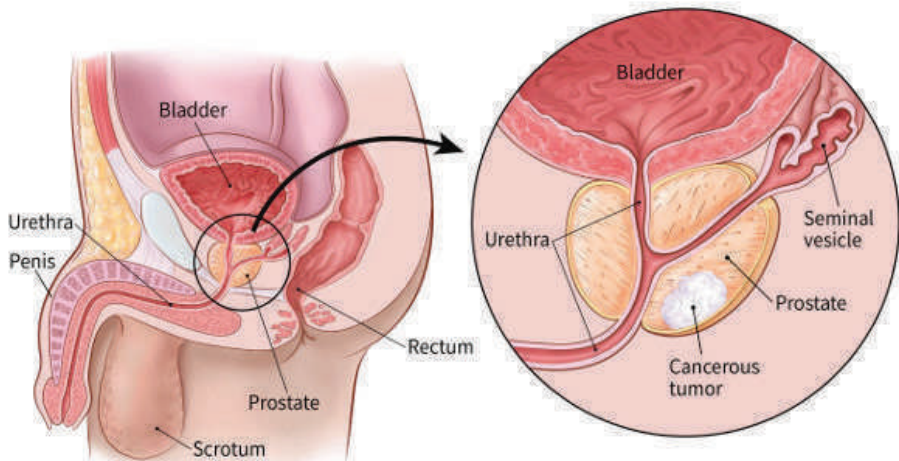
*Male Breast Cancer*

**Has your adolescent received HPV vaccine?**  
**The HPV vaccine protecting against Cervical Cancer is available to ALL girls between age 10 - 14 years at no cost in ALL PUBLIC FACILITIES.**

# Breast Cancer Can Affect Both Male and Female



*The female reproductive system*



*Prostrate Cancer*

# Breast Self-Examination

## Step 1



Begin by standing with your shoulders straight and your arms on your hips

Here is what you should look for:

- Breasts that are their usual size, shape, and color
- Breasts that are evenly shaped without distortion or swelling

## Step 2



Now, raise your arms and look for the same changes.

## Step 3



Look for any signs of fluid coming out of one or both nipples (this could be a watery, milky, yellow fluid or blood).



If you see any of the following changes, bring them to your doctor's attention

- Dimpling, puckering or bulging of the skin
- A nipple that has changed position or an inverted nipple (pushed inward instead of sticking out)
- Redness, soreness, rash or swelling

## Step 4



Next, feel your breasts while lying down, using the right hand to feel the left breast and then the left hand to feel the right breast.

- Use a firm, smooth touch with the first few finger pads of your hand, keeping the fingers flat and together. Use a circular motion, about the size of a quarter.
- Cover the entire breast from top to bottom, side to side — from your collarbone to the top of your abdomen, and from your armpit to your cleavage.
- Follow a pattern to be sure that you cover the whole breast.
- You can begin at the nipple, moving in larger and larger circles until you reach the outer edge of the breast.
- You can also move your fingers up and down vertically, in rows, as if you were mowing a lawn. This up-and-down approach seems to work best for most women. Be sure to feel all the tissue from the front to the back of your breasts: for the skin and tissue just beneath, use light pressure; use medium pressure for tissue in the middle of your breasts; use firm pressure for the deep tissue in the back.
- When you've reached the deep tissue, you should be able to feel down to your rib cage.

## Step 5



Finally, feel your breasts while you are standing or sitting.

## Important Information

- Some girls have lumps or lumpy areas in their breasts all the time, and most breast lumps turn out to be benign (not cancerous). There are a number of possible causes of non-cancerous breast lumps, including normal hormonal changes, a benign breast condition or an injury.
- Do not panic call your doctor if you've noticed a lump or any breast change that is new and worrisome. This is especially true for changes that last more than one full menstrual cycle or seem to get bigger or more prominent in some way. If you menstruate, you may want to wait until after your period to see if the lump or other breast changes disappears on its own before calling your doctor.
- Some girls will produce fluid from their breasts as part of their normal growth and development.

- These common symptoms discussed above do not necessarily mean that someone has cancer; a person must seek the diagnosis of a medical expert.
- Cancers can be prevented by practicing a healthy lifestyle.
- Many of the behaviors discussed in this guide can be helpful in preventing cancer. These include healthy eating habits, safer sexual behaviors, avoiding drugs and substance use, practicing good personal hygiene and health seeking behaviors.
- Human Papilloma Virus Vaccine (HPV) is available in Kenya for prevention of cervical cancer. The vaccine was introduced in 2019 targeting girls aged 10-14 years and it is free and available in all government health facilities across the country



## CHAPTER 7

# VIOLENCE AGAINST ADOLESCENTS

### Interpersonal Violence

Interpersonal violence is the intentional use of physical force or power against other persons by an individual or group. Anyone can experience interpersonal violence including children, adolescents, adults and the elderly. Violence may take the form of bullying, assault, rape or sexual assault. It may occur at house hold, community level or in institutional setting such as schools.

### Violence against children

Violence against children includes all forms of abuse against persons under 18 years, whether perpetrated by parents or other caregivers, peers, or strangers. It mainly involves child maltreatment which includes violent punishment, physical, sexual and emotional abuse and neglect at the hands of parents and other authority figures most often in the home but also in settings such as schools and orphanages. Boys and girls are equally at risk of physical and emotional abuse and neglect, whereas girls are at greater risk of sexual abuse.

Children who experience maltreatment may end up being perpetrators of youth violence and intimate partner violence.

Likewise, children who experience harsh, neglectful and inconsistent parenting may develop violent tendencies.

Adolescents can be violated by strangers but are more likely to experience sexual violence from persons known to them including:

- Relatives (such as the father, mother, brother, sister, uncle, aunt, cousin, grandparents)
- Professionals and people in authority (like teachers, religious leaders, police, healthcare providers etc.)
- Caregivers
- Friends/acquaintances
- Neighbours

Common places where violence may take place


- Homes such as during sleepovers
- Schools
- Places of worship
- Streets
- Places of work
- Entertainment places for instance clubs, 'disco matanga'
- Deserted places like bushes, abandoned buildings, farms
- House parties
- Vehicles/lifts/trains

<b>Physical violence</b>	Use of physical force on others. This includes hitting, kicking, choking, pushing, grabbing or other actions that hurt or frighten you. It's violence even if it doesn't leave a bruise or mark.
<b>Verbal violence</b>	Using words to hurt the other person. This includes yelling, insulting or calling names, threats and hurtful jokes.
<b>Sexual violence</b>	This is a situation where a person is forced to engage in sexual activities against their will. It includes, Rape, attempted rape, defilement, incest, sexual abuse, sexual exploitation, forced prostitution, sexual violence as a weapon of war and torture and trafficking for sexual exploitation.
<b>Economic violence</b>	Denying a person resources, such as money, time, transport, food, clothing, medicines or other material goods, which they need to live a healthy and dignified life. It also includes use of force to control such as money and property.
<b>Emotional/psychological violence</b>	All forms of violence hurt someone's feelings. It also includes isolation and confinement, with holding information, giving false information and threatening behavior, neglect and deprivation of basic needs.
<b>Bullying (including cyberbullying)</b>	Unwanted aggressive behaviour by another child or group of children. It involves repeated physical, psychological or social harm, and often takes place in schools and other settings where children gather. It can also take place online.
<b>Gender Based Violence (GBV)</b>	Harmful acts directed at an individual based on their gender; it is rooted in gender inequality, the abuse of power and harmful norms. It can include sexual, physical, mental, and economic harm inflicted in public or in private.

*Types of violence that adolescents and children may experience*

## Consequences of violence on adolescents

- Physical injuries for example, lacerations, bruises, wounds, fractures
- STIs and HIV infections
- Unintended pregnancy
- Mental health problems such as mental distress, suicidal thoughts, depression and Post Traumatic Stress Disorder (PTSD)
- Exposure to violence during childhood increases the risk of experiencing violence or being violent later in life
- Childhood violence increases cases of alcohol and substance use
- May result in death



**Seek medical assistance as soon as you notice the child /adolescent has been abused.**

This should be within 72 hours of the abuse occurring.

The illustration shows a person in a yellow shirt being held from behind by a dark silhouette. Several speech bubbles with exclamation marks point towards the person, symbolizing abuse or reporting.



**Any Sexual relation with a child is Illegal**

The illustration shows two police officers in dark uniforms with pink accents, one male and one female, walking with a young person in an orange shirt and green pants. The female officer is talking on a mobile phone. The background features stylized buildings.

## The role of the parent, teacher and caregiver in preventing violence against adolescents

- Provide loving and consistent parenting to prevent all forms gender of violence
- Raise awareness among family members and community on violence
- Limit the availability and use of alcohol by the parent/ caregiver
- Prohibit the use of drug and alcohol substance among adolescents
- Prevent access to weapons
- Support adolescents to build social, emotional, and behavioral life skills



- Promote and foster gender equality in parenting to prevent gender-based violence
- Challenge community attributes that permit violence
- Discuss children rights and abuse to children at an early age
- Expose them to resources that advocate against GBV
- Encourage the adolescent to always report any form of violence, even if they have been threatened by the abuser
- Advise the adolescents to always stay alert and be aware of their surroundings
- Encourage adolescents to always let someone responsible know where they are going and who they will be with. Discourage adolescents from meeting people in closed or isolated places
- Discourage adolescents from accepting gifts and favours from strangers
- Develop a culture of speaking out
- Be a good listener
- Use teachable moments to educate them about inappropriate actions
- Teach them to demand respect and to respect others
- Create opportunities to discuss GBV during family time

## The role of the parent, teacher or caregiver in case the adolescent experiences violence.

- Remain Calm
- Go to the nearest health facility within 72 hours for emergency care and evidence preservation
- Report to the police, NGAO Directorate of children services and seek assistance from non - state agencies e.g FIDA
- Reassure the adolescent that you trust them and that you will be there for them
- Keep the evidence in cases of sexual violence e.g., the child should not bathe, change or clean the clothes, or wash their hands. If they change clothes put them in a paperbag, khaki bag or cloth. Avoid use of polythene bag
- Find a safe place away from the abuser e.g, a trusted friend, relative, religious setting
- Help the survivor to go through recovery

### How to prevent GBV

- **Do not trust everyone**
- **Always think about your safety/ security** whenever you attend events
- **Avoid** going to places that you consider **unsafe**
- **Rethink when receiving gifts from people;** it could be a trap
- **Avoid Drugs and Substance use**
- **Investigate new friends intelligently**
- **Say NO, RESIST** and **REPORT** any inappropriate touch or behavior to trusted adults
- **Avoid the use of polythene bags to preserve evidence**



## HOTLINE 24/7

**1195** (HAK) Healthcare Assistance Kenya helpline

**719** M.o.H toll free line

**999, 112** National Police Service

**0800 722 022** Tujulishane Kenya

**116** National Child helpline

**21661** FIDA sms platform

**0700 719 719** MoH Jali Chat Bot



### What are the services available for those who have undergone violence?

#### “ **Medical services**

- General medical examination
- HIV testing, prevention treatment (Post Exposure Prophylaxis)
- Pregnancy testing for girls
- Emergency contraception- to prevent pregnancy
- STI testing and treatment

#### “ **Psychosocial support services**

- Psychological assesment and or First Aid
- Trauma counseling to help deal with post abuse trauma
- Support to move to a safe space/rescue centre
- Faith based institutions support (Spiritual care)
- Community-based support services
- Referral for specialized services

#### “ **Medical-legal support services**

- Completing post-rape care (PRC) forms and supporting reporting to police
- Support to fill P3 form that will be presented in court as evidence
- Linkage to legal support services for redress

## What parents, teachers and caregivers should know about teenage pregnancies

### Teenage pregnancy



Teenage Pregnancy is defined as occurring between 13 to 19 years of age. However girls as young as 10yrs who are sexually active can become pregnant.

One of the consequences of early sexual debut (beginning to engage in sex early) is the risk for unintended pregnancies among adolescent girls. Adolescent girls are particularly vulnerable due to biological pre disposition, cultural, gender norms and roles. Due to power imbalance they may end up in relationships where they are unable to effectively determine what happens to them. They may not adequately negotiate for abstinence, condom or contraceptive use even as they get pressure from peers or communities to engage in sex or get married.

### Understanding pregnancy and the risks to adolescents

#### What adolescents need to know about sexual intercourse and pregnancy

- Pregnancy occurs when a boy/man's sperm fertilizes a girl/woman's egg
- Pregnancy can happen even if the penis has not penetrated/entered the vagina. It may happen when a sperm comes close to the area around the vagina

#### Behaviors and practices that may expose adolescents to pregnancy

Pregnancies occur as a result of unprotected sex. There are factors that contribute to adolescents engaging in unprotected sex. These include;

- Early sexual debut or sexual experimentation among adolescents; sometimes occurs as a result of peer pressure
- Engaging in alcohol or drug use impairs judgment and increases the likelihood of engaging in risky sexual behaviour
- Exchange of sex (sex work) for favors or money

- Rape and other cases of sexual violence
- Unmonitored sleep-overs at friends' homes or even relatives
- Leaving younger adolescents under the care of older male relatives, friends, domestic workers
- Allowing adolescents to be engaged in unsupervised peer forums and engagements such as concerts, weddings, house parties, religious events, burial ceremonies etc
- Cross generational sex (sexual relationship between an adolescent and a partner who is older usually by 10 or more years)
- Lack of information about sexual and reproductive health
- Inadequate access to adolescent-friendly services
- Child, early and forced marriage

**NOTE: The boy responsible for the pregnancy should be taken through counseling and supported by their families through the pregnancy journey.**

### Consequences of adolescent pregnancy

- May lead to poor performance in school or even dropping out of school for adolescent girls
- Increases the burden of caring for the pregnant adolescent and the child on the family
- Risk of contracting Sexually Transmitted Infections (STI's) including HIV
- May lead to birth related complications as adolescent bodies are not fully developed
- Can lead to unsafe abortions resulting in death or longlasting health problems
- Children born to adolescent girls have a greater risk of low birth weight and other health risks that may have life long effects of the body
- Stigma, rejection or violence can be experienced by adolescents and parents
- Mental health issues such as depression or stress from fear of expulsion from school/home and responsibility
- Interruption of the adolescent girl's ability to attain her planned goals.
- Economic challenge for those in poor economic backgrounds
- Might lead to child marriage and ruin the future of the teenager

## How to tell if an adolescent is pregnant

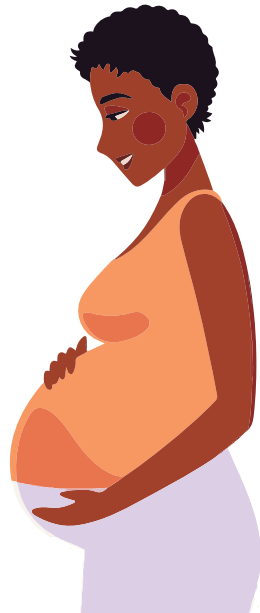
The following are signs and symptoms of pregnancy:

- Missed menstrual period (after a sexual activity)
- Nausea with or without vomiting (morning sickness)
- Fatigue
- Tender swollen breasts
- Increased urination
- Mood changes
- Bloating
- Cramping
- Constipation
- Light spotting (having light bleeding)
- Developing dislike for some foods
- Confirm by taking a pregnancy test

**NOTE:** Keep in mind that some of the above signs and symptoms may be an indication of other illnesses or disorders and not necessarily pregnancy. Do not be quick to make assumptions! Have a conversation with your child and do a pregnancy test.

## What a parent, teacher or caregiver should do if the teenager/adolescent is pregnant.

News of the pregnancy of an adolescent girl is never easy for any parent/family. This is certainly not what any parent/ caregiver would have expected of their adolescent girl and may lead to a wide range of emotions, from shock and disappointment to grief and worry. Some parents/guardians may be embarrassed by their adolescent's pregnancy and worried about how family, friends, and neighbours will view them. The adolescent needs parental support more than ever. Adolescent girls need extra care in pregnancy and during parenting.



The role of the parent, teacher and caregiver in the event that the adolescent gets pregnant

Keep calm if you notice your adolescent is pregnant or if she informs you that she is pregnant. As a parent you can try the following tips:

- Control your thoughts and actions
- Defer the talk/discussion if you are too upset and take time to cool off.
- Create some time to talk to them as soon as possible
- Avoid scolding or being confrontational/judgmental
- Share your concerns
- Reassure them and be empathetic. You can refer them to a counselor or a friendly Health care provider to speak to them

As a parent, ensure the pregnant adolescent:

- Attends antenatal clinic early and all the scheduled visits
- To deliver in a hospital with a trained/skilled birth attendant
- Adhere to the ante natal care messages, supplements and any other medication given to them during pregnancy
- Eats a healthy/nutritious diet
- Exercises regularly
- Gets enough/adequate sleep
- Continues with school while pregnant (where possible) as per return of the school policy

Pregnancy comes with challenges that parents, teachers and caregivers should seek to navigate. Here are some tips on how to address the challenges:

Challenge	Possible approach
Interruption of the Adolescent girl's ability to attain her planned goals	Evaluate with her the goals she had and help her find how she can approach them in the present context
Inability to take care of herself and even the unborn child	Support her by providing resources for herself and the unborn baby
Poor performance in school and possibly dropping out of school/college	Seek advice from the school and involve her in deliberating about how she can achieve her academic objectives
Stigma associated with adolescent pregnancy	Support her by providing counseling opportunities on how to cope with the pregnancy
Premature birth and complications during delivery	Provide guidance about how to deal with pregnancies including the ANC visits and preparation for the unborn baby
Economic challenges facing for those in resource limited settings	Support her by providing resources for herself and the unborn baby
Risk of depression and other mental health challenges due to the new reality	Support her by providing counseling opportunities on how to cope with the pregnancy
Might lead to early marriage and ruin the future of the teenager/adolescents	Discuss with her the goals she had and help her to find how she can approach them in the present context
Potential life-threatening risks like unsafe abortions	Adolescents should be encouraged to seek information from trusted sources and not their peers. They should be provided with the correct information



## CHAPTER 8

# HARMFUL PRACTICES

Forms of harmful practices

- Child labour
- Female Genital Mutilation (FGM)
- Child marriage
- Engaging in sex with a child
- Virginity testing
- Girl child beading
- Nutritional taboos



Harmful practices are acts, customs, cultural or religious rites that are likely to negatively affect an individual's life, health, emotional and social wellbeing, dignity, physical, emotional, or psychological development.

Most of these practices are discriminatory especially on women and girls, may be pegged on culture and have been practiced over time that communities consider them acceptable. They are not necessarily unique to a particular culture or religion. In addition to the negative effects on peoples' health and general wellbeing, these practices also result in obstruction of equity, equality, political and socio-economic development.

Despite their harmful nature and violation of human rights, such practices persist because they are not questioned and take on an aura of morality in the eyes of those practicing them.

Parents, teachers and caregivers need to be aware of other harmful practices that also exist and require attention. These include:

- Age inappropriate content exposure for children
- Trafficking of children for monetary gain/other purposes
- Inducement of a child to engage in sexually explicit conducts
- Use of online or electronic platforms for pornography or prostitution purposes
- Use of children images for sexual gratification
- Use of words and actions that cause psychological trauma
- Extremist behaviour and beliefs that are harmful to a child
- Verbal threats and malicious accusations directed at a child
- Inappropriate criticism and humiliation against a child
- Physical isolation of a child and intended denial of social interaction with others
- Forced male circumcision for non-medical reasons
- Corporal punishment

## **Female Genital Mutilation (FGM)**

Female genital mutilation refers to partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons. FGM is carried out for various cultural, religious and social reasons within families and communities with the belief that it will benefit the girl in some way. FGM has no health benefits for girls and women and is a violation of human rights of girls and women. Effects of FGM on the health and wellbeing of women and girls.

- Severe pain
- Excessive bleeding which may lead to loss of life
- Complications of wound healing such as infections, excessive tissue scarring and swelling of the vagina
- Menstrual problems such as 'painful menstruation' and difficulty in passing menstrual blood

- Sexual problems like pain during intercourse, lack of or loss of sexual desire and sexual aversion (extreme fear of sexual intercourse)
- Urinary problems including painful urination and urinary tract infections
- Increased risk of childbirth complications like difficult delivery, excessive bleeding and fistula
- Psychological problems such as depression, anxiety and low self-esteem
- Interruption of school attendance and increased school dropout rates
- Prolonged absence from school
- FGM is associated with child marriages and pregnancies

All forms of FGM are illegal in Kenya. The following laws provide a framework for addressing FGM in Kenya.

### 1. The Constitution of Kenya, 2010

Article 53(1) (d) protects children from abuse, neglect, harmful cultural practices, inhumane treatment and punishment and hazardous or exploitative labour.

### 2. The Children Act, 2022

Section 23 (1) states that it is a criminal offence to subject children to harmful practices. It gives the parents the responsibility of ensuring the safety and security of the child.

### 3. The FGM Act, 2011

The Act prohibits the practice of Female Genital Mutilation and other related offences. It also provides safeguards against violation of a person's mental or physical integrity through the practice of female genital mutilation.



NB: A person who aids, counsels or procures FGM commits an offence under the FGM Act 2011. A person who commits an offence under the Children Act 2022 is liable, on conviction, to imprisonment for a term of not less than three years, or to a fine of not less than thousand shillings, or both.



## Types of FGM

- **Type I (Clitoridectomy):** Partial or total removal of the clitoral glans (the external and visible part of the clitoris) and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans).
- **Type II (Excision):** Partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of the skin of the vulva).
- **Type III (Infibulation):** Narrowing of the vaginal opening through creation of the covering seal.
- **(Others):** Includes all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising and cauterizing.

**NOTE:** *The girls/women who have undergone infibulation may require corrective surgery to improve health and wellbeing.*

## Medicalization of FGM



Medicalization refers to situations in which FGM is performed by a healthcare provider (e.g. Doctors, nurses, clinical officers, Midwives) in a public or a private health facility, at home or elsewhere.

Medicalization of FGM is not allowed for the following reasons:

- It is the willful damage to healthy tissues for non-medical reasons
- It violates the expectation of health workers to **“DO NO HARM”**
- It represents a harmful and unethical practice
- Medicalization of FGM is also associated with negative long-term health effects
- Medicalization of FGM is a human rights violation
- Performing FGM by health care providers creates approval of the practice because of the high status the professionals occupy in the society
- It contravenes the government policy on banning any form of FGM
- FGM is not within the scope of training for all healthcare providers

## Role of parents, teachers and caregivers in fighting FGM in the community.

- Adopt non-harmful alternative rites of passage for girls
- Promote girl child education in the community
- Educate children and adolescents on dangers of FGM
- Sensitize family and community members on harmful effects of FGM
- Discuss the set laws regarding FGM and the consequences within the family
- Rescue adolescents who are at risk of undergoing FGM
- Provide guidance and psychological support to adolescents who may have undergone FGM
- Cooperate with law enforcement agencies to combat FGM

## Child Marriage

Child marriage means marriage or cohabitation with a child or any arrangement made for such marriage or cohabitation. Child marriage is illegal. The minimum age of marriage is 18 years, according to Kenyan law.

### Effects of child marriage on adolescents

Child marriage prevents adolescents from realizing their full potential in life, limiting their physical, psychological and economic development. Some of the effects of child marriage on adolescents include:

- Child marriage denies adolescents their right to education and employment
- It leads to child pregnancy
- The girl is at risk of complications in pregnancy and childbirth which may also lead to death
- Children born of adolescents are at increased risk of being born prematurely or to even die
- Mental and emotional stress in adolescents because they are neither physically nor emotionally ready for marriage
- Isolation from friends and family which can negatively affect their social wellbeing
- Engaging in sexual activity during adolescence increases lifetime risk of HIV infection. Child brides often marry men who are older than them and who may have multiple sexual partners, increasing the risk of HIV infection
- Adolescents married before the age of 18 are at increased risk of sexual violence, exploitation and harassment



**A person who commits the offence of child marriage is liable to imprisonment for a term of not less than three years, or to a fine of not less than five hundred thousand shillings.**

**Child marriage is defilement**

## The role of parents, teachers and caregivers in prevention of child marriage

Parents and caregivers should:

- Educate adolescents on the dangers of child marriage
- Protect adolescents and children from harmful practices in line with Kenyan laws
- Provide support for adolescents at risk of child marriage
- Provide basic needs including food, clothes, housing, sanitary pads, and soap. forced to get married to escape difficult home situations such as lack of basic needs
- Provide support for income generating opportunities for those above 18 years old
- Take adolescents to school and support them to complete their education. Lack of access to education for adolescents limits their alternatives and makes them consider marriage
- Raise awareness among community members on the negative consequences of child marriage
- Challenge social and cultural beliefs that promote child marriage
- Provide support for pregnant adolescents to resume studies as stipulated in the back-to-school policy
- Support community efforts to rescue adolescents from child marriage

## Child Labor

Child labor is work performed by a child that is exploitative, hazardous or otherwise inappropriate for a person of that age and is likely to interfere with his or her right to education, or to be harmful to their health or physical, mental, spiritual, moral or social development. Forms or activities that constitute child labor include:

- Exposing a child to slavery
- Child trafficking - where children are kidnapped and sold
- Children working as soldiers in war
- Offering a child for prostitution and production of pornography
- Drug production and trafficking
- Forcing a child to work to cater for parental obligations including debts



Generally, not all work done by children/adolescents amounts to child labor. There is no problem when a child/adolescent is working to progress their life skills without compromising their health, their well-being or their education. These activities are considered in order and may contribute to children's development, the welfare of their families and prepare them for their adult roles.

Common child labor activities that children and adolescents often take part in include:

- Working in factories and mines
- Hawking
- Working as farm hands or cattle herders
- Working in the transport industry as motorbike riders, car wash joints, tyre repairs, turn boys, touts among others.
- Working as nannies, cooks or domestic workers for the purpose of income generation or compensation
- Engaging in illegal activities such as prostitution and drug peddling

### **How child labor affects children and adolescent**

- Child labor can put the child's or adolescent's safety at risk and potentially be in conflict with the law
- Child labor can lead to slavery and economic exploitation
- Child labor can prevent a child from going to school or cause children already in school to drop out

- Children who work and do not go to school may end up in low paying jobs later in life.
- Child labor may expose children to sexual exploitation and gender-based violence
- It can lead to health problems as a result of bodily and mental harm that can lead to death.

## The role of parents, teachers and caregivers in preventing child labour

- Ensure their child goes to school
- Report all forms of child labour to the relevant authorities
- Engage children and adolescents in work that improves their life skills without compromising their health, well-being or education
- Helping the child or adolescent understand their roles and responsibilities in the context of work
- Sensitizing other parents and caregivers about child labor

The nature of the tasks should correspond with the adolescents' age and stage of cognitive development.

Parents, teachers and guardians should consider the age and ability of the adolescent.





## CHAPTER 9

# DRUG AND ALCOHOL USE AMONG ADOLESCENTS

Young people are the backbone of any country for socio-economic development and any disruption to the social fabric caused by drug use within this age group results in decline in literacy levels, loss of productivity and therefore economic loss to the country. There is rampant drug and alcohol use among adolescents.

Consequences experienced by drug users range from physical, financial, social and health related issues. These pose a negative impact on individuals, families and society. The following is a classification of commonly used drugs which have a negative impact on the body and may lead to addiction.



Substance/drug use is the ingestion or administration of illegal drugs, prescription, over the counter drugs or alcohol for purposes other than those for which they are intended for or in excessive amounts.

Substance/drug use may lead to social, physical, emotional and job /school related problems.

## Common Drugs and Substances that Adolescents may be exposed to:



**Cocaine**



**Alcohol**



**Fentanyl**  
Appears as pills, lozenges



**Molly**



**Vape/Juul**



**Codeine**



**Opioids**

e.g. Pethidine, Fentanyl, Morphine or injectables



**Magic Mushrooms**



**Marijuana (Ndom, Bhang, Shash)**



**Shisha**



**Kuber**



**Velo**

## Other common drugs that an adolescent may be exposed to include:

- Alcohol (Chang’aa, Busaa, Muratina, Beer, alcoholic wine etc.)
- Bhang/Cannabis
- Shisha
- Marijuana
- Tobacco/cigarette
- Chaves/Kuber/Velo
- Miraa/Khat
- Stimulants
- Opioids
- Depressants, and
- Hallucinogens (others inhalants).



Substance use and or drug abuse may begin as an experiment or curiosity or Peer Pressure. It soon becomes a habit which has devastating effects to the individual, families, communities and the law. It also increases the indulgence in risky behaviors.

COMMON DRUG	ROUTE OF ADMINISTRATION
Alcohol (Chang’aa, Busaa, Muratina, Beer, alcoholic wine, whiskey etc.)	By Mouth
Marijuana/Cannabis/Bhangi	Smoked, Eaten
Shisha	Smoked/Inhaled
Tobacco/cigarette	Smoked
Chaves/Kuber	Under the Tongue
Khat/Miraa/Muguka	Chewing
Codeine	By Mouth
Glue	Sniffing
Heroin	Inhaled, smoked and injected
Cocaine	Injected or inhaled
Prescribed drugs e.g diazepam (taptap)	By Mouth
Painkiller e.g Pethidine	Injected



It is important to be aware that drugs may be presented in forms of **sweets, cookies, cakes, soft drinks, etc.**

Drugs are chemical substances (legal or illegal) when ingested, injected or inhaled can cause a negative or positive effect to normal body functioning. Affects brain, lungs, heart, kidney, reproductive system and other body organs.

### Indications that an adolescent could be using drugs and/or other substances

Parents/care givers are advised to be watchful on the following in order to provide help as appropriate.

- Avoiding eye contact
- Smell of alcohol or drug or unusual body smell/breath
- Blood-shot eyes
- Burnt finger tips
- Staggering
- Violence
- Sudden unexplained change of mood, or excitement
- Poor personal hygiene/grooming
- Changes in appetite: sudden loss of appetite or increase in appetite
- Change in sleep patterns - either sleeping too much or too little
- Low or lack of interest in normal duties
- Injection marks
- Change in behavior patterns e.g., borrowing or stealing money to buy drugs, engage in school fights and lying
- Drop in attendance and performance in school
- Sudden mood swings and irritability
- Isolation and withdrawal for long hours
- Sudden change of friends
- Identifying with drug-related personalities and symbols
- Conflict with the law e.g stealing
- Truancy

The process of addiction can be divided into stages:

### Experimental use

The motives for experimental use include:

- Curiosity
- Risk taking
- Peer Pressure
- The thrill, adventure

### Social use

This is consumption of alcohol and use of drugs that take place within social settings. It is also referred to as occasional use. The individual remains functional/in control. This level of use is rarely identified as risky by people. Warnings and cautions are typically ignored - **‘I can stop when I want.’**

### Instrumental use

- The individual learns to use substances purposefully to manipulate emotions and behavior
- He discovers that alcohol and drugs can affect both feelings and actions
- They use it by themselves
- Relationships deteriorate
- Starts to experience loss of control of the intake

### Habitual use

- The symptoms of dependency start to appear
- The individual uses substances to relieve their discomfort of non-use which is
- They feel irritable, restless or mildly depressed
- They develop withdrawal symptoms; difficulty in concentration, sitting still, sleeping soundly
- The abuser’s lifestyle becomes progressively centered on using the drug as a coping mechanism

## Compulsive use

- The individual is preoccupied with drug use to the extent that getting high (or planning for it) is literally all he does and thinks about
- Occupational dysfunction (work, schoolwork neglected)
- Social dysfunction (relationships suffer). The only relationship the addict has is with his or her drug of choice
- Unpredictability and loss of control

## Effects of substance use disorder/drug addiction

- Feeling that one has to use the drug regularly — daily or even several times a day
- Having intense urges for the drug that block out any other thoughts.
- Over time, needing more of the drug to get the same effect
- Taking larger amounts of the drug over a longer period of time than you intended
- Making certain one maintains a supply of the drug
- Spending money on the drug, even though one cannot afford it
- Not meeting obligations and work responsibilities or cutting back on social or recreational activities because of drug use
- Problems with law enforcement authorities
- Continuing to use the drug, even when it is causing problems in one's life or causing physical or psychological harm
- Doing things to get the drug that one normally wouldn't do, such as stealing
- Driving or doing other risky activities when under the influence of the drug
- Spending a good deal of time getting the drug, using the drug or recovering from the effects of the drug
- Failed attempts at stopping to use the drug
- Experiencing withdrawal symptoms when attempting to stop using the drug

## Consequences of Drug and Alcohol use

- Crime and/or Violence
- Accidents
- Mental health disorders e.g. Stress, anxiety and depression
- Impaired judgment and decision making
- May pre-dispose one to HIV/ AIDS, GBV
- Dropping out of school
- Engaging in risky sexual behavior
- Leads to addiction and/or dependency
- Conflict with the law e.g. theft, trafficking, violence, etc
- Strained relationships with peers, family and community
- Poor financial management
- Weakened spiritual growth
- Poor hygiene and grooming
- Lack of concentration and poor performance in school
- Increased risk of death

## Measures to avoid Substance/drug use among adolescents;

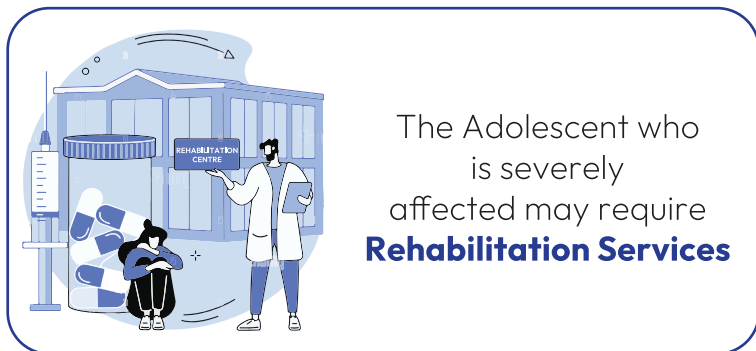
- Keep a positive attitude
- Bars should be away from learning institutions
- Exercise regularly and nurture talents
- Participate in religious activities
- Spend time with loved ones
- Encourage the adolescents to express their challenges
- Avoid conflicts with parents, teachers, peers and authority
- Sensitize adolescents on effects of drugs/substance use
- Ensure the homes and schools are free from alcohol and drugs

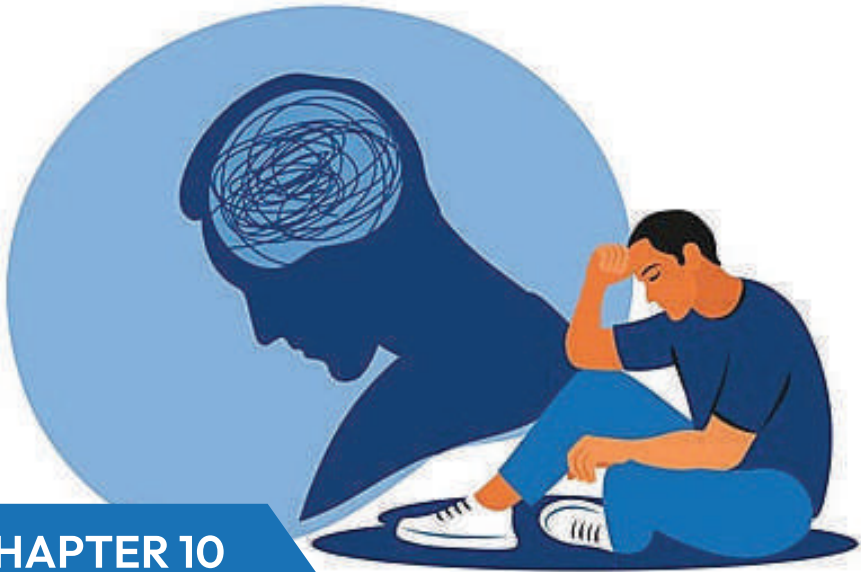
## Important tips for parents, teachers and caregivers.

- Boost your adolescent's self-esteem by giving positive feedback and complementing their work
- Set limits and be consistent with discipline
- Spend time with the adolescents
- Be a good role model
- Make communication a priority
- Be flexible and willing to adjust your parenting style
- Pay attention to your wellbeing because it affects the way you parent

## Parents, teachers and caregivers of the adolescents on drugs/ substance may speak to:

- Mental health providers/Addiction counselors
- Health care professionals
- Religious leaders
- Other parents/caregivers
- Teachers
- Trusted and responsible friends or relatives





## CHAPTER 10

# ADOLESCENT MENTAL HEALTH

Mental health is defined as a state of well-being whereby individuals recognize and realize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities (WHO: 2003). Mental and substance use disorders are common and affect more than 25% of all people at some point during their lifetime. (WHO: 2001)

Mental illness, according to WHO, refers to a wide range of mental health disorders that affect a person's mood, thinking and behavior. A person with a mental disorder is unable to cope with daily demands of life such as work, personal upkeep, school or childcare.

It is estimated that one in seven adolescents (10–19-years olds) experience mental health issues, accounting for 13% of global burden of diseases in this age group. Mental Health problems affect 10 - 20% of children and adolescents; About that half of all mental illnesses begin at age 14 whereby most cases go undetected and untreated.

(WHO, 2021 [https:// www.who.int/news-room/factsheets/detail/adolescent-mentalhealth](https://www.who.int/news-room/factsheets/detail/adolescent-mentalhealth))

Mental Health is part of a wider health concern. Failure to address adolescents' mental conditions may lead to impairment of both physical and mental health hence limiting opportunities to lead fulfilling lives. Ensure that the adolescent is mentally healthy or seek help when need arises.

Peer support groups and safe spaces can help improve self esteem and address self-stigma. Additionally, individual and family counseling can address adolescents' mental health and other illnesses. The involvement of supportive parents/caregivers can be beneficial, especially for those requiring ongoing treatment and care.

Parents, teachers and caregivers should understand that mental health is a key determinant of overall health and socio-economic development as It influences a variety of outcomes for individuals and communities such as:

- Healthy lifestyle
- Physical health
- Recovery from illness
- Fewer limitations in daily living
- Higher education attainment
- Greater productivity
- Better relationships with adults and with adolescents



## Common mental health conditions among adolescents

The mental health-related disorders in this age group are

**Anxiety disorders:** A mental health condition marked by repeated feelings of worry, nervousness or discomfort about something with an uncertain outcome.

**Stress related disorders (Post Traumatic Stress Disorder):** A mental health condition that is triggered by a terrifying event – either by experiencing it or witnessing it. Symptoms may include, flash-backs, nightmares and severe anxiety, as well as intrusive thoughts (uncontrollable thoughts about the event).

**Attention-Deficit Hyperactivity Disorder (ADHD):** is a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness.

**Autism:** A condition related to brain development that impacts how a person perceives and socialises with others causing problems in social interaction and communication.

**Bipolar mood disorder:** It's a mental health condition that causes changes in a persons mood,energy and ability to function.It can present as either very high mood or very low mood.

**Personality disorder:** Are characterised by enduring maladaptive patterns of behavior, cognition and inner experiences exhibited across many contexts and diverting markedly from those affected by the individuals culture. This patterns develop early and are inflexible and are associated with significant distress or disability.

**Conduct Disorders:** Is an ongoing pattern of behaviour marked by emotional and behavioral problems. e.g Angry, aggressive, argumentative and disruptive ways.

**Oppositional defiant disorder (ODD):** A behavior disorder in which a child displays a pattern of an angry or cranky mood, defiant or combative behavior and refusing to comply towards people in authority.

**Suicidal/homicidal tendencies:** Is any action that could cause a person to die such as taking a drug overdose or crushing a car on purpose.

**Self harm:** It's the act of deliberately harming one's own body such as cutting or burning. It is not meant as a suicide attempt but can progress to suicidal tendencies.

**Sexual obsession** e.g compulsive masturbation and consuming pornographic content.

**Eating disorders:** Characterized by obsession with eating or eating related behavior that results in altered consumption or absorption of food that significantly impairs physical health or psychosocial functioning. E.g. anorexia nervosa, bulimia nervosa and binge eating.

**Epilepsy:** It's a central nervous system disorder in which brain activity becomes abnormal causing seizures or periods of unusual behavior, sensations and sometimes loss of awareness.

**Depression:** A mental health condition characterized by persistently low mood (more than two weeks) or loss of interest in activities causing significant impairment in daily activities.

**Substance Use Disorder:** A chronic and relapsing mental health condition resulting from the use of a substance that one continues to take despite experiencing problems resulting from alcohol and drug use.

**Schizophrenia:** It is a chronic and severe mental disorder marked by distortions in thinking, perceptions, emotions, language, sense of self and behavior.



## Risk factors for mental illness

- **Genetics:** Mental illness often runs in the family
- **Environment:** Living in a stressful environment can make one more likely to develop a mental illness
- **Childhood trauma:** stressful environment, things that happened in childhood can have an impact later in life. For instance, child neglect, sexual and physical abuse, dysfunctional family, social isolation or loneliness etc
- **Stressful events:** Stressful pregnancy and child birth, loss of a loved one or property, accidents, divorce and separation, chronic illnesses like HIV/AIDs
- **Negative thoughts:** Constantly putting oneself down or expecting the worst can get one stuck in a cycle of depression or anxiety
- Domestic violence , bullying or other abuse as an adult or child
- Social- Economic Constrains due to high inflation
- Significant trauma as an adult, such as tribal conflicts, or being the victim of a violent crime
- Physical causes like a head injury or epilepsy
- Unhealthy habits: like not getting enough sleep or not eating
- Drugs and alcohol use: Using drugs and alcohol can trigger a mental illness. It can also make it harder to recover from mental illness
- Having a long-term physical health condition
- Unemployment or losing a job
- Social disadvantage e.g.; Poverty or debt, homelessness or poor housing
- Experiencing discrimination and stigma including racism and tribalism
- Brain chemistry: Mental illness involves an imbalance of natural chemicals in the brain and the body physique

## Signs of mental illness

- Trouble concentrating or thinking about anything other than the present worry
- Excessive irritability, aggressive behaviour
- Racing speech, racing thoughts, flight of ideas
- Poor judgment easily distracted
- Grandiose thoughts, (inflated sense of self-importance)
- Hallucinations (Hearing of voice of people talking in one's head, false perce-options)
- Delusions (false, strongly fixed beliefs)

- Loss of interest in personal hygiene
- Problems at school or work and with relationships
- Social withdrawal or lack the ability to experience pleasure
- Trouble sleeping (Insomnia)
- Feeling of low or sad mood
- Loss of interest or pleasure
- Feeling of hopelessness about the future, guilt or low self-worth
- Suicidal thoughts or acts
- Fatigue or loss of energy
- Disturbed sleep appetite or decreased libido, Feeling nervous, restless or tense
- Having a sense of impending danger, panic or helplessness
- Confused or unconnected speech, Confused thinking
- Lack of emotion (doesn't make eye contact, doesn't change facial expressions or speaks in a one word)

### **Effects of Mental Illness in Adolescence**

- Social exclusion
- Discrimination and stigma
- Learning difficulties
- Risk taking behavior
- Physical ill health
- Human rights violation
- Drugs and substance abuse
- Non-communicable diseases like blood pressure, diabetes, heart problems
- Suicidal or homicidal tendencies
- Poor health seeking behavior



## Role of parents, teachers and caregivers in prevention of Mental Health disorders in adolescents

- Being observant to any change of behavior by keeping open communication and paying attention to the adolescent's appearance
- Fostering independence, confidence and autonomy
- Identifying appropriate coping mechanism and problem-solving skills
- Early screening of mental health (Refer to psychologist or mental health provider)

### What to do if you notice the signs of a mental illness in the adolescent:

- Seek to understand the problem
- Engage a trusted friend
- Give hope Life without hope is hopeless
- Reassure and discuss with adolescent realistic solutions to problem.s
- Monitor individuals closely to avoid self-harm
- Refer to a mental health provider for screening
- Seek support as appropriate from mental health institutions, religious leaders, support groups, peers etc





## CHAPTER 11

### LIFE SKILLS

Life skills are a set of basic abilities acquired through learning and/or direct life experience that enable individuals and groups to effectively handle issues and problems commonly encountered in daily life.

It is the ability to manage with emotions, health, finances, relationships and school performance. An adolescent needs to be supported to acquire different types of life skills to successfully transition from childhood to adulthood.

**Self-awareness:** is the ability to recognize oneself, strengths and weaknesses, desires and dislikes. Creating self-awareness can help adolescents recognize when they are under stress or feel pressured.

The following are some of the tips that parents/caregivers can share with the adolescent to help them enhance their self-awareness:

- a. Be mindful of your strengths and weaknesses
- b. Stay focused
- c. Set boundaries
- d. Know your emotional triggers
- e. Trust your instincts in decision making
- f. Practice self-discipline

**Empathy:** this refers to the ability to understand and share the feelings of another person. It increases the likelihood of helping others and is key for a successful relationship. It is important for parents/caregivers to understand and care about adolescents' needs, desires and feelings for effective communication and relationship building.

**Creative thinking skills:** this is the ability to come up with new ideas and approaches of problem solving. Adolescents need to be creative to effectively deal with challenges such as peer pressure.

**Critical thinking skills:** this is the ability to analyze information and experiences in an objective manner. It can help one analyze the world around them and distinguish between what is right and wrong.

**Problem solving skills:** refers to the ability to identify a problem and come up with a solution. It helps adolescents to look at a problem objectively and come up with a solution after weighing the pros and cons. Parents and caregivers can help adolescents enhance their problem solving skills by working with them to:

- Identify and define potential problems
- Come up with possible solutions
- Evaluate the options
- Choose the best solution
- Implement the solution
- Evaluate the outcomes

### **Interpersonal relationship skills:**

this refers to the ability to effectively communicate, interact and work with individuals and groups. The following are some of the tips that parents and caregivers can share with the adolescent to help them enhance their interpersonal relationship skills:

- Be a good listener
- Be honest
- Be okay with disagreements (agree to disagree i.e accommodate different views and opinions from others)
- Learn to apologize when on the wrong (owning up to your mistakes)
- Learn to communicate well and regularly with the people you interact with

## Effective communication skills:

This is the ability to express oneself both verbally and non-verbally, in ways that are appropriate to cultures and situations. This means being able to express opinions, desires, needs and fears. The following are some of the tips that parents/ caregivers can share with the adolescent to help them improve their communication skills:

- Be a good listener (Active listening by using words such as “I see”, “tell me more about it”; avoid interrupting)
- Understand the person you are talking to (keep the person in mind when passing your message)
- Pay attention to body language as it assists in understanding what the person is saying. This may include body posture, facial expression, gestures, touch, space, voice and eye contact
- Be brief and specific
- Think before you speak (consider your words before you say something or respond to another person’s comments)



## Coping with stress:

Adolescents often experience stressful situations such as school work, exams and family conflict. Parents, teachers and caregivers can help adolescents cope with stress by doing the following:

- Let the adolescent know that you have noticed they are stressed and you are available to support them
- Help them to identify the source of the stress
- Work out on how to address the problem
- Encourage a healthy lifestyle like eating a healthy diet and participating in physical and social activities
- If there is no improvement, seek professional help



Coping with emotions is an important skill that helps adolescents to manage intense emotions like joy, anger or sadness that can have negative effects on their health if not handled appropriately. The following are some of the tips that parents and caregivers can share with the adolescent to help them cope with their emotions:

- Expressing their feelings through writing in a journal, art and/or music
- Engaging in physical activities that can help the adolescents release their feelings

- Let them know that it is okay to cry as a way of expressing strong emotions
- Encourage the adolescent to talk to a trusted person in order to process their emotions and gain perspective
- Encourage the adolescent to take time off and “just be.”

Parents and caregivers may also take the following actions to help adolescents cope with emotions:

- Using non-judgmental language
- Facilitating independence by providing assistance
- Providing choices and limits
- Be willing to renegotiate and choose priorities
- Providing firmness and gentleness
- Displaying acceptance and hope
- Validating by paying attention

## Dealing with peer pressure

Peer pressure refers to the influence by friends/classmates/persons of the same age to do something one wouldn't otherwise do, because they would like to feel accepted and valued. It can be positive or negative. Coping well with peer pressure involves getting the right balance between being yourself and fitting within a group. During adolescence, there is a great tendency to associate with peers than members of the family. The following are some of the tips that parents, teachers and caregivers can share with the adolescent to help them deal with peer pressure:

- **Understand your morals and values:** Trust your own beliefs and feelings about what is right and wrong. Ask yourself whether what you are being asked to do is the right thing
- **Have a friend who can stand with you:** having at least one peer who is willing to say “No” to an influence can be very helpful in resisting negative peer pressure

- **Choose the right friends:** as the saying goes “Choose your friends wisely.” If you choose friends who don’t use drugs then you probably won’t do these things even if other adolescents do
- **Walk away:** If you are faced with peer pressure, you can tell your friends “No” and walk away. You can also stay away from peers who pressure you to do stuff you know is wrong
- Get advice from a trusted friend

## Assertiveness

This is the ability to convey information and ideas in an open and direct way while maintaining respect for the people you are addressing. The following are some of the tips that parents/ caregivers can share with the adolescent to encourage them be assertive:

- Express your needs, feelings or beliefs clearly and directly without feeling guilty
- Be confident about sharing your opinions and feelings
- Stand up for your beliefs even when others disagree
- Avoid sounding unsure or lacking clarity when expressing yourself
- Don’t allow yourself to be easily led or swayed by others
- Resist the urge to concede in the face of unexpected difficulties
- Be sensitive to the socio-cultural context

## Decision Making

It’s a choice that an adolescent makes between two or more possible options. Some decisions made by adolescents may affect them throughout their lives or have far reaching consequences. Parents and caregivers should guide adolescents to:

- Identify problems
- Get more information on situations
- Explore possible consequences of each course of action
- Consider effects on personal and family values
- Evaluate ways his/her decision may affect other people
- Choose the most appropriate decision based on his/her knowledge and values

## Resilience

It's the ability to adapt in the face of hard times or 'bounce back' during and after difficult times. Adolescents face everyday challenges like arguments with friends, disappointing exam results or sporting losses and need resilience to bounce back and learn from these challenges.

The following are some of the tips that parents and caregivers can share with the adolescents to help them build resilience:

- Encourage the adolescents to have self-respect and self-compassion: Self respect grows out of setting standards for behaviour, while self-compassion is being kind to yourself even when things don't happen the way you expect
- Help the adolescents to acquire social skills such as making and keeping friends, resolving conflict, and working well in teams or groups
- Inculcate positive thinking habits in all circumstances
- Help the adolescents acquire skills for accomplishing tasks such as goal -setting

## Goal Setting



Goals are targets that a person or a group of people commits towards achieving. It is important for adolescents to dream big. However, they should start with small, manageable steps.

Life goals can be classified into different categories such as: general health goals, SRH goals and school/career related goals.

## Examples of General health/Sexual Reproductive Health Goals

- a. Eating a healthy diet and exercising
- b. Keeping away from drugs and substance use
- c. Understanding your body and setting your limits
- d. Being prepared to abstain from sexual activities until the appropriate time
- e. Planning for the future including having a functional family

## Examples of school/career goals

- a. Getting a better grade in school
- b. Transitioning to high school
- c. Joining college or university or vocational training
- d. Supporting yourself and your future family with your education and skills
- e. Becoming self-sufficient through securing a job or self-employment after school/training

## Possible questions to ask when setting a goal:

- What do I want?
- How will I achieve my goal?
- What benefit will I obtain from achieving the goal?
- How will I know when I have achieved it?
- How will I feel when that happens?



## **Importance of life goals to adolescents;**

- Keeps one focused
- They motivate adolescents to come out of their comfort zones if tackled well
- Helps an adolescent take control of their activities
- Motivates an adolescent to keep moving
- Goals are critical steps one takes on the path to their dreams

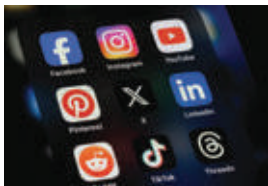
## **Tips to help an adolescent go through a successful course of life**

- Believe in yourself and your self-worth
- Identify something you are good at and pursue it with passion
- Stay healthy—avoid behaviors that expose you to health risks
- Have a vision and work towards making it a reality
- Set your life goals and stay focused
- Be committed to anything that you have started or are assigned to do.
- Be determined—believe you can do it, do not give up matter the circumstances
- Identify positive values and establish a healthy value system
- Identify positive values and establish a healthy value system
- Maintain healthy relationships with family and your community, who can help and advise you along your path
- Choose your friends wisely— associate with positive peers, avoid negative peer pressure and influence, have friends who share your values and your vision
- Eat a healthy, balanced diet
- Get engaged in sports to relieve stress and relax your mind



## CHAPTER 12

# DIGITAL PLATFORMS AND ADOLESCENTS



Digital Platforms are interactive media technologies that facilitate the creation and sharing of information, ideas, interests, and other forms of expression through virtual communities and networks.

Adolescents are increasingly conversant with and dependent on these technologies. Globally, the internet and rapidly evolving digital communication tools are bringing people together. This has enabled rapid sharing of information both on mainstream media and social media platforms. The Communications Authority of Kenya estimates that mobile phone use is currently at 108 per cent with a total of 61.96 million subscribers.

According to Disrupting harm report (2021) 67% of 12–17-year olds in Kenya have access to the internet through a smart phone, tablet or computer (in or outside of the home).

The social media platforms commonly used by the adolescences include: Meta i.e.

- Facebook
- Instagram
- WhatsApp
- Twitter (now X)
- SnapChat
- Tik Tok
- YouTube
- Locket

In rural areas and low-income urban areas, online enabling structures such as cyber cafes and video dens exist with their main target being children, adolescents and young people.

## Social Media Benefits and Risks

SOCIAL MEDIA BENEFITS	SOCIAL MEDIA RISKS AND THREATS
<p><b>Connect:</b> Provides a platform for the adolescents to be Intouch with the outside world.</p> <p><b>Explore:</b> Enables young people to explore new ideas and concepts.</p> <p><b>Learn:</b> Provides a platform for learning</p> <p><b>Creativity:</b> Provides a good platform for the adolescents to be more creative as it comes with many apps that offer a variety of skills.</p> <p><b>Entertainment:</b> The internet has a lot of entertainment sites that keeps the adolescents entertained thus distracting them from engaging in antisocial behavior.</p> <p><b>Empowerment:</b> The internet provides a good platform for the adolescents to make money through generation and distribution of self-generated content.</p>	<p><b>Addiction:</b> Social media is addictive and may disrupt the normal life schedules of the adolescent’s e.g. education, sleep and other routines.</p> <p><b>Sexting:</b> Sending, receiving, or forwarding sexually explicit messages, photographs, or images, primarily between mobile phones.</p> <p><b>Online sextortion:</b> Is the blackmailing of a person with the help of (self-generated) images of that person in order to extort sexual favors, money, or other benefits.</p> <p><b>Sexual live streaming:</b> Transmitting sexual activity involving a child live on internet.</p> <p><b>Online grooming:</b> The process of establishing/building a relationship, trust and emotional connection with a child through use of internet or other digital technologies.</p> <p><b>Identity theft:</b> Stealing of child images with an intention of committing fraud.</p> <p><b>Online gaming:</b> Addiction to online gaming.</p> <p><b>Online radicalization:</b> Being exposed to extreme ideologies online.</p> <p><b>Cyber bullying:</b> Bullying via the use of digital technologies or digital space, which can take place on social media, messaging and gaming platforms and on mobile phones.</p>

## Online safety

Adolescents are likely to spend a lot of time on their phones or other electronic gadgets. As a parent, you can keep them safe by taking the following steps in order to encourage responsible use of social media and limit some of its negative effects.

- **Set reasonable limits:** Talk to your adolescents about how to avoid letting social media interfere with his or her activities, sleep, meals or homework. Encourage a bedtime routine that avoids electronic media use, and keep cellphones and tablets out of the bedrooms. Set an example by modelling the same
- **Monitor your teen's accounts:** Let your Adolescents know that you'll be regularly checking his or her social media accounts. You might aim to do so once a week or more. Make sure you follow through. For younger children, consider checking browser histories to see what sites they are visiting
- Make use of parental control applications/Pins
  - » **Parental control applications** are features which may be included in digital television services, computer games, mobile devices and software's that allow parents to restrict the access of content to their adolescents which they deem inappropriate for their age. Parental controls include:
    - » **Content filters:** limits access to age inappropriate content
    - » **Usage control:** which constrain the usage of these devices such as placing time-limits on usage or forbidding certain types of usage
    - » **System monitoring:** which can track location and activity of the device
- Guide them on what is appropriate and safe to share and consume on social media. Educate your adolescent about the dangers of sharing personal information when they are chatting or posting online. Personal information includes your email address, phone number, password, where you live or go to school. Sensitize them on effects of adolescents gossiping, spreading rumors, bullying

## How can adolescents ensure their own safety online

Adolescents can ensure their safety online by being **SMART**



**Stay Safe:** Don't give out your personal information to people /places you don't know. Personal information includes your email address, phone number, password, where you live or go to school.



**Meet Up:** Don't meet someone you have only been in touch with online without the permission of your parent/ caregiver.



**Accepting files:** Do not open emails, messages, files, images or texts from sources you don't know or trust as they may contain viruses or nasty messages or be might be scammers.



**Reliable:** Always verify information from trusted sources before



**Tell** a parent/caregiver or a trusted adult if someone, or something, makes you feel uncomfortable or worried, or if you or someone you know is being bullied online.

## SHARENTING

the habitual use of social media to share news, images, etc of one's children. This exposes the adolescents and make them vulneralbe to online fraud e.g. identity theft

### Online Safety- Links and apps that parents can use to monitor adolescents activities online

**Kid logger:** This free parental control software not only tracks what your children type and which websites they visit – it also keeps a record of which programs they use and any screengrabs they take. If you're concerned about who your adolescents might be talking to online, there's even a voice-activated sound recorder. If your children are a little older and more responsible, you can pick and choose which options monitor and give them a little privacy.

**Qustodio:** Qustodio also limits screen time and can block or limit time spent on different apps. It also allows parents to see who their adolescents call and text the most and allows parents to block contacts. The app also

tracks their location and has a panic button that children can use to call for help. Qustodio works on Windows, Mac OS C, Android, iOS and Kindle, however, some premium features are limited to certain platforms

**MamaBear:** MamaBear can track adolescents locations and alert parents when they arrive at or leave certain places, such as school or home. The app also lets parents monitor Facebook, Instagram and Twitter (X) activity and uses a restricted word list so parents know when inappropriate language or signs of bullying are being posted on their profiles. Parents can also program a safe speed while driving or riding in a vehicle. If the vehicle goes over that limit, parents get an alert.

**Our Pact:** Our Pact lets parents schedule screen time and automatically block off reoccurring time periods, like school hours and bedtime. Parents can also block texts so adolescents aren't distracted while doing homework. Our Pact also has a family locator and alerts parents when adolescents arrive or leave certain locations.

**Kaspersky Safe Kids:** Kaspersky has a Windows, Mac and mobile app that allows parents to block certain websites and content and manage screen time and app usage. A Facebook report informs parents when kids add new friends or make a post. The program also has a GPS tracker and lets parents designate a safe area that adolescents can't leave without parents getting an alert.

**The Family Link parental controls app from Google:** Whether your children are younger or in their teens, the Family Link app lets you set digital ground rules remotely from your own device to help guide them as they learn, play, and explore online. For children under 13, Family Link also lets you create a Google Account for your child that's like your account, with access to most Google services.

**Pihole:** In addition to blocking advertisements, Pihole has an informative Web interface that shows stats on all the domains being queried on your network. It is an open source and free platform that can help protect your adolescent from inappropriate content

**uBlock Origin:** uBlock Origin is a wide-spectrum content blocker with CPU and memory efficiency as malicious URL Blocklist tracking and online malicious URL Blocklist. This list is not exhaustive. Parents and caregivers can access more option on the Google Play Store and the Apple App Store by searching for apps with 'Parental Control.'



Keep an open dialogue with your adolescent to understand what is going on with them online

## Reporting Mechanism For offensive Online Content

**Reporting in App:** which is the use of tools within an application to report any content which does not meet community standards (set guidelines on what is acceptable and not acceptable on social media).

Kenya Police Service  
hotline- The Kenya Police  
Service toll-free hotline

**112 | 999 | 911**  
**| 0800 730 999**

Kenya Film Classification  
Board (KFCB), KFCB can  
be reached through this  
number

**0711222204**  
live chat on [www.kfcb.go.ke](http://www.kfcb.go.ke)  
or email [info.kfcb.go.ke](mailto:info.kfcb.go.ke)

National Government  
Administrative Offices  
(NGAO)-  
Communications Authority  
of Kenya- KE-CIRT

<https://ke-cirt.go.ke>  
**0703042700 | 0730172700**

Directorate of Childrens Services  
Directorate of Criminal Investigation  
Anti-Human Trafficking and Child  
Protection Unit (DCI- AHTCPU)  
Fichua kwa DCI Hotline no; 116

(Not a Toll-Free Number)  
**0800 722 203**  
IWF reporting portal <https://report.iwf.org.uk/ke>



## CHAPTER 13

# CAREER CHOICES FOR ADOLESCENTS

As the adolescents go through school, they may begin to think about their future and about different careers. They may have questions about:

- Choosing a career path that is right for them
- Opportunities in the job market
- Availability of institutions for training
- Grades required to qualify for their career training

Adolescents should be advised that all careers are associated with

- Getting the required grade in the relevant subject cluster
- Completing the education system. (8.4.4; CBC; IGCSE. etc.)
- Joining college, university or vocational training

Factors that could influence adolescents' career choice

- Interests
- Talent
- Role models
- Peer influence
- Academic performance
- One's personality
- Affordability (costs)
- Parental pressure/desire

- Family career history
- Government clustering policy for tertiary education placement

### **The role of a parent, teacher or caregiver in career choices**

- Have discussions on adolescent's career choices as early as possible
- Guide the adolescent in decision-making process
- Support the adolescent's career choice
- Give the adolescent freedom and time to discover their skills
- Provide motivation to develop and achieve their desires
- Provide encouragement to pursue interests and ambitions
- Instill an attitude of self-belief by being positive
- Help the adolescent to narrow down on the list of options and priorities.
- Link adolescents with career guidance firms/professionals

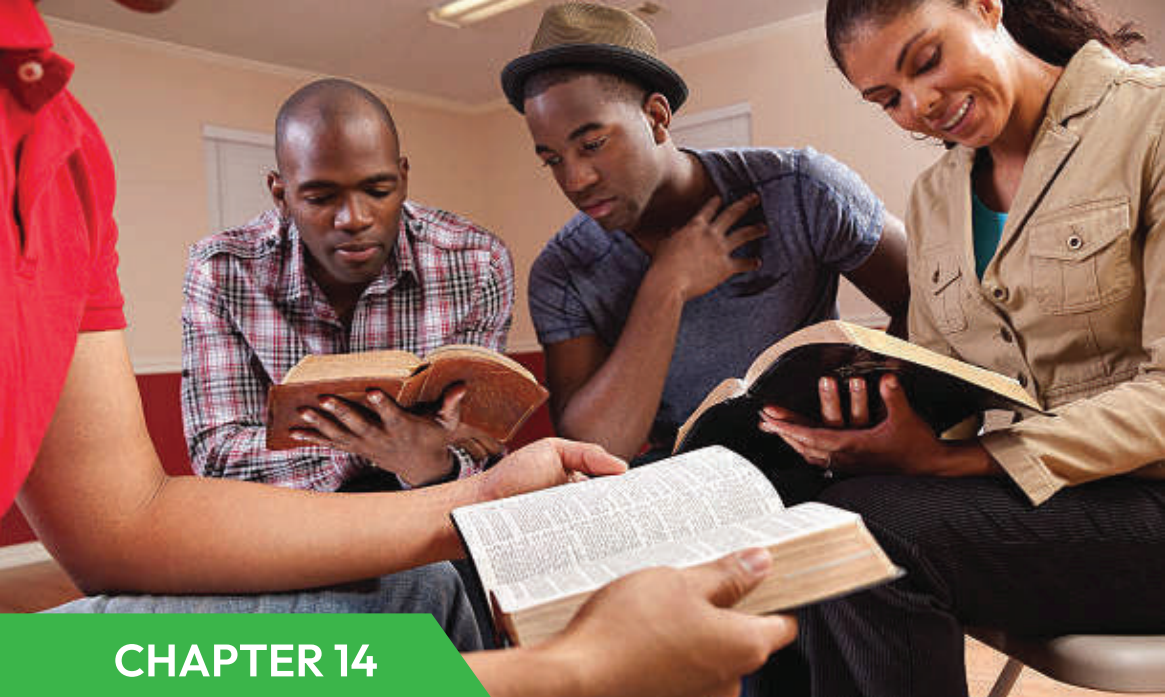
### **A parent, teacher or a caregiver should be prepared to support the career path of the adolescent by:**

- Establishing the requirements of the specific course
- Setting aside adequate resources to facilitate the training for the career choice
- Exposing them to opportunities that will shape their career choices  
e.g attending career days, job shadowing (to follow someone else while at work in order to learn about that person's job) e.t.c

### **TIPS ON HOW TO ENGAGE THE ADOLESCENT NAVIGATE CAREER CHOICES**

1. Discussion with adolescents on career choices should also be mindful on the latest market trends and technological advancement. Additionally, adolescents who wish to explore more than one career should be encouraged.
2. Parents/caregivers are advised to identify, nurture, and support their adolescents' talents and gifts taking into consideration their unique abilities.
3. Parents/caregivers are encouraged to support career choices of their adolescents and not their own desires





## CHAPTER 14

# ADOLESCENTS AND RELIGION

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Christian: "And these words that I command you today shall be on your heart. You shall teach them diligently to your children, and shall talk of them when you sit in your house, and when you walk by the way, and when you lie down, and when you rise." - Deuteronomy 6:6-7

"Fathers, do not exasperate your children; instead, bring them up in the training and instruction of the Lord." - Ephesians 6:4

Islam: Quran 66:6: "O you who have believed, protect yourselves and your families from a Fire whose fuel is people and stones.

"Whoever is put to trial by having to raise daughters and he treats them generously then these daughters will act as shield for him from hell fire (AL -BUKHARI) HADITH 5569

"Thy right is to work only, but never to its fruits; let not the fruit-of-action be thy motive, nor let thy attachment be to inaction." Bhagat/ad Gita Chapter 2, Verse 47.

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Religion can be defined as the belief in the existence of God or gods, and the activities that are connected with the worship of them, or in the teachings of a spiritual leader.

Kenya is predominantly a religious country with a number of faith groups. Religious communities are guided and respect the spirit, principles, and

values of the Constitution. The freedom of conscience, religion, belief and opinion is enshrined in chapter 4 on the bill of rights, article 32 (1) of the Constitution. The religious communities are active in planning and implementing collaborative advocacy programmes based on shared moral commitments in all thematic areas within Kenya.

Religious beliefs can help adolescents to make better choices. The religious teachings and experiences have a relationship with Adolescent sexual and reproductive health (ASRH) and other developmental outcomes. In most occasions, religious leaders guide their congregants to avoid risky behaviour, in line with their religious values, teachings and practices.

Religious teachings advocate for:

1. Abstinence from sexual activities until marriage
2. Hygiene and good grooming
3. Obedience
4. Integrity
5. Adolescents to be law abiding citizens
6. Elimination of harmful norms and practices affecting adolescents  
i.e. child marriage, FG and GBV
7. Non-use of alcohol and drugs
8. Correcting misconceptions and myths e.g FG is a faith-based

Additionally, some Faith based institutions have programmes or engaging and teaching adolescents that include:

1. Alternative narratives on the rites of passage e.g initiation, youth camps
2. The dangers of harmful practices like gender-based violence (GBV), FGM, child marriage etc
3. How to pray and practice faith of their respective religions
4. How to be responsible and self-reliant
5. Life skills e.g, critical thinking, decision making and self-awareness etc
6. How to be law abiding citizens
7. How to express themselves and their needs
8. How to prepare for healthy relationships in future
9. Importance of seeking spiritual counselling



Religious teachings, values, and practices can be effective in reducing adverse health and social outcomes like:

- Drug and substance use
- Teenage pregnancy
- School misconduct and dropout
- Violent behavior
- Disobedience to parents and adults
- Sexual activities before marriage
- Prohibited sexual practices like same-sex marriage

## **Opportunities accorded by religious institutions to support ASRH**

- They have a consistent audience
- Religious institutions are key stakeholders in health; they conduct advocacy and sensitization of health policy;
- Religious institutions manage public institutions like schools and hospitals which also support ASRH in the communities
- They provide moral support to parents
- Influence attitude and practices
- Religious leaders have capacity to facilitate conversations on difficult topics with adolescents to the congregation
- Religious leaders influence desired outcomes among the adolescents

- They draw upon religious teachings, values and practices to reduce the impact of stresses, enhance coping skills and build resilience for mental health.
- Religious institution provides a safe space for adolescents to belong and express themselves freely.
- Religious leaders and institutions are trusted and have moral authority in the community.

## **The role of parents, teachers and caregivers to adolescents on matters of religion**

- Support the adolescents to identify and follow sound religious beliefs and practices
- Promote family practices that follow religious teachings and programs
- Be role models e.g Infidelity amongst married couples
- Work with religious leaders to ensure the safety of the adolescents while in religious functions and spaces
- Encourage adolescents to participate in faith-based activities; this often continues to shape character and improve the general well-being of the adolescents
- Look out for religious teachings that can have negative adolescent For example, child marriages, substance use disorder, refusal of formal education systems, FGM, those that advice their members not to access health care services and violent extremism

## **The role of religious institutions in supporting parents, teachers and caregivers**

- Encouraging parents and caregivers to be good listeners on issues affecting adolescents
- Preparing parents and caregivers psychologically to understand complexities of parenting adolescents
- Encouraging parents and caregivers to strengthen bonds between the family and religious leaders/ institutions
- Providing guidance and counselling to parents and caregivers
- Offering rehabilitation services and safe space

## MULTI-SECTORAL COLLABORATIONS AND LINKAGES: ROLE OF ADOLESCENT CAREGIVERS IN INSTITUTIONS

There are opportunities for collaboration that can be exploited to improve the ASRH outcomes for adolescents that parents and caregivers need to know. Some of them are indicated below:

CAREGIVER	MINISTRY/ SECTOR	ROLE
Teachers	Ministry of Education	<ul style="list-style-type: none"> <li>• Teaching on life skills</li> <li>• Guidance and counselling</li> <li>• Career guidance</li> <li>• Identification of adolescent with ASRH issues and refer</li> <li>• Implement school re-entry guidelines for adolescents</li> </ul>
School Matrons/ Boarding Masters	Ministry of Education	<ul style="list-style-type: none"> <li>• Safety and wellbeing of adolescents</li> <li>• Nutrition</li> <li>• Personal hygiene</li> <li>• Discipline</li> <li>• Provide safe spaces to adolescents within the learning environment</li> <li>• Supporting adolescents to resume their education</li> </ul>
School Nurses/ counselors	Ministry of Education/ School Board	<ul style="list-style-type: none"> <li>• Provide health services to adolescents including providing age-appropriate information on ASRH</li> <li>• Counseling</li> <li>• Life skills</li> </ul>

CAREGIVER	MINISTRY/ SECTOR	ROLE
Religious leaders/ chaplain	Religious institutions	<ul style="list-style-type: none"> <li>• Counseling</li> <li>• Referral and linkage to relevant institutions</li> <li>• Health programs on life skills training</li> </ul>
Dean Hostel custodians Health Service unit staff	Higher learning institutions MoE/ University/ TVET/ Colleges/ Clinics	<ul style="list-style-type: none"> <li>• Career guidance</li> </ul>
Healthcare workers	Youth Friendly Clinics/ Ministry of Health	<ul style="list-style-type: none"> <li>• Provide health services to adolescents including providing age-appropriate information on ASRH</li> <li>• Management of youth friendly health facilities</li> </ul>
	NYS/ Ministry of Public Service, Gender & Affirmative Action	<ul style="list-style-type: none"> <li>• Emergency responders</li> </ul>
	State Department for Gender and Affirmative Action	<ul style="list-style-type: none"> <li>• Sensitization and awareness creation on harmful practices e.g. child marriage and FGM</li> </ul>
Coaches	Ministry of Education/ Ministry of Sports	<ul style="list-style-type: none"> <li>• Conduct developmental programs that enhance their strengths personal resources</li> </ul>

CAREGIVER	MINISTRY/ SECTOR	ROLE
		<ul style="list-style-type: none"> <li>• Promote interpersonal skills, self-control, problem solving, commitment to schooling and academic achievement</li> <li>• Emphasize on supporting healthy relationships</li> </ul>
Social workers	Social Services workforce/ Children institutions (rescue centers, rehabilitation institutions)	<ul style="list-style-type: none"> <li>• Prevention: Sensitization and awareness creation on adolescents' rights, ASRH issues, forms of abuse, perpetrators, reporting mechanisms etc</li> <li>• Response: Rescue, placement, counseling, referral, rehabilitation and reintegration</li> </ul>
Peer educators, youth champions	Youth Empowerment Centers	<ul style="list-style-type: none"> <li>• Raise awareness on available ASRH support and develop skills to access support when needed</li> <li>• Provide age-appropriate information on ASRH services</li> <li>• Counseling</li> <li>• Dissemination of ASRH information</li> <li>• Contribute in provision of safe spaces</li> <li>• Assist adolescents make healthy and safe choices</li> </ul>
Domestic workers	KUDHEIHA	<ul style="list-style-type: none"> <li>• Assist adolescents in hygiene and sanitation</li> <li>• Provision of care</li> <li>• Protection of adolescents from abuse</li> </ul>

# ANNEX 1: PARENTS, TEACHERS AND CARE-GIVERS GUIDE – AGE APPROPRIATE KEY MESSAGES ABOUT ADOLESCENTS

TOPIC	10 – 14 YEARS	15 – 17 YEARS	18 - 19 YEARS
<b>UNDERS TANDING ADOLESCENTS</b>	<ul style="list-style-type: none"> <li>Acknowledge and reassure the adolescents about the body changes to expect</li> <li>Parents should not aggravate the situation when confronted by a moody adolescent instead take a step back, listen and offer support</li> </ul>	<ul style="list-style-type: none"> <li>Acknowledge and reassure the adolescents about the body changes</li> <li>Parents should not aggravate the situation when confronted by a moody adolescent</li> <li>It is important to note that at this age, adolescents :               <ul style="list-style-type: none"> <li>Usually engage in risk taking behavior</li> <li>Sometimes rebellious</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>It is important to note that at this age, adolescents:               <ul style="list-style-type: none"> <li>Demonstrate a sense of Maturity</li> <li>Have the ability to create boundaries</li> </ul> </li> </ul>

TOPIC	10 – 14 YEARS	15 – 17 YEARS	18 - 19 YEARS
<b>ROLE OF PARENTS, TEACHERS AND CAREGIVERS DURING GROWTH AND DEVELOPMENT OF ADOLESCENTS</b>	<ul style="list-style-type: none"> <li>• Create a safe environment that can foster free dialogue</li> <li>• Explain the changes they are undergoing as they grow</li> <li>• Ensure that the adolescents practice good personal hygiene</li> </ul>	<ul style="list-style-type: none"> <li>• Continuously teach the adolescents in a gentle way on the importance of good personal hygiene</li> <li>• Teach positive attributes i.e., Self-control, honesty, integrity</li> </ul>	<ul style="list-style-type: none"> <li>• Support them to engage in healthy relationships and encourage them to foster positive attributes</li> <li>• Encourage them to join relevant peer support groups/clubs</li> </ul>
<b>HEALTH AND THE LAW</b>	<ul style="list-style-type: none"> <li>• Understand that adolescents have rights with corresponding duties and responsibilities (Refer page 30)</li> </ul>	<ul style="list-style-type: none"> <li>• Understand that adolescents have rights with corresponding duties and responsibilities (Refer pages (5 - 30)</li> </ul>	<ul style="list-style-type: none"> <li>• Understand that adolescents have rights with corresponding duties and responsibilities (Refer pages (5 - 30)</li> </ul>
<b>ADOLESCENT NUTRITION</b>	<ul style="list-style-type: none"> <li>• Understand and avail the components of a healthy diet and benefits. (Refer to Page 25 and 27)</li> <li>• Ensure that adolescents engage in physical activity for good cuts across</li> </ul>	<ul style="list-style-type: none"> <li>• Identify any signs of eating disorder and seek medical attention (Induced vomiting after eating, non-stop eating, self-restricting from eating)</li> </ul>	<ul style="list-style-type: none"> <li>• Parents to endeavor to provide sufficient meals depending on the nutritional requirements (Refer to page 27)</li> </ul>

TOPIC	10 – 14 YEARS	15 – 17 YEARS	18 - 19 YEARS
<b>COMMUNICATING WITH ADOLESCENTS</b>	<ul style="list-style-type: none"> <li>• Create a conducive environment for open communication</li> <li>• Show empathy and avoid judgment</li> <li>• Endeavor to listen keenly, stay open minded and interested as much as possible.</li> <li>• Understanding body language cuts across all ages</li> <li>• Tell tale signs of communication breakdown</li> </ul>	<ul style="list-style-type: none"> <li>• Help them understand that choices have consequences.</li> <li>• Look out for tell-tale signs of communication breakdown (Refer to page 14)</li> <li>• Endeavor to listen keenly, stay open minded and interested as much as possible</li> <li>• Understanding adolescent body language (non-verbal communication/ cues)</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage open dialogue and provide a safe space for the adolescent</li> </ul>
<b>PERSONAL HYGIENE AND GROOMING</b>	<ul style="list-style-type: none"> <li>• Emphasize the importance of good personal hygiene practices for the adolescents</li> <li>• Discuss menstrual hygiene, wet dreams and bed wetting hygiene with the adolescent</li> </ul>	<ul style="list-style-type: none"> <li>• Emphasize personal hygiene as an individual responsibility</li> <li>• Monitor and encourage menstrual hygiene practices</li> </ul>	<ul style="list-style-type: none"> <li>• Emphasize personal hygiene as an individual responsibility</li> <li>• Monitor and encourage menstrual hygiene practices</li> </ul>

<b>TOPIC</b>	<b>10 – 14 YEARS</b>	<b>15 – 17 YEARS</b>	<b>18 - 19 YEARS</b>
<b>SEXUAL AND REPRODUCTIVE HEALTH ANATOMY AND PHYSIOLOGY</b>	<ul style="list-style-type: none"> <li>• Normalize curiosity about their bodies and sexual functions</li> <li>• How to take care of their private parts, and that no one should touch them</li> <li>• Identify a trusted adult whom they can talk to</li> <li>• Encourage adolescents to feel comfortable to ask questions about sexual and reproductive anatomy and physiology</li> <li>• Discuss functions of the parts of the body that contribute to reproduction and the roles that they play</li> <li>• Help them understand how the menstrual cycle and ejaculation of sperms happen and their role in reproduction</li> </ul>	<ul style="list-style-type: none"> <li>• Roles that hormones play in puberty, growth and development</li> <li>• Ways that culture and religion influence how society views SRH</li> <li>• Discuss how they feel about changes in the reproductive capacity over their life cycle</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss sexual and reproductive capacities of men and women over their life cycle</li> <li>• Discuss how they feel about changes in the reproductive capacity over their life cycle</li> </ul>

TOPIC	10 – 14 YEARS	15 – 17 YEARS	18 - 19 YEARS
<b>HARMFUL PRACTICES</b>	<ul style="list-style-type: none"> <li>Inform adolescents on the harmful acts Refer to chapter 8</li> <li>Update and inform adolescents on the effects of various harmful acts</li> <li>Inform the adolescents on the laws prohibiting harmful practices</li> <li>Sensitize the adolescents on consequences of carrying out harmful acts</li> <li>Update the adolescents on helplines to use and measures to take in case of an occurrence of a harmful practice</li> </ul>	<ul style="list-style-type: none"> <li>Sensitize adolescents on the harmful acts refer to chapter 8</li> <li>Sensitize adolescents on the effects of various harmful acts</li> <li>Create awareness to the adolescents on the laws prohibiting harmful practices</li> <li>Understand and inform the adolescents on consequences of carrying out harmful acts</li> <li>Inform the adolescents on helplines to use and measures to take in case of an occurrence of a harmful practice</li> </ul>	<ul style="list-style-type: none"> <li>Update them on the harmful acts refer to chapter 8</li> <li>Understand and inform adolescents on the effects of various harmful acts</li> <li>Create awareness to the adolescents on the laws prohibiting harmful practices</li> <li>Understand and inform the adolescents on consequences of carrying out harmful acts</li> <li>Inform the adolescents on helplines to use and measures to take in case of an occurrence of a harmful practice</li> </ul>

TOPIC	10 – 14 YEARS	15 – 17 YEARS	18 - 19 YEARS
<b>HEALTHY RELATIONSHIPS</b>	<ul style="list-style-type: none"> <li>• How friends influence each other both positively and negatively</li> <li>• Characteristics of healthy and unhealthy relationships</li> <li>• How to develop and maintain healthy friendships</li> <li>• Trust: Adolescents should not trust just anyone</li> </ul>	<ul style="list-style-type: none"> <li>• How friends influence each other both positively and negatively</li> <li>• How to deal with peer pressure</li> <li>• Different kinds of relationships and emotions associated with each</li> <li>• How to identify trusted adults and institutions where you can access/ seek help if in an unhealthy relationship</li> </ul>	<ul style="list-style-type: none"> <li>• Characteristics of healthy and unhealthy relationships</li> <li>• Ways to avoid unhealthy relationships</li> <li>• Different ways to express affection within healthy relationships</li> <li>• Expression and benefits of friendship and love</li> <li>• Inequalities in relationships (due to gender, economic status or power differences) and its effects</li> <li>• Different kinds of love and how they are expressed</li> </ul>
<b>DRUG, SUBSTANCE AND ALCOHOL USE AMONG ADOLESCENTS</b>	<ul style="list-style-type: none"> <li>• Make the adolescent aware that drugs may be presented in forms of foodstuffs such as sweets, cookies, cakes, soft drinks, etc</li> </ul>	<ul style="list-style-type: none"> <li>• Message: “If you don’t try, you don’t get hooked”</li> </ul>	<ul style="list-style-type: none"> <li>• Drug use can easily get one into Crime, Violence or both</li> <li>• Drug use can easily get one into avoidable accidents</li> <li>• Drug use can easily get one into Mental health disorders e.g., depression</li> </ul>

TOPIC	10 – 14 YEARS	15 – 17 YEARS	18 - 19 YEARS
<b>ADOLESCENTS AND MENTAL HEALTH</b>	<ul style="list-style-type: none"> <li>• Inculcate healthier lifestyles</li> <li>• Encourage better relationships with adults and with other adolescents</li> <li>• Can provide safe spaces which may help improve self-esteem and address self-stigma</li> </ul>	<ul style="list-style-type: none"> <li>• Seek to understand their needs, thoughts and feelings</li> <li>• Keep an open, constructive communication with him/her</li> <li>• Sensitize them against detrimental peer influence</li> <li>• Paying attention to his/ her appearance</li> <li>• Messages for special needs of the affected:</li> <li>• Identifying appropriate coping mechanism and problem-solving skills</li> <li>• Refer to psychologist or mental health provider</li> <li>• Seek early screening in case of signs of mental health problem</li> <li>• Be a source of hope: Life without hope is hopeless</li> </ul>	<ul style="list-style-type: none"> <li>• Foster appropriate independence, confidence and autonomy to the adolescent</li> <li>• Encourage the adolescent to aim to attain higher education</li> <li>• Engage them to achieve greater productivity Messages for special needs of the affected:</li> <li>• Parent/caregiver ought to remain as calm and hopeful as possible</li> <li>• Be supportive but not controlling.</li> <li>• Parent/caregiver to help the adolescent to develop coping strategies such as acceptance, distraction, a positive mindset, etc</li> </ul>

TOPIC	10 – 14 YEARS	15 – 17 YEARS	18 - 19 YEARS
<b>LIFE SKILLS</b>	<ul style="list-style-type: none"> <li>• Communicate main steps in decision making</li> <li>• Decision making as a skill and how to employ that process to address problems</li> <li>• Identification of a trusted adult that can help us in decision making</li> <li>• Factors that influence decision making</li> </ul>	<ul style="list-style-type: none"> <li>• Application of decision making process to address SRH concerns</li> <li>• Planning Ahead - Setting SMART goals and steps to take to achieve the goals</li> </ul>	<ul style="list-style-type: none"> <li>• Potential social and health consequences of decisions related to sexual behavior on the individual, family and society</li> <li>• Effects of sexual decisions on oneself, the family and the society</li> <li>• How to make responsible decisions about sexual behavior</li> <li>• Planning Ahead - Setting SMART goals and steps to take to achieve the goals</li> </ul>
<b>DIGITAL PLATFORMS AND SAFE ICT USE</b>	<ul style="list-style-type: none"> <li>• Benefits and dangers of the internet and social media</li> <li>• How to be careful when using the internet or social media</li> <li>• How to decide what information to share with who</li> <li>• Ways to talk to a trusted adult if facing challenges with sexually explicit media content</li> <li>• How to monitor safe ICT use (U-block)</li> </ul>	<ul style="list-style-type: none"> <li>• Development of a safety plan while using the internet, cell phones or social media</li> <li>• Ways in which sexually explicit media can be harmful or illegal and where to report or get help from this harm</li> </ul>	<ul style="list-style-type: none"> <li>• Strategies for using social media safely, legally and respectfully</li> <li>• Benefits of social media, its unsafe sides and violations of laws</li> <li>• Responsible use of social media</li> </ul>

## CAREER CHOICES

- Provide motivation to develop and achieve their desires
- Instill an attitude of self-belief by being positive
- Seek to understand their personality
- Give the adolescent freedom and time to discover their skills
- Encourage them to pursue interests and/or ambitions
- Have discussions on adolescent's career choices as early as possible
- Help them Identify their talents pursue their Interests
- Guide them to pursue subject clusters leading to their dream careers.
- Support the adolescent's career choice
- Help the adolescent to narrow down on the list of options and priorities
- Help them to research different careers or find out skills and qualifications needed to do certain jobs
- Avoid the temptation to choose a career or pressurize them to a career of your choice
- May guide the adolescent to choose a career path that is right for them
- May guide them to identify opportunities in the job market
- Help the adolescent to narrow down on the list of options and priorities
- Help link adolescents with career guidance firms/professionals
- Exposing them to opportunities that will shape their career choices e.g. attending career days, job shadowing
- Helping them to develop the decision-making skills important in adult life

TOPIC	10 – 14 YEARS	15 – 17 YEARS	18 - 19 YEARS
<p><b>RELIGION AND ADOLESCENCE</b></p>	<ul style="list-style-type: none"> <li>Promote Abstinence from sexual activity until marriage</li> <li>Religious leaders can use the scriptures to teach them the value of the body and need to keep it holy</li> <li>Elimination of harmful practices</li> <li>Teach obedience and integrity</li> <li>Education on Puberty: Providing information about puberty, bodily changes, and reproductive health in a respectful and age- appropriate</li> <li>Seek spiritual moral and ethical guidance in matters sexual health and relationships</li> </ul>	<ul style="list-style-type: none"> <li>Promote abstinence</li> <li>Elimination of harmful practices</li> <li>Teach obedience and integrity</li> <li>Psychosocial support groups for special needs adolescent (teen mothers, pregnant teens with disability)</li> </ul>	<ul style="list-style-type: none"> <li>Elimination of harmful practices</li> <li>Teach obedience and integrity</li> <li>Engage youth meaningful activities</li> <li>Engage in family fun day</li> <li>Have mentorship sessions with role model</li> </ul>

TOPIC	10 – 14 YEARS	15 – 17 YEARS	18 - 19 YEARS
<b>GENDER-BASED VIOLENCE</b>	<ul style="list-style-type: none"> <li>• Definition of GBV</li> <li>• Identification of areas where GBV can take place.</li> <li>• How to approach a trusted adult to talk to if they or someone they know was experiencing GBV</li> <li>• What to do in the case of SGBV occurrences</li> <li>• Protect the adolescent from any harm</li> <li>• Collaborate with investigations for violated adolescents to get justice</li> <li>• Inform the adolescents on the available hotlines for information and emergency response</li> </ul>	<ul style="list-style-type: none"> <li>• Forms of GBV</li> <li>• Ways to approach a trusted adult and services that support prevention of GBV</li> <li>• Learn about different types of violence e.g bullying, psychological violence, physical violence, sexual abuse, sexual assault, intimate partner violence</li> <li>• Acknowledge that any type of violence is never the victim's fault</li> <li>• How to report sexual violence and GBV as a criminal offense</li> <li>• Identify authorities and services available to assist those who experience sexual abuse</li> <li>• Where to seek support when experiencing abuse and how to respond when they know someone who is being abused</li> <li>• Helplines to use (Refer to page 67)</li> </ul>	<ul style="list-style-type: none"> <li>• Forms of intimate partner violence</li> <li>• How to approach a trusted adult if experiencing this form of violence and to leave an abusive relationship</li> <li>• Efforts to reduce different forms of violence</li> <li>• Importance of speaking out against violence and human rights violations in all spaces including at school, home, online and within our communities</li> <li>• Intimate partner violence</li> <li>• Strategies to recognize and reduce GBV</li> <li>• Learn about different types of violence e.g bullying, psychological violence, physical violence, sexual abuse, sexual assault, intimate partner violence</li> <li>• Helplines to use (Refer to page 67)</li> </ul>

TOPIC	10 – 14 YEARS	15 – 17 YEARS	18 - 19 YEARS
<b>COMMUNICATION SKILLS</b>	<ul style="list-style-type: none"> <li>• Characteristics of effective and ineffective verbal and non-verbal communication</li> <li>• Importance and effective ways to express wishes, needs, and personal boundaries</li> </ul>	<ul style="list-style-type: none"> <li>• Effective communication to oneself, family and school</li> <li>• Barriers to communication and effective negotiation</li> </ul>	<ul style="list-style-type: none"> <li>• Effective communication when it comes to expressing personal needs and limits</li> </ul>
<b>FINDING HELP AND SUPPORT</b>	<ul style="list-style-type: none"> <li>• Identification of problems for which adolescents may need to seek help</li> <li>• Places where adolescents can access help</li> </ul>	<ul style="list-style-type: none"> <li>• Sources of help and support for SRH issues</li> <li>• Characteristics of good sources of help and support</li> <li>• Characteristics of reliable media sources of help and support</li> <li>• The risks of using the internet as a source of help given the possibilities on misinformation</li> </ul>	<ul style="list-style-type: none"> <li>• Places to access relevant SRH services and assistance</li> </ul>

TOPIC	10 – 14 YEARS	15 – 17 YEARS	18 - 19 YEARS
<b>BODY IMAGE</b>	<ul style="list-style-type: none"> <li>• Having pride and appreciation for one's body</li> <li>• How to build Self esteem</li> <li>• Skin care</li> </ul>	<ul style="list-style-type: none"> <li>• Benefits of feeling good about their bodies</li> <li>• How the appearance of our bodies can affect how other people feel or behave towards us</li> <li>• Common things that people do to try and change their appearance and their effects</li> <li>• Various disorders that people can struggle with that are connected to their body image and their harm.</li> <li>• How to access services that support people struggling with their body image. How to build self esteem</li> </ul>	<ul style="list-style-type: none"> <li>• Culture and gender stereotypes and how they can affect people's body image and their relationships</li> <li>• Unrealistic standards about body appearances and their effects on young people, and ways to challenge this</li> <li>• How the image we have of ourselves affects our self-esteem and relationships</li> </ul>

TOPIC	10 – 14 YEARS	15 – 17 YEARS	18 - 19 YEARS
<b>RISKY SEXUAL BEHAVIORS</b>	<ul style="list-style-type: none"> <li>• Good touch and bad touch</li> <li>• What to do if someone touches them in a bad way</li> <li>• Guidance on where to get appropriate information when exposed to risky sexual behavior</li> <li>• Encouraging healthy hobbies to keep them positively occupied</li> </ul>	<ul style="list-style-type: none"> <li>• Masturbation and its emotional and physical impact.</li> <li>• How to prevent unintended consequences of sexual behavior;</li> <li>• Transactional sexual activities and risks associated with it</li> <li>• Sexually transmitted infections</li> </ul>	<ul style="list-style-type: none"> <li>• Value based decision making on sex and sexuality</li> <li>• Risk reduction strategies that are critical to the prevention of unintended pregnancies and STIs and HIV.</li> <li>• Effects of How transactional sex and intergenerational relationships</li> </ul>
<b>HIV AND AIDS STIGMA, TREATMENT, CARE AND SUPPORT</b>	<ul style="list-style-type: none"> <li>• What is HIV</li> <li>• Different ways that HIV can be transmitted</li> <li>• HPV and HPV Vaccine</li> </ul>	<ul style="list-style-type: none"> <li>• Rights of people living with HIV</li> <li>• Treatment and support for adolescents living with HIV</li> <li>• Disclosure</li> <li>• Nutritional care for adolescents with HIV</li> <li>• HPV and HIV</li> </ul>	<ul style="list-style-type: none"> <li>• Causes and impact of stigma and discrimination on people living and affected by HIV</li> <li>• Rights of people living with HIV just like any other person</li> <li>• A - Abstain B - Be Faithful C - Use Condom</li> </ul>

<b>TOPIC</b>	<b>10 – 14 YEARS</b>	<b>15 – 17 YEARS</b>	<b>18 - 19 YEARS</b>
<b>PREGNANCY AND PREGNANCY PREVENTION</b>	<ul style="list-style-type: none"> <li>• Pregnancy and Reproduction (where do babies come from)</li> <li>• Rights of a child.</li> <li>• Importance and benefits of abstinence and delaying sexual debut</li> <li>• What to do in case of rape / defilement and Child marriage</li> </ul>	<ul style="list-style-type: none"> <li>• Information on the menstrual cycle</li> <li>• Health risks associated with teen pregnancies and childbirth</li> <li>• Social consequences of unintended pregnancy at an early age</li> </ul>	<ul style="list-style-type: none"> <li>• Preconception care</li> <li>• Signs of pregnancy</li> <li>• Danger signs of pregnancy</li> <li>• Importance of ANC, EMCTC</li> <li>• Correct and efficient use of condoms and other methods of contraception</li> <li>• Pregnancy tests</li> <li>• Importance of SHA registration</li> <li>• Myths and misconceptions on contraception and other ways to prevent unintended pregnancies</li> <li>• Back to school policy after delivery</li> </ul>

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18.	Scolastica Wabwire	Senior Program Officer, MNH	Ministry of Health
19.	Hellen Mutsi	Senior Program Officer, MNH	Ministry of Health
20.	Alice Mwanagangi	Senior Program Officer, FP	Ministry of Health
21.	Mary Gathitu	Senior Program Officer, SRH	Ministry of Health
22.	Cosmas Kolum	Program Assistant, DRMNCAH	Ministry of Health
23.	Caroline Thuo	Administrator, DFH	Ministry of Health
24.	Dennis Ruto	M/E Program Officer	Ministry of Health
25.	Wycliffe Kibiwott	Program Assistant	Ministry of Health
26.	Chris Malala	Finance, DFH	Ministry of Health
27.	Paul Ereng	County Pharmacist	Turkana county
28.	Eunice Muthomi	Program Officer	Ministry of Health
29.	Ann Mugo	Program Manager, Nutrition	Ministry of Health

30.	Susan Kariuki	Adolescent Specialist	UNICEF
31.	Dr. Matilda Mghoi	Program Manager	Mental Health
32.	Keagan Gichovi	Adolescent Representative	Lomogan Tech
33.	Randy Odhiambo	Youth Representative	Communications
34.	Anncila Mwendu	Parent	Kitui County
35.	Martin Mburu	Senior Program officer, SRH	Ministry of Health
36.	Noel Oduor Ochieng	Creative Director	Vanka Creatives
37.	Vivianne Mangoli	Assistant Director	Childrends Department
38.	Job Mwanga	Communications	Crestwood M&C
39.	Catherine Achienga	Communications	Ministry of Health
40.	Lilian Phanice	Adolescent Parent	Ministry of Trade
41.	Eunice Ndinda	SBC Manager	Girl Effect
42.	Dorca Moraa	Designer	Vanka Creatives
43.	Thuo Samson	SBC Manager -NVIP	Ministry of Health
44.	Irene Nimo	Community Health Practitioner	Mentor Mothers
45.			
46.	Dr. Franklin Mbae	Deputy Director	Ministry of Youth Affairs
47.	Jackie Kibosia	Magistrate	Judiciary
48.	Dr. Rose Misati	Parenting Coach	Ministry of Health
49.	Judy Amoke	Head of Programs	Faith to Action
50.	Scholar Kaaria	Program Manager	Faith to Action
51.	Susan Mwongela	Sexual Reproductive Health	UNICEF
52.	Innocent Indeje	Advocacy Manager	RHNK
53.	Fidelina Ndunge	Advocacy Manager	AMREF
54.	Esther Papa Tata	Program Officer	NASCOP
55.	Dorothy Okemo	Executive Officer	Meta
56.	Joyce Onyango	Program Section Lead	ICRHK
57.	Peris Waithaka	Program Manager	PSK
58.	Victor Odhiambo	Program Officer	FAWE
59.	Paul Nyachae	Country Director	JHPIEGO
60.	Dr. Alphayo Wamburi	SBC specialist	Breakthrough
61.	Pam Onduso	Country Director	Pathfinder
62.	Gladys Arita	Parent Representative	Kajiado
63.	Irene Omangi	Deputy Principal	Kenya High School
64.	Cleophas Olwanga	Parent /Lawyer	Advocate
65.	Salim M. Charo	Imam	Namele
66.	Elizabeth Okumu	Program Manager	TICAH

67.	Leila Akinyi Odhiambo	Program Manager, Healthy Diets	MOH Nutrition & Dietics
68.	Rev. Boaz Abuko	Priest	Anglican Churches of Kenya (ACK)
69.	Michael Ngaro	Advocacy Lead	Faith to Action Network
70.	Rev. Grace Ngotho	Pastor/Pastors' Lecturer	Presbyterian Church of East Africa (PCEA)
71.	Annabay Mamo	M/E officer	WHO
72.	Billy Sibuur	Clinical Psychologist	Mathare National Teaching & Referral Hospital (MNTRH)
73.	Edwina Anyango	Training Coordinator, NVIP	Ministry of Health
74.	Lucy Kombe	Program Coordinator	AYP
75.	Talia Wanjiru	Adolescent & Creative Designer	GRAPHIKA
76.	Stephen Gitau	Assistant Director Children Services	Department of Children's Services
77.	Judy Ondari	Mentor Mothers	NASCOP
78.	Kemunto Kenani	Assistant Director	Ministry of Education
79.	Nicholas Opiyo	Youth Church Leader	FBO
80.	Peter Onyancha	SBC Manager	Tujulishane Kenya
81.	Sarah Ndondi	Nurse Midwife	Ministry of Health
82.	Judith Ayuma	Parent Representative	Tujulishane Kenya
83.	Faith Osore	Program Associate, ASRH	UNFPA
84.	Catherine Achieng	ADPC	Ministry of Health
85.	Nicholus Kigundu	Deputy Director Public Communications	Kenya Broadcasting Corporation
86.	Kigen Korir	Program Specialist SRH	UNFPA
87.	Sylvester Nakeel	Communication Officer	Ministry of Health
88.	Harriet Wanjiru	Tujulishane Call center	Ministry of Health
89.	Venessa Getugi	Youth Representative	Tujulishane Kenya
90.	Caroline Rotich	Director Parent from TICAH	Kerio Rights Organization
91.	Evaline Juma	Parent	TICAH
92.	Veronicah Elias	Parent	TICAH
93.	Florence Keya	Program Assistant	TICAH
94.	Alice Mwangangi	Program Officer	Ministry of Health
95.	Gordon Ochieng	Program Manager	TICAH
96.	Judy Amina	Executive Director	SRHR
97.	Joseph Baraza	GBV Program Officer	DRMNCAH - MoH

## Siaya County

1.	James Okoth	Parent
2.	Maurice Ochieng	Parent
3.	Lilian Anyango	Caregiver
4.	Anastacia Omollo	Parent
5.	Margaret Asewe	Caregiver
6.	Peter Alando	Parent
7.	Aggrey Odera	Parent
8.	Elisha Onyango	Religious Leader
9.	Peter Omollo	Village Elder
10.	Gilbert Brian	Adolescent
11.	Daniel Otieno	Adolescent
12.	Benter Achieng	Adolescent
13.	Hope Ocholla	Adolescent

## Nairobi County

1.	Mark Omweri	Pastor
2.	Asha Mbithe	Adolescent
3.	Eunice Njeri	Adolescent
4.	Brian Karuri	Adolescent
5.	Charity Mukami	Caregiver
6.	Gideon Obuya	YAC
7.	Khadija Hassan	Parent
8.	Electine Akinyi	Parent
9.	Jeremiah Mwangi	Parent
10.	Kelly Kimani	Adolescent
11.	Evaline Muthoni	Parent

## Kwale County

1.	Mwanamisi Hassan	Parent
2.	Rabia A. Tengeza	Parent
3.	Mwanajuma Mtenzi	Parent
4.	Janet Ghati	Interp
5.	Emily Kurera Neema Charo	Youth
6.	Mwanajuma Mtenzi	Youth
7.	Rabia Ali /Khadija	Youth
8.	Bahati Juma	Chv
9.	Penina Wamboi	Teach
10.	Charity Wanjira Njue	Teach
11.	Nelson M. Ndokolani	Pastor
12.	Ali Salim	Ustadh
13.	Ritah Wanjiru /Mariam Njenga	Ayp
14.	Mohammed Mwachakure	County Ayp Coordinator
15.	Juma R. Mwachangu	Vill/C
16.	Jan Kusiya Kumanya/Kusiya Kumanya	Msikiti
17.	Hamisi Mwakitoa	Scayp
18.	Dorcas Khasowa	Plan International
19.	Leila Salim	Marie Stopes
20.	Kefa Daniel	Sli
21.	Elizabeth Omondi	Amref Health Africa



*Thank You*

**we value your contributions**

*Mary Magubo*  
Ministry Of Health



# REPUBLIC OF KENYA



Ministry of Health



Every life counts

For more information or additional copies, please contact:

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