



African Population and
Health Research Center

The gendered socialization of very young adolescents in schools and sexual and reproductive health in urban informal settlements

Endline findings from the STaRS radio program in Viwandani, Nairobi County, Kenya

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Acronyms

SRH	Sexual and Reproductive Health and Rights
APHRC	African Population and Health Research Center
STaRS	Starting Right at Schools

Acknowledgements

This work was carried out with the aid of a grant (#: 108676-002) from the International Development Research Centre (IDRC) Ottawa, Canada. However, the views expressed herein do not necessarily represent those of IDRC or its Board of Governors. We acknowledge the efforts of all those who contributed to the development and implementation of the study. We also acknowledge the support received from the Community Advisory Committees in Viwandani, the head-teachers and staff of the schools participating in the intervention as well as our U-Tena colleagues and Ruben FM Station Manager and Presenter. We are indebted to the adolescent girls and boys who participated in the dialogue meetings, the radio program and to their parents for giving us permission to speak with their children.

Recommended citation : Maina, B. W., Nyakangi V., Mbuthia M. and Bangha M. (2021). *The gendered socialization of very young adolescents in schools and sexual and reproductive health in urban informal settlements: Endline findings from the STaRS radio program in Viwandani, Nairobi County, Kenya*. Nairobi: African Population and Health Research Center.

Executive Summary

Introduction

The Starting Right at Schools (STaRS) program was a research study focusing on very young adolescents aged 10-14 years living in urban poor communities in Burkina Faso, Kenya and Nigeria. The main aim of the project was to identify effective, evidence-based, low-cost and replicable interventions to change social attitudes, practices, and beliefs in order to foster positive gender norms and improve adolescent sexual and reproductive health (SRH) outcomes. In Kenya, the program was initially designed as a school-based study implemented in four public day schools located in two urban slums in Nairobi. Our target population was the very young in-school adolescents. However, we were unable to implement the school-based interventions due to the COVID-19 pandemic and associated restrictions including the protracted closure of schools. This necessitated a revision to community-based interventions aired through a local radio station.

This report describes the radio program we implemented in the Viwandani informal settlement in Nairobi, Kenya through a community radio program (Ruben FM in partnership with a community-based youth organization - U-Tena) from December 2020 to January 2021. The main objective of the weekly show was to foster equitable gender norms among young adolescent girls and boys and their parents, and improve their SRH knowledge as well as their relationships, thereby inculcating positive future aspirations. The radio program ran for one hour every Saturday for seven consecutive weeks.

Interventions and assessment

The seven sessions were designed to be interactive, fun, engaging and educative to reach very young adolescent girls and boys, and their parents with discussions around key aspects of the early adolescent transition period. The following topics were covered: ensuring a gender equitable society; adolescence period and gender socialization; adolescent SRH; parent-child connectedness; effective parent-child monitoring and supervision; identifying and maintaining positive/beneficial peer relationships; and future aspirations and empowerment.

To gauge the perceptions and views of the community, especially the adolescents, towards the interventions delivered via radio, we conducted in-depth interviews (IDIs) with parents and adolescents after concluding the radio program. For the IDIs, we purposively selected parents and adolescents who had participated in (or listened in on) at least three of the seven radio sessions. We identified them through the participating schools' phone database. Potential participants were asked how many sessions they had been able to listen to and if they were willing and available to participate in the interviews. We successfully conducted 20 IDIs (9 girls and 11 boys) with adolescents and 17 IDIs (15 female and 2 male) with parents. We also had a brief discussion with the radio station manager and the show's presenter to get their perspectives on the suitability of a radio program in reaching out to very young adolescents on gender and SRH within a community setting.

Key Findings

Below, we summarize the key findings from the radio program regarding the perceptions of adolescents, the parents and the radio managers on the STaRS radio program. The perceptions cover six predetermined thematic areas: the adolescent period; adolescent SRH; gender and gender socialization; parent-child connectedness (including monitoring and supervision); school-based as opposed to radio-based interventions; and the implications of COVID-19 pandemic on gender and adolescent SRH. We conclude with a brief summary of the challenges and opportunities implementing the radio program as well as some recommendations for similar future programs.

The adolescence period

Adolescent boys and girls indicated the radio programs had given them insights about their changing bodies and behaviors as they transited through this critical period in their lives. Both boys and girls underscored the importance of the radio program in helping them understand how these bodily and behavioral changes often place them at increased risk of engaging in activities that are likely to result in poor lifetime outcomes. For the parents, the program equally enhanced their understanding of their children's behaviors as well as their ability and capacity to deal with potential changes their young adolescents were experiencing. As summed up by some of the parents, the program increased their understanding and tolerance of some of the conflicts with their adolescent children.

Adolescent sexual and reproductive health

Adolescents and parents indicated that through the STaRS radio program, they had learnt the importance of identifying and avoiding the circumstances likely to predispose adolescents to risks and poor SRH outcomes such as unintended pregnancies, sexually transmitted infections (STIs), drug use and/or substance abuse, violence and crime. Adolescents recognized the importance of opening up and discussing SRH issues with their parents while parents reported increased awareness of the need to communicate openly and freely with their children to create an environment where the adolescents in turn can express themselves and their needs freely.

Gender and gender socialization

Adolescents and parents acknowledged that the program helped them to recognize that both boys and girls should be treated similarly especially in relation to their involvement and/or delegation of household chores, access to education and other household resources. Parents in particular, also noted that there had been limited attention to issues affecting adolescent boys at both the household and community levels, and commended the program for highlighting boys' vulnerabilities and the corresponding risks they are frequently exposed to.

Parent-child connectedness, monitoring and supervision

Both parents and adolescents indicated that the program helped them to appreciate the importance of respective responsibilities and commitment to monitoring and supervision (and/or being monitored and supervised). Both parents and adolescents indicated they felt more connected to each other after listening to the program and this enhanced communication especially on SRH issues. Parents also ensured they were more aware of their children's whereabouts and the activities they were engaging in thereby helping to reduce exposure to risks. Similarly, adolescents felt obliged to inform their parents on their whereabouts and the activities they were engaged in.

School-based versus radio-based interventions

Many adolescents and parents preferred radio-based programs to school-based interventions essentially because of the inclusiveness of the radio option. Participants noted that radio-based programs offered everyone the opportunity to benefit from or to listen whereas the school-based option would have benefited just those in the specific target schools. However, others were in support of having both options and some parents especially, thought that the school environment where the children are together and act alike was better suited for most adolescents to derive full benefit from the program.

COVID-19 pandemic, gender and adolescents

Our results show that while the COVID-19 pandemic affected both boys and girls in the study setting, the girls were more adversely affected than boys. With the protracted closures of schools, many young adolescents were exposed to risky activities while others took up adult responsibilities. Parents and adolescents pointed out that many adolescent girls fell pregnant during the lockdown, were married off, and eventually dropped out of school, curtailing their ability to achieve their aspirations.



Introduction

Early adolescence is a period of rapid growth and development; when young adolescents start experiencing physical, behavioral, cognitive, social, and emotional changes. It marks the onset of pubertal changes for both boys and girls (1,2). Physically, boys become more masculine as their testicles and penises grow larger, and their voices start to deepen and they begin experiencing wet dreams (2,3). Girls, on the other hand, become more feminine, as their breasts and hip enlarge and menarche may also start at this stage (2,3). Socially, both boys and girls develop a growing interest in romantic relationships and sexual experimentation. Young adolescents also begin deepening their moral thinking, and begin to experience pressure to conform to societal expectations of acceptable behavior (2). Expectations to adhere to gender norms begin to intensify with boys and girls starting to learn their different roles in society (4,5). The period of early adolescence is a critical formative stage for positive behaviors and gender norms (3,4). It is a unique opportunity to address harmful gender attitudes and behaviors before they become entrenched (6).

The health and economic trajectories of adult life can be shaped significantly in early adolescence (7). Negative behaviors starting at early adolescence such as risky sexual activities - and substance abuse have lifelong effects (2). Stereotypical gender norms in society acquired in early adolescence have a significant effect on the sexual and reproductive health (SRH) outcomes of adolescents (4). Early adolescence is a defining moment for girls in particular as they are disproportionately affected by gender inequalities and negative SRH outcomes such as early and unplanned pregnancy (as well as marriage), which often leads to school dropout. Adolescents living in informal urban settlements or slums have increased vulnerabilities as they are exposed to risky sexual behaviors as well as alcohol and substance abuse at an early age, because of poverty and the harsh environment that they live in (8-10). For instance, researchers have found that adolescents living in slums areas initiate sex earlier than their peers in non-slum areas (8,9). Some of these sexual experiences are as a result of coercion or are in exchange for money (11). Early initiation of sexual activity coupled with low contraceptive use has led to a high burden of unplanned pregnancies and ultimately poor SRH outcomes (11). Very young adolescents (VYAs) need relevant gender and SRH information and skills to avoid or reduce negative behaviors (7).

Different types of interventions have been used to convey information on gender and SRH to adolescents. Most interventions are curriculum-based, providing life skills or sexual health education in schools. Other interventions include; economic incentives to promote safe sexual behaviors, community-based interventions that promote gender equality and positive behaviors, facility-based interventions for utilization of SRH services and health information, use of digital platforms to raise awareness, peer education programs, and gender empowerment interventions (7,12,13).

The STaRS program was a research study focusing on very young adolescents aged 10-14 years living in urban poor communities in Burkina Faso, Kenya and Nigeria. The main aim of the project was to identify effective, evidence-based, low-cost and replicable interventions to change social attitudes, practices, and beliefs in order to foster positive gender norms and improve adolescent sexual and reproductive health (SRH) outcomes. In Kenya, the program was initially designed as a school-based study implemented in four public day schools located in two urban slums in Nairobi. However, we were unable to implement the school-based intervention due to the COVID-19 pandemic and associated restrictions including the protracted closure of schools. This necessitated a revision to community-based interventions aired through a local radio station.

Radio programs have previously been used for advancing or advocating for gender equality as well as SRH messaging among adolescents like the Sara Radio Program in Tanzania and Journey of Life in Ethiopia (14,15). Radio is a powerful and effective medium for gender and SRH communication because of its wide coverage, affordability and convenience of use (16).

Radio programs have also been found to contribute to positive behavior change on gender and adolescent SRH (15,17). Community radio programs provide a good platform for raising awareness and stimulating discussions within the community on issues unique to them (18). Gender and SRH messaging through radio has especially become a convenient method during the COVID-19 pandemic due a limitation on face-to-face interactions (19,20).

The STaRS radio program

The STaRS radio program was implemented in Viwandani, an informal settlement in Nairobi, through a community-based radio station, Ruben FM (99.9 FM). The main objective of STaRS radio program was to foster equitable gender norms among young adolescent girls and boys and their parents, and improve their SRH knowledge. We developed and broadcast seven live radio shows. The radio shows were interactive with skits featuring fictional stories of the lives of very young adolescents and their parents in a resource-poor setting. We designed the shows to be fun as well as engaging and educative for young adolescents, girls and boys, and parents with discussions around key messages.

The shows were aired for one hour on Saturdays on Ruben FM. The shows, which began on December 5, 2020 and ended on January 23, 2021, targeted adolescents in Grades Six and Seven, and their parents.

Ruben FM is based in Viwandani and broadcasts within a radius of 3km (covering our intervention area). We also worked with topic experts based in the community and collaborated with community-based youth organization–U-Tena that has conducted extensive work in delivery of community-based interventions, including radio programming.



Developing the radio program

The interventions were informed by the baseline findings which highlighted that not only were very young adolescents a neglected population in terms of gender and SRH programming, but also exhibited gender inequalities in SRH indicators for very young adolescents (STaRS baseline report). For instance, more boys than girls reported sexual experiences while more girls than boys reported access to SRH information. Similarly, more boys than girls reported having ever consumed alcohol and/or other illicit substances. On gender norms, unlike girls, boys were more likely to endorse gender inequitable gender norms. We co-designed the interventions with a cross-section of adolescents (from St. Elizabeth Primary, one of the target schools), parents, teachers and community leaders who are members of the Community Advisory Committee set up by the African Population and Health Research Center to guide research based in Viwandani

Drawing heavily from the Save the Children's Growing Up Great VYA Toolkit—an age-appropriate, gender transformative intervention package that provides both in-school and out-of-school VYA girls and boys aged 10-14 years with accurate information about SRH and fosters discussion about related social norms,—our initial design consisted of a series of in-person activities. Seven of these would have been school-based targeting adolescents, and complemented by four community-based activities targeting parents and adults. The latter was intended for delivery during parent-teacher meetings or other ad hoc engagements involving both teachers and parents.

The COVID-19 pandemic outbreak in Kenya and the measures enforced to contain its spread necessitated an indefinite closure of all learning institutions with significant implications on the project. To circumvent the resultant delays (protracted waiting time for schools to resume coupled with the numerous uncertainties surrounding the pandemic), we reprogrammed the final phase of the project. In full consultation with the study community and in adherence to the global, national and institutional guidelines on COVID-19 containment, we redesigned the proposed interventions for delivery through a radio program while maintaining the same content.

Recognizing the numerous COVID-19-related challenges faced, the community's leadership acknowledged that it was important to explore other opportunities to deliver this important program and fully supported the idea of using radio programming. More importantly, they willingly supported the study team to inform the community about the radio sessions through different channels including announcements within the community, during religious gatherings as well as other community-related meetings.

Through a series of consultative meetings with the management of Ruben FM and the U-Tena team, we adapted the interventions as interactive radio shows (that capture the attention of listeners), complemented with skits/role-plays, demonstrations, questions and answer sessions and other fun learning activities. Invited guest speakers, knowledgeable and well versed in issues around adolescents SRH and gender issues were always on hand to drive the discussions and address any technical questions from the listeners. With facilitation support from U-Tena, each session had at most two facilitators along with the radio presenter. Each radio session began with a brief introduction followed by a skit (short play used as a tool to bring out the topical issues being addressed during the radio session). The storyline followed a group of adolescent girls and boys within the study settings, highlighting the gender and SRH issues they encountered in their day-to-day lives. This was followed by a running question derived from the dilemma presented by the skit, designed to elicit discussions during the radio session.

Schedule of weekly radio programming

1

Session one: Ensuring a gender equitable society

The aim of this session was to highlight current gender inequalities in society, and to stress the importance of young people growing up in more equitable societies (through a gender socialization process that emphasized equity). The discussion points included observable differences in community life for boys and for girls, the reasons for such differences as well as how these can be resolved to help VYA to grow up in more accommodating societies. The running question was 'whose role (between boys and girls) is it to clean utensils in the house and why'.

2

Session two: Adolescence period and gender socialization

The second session focused on improving the community's understanding of the transition through adolescence, particularly the notable changes, challenges, risks and opportunities for adolescents during this crucial period of their life. The ensuing discussion centered on dispelling the myths and misconceptions associated with pubertal changes, gender socialization and overall expectations. For the running questions, listeners were requested to outline whether the challenges generally faced at puberty were specific to boys or girls (or both).

3

Session three: Adolescent sexual and reproductive health

The aim of this session was to raise general awareness on sexual behaviors, consequences and coping strategies. The topics addressed included: self-sexual awareness, sources of information about sex, sexual control and understanding sexual violence. The running question for the session was where adolescents get information about sex.

4

Session four: Parent-child connectedness

The aim of this session was to encourage parent-child communication, in general and especially about SRH since this helps to create a conducive environment for adolescent growth and wellbeing. Consistent with this aim, the running question for the listeners inquired how parents and children can create an environment that enhances better parent-child relationship.

5

Session five: Effective child monitoring and supervision

The session focused on parents' knowledge of their children's activities and interactions on a regular basis as well as the strategies and techniques used to promote care and a safe environment for the children. Key areas for discussion included balancing work and family responsibilities under the tough economic and living conditions, consequences or implications of ineffective child monitoring and supervision, and effective ways to ensure child safety and protection. Our running question inquired how parents monitor their children's whereabouts, (or from adolescents, how their parents monitor their whereabouts).

6

Session six: Peer relationships

The sixth session considered issues related to peer relationships with the aim of helping adolescents identify, enhance and/or maintain positive relationships with their peers of both genders. The main areas of discussion included types of friendship and why it is important to focus on platonic relationships; discerning good friends/friendships, how young people get involved with destructive friends and how to avoid such as well as examples of activities that can be done with friends. The running question was: how can a young person identify a good friend.

7

Session seven: Future aspirations and empowerment

The last session focused on future aspirations and empowerment. The aim of this session was to guide adolescents to identify future goals and potential career paths. To facilitate this process, discussion during the session covered ways in which decisions and actions adolescents take can affect their subsequent health and wellbeing, common barriers to young people's achievement of their life goals and how they can navigate these barriers, and more importantly, the linkage between the completion of primary, secondary and tertiary education and future career paths. The running question queried what adolescents aspire to be in future as well as why and how they were working towards achieving the said aspirations.

Airing of the radio program

To ensure active participation of adolescents as well as their parents, we worked with the radio station to identify a suitable time to reach the young adolescents. In addition, we identified the mechanisms for active engagement, including the use of a toll-free line for live call-ins and SMS as well as social media platforms. We also worked with the community and the participating schools to reach our target population with information about the radio program. The optimal timing identified and allocated by the radio was 11 am to 12 pm every Saturday.

Assessment of the radio program

Due to the redesign of the interventions and COVID-19-related challenges we were unable to evaluate the program. However, we explored the perceptions and views of the community, including adolescents, towards the interventions through qualitative in-depth interviews (IDIs). Our participants (parents and adolescents) in these exploratory IDIs were selected purposively from those who had participated in (or listened into) at least three of the seven radio shows. We worked with the intervention school, through their contacts database, to identify a sample of adolescents who would have been in grades six and seven (following regular academic progression in the absence of the COVID-19 interruption) at the time of the assessment to potentially participate in the endline exploratory IDIs. We contacted potential participants and confirmed how many sessions they had been able to listen to and if they were willing and available to participate in the interviews. In addition, we had brief discussions with the radio station manager and the presenter to gauge their views on the STaRS program and in particular the radio intervention.

We developed a semi-structured IDI guide that included questions on the following topics: the adolescence period, adolescent SRH, gender socialization, parent-child connectedness, views on the interventions as well as on the implications of the prevailing pandemic on gender and adolescents. We successfully conducted 20 IDIs with adolescents (9 girls and 11 boys) and 17 IDIs (15 female and 2 male) with parents. Parents had to accompany adolescents to the interview venue for purposes of safety and ethical consent. Interviews took place in a private place where each of the participants was assured of privacy and confidentiality. With permission from the participants, all the interviews were audio-recorded and thereafter transcribed verbatim into English.

Research assistants who conducted the interviews were trained on ethical practices while conducting research with human participants, including vulnerable populations such as children and those in marginalized contexts like slum settings. Research assistants were required to strictly adhere to the principles of research ethics and signed a confidentiality agreement. It is worth noting that the radio sessions, the training of research assistants as well as the interviews were undertaken in strict adherence to the institutional (APHRC) and national COVID protocols.

Table 1 presents the participants' background characteristics. All parents and adolescents interviewed listened to at least three shows.

Table 1 : Background characteristics of the participants

Attribute		Adolescents (N= 20) % (n)	Parents (N=17) % (n)
Age	12	40.0 (8)	
	13	35.0 (7)	
	14	20.0 (4)	
	Not reported	5.0 (1)	
Grade of child	Six	40.0 (8)	
	Seven	55.0 (11)	
	Not reported	5.0 (1)	
Living arrangements	Both parents	40.0 (8)	
	Mother only	45.0 (9)	
	Father only	5.0 (1)	
	Other relative	5.0 (1)	
	Not reported	5.0 (1)	
Gender	Female	45.0 (9)	88.2 (15)
	Male	55.0 (11)	11.8 (2)
Mean Age (SD)			37.5 (5.2)
Ethnicity	Kikuyu		35.3 (6)
	Kamba		23.5 (4)
	Luhya		17.6 (3)
	Luo		11.8 (2)
	Other		11.8 (2)
Occupation	Employed		47.1 (8)
	Self-employed		23.5 (4)
	Not employed		29.4 (5)
Number of children	1 to 2		35.3 (6)
	3 to 4		47.1 (8)
	5 or more		17.6 (3)

Qualitative data analysis

We analyzed the data thematically. First, we identified broad themes deductively using the semi-structured interview guides. A set of codes emerging for each theme were identified inductively through reading all the transcripts, checking for emerging patterns, commonalities and differences under each theme.

Ethical approvals

This study was approved by AMREF Health Africa Ethics and Scientific Review Committee (Ref. AMREF-ESRC P564/2018). Additionally, we obtained institutional approval from the African Population and Health Research Center's Ethics Review Committee. We also obtained a research permit to conduct the study in Kenya from the National Commission for Science, Technology and Innovation in Kenya (Ref. NACOSTI/P/19/16027/27880). Written informed parental/guardian consent and adolescent assent were obtained prior to conducting the interviews.

Results and discussion

The results, divided into six thematic areas, describe the perceptions of adolescents, parents and the radio station manager concerning the STaRS radio program. Overall, there was consensus that the program was educational and thus beneficial to the adolescents and the general community, with a request to extend the program if possible.

The adolescence period

The changes occurring in early adolescence (physiological, biological, social, and cognitive) are likely to affect young adolescents' sexual development as they transition from childhood to adulthood (2). Puberty marks the onset of rapid body growth. Uncertainty about these physiological changes is common in early adolescence, leading to anxiety and shame, which enhances the need for privacy as adolescents realize and become more sensitive to their changing bodies (21,22). Additionally, social development in this period is characterized by interpersonal relationships that are influenced by physiological, biological and emotional changes taking place (23).

Adolescents reported that they had learnt more about their changing bodies and behaviors as they transitioned through the adolescence period. A key lesson was that adolescence was a natural stage of life. As one boy explained, ***“Adolescence is not something bad to our bodies; it is something that comes when one starts to mature. It is something [a stage that is] existing and everyone has to pass through.”*** Another important lesson was the understanding that for both boys and girls, these changes could put them at increased risk of engaging in activities likely to lead to poor health and wellbeing outcomes.

Parents, on the other hand, reported that the program had enhanced their understanding of their children's behaviors and improved their ability and capacity to deal with the changes their adolescents were experiencing. This, as some parents put it, improved their empathy and tolerance especially when they experienced some conflict with their children. As illustrated in the following quotes, parents pointed out the risks young adolescents face and explained that they had learnt the need to engage with their children:

When they reach this stage [adolescence], they are influenced by peer pressure. Like in our community now, most boys have engaged in drug abuse. They are sniffing certain drugs even when they are walking and it is hard for their parents to know. Since I have a girl, I usually tell her to avoid bad groups because they can seduce her and get into the relationship. (Parent)

If I don't listen to her she would go outside to look for someone else who would listen to her secrets. So it is a must as a parent to ask her what is going on in her life so that I can handle her other than her going outside and being told by others. (Parent)

Adolescent sexual and reproductive health

The adolescence period presents key SRH risks and challenges for adolescents including early sexual debut, early pregnancy and parenthood, and STIs (24). Such risks are likely to impede adolescents' education outcomes, employment opportunities and overall health and wellbeing with implications across the life-course. Adolescents in the slums live in contexts that put them at heightened SRH risks, including sexual violence and high rates of transactional sex due to poverty, crowded living conditions, and high rates of violence. Through the radio program, both adolescents and parents indicated that they had learnt the importance of identifying and avoiding situations or contexts that are likely to predispose adolescents to SRH health risks. As one girl explained, *"I learnt that it is a 'sin' to meet with a boy and then sleep with him because you can get pregnant especially when periods start. It is [also] very risky because you can get infected with HIV."* One parent further noted that she had noticed some changes in her daughter since they started listening to the program. She explained, *"Sometimes she used to come home late at night around 8pm but nowadays by 7pm or 6pm, she is at home doing her homework."* To this and other parents, being out at night predisposes young people to violence, including sexual violence. It is also a time when young people are likely to engage in sexual activity under the cover of darkness. Thus, being home early had potential to reduce the risks.

Related to SRH risks were issues about drugs, violence and crime, which are rampant in the slums and greatly affect adolescents. Engaging in these activities also predisposes adolescents to SRH risks, resulting to poor health outcomes such as unintended pregnancy and STIs as pointed out a parent who explained:

As a parent I can help him through sitting down and talking to him that he should avoid hanging with bad friends because they can influence him to start abusing drugs like bhang until he get addicted. So [as] a parent [you] should talk with your child and show them the effects of abusing drugs because if you fail to teach them they would be influenced by their friends to abuse it.

Parental influence, including open and positive parent-child communication and connectedness, can be protective against risky sexual behaviors in adolescence, including early initiation of sexual activity (25). Parent-child communication has also been cited as one way to ensure young people access the much-needed SRH information to protect themselves against risks (26). While a majority of adolescents—both boys and girls—indicated the need to open up and discuss with their parents when faced with issues affecting their health, especially SRH, parents reported that they learnt the need to communicate with their children. Having an open and free discussion is likely to create an environment where adolescents express themselves and their needs freely:

I have learnt that if you sit down with your child, you talk and understand each other. She will not engage in those behaviors and sometimes they engage in those behaviors because they may need something like sanitary towel[s] and her parents do not have money, so this will make her go out and look for money. (Parent)

*I have learnt how I can stay with adolescent children. As a parent you need to talk with your children, for example, when they start to get periods they should tell their mothers without fearing them and also when they don't have sanitary towels or panties they should also say. I will also tell my girl not to play with boys because at this stage they can get pregnant.
(Parent)*

Some parents reported that they had started talking to their children after listening to the radio program. They also noted that the radio program helped them initiate the discussions as illustrated below:

R: *When we started listening to the program, I changed and I stopped beating her because it does not help her. I started talking to her and she got a chance to ask me questions and I responded to her.*

M: *What are some of the questions that she asked you?*

R: *When I talk to her for example about sex and its consequences she would tell me that she has understood and she told me that it is not a must for her to have sex if she is not married and also it is not a must to have a boyfriend while she is in school. She would wait first to complete her studies and when she is grown up maybe, she can get a boyfriend.*

M: *Who initiated the conversation between the two of you?*

R: *I am the one who started the topic.*

Gender and gender socialization

Gender socialization begins early in life. However, pubertal maturation in early adolescence heightens expectations related to gender. At the same time, increased social interactions during this period are important in adopting the cultural system that informs one's behavior (27, 28). Therefore, gender inequalities between boys and girls, including in sexual relationships, begin to manifest at an early stage of development. Norms and practices acquired during adolescence are likely to shape adolescents' vulnerability to poor SRH outcomes.

Both parents and adolescents noted that the program helped them recognize that both boys and girls should be treated the same. As one parent noted, *"All work [chores] is the same, like a boy can wash dishes, a girl can fetch water or he [a boy] can do laundry, a girl can be sent far; all are possible."* Parents also spoke about the importance of educating both boys and girls and supporting their children's dreams.

The program has taught me how my child can study and eradicate poverty in future so that he can help the community... Things have changed because nowadays even if you have a daughter you would have to struggle to educate her since in future she can be MCA (Member of County Assembly), Member of Parliament or a Governor. Nowadays, all types of jobs are equal and both boys and girls should be educated the same and perform similar work.... They can change the way the community is, so both boys and girls should not be discriminated in terms of education because when they are educated they would help the community. (Parent)

It (the program) has taught me to treat my children equally and give them equal work and they can help each other so that they can finish it quickly and do other things. Nowadays things have changed since both girls and boys can fly an airplane, so they have the same thinking capacity. The good thing at home is to teach your children to do any duty regardless of their gender... for example you can tell a boy to cook so that he can know because there is a time he would be alone at home and he would need to cook and wash his own clothes. (Parent)

Before the program I used to discourage her that she can't be a doctor but after listening to this program I have learnt that we should support the dreams of our children. (Parent)

Girls are often perceived to be at a disproportionate risk of poor SRH outcomes (29). However, failure to include boys may limit their involvement in gender equality dialogues, programs and policies, thereby derailing the achievement of gender transformative programming (30). Parents noted that in the past, there had been a limited focus on issues affecting boys, both at household and community levels, and called for increased attention to boys in programming. Parents explained that the radio program was useful in highlighting boys' vulnerabilities and risks that they are exposed to.

After listening to the program, I came to realize that we have isolated boys, we also contribute to boys [engaging] in bad activities like abusing drugs and their parents are not aware about this and they don't know where they are. But after listening to this program we came to know that we are also supposed to be close to boys and know where they are and what they are doing and if [it] is house chores, they should do the same as girls. (Parent)

Before this program, in our community, we did not concentrate with boys so much. Like for example, if it was on weekends or holidays after breakfast, they went out leaving behind girls in the house who were responsible to do all house chores. But when this program came, I saw that girls and boys should be treated equally, so in order to keep them busy when you go out as a parent you should assign both boys and girls same duties to do and also we should know who hang with our children. (Parent)

Adolescents also shared similar sentiments about boys and girls being treated the same with respect to household chores. One boy explained, *“When a boy is given a ‘girl’s’ task to do, they should do it to avoid giving girls a lot of work. I can’t say there is work for girls because work is work.”* A girl similarly noted, *“Girls and boys should be equal... for example, a girl should also fetch water and boys should also clean utensils, cook or wash clothes.”*

Parent - child connectedness, monitoring and supervision

Parent-child connectedness may create an environment in which boys, girls, and their parents are able to express themselves freely about their SRH (26). In addition, child monitoring and supervision may ensure that parents are aware of their children’s whereabouts, which may reduce exposure to SRH risk for both boys and girls. Both parents and adolescents explained that they had learnt about the importance of parent-child connectedness, which enhanced openness and communication. One parent explained, *“Yes I have learnt, the issue of sitting down with your child and talk to them even if she was engaging with bad company she would be open and tell you.”* Although parents indicated that boys and girls should be treated equally, some parents felt that girls needed to be monitored more closely. One of these parents explained, *“For girls mostly, a parent should be close to them and if you don’t monitor her she would engage herself into things (sexual activity) which happen in the village.”*

Talking to parents was also noted to be a protective mechanism. One girl explained:

You can go somewhere without telling your parents and then they start looking for you and maybe that time you have got in an accident or you have been robbed or kidnapped. So it is good to tell your parents where you go so that when you fail to return on time they can know where to find you. (Girl)

School-based interventions

Our interventions were initially designed for face-to-face in-school delivery until the COVID-19 pandemic obliged us to reprogram these into a radio-based community intervention. Therefore, as part of the qualitative assessment, we sought to understand adolescents and parents’ perspectives regarding school-based as opposed to radio-based interventions. While the responses varied, adolescents seemed to prefer radio-based delivery of the interventions. One of the key reasons those in favor of this mode proffered centered on the inclusiveness of the radio option. As one of the girls highlighted, the interventions when aired through the radio offered the opportunity for everybody to benefit from or to listen whereas the school-based delivery would have benefited just those in the specific target schools. She explained, *“It should be aired on radio since everybody will listen whereas if done in schools, not everybody will benefit from it.”*

One important perspective that was underscored by some adolescents was the gender dimension. Though not explicitly stated, some adolescents thought that airing the interventions on radio eliminated the longstanding attention directed to girls, much to the detriment of boys. Citing earlier interventions implemented within the same community, the adolescents actually commended the STaRS Program for bringing the message home to both the boys and girls and hence, their strong support for the radio-based interventions.

The one aired on the radio since many schools would listen to it rather than our school alone because everybody will learn including boys, girls, youths and mothers...

What I think is that since most of the programs focus on girls only they should also focus on boys. For example, there is DREAMS for girls and there is no one for boys, so they should also have it for boys since they were calling girls only and they were leaving boys out. So these programs should treat all of us equally and have programs for boys and girls or one for both girls and boys like the way we are taught in school (Girl)

The structure of the radio sessions also made it a proffered mode of delivery of interventions. Since each session had a basic running question, adolescents implicitly equated the interventions to some questions and answers sessions or competitions between schools. Therefore, their support of the radio-based intervention was an indirect reflection of their concern that most adolescents might shy away from the sessions because of the inherent fear that fellow adolescents or schoolmates will ridicule them in the event that they happened to answer a question wrongly. The fear was so real/strong because of the added likelihood of physical assault. As one of the adolescents added after stating that, the radio program was better:

If it is brought to school and you answer a question wrongly, you can be laughed at badly and get insulted in the class or if you answer wrongly others can persistently be jeering at you. You can even be physically assaulted with the claim, "You have let our school down, you have made our school to be trolled". (Boy)

However, it is important to note that some adolescents were also in support of the school-based delivery as they thought that more adolescents might be able to listen to the program if delivered within the school environment. One of the main reasons for supporting the school-based intervention was the fact that most people may have more access to televisions than to radios. As one boy explained, *"It [school-based] will be good since most people don't have radios, they have television only."*

There were mixed reactions from parents, with those in favor of the radio-based intervention feeling that it was more inclusive and offered the opportunity for many people across the entire community to benefit. These parents noted that the school-based intervention would only benefit a small group of individuals. Even if it was extended to the parent-teacher meetings because some parents would not be able to attend the meetings. They argued that the radio-based intervention, enabled parents to listen in even when they were working. Some of these views are illustrated in the following quotes:

It is better when it is aired on the radio because it would be known by many people, while when it is delivered in school it would be private because we can't listen/learn. [Parent]

If it was not on the radio, I could not have heard the program. You find that when it is delivered in school it is only children who would learn while when it is aired on the radio both children and parents would learn and it would teach the parents how they can live with their children and how they can correct their behaviors. [Parent]

Yes, the one aired on the radio is good because maybe some parents when they are told there is a meeting somewhere they will ignore and fail to attend because they want to look for food for their children. So they will tell others to tell them what they have been told but maybe when it is aired on the radio you find you may listen to it while you are doing other activities. [Parent]

Parents who favored school-based delivery were concerned that some children do not have access to a radio. Even where there is access, most of the gadgets require electricity and with frequent power outages, they worried that some adolescents would miss such programs. Others noted that some adolescents might be busy doing other things with limited or no interest in listening to a radio program. Another justification from the parents for supporting the school-based delivery of the interventions is the school environment where the children are together and act alike. In this context the teachers can actually observe and learn or pick out some issues/challenges from some adolescents. In view of the atmosphere in some homes, it may be difficult for some parents to follow the program with the children given the nature of the parent-child-relationship and/or distance between them. Indeed, it is not uncommon for some parents to live in the same space with their children but with limited interaction necessary to facilitate mutual understanding. This speaks to the extent and existing nature of parent-child connectedness.

It would be good when it is delivered in school because when you deliver in school face-to-face, you would be able to know the challenges facing children since not all of them are open to their parents. So, there are some of them who face challenges at home, since people are living in different houses- some are living in single rooms, others in double rooms, while others in self-contained room. So not all parents are [the] same financially, so there are some things parents can do to torture their children ... and they can't tell their parents but when they meet with a person they can tell them and be open to them and through that person they would start to be open to them rather than their parents. [Parent]

Irrespective of the mode of delivery, parents were supportive of the program and hoped that it would continue so that the children can learn.

The COVID-19 pandemic, gender and adolescents

Similar to emerging evidence on gender-related implications of COVID-19 pandemic, our results show that while the COVID-19 pandemic affected both boys and girls in the study settings, girls were more adversely affected (31,32). Both parents and adolescents indicated that the extended period schools closures raised concerns about exposure to SRH risks for girls and subsequent loss of their education opportunities. There were also concerns about loss of income, which increased household poverty, increasing the likelihood of girls engaging in transactional sex to supplement household income. These views are illustrated in the following quotes:

Girls [are more affected] because of pregnancy and others have given birth hence not attending school. The boys responsible are in school. (Parent)

When you find a family maybe they were operating a hotel [pre-COVID-19] and it was closed you find the income required to feed these children has reduced and if it reduces and you can't take your child to school and fail to be close to them, especially girls, they would start engaging in bad behaviors like engaging in sex. Although she may bring money home, her mother does not know the source of that money and this can lead them to get pregnant or get infected with other diseases and this is because you did not teach this girl before what she can do to avoid engaging in bad activities/behaviors. (Parent)

My greatest fear was for schools to be closed forever and it would have been bad because most of the girls would not study. Those who were most affected were girls because most of them dropped out of school. Boys were also affected but not so much. Even when we watched news on the television we saw that it is girls who were affected because they got pregnant and dropped out of school to raise their children. There are others who started to abuse drugs since I have seen many people abusing it. I know that when people abuse it they don't want to be controlled by anyone else, so when they are told anything they don't listen. You find that a girl has abused drugs even she does not think about school...and their studies get ruined (Girl)

Some parents felt that with closure of schools, some the children were exposed to risky activities while others took up adult responsibilities.

There are some who have joined bad companies and there are others who have engaged themselves into business and they are still young, such as some who were selling cashew nuts, fruits and scrap metals. It makes children to get used to money and now school have been opened so they would not concentrate in the class because they think about the money they used to get when they were at home. (Parent)

They started to tabuse drugs such as bhang and alcohol but when they are in school they can't get those things/drugs. (Parent)

With respect to exposure to COVID-19, adolescents and parents noted that boys were at more risk of contracting the disease. According to one boy, boys in the village were "ignorant, also they are saying there is no Corona and they don't keep social distance." A parent, on the other hand, noted that boys would refuse to stay home: "You find that during that period even if you tell a boy to stay at home he would refuse and get out and maybe he can go to play football and you don't know who he comes into contact with and they don't maintain social distance but at that time girls were busy doing other activities."

Using a radio-based program to deliver gender and SRH interventions

Regarding the STaRS radio program, the radio manager indicated that the program aligned with the radio station's objectives on community empowerment. He highlighted that as radio presenters may not have the expertise or knowledge in some topical issues, working collaboratively with partners to deliver such content is important.

I think STaRS program is one of the best programs that we have had as Ruben FM and again it is aligned with our objectives as a community radio station. Ruben FM is a community radio station and community empowerment is one area that we have really put a lot of focus and we empower different people. Like we have women empowerment but this now specifically has been focusing on our children both boys and girls, and we have been doing it in our programming through the children's program that we have. But again, the approach that APHRC came up with together with other partners, I think it was an added advantage to us because I am just a journalist and my profession is journalism but now interacting with somebody who has expertise and talking to the kids and also helping them to get solutions to some of the challenges that are affecting them, is an advantage to us. So it was one of the best projects we have had at Ruben FM. (Radio station manager)

Feedback received from the community to the radio station suggested how important the STaRS radio program was. According to the radio presenter involved in the program, parents and adolescents capacities to communicate with each other on SRH issues were enhanced.

Most of the parents felt like we need to continue because it has really impacted our kids, and also most of the kids said that at this time before the program they said that maybe they did not know how to communicate with their parents or sharing an idea but after the program now they felt that when they have an issue they know the ways on how to communicate with their parents and also through the program the parents knew that when my kid had this issue this is the way that I can take. (Radio station presenter)

The program was also designed to engage with and was appropriate to both parents and adolescents

About the content, I also felt it, because the content was mainly for Class six and seven [early adolescents]. But during the airing most of the parents felt like it engaged them- it cut across all youths and through listenership, you may gauge it and you feel like the program really had impact in the listeners' lives. (Radio station manager)

Additionally, the radio manager highlighted the importance of collaborating with other stakeholders to ensure continuity of such a program even beyond the program funding. He also indicated the intention to engage with local schools to develop and deliver content similar to that delivered through the STaRS program rather than just *"playing music for the kids."*

Maybe something else is engaging different stakeholders. There are so many organizations, maybe self-help groups, we have CBOs, NGOs but I have not really seen the majority of them coming to Ruben FM and asking for that opportunity whereby they can continue from where APHRC has left. I believe continuity of information will really stick in someone's mind as opposed to doing a program and then after maybe two to three months they are not listening to the program. It really becomes a challenge. We have also learned a lesson as Ruben FM team. I think we will liaise with local schools around so that we can have that empowerment and that engagement to continue on radio. As much as the program is not being funded but at least we should have something that is meant to educate the children on radio going on, so that is not just about playing music for the kids only. (Radio station manager)

Opportunities and challenges implementing the radio program

Opportunities

- Coverage: Using radio enabled us to reach a wider audience in the target community.
- Community ownership: Using a community radio made it possible for the program to focus on issues affecting that specific community. The community was also extensively engaged identifying focus areas for the radio program through community dialogue meetings.

Challenges

- Structural barriers: Many of the targeted audiences did not manage to listen to some of the sessions due to power outages and lack of a radio within the household (or even stay tuned/focused during the entire duration of each session). This is despite most of them being aware of the existence of the program and being willing to listen.
- Timing of program delivery: Most of the fathers and some mothers reported that they were at work when the show aired and were unable to listen in; whereas some, especially mothers reported to have tuned in at their workstations (mostly small businesses).
- Monitoring and evaluation: We had no way of monitoring whether the participants listened to the shows and relied on participants to report the number of shows they listened to.

Conclusions

The STaRS radio program was accepted well by the community not only as a medium of addressing challenges that adolescents faced in the community, but also because of its potential to reach a wider and diverse audience, and the flexibility of where one could listen from. Parents and adolescents reported that the radio program had increased their knowledge of gender norms and adolescent SRH knowledge, which may lead to positive behavior change. Given that the running of the program was community-centered from its design through to the implementation, it shows that if well supported, communities have potential to carry through programs that speak to their needs. Most importantly, the STaRS radio program has shown that using a radio program to educate and enlighten communities about SRH and gender is a viable and potentially effective method to reach parents and adolescents if some of the highlighted challenges encountered are mitigated.

Recommendations for future radio programming

- **Content creation and review:** How content is packaged for a radio program is different from face-to-face interventions. For our project, holding content review meetings with the radio presenter and a community-based organization that had been running similar programs helped us package the content to fit a radio program as much as possible that would suit all the listeners.
- **Participant mobilization:** It is paramount to mobilize participants throughout the period of the intervention to remember to tune in. Working with community leadership in the mobilization process is important to ensure community buy-in of the radio program. This is especially so, if you endeavor to do an assessment/evaluation of the program where you need to have an audience that has listened to most of the sessions in the program.
- **Selection of radio session facilitators:** Using facilitators who are well-versed with the context of the listeners is important as it helps in unpacking the information in a way that the community can understand and relate. For instance, when referring to unsafe places in the community, they convey such messages by giving contextual examples. This enables the community to relate to the message and identify resource-persons within the community that they can approach when they need information or face any challenges.
- **Structure of the radio sessions:** Young adolescents are usually attracted to entertaining content. In order to get and retain the attention of the listeners, it is important that the implementers come up with engaging activities that can help the listeners visualize real-life situations like skits and storytelling.
- **Timing and duration of the program:** While it is not easy to get the best time that suits everybody, it is important that the radio sessions be timed when both adolescents and parents are at home. The greatest challenge is that the best time for parents is not necessarily the best time for adolescents. One way to mitigate to this could be to record a live session at a time most convenient and broadcast the recorded session later for those who miss the live session. Additionally, our areas of focus were quite broad and so more time would be needed to cover the content in-depth.

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