

# CHAK TIMES

"FOR THE HEALING OF THE NATION"



A PUBLICATION OF THE CHRISTIAN HEALTH ASSOCIATION OF KENYA



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# Why adolescent health needs special focus

Adolescence is a transitional phase of growth and development between the ages of 10 to 19 years. It is characterized by physical, psychological, economic and social changes. It is a unique and vulnerable time with rapid physical, emotional, intellectual and social changes as the body matures.

According to UNICEF data, there were 1.2 billion adolescents in the world in 2019, making up 16 per cent of the world's population. According to the Kenya 2019 Population and Census results, Adolescents (10-19 years) were 11,631,929 or 24.5 per cent of the total population.

Adolescents and youth represent a positive force in society. Yet, they face a myriad of challenges while transitioning from childhood to adulthood. These challenges are closely linked to the physical, emotional, cognitive and social growth and development that occurs during this stage of their life.

During this period the adolescent develops new habits, patterns of behavior and relationships. The acquired way of life can have either positive or negative impact on their functioning and opportunities, and can also impact on their quality of life as adults.

Yet young people often lack awareness of the harm associated with risky behaviour, the skills to protect themselves as well as how and where to seek help for their health concerns. By intervening at this early life stage, many chronic conditions later in life can be prevented.

Adolescents and youth are neglected as a group by the health system. This is despite the fact that the youth need specialized health services because of:

- Specific biological and psychological needs of adolescence
- High risk of STIs, HIV/AIDS and pregnancy
- Disproportionately high risk of sexual abuse
- Importance of behavior-related risks that are responsive to education and counseling
- Opportune age/stage to learn good health practices
- Severities of consequences from lack of RH care during adolescence. (National YFS Guidelines, 2015).

Recently, COVID-19 has presented unprecedented challenges in all areas of life with little regard for age or gender. Data shows that adolescents are experiencing great

stress and anxiety due to mitigation measures put in place to curb COVID-19.

This stress is most likely due to school closures and the economic stress experienced by their households, especially in low income areas.

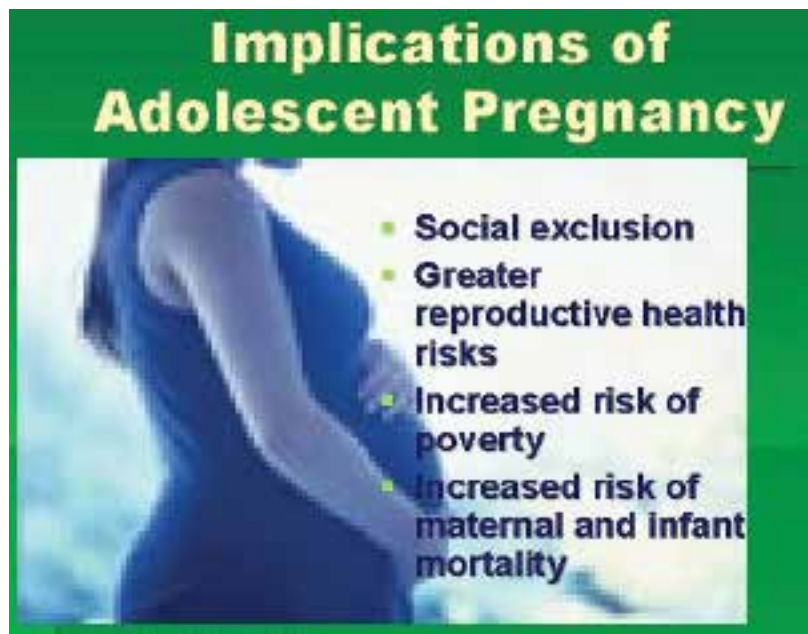
Outside of the challenges posed by COVID-19, adolescents in Kenya have several unmet health and wellbeing needs and face numerous barriers in meeting these needs.

Among the key challenges facing adolescents in the country and greatly affecting their health indicators are reproductive health issues, HIV, drug and substance abuse, poverty, road accidents, early pregnancy, child marriage, harmful traditional practices, internet safety, among others.

Data from Kenya Data and Health Survey (KDHS) 2014 shows that one in every five girls between 15-19 years is either pregnant or already a mother. As of 2019 latest statistics from the Global Childhood Kenya has the third-highest teen pregnancy rates with 82 births per 1,000 births. According to the United Nations Population Fund Report, Kenya has recorded 378, 397 adolescent and teenage pregnancies for girls aged 10-19 years between July 2016 and June 2017, specifically, 28, 932 girls aged 10-14 and 349,465 girls aged 15-19 became pregnant.

Multiple physical, emotional and social changes, including exposure to poverty, abuse or violence can make adolescents vulnerable to health problems. According to the WHO, an estimated 10-20 per cent of adolescents globally experience mental health conditions, yet these remain underdiagnosed and undertreated. In Kenya, the Ministry of Health has prioritized youth mental health as a key strategic action in the Kenya Mental Health Policy (2015-2030).

A survey carried out by Nacada and titled Status of Drugs and Substance Abuse Among Primary School Pupils in Kenya, 2019, established that 17 per cent of pupils in primary schools in Kenya were abusing drugs. Addi-



Source: Guttmacher Institute 2006

tionally, 20.2 per cent of primary school pupils had used at least one drug in their life time. Among the commonly abused drugs are prescription drugs (7.2 per cent), tobacco (3.2 per cent), alcohol (2.6 per cent), miraa/muguka (2.3 per cent), inhalants (1.2 per cent) and heroin (1.2 per cent)

Despite the numerous challenges facing this agegroup, provision of adolescent friendly health services in Kenya has been noted to be suboptimal.

The situation within the CHAK network is reflective of the national status with few facilities offering youth and adolescent friendly services outside of donor-structured projects, especially in the area of HIV.

Effective youth friendly services are needed to reach adolescents and youth who are growing up in difficult circumstances, as well as those who are better off and both in and out of school.

It is imperative that adolescent friendly service provision is prioritized in all health care settings. This will help in instilling positive health behavior which will impact on the future quality of life of the adolescents.

It is also important to give impetus to the provision of adolescent friendly services and ensure there are no missed opportunities to access of comprehensive health services for an adolescent who visits a health facility.

This issue of CHAK Times attempts to highlight the challenge of adolescent health, especially in the light of the COVID-19 pandemic, bringing to the fore programmes within the network that are reaching out to this vulnerable age group.

We invite our readers to send feedback on our social media platforms or by writing to the editor: [communications@chak.or.ke](mailto:communications@chak.or.ke).



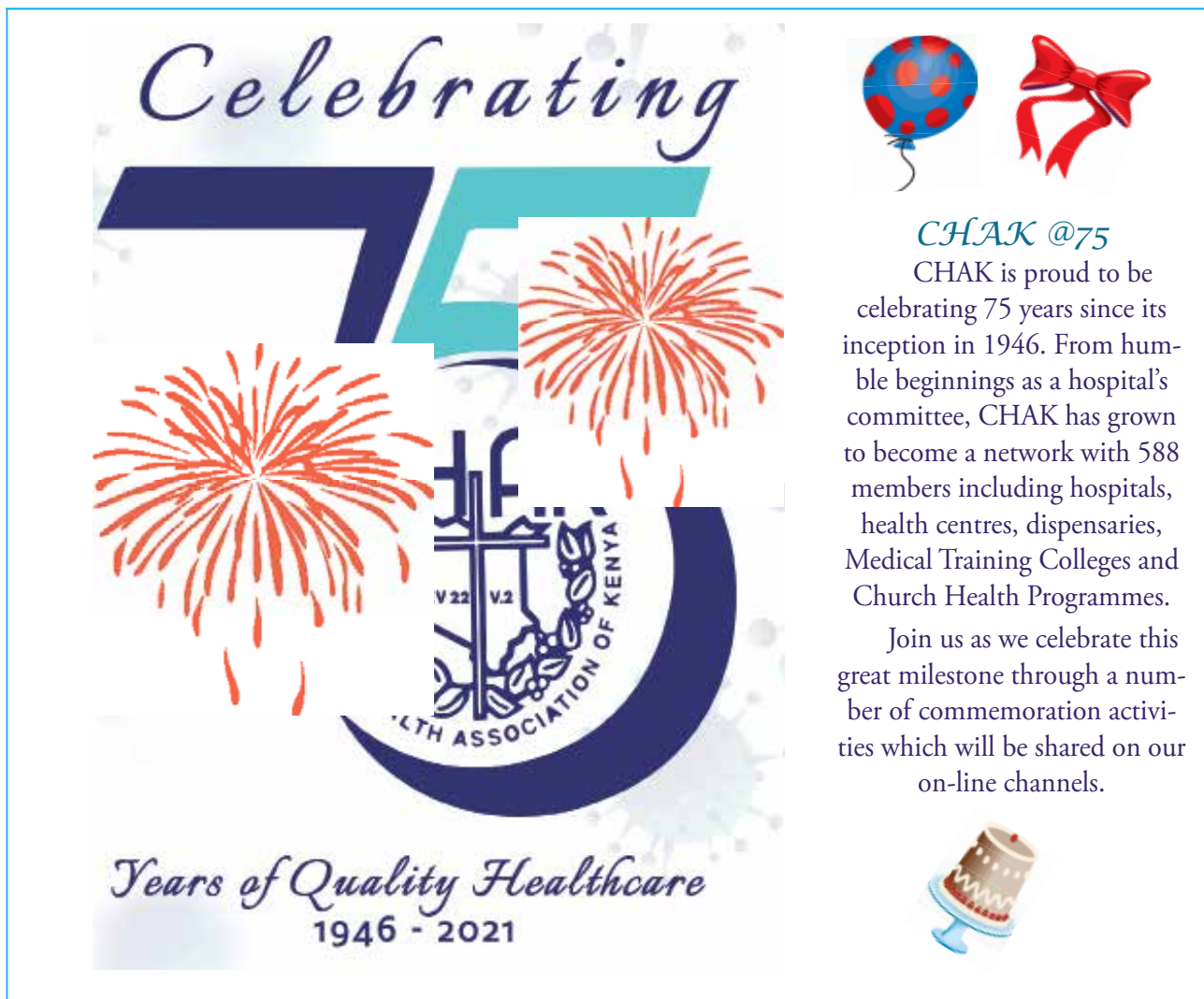
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Christian Health  
Association of Kenya



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*CHAK @75*

CHAK is proud to be celebrating 75 years since its inception in 1946. From humble beginnings as a hospital's committee, CHAK has grown to become a network with 588 members including hospitals, health centres, dispensaries, Medical Training Colleges and Church Health Programmes.

Join us as we celebrate this great milestone through a number of commemoration activities which will be shared on our on-line channels.



BY STEVE ONGUKO - DISCIPLESHIP PASTOR, CITAM THIKA ROAD

# Age is just but a number

When we think of ourselves, age seems to be just a number. But the reality is that the way we see our age as individuals is not the same way we perceive or judge other people in the same respect.

But does age really matter? In our culture today, it seems like age is related to specific tasks. For example, to become a Member of Parliament or the country's President one has to be of a particular age. To be a CEO, aside from academic credentials and experience, age also matters.

The reality is young people get sidelined in meaningful decision-making forums simply because of their age. Unfortunately, this has led the youth to believe age is more than a number.

This being the reality, does age matter to God? And how do we as children of God view our age as we engage in our daily tasks.

Second Chronicles 34-35 talks of a man called Josiah who was the King of Judah. After the death of King Solomon, the kingdom of Israel was divided into two; the northern kingdom, Israel, with Samaria as its city and southern kingdom, Judah, with Jerusalem as the city.

No king was found faithful to God from the northern kingdom. Out of 20 kings from the southern kingdom, eight were found to be faithful - they followed God's com-

mand and walked in His ways.

Among the eight faithful kings was Josiah who ruled for 31 years. It is believed that it was during his rule that the children of Israel had the last chance to be faithful to God. After him came four kings, all of who did evil, leading to the exile in Babylon.

Josiah became the 16<sup>th</sup> king of Judah at eight years. His grandfather was the infamous Manasseh (2 Chronicles 33:1-9) who was responsible for loosening all restraints on morality and idolatry in Israel. Manasseh repented and tried to correct these evils, but Judah would not change (2 Chronicles 33:10-17). It was due to Manasseh's evil influence that Judah eventually crumbled as a nation (2 Kings 24:3-4). His son Amon continued the evil practices of Manasseh. (2 Chronicles 33: 21-25, 2 Kings 21: 19 – 23).

Josiah probably saw the grossest acts of human depravity that one can imagine. (2 Kings 23:7). The people of Judah honored idols, defiled the temple, encouraged homosexuality (2 Kings 23:7); in other words all forms of wickedness was allowed (Zephaniah 1:5, 8,9,18, 3:1-5).

On reflection, the days of Josiah and the wicked kings of Israel are similar to the days we live in today. The culture is quickly changing and things that were abomination are now considered normal.

With all this human depravity, we can tell Josiah was not brought up within a known religious institution. It is noteworthy at this point that one can be raised in the worst possible environment but CHOOSE

to follow God! Contrary to modern philosophy, environment is not the decider of destiny, it is up to everyone to choose! The buck stops with you!

Although Josiah became the king at age eight, three things are attributed to him - He did "right" in God's sight; trusting God in all his ways, he "walked in the ways" of David; lived for God and he "did not turn aside"; he was consistent with God.

According to 2 Chronicles 34:3, Josiah began to demonstrate genuine commitment to God at the age of 16 and at 20 he began to purge idolatry in Judah. At 26 he began restoration of true worship by repairing the temple (2 Chronicles 34:8), giving preeminence to the book of law (2 chronicles 34:14-16, 18-21), and renewing the covenant with God (2 Chron 34:31).

It is clear from all this age is just a number; the buck stops with you. It does not matter which family you came from. You did not apply to be born in your family but you can be a beacon of hope that brings transformation in your family and your sphere of influence.

To be able to bring about transformation we need to hear and heed to the word of God. Josiah when he listened to the word of God diligently applied it.

In a culture where fear of missing out propels people to do anything just to fit in, many are denied the opportunity to be different. Josiah dared to be different, despite the culture he lived in that had no respect for God. He honored God. Dare to be of a different spirit, be courageous.

# CHAK holds its first virtual Annual Health Conference amidst COVID-19 pandemic

The CHAK Annual Health Conference 2021 was successfully held on April 27 and 28, 2021. This was the first time in the history of CHAK that the event has been held virtually. Participants at the event were drawn from CHAK member health units, stakeholders, partners and other Africa Christian Health Associations.

With the theme 'COVID-19 Pandemic; building resilience for Faith Based Health Services', the conference focused on the COVID-19 pandemic in Kenya, role of faith-based health services and facility-based management of the illness.

## Opening devotion

CHAK Chairman Rt. Rev. Dr. Robert Lang'at set the mood for the conference by delivering the opening devotion focusing on the power of innovation.

Basing the opening devotion on Isaiah 63:15-19, Rt. Rev. Dr. Lang'at noted that every sector, including health care and the Church, had been greatly affected by the COVID-19 pandemic.

With pandemics witnessed over the years having killed millions and destroyed civilisations, the Chairman challenged CHAK member health units to ensure they were not turned into 'dinosaurs' by the pandemic.

"We need to pray to God for innovative ideas in the pandemic," noted Dr. Lang'at.

The virtual CHAK Annual Health Conference, he noted, was an example of innovation. Dr. Lang'at further challenged the CHAK member health units to use the lessons learned during the COVID-19 pandemic to innovate solutions to various challenges.

## Basics of Personal Protective Equipment (PPE)

- Eye protection and facemasks to prevent droplet (and contact) transmission
- Long-sleeved gowns (clean, non-sterile) and gloves to prevent contact transmission
- Appropriate hand hygiene (even when PPE is used)
- Avoid touching eyes, nose, mouth or mask
- Focus on saving PPE



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Excerpt from Dr Duncan Nyukuri's presentation on infection prevention and control.

## Vaccination

Dr. Willis Akhwale, Chairman, COVID-19 Vaccine Deployment Taskforce, gave an overview of the vaccination programme roll out and progress.

Dr. Akhwale also spoke to the CHAK Annual Health Participants on the emerging issues, planned monitoring and improvements to the vaccine roll out programme. He observed that a third of the COVID-19 vaccinations done country-wide were in Nairobi County with people above 58 years recording the highest number of doses received.

A key discussion point during the session was the role of faith-based health facilities in the vaccination exercise. Dr. Akhwale noted that faith-based health facilities were key allies to the Government in health service provision and would be tasked with vaccinating the population in the second phase of the exercise, working side by side with county health facilities.

Concerns on the side effects of COVID-19 vaccines, availability of the second dose of the Astra Zeneca Vaccine for people who had already received the first dose, level of protec-

tion offered by the vaccine and possibility of the population making a choice between vaccine brands were also raised by the conference participants.

## Infection Prevention and Control

Speaking on infection prevention and control in a hospital setting, Dr Duncan Nyukuri from Kenyatta National Hospital noted that health facilities were ideal settings for COVID-19 transmission and took participants through the hierarchy of IPC controls. Discussions during the infection prevention session centred on transmission, referral, testing and handling the deceased.

## COVID-19 messages of hope and the role of the faith community

Dr. Catherine Njigua, CHAP Uzima Project Director, spoke on the interfaith COVID-19 response, an initiative leveraging on the unique strengths of the faith community to mitigate the effects of COVID-19. The initiative focuses on:

- Promoting behaviour change towards risk reduction
- Dissemination of correct and up-



**Country-wide vaccination by occupation: April 26, 2021**

Occupation	No. Vaccinated	Percentage
Health Workers	154,031	18.0%
Security Officers	70,467	8.0%
Teachers	129,527	15.0%
Above 58 years Old	259,961	31.0%
Others	226,089	27.0%
<b>Total</b>	<b>840,075</b>	<b>100%</b>

- dated COVID-19 messaging to the community
- Addressing some of the untoward effects of COVID-19 containment measures
  - Complement the efforts of the Government in COVID-19 mitigation and promotion of overall well-being for all.

The initiative has actively disseminated seven key messages of hope as follows:

1. Life – not death
2. Hope – not fear
3. Connection – not isolation
4. Positive role model
5. Caring – safely
6. Celebration – not stigma
7. Influence – builds hope, gratitude, compassion

**COVID-19 management at health facility level**

Dr. Douglas Gaitho from Aga Khan University Hospital delivered an insightful presentation on management of COVID-19 at health facility level. Key areas covered in the presentation were:

- a) Transmission and symptoms including stages of COVID-19 infection, most common symptoms as well as severity classification.
- b) Diagnosis and investigations including testing, laboratory and other investigations
- c) Therapies including care of pregnant women
- d) Deisolation

The presentation also covered the progress of COVID-19 management through the first second and third waves of the disease.

**Lessons from CHAK member health units**

AGC Tenwek and PCEA Chogoria hospitals were able to share their experiences with managing COVID-19 patients.

Focusing on the conference theme of ‘resilience’ and giving ‘hope’ in the drawn-out war against the pandemic, Tenwek Hospital gave a presentation on efforts by the institution to care for thousands of COVID-19 patients while continuing to offer services in other disease areas.

Departments and individuals in the institution contributed their talents and strengths towards fighting the pandemic. Allowing only one visitor per patient, COVID-19 screening through temperature checks on entry, handwashing and sanitizing, observing social distancing at all points and appropriate messaging were some of the measures undertaken by the hospital in the fight against the pandemic.

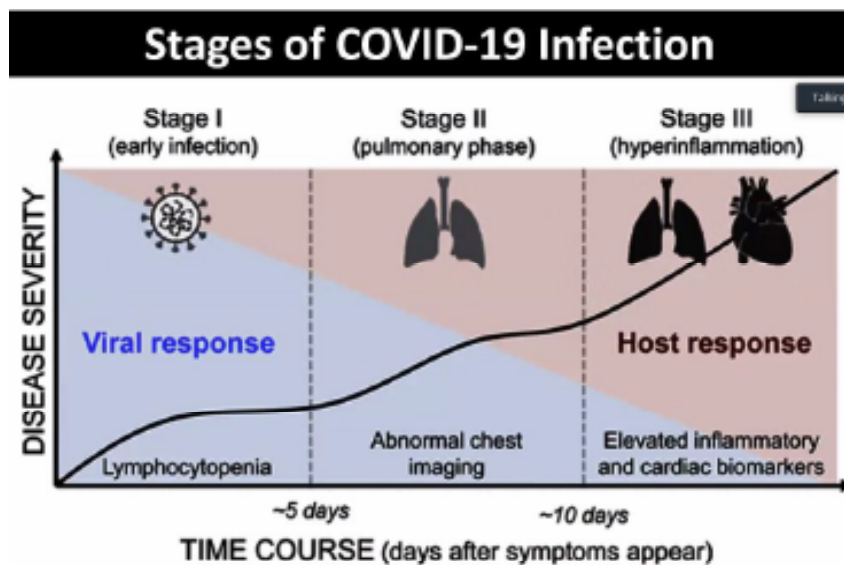
Among the challenges that the hospital has experienced in the fight against the pandemic are:

- Fear
- Staff infections
- Fatigue due to mask wearing, social distancing and travel restrictions
- Wait and see attitude of the staff towards the COVID-19 vaccine

However, staff have now accepted the vaccine and many of them have received it. They have served tirelessly, competently and courageously in efforts to defeat the virus.

**Annual General Meeting**

The CHAK Annual Health Conference 2021 offered a rich learning experience for CHAK member health facilities as the world continues to grapple with the COVID-19 pandemic. The Annual General Meeting will be held at a date to be announced later.



*Excerpt from Dr Douglas Gaitho's presentation on facility COVID-19 management.*

# Health issues affecting adolescents and young adults and how to address them

## Injuries

Unintentional injuries are the leading cause of death and disability among adolescents. In 2019, over 115 000 adolescents died as a result of road traffic accidents. Many of those who died were “vulnerable road users”, including pedestrians, cyclists or users of motorized two-wheelers.

## Drowning

This is among the top causes of death among adolescents – more than 30, 000 adolescents, over three quarters of them boys, are estimated to have drowned in 2019. Teaching children and adolescents to swim is an essential intervention to prevent these deaths.

## Violence

Interpersonal violence is the fourth leading cause of death in adolescents and young people globally. Its prominence varies substantially by world region. It causes nearly a third of all adolescent male deaths in low- and middle-income countries in the WHO Region of the Americas.

According to the global school-based student health survey 42 per cent of adolescent boys and 37 per cent of adolescent girls were exposed to bullying. Sexual violence also affects a significant proportion of youth: one in eight young people report sexual abuse.

Violence during adolescence also increases the risks of injury, HIV and other sexually transmitted infections, mental health problems, poor school performance and dropout, early pregnancy, reproductive health problems, and communicable and noncommunicable diseases.

Effective prevention and response strategies include promoting parenting and early childhood development, addressing school-based bullying prevention, programmes that develop life and social skills, and community approaches to reduce access to alcohol and firearms.

Effective and empathetic care for adolescent survivors

**The consequences of not addressing adolescent mental health extend to adulthood, limiting opportunities to lead fulfilling lives**

of violence, including ongoing support, can help with the physical and psychological consequences.

## Mental health

Depression is one of the leading causes of illness and disability among adolescents, and suicide is the third leading cause of death in people aged 15–19 years.

Mental health conditions account for 16 per cent of the global burden of disease and injury in people aged 10–19 years. Half of all mental health disorders in adulthood start by age 14, but most cases are undetected and untreated.

Many factors have an impact on the well-being and mental health of adolescents. Violence, poverty, stigma, exclusion, and living in humanitarian and fragile settings can increase the risk of developing mental health problems. The consequences of not addressing adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults.

Building socioemotional skills in children and adolescents and providing them with psychosocial support in schools and other community settings can help promote good mental health.

Programmes to help strengthen ties between adolescents and their families and improve quality of home environments are also important. If problems arise, they should be detected and managed by competent and caring health workers in a timely manner.

## Alcohol and drug use

Alcohol abuse among adolescents is a major concern in many countries. Alcohol can reduce self-control and increase risky behaviour such as unsafe sex or dangerous driving. It is an underlying cause of injuries (including those due to road traffic accidents), violence and premature deaths. It can also lead to health problems in later life and affects life expectancy.

Worldwide, more than a quarter of all people aged 15–19 years are current drinkers, amounting to 155 million adolescents. Prevalence of heavy episodic drinking among adolescents aged 15–19 years was 13.6 per cent in 2016, with males most at risk.

Cannabis is the most widely used psychoactive drug among young people with about 4.7 per cent of people aged 15–16 years using it at least once in 2018. Alcohol and drug use in children and adolescents is associated with



neurocognitive alterations which can lead to behavioural, emotional, social and academic problems later in life.

Prevention of alcohol and drug use are important areas of public health actions and may include population-based strategies and interventions, activities in school, community, family and at the individual level.

Setting a minimum age for buying and consuming alcohol and eliminating marketing and advertising to minors are among the key strategies for reducing drinking among adolescents.

### Tobacco use

The vast majority of people using tobacco today began doing so when they were adolescents. Prohibiting the sale of tobacco products to minors (under 18 years) and increasing the price of tobacco products through higher taxes, banning tobacco advertising and ensuring smoke-free environments are crucial to eliminating tobacco use.

Globally, at least one in 10 adolescents aged 13–15 years uses tobacco, although there are areas where this figure is much higher.

### HIV/AIDS

An estimated 1.7 million adolescents (age 10–19 years) were living with HIV in 2019 with around 90 per cent in the African region, according to the WHO.

While there have been substantial declines in new infections among adolescents from a peak in 1994, adolescents still account for about 10 per cent of new adult HIV infections, with three-quarters among adolescent girls. Additionally, while new infections may have fallen in many of the most severely affected countries, recent testing coverage remains low suggesting that many adolescents and young people living with HIV may not know their status.

Adolescents living with HIV have reduced access to antiretroviral treatment, lower adherence to treatment, retention in care and viral suppression. A key factor contributing to these shortcomings is limited provision of adolescent-friendly services including psychosocial interventions and support.

Adolescents and young people need to know how to protect themselves from HIV infection and must also have the means to do so. This includes being able to obtain access to HIV prevention interventions including voluntary medical male circumcision, condoms and pre-exposure prophylaxis, better access to HIV testing and counselling, and stronger links to HIV treatment services for those who test HIV-positive.

### Other infectious diseases

Thanks to improved childhood vaccination, adolescent deaths and disability from measles have fallen markedly – for example, adolescent mortality from measles fell by 90 per cent in the Africa region between the year 2000 and 2012.

Diarrhoea and lower respiratory tract infections (pneumonia) are estimated to be among the top 10 causes of death for adolescents 10–14 years. These two diseases, along with meningitis, are among the top five causes of adolescent death in African low- and middle-income countries.

Infectious diseases like the Human Papilloma Virus which usually occurs after onset of sexual activity can lead to both short-term disease (genital warts), but more importantly, cervical and other cancers several decades later.

Early adolescence (9–14 years) is the optimal time for vaccination against HPV infection and it is estimated that if 90 per cent of girls globally get the HPV vaccine, more than 40 million lives could be saved over the next century.

However, it is estimated that in 2019, only 15 per cent

## The vast majority of people using tobacco today began doing so when they were adolescents

of girls globally received the vaccine.

### Early pregnancy and childbirth

Approximately 12 million girls aged 15–19 years and at least 777 000 girls under 15 years give birth each year in developing regions. The leading cause of death for girls aged 15–19 years globally is complications from pregnancy and childbirth.

The UN Population Division puts the global adolescent birth rate in 2020 at 43 births per 1000 girls this age – country rates range from 1 to over 200 births per 1000 girls. This indicates a marked decrease since 1990. This decrease is reflected in a similar decline in maternal mortality rates among girls aged 15–19 years.

One of the specific targets of the health Sustainable Development Goal (SDG 3) is that by 2030, the world should ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

Adolescents need and have a right to comprehensive sexuality education, a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. Better access to contraceptive information and services can reduce the number of girls becoming pregnant and giving birth at too young

## Main Health Issues

an age. Laws that are enforced that specify a minimum age of marriage at 18 can help.

Girls who do become pregnant need access to quality antenatal care.

### Nutrition and micronutrient deficiencies

Iron deficiency anaemia was the second leading cause of years lost by adolescents to death and disability in 2016. Iron and folic acid supplements are a solution that also helps to promote health before adolescents become parents.

Regular deworming in areas where intestinal helminths such as hookworm are common is recommended to prevent micronutrient (including iron) deficiencies.

Developing healthy eating habits in adolescence is a foundation for good health in adulthood. Reducing the marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt and providing access to healthy foods are important for all, but especially for children and adolescents.

### Undernutrition and obesity

Many boys and girls in developing countries enter adolescence undernourished, making them more vulnerable to disease and early death. At the other end of the spectrum, the number of adolescents who are overweight or obese is increasing in low-, middle- and high-income countries.

Globally, in 2016, over one in six adolescents aged 10–19 years was

overweight. Prevalence varied across WHO regions, from lower than 10 per cent in the WHO South-East Asia region to over 30 per cent in the WHO Region of the Americas.

### Physical activity

Physical activity provides fundamental health benefits for adolescents, including improved cardiorespiratory and muscular fitness, bone health, maintenance of a healthy body weight, and psychosocial benefits.

WHO recommends for adolescents to accumulate at least 60 minutes of moderate- to vigorous-intensity physical activity daily, which may include play, games, sports, but also activity for transportation (such as cycling and walking), or physical education.

Globally, only one in five adolescents are estimated to meet these guidelines. Prevalence of inactivity is high across all WHO regions, and higher in female adolescents as compared to male adolescents.

To increase activity levels, countries, societies and communities need to create safe and enabling environments and opportunities for physical activity for all adolescents.

### Rights of adolescents

The rights of children (people under 18 years of age) to survive, grow and develop are enshrined in international legal documents. In 2013, the Committee on the Rights of the Child (CRC), which oversees the child rights convention, published

guidelines on the right of children and adolescents to the enjoyment of the highest attainable standard of health, and a General Comment on realizing the rights of children during adolescence was published in 2016. It highlights states' obligations to recognize the special health and development needs and rights of adolescents and young people.

The Convention on the Elimination of Discrimination Against Women (CEDAW) also sets out the rights of women and girls to health and adequate health care.

*Article source: <https://www.who.int/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions>*

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*The number of adolescents who are overweight or obese is increasing in low-, middle- and high-income countries.*

# KEMU Medical Centre using youth friendly approach to reach students

COMPILED BY KENNEDY OWUOR -  
HEAD, CLINICAL SERVICES, KEMU  
MEDICAL CENTRE

Adolescents experience rapid physical, cognitive and psychosocial growth. This affects how they feel, think, make decisions and interact with the world around them.

Despite adolescence being thought of as a healthy stage of life, there are significant illnesses and injuries during this stage, many of which are preventable and treatable.

During this stage, adolescents establish a pattern of behavior, for instance, related to diet, physical activity, substance use and sexual activity that can protect or put their health at risk.

To grow and develop in good health, adolescents need information including:

1. Age appropriate sexuality education
2. Opportunities to develop life skills
3. Health services that are acceptable, equitable, appropriate and effective
4. Opportunities to meaningfully participate in the design and delivery of their health services

For the above reasons, KeMU Medical Centre started a youth friendly approach for delivery of health services to students.

This gave birth to a youth friendly unit that gives information to the youths regarding their health.

The services offered in the facility are outlined below.

## Sexuality education

KeMU Medical Centre is cognizant of the fact that sexuality education



*KEMU Medical Centre uses a unique approach to provide sexuality education to the youth, including university and secondary school students.*

for the youth is not taken seriously, either due to cultural issues or because parents shy away from sharing this vital information with the young people.

KeMU Medical Centre uses a unique approach to provide this vital information to the youth.

Talks are initiated when the student or youth comes in with a medical condition.

He or she is taken through all aspects of sexuality education and later recruited as a peer educator to reach other students. This approach has ensured students are not afraid to discuss issues around sex with their lecturers and parents.

Among the areas covered in sexuality education are growth and development in both boys and girls, relationships, the need for abstinence, sexually transmitted diseases, un-intended pregnancies and early marriage.

In 2019, the clinic staff and peer educators visited two mixed second-

ary schools within the KeMU community. Sexuality education was done for the students by the peer educators as part of corporate social responsibility.

This encouraged the principals of the schools around the university to send their students to KeMU Medical Clinic for services under the EDU AFYA program.

## HIV&AIDS

KeMU Medical Centre offers free HIV&AIDS counseling, testing and information on management of opportunistic infections associated with HIV&AIDS.

The university students are actively involved in the youth friendly unit. Students are taught on myths and misconceptions related to HIV&AIDS, stigma, prevention and disclosure of their HIV status.

The unit organizes for health weeks within the campus where health care workers teach, counsel, test and promote preventive measures for HIV&AIDS.



*Waiting area at KEMU Medical Centre. During the health weeks, all secondary schools, colleges and universities around the KeMU community are reached with HIV&AIDS messaging.*



During the health weeks, all secondary schools, colleges and universities around the KeMU community are reached with HIV&AIDS messaging.

The medical staff together with already trained students take the opportunity to do counseling, testing and give some key health messages to other students.

Optimization of testing involves facility testing, community testing and self-testing for highly stigmatized populations. When the youths are involved, passing information to their peers becomes easy.

They also feel that they are part and parcel of the information being given to them and have a right to the information they consume.

### **Mental health**

KeMU Medical Centre offers mental health assessment for university staff and students.

This service was started following the rising cases of suicide in Kenya in the recent past. A major stake holder in this process is the Students Counselors Department.

The department uses student peer counselors to identify and report cases of mental illness within the campus.

The medical clinic equips the peer counselors with information to be able to identify early signs of mental illness and interventions to be done in case one is experiencing the signs.

### **Early pregnancy and contraception**

The youth friendly program has offered an opportunity for teenagers and youths to learn about the dangers of early pregnancy and myths and misconceptions with regard to contraceptive use. The programme reaches the young people with information on:

- Contraceptive methods
- Why the young people do not need contraceptives at this stage
- Dangers of early pregnancies and benefits of waiting for

the right time

- Biblical aspect of abstinence and why it is very necessary for the youth
- 4Cs of sexually transmitted diseases - Counseling, drugs compliance, contact tracing and condomise if you can't abstain.

The youth friendly program gives opportunities to those directly and indirectly involved to give their personal testimonies and experiences to encourage those going through or affected by early pregnancies.

University students have taken up the responsibility of sharing with their fellow youth in high schools on their experiences with early pregnancies.

### **Youth life skills**

The theology department at the university started a program for the youth life skills which includes games, communication skills and leadership.

The youth friendly unit has partnered with the theology department to offer health information during the lifeskills sessions. These sessions include outdoor activities like football games and outreach programs organized by the medical centre.

During these sessions the youths are taught moral values, abstinence and general sanitation to prevent communicable diseases. This is also the platform for talent discovery and career path.

### **Alcohol and drugs**

Alcohol and drugs pose a serious threat to the lives of Kenyan youths, especially those in higher learning institutions.

KeMU youth unit raises awareness among the students on the dangers of narcotic drugs. Youths are given information on the types of narcotic drugs available, their usage and effects.

Information given during these sessions also includes the dangers of peer influence and poor choice of friends.

The youths are also taught self acceptance and why they should not put themselves under pressure to measure up to others' demands and lifestyles.

**Rights of adolescents**

At the KeMU youth centre, the young people are told about their rights with regard to health.

The information passed is that all adolescents deserve acceptable, equitable, appropriate and effective health services. The youths have a right to information on their health and to make decisions regarding their health.

They are also given information on the reporting channels incase their rights are violated. Such rights violations include young girls being forced into marriage, female genital mutilation, sexual violence and intimate partner violence.

While KeMU Medical Centre does not have a recovery Centre and there is no such facility nearby, the centre assesses adolescents affected by rights violations and refers them, either to recovery centers or legal assistance bodies. This information is given at the youth Centre.

**Guidance and counseling**

The youth centre provides an opportunity for guiding and counseling

KeMU students and youth from the surrounding community on various issues affecting their health. The topics covered include but are not limited to:

1. Hand washing techniques
2. Cough hygiene
3. Nutritional counseling
4. Conflict resolution
5. Under nutrition and obesity
6. Physical activity
7. Violence

A major part of counseling is done by the students' counselor and the university medical centre counselor. The youth centre plays a critical part in medical interventions for the individual affected and appropriate referrals are done. The youth centre uses peer counselors to pass messages across to the students.

**Involving Community Health Volunteers**

Community health volunteers have played a major role in passing health information to the community around KeMU. The KeMU Medical

**The youths are given information on reporting channels incase their rights are violated**

Centre CHV visits the surrounding community in their homes and sensitizes them on the need to visit the centre to

have their health needs met. Major areas covered by the CHV are:

- Communicable diseases like Tuberculosis
- Family Planning best practices
- Dental problems
- Pandemic
- Diarrheal diseases
- Nutritional deficiencies
- Vaccination
- Contact tracing for Tuberculosis cases
- Couple counseling
- Involving parents in their children's health
- Outreaches
- Linkage to treatment from the community
- Local authority awareness
- Local churches awareness

Empowering the community health volunteer has ensured adequate health information is given to the community around KeMU.

The CHV is at the forefront of organising for free medical camps and outreaches to the surrounding community. She is a great advocate for the community to access health services from the medical centre.

As a result of these efforts, KeMU Medical Centre youth friendly program has been rebranded Wellness Hospital to cater not only for people who are sick but to also encourage those who are not sick to come for routine checkup, adult vaccination and to get health information for infection prevention.



*Dental facilities at KEMU Medical Centre. The centre has a CHV who visits the surrounding community to educate the people on various health issues, including dental health.*

# Recognising and dealing with mental health conditions in adolescents

**M**ental health refers to the psychological or emotional well-being of an individual. This can be further captured in four main aspects of mental functioning. These are:

- i. An appropriate awareness of self
- ii. An awareness of one's abilities
- iii. An ability to work productively (whether in school or in their own environments)
- iv. The ability to contribute to their communities (social, family or otherwise)

Mental illness is any disease or condition affecting the brain that significantly influences or disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. Most mental health problems emerge in late childhood and early adolescence.

Mental health problems, and in particular depression, are the largest cause of disease burden among young people. Poor mental health is associated with several health and social outcomes such as:

- Higher alcohol, tobacco and illicit substances use
- Adolescent pregnancy
- School dropout
- Delinquent behavior

Healthy development during childhood and adolescence contributes to good mental health and can prevent mental health problems.

Enhancing social skills, problem-solving skills and self-confidence can



help prevent mental health problems such as conduct disorders, anxiety, depression and eating disorders as well as other risky actions including those that relate to sexual behavior, substance abuse, and violent behavior.

A health care provider needs the competencies to relate to young people, detect mental health problems early, and provide treatment which includes counseling, cognitive-behavioral therapy or refer for medication

In addition to the typical emotional changes that occur during adolescence, these youngsters often deal with other stressors such as emotional disorders, adjustment disorders, potential loss of loved ones, stigma and isolation, gender-based violence and

the responsibility of taking care of oneself and/or others in the presence of a chronic illness.

Adolescents living with HIV&AIDS who suffer from depression are more likely to be non-adherent to their medication and have other self-care issues and thus require extra attention in both assessment and planning of their care.

### Mental health assessment

Health care workers working with adolescents should pay close attention to their behavior using the following parameters:

- Appearance: An assessment of the client's physical appearance, hygiene and grooming
- Mood
- Cognition:
  - a) Orientation – Is the client aware of space, person and time?
  - b) Memory – short-term, long term
  - c) Intellect – appropriateness of intellectual functioning for age

**Most mental health problems emerge in late childhood and early adolescence**



Signs of depression

S	Sleep disturbance
I	Interest/pleasure reduction
G	Guilt feelings or thoughts of worthlessness
E	Energy changes/fatigue
C	Concentration/attention impairment
A	Appetite/weight changes
P	Psychomotor disturbances
S	Suicidal thoughts
Plus depressed mood	

d) Concentration

- Thoughts: Depressive, appropriateness
- Behavior: Appropriateness
- Attitude: cooperative, antagonistic, appropriate
- Speech: coherence, appropriate
- Perceptions: abnormal perceptions - auditory, visual, tactile
- Insight: appropriate appreciation of circumstances
- Judgment: Sound or impaired

Depression

Depression is a feeling of intense sadness, including feeling helpless, hopeless, and worthless that lasts for days to weeks. It also involves loss of interest in activities that usually give pleasure.

It is one of the more common illnesses in outpatient clinics but is often overlooked. Clinicians dealing with adolescents ought to have a high degree of suspicion for depression at each clinical evaluation.

Always remember that very few adolescents will present with a straightforward complaint of depres-

sion. Majority of the adolescents will present with other complaints and may never mention depressed mood unless questioned specifically for the symptoms.

If the adolescent presents with vague somatic (body) complaints or numerous complaints that do not fit any clear clinical pattern consider depression as a diagnosis.

Diagnosis of depression

The diagnosis of depression in an adolescent should begin with inquiries of the neurovegetative symptoms. Ask the adolescent if they have noticed any changes in sleeping patterns, appetite, and energy levels. Positive responses should elicit further questioning.

The above table shows the nine symptoms for depressive disorder. Five of these nine must be present to make the diagnosis.

A health care provider should assess all adolescents with depression for suicidal risk.

- Ask the adolescent if they have thoughts of hurting self

- If the response is yes ask the adolescent if they have a specific plan
- If the response is yes consider emergency admission

Always remember that many suicide attempts are made with the hope of rescue, which can be useful in assessing how receptive the patient may be to therapy.

Bear in mind that even poorly conceived suicidal plans can have a fatal outcome and any suicide risk must be given prompt attention.

Adolescents with suicidal thoughts may still be at risk of suicide even after treatment has begun.

Past medical history/family medical history

Always remember adolescents with a history of depressive episodes are at increased risk of suffering a subsequent episode.

Adolescents with depression may have a family history of depression, substance abuse, and/or suicidal attempts.

Social history

Assess for any emotional and mental stressors in the adolescent's life.

Ask about the adolescent's family and/or social support structures which are important in determining the adolescent's prognosis.

Lack of support structures in the adolescent's life can increase the risk of suicide and may undermine effective therapy of depression.

Ask the adolescent directly if they are using alcohol or other mood and/or mind-altering substances.

In some cases the adolescent may have been selfmedicating prior to the diagnosis of depression. Remember that use of such substances may significantly increase the risk of suicide.

If the adolescent continues to use these substances after treatment begins, the chances for successful treatment are reduced

Always remember that very few adolescents will present with a straightforward complaint of depression

## Physical examination

Take a thorough history and conduct physical examination to rule out organic causes of depression.

## Other common mental health disorders in adolescents

1. Behavioral disorders: violent behavior, aggression, regression, withdrawal and impulsivity (the tendency to do things without adequate forethought).
2. Anxiety: feelings of nervousness, fear, or worry that interfere with the ability to sleep or otherwise function; a lack of appetite; tremulousness, and sweating. In addition, the adolescents may complain of a racing heart, difficulty breathing, headaches, difficulty falling asleep, and difficulty concentrating.
3. Eating disorders: overeating, not eating enough, dieting to the point of starvation (anorexia nervosa), Bulimia nervosa-binge eating and then purging (vomiting).
4. Somatic complaints: complaints relating to the body, not the mind or spirit: Anxiety and depression affect the mind and the body and, when severe, may be accompanied by physical (or somatic) complaints. These may include fatigue, headaches/migraines, abdominal pain/gastrointestinal problems, back aches, difficulty in breathing/chest pain. Somatic symptoms can also occur as indicators of distress in the absence of obvious depression and anxiety. However, it is always important to rule out medical causes.

## Tips for helping an adolescent as a health worker

Offer support	Let the adolescent know that you are there for him or her, fully and unconditionally. Do not ask a lot of questions. Make it clear that you are ready and willing to provide whatever support he or she needs.
Be gentle but persistent	Do not give up if your adolescent shuts you out at first. Talking about issues such as depression can be very difficult. Be respectful of his or her comfort level while still emphasizing your concern and willingness to listen.
Listen without criticizing	Resist any urge to criticize or pass judgment once your adolescent begins to talk. The important thing is that your child is communicating. Avoid offering unsolicited advice or ultimatums as well.
Validate their feelings	Do not try to talk them out of their feelings, even if their feelings or concerns appear silly or irrational to you. Simply acknowledge the pain and sadness they are feeling. If you do not, the adolescent will feel like you do not take his or her emotions seriously.

**NB:** As a health care worker you need to be patient, listen, empathize, assure, validate, support and refer the adolescent as necessary.

5. Suicidal ideation: thinking about suicide.

6. Drug, alcohol and substance abuse

### Adolescents living with HIV

7. Neurocognitive impairments: Adolescents with conditions such as HIV are at increased risk of loss of memory which includes attention deficit, verbal memory, visual memory, reaction time and complex auditory information processing.

8. Adolescents living with HIV may experience problems resulting from side effects of ARVs or negative experiences with medications some of which may affect the central nervous system, resulting in sleep disturbance, mood changes and perceptual abnormalities including hallucinations. Symptoms usually resolve but clients still

need encouragement and support.

9. General problems coping with HIV diagnosis which include social withdrawal, loneliness, anger, confusion, fear and guilt. It is important to work together with the adolescent and his or her care giver to establish a consistent support system.

The HCP should offer tips on dealing with anxiety/depression and help the adolescent by referring them to a trained counselor, social worker, psychologist or psychiatrist who is accustomed to treating these symptoms.

The HCP may also help by referring the adolescent to a community support and/or peer support group.

**References:** *National AIDS and STI Control Program (NAS COP). Adolescent Package of Care in Kenya: A health care provider guide to adolescent care. Nairobi, Kenya: 2014.*

*“Early detection and treatment is key to preventing episodes of mental distress reaching a crisis point and precious young lives being damaged and lost.”*

## AIC Litein youth programme guiding young people to sail through life issues

**A**IC Litein Hospital is a faith based institution run by the AIC Church. The hospital offers health care services to a large section of the population in the entire south rift and neighboring counties.

The hospital has a youth programme where mainly counseling is offered. Adolescents and young people are counseled to abstain from sexual activity until they are ready to marry.

The areas covered during counseling to the youths and adolescents include but are not limited to the following:

- 1) Abstinence from sexual activities before marriage
- 2) Preventive measures for STIS, HIV and early pregnancies
- 3) Effects of early sexual intercourse
- 4) Social and economic impact of failing to counsel the youth in their early reproductive developmental stages
- 5) Importance of regularly attending their respective churches in order to build a value system and stay engaged as a way of avoiding activities that may negatively impact their future.

Adolescents and youth who may not be able to abstain are guided and directed to access counseling and family planning services at nearby Government facilities.

### Youth friendly services at the AIC Litein Comprehensive Care Clinic

Youth friendly services are available at the hospital comprehensive care clinic. The youths and adolescents in this program are divided into the following age group categories:

- 1) 8- 12 years
- 2) 10-14 years
- 3) 15-19 years
- 4) 20-24 years

Each of these groups meets three times a year during school holidays. The meetings are usually held on Saturday and the youths provided with lunch and bus fare back home.

During these meetings the youths are given time to interact with one another in their groups. This is to allow them to share life challenges and experiences as they are guided by the peer educators and CCC team.

The following are the topics covered during the youth meetings:

### Faith based health facilities would do well to adapt and accommodate youth friendly services in order to provide information, counseling, teaching and training on abstinence to the youth

- 1) Drug adherence
- 2) Viral load
- 3) Education
- 4) Positive living
- 5) Spiritual matters
- 6) Independence, among others

Those with children are taught about parenting, specifically positive parenting. Preparation for parenthood is covered for those in the 20-24 years age group. Youths who are ready for marriage are also connected with their life partners.

Those with partners or engaged outside the group are encouraged to bring them to the clinic for testing and disclosure. In this group, family planning methods are provided within the CCC in collaboration with the MCH/FP department of the hospital.

Adolescents who are sexually active are taught about contraceptive methods to prevent them from early pregnancies because most of them don't have parents to teach, guide and protect them.

Adolescents in the group are also encouraged to regularly attend and be active in their respective churches to prevent early sexual debut.

Youths and adolescents are vulnerable to sexual abuse by those who are older than them. This may expose them to sexually transmitted infections, lower social economic status as a result of early pregnancies and poor spiritual, and moral being. Faith based health facilities would do well to adapt and accommodate youth friendly services in order to provide information, counseling, teaching and training on abstinence to the youth.



# Media and the youth: Focus group discussion at Kendu Adventist Hospital

BY ANGELLAH OMONDI - TUTOR, KENDU ADVENTIST SCHOOL OF MEDICAL SCIENCES

A focus group discussion (FGD) was carried out with teenagers from Kendu Adventist School of Medical Sciences aged between 18-19 years. The main objective of the discussion was to explore the effects of media on the sexual reproductive health of adolescents. The focus group was composed of two men and eight ladies.

### What is media

According to the focus group, media is a platform used for communication internationally and where all kinds of information can be accessed.

### What is social media

Social media are applications which people use to communicate or pass information, for example, WhatsApp, Facebook, Instagram and Telegram.

### Media content

The media provides research findings, locations through GPS, academic write-ups, business ideas, global news/updates, fashion and lifestyle, spiritual content and sports updates.

Some people become famous and influential through this platform which is also useful for marketing.

However, the media also carries negative content such as substance abuse, sexual immorality, violence, gambling, indecent dressing and movie content which may influence the viewer to be suicidal. Other negative effects are addiction to the platform, deceptive notions and fame for wrong reasons.

On sexuality, the media provides both positive and negative information. Positive information includes sex education and information about contraceptives which parents shy off from discussing with the youth.

Negative content includes seductive or provocative dressing, pornography, lesbianism and homosexuality, adverts on sex enhancement drugs, online contraceptives purchase which exposes the user to risks because individualized health assessment is not carried out.

The content on contraceptives is biased towards ad-

vantages so as to promote purchase.

### How can you avoid negative content in the media?

The following answers were given:

- By getting involved in prayer so as to be guided by God
- Practising self-control and restricting what one is watching. For example, one can set their mobile phone to block pornographic material
- Engaging in constructive activities such as sports which act as distractions and prevent one from being constantly on social media
- Ignoring some content
- Avoiding negative peer influence
- Rehabilitation where one gets addicted
- Sticking to one's principles and values
- Filtering what one views and occupying the mind with positive thoughts and activities.
- The youth also emphasized on concentrating on the 'important things' in life.

### Would you go for contraceptives from a health facility?

A few youths in the focus group responded to this question in the affirmative, citing the case of condoms which not only prevent pregnancy but also diseases. They also said they would agree to get contraceptives from a health facility in case of sexual assault.

However, majority were not in favour of accessing contraceptives from a health facility for the following reasons:

- They were abstaining from sexual activity
- Use of contraceptives interferes with someone's spirituality
- Side effects of contraceptives are serious; they may lead to barrenness,
- They prefer the boyfriend to use protection
- They prefer natural ways of preventing pregnancy like observing safe days,
- Some of them are shy.

**Majority of the youths in the focus group discussion were not in favour of accessing contraceptives from a health facility**

- Loss of reputation as health workers do not maintain confidentiality; they rebuke the youths hence affecting their self-esteem.
- The health workers are judgmental.
- The youths may be made outcasts in their communities once information that they are using contraceptives leaks out.
- Some health care providers entice the teenagers into sexual activities and coerce them to use contraceptives without explaining the pros and cons of using the various methods.

### Should teenagers be allowed to access and use contraceptives

Most of the respondents in the group answered in the affirmative to this question. They however cautioned that the choice was individual and could only be made after thorough guidance and counselling.

They all agreed that it was too early for them to begin using contraceptives. The biblical perspective of abstinence was safer and they wanted to only have sex in marriage.

### Word to parents/guardians

Parents and guardians should gradually (based on age) engage with teenagers positively on matters of sexuality.

Most parents have been unsuccessful in engaging their teenage children on matters to do with their sexuality because the older folk begin by judging the youths before giving them a chance to air their views.

One of the comments frequently heard in many households is “Watoto wa siku hizi wameharibika, nyinyi mumeharibika sana” (children of nowadays are spoilt, you are spoilt).

To the youths, this is a false accusation, which accord-

ing to the focus group discussants makes them want to prove their parents right.

Another demoralising occurrence is when parents compare their teenage children with others with the implication that the other person is better. According to the youths, this can be very painful.

A common phrase is “be like so and so” or “naona umeanza tabia ya yule” (I see you have started behaving like so and so).

Sometimes parents and guardians judge the youths just because they have seen them sitting with a member of the opposite gender.

“Umeanza tabia mbaya” (you have started bad manners), parents say, without stopping to find out and understand what the young people were discussing.

The youths said parents should handle each of them as an individual with unique personality and needs.

When parents keep giving the youths instructions like don't watch this, don't do that, don't drink that; without explaining why, the adolescents become curious and want to try what they have been warned against. The discussants asked parents to provide clear information on issues at hand as opposed to just giving them harsh instructions.

Parents need to begin teaching their children morals from an early age, giving age-appropriate information. This enhances bonding so that at the adolescent stage, children will feel free to open up.

Waiting until teenage to start discussions around sexuality backfires because a bond was never formed.

Additionally, parents should handle both boys and girls equally. Many times, boys are not questioned when they return home late but girls are harshly judged. Yet, the risks out there affect them both.



*Students from Kendu Adventist School of Medical Sciences who took part in the focus group discussion.*

## Tips for effectively communicating with adolescents in a health care setting

Communication is the process of transmitting information or thoughts on a particular topic or issue through words, actions or signs, to a recipient with the aim of reaching a common understanding.

The purpose of communication is to inform with a view of motivating people to act, change, adopt and/or achieve specified desired results.

### The communication process

The communication process consists of five components:

1. Sender/communicator - Source of information
2. Message - Packaged message content
3. Media - Channel of communication
4. Audience - Receiver of information
5. Feedback/response/reaction - After the sender relays the message, the receiver interprets it and gives feedback. Communication occurs when both the sender (source) and the receiver (audience) have the same understanding of the message.

Feedback can be in the form of non-verbal communication or verbal responses. The response is based on the perception of the receiver which depends on his/her state of mind, health, attitudes, values and beliefs at the time the message was relayed.

### Types of communication

There are two major types of communication:

**Verbal:** What is heard

Verbal communication should be:

- Acceptable to the adolescent
- Relevant to their current status
- Culturally and religiously sensitive
- Delivered in a clear voice and in a language that is easily understood.

**Non-verbal:** What is seen and felt

Non-verbal communication is communication through gestures, body language, facial expressions, eye contact etc.

Adolescents are more sensitive to, and will easily pick up body language cues and facial expressions rather more than the content of verbal communication.

A health worker should therefore use observation skills and be aware

of body language and environmental factors in the communication process.

### Skills of an Effective Communicator

- Establish a good rapport with the adolescents
- Use simple and well understood language
- Listen actively and pick both verbal and non-verbal cues
- Understand the background of the adolescents and maintain privacy and confidentiality
- Communicate with a clear voice and speak in a friendly and polite tone of voice
- Show the adolescents that you have trust and confidence in them in order to gain their trust and confidence,
- Be non-judgmental and do not impose your values on the adolescent
- Ensure there is a conducive environment (quiet, good ventilation)
- Ensure any messages given are appropriate, timely, meaningful and applicable to the situation(s)

Barriers	How to overcome
Age difference	If possible have persons of similar age to the adolescent (or youth friendly) to communicate.
Education level	Avoid complicated or medical jargon (language).
Language used	Use simple language and diagrams if possible.
Attitude, values, beliefs and perception	Make an effort to understand the perceptions, beliefs, values and attitudes of the clients/patients. Do not impose your values and beliefs on the adolescents.
Environmental factors	Choose a conducive environment, where practical remove any environmental barriers.
One-way communication	Listen more and talk less to pave way for a two way communication process.
Lack of privacy and confidentiality	Ensure there is privacy of work station, security of medical records and confidentiality of information.

### Barriers to effective communication and how to overcome them

When communicating with an adolescent, you should be aware of some of the common barriers to effective communication and how best to overcome them.



### Role of the health care provider in fostering good communication

As a health care provider you should be able to:

- Communicate effectively: Help the adolescent to evaluate his/her own behavior and possible solutions to the problem. Respect, trust and give positive encouragement to allow the adolescents to take responsibility for their decisions.
- Consider the adolescent as an individual, emphasize on their qualities and potential and respect his/her rights as a person.
- Accept the adolescent as a complete and independent individual with his/her own views, concerns, attitudes and challenges.
- Don't be judgmental.
- Promote ownership of decisions, greater self-confidence and self-control.

### Counseling adolescents

Counseling is a person-to-person interaction, in which the counselor supports a client in exploration and appreciation of their perceived challenges, provides information to help the client understand their concerns or issues more clearly with a view to assisting the client make more informed choices and/ or decisions, develop plans and act on them.

Rapport is a key component of effective counseling since it enables the counselor and the client to appreciate each other's concerns (the counselor supporting and the client being assisted to develop coping strategies, plans etc) to achieve common agreed upon goals.

An effective counseling approach should include the following:

- Active listening without judgment
- Respect the adolescent's right to determine how he/she will deal with the situation at hand
- Provide examples through story telling about similar real-life situations
- Reduce stigma around sensitive topics by speaking about the topic in a normal manner. (You can do this by speaking about the topic as if it were routine and is not an uncommon occurrence, and by sharing other stories about how people have dealt with stigma in a positive manner. Remember to keep all names confidential when you tell these stories.)
- Ask open-ended questions and avoid direct questions when enquiring on sensitive topics.
- Discuss less sensitive topics before approaching potentially sensitive or uncomfortable topics.
- Link the adolescent to other avenues where he/she can

talk about his or her feelings e.g. peer support groups.

- Provide correct information and help the adolescent to make informed decisions.
- Assist the adolescent to identify personal strengths, develop self-confidence and a positive attitude.
- Maintain an open mind
- Trust the adolescent's decisions and feelings.
- Refer for additional religious and spiritual support
- Assist the adolescent to normalize his/her feelings; reassure them about normal, appropriate reactions to the situation.

#### **Avoid:**

- Solving the adolescent's problems (making decisions for him/ her and telling him/her what to do).
- Blaming, judging, and preaching.
- Making promises if they cannot be kept.
- Forcing your own values and beliefs onto the adolescent.
- Providing incorrect information.

### Common counseling situations for adolescents

The following are some situations that require counseling

1. Counseling Adolescents to postpone intercourse

#### **Key messages:**

- It is possible, acceptable, practical and normal to abstain from sexual activity.
- Sex should never be forced on any one
- It is better to delay child bearing until after adolescence

2. Counseling sexually active adolescents (includes married and single youths)

Educate and provide information on:

- Contraception: methods and access
- Prevention and treatment of sexually transmitted infections
- Importance of testing for HIV as a couple (to bring their sexual partner)
- A HIV infected adolescent can infect his /her sexual partner
- A HIV infected adolescent can transmit HIV to their unborn child.
- There is room for secondary abstinence for those who had been sexually active.

### Challenges in counseling the adolescent

- Silence: This can be a sign of shyness, anger, anxiety or non-verbal communication. If it occurs at the beginning of a session, the provider can say, "I realize it's hard for you to talk. This often happens to people who come for the first time."

## Communication

If the adolescent has difficulty expressing her/his feelings or ideas, the counselor can use some brochures or posters to encourage discussion or refer to a story or anecdote so the adolescent can talk about others rather than her/him.

- **Crying:** Try to evaluate what provoked the tears and avoid suppressing the crying. Provide psychological support and refer appropriately.
- **Threat of suicide:** All suicide threats or attempts must be taken seriously. It is essential to determine if attempts were made in the past, if s/he is really considering suicide and the reasons for doing so or if it is something said without thinking. It is best to refer the adolescent to a psychiatrist or psychologist.
- **Refusal to be helped:** If the adolescent isn't comfortable to discuss their problem, the counselor can say, "I understand how you feel. I'm not sure I can help you, but maybe we could talk for a minute." If not able to communicate plan for a rescheduled visit.
- **Need to talk:** Challenges in counseling may also include a situation where the adolescent is very vocal and wants an outlet to express other concerns that may not be directly related to the immediate counseling need as perceived by the service provider. Give the adolescent the opportunity to express her/ his needs and concerns. Refer for relevant services.

### Life skills

Life skills can be defined as the abilities a person possesses that enable him or her to deal effectively with the demands and challenges of everyday life and to maintain mental well-being that is demonstrated in adaptive and positive behaviour while interacting with others, his/her culture and environment (WHO/MNH/

PSF/93.7 A. Rev

Life skills enable individuals to translate knowledge, attitudes and values into actual abilities, i.e. "what to do and how to do it".

Life skills help young people identify goals, take greater responsibility for their own lives and build a good and healthy future for themselves.

### Categories of life skills

Skill of knowing and living with oneself	Skills of knowing and living with others	Skills of making effective decisions
<ul style="list-style-type: none"> <li>• self-awareness</li> <li>• self esteem</li> <li>• assertiveness</li> <li>• coping with emotions</li> <li>• coping with stress</li> </ul>	<ul style="list-style-type: none"> <li>• interpersonal relationships</li> <li>• friendship formation</li> <li>• empathy</li> <li>• peer pressure resistance</li> <li>• negotiation</li> <li>• non-violent conflict resolution</li> <li>• effective communication</li> </ul>	<ul style="list-style-type: none"> <li>• critical thinking</li> <li>• creative thinking</li> <li>• decision making</li> <li>• problem solving</li> </ul>

### Role of the health care provider

- Enhance the adolescent's self-esteem and assertiveness in their relationships with peers and adults
- Empower the adolescent to develop attitudes, values and skills that promote positive, responsible and healthy life styles
- Encourage the adolescent to recognize themselves as responsible members of the society, with a contribution to their development and well-being
- Work with the adolescent to strengthen their communication and negotiation skills, decision making skills and dealing with peer pressure.

### Adolescent sexual and reproductive health

Among the critical health problems adolescents face are those associated with sexuality and reproductive health such as early and unprotected sexual activity. These have a significant bearing on both their current and future health status. Adolescents' sexual and reproductive health is often determined by their age of first

sex. Adolescence is a period of self-discovery, exploration, and continued sexual development. It is also a period when sexual initiation usually occurs.

It is therefore important to remember that:

- All adolescents have the right to a healthy sex life
- Adolescents should be equipped

with the knowledge and skills to protect themselves and their partner

- Adolescents must be able to access and utilize sexual and reproductive health (SRH) services which are offered in an integrated manner as part of regular routine services.
- Always avoid negative constructs of sexuality that emphasize disease and fear instead focus on the positive aspects of sexuality, which may help adolescents commit to safer sex practices.
- Be prepared to discuss issues of sexuality in a non-judgmental and constructive manner.
- Be sensitive to diverse sexual orientations (homosexual, heterosexual, bisexual)
- Remind the adolescent that questions, desires, and thoughts about sex are normal for any adolescent and offer them your support.

**References:** *National AIDS and STI Control Program (NAS COP). Adolescent Package of Care in Kenya: A health care provider guide to adolescent care. Nairobi, Kenya: 2014.*

# Utilising the Church platform to mentor youth

BY PR. MAURICE ASANGO - SDA RANEN CONFERENCE

The Seventh Day Adventist Church has since 1979 had a worldwide movement focusing on winning young people to Christ through their peers.

This programme has been organized through the youth ministry.

The mission of this movement is: 'To lead young people into a saving relationship with Jesus Christ and help them embrace His call to discipleship'.

The Adventist youth ministry has two broad age groups that are broken into dedicated subsets as follows:

- Junior youth (4-15yrs)
  - a) Adventurer Ministry: 6-9 years
  - b) Pathfinder Ministry: 10-15 years
- Senior Youth (16-21 years)
  - a) Ambassador Ministry: 16-21 years
  - b) Young Adults Ministry: 22-31years

The youth programs are organized within the Church.

These programs help in strengthening parent-child relationships by providing weekly activities tuned to the psychological needs of this age group and also giving parents opportunities to learn parenting skills and enjoy special activities with their children.

The programmes also assist in the critical years of identity and transformation of boys and girls, offering intentional activities of service and mission that focus the youths' energies on their communities' development and service to God.

The programmes challenge the young people to share a personal relationship with Jesus Christ and develop a lifestyle that is consistent with their belief system.

They also provide training in diverse vocational interests and give

the youths a safe environment for the wholesome development of lifelong friendships as witnesses for Christ through their lifestyles.

The young people are also empowered for leadership, mentoring, evangelism and healthy living.

Our current response to COVID-19 includes, among other things:

- Sensitization of youths on local FM radios about activities that they can undertake during school holidays, such as supporting their parents
- Programs intended to engage the youth and make them more productive including bible study, vocational bible schools, community participation activities such as cleaning of market centers and assisting the elderly.

**Reference:** <https://tmi.adventist.org/5-ways-to-encourage-youth-in-total-member-involvement> as at 3/12/2020

## Effects of COVID-19 on adolescents in slums

BY RICHARD OKETCH

The COVID-19 pandemic has brought about unique challenges for youth living in informal settlements in Kenya.

The long break in the school calendar experienced early in the pandemic presented an opportunity for the adolescents to hone their life skills. However, a key challenge emerging for many of the young people is balancing their domestic duties and educational responsibilities. Some of the youths have also taken up parenting responsibilities for their younger siblings as parents busied themselves putting food on the table.

Access to e-learning platforms has emerged as a major challenge for adolescents in informal settlements.

Given that most of the families in these areas live on less than a dollar a day, access to e-learning is a luxury they can ill afford. The cost of hardware and data is beyond the reach of these families. Yet e-learning has been touted as one of the solutions to the challenge of physical distancing in classrooms worldwide. Lack of reliable electricity supply also presents a serious challenge to e-learning.

Some of the adolescents have been forced to start working as casual labourers so as to contribute to the household budget. Some students who are currently working are unlikely not to return to school and would prefer to continue with casual work, leading to devastating consequences for their future.

Child-parent relationships have been affected, both positively and negatively. Spending a lot of time together has led to growth and improved relations for some while for others, it has been a cause for tension.

Outside their homes, plenty of idle time has increased the risk of negative peer pressure leading to drug abuse, irresponsible sexual behaviour, among other negative effects.

Many adolescents in slum communities fear they may not have the financial support to complete their education once schools reopen, given the economic effects of the COVID-19 pandemic. Tragically, this fear is the reality of many adolescents in other settings across the country, including rural and hard-to-reach areas.



# Adventist Centre for Care and Support looking after OVCs from slum settlements

## Introduction

**A**dventist Centre for Care and Support (ACCS) is a faith-based NGO founded by the Nairobi Central SDA Church (Maxwell) in 2005. The centre targets to help the needy in the society.

Among the groups targeted by the centre are Orphans and Vulnerable Children (OVC), those affected or infected by HIV/AIDS and ex-prisoners. The centre has also implemented Early Childhood Development projects with a focus to encouraging interaction of both normal and children with special needs.

The centre mainly serves children from the Kawangware informal settlement in Nairobi County and is supported by the CHAK CHAP Uzima project. With support from the CHAP-Uzima project, the centre is scaling up enrollment of children living with HIV&AIDS in CHAK supported facilities in the other informal settlements.

The Centre is currently also taking in OVCs seeking HIV&AIDS care and treatment services from Baraka Health Centre and Mater Hospital in Nairobi's South B Estate as well as from the Kangemi informal settlement and has adopted an integrated approach to service delivery for the OVCs.

## The four domains

The ACCS activities and programmes touch on four main domains:

- Healthy
- Schooled
- Safe
- Stable

In Year 4 of the project, the centre was supporting 2,393 OVC in all the four domains.

## Coverage of the four domains

### Schooled

This domain covers school levies, school fees for the highly vulnerable, school uniforms and mentorship, including occupational and career mentorship and vocational training.

For children in school, case workers are assigned to monitor enrollment and attendance. Girls who drop out of school due to lack of school fees and are over 18 years are referred to the Dreams Programme which works closely with the centre. The Dreams programme is able to train and mentor these girls to ensure they have a means of livelihood.

To ensure retention, the programme supplies girls under its support and care with sanitary towels lack of which sometimes makes them skip school. Supply of sanitary towels is done quarterly, during the school holidays. Each girl gets 10 packs of sanitary towels, the cost of which has been incorporated into the project budget.

Children who are in school are visited by an assigned field officer who checks on attendance, performance and progress. The field officer will often check with the parents or guardians and teachers on how the child is faring in school. This way, the centre knows if a child under its

care is performing well or not.

The field officers talk to the OVC one-on-one and encourage them, find out gaps in school and home, find solutions or refer to referral points. They also refer the children for bursaries where school fees is a challenge.

When a child is absent from school, they visit the household to find out the reason for this absence.

All children of school going age in the programme are enrolled in learning institutions. Some of the youngsters have however dropped out mainly due to early pregnancies and lack of school fees.

### Healthy

The OVCs who are HIV-positive are taught how to live positively. Those who are HIV-negative are taught how to avoid HIV infection. The programme also does referrals, case management and viral load testing for the enrolled OVC.

### Safe

The children are made to understand what gender-based violence means and ways of reporting.

The programme has 31 Community Health Volunteers who follow up on the children. The CHVs ensure that every child is visited at least once every three months. The more vulnerable HIV-positive children are visited once a month.

Safe also means no exploitation especially through child labour as

**Children in school are visited by an assigned field officer who checks on attendance, performance and progress**

## **Income generating activities are critical for those who drop out of school as they help to stabilize the household**

relatives tend to take advantage of vulnerable children.

During the visits, the CHWs use a tool to check whether the child's environment is safe.

The centre also works closely with the Dreams Programme to accomplish the safe domain. The Dreams Programme enrolls girls from 9-24 years.

### **Stable**

This domain involves taking the children through mentorship and vocational training. Income generating activities are critical for those who drop out of school as they help stabilize the household.

During the COVID-19 pandemic, many businesses went under. The OVCs and their households were supported with care packs consisting of maize flour, cooking oil, rice, green grams, salt and wimbi.

The households supported expressed their deep gratitude for the assistance, reinforcing the belief and practice of offering food relief as part of HIV programming. With each household averaging four children, this support reached a big section of the population.

### **HIV&AIDS**

#### **Support groups for children living with HIV&AIDS**

Support groups for children living with HIV meet on a monthly basis. During the group meetings, discussions focus on adherence.

The children are encouraged to

freely open up on the issues affecting them. This helps them understand that they are not the only ones living with HIV, encouraging them to live positively.

During the support group meetings, champions encourage the children to live positively and adhere to their medication. As the children approach 18 years, they are enrolled into vocational training in readiness for exit from the programme.

### **Challenges**

- Adherence – Some of the children, upon realizing that they are HIV-positive have many questions. It is because of such questions that the children's support groups meet on a monthly basis.

Adherence has improved due to the encouragement offered by the support groups. Pill count ensures the children attend clinics.

Children with high viral load do escorted visits to the clinics. The clinician ensures close appointment dates for such children.

- Some of the adolescents become withdrawn as they grow. When the case worker visits a household and realizes the adolescent has become withdrawn, the counselor is invited to tackle the case. One of the main causes of withdrawal among the adolescents is disclosure. Many of the adolescents will go silent when the issue of disclosure is broached.

In one case, the OVC tested reactive while the mother had earlier also tested reactive. The OVC requested

## **In the safe domain, the children are made to understand what gender-based violence means and ways of reporting**

the case worker not to reveal his status to his mother. His siblings would wonder why their brother was taking prescription drugs and his mother had never revealed her status to him.

However, after counseling disclosure was done with both mother and son disclosing their status to each other.

- Boarding schools: Teachers should be sensitized not to talk about the HIV status of children in boarding schools. The teachers often know the status of the children as some of the minors will leave their drugs with the matron for safe keeping.

### **Role of social workers in the programme**

Social workers play a critical role in the programme. Among their key duties are the following:

- Work closely with the case workers
- Visit households with the case workers
- Compile reports
- Do escorted referrals monthly
- Follow up on the OVCs through the care givers
- Address the challenges faced by the case workers. They oversee the case workers and are supervised by field officers.

For adolescents who are pregnant, the social workers:

- Ensure they start ANC
- Encourage the girls to give birth in a health facility
- After giving birth, ensure they go through PNC
- If the mother is HIV-positive enroll for PMTCT
- Follow up to see if the child is HIV positive. The social workers ask the mother for the results of the last anti body test.

For year 3 of the programme, the social workers entered into case

## OVC care and support

management.

### Case management

Each social worker oversees 15 case workers who have the task of developing case plans for the households that they oversee.

Social workers oversee and help the case workers to review the plans and document the goals achieved. Where the goals were not met, challenges and obstacles are identified for resolution.

Some of the case workers were once care givers who were introduced to and trained on the community strategy and are therefore well able to look after the OVCs.

### Graduation model

The centre holds an annual graduation ceremony for OVCs over 18 years who have met the indicated number of bench marks as set out by the programme. Stakeholders and caregivers are given an opportunity to speak during the graduation ceremony, encouraging the OVCs to live positively.

Each year, the project sets a target of the number of OVCs to graduate from the programme.

The programme team members assess the case plans to find out what has been achieved. Those OVCs scoring 10 out of the 17 bench marks are then allowed to graduate.

The bench marks are usually identified by the case workers who do home visits and score the OVCs according to the benchmarks set by the programme. The caseworkers then identify potential graduates and give them numbers.

The graduation ceremony is attended by one care giver and one OVC per household. The OVCs are given a chance to talk about their experiences and issued with a certificate during the graduation. Most of them leave the centre confident of great achievement in their future lives.



*Adventist Centre for Care and Support staff in a group photo with CHAK staff. The Centre is supported by CHAP Uzima. Dr. Douglas Gaitho (back row, second left) has since left the CHAP Uzima project. - Source: ACCS Facebook page*

### Income Generating Activities (IGA)

The OVCs' care givers were trained to implement DSLAs by a consultant. The project was able to invite teams for the four ALTIS. The programme officer and three case workers were trained as TOTs and later initiated the VSLA.

The care givers were organized into groups and trained to do the loaning. A total of six loaning groups were formed and out of these, four are still going strong.

### Monitoring and Evaluation (M&E)

The process of enrolling into the programme begins with identification of the needy household. Consent is then got from the household and registration begins using the requisite tools. Enrollment targets are set annually

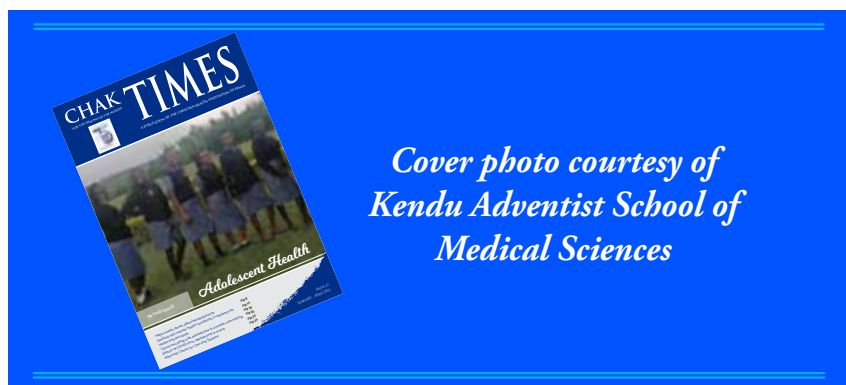
with the project targeting to support 2393 OVCs in Year 4.

The centre uses the Child Protection Information Management System (CPIMS) for its M&E processes. Two key tools are Form 1A used for monitoring services offered to the OVCs and 1B for quarterly data collection done in December, March and June by the care givers. Form 1A is filled on a monthly basis.

Once the forms are submitted after being completed by the case officers, the information is keyed into the system.

A documented case plan will usually be followed to achieve the desired outcome for each child. Supporting documents such as parents or guardians' ID, clinic cards e.t.c are collected and documented.

Random sampling is done to assess risks.



*Cover photo courtesy of Kendu Adventist School of Medical Sciences*



## Frequently asked questions about adolescents and COVID-19

### Can adolescents catch COVID-19?

Yes. All age groups can catch COVID-19. As this is a new virus, we are still learning about how it affects children and adolescents. Evidence to date suggests that children and adolescents are less likely to get severe disease, but severe cases and death can still happen in these age groups.

### Can adolescents spread COVID-19 to other people even if they have mild or no symptoms?

Yes. Infected people in all age groups – including adolescents – can transmit the virus to other people, even if they have mild symptoms or do not feel ill.

### Since there are few known cases of adolescents getting seriously ill with COVID-19, should I go to a health facility if I develop symptoms of the disease?

If you have minor symptoms, such as a slight cough or a mild fever, there is generally no need to seek medical care. Stay at home, self-isolate and monitor your symptoms. Follow national guidance on self-isolation.

Avoiding contact with others and visits to medical facilities will allow these facilities to operate more effectively and help protect you and others from possible COVID-19 and other viruses.

Seek medical care if your health gets worse, or if there is no one in your family that can take care of you at home. It is important that you follow the procedures put in place by your country. Ask a family member or another trusted adult

how you can find out what these procedures are where you live.

### What should I do if someone in my family gets really ill with COVID-19?

Seek medical care if members of your family get seriously ill. If possible, either you or an adult should phone the local or national COVID-19 emergency number for advice on where and how you could get care.

If your family member is confirmed as having COVID-19, you must be prepared that you and other known contacts will need to monitor your symptoms, and continue to self-quarantine for 14 days, even if you feel healthy.

### I am on medication for a chronic health condition. Should I change anything?

It is important to continue with any medication you may be using for chronic and other conditions, such as asthma, diabetes, HIV infection and TB, and attend recommended check-ups.

Check with your health authorities and health provider if these check-ups should be done differently during the COVID-19 outbreak.

Some services, such as counselling, may be available remotely. For treatment of clinically stable adolescents with HIV and adolescents with TB and/or other chronic conditions, your health provider should consider multi-month prescriptions and dispensing which will reduce the frequency of your visits to the clinic and ensure continuity of treatment, if movements are disrupted during the pandemic.

Adherence to treatment is just as important during this period.

### I am bored staying home. Since I am very unlikely to get severely ill even if I was to get COVID-19, why is it important that I follow the guidelines to prevent transmission such as keeping physical distance from other people?

Staying at home is difficult and can get boring, but it may help to do something you enjoy.

This could be reading a book, playing games or listening to music. Try to stay connected with friends and family every day either by communicating with them by phone or internet if you can, or, if you live close to them and the local rules allow you to, by talking in-person while keeping your distance.

At the same time, it is still really important that you reduce your chances of being infected or spreading COVID-19 by washing your hands with soap and water or alcohol-based hand rub as often as possible, keeping at least one metre (three feet) from other people, and avoiding crowded places.

You might be one of the unlucky adolescents who does get severely ill if you catch COVID-19, or you could spread it to others and be responsible for them getting really ill or even dying. You have the power to make choices that could save lives and together young people can play an important part in fighting COVID-19.

### I was due to get vaccinated for HPV, meningitis or tetanus, but immunization services have been disrupted. Should I be concerned?

The WHO recommends that all vaccination in schools and mass cam-

paigns should be postponed during the COVID-19 pandemic.

However, vaccines provided to adolescents have sufficiently flexible schedules to make sure you can get the vaccine in time when vaccination services start again.

For example, the HPV vaccine that requires two doses can be started any time between nine and 14 years of age and the interval between the two doses can be longer.

The minimum interval between doses is six months, but it can be 12 or 15 months and, if necessary, even longer. It is most important that you receive the second dose at some point in time to be fully protected.

Decisions to continue routine vaccination services are made by each country. Ask a family member or another trusted adult how you can get information about vaccination services where you live.

It is important you get the vaccines you are supposed to get, even if they have to be delayed due to the COVID-19 pandemic.

### **Some of my friends are not sticking to the rules about physical distancing. What should I do?**

Explain to your friends why it is important to protect themselves and others by washing their hands, avoiding touching their face, always coughing or sneezing into their elbow, sleeve, or a tissue, and cooperating with physical distancing measures and movement restrictions when called on to do so.

Maybe you can share ideas for fun virtual activities that your friends can participate in, and you can encourage them to do them together with you or with other friends.

This way you are giving them alternatives rather than just telling them to stay at home. But, remember that you do not have control over other peoples' actions so do not get

into an argument or a fight to try to change their minds.

### **I am feeling really anxious about COVID-19 and its impact on my life. What should I do?**

In situations like a pandemic it is very normal to feel anxious and powerless, and that is okay. Here are a few suggestions on things that could help you proactively manage your anxiety:

a) Think about how you are feeling.

Don't ignore your feelings, especially if you don't feel well. When your life is disrupted, it is normal to have many different feelings: worry, frustration, sad, stress, anger, anxiety - this can happen to everyone.

Draw on skills and strategies you have used in the past that have helped you to manage life challenges, and skills to help you manage your emotions.

Here are a few examples:

- Keep a diary
- Express your feelings through art, like writing a poem, drawing, dancing, or playing music
- Talk about your feelings and concerns with someone you trust
- Try some breathing exercises. You may find guided breathing exercises online if you have access to internet.

b) Do something active every day: Any exercise will help, as it reduces levels of the body's stress hormones, which can help your body and mind relax. Exercise also produces a "feel good hormone" called endorphins which can help to improve your mood. Try taking a walk, running, or any physical activity outdoors while keeping a distance from others.

c) For those who are unable to leave the house, you could open the window for fresh air and do some indoor exercises to stay active.

d) Don't use smoking, eating, alcohol

or other drugs to deal with your emotions.

e) Stay connected with friends and family either by communicating with them by phone or internet if you can. If you live close to them and the local rules allow you to, you could also talk to them in person while keeping your distance.

f) Keep a daily routine as much as possible. Try to go to bed and wake up at the same times every day, making sure you get enough sleep. Plan ahead and try to have a balance of activities such as keeping up with schoolwork, physical exercise, connecting with friends and family, doing things you enjoy, and eating regular meals.

g) Talk to a health worker or counsellor if you, or someone you care about:

- i) Feel overwhelmed with emotions like sadness, fears and worries
- ii) Feel like stress gets in the way of your daily routines, or
- iii) Feel like you want to harm yourself or others.

At this time, you may find it easier to speak to a counsellor than a health worker, given that there may be restrictions on movement and health facilities may be busy caring for those with COVID-19.

### **When will this pandemic end?**

We don't know when the pandemic will end, but we know it depends on every individual's contribution in helping stop transmission of COVID-19.

The sacrifices you have made by not seeing your friends and by stopping going to school and other activities are your contributions to fighting the pandemic.

By putting societies and economies on hold, we have reduced the ability of the virus to spread through our communities. These defensive

measures have helped to limit some of the short-term impacts of the virus, and bought us time to translate what we have learned about the virus into solutions so that we can get back to a more familiar way of living.

It is important that you continue to practise these measures and encourage your friends to do the same.

**Is it safe to go back to school?**

A decision to reopen schools in every country and area is made based on careful assessment of the situation, with consensus among all the key parties involved, including the health and education policy-makers, teachers and other school staff, parents and health and community workers.

In addition, the reopening of schools are carefully planned and prepared, with all necessary measures in place to protect the safety and health of everyone in the school community.

Therefore, if your school reopens, you should feel assured it is safe for you to go back to school – provided that you strictly follow the guidelines and rules that will be provided by your school.

Of course, if you have any concerns with going back to school, do not hesitate to speak out to your teachers and parents or guardians.

**I know there is a risk of getting COVID-19 at the moment, but I feel fine. Can I still play sports?**

Yes. You can still play sports that are in line with the physical distancing measures and movement restrictions that are in place in your country.

Being physically active is good for your health, both physical and mental. Set up a regular routine to practice activities or sports that do not require close contact with others every day for one hour.

You can do individual sports like jogging, walking, dancing or yoga. There are many options to try. You can set up playground games indoors,

such as jump rope and hop-scotch, play with your brothers and sisters, and practice some strength training activities, using improvised weights like bottles full of water or sand.

If you have access to the internet, you can also join in online active games or fitness classes, or set up your own online physical exercises with your friends or classmates. Find an activity that is fun, can be done within the restrictions that are in place in your country, and makes you feel good.

**I am missing out on my education because of the COVID-19 pandemic. What should I do?**

Your school or place where you are studying are likely to make arrangements for you to catch up or to do exams at another time. Follow the procedures that your school has put in place to reduce the immediate impact of school closures, and to facilitate the continuity of education.

If you have access to internet, you can also consult your teachers and other trusted adults to identify and access reliable online learning opportunities and resources, including those included in the distance learning solutions recommended by UNESCO, the United Nations agency that helps countries improve their education systems.

In addition, UNESCO is collecting stories from students, teachers and parents about how they are coping and continuing to learn during school closures. Access those stories, they might inspire you.

In places where internet connectivity is a problem, many governments have started to broadcast educational programmes on TV and radio channels during school closures. If you live in such a place, look out for educational programmes on your local TV and radio channels.

**COVID-19 is everywhere in the news, and I am finding it difficult to know what is true and what is false. What should I do?**

A near-constant stream of news, sometimes contradictory, can cause anyone to feel lost and distressed.

Make sure to use reliable sources such as the UNICEF and the World Health Organization’s sites to get information, or to check any information you might be getting through less reliable channels.

Keep in mind that overloading yourself with information about the COVID-19 pandemic can also be stressful, so seek information updates and practical guidance at specific times during the day and avoid listening to or following rumours that make you feel uncomfortable.

**In the lockdown, I am spending much more time online playing games, socialising and studying. Should I be worried about this?**

COVID-19 has abruptly pushed many people’s daily lives online, and you may be spending even more hours online than before.

While online solutions provide huge opportunities for continuing your learning, socializing and playing, you should try to limit the amount of screen time that is not related to your studies or physical activity.

This is because you need to be physically active to keep healthy and a positive attitude. In addition, some people are sensitive to flickering lights and may get headaches, nausea, and dizziness, and even seizures if they spend too much time in front of a screen.

Therefore, it is important to replace some of the recreational screen time with non-screen activities, like listening to music, reading, playing board games, and physical activity, like going for a walk or jog.

Excessive gaming can lead to



“gaming disorder” that leads to reduced sleep or day-night reversal, loss of appetite, aggression, headaches, and attention problems. If you experience these symptoms, seek help from your parents or a trusted adult.

### **I heard I can be hurt by online contacts. What are my risks and how I can protect myself online?**

Since you might be spending even more time online than before, it is wise to be aware of some of the risks. First, be careful what content you share. Risky behaviour, such as sexting or sharing of sexualized content, can expose you to risks of blackmail, harassment and humiliation.

Second, spending more time online may increase the chances that you could come into contact with online predators who seek to sexually exploit young people. When in front of webcams wear appropriate clothing and do not connect with teachers or virtual classrooms from a bedroom.

In addition, it's important to note that some adolescents – for example those with disabilities and those perceived to be different or at greater risk of catching or spreading COVID-19 - may be at increased risk of cyberbullying and discrimination. Hurtful, discriminatory or inappropriate online contact is never okay.

If in doubt, or if you feel uncomfortable or distressed about some interactions you have online, tell a parent or another trusted adult immediately.

### **Since my parents stopped going out to work, they have been arguing with each other much more, and in some instances, I have seen one parent harm or hurt the other either verbally or physically. I don't feel safe at home. What should I do?**

This is a difficult time. Many people – including perhaps your parents - are worrying about security, health, and money. When people are in the cramped and confined living conditions of lockdown, these tensions and stress can become even greater. It is normal to have disagreements. However, if the disagreements become verbal or physical, then it is right to take action.

If you are worried about what is happening in your home, or don't feel safe, talk to a trusted adult about what worries you, and seek their advice. During an argument or a fight, try not to draw attention to yourself so that you don't end up getting hurt.

It might be useful to have a safety plan in case the violence escalates. This includes preparing a bag with essential items, like clothing, documents and electric charger, and having a neighbour, friend, relative, or shelter identified to go to should you need to leave the house immediately for safety reasons. Arrange with the trusted adult to help you alert the relevant authorities who can help you stay safe,

including the police, emergency health services and social services.

In many of the countries that have been most affected by COVID-19, essential services are still available, including shelters or protection services. If there are no trusted adults for you to share your concerns with, your country may have helplines, including text services so that you can communicate with someone who can help you or give you advice.


### **I don't like the way someone touches me at home and we are both at home all the time because of the pandemic. What should I do?**

It is wrong for anyone to do this. And it is not your fault in any way. If you are staying in the same house as the person and/or are dependent on him (it will usually be a man), that may make some of the things that you could do difficult, especially during stay-at-home restrictions due to COVID-19.

Here are some things that you can consider doing to improve your safety while in the house.


- You could tell him politely but firmly that you do not want him to touch you and ask him to please stop.
- You could inform your parents or other caregivers or trusted adult in the house about what is happening.
- You could inform a trusted adult outside your home such as a neighbour or a teacher or family friend or relative.
- If you have access to a phone, you could call or text for help and support. This includes calling hotlines/ helplines for children and women who are in need of help or feeling distressed or subjected to abuse, or calling a child protection service in your area. Be careful not to leave your phone calls or text messages where anyone else could access them.
- If you need to leave the house immediately because he is hurting or harming you, think of discretely (without him overhearing) pre-arranging with a neighbour or trusted relative or family friend to help you leave the house and stay with them until it is safe for you to return home.
- If you have been sexually abused or raped and need urgent medical help or care, go as soon as possible to the nearest hospital or clinic to ask for medical care.

*These questions and answers were developed by the WHO, UNESCO, UNFPA and UNICEF. Young people from the Adolescents and Youth Constituency of the Partnership for Maternal, Newborn and Child Health contributed to the development of these questions and answers. Downloads/q-a-adolescent-and-child-health-(v2).pdf*

**MAKING HEALTH SERVICES ADOLESCENT-FRIENDLY**  World Health Organization

## WHAT HEALTH WORKERS CAN DO


Make adolescents feel welcome and safe at your health centre



- Be “adolescent competent” - get trained in adolescent health
- Communicate clearly and encourage adolescents to talk openly
- Respect their privacy and confidentiality
- Empower young people to make decisions about their care

## WHAT ADOLESCENTS CAN DO

Don't hesitate to talk about sensitive topics. Your health worker is there to listen without judgement



- Find out how to access your local health services
- Ask your health worker for more information to help make decisions about your health
- Be aware of your rights to privacy and confidentiality
- Speak to a trusted adult if you experience discrimination or disrespect
- Provide feedback to your health centre on how it can improve services for you and your friends

**WHO/UNAIDS set global standards to improve the quality of health services for all adolescents.**

Images source: <https://www.who.int/images/default-source/infographics/adolescents/adolescents-health>



# MESSENGER OF HOPE

## COVID-19

### POSITIVE ROLE MODELS

- Lead by example ! (I) Encourage community members to serve as role models for their family, friends, and the community by following the advice on COVID-19 from the doctors, local health authorities, and the government.
- (I) Encourage your (my) children to practice healthy habits through songs and dances – This is helping them to feel more secure; to better understand how important is their action to prevent the spread of COVID-19; and to learn what meaningful connection is.
- We Youth Faith Leaders stand strong for health.
- Strong men stand – together in health for body and soul. As we pursue our dreams for ourselves, our family, our faith community, our nation!
- Love thy neighbour as yourself!



### HOPE

- In the face of any challenge, we stand – in compassion, hope and love
- Be strong, courageous and hopeful! Tens of thousands of scientists are working around the clock; researchers are finding creative ways to donate their time, supplies and expertise to defeat COVID-19.
- The search for a COVID-19 vaccine has united the planet's scientific and medical communities in unprecedented ways. Let's unite in prayer to support their efforts!

### LIFE

- We can have real hope in the face of COVID-19! Most cases of COVID-19 are mild; most people who contract COVID-19 recover; and every person can contribute to preventing new cases by taking simple steps like physical distancing, hand hygiene, covering the mouth and nose when coughing or sneezing, and wearing a face mask.
- Life is a gift of God that we have the privilege to share, protect and celebrate with and for our brothers and sisters.



### CELEBRATION

- (We) Share the beautiful stories of health care workers, volunteers, and people who are recovering from COVID-19.
- There are ever stronger signs of hope and solidarity, a sense of, and desire for togetherness – This has to be celebrated! Share your stories of hope!
- Life is a precious gift from God. Seize every opportunity to cherish the life of those who have recovered from COVID-19



- In our faith community we welcome and celebrate health workers and people who have recovered from COVID19.
- Life is a precious gift of God and we are honoured to have people who have recovered from COVID-19 as members of our faith community !
- Real men celebrate health in body and soul!
- We celebrate your victory from recovery!
- We celebrate all front line workers!
- We share compassion and love for those who are ill: they are God's children who are to be celebrated. NEVER to be stigmatized.



### CARING

- We all need to stay informed of the risks of COVID-19 so that we can protect and care for each other.
- Love your neighbor as yourself! By respecting governments' dispositions to stop the spread of COVID-19, we are loving our neighbor as God does.



- Don't forget: by following the recommendations and measures to protect ourselves, our loved ones and our community from COVID-19, we help those working on the frontline such as nurses and doctors to better support people in need of care
- When I engage in visiting people who are sick, I make sure to wash my hands before and after the visit, and to keep physical distance, even when praying for others. National guidance for facial coverings are essential and we all must follow them!

### INFLUENCE

We faith leaders are sharing prevention messages to stop the spread of COVID19. Let's live, hope, connect, care and celebrate together!!!

Lead from the front!



- Speak words of kindness and encouragement to your children. They have been heroes during these times!
- Your life matters! Safeguard it.
- Life is a precious gift; treat it as such – we protect ourselves and the members of our faith communities from COVID-19 by wearing face masks; practising regular hand washing; and avoiding large gatherings.
- Let's speak out against violence and abuse in our faith communities. Life is a Gift from God.

### CONNECTION

- God is everywhere, He is not quarantined!
- We can be both physically distant AND socially connected – using phones, digital and virtual options.
- If you feel alone, contact us: In our faith community we have set up a support group where people can share their challenges and, together, we identify some solutions to help each other.
- Let's organize ways for community members to reach out to those who live alone or may be in need of food, water, or other supplies.
- In the time of COVID-19, it is the spirit of global togetherness that gives us hope – COVID-19 will be defeated once all people, in all countries, are protected – through our joint actions - from the novel coronavirus.

## Preach hope messages!