THE EFFICACY OF SOCIAL MEDIA FOR ACCESSING SEXUAL AND REPRODUCTIVE HEALTH INFORMATION BY YOUTH IN MATHARE SUB-COUNTY, NAIROBI: A CASE STUDY OF AMREF YOUTH IN ACTION (Y-ACT) PROGRAMME

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Master of Arts in Communication Studies

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DECLARATION

This Dissertation is my original work and has not been submitted for the award of a degree in any other University.

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ABSTRACT

Tackling Sexual and Reproductive Health (SRH) challenges facing young people is one of the main development issues for most developing countries. Social media has recently emerged as an increasingly powerful health promotion platform that could help tackle these challenges, but research remains limited on its usefulness and practical applications in SRH interventions. This study therefore explored the efficacy of social media for accessing SRH information among youth in Mathare area of Nairobi using a case study of Y-ACT programme being implemented by AMREF in Kenya. Focusing on the youth in Mathare, Nairobi under the Y-ACT programme, the specific objectives of the study were to analyze their general patterns of social media usage, assess the sources of SRH information they sought and accessed on social media, determine the types of SRH information they frequently interacted with on social media, and examine barriers they faced in accessing SRH information on social media. The study adopted the descriptive survey design and focused on youth in Nairobi enrolled in the AMREF Y-ACT programme, specifically in Mathare area. Stratified sampling followed by simple random sampling were used in selection of study sample of 400 participants. To obtain primary data from the participants, questionnaires were distributed to the youth, and relevant group leaders. Y-ACT programme officials and youth leaders were identified through purposive sampling and interviewed by the researcher. Descriptive statistics was applied to analyse quantitative data, where data was scored by calculating percentages using Microsoft Excel software. Thematic analysis was used to analyze the qualitative data by understanding, organizing, interpreting, and presenting emerging thematic patterns. According to the findings of the study, social media is increasingly popular channel of communication particularly among youth. Top social media in order of popularity were Google, WhatsApp, YouTube, and Facebook, followed by TikTok, Twitter and Instagram. Telegram was least popular. Additionally, findings from both primary and secondary data in this study highlighted the significant use by the respondents and potential of social media for accessing relevant SRH information, mainly on family planning. User engagement with SRH information as measured by proportionate time spent on each social media platform and varying levels of intensity that reflected both positively - and negatively - valenced social media engagement behaviour was highest on WhatsApp, Google, TikTok, and Instagram followed by Facebook and YouTube and least on Twitter and Telegram, pointing to platforms where SRH information could draw higher, more effective engagement with the study population.

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ABBREVIATIONS

AMREF	Africa Medical Research Foundation
Freq	Frequency of responses from sample respondents in this study
NGOs	Non-Governmental Organizations
KNBS	Kenya National Bureau of Statistics
KAP	Knowledge, Attitudes and Practice
MYSA	Mathare Youth Sports Association
NACOSTI	National Council for Science and Technology
SCT	Social Cognitive Theory
SM	Social Media
SME	Social Media Engagement
SNS	Social Networking Sites
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SPSS	Statistical Package for Social Sciences Computer Software
UGT	Uses and Gratification Theory
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization
Y-ACT (AMREF)	Youth-In-Action programme by Africa Medical Research Foundation

OPERATIONAL DEFINITION OF TERMS

Efficacy: The performance of an intervention under ideal and controlled circumstances with no emphasis on generalizability or the external validity of findings.

Effectiveness: The performance of an intervention under 'real-world' conditions. Unlike with efficacy, effectiveness lays emphasis on the generalizability or the external validity of findings.

Sexual and Reproductive Health: State of complete physical, mental, and social well-being in all matters relating to the human sexual and reproductive system.

Social Media: According to Ajijola (2023), "social media" refers to a group of online communication platforms that focus on user-generated content, collaboration, and community involvement. This research adopted this definition and used it interchangeably with Social Networking Sites (SNS) to encompass all the following digital platforms: Facebook, Twitter, WhatsApp, Instagram, Telegram, TikTok, YouTube, and Google.

Youth: This research adopted the official Kenyan government definition of youth as persons aged between 15 to 35. Kenya Constitution (2010) defines youth as a person aged 18 years and who has not reached the age of 35 years. However, to ensure that young people's issues are addressed comprehensively, Kenya National Youth Policy (2019) expands this definition to youth from 15 years.

Social Media Content: Social media content is information disseminated through a social media channel to a specific target audience (Trifiro & Gerson, 2019).

Social Media Usage: According to Trifiro and Gerson (2019), social media usage is defined as the online behaviors that facilitate direct exchanges among users, including liking, commenting, sending messages, and otherwise engaging with other users.

Study Participants: In context with this study, study participants are the youth participants in Mathare sub-county of Nairobi chosen to respond or answer study questionnaires and interviews.

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CHAPTER ONE

INTRODUCTION

1.1 Introduction

This study aimed to determine the efficacy of social media for accessing Sexual and Reproductive Health (SRH) information by youth in Mathare sub-county, Nairobi county using a case study of AMREF Youth in Action (Y-ACT) programme. This chapter provides a background to the study and contextualizes the research problem that the study attempted to resolve. The chapter then defines the research objectives, questions, justification and significance of the study and its scope and limitations.

1.2 Background of the Study

According to Al-Quran (2022), the historical dominance of traditional media has been recently curtailed by the emergence of social media, mainly due to relative drawbacks of traditional media such as geographical and spatial limitations. Globally, social media is gaining popularity and importance as a mainstream channel of communication, including in communicating health outcomes. According to Rowles (2017), social media has some important qualities that give it mass appeal: ease of use, cost-effectiveness, scalability, creativity and collaboration tools, flexibility, user control and multi-directional functionality. Such qualities make social media an important tool for health promotion interventions. In terms of youth engagement, Rowles (2017) opines that social media offers a unique space for youth to express, engage and share with each other issues of concern to them. Additionally, the penetration of the internet in Africa gives health communicators the option of using social media to disseminate health communication to a wider audience and more specifically youth who are predominant users of social media platforms.

According to Ghahramani et al. (2022), social media can provide efficient, ubiquitous, and user-friendly approaches to attract large numbers of participants and demonstrate a certain level of engagement with the health-related messages, hence is of high interest among health professionals, marketers, policy setters, regulators, and any health stakeholders. However, Stellefson et al. (2020) noted that evaluating the impact of social media in health promotion campaigns is complex and under-researched. Plackett et al. (2020) also observed significant challenges in evaluating the impact and outcomes of social media interventions in health promotion programmes.

This research therefore used the case of the AMREF Youth in Action (Y-ACT) programme in Mathare, Nairobi, Kenya to explore the efficacy of social media for accessing sexual and Sexual and Reproductive Health information by youth in Mathare sub-county in Nairobi, Kenya. The Y-ACT programme is an initiative of AMREF Health – a global health organization with headquarters in Kenya. The programme uses digital media to promote the Sexual and Reproductive Health and Rights (SRHR) of young people and women across Africa. In Nairobi, the programme works through a coalition consisting of large umbrella youth organizations and affiliate youth organizations. This study used Mathare Youth Sports Association, one of the umbrella youth organizations in the programme, as an entry point since it covers operations of the AMREF Y-ACT programme in Mathare area of Nairobi.

AMREF Health Africa, headquartered in Nairobi, Kenya, is the largest health development non-governmental international organization based in Africa. The AMREF Youth in Action (Y-ACT) programme was founded by the organization in 2017 to use digital media to promote positive Sexual and Reproductive Health and Rights (SRHR) at

national and county levels in Kenya. The programme is implemented in several counties in Kenya, including Nairobi where this research was focused.

According to Darke et al. (2018), case study research fits situations where proposed research addresses contemporary issues beyond researcher's control and for exploratory research. Sarfo et al. (2021) underscores two guiding factors in selection of case studies: appropriateness measuring fitness for purpose, and adequacy measuring sufficiency of the phenomena in the case. The AMREF Y-ACT programme was therefore selected from among possible related case scenarios by the researcher due to clear alignment, appropriateness, adequacy and relevance of its mission and activities with the research topic area. Additionally, among possible case studies, initial permission was only granted to the researcher by the AMREF Y-ACT programme for use as case study.

The youth population for the research were therefore be sampled from Y-ACT programme participants, hence providing a controlled research environment.

1.2 Statement of the Problem

The youth stage of life provide an important opportunity for molding positive health behaviour with life-long implications. However, Ali et al. (2022) observed that young people are among the most vulnerable populations exposed to negative Sexual and Reproductive Health (SRH) outcomes such as unplanned pregnancies, unsafe abortions, school dropouts and increased sexually transmitted infections. Melesse et al. (2020) reckoned that a majority of sexually active youth population in sub-Saharan Africa face SRH problems that have significant consequences for the region's social and economic development. They list key SRH issues in the region as including limited access to safe delivery, poor distribution and adoption of family planning services, and rapid transmission of sexually transmitted infections (STIs), including HIV/AIDS. WHO

(2020) also reports some stark SRH findings: that every year, an estimated 21 million girls aged 15 to 19 years and 2 million girls aged under 15 years become pregnant in developing regions, particularly in Africa; that in sub-Saharan Africa, only 10% of young men and 15% of young women were aware of their HIV status.

In the Kenyan context, despite the significant potential benefits of demographic dividends from a youthful population, Ninsiima and Ndejjo (2021) observed critical challenges and SRH risks facing young people, including unintended pregnancies, early childbirth, abortion, early marriage, and sexually transmitted infections. These negative outcomes limit youth's socio-economic potential and impact negatively on country's long-term development goals.

Studies such as by Kyilleh et al. (2018) and Ninsiima and Ndejjo (2021) largely attribute such negative SRH outcomes to limited access to timely SRH information and knowledge. Considering its features and rapid adoption especially among youth, social media can be leveraged to play a significant role in supporting health promotion efforts globally and in Kenya. However, Stellefson et al. (2020) notes inconsistent empirical evidence on efficacy of social media in promoting public health outcomes. Stellefson et al. (2020) emphasized the need to optimize technological offers of social media tools to create scalable, culturally adapted health promotion programmes and campaigns. To achieve this, it is important to generate clearer understanding on the advantages and disadvantages of using social media for health promotion, particularly in relation to the relationship between social media and youth health behaviour in developing regions such as Kenya.

Against this backdrop, this study sought to explore the efficacy of social media for accessing Sexual and Reproductive Health (SRH) information by youth in Mathare,

Nairobi using the case study of the AMREF Youth in Action (Y-ACT) programme. To do this, this study investigated the patterns of social media use, SRH information sources on social media, types of SRH messaging, and barriers of SRH information access on social media as independent research variables. The dependent variable was the efficacy of social media for accessing SRH information by the target youth population.

1.3 General Objective

The general objective of this study was to explore the efficacy of social media for accessing Sexual and Reproductive Health information by youth in Mathare, Nairobi using a case study of AMREF Youth in Action (Y-ACT) programme.

1.4 Specific Objectives

To achieve the general objective of this study, the following specific research objectives guided the research process:

1. To investigate usage of social media by youth in Mathare, Nairobi.
2. To assess sources of Sexual and Reproductive Health information sought and accessed on social media by youth in Mathare, Nairobi.
3. To determine the types of Sexual and Reproductive Health information frequently sought and accessed on social media by youth in Mathare, Nairobi.
4. To examine barriers faced in accessing Sexual and Reproductive Health information on social media by youth in Mathare, Nairobi.

1.5 Research Questions

1. What are the patterns of social media use by youth in Mathare, Nairobi?
2. What are the sources of Sexual and Reproductive Health information accessed on social media by youth in Mathare, Nairobi.

3. What are the types of Sexual and Reproductive Health information accessed on social media by youth in Mathare, Nairobi.

4. What are the barriers faced in accessing Sexual and Reproductive Health information on social media by youth in Mathare, Nairobi.

1.6 Justification of the Study

According to Fayoyin (2016), communication is a central component for public health programming, hence recent advances in digital media and information and communication technology are significant in helping address mounting public health concerns plaguing the African continent. Unfortunately, research on the role of digital communication in health promotion in Kenya and the region has been limited and not focused on youth. The findings and analysis from this research will therefore be useful for informing health programming by governments in the region and institutions involved in health promotion for youth. The study adds value to the field of academics because through the recommendations that are made for further research, scholars can get research ideas or build on their existing ones. It will also contribute to the field of communication by filling in gaps in literature from previous studies regarding the use of social media in disseminating health messages that target youth. Communication scholars will be able to identify conceptual and contextual gaps in literature that will trigger further research in the field of health communication and social media use.

1.7 Significance of the Study

This study is important because it focused on the youth who are the backbone of any economy, and that it looks at a fundamental aspect about youth - their health. Health communication that target youth is important because youth form a substantial portion of Kenya's population with the latest data from the 2019 census showing that out of a

population of 47.6 million, 35.7 million are below 35 years accounting for 75.1% of the total population (Kenya National Bureau of Statistics [KNBS], 2019). Nyongesa and Hall (2018) note that in the health field, the choice of communication media is very critical and can often be a matter of life or death for audiences. The findings of the study will therefore inform ongoing and future programme interventions by development, health, and government actors among other stakeholders.

1.8 Scope of the Study

The study focused on efficacy of social media use for accessing SRH information by youth in Nairobi using the case of AMREF Y-Act programme youth participants in Mathare area of Nairobi. The study investigated the patterns of social media usage by the target youth, the credibility and relevance of the sources of SRH information sought and accessed by the youth, the types of messages frequently sought and accessed by the youth and the barriers faced by the youth in accessing SRH information. The population of the study included youth in Mathare, Nairobi participating in the AMREF Youth in Action (Y-ACT) programme as well as staff at the AMREF Youth in Action (Y-ACT) programme and member youth organizations.

The study adopted operating definition of social media to include the following platforms specifically based on their relative popularity determined from literature review: Facebook, Twitter, WhatsApp, Instagram, Telegram, TikTok, YouTube and Google. Among the components of SRH, this study focused on three that were key indicators for analyzing the types of SRH information accessed by youth on social media: maternal health, sexual health, and family planning. The study focused on social media channels and not any other forms of communication used by AMREF Youth in Action (Y-ACT) programme to have a manageable scope of analysis. It was limited to

SRH information that targets the youth and not any other content theme. The study was also limited to youth engaged directly with the AMREF Youth in Action (Y-ACT) programme in Mathare area of Nairobi. The study methodology adopted descriptive design and did not involve inferential data analysis methods. The research only used the Y-ACT programme as an entry point for accessing study population and data and did not extend to evaluating the programme.

1.9 Limitation of the Study

Research limitations are shortcomings beyond the control of the researcher. In this study, the researcher was limited by time and financial resources. The study was only limited to youth population sampled from Y-ACT programme participants, and an expansion of the study population would help enrich the study results. The study only focused on youth in Nairobi, an urban setting and not any other city or town. Lastly, most literature reviewed for this study were focused on contexts outside Africa and drawing linkages with African context was not always possible.

1.10 Summary

Several studies largely attribute negative SRH outcomes to limited access to timely SRH information and knowledge. Considering the features and rapid adoption of social media especially among youth, there are significant opportunities of improving access to SRH information through social media to help fill this gap. This study therefore aimed to explore the efficacy of social media promoting access to SRH information among youth in Mathare sub-county, Nairobi.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed existing literature on the study context and theories with a focus on use of social media for health promotion by youth. The literature review helped the researcher to sample relevant research theories and findings, and identify gaps associated with the earlier studies to fill the gaps in the study. The review started with a theoretical analysis to lay the theoretical foundation for the study, followed by review of general literature and empirical review. Finally, the chapter presents a conceptual framework that guided the study based on the reviewed theoretical background and literature.

2.2 Theoretical Review

To analyze the social media uses, sources of SRH information accessed, types of SRH messages accessed and barriers in accessing SRH information, this research mainly applied the Uses and Gratification Theory (UGT). Other theories that informed the study were the Social Media Engagement Theory (SMET) and the Social Cognitive Theory (SCT).

2.2.1 Use and Gratification Theory (UGT)

According to Uses and Gratification Theory (UGT) of communication, the users of media are active agents who makes deliberate choices on what to consume through the media. UGT was one of the first approaches to consider the active role of the audience in media choice, suggesting that individuals actively search for, identify with, and employ media to fulfil specific gratification needs (Ku et al., 2018). The theory was first introduced in 1944 to counter what was then a predominant thought of media users being passive consumers of information. Over the years, the theory has developed to help

researchers and media practitioners determine reasons behind audience choices, needs, motivations and perceptions. Dolan et al. (2016) specifically applied UGT to social media context, noting that in the online context, audiences have significantly more control over the information sought and consumed as opposed to traditional media. In this context, UGT provided the necessary theoretical framework for understanding the factors that inform, motivate the study population in this study to access and engage with SRH information on social media.

Based on the UGT perspective, Dolan et al. (2016) categorized social media content gratifications into four main groups as adopted from various literature: information gratification, entertainment gratification, remunerative gratification and and relational gratification. This study adopted this categorization of social media gratifications as analysed by Dolan et al. (2016) since it summarized all the key elements of UGT constructs in context of social media environment and aligned with all the constructs of this study design.

2.2.2 Social Media Engagement Theory

Di Gangi and Wasko (2016) highlight that in Social Media Engagement (SME) theory user engagement on social media encompasses both the social interactions among users and the technical features of the social media platforms. The authors note that social interactions form the user experience by fostering a personalized relationship among users, by serving as a transparent means of communication, by providing access to social resources including friends, acquaintances, and family members, and by defining the potential benefits and costs to engaging within social media. Drawing conclusions from earlier studies, Di Gangi and Wasko (2016) further note that technical features of social media provide users with the tools to enable interactions, and to impact the direction,

magnitude and scope of benefits for individual users and the organization. Technical features include capabilities of the technologies underlying the social media platforms including technical ease and flexibility of use, integration, co-creation and sharing of content, the extent to which users can retrieve information and interact, the flexibility to use features for multiple purposes, and the evolvability of the features to meet users' specific needs as they become more proficient with the platform.

Through this theory, Di Gangi and Wasko (2016) defined user engagement on social media as consisting of two psychological components: 1) individual involvement and 2) personal meaning. They posited that use engagement on social media is moderated by age, gender, habit, expertise, and tenure. The central premise of SME theory is that higher user engagement leads to greater usage of the social media platform.

2.2.3 Social Cognitive Theory

Social Cognitive Theory (SCT) is an interpersonal level theory developed by Albert Bandura as Social Learning Theory (SLT) in the 1960s. It developed into the SCT in 1986 and posits that learning occurs in a social context with a dynamic and reciprocal interaction of the person, environment, and behavior. The unique feature of SCT is the emphasis on influence of social influence and its emphasis on external and internal social reinforcement on how individuals acquire and maintain behavior, while also considering the social environment in which individuals perform the behavior. The theory considers a person's past experiences, which factor into whether behavioral action will occur. These past experiences influences reinforcements, expectations, and expectancies, all of which shape whether a person will engage in a specific behavior and the reasons why a person engages in that behavior.

2.2.4 Application of the theories to the study

The three theories defined in the previous section were selected due to alignment with and relevance to the research objectives. The Uses and Gratification Theory (UGT) was deemed appropriate for the study because of its emphasis on the agency of media consumers and its capability of exploring interactive systems such as social network sites in a detailed and concise manner as also noted by Xu et al. (2012). It was therefore deemed as an important theory in identifying varying social media use and selection factors in this study. The Social Media Engagement theory was helpful in determining the factors of interaction between social media technology and usage, particularly in analyzing the reach and barriers of social media messages. This theory was therefore applied in this research to link the social media factors and health promotion outcomes, particularly in analysing the behaviour maintenance factors for usage of social media to access SRH information.

2.3 General Literature Review

2.3.1 Social Media Definition, Trends and Types

Ajijola (2023) defined social media as a group of online communication platforms that focus on user-generated content, collaboration, and community involvement. This research adopted this definition and used it interchangeably with Social Networking Sites (SNS) to encompass all the following digital platforms: Facebook, Twitter, WhatsApp, Instagram, Telegram, TikTok, YouTube, and Google. Ajijola (2023) further notes that social media allow user-generated and interactive content and enable some key elements of use that include collaboration, information sharing, feedback, flexibility, user control, direct messaging, and complex multi-directional communications. Ellison and Boyd (2020) elaborated unique features of social media as including technological

features that enable establishment of interpersonal relationships, social connections, and personal profiles online that are aligned to an individual's offline personalities. They emphasize on collaboration and multidirectional interaction between users on the social media platforms. These unique properties make social media potentially useful tools for conducting multi-level sexual health promotion interventions (Wheeler, 2017). Trifiro and Gerson (2019) further defined social media content as information disseminated through a social media channel to a specific target audience.

2.3.2 Sexual and Reproductive Health

The World Health Organization (WHO, 2020) defines reproductive health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes." Reproductive health, therefore, implies that people are able to have a satisfying and safe sex life and the capability to reproduce on their free choice.

2.3.3 Youth in Kenya

According to the United Nations Population Fund (UNFPA, 2011), youth are people within the age bracket of 15 to 24 years. The African Union (AU) in its youth charter defines the youth as any individual between 15 to 35 years and recognises youth as partners, stakeholders, and beneficiaries in the attainment of the goal and aspirations of AU Agenda 2063 and the United Nation's 2030 Agenda for Sustainable Development. Locally, Kenya Constitution (2010) defines youth as a person aged 18 years and who have not reached the age of 35 years. According to the 2019 Kenya Population and Housing Census report (KPHS, 2019), youth (18-34 years of age) were 29 percent of the Kenya's population of 47.6 million as of 2019, with female youth being higher in number than male youth. To ensure that young people's issues are addressed

comprehensively, Kenya National Youth Policy (KNYP, 2019) expands this definition to youth from 15 years. KNYP (2019) notes that majority of the youth in Kenya remain on the periphery of the country's social, economic, and political affairs. To counter these challenges, KNYP (2019) proposes a raft of actions, including addressing SRH issues facing the youth.

2.3.4 Status of Sexual and Reproductive Health for Youth in Kenya

In Kenya, Kenya Demographic and Health Survey (KDHS, 2022) report show that young people face several Sexual and Reproductive Health (SRH) challenges, which include teenage pregnancy, HIV and other sexually transmitted infections (STIs), unsafe abortions, Female Genital Mutilation (FGM), child marriage, drugs and substance abuse, Sexual and Gender-based Violence (SGBV) and other adverse health, social, mental and economic consequences (KDHS, 2022). The report shows that this is mainly because a considerable proportion of adolescents engage in early and risky sexual initiation but lack access to SRH and HIV information and services. The Kenya National Council for Population Development (NCPD, 2021) also reported that a considerable proportion of adolescents and young women as early as 15 years engage in early and risky sexual intercourse without adequate access to SRH and HIV information and services. Additionally, according to recent data released by the Ministry of Health, Kenya ranks third globally in prevalence of teenage pregnancies, with one in five adolescents aged 15–19 already mothers or pregnant with their first child and about half (47%) of these births were unwanted. Ritchie and Lewis (2013) notes that children born of adolescent mothers are more likely to be underweight and die before their fifth birthday. Additionally, unwanted teenage pregnancy is linked to inadequate education, skills, and economic growth. Notably, Kenya’s high prevalence of teenage pregnancy is closely

associated with increased HIV infection among Kenya's youth. Additionally, recent report by the National Aids Control Council (NACC, 2021) show that adolescents and young people aged 29 years and below account for over 61 per cent of all new HIV infections in Kenya.

2.3.5 Sexual and Reproductive Health Policy Framework in Kenya

The promulgation of the 2010 Kenyan constitution, with a focus on human rights, meant that health rights became human rights issues. This was enshrined in the 2010 Constitution, the Kenya Health Policy (2014-2030), and several other pieces of legislation such as the HIV and AIDS Prevention and Control Act (2006), National Youth Policy (2007), Kenya Health Policy (2014-2030), Kenya Vision 2030 and the Health Act, 2017. In 2022, the Kenyan government adopted the National Reproductive Health Policy to help achieve positive universal Sexual and Reproductive Health outcomes in the country.

2.4 Empirical Review and Critique

2.4.1 Social media Usage

In research on *Uses and Gratifications of Social Media: A Comparison of Facebook and Instant Messaging*, Al-Quran (2022) identified two important trends in social media usage. First, they noted that social media users do not usually embrace a single form of social media but rather employ a range of tools for communication. Second, social media users often tend to adopt new, exciting tools as part of their immersion in social media engagement following emerging social trends. In such cases, some social media platforms would usually become popular among users and reach a peak of high penetration, after which their popularity diminishes other platforms emerge. According to Trifiro and Gerson (2019), social media usage are the online behaviors that facilitate

direct exchanges among social media users, including liking, commenting, sending messages, and otherwise engaging with other users.

2.4.1.2 Social Media in Kenya: A study by Wamuyu (2020) notes social media use in Kenya as the following percentages of the country's total population: WhatsApp at 89%, Facebook at 81.7%, YouTube at 51.6%, Instagram at 37.3% and Twitter at 34.4%. Kiswili (2020) noted that increasingly more Kenyans are joining social media spaces to seek essential information such as on health, with a significant portion being youth (with a mean of 29.92 years). In a study on social media and public participation by Kenyan youth, Kamau (2017) established high levels of adoption and reliance on social media in Kenya, with Facebook being the most popular social media platform in the country according to his findings. 82 % of the participants in his study indicated visiting Facebook several times a day. Kamau (2017) also noted the increasing trend by the Government of Kenya and key stakeholders in the health sector to utilize social media for health promotion but decried limited research on its suitability for the same. However, Kamau (2017) observed a significant disconnect between online activities and offline puzzling as it contradicts previous studies that have associated reliance on SNSs with civic engagement and political participation.

2.4.2 Sources of Sexual and Reproductive Health information on social media

In their research on sources of health information online, Song et al. (2016) identified two broad types of health information: expertise-based information produced by medical professionals and experience-based information based on laypersons' subjective first-hand experiences of health and illness. They observed significant research gaps in factors affecting trust in expertise- versus experience-based health information available online.

2.4.2.1 Credibility of Social Media Information Sources: Kim (2019) observed that several studies confirmed different criteria that influence credibility judgments for sources of information on social media. He found that what was common to all these studies was that credibility factors can be classified into three groups: criteria related to the information content such as information quality, professionalism, jargon usage, accuracy, clarity, grammar, writing tone, reliability, and usefulness; criteria related to the information source such as author's contact information, authority, expertise, affiliation, reputation, reference; and criteria related to other aspects of information such as visual appeal, design, navigability, and functionality. Kim (2019) also noted that accuracy is most indicative of the quality of information.

2.4.2.2 Relevance of Social Media Information Sources: The relevance of health information is based on how closely the provided information is related to the user's information needs. Kim (2019) noted that when people search for information based on interpersonal relationships rather than professional criteria, emotional factors like love and friendliness influence relevance judgments in health-related or seriously life-related situations in particular, posing significant risks for the information seekers. He noted that the more professional sources of information are, the more relevant they become to people seeking the information.

2.4.3 Types of Sexual and Sexual and Reproductive Health (SRH) Information

WHO (2020) defines five aspects of Sexual and Reproductive Health (SRH) as: maternal health (antenatal, perinatal, postpartum, and newborn care, abortion); family planning (infertility services; reproductive health services); and sexual health (sexually transmitted infections, including HIV, reproductive tract infections, and other gynecological morbidities). WHO (2020) defines maternal health as the health of

women during pregnancy, childbirth and the postpartum period and maternal health care services are antenatal care (ANC), delivery care and postnatal care (PNC) services. WHO (2020) classifies methods of family planning to include oral contraceptive methods and use and fertility awareness-based methods. Sexual health in this study refers to prevention and prevalence of all types of sexually transmitted and reproductive diseases.

2.4.4 Barriers to Accessing Sexual and Reproductive Health Information on Social Media

Metzger and Flanagin (2021) observed that people across the world are increasingly seeking health information online but are often faced with a vast array of information that varies widely in its relevance to their particular situation and in its point of view, specific recommendation, and source. Laverack (2017) notes some key challenges that act as barriers to health communication. He identified low health literacy among the audiences, a limited access to health information among the people, relatively poor research activity in developing countries, low quality information on health mainly disseminated through the internet and the lack of appropriate skills by health workers in communicating health communication effectively.

2.4.5 Social Media Use and Access to SRH Information among Youth

According to study in Australia by Gold et al. (2011), Twitter, Facebook, and YouTube are ranked as the most popular platforms for sexual health promotion interventions. They are powerful tools for use in disseminating health education programmes. Several studies such as by Fayoyin (2016) and Schillinger et al. (2020) demonstrate that social media has significantly increased the capacity of communication to influence public health. Some factors of social media that Schillinger et al. (2020) particularly notes to have strengthened its capabilities include popularity and technical sophistication;

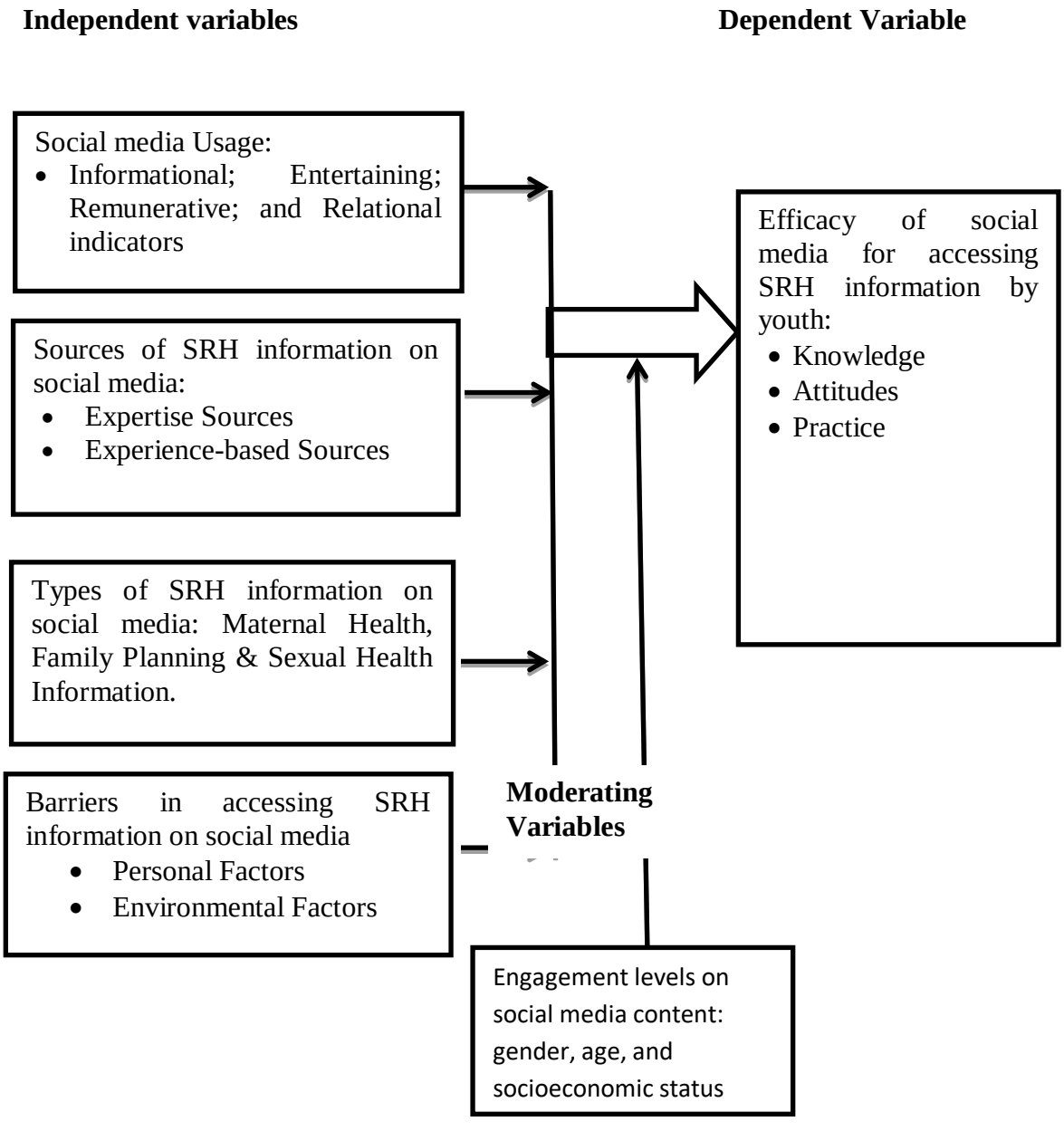
potential for enhanced creativity, innovation, and engagement; democratized and highly scalable content generation and distribution; and artificial intelligence capabilities that enable highly tailored messaging. Despite its significant importance, Schillinger et al. (2020) and Condran et al. (2017) raise concerns of sluggish adoption of social media for health messaging by public health practitioners.

2.5 Conceptual Framework

Drawing from the theoretical review, general literature review and empirical review above, this research therefore analysed the interactions of various technology and user experience elements of social media engagement frameworks and how they influence access of SRH information by the study population. To achieve this, the research applied a conceptual framework illustrated in figure 2.1.

Figure 2. 1

Conceptual Framework with independent variables, dependent variable, their respective indicators, and moderating variables



The researcher first looked at the patterns of social media usage among youth in Nairobi. The study then analyzed the health-seeking patterns of such social media engagement – specifically sources and types of SRH information sought and accessed. Finally, the study investigated the barriers faced by the youth in accessing SRH information on

social media. These variables were linked to the dependent variable of access to SRH information among youth in Nairobi.

2.5.1 Independent Variables

2.5.1.1 Social Media Usage

As discussed by Dolan et al. (2016) in *Social Media Engagement Behaviour: A Uses and Gratifications Perspective*, the conceptual models analyzed by the Uses and Gratifications Theory depicts the relationships between four key social media selection factors: informational, entertaining, remunerative, and relational social media uses. These four factors formed the basis for the first independent variable of the study: analysis of the use of social media among target youth. To analyze these four aspects of social media usage, this study focused on the social and technological aspects of social media usage as guided by the Social Media Engagement Theory.

2.5.1.2 Sources of Sexual and Reproductive Health information on social media

Empirical literature reviewed earlier identified two broad types of health information: expertise-based information produced by medical professionals and experience-based information. These two elements therefore guided the research question on sources of SRH information accessed by the respondents on social media. Credibility and relevance of the information consumed on social media were also noted as the two most critical factors of significance when analyzing sources of information accessed on social media, including the effects of such information on the behaviour and beliefs of users.

To analyze the credibility of the sources of SRH information, the study investigated the correctness and accuracy, authorship, and visual design of the SRH information accessed by the study population on social media. To analyze the relevance of the sources of SRH

information, the study investigated the degree of professionalism of sources of SRH information. These elements informed the design of the research instruments.

2.5.1.3 **Types of Sexual and Sexual and Reproductive Health (SRH) Information:** Among the various types of SRH issues, some are more relevant to young people. This study sought to analyze the relative frequency of access by the target youth of the different types of SRH components discussed in this literature review. For ease of analysis, this research classified the range of SRH components into maternal health, family planning, and sexual health.

2.5.1.4 **Barriers to Accessing Sexual and Reproductive Health Information on Social Media:** In a study by Ngigi and Busolo (2018), the authors discuss the fact that not everyone who is exposed to health communication will understand them as intended and not all that access the information will agree with or act upon the information and as such not everyone will change their behavior. However, their study does not directly investigate the challenges that are specific to social media use in messaging youth on health information, hence the current study sought to fill in this gap by providing empirical data specific to social media messaging for youth promotion programmes and the outcomes. This study applied the Social Cognitive Theory (SCT) to analyze the personal factors and environmental factors that hinder effective engagement with SRH information on social media among the study population.

2.5.2 Dependant Variable

The dependant variable for this study was the efficacy of SM for accessing SRH information. To measure this variable, this study analyzed the knowledge, attitudes, and practice of the research participants for accessing SRH content on social media.

2.5.3 Moderating Variables

Sikolia (2015) identifies three variables that moderate engagement levels on social media content: gender, age, and socioeconomic status. These variables were adopted as the moderating variables for this study based on findings from reviewed literature and their alignment with the study objectives and conceptual design.

2.6 Research Gaps and Chapter Summary

As noted by Stellefson et al. (2020), despite growth of the online phenomenon of SNSs and their growing popularity among youth, research on the role, contribution, and influence of social media on health promotion for this age group has been limited. Additionally, research on strategies and effects of social media use for SRH promotion interventions have focused primarily at the individual and inter-personal levels and not at multiple social and political levels (Schaaf et al., 2022). Gaps also still exist on the study of the relationship between social media and youth health behaviour in developing regions such as Kenya, as most empirical studies have focused on western contexts with little emphasis on developing countries. The general objective of the study was therefore to fill these gaps by analyzing the efficacy of social media for accessing sexual and reproductive health (SRH) information by youth in Mathare, Nairobi using the case study of the AMREF Youth in Action (Y-ACT) programme.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the methods that were used to achieve the objectives of the study. It also discusses the description of the study area, the population and the sampling design that was used. Emphasis is put on the research methodology and data collection procedures.

3.2 Research Design

The study adopted the descriptive survey study design. According to McCombes (2019), descriptive research methods aim to describe a population, situation, or phenomenon accurately and are suitable when the research aims to identify characteristics, frequencies, trends, and categories. Siedlecki (2020) notes that a descriptive study adequately depicts events as they occurred in their natural settings. It achieves this through systematically gathering data to characterize occurrence, situations, or population being examined. This type of research design does not allow the researcher to manipulate the variables but only describes them.

This research methodology was chosen because the study sought to describe the prevailing practice of social media use for accessing SRH information by youth in Mathare, Nairobi with a view of generating findings on the application of social media for health promotion in Kenya and the region. This implies that the study aimed to gather both qualitative information and quantitative data, with the aim of drawing implications of research phenomena.

3.3 Description of the Study Area

The study focused on youth in Nairobi enrolled in the Y-ACT programme platforms and programmes rolled out by the AMREF Y-ACT programme. The programme was selected due to its credibility and relevance to the study topic. Nairobi was selected as most suitable because it is the place most of the members of the groups reside. Nairobi is also a cosmopolitan city that offers a relatively representative sample of various youth populations from different parts of the country. The youth groups that formed the research target population were from the Mathare Youth Sports Association, an umbrella network organization that is part of the Y-ACT programme activities in the research area. The youth network cover Mathare area of Nairobi and has a total of 20 affiliate youth organizations spread across Mathare area.

3.4 Population of the Study

Abutabenjeh and Jaradat (2018) define population for a study as a group about whom the researcher wants to draw conclusions. Al Kindy et al. (2016), on another hand, defines target population as the people who appeal to the interest of the researchers in generalizing the outcomes of the research. The population of the study therefore included current target youth for the Y-ACT programme in Mathare area of Nairobi. The youth network that constitute the Y-ACT programme in Mathare area of Nairobi is Mathare Youth Sports Association, with membership composed of twenty youth groups, organized according to areas of residences, with each youth group having an average membership of 20 youth organized according to age, gender, and marital status. This meant that the total study population for the study was approximately 400. The leaders of Mathare Youth Sports Association who formed part of the key informants were eight, while Y-ACT programme officials were four.

3.5 Sample and the Sampling Technique

3.5.1 Sample Size Selection

Al Kindy et al. (2016) define sampling as the act, process, or technique of selecting a sample in a research study. According to Mugenda and Mugenda (2013), when the study population is less than 10,000, a sample size of between 10% and 30% is a good representation of the target population. Considering the study population of 400, a sample of between 40 (10% of 400) and 120 (30% of 400) would therefore suffice for the research. The most appropriate sample size for the study was therefore determined by the researcher as 100 youth. Five youth group leaders and three Y-ACT programme officials were identified by the researcher as most relevant and knowledgeable as key informants for the study.

3.5.2 Sampling Techniques

The study used probability sampling techniques for the target youth population and non-probability sampling techniques for the group leaders and Y-ACT programme officials in reaching out to the target youth. Probability sampling was used for the youth population to achieve optimal representation of the overall members of the youth groups in the sample thus minimize sampling and systematic bias. According to Lund (2022), non-probability sampling enables researchers to use their subjective judgements, drawing on theory from academic literature and practice and experience of the researcher and the evolutionary nature of the research process. Non-probability sampling was therefore used to identify the group leaders and Y-ACT programme officials deliberately for interviews by the researcher. The selection was based on their levels of knowledge and engagement with the Y-ACT programme.

3.5.2.1 Probability Sampling

According to Palys and Atchison (2021), probability sampling involves random selection and ensures that a sample is representative of the population of study. They note that various probability sampling techniques are often used depending on the level to which a population is homogeneous or heterogeneous. The study population for this research had both homogeneous and heterogeneous characteristics. The youth population was composed of various homogeneous groups organized into heterogeneous networks through the Y-ACT programme. Stratified random sampling and simple random sampling techniques were used to undertake the sampling exercise as described.

3.5.2.2 Stratified Random Sampling

Noor et al. (2022) note that stratified random sampling is useful method for data collection if the population is heterogeneous. Stratified sampling was therefore identified by the researcher as most appropriate for selection of members within the respective groups under the Y-ACT programme due to the heterogeneous group arrangements. It involved dividing the population according to areas residences, gender, and marital status. These three stratification criteria were used because of alignment with classification used by the Y-ACT programme in engaging the youth groups. Gender and marital status criteria were also identified as important factors of SRH information access in literature review. In the Y-ACT programme, the 20 youth groups that formed the study population were organized according to five areas of residences within Mathare area. Each area of residence constituted four youth groups (each having an average membership of 20, hence each area constituting 80 youth (4*20)).

For purposes of sampling, the researcher first classified the study population for each of their five areas of residence identified according to gender and marital status as illustrated in table 3.1.

Table 3. 1 : *Strata of the Study Population*

1 group of 20 respondents (female and married)	1 group of 20 respondents (female and single or widowed)	1 group of 20 respondents (male and married)	1 group of 20 respondents (male and single or widowed)

Source: Field Results (2023)

Simple Random Sampling

Noor et al. (2022) define simple random sampling as a probability sampling method which eliminates bias in selection of research participants. Singh and Masuku (2014) note that simple random sampling is useful method for data collection for homogenous population. It provides all group members with equal chances of participating in the research. This method was chosen to select members from the group strata above due to the homogenous character of the group strata and availability of membership list for all the groups. For each of the strata identified in the stratified random sampling method above, 5 members of the youth groups were identified out of the 20 through simple random sampling method from the group lists availed to the researcher to form part of the study sample. 20 youth were therefore identified for each of the 5 areas of residences of the study population, to form a total population sample of 100.

3.5.2.2 Non-Probability Sampling

Purposive sampling, a form of non-probability sampling, was used to select the youth group leaders and Y-ACT programme officials as key informants for the study to be interviewed by the researcher. Campbell et al. (2020) noted that purposive sampling is

used to select most appropriate and knowledgeable study respondents who can provide required information with least resources. Creswell (2018) recommends that purposive sampling technique is useful in generating varied perspectives in research. Since the research involved analysis of efficacy of social media use, purposeful engagement of the Y-ACT programme officials and youth group leaders was found to be critical in enriching the research findings and generating critical qualitative data. It was applicable for this study due to the researcher's familiarity with the Y-ACT programme. The most appropriate group leaders and programme officials were therefore deliberately selected for interviews by the researcher based on the relevance of their roles in the Y-ACT programme.

3.6 Methods of Data Collection

3.6.1 Secondary Data

Secondary sources of data collection were applied to add context and additional information to the study. The data was collected from relevant literature such as journals, research papers and books. The information was then systematically filtered and analyzed to extract relevant findings that were triangulated with primary data to help generate coherent study findings and inform the study recommendations.

3.6.2 Primary Data

The study used a mixed method approach to data collection – with both qualitative and quantitative techniques used to obtain primary data from the respondents. Seven Key Informants Interviews (KIIs) were used to gather qualitative information from the youth leaders and Y-ACT programme officials. Semi-structured questionnaires were used to collect quantitative data, but with flexibility to allow qualitative information gathering. The questionnaires were distributed to the sampled youths during their regular meetings.

3.6.2.1 Research Questionnaires

The questionnaire and interview tools were designed to address the dependent and independent variables of the study as per the research objectives. The questions included in the questionnaires were selected to align with the research objectives and factors identified in the literature review. The responses to the questionnaire were designed on relevant scales of measurements. The general information section focused on sourcing information on socio-demographic profiles of respondents, such as age, gender, education levels, marital status, and religious affiliations. The second section focused on assessing social media uses used by the respondents, third section on identifying sources of SRH information accessed by the respondents, the fourth section on types of SRH messages accessed by the respondents, and the fifth section of the research instruments on an examination of the barriers the respondents faced while using social media use to access SRH information.

3.6.2.2 Key Informant Interviews

Seven Key Informant Interviews (KIIs) were conducted for 5 youth group leaders and 2 Y-ACT officials that were purposely identified by the researcher as most relevant for the study. The guiding questions for the KIIs were adopted from the research conceptual framework and focused on gathering qualitative information on the social media usage and engagement behaviour among target population, relevance, and credibility of various sources of SRH information sourced and accessed frequency of various types of SRH social media messages sourced and accessed, and barriers to SRH information access on social media.

3.6.3 Sequence of Data Collection

This research followed specific steps for primary data collection adopted from Creswell (2018).

Table 3. 2 :*Sequence of Data Collection*

Qualitative Data Collection	**Phases in the Research Process**	**Quantitative Data Collection**
Purposive sampling strategies for key informants (youth group leaders and Y-ACT officials and youth group leaders)	Sampling	Stratified sampling and simple random sampling for 100 youth research participants, ensuring adequate measures to reduce sampling error.
St. Paul's University, NACOSTI authorization	Research permissions, consents	St. Paul's University, NACOSTI authorization
Key Informants Interviews (KIIs) Audiovisual materials	Data sources	Structured questionnaire with relevant scales of measurements close-ended questions and open-ended questions.
Interview tools Observational tools	Recording data	Reliable and valid research instruments
Field interviews Ethical issues	Administering data collection	Data collection Ethical considerations

Source: Modified from Creswell (2018)

3.7 Research Limitations and Reliability and Validity of Research Tools

3.7.1 Research Limitations

During the research, probable limitations were mitigated by implementing measures to ensure reliability and validity were implemented by the researcher. Other research limitations that the researcher faced during data collection included time constraints, cultural bias. However, the researcher mitigated these challenges through careful planning and engaging programme leaders effectively to achieve research objectives.

3.7.2 Reliability

Sürücü and Maslakçı (2020) define reliability as the degree of consistency between two measures of the same thing and can be achieved through pilot studies. To ensure that the research instruments are reliable, a pilot study was conducted as part of the test-retest method before embarking on the full data collection exercise. The results of the pilot study were presented to the research supervisor and select students at St. Paul's University for validation. The results of the pilot study vindicated the research instruments, and the research supervisor gave the green light for commencement of data collection. As another way of ensuring reliability, the researcher also collected both quantitative and qualitative data and used both secondary and primary methods of data collection to help triangulate the findings.

3.7.3 Validity

In research, validity is the ability of the tool to measure the different research variables and how they interact and influence each other. The validity of an instrument is acceptable if it produces consistent data. The researcher sought the critical advice of study supervisors and experts from communication studies department at St. Paul's University as well as the supervisors of the study on validity of the research instruments. This included types, aspects and formats of questions included in the questionnaire and the typology and ability of the key informant interview guide to capture information on the research problem. This process enhanced correction on the questionnaire and made it more effective in the research process.

3.8 Data Analysis

Since this study used both semi-structured questionnaires and key informant interviews (KII), both quantitative and qualitative data were collected. Descriptive statistics,

defined in the next section, was used to analyze the quantitative data, while thematic analysis, also defined below, was used in analyzing the qualitative data.

3.8.1 Descriptive Statistics

According to Yellapu (2018), descriptive statistics help summarize organize quantitative data by describing the relationship between variables through mathematical scoring. This method was applied in this study to analyze quantitative data presented by calculating percentages. This was done using Microsoft Excel computer software. Microsoft Excel was considered appropriate due to its ease of use and functionality in providing the necessary percentages required for the analysis of the quantitative data in this study and production of necessary charts and tables. The analyzed findings are presented in form of frequency and percentage tables and bar charts in the next chapter.

3.8.2 Thematic Analysis

Creswell (2018) defines thematic analysis as a systematic method of arranging qualitative data through tagging, coding, and discovery of emerging thematic patterns. As guided by Creswell (2018), various steps were followed during thematic analysis of qualitative data in this study as follows: i) scanning and preparing the qualitative data ii) aligning the qualitative data with research objectives iii) arranging and highlighting emerging patterns and themes iv) organizing emerging patterns and themes into coherent findings.

3.9 Ethical Considerations

The researcher sought a clearance letter from the University indicating that he had successfully presented and passed the proposal presentation. The letter facilitated the researcher in getting a permit from National Council for Science and Technology (NACOSTI) through Postgraduate office at St. Paul's University. Thereafter, the

notification letters, research instruments and consent forms were shared with the Y-ACT programme official and sampled youth selected for the study. The researcher briefed the youth leaders about the research and made necessary agreements on the dates for the interviews and modes of data collection. The researcher sought consent from target respondents before commencement of the data collection exercise. Confidentiality and anonymity were emphasized in preliminary communication to the respondents, with assurances that the findings would not be attributed to the names of the respondents and assurance that the collected data from the interviews would only be used for the purposes of the study and that only those involved with the study had access to the research data.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This research aimed to determine the efficacy of social media for accessing Sexual and Reproductive Health (SRH) information by youth in Mathare sub-county, Nairobi county using a case study of AMREF Youth in Action (Y-ACT) programme. Focusing on the youth in Mathare, Nairobi under the Y-ACT programme, the specific objectives of the study were to analyze their general patterns of social media usage, assess the sources of SRH information they sought and accessed on social media, determine the types of SRH information they frequently interacted with on social media, and examine barriers they faced in accessing SRH information on social media.

This chapter presents the analysis and interpretations of the data collected in the quest to respond to the research goal and objectives above. The researcher had a total sample size of 100 youth participants who were issued with the research questionnaires. Five youth group leaders and two programme officials were interviewed using key informant interview guides to provide qualitative data that was triangulated with the data from the questionnaires.

4.2 Response Rate

Out of the issued questionnaires, 83 were returned duly filled, making a response rate of 83%, which was sufficient for statistical reporting, considering that Wu et al. (2022) noted that a response rate of 44% and above is considered an appropriate response rate.

Table 4. 1 :*Study Response Rate*

Sample	Returned Questionnaires	Response Rate
100	83	83/100*100% = 83%

Source: Field Results (2023)

4.2 Demographic and Social Characteristics of Respondents

This section included the general demographic information. To provide background information that would lay the foundation for the study, respondents were asked about their gender, religion, marital status, number of living children, levels of education, and occupation for self and spouses if married. The background information was useful in linking the demographic characteristics of the respondents with the research objectives. A sample of 83 respondents were interviewed for this study as the primary source of data.

4.2.1 Demographic Profile of Respondents

The researcher enquired the ages of the respondents to assess their suitability for participating in the study. The ages of the respondents were based on four pre-established age-groups designed in the questionnaire. The dominant age brackets for the respondents were found to be 18-25 years at 39% and 25-30 at 32%. This information was important in determining correlation between age and use of social media for accessing SRH information. Since the study targeted youth populations largely between 18 and 35, the participants were in the relevant age-group for the study. These findings also implied that the study participants were possible users of social media and in the sexually active age-group. The strategic value of investing in SRH for young people has been emphasized in past research. In the Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights, Starrs et al. (2018) note that although people need SRH

information and services over the life course, needs are concentrated among women and men of reproductive age (women aged 15–49 years, and men aged 15–59 years). This group accounts for 4.3 billion people, roughly half the world's population.

The researcher also sought to know the gender identity of the respondents. This information was important in determining influence of gender on use of social media for accessing SRH information and general SRH knowledge, attitudes, and practice among the respondents. The study population had a dominant female representation. The findings that 58 % of the respondents were female implied general higher participation of women compared to men in SRH initiatives that was also confirmed by previous studies. One of the causes of the respondent disparity may be the lived reality that females are more inclined to participate in SRH programs because their bodies are naturally inclined to more complex SRH experiences. As noted by Starrs et al. (2018), gender norms—defined by culture and expressed through the parts that men and women play - exert a powerful influence on individual SRH behaviours.

Additionally, the researcher sought to know the marital status of the participants. This information was important for assessing the sexual health behavior of the respondents in line with their marital status. At almost half, most of the respondents identified as being single. 36 % identified as being married and 15 % were widowed. These findings are helpful in connecting the marital status of the respondents and their use of social media to access SRH information. In their study, Baigry (2023) noted many young unmarried men and women described healthcare providers as having a judgmental attitude toward them. Healthcare providers, who are in the position to provide advice and treatment, were often uncomfortable discussing sex-related matters with unmarried young people. The demographic profiles of the 83 respondents are presented in Table 4.2.

Table 4. 2 : *Respondents' Socio-Demographic Profiles*

Description	**Freq.**	%
Age		
18-25	32	39%
25-30	27	32%
30-35	15	18%
Above 35	9	11%
Total	83	100%
Gender		
Male	35	42%
Female	48	58%
Total	83	100%
Marital Status		
Widowed	12	15%
Married	30	36%
Single	41	49%
Total	83	100%
Living Children		
1 child	15	18%
2 children	5	6%
3 children	2	2%
None	61	74%
Total	83	100%
Religion		
Muslim	13	16%
Christian	60	72%
Others	10	12%
Total	83	100%

Source: Field Results (2023)

Additionally, the researcher sought to know whether the study participants had children. This information was important in determining correlation reproduction and use of social media for accessing SRH information among the respondents. Most respondents had no living children (74%). 18% had one child, 6% had 3 children and 2% had 3 children. This information was relevant in understanding variations in access to SRH information on social media between young people of child-bearing age but with no children, and those who already have children. Understanding this variation can help in tailoring SRH information on social media accordingly.

The researcher also made inquiries on the religious inclinations of the respondents. This information was important for the study since people's religious beliefs tend to impact their sexual reproductive health behavior. As indicated earlier, most of the respondents identified as Christians. 16 % of the respondents identified as muslims, while 12 % of the respondent's indicated adherence to other religions. It was significant to note that SRH programme used for the study had captured members of different faiths with the relevant SRH messages.

4.2.2 Education Levels

To establish the ability of the respondents to respond effectively to the questions, the enquired their levels of education. This information was also important in determining link between education levels of respondents and their spouses and use of social media for accessing SRH information among the respondents. The responses are as reflected in table 4.3. The respondents were asked to indicate the highest level of education achieved. 78 respondents confirmed their educational levels while the rest did not. 6% of respondents indicated achieving primary level education, 33 % secondary level education, 25 % certificate level education, 18 % diploma level education. 13% of the respondents indicated achieving bachelor's level education while only 3% achieved masters level education. Only 28 respondents indicated education levels for their spouses, since only 30 respondents indicated being married. Of these, 3% of the spouses had achieved primary level education, 28% secondary level, 24% certificate level, 21% diploma level, 14% bachelors' level and 10% master's level. Table 4.3 illustrates the findings on education levels for the respondents and spouses where applicable.

Table 4. 3 : *Education Levels of Respondents and Spouses*

Description	**Respondents**		**Spouses**	
Education	**Freq.**	**%**	**Freq.**	**%**
Primary	5	6%	1	3%

Secondary	27	33%	8	28%
Certificate	21	25%	7	24%
Diploma	15	18%	6	21%
Bachelor's	11	13%	4	14%
Master's	4	5%	3	10%
Total	78	100%	29	100%

Source: Field Results (2023)

Given the levels of education, the respondents also clearly understood the questions and ethics of research and thus were expected to give honest and informative responses which would add to the credibility of the final research findings and report. Du et al. (2022) highlight that education is a key factor that often leads to social and economic empowerment, which positively contributes towards individuals' SRH service utilization. They note that overall, there are multiple studies detailing the associations between education and positive Sexual and Reproductive Health (SRH) outcomes.

4.2. Occupation

The researcher asked the respondents about their occupations and those of their spouses if married. This information was important in determining correlation between occupational and employment status of respondents and their spouses and use of social media for accessing SRH information. The responses are as reflected in table 4.4.

Most respondents were unemployed (47%). 23% were in full-time employment and 17 % were in casual employment, while 13% were engaged in business. For married respondents, 34 % of their spouses were unemployed, 17 % employed and 28 % in casual employment. 21 % of spouses for respondents were in business.

Table 4. 4 :*Occupation of Respondents and Spouses*

Description	**Respondents**		**Spouses**	
Occupation	**Freq.**	**%**	**Freq.**	**%**
Casual	14	17%	8	28%

Unemployed	39	47%	10	34%
Employed	19	23%	5	17%
Business	11	13%	6	21%
Total	83	100%	29	100%

Source: Field Results (2023)

Previous studies such as by Kim and Rich (2022) indicate that unemployed youth who lived with their parents or other older family members who demanded their accountability regarding SRH behavior were less likely to have active sexual lives. Despite the evidence that work decreases the risk of early sexual activity or pregnancy, there are reasons to believe that employment, especially intensive employment, might increase the risk of these outcomes by reducing parental monitoring. Kim and Rich (2022) note that youth employment has been associated with some risky behaviors, such as drug and alcohol abuse, presumably because work might increase adolescents' time spent dating, as well as expose them to the influence of delinquent peers.

4.3 Social Media Usage

To fulfil the first objective of this study, the researcher asked prompting questions to understand the patterns employed by the respondents in their general use of social media platforms. The researcher enquired on what social media platforms the respondents used, how often they used these platforms, and the types of gratification in the respective platforms.

4.3.1 Access to Social Media Platforms

The researcher sought to know which social media platforms the respondents were using currently and in the recent past. The findings are tabulated in table 4.1. The social media platforms are arranged in order of popularity. Overall, the study found active use of social media across all social media platforms, but with varied rates of usage. In order of popularity, Google, WhatsApp, YouTube, and Facebook were most used, followed by

TikTok, Twitter and Instagram. Telegram was relatively unpopular. As illustrated in the table below, out of the 83 participants who indicated social media channels used, those who indicated yes were: 77 (93%) for Google, 75 (90%) for WhatsApp and YouTube, 72 (87%) for Facebook. Others were 60 (72%) for TikTok, 56 (67%) for Twitter, 53 (64%) for Instagram, 35 (42%) for Telegram. 31 participants indicated use of other social media platforms, translating to 37% of total respondents. Additionally, significant number of participants used Facebook, Twitter, Instagram, and Telegram but no longer do so, highlighting need for investigation of the underlying reasons in further research.

Table 4. 5: *Usage of Social Media Platforms by the Respondents*

Social Media Platform	**Yes**		**No**		**No, but did in the past**	
	Freq.	**%**	**Freq.**	**%**	**Freq.**	**%**
Google	77	93%	6	7%	0	0%
WhatsApp	75	90%	8	10%	0	0%
YouTube	72	90%	8	10%	0	0%
Facebook	72	87%	0	0%	11	13%
TikTok	60	72%	18	22%	5	8%
Twitter	56	67%	16	19%	11	14%
Instagram	53	64%	10	12%	20	24%
Telegram	35	42%	27	32%	21	26%
Others	31	37%	52	63%	0	0%

Source: Field Results (2023)

These findings indicate that majority of the study's respondents were familiar with social media and had sufficiently interacted with more than two platforms. The sample therefore makes a suitable population to respond to the needs of this study. The quantitative findings were corroborated with qualitative findings from the respondents and key informant interviewees presented.

> *"Social media is that friend that can never let you down when bored or stressed. There is always something fun to do on social media."* (Youth respondent, male, aged 25 years).

> *"I check my social media accounts, mainly Facebook and Instagram, every morning when I wake up. It is my way of keeping up with what is going on in the world and among my friends."* (Youth respondent, female, aged 23 years).

> *"We promote SRH messages across Facebook, Twitter, YouTube, and Instagram due to their popularity. We are currently considering opening a TikTok account due to its growing popularity."* (Informant, youth leader, male, aged 35 years).

Key features of social media that were identified from qualitative findings as major contributors of the high levels of usage and engagement included user-generated content approach that promoted user agency; the peer-to-peer conversational environments that promoted friendship and social connection; the visually appeal of social media content that promoted escape factor in usage; mobile-focus of social media content that increased access levels due to ease of use and access; saturation of video-focused and less text-based content that promoted immersive content consumption; and infinite vertical and horizontal scrolling features that enhanced ease of access.

> *"What I love most about Instagram is its visual appeal. I enjoy scrolling through the photos in my page. I sometimes wish I could be like my friends who seem to have a good life online."* (Youth respondent, female, aged 19 years).

> *"I started using Facebook while in high school. I now have more than 4000 friends and it has become part of my life*." (Youth respondent, male, aged 21 years).

> *"We use Facebook groups to engage our programme participants, and recently started using Twitter Spaces. We have a WhatsApp group where all our members belong, and we share updates there every day. These are easily available and free tools, yet quite powerful in reaching our audience."* (Informant, Y-ACT official, female, aged 38 years).

4.3.2 Time Spent on Social Media

Still in line with building an analysis for objective one of the study, on assessing social media usage among the respondents, the researcher sought to understand the frequency

of use of various social media platforms by the respondents. The usage categories tested were: less than an hour daily, 1-3 hours daily, 3-6 hours and more than 6 hours daily and one day per week. As illustrated by the table 4.6, out of the 77 participants who confirmed usage of Google, time spent on usage were: 25 (29%) for 3-6 hours per day, 19 (25%) for 1-3 hours per day, 14 (18%) more than 6 hours a day and less than 1 hour everyday respectively, and 6 (8%) once a week. Out of the 75 participants who confirmed usage of WhatsApp and YouTube respectively, time spent on usage were: 28 and 20 (37% and 27%) for 3-6 hours per day, 22 and 23 (29% and 30%) for 1-3 hours per day, 19 and 11 (25% and 15%) more than 6 hours a day, 4 and 16 (6% and 21%) for less than 1 hour everyday, and 2 and 5 (3% and 7%) for once a week.

Out of the 72 participants who confirmed usage of Facebook, time spent on usage were: 30 (42%) for 1-3 hours per day, 22 (30%) for 3-6 hours per day, 7 (9%) more than 6 hours a day and less than 1 hour every day respectively, and 6 (8%) once a week. The table provides an analysis of proportionate engagements across all social media platforms.

According to the findings, user engagement as measured by proportionate time spent on each social media platform was highest on WhatsApp, Google, TikTok, and Instagram followed by Facebook and YouTube. The popularity of TikTok, Instagram and Facebook could be linked to the visual and video centric character of these platforms. Appel et al. (2019) observe increasing popularity of social media platforms that focus on images and videos as opposed to text.

Table 4. 6: *Time spent by respondents on respective social media platform*

Social Media Platforms	**More than 6 hours per day**		**3-6 hours per day**		**1-3 hours per day**	
	Freq.	**%**	**Freq.**	**%**	**Freq.**	**%**
Google	14	18%	25	32%	19	25%
WhatsApp	19	25%	28	37%	22	29%
YouTube	11	15%	20	27%	23	30%
Facebook	7	9%	22	30%	30	42%
TikTok	10	17%	36	60%	9	15%
Twitter	3	5%	11	20%	17	30%
Instagram	9	17%	27	51%	11	21%
Telegram	4	11%	7	20%	8	22%
Others	1	3%	10	32%	13	42%

Social Media Platforms	**Less than 1 hour per day**		**One day per week**		**Total**
	Freq.	**%**	**Freq.**	**%**	**Freq**
Google	14	18%	5	7%	77
WhatsApp	4	6%	2	3%	75
YouTube	16	21%	5	7%	75
Facebook	7	9%	6	8%	72
TikTok	4	6%	1	2%	60
Twitter	21	37%	4	7%	56
Instagram	3	5%	3	5%	53
Telegram	11	31%	5	14%	35
Others	5	16%	2	6%	31

Source: Field Results (2023)

These shifts have had demonstrable implications on social media usage and its consequences as some scholars suggest that image-based posts convey greater social presence than text alone (Pittman & Reich, 2016). Heavy usage of WhatsApp could be linked to its focus on relational value, while Google's usage could be informational value as is demonstrated in the next sub-section.

Time spent on Telegram and Twitter was found to be relatively low. Conversely, these platforms are more text-based compared to the previous platforms highlighted above,

except for WhatsApp and Google which are also mainly text-based. This analysis provides important insights into choice of various social media platforms for SRH messaging, including how to format and tailor SRH content for respective platforms. Overall, participants indicated significant engagements across the variety of popular social media platforms.

> *"Scrolling through social media is my favourite pass-time. I work in a shop and sometimes clients are few. The best way to keep myself busy is to log into my social media, especially Facebook and TikTok."* (Youth respondent, female, 26 years).

Based on these findings the study respondents seem to be actively using most of the popular social media platforms apart from telegram which had lower usage rates. The low popularity of Telegram were linked to its text-based format and limited relational appeal. The feedback from qualitative data below confirm the quantitative findings.

> *"I don't find it easy to connect with friends on Telegram, as I would on WhatsApp. I think it's just the way the platform is designed."* (Youth respondent, female, 30 years).

> *"Most of my friends are on Facebook. However, I use WhatsApp to connect with my closest friends and family."* (Youth respondent, male, 28 years).

Overall, all social media platforms investigated in this study potentially offer opportunities for active dissemination of SRHR information, but with varied applications based on the findings from this study and previous studies.

4.3.3 Social Media Gratification Types

The researcher inquired on the various uses of the social media platforms accessed by the respondents. 92% of respondents indicated using Google for informational purposes, and 75% for learning purposes, placing Google as the platform most associated with informational and learning gratification. This was followed by YouTube at 73%

response rate for information search and 65% response rate for learning purposes. The findings are summarized in table 4.7

Table 4. 7 : *Social Media Gratification Types*

Social Media Platform	**Uses of Social Media**					
	Search Information		Entertainment		Socialize with Friends	
	Freq.	%	Freq.	%	Freq.	%
Google	71	92%	7	9%	4	5%
YouTube	55	73%	35	47%	3	4%
WhatsApp	19	25%	19	25%	56	75%
Facebook	41	57%	49	68%	59	82%
TikTok	18	30%	58	96%	12	20%
Twitter	25	45%	10	18%	8	14%
Instagram	5	9%	50	94%	23	43%
Telegram	1	3%	23	66%	7	20%

Social Media Platform	**Uses of Social Media**					
	Earn Income		Learn		Others	
	Freq.	%	Freq.	%	Freq.	%
Google	4	5%	58	75%	9	12%
YouTube	10	13%	49	65%	4	5%
WhatsApp	3	4%	12	16%	4	5%
Facebook	11	15%	19	26%	3	4%
TikTok	6	10%	30	50%	4	6%
Twitter	3	5%	15	27%	8	14%
Instagram	10	19%	8	15%	9	17%
Telegram	0	0%	4	11%	7	20%

Source: Field Results (2023)

Other platforms associated with information and learning gratification were Facebook at 57% response rate for information and 20% response rate for learning, Twitter at 45% response rate for information and 27% response rate for learning and TikTok at 30% response rate for information and 50% response rate for learning. Google interface is

built as a search engine for information research, providing a probable reason for its popularity for informational and learning purposes. YouTube, Facebook and TikTok enable intuitive user-generated video sharing, hence popular with learning and information sharing through video and visual content formats. Twitter is mainly text-based but provides a news-format approach to content dissemination and consumption, probably explaining its popularity for information and learning gratification among the respondents. For entertainment gratification, TikTok, Instagram, Facebook and YouTube were most associated with entertainment purposes with 96%, 94%, 68% and 47% of the respondents confirming using them for entertainment. This was most likely due to their visual and video centric user interfaces and interactive structures.

Facebook and WhatsApp were most associated with relational purposes, followed by Instagram at 82%, 75% and 43% respectively. This could be linked to the focus of their user interfaces on social associations, with options for following and interacting people within social circles strongly emphasized by their technical algorithms.

A relatively smaller, but still significant number of participants used Instagram (19%), Facebook (15%), YouTube (13%) and TikTok (10%) for remunerative purposes. This could be attributed to the rise in the influencer culture. Appel et al. (2019) opines that the omnipresence of social media has tremendously increased the accessibility and appeal of using relations and opinion shapers on social media with high social value, to influence others for remunerative purposes, as also noted by other researchers such as (Knoll & Matthes, 2017).

The quantitative findings on social media gratification types also correlated with qualitative information from the respondents and group leaders.

> *"I spend almost half of my day online. I use google to look up everything I need, and Facebook to catch up with friends and pass time."* (Youth respondent, female, aged 29).

> *"We are now starting to produce and disseminate most of our SRH content in video and visual formats, as we notice that these have more engagement than text-based content. We are also considering working with influencers with good reputations to pass our messages."* (Informant, Y-ACT official, male, aged 45 years)

Overall, top social media platforms accessed by the respondents in order of popularity were Google, WhatsApp, YouTube, and Facebook, followed by TikTok, Twitter and Instagram. Telegram was least popular. User engagement as measured by proportionate time spent on each social media platform was highest on WhatsApp, Google, TikTok, and Instagram followed by Facebook and YouTube and least on Twitter and Telegram. A majority of the respondents mainly sought social media platforms for information seeking and entertainment purposes.

4.4 Sources of SRH Information on Social Media

Objective two of the study sought to assess the sources of SRH information on social media. Respondents were guided by three prompting questions to obtain findings for this objective. The first question probed whether they had sought SRH related information on the various social media platforms in the last 12 months counting back from the time of the study. The respondents were then asked to point to the specific sources of SRH information obtained and the modes of access they used to find the SRH information on social media.

4.4.1 Access of SRH Information on Social Media

To analyze the levels of access of SRH information on social media, the respondents were asked to identify the social media platforms where they accessed SRH information over the last one year. The findings are broken down in the table 4.8.

Table 4. 8: *Access of SRH Information on Social Media*

Social Media Platforms	Access of SRH information on social media in the last 1 year						Total Response Rate	
	Yes		No		No, but did in past			
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Google	27	56%	13	27%	8	17%	48	58%
Facebook	33	50%	24	35%	10	15%	67	81%
TikTok	22	49%	23	51%	2	5%	45	44%
YouTube	21	41%	20	39%	10	20%	51	61%
WhatsApp	13	28%	24	52%	9	20%	46	55%
Twitter	12	29%	25	59%	5	12%	42	51%
Instagram	8	28%	21	72%	0	0%	29	35%
Telegram	5	23%	17	77%	0	0%	22	26%
Others	10	42%	14	58%	0	0%	24	29%

Source: Field Results (2023)

According to the findings of this study, the top social media platforms where the respondents accessed SRH information were Google, Facebook, TikTok and YouTube in order of prevalence of SRH information. Out of 48 respondents who indicated using Google for SRH information, 56% indicated accessing SRH content in the last one year on Google, and 17% in the past. The second platform the participants used most to access SRH information was Facebook. 50% of 67 respondents had accessed SRH information on this platform within the year, and 15% in the past. The third platform where respondents had accessed SRH information was TikTok, with 49% of 45 respondents confirming accessing SRH information on the platform within the last one year, and 5% in the past.

The fourth platform where respondents had accessed SRH information was YouTube, with 41% of 51 respondents confirming accessing SRH information within the last one year on the platform, and 20% doing so in the past. The possible explanation for the presence of SRH content on Google, Facebook, TikTok and YouTube could be linked to

their popularity (since the four were among top 5 most popular social media according to findings from the first objective of this study) and institutional usage as channels of communication by governments, NGOs, and the UN among other institutions. Respondents indicated an increasing tendency for accessing short informational videos on Facebook and TikTok that provide bit-sized learning on various topics, including SRH information. Qualitative data presented from some of the respondents illustrates these finding.

> *"For me, TikTok has become more of an educational platform. I learn so many new things through short but very informative videos."* (Youth respondent, male, 26).

> *"For me, YouTube is like one big free school. Whenever I access free internet, I download tens of videos that I watch when free. I have learnt so much about life this way."* (Youth respondent, female, aged 22 years).

Others social media platforms where SRH information were accessed by the respondents included YouTube at 41% of responses in the last one year and 20% of responses in the past, WhatsApp at 28% of responses and 20% of responses respectively and Twitter at 29% of responses and 12% of responses respectively. A significant number of responses highlighted access to SRH information on other social media platforms that were not included in this study. A probe by this researcher to identify what these other social media platforms were did not yield positive results, implying that they could be more intimate or private social media platforms that the respondents were not comfortable highlighting. However, the study identified an important opportunity for further research on what these social media platforms are and what are the implications of their use by the target population.

These quantitative findings were confirmed by feedback from the qualitative data, some of which are highlighted.

> *"I have learnt a lot on my sexuality through social media. By exploring what others do, I get to learn a lot."* (Youth respondent, male, aged 22 years).
>
> *I like using social media to access sexual health information because it is faster and private. It's much harder accessing this information through hospitals or at home."* (Youth respondent, female, aged 24 years).

4.4.2 Main Sources of SRH Information by Social Media Platforms

The researcher made inquiries on particular sources of SRH information for the respondents. For this study, guided by reviewed literature, the alternative sources of SRH information were categorized into institutional sources such as government sources, Non-Governmental Organizations (NGOs), United Nations (UN) institutions; professional sources, that is doctors and health practitioners; and individual sources of friends and family members.

According to the quantitative findings, on Google, the youth respondents mainly accessed SRH information provided by professional sources (doctors and health practitioners) at 39%, institutional sources (NGOs at 19% of responses, Government at 15% of responses, UN at 13% of responses). On Facebook, the respondents mainly accessed information from the following sources: Friends at 25% of responses, doctors and health practitioners and UN institutions both at 20% of responses, NGOs at 15% of responses and other sources at 5% of responses. The findings are highlighted in the table 4.9.

On TikTok, the following were main sources of SRH information: Friends, doctors, and health practitioners at 17% of responses for both, NGOs at 13% of responses and other sources 18% of responses. On YouTube, main sources for SRH information were 20% of responses for doctors, NGOs at 17% of responses, friends at 13% of responses and 22% of responses for other sources.

Table 4. 9: *Main Sources of SRH Information on Social Media by Platforms*

Social Media Platforms	Sources of SRH Information on Social Media by Social Media Platforms					
	Family		Friends		Doctors	
	Freq.	%	Freq.	%	Freq.	%
Google	3	5%	5	8%	23	39%
YouTube	2	4%	6	13%	9	20%
WhatsApp	7	17%	19	45%	4	9%
Facebook	5	8%	15	25%	12	20%
TikTok	0	0%	10	17%	10	17%
Twitter	3	7%	3	7%	9	22%
Instagram	2	9%	9	40%	1	5%
Telegram	0	0%	5	100%	0	0%

	NGOs		Government		United Nations		Others	
	Freq	%	Freq.	%	Freq.	%	Freq.	%
Google	11	19%	9	15%	8	13%	0	0%
YouTube	8	17%	5	11%	5	11%	10	22%
WhatsApp	7	17%	4	9%	1	2%	0	0%
Facebook	9	15%	4	6%	12	20%	3	5%
TikTok	8	13%	0	0%	5	8%	11	18%
Twitter	9	22%	2	5%	15	36	0	0%
Instagram	6	27%	4	9%	0	0%	0	0%
Telegram	0	0%	0	0%	0	0%	0	0%

Source: Field Results (2023)

Overall, for the top social media platforms where respondents accessed SRH information, that is Google, Facebook, TikTok and YouTube, main sources of SRH information were doctors and health practitioners for all, NGOs for all, friends (for Facebook, TikTok and YouTube), and UN and Government for Google and UN for Facebook only. This could be linked to the popularity of these four social media platforms (since the four were among top 5 most popular social media according to findings from the first objective of this study) and institutional usage as channels of communication by the Government, NGOs, and the UN among other institutions. However, SRH information affiliated to the Government and the UN were relatively

limited on these platforms, highlighting need for more investments by these institutions on SRH messaging on social media.

Notably, family members were nearly absent as sources of SRH information on the popular social media platforms. This implies that the youth run the risk of accessing wrong information especially from friends and missing the right information especially from legitimate institutions such as governments. Family members who may have the best interests of the youth are also not the most popular source of SRH information on social media, demonstrating a significant disconnect between youth and their families in social media spaces that need further investigation and addressing. On the positive side, the respondents showed significant engagement with professional SRH content from doctors and health practitioners, demonstrating important entry point for strengthening access to credible SRH information for youth.

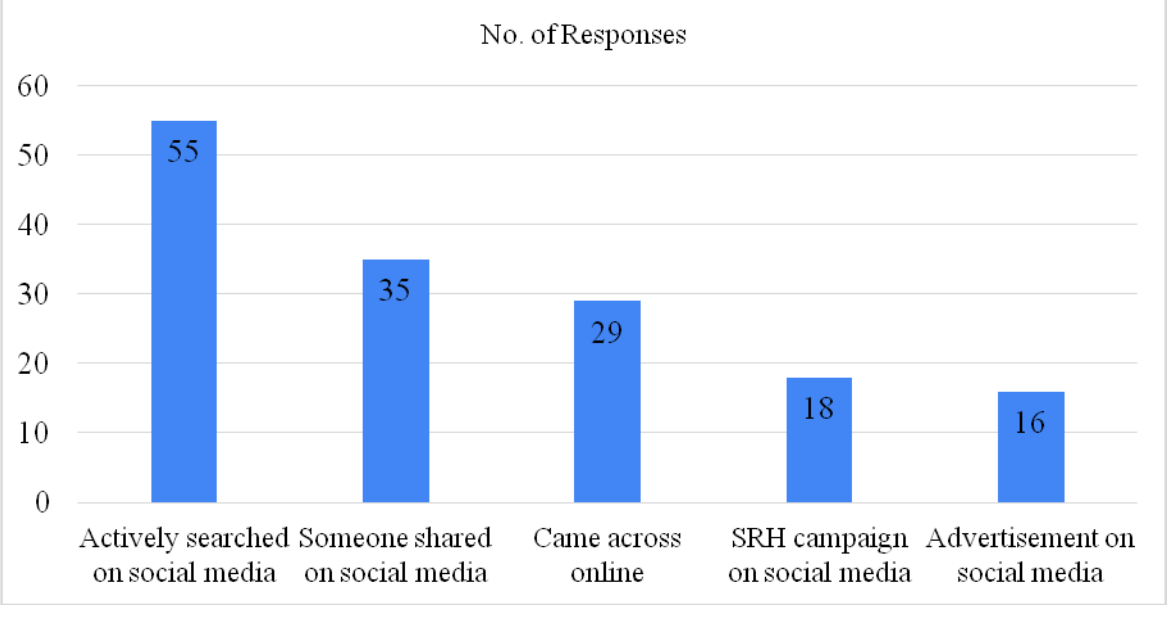
These findings largely aligned with previous studies on sources of SRH information for youth such as Byron (2017), Patterson et al. (2019) and Nikkelen et al. (2020). The authors note that increased access to social media and other online channels was prevalent among young people and was positively related with increase in access to SRH information, particularly when offline sources of SRH information fail to meet their needs. They however observe that in cases where SRH information were accessed through social circles such as friends, the information accessed often posed significant risks of disinformation, information overload, unreliability, and inappropriateness.

4.4.3 Mode of Access for SRH information

The researcher asked both quantitative and open-ended question to establish the modes the respondents used to access SRH information on social media.

According to the findings, the respondents actively sought for SRH information, followed by shares from friends and random access online. Advertisements and campaigns formed the lowest modes of access for SRH information, pointing to limited investment in social media platforms among SRH practitioners in reaching young people. Figure 4.1 illustrates the quantitative information obtained on mode of access for SRH information on social media.

Figure 4. 1 : *Modes of Accessing SRH information by Respondents on Social Media*



Source: Field Results (2023)

Qualitative responses also confirmed that most of the respondents actively and intentionally seek specific SRH-related information on social media platforms. Several others indicated that they found their information sources from advertisements which they clicked on or followed to obtain more information on topics that sparked their interest.

Other respondents mentioned that they were led to the sources of SRH information courtesy of friends tagging them on relevant sources as follow up of conversations they were having based on ongoing relevance.

Other respondents bumped into information based on their interests as generated by social media algorithms. Several others registered to have participated in conversations that were made accessible through ongoing social media campaigns hosted by various institutions and individuals.

These finding point to high agency-levels among the respondents in accessing SRH information on social media among the study population that needs to be harnessed for effective health communication by health practitioners. As one of the group leaders highlighted:

> *"Most of the youth we work with actively seek SRH information during meetings and often cite inability to access the same information reliably online. Digital literacy is important particularly for youth with lower educational status,"* (Informant, Y-ACT official, male, aged 45).

Overall, respondents strongly embraced the use of social media for accessing SRH information but underlined the complex nature of social media spaces that rendered open discussions on SRH issues embarrassing in most cases. The feedback from one of the respondents below best illustrates this reality.

> *"For me, social media is a mixed space where I do many things. SRH information is not always the main thing I use my social media for, but I sometimes find SRH related information. But for privacy reasons, I usually have more than one social media account, each serving different purposes."* (Youth respondent, female, aged 27 years).

Overall, top social media platforms where the respondents accessed SRH information most frequently were Google, Facebook, TikTok and YouTube in order of prevalence of SRH information. Top sources of SRH information on these platforms were doctors and

health practitioners for all, NGOs for all, friends (for Facebook, TikTok and YouTube), and UN and Government for Google and UN for Facebook only. Respondents generally actively sought SRH information or accessed them through shares from friends. Advertisements and promotions of SRH information on social media were relatively uncommon.

4.5 Types of SRH Information on Social Media

Questions on the third objective prompted respondents on the specific kinds of SRH information they interacted with on social media. The research focused on three SRH information types informed by literature reviewed: maternal health, family planning and sexual health. Respondents were asked whether they accessed any of the Sexual and Reproductive Health (SRH) information in the three categories above on social media within the last one year. The findings are indicated in the Table 4.10.

Table 4. 10: *Type of SRH Information Accessed on Social Media*

Type of SRH Information Accessed	**SRH Information Accessed in the last 1 year**					
	Yes		**No**		**Not Sure**	
	Freq.	**%**	**Freq.**	**%**	**Freq.**	**%**
Family planning (condom use, oral pills, implants)	31	58%	12	23%	10	19%
Sexual health (HIV/AIDS, Gonorrhea, Hepatitis B)	20	38%	17	32%	16	30%
Maternal health information (safe delivery and post-delivery)	17	32%	19	36%	17	32%
Other SRH and related Information	29	55%	20	38%	4	7%

Source: Field Results (2023)

The most common type of SRH information accessed on SM were family planning information, followed by sexual health information and then maternal health

information. 58% of the 53 respondents who confirmed accessing SRH information on social media recorded accessing information on family planning.

The second category of popularly accessed SRH information on social media by the respondents was sexual health. 38% of the same respondents reported looking up information on sexual health diseases such as HIV/AIDS, Gonorrhea and Hepatitis B.

Maternal health was the least type of SRH information sought on social media by the respondents. The third most accessed SRH information on social media by the respondents was on maternal health is on safe births and information on post-delivery. 32% of the same respondents indicated looking up information on maternal health information (safe delivery and post-delivery) from their social media platforms. This was likely since only about 26% of the respondents had children and 36% were married, indicating probable lower interest on maternal health issues among the study population.

4.5.1 Family Planning

The researcher also sought to delve deeper into each of the three SRH information types to understand specific information accessed by the respondents on social media. The first type of SRH information the researcher focused on was family planning. As observed above, we can also conclude that young people are increasingly open to adopting contraceptive use and family planning. A significant majority of the population under study, 58% were keen enough to seek information on family planning from their social media platforms. The youth were also keen on exchanging information on issues such as contraceptive use through social media and enlightening each other on SRH information. To assess the kind of information accessed on family planning, the study further investigated the specific family planning information accessed on social media by the respondents. The findings are summarized in table 4.11. According to the

findings, the following were the most common types of family planning information accessed by young people in order of prevalence: family planning methods (68%), types of contraceptives (61%) and how to use contraceptives (58%). This could be attributable to the high demand for these types of family planning information due to their practical relevance for the study population that is a sexually active age group.

Table 4. 11: *Family Planning Information Accessed on Social Media*

Family planning Information	**Frequently accessed family planning information**		
	Yes	**No**	**Not Sure**
Family Planning Methods	68%	29%	3%
Types of contraceptives	61%	32%	7%
How to use contraceptives	58%	32%	10%
Where to Access Contraceptives	19%	61%	20%
Cost of contraceptives	16%	65%	19%
Fertility Testing	0%	80%	20%

Source: Field Results (2023)

There were limited information available on where to access contraceptives (19%), cost of contraceptives (16%) and no information indicated by the participants as available on fertility testing. Possible explanation for this could be related to the skewed practice identified in this study among SRH practitioners on promoting singular SRH messaging as opposed to comprehensive messaging. It could also be linked to lack of sufficient tailored SRH messages specifically targeting youth. Most of the respondents who highlighted interest in accessing family planning information on social media were educated, married females, indicating that education, marital status, and gender played key roles in access of SRH information on social media.

4.5.2 Sexual Health

The researcher sought to know whether the respondents were concerned about sexual health and Sexually Transmitted Infections (STIs), and what information they sought on sexual health related issues from their social media platforms. According to the findings, the following were the most common types of sexual health information accessed by young people in order of prevalence: types of Sexually Transmitted Infections (STIs) (90%), how to test for STIs (75%), how HIV and STIs are transmitted (65%), signs of HIV infection and signs of other STIs (65%) and how to protect oneself from HIV and STIs (65%). There were relatively limited information available on where to test for STIs (45%) and STI screening and treatment (50%). The findings are as seen in Table 4.12.

Table 4. 12: *Sexual Health Information Accessed on Social Media*

Sexual Health Information	**Frequently accessed sexual health information**		
	Yes	**No**	**Not Sure**
Types of Sexually Transmitted Infections (STIs)	90%	10%	10%
How to self-test for STIs	75%	20%	5%
How HIV and STI's are transmitted	67%	33%	0%
Signs of HIV infection and signs of other STIs	65%	35%	0%
How to protect oneself from HIV and STIs	65%	35%	0%
Screening and Treatment of STIs	50%	35%	15%
Where to test for STIs	45%	40%	15%

Source: Field Results (2023)

These results indicate that the youth population are keen on protecting themselves from STIs and understanding their sexual health regarding STI transfer, examination, and

treatment. Most of the respondents who highlighted interest in accessing sexual health information on social media were more educated females across all marital status, indicating that education levels and gender played a key role in access of SRH information on social media, but not marital status.

4.5.3 Maternal Health Information Accessed on Social Media

The third type of SRH information the researcher investigated in this section was maternal health. According to the findings, the following were the most common types of maternal health information accessed by young people in order of prevalence: Pregnancy advice and counseling (82%), pregnancy testing (70%), child immunization (59%), safe childbirth (41%) and post-pregnancy care (41%). The findings are summarized in the Table 4.13.

Table 4. 13: *Maternal Health Information Accessed on Social Media*

Maternal Health Information	**Frequently accessed maternal health information**		
	Yes	**No**	**Not Sure**
Pregnancy advice and counseling	82%	18%	0%
Pregnancy testing	70%	30%	0%
Child immunization	59%	29%	12%
Safe childbirth	41%	53%	6%
Post-pregnancy care	41%	47%	12%
Pregnancy nutrition	29%	59%	12%
Maternal health facilities	29%	59%	12%
Safe abortion	0%	88%	12%

Source: Field Results (2023)

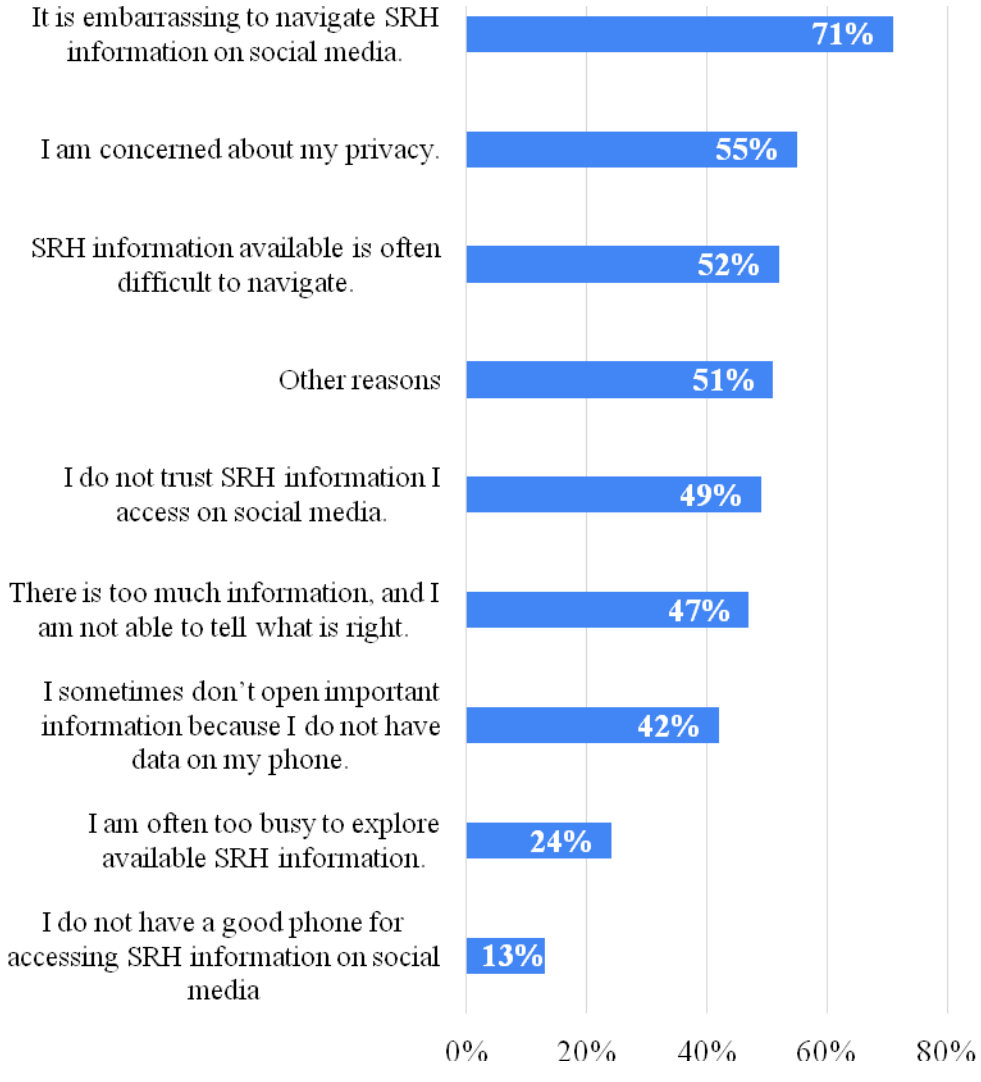
There was relatively limited information available on pregnancy nutrition (29%), maternal health facilities (29%) and safe abortion (0%). These findings imply relatively higher levels of interest among the respondents or prevalence of information for what can be considered primary pregnancy and child-birth related information and lower interest in information on pregnancy nutrition and maternal health facilities which

although important, seem secondary. Lack of information on safe abortion could be an outlier in these findings, considering the sensitive nature of the subject and legal implications that it bears. There are probabilities that respondents were not comfortable responding on their access to abortion information.

4.6 Barriers of Access to SRH Information on Social Media

To generate findings for the fourth objective of the study, the researcher sought to understand the barriers faced by the respondents in accessing SRH information on social media. The most prevalent barriers to SRH information identified in the study were related to shame and embarrassment (71% of responses), privacy concerns (55% of responses), information overload (52%), and mistrust and misinformation concerns (49%) and disinformation related to difficulty in navigating available information (47%). About half of the respondents indicated having other barriers of access to SRH information on social media, implying need for additional research on these probable barriers. A significant number of respondents (42%) indicated constraints in their ability to access information readily due to economic constraints that made it difficult for some of them to access internet data for their devices. Although relatively fewer, still a significant number of respondents (13%) indicated not having smart phones thus being unable to access SRH information on social media. Some of them had to wait to borrow the phones of their friends and family members whenever it was convenient, and they also felt uncomfortable searching for sensitive SRH information through other people's devices.

Figure 4. 2 *Feedback from respondents on barriers to accessing SRH information on social media by youth out of 83 respondents*



Source: Field Results (2023)

A few of the respondents (24%) indicated not having sufficient time to do research on SRH online as they had busy lifestyles and would have wanted less time-consuming ways of accessing SRH information. Some of these youth indicating preferring information compressed into short clips they can listen to as they go about their busy days. Some of these youths indicated missing important information sometimes because they felt it would consume too much off their time. These findings are illustrated in Chart 4.2.

Qualitative findings also confirmed these quantitative results, with one of the most reported challenges from the respondents and key informants being inability by respondents to decipher the existing SRH information available on social media. Several other respondents indicated experiencing information overload saying that SRH information available was often confusing and conflicting and difficult to navigate.

Other barriers of accessing SRH information on social media that were identified in qualitative data and secondary data findings included unidirectional messaging, misinformation, and information credibility issues. Credibility issues were also highlighted by the respondents, particularly from qualitative findings and secondary data. As noted by one of the respondents among the Y-ACT programme officials:

> *"The biggest issue we often have to deal with while disseminating SRH information on social media is misinformation and disinformation. The youth participants in our programmes often cite conflicting SRH information that they access on social media, and we constantly have to counter these cases of misinformation by providing credible information,"* (Informant, Y-ACT official, male, aged 45 years).

4.7 Discussions of the Study Findings

This study sought to answer four research questions using a sample youth population in Mathare sub-county in Nairobi county: to analyze the general patterns of social media usage among youth; assess the sources of SRH information they sought and accessed on social media; determine the types of SRH information they frequently interacted with on social media; and examine barriers they faced in accessing SRH information on social media.

4.7.1 Socio-Demographic Profile Respondents

The findings on socio-demographic profiles of social media access to SRH information were quite intriguing, but in general alignment with previous studies. Older respondents

(25-35 years) with higher levels of education (above diploma level) tended to use Twitter, Google, and YouTube more, while female respondents preferred Facebook, YouTube, and Instagram to Twitter. Male respondents preferred Google, WhatsApp, and Twitter. These findings aligned with previous studies such as by Nikkelen et al. (2020) who observed that youth are more likely to search for sexual information online as they get older and that higher educated people were more likely to use online media as a source for SRH information than lower educated people, who prefer offline sources.

An interesting finding of the study was on gendered character of access to and types of SRH information. Women were generally more exposed to SRH information on social media compared to their male counterparts. These findings were confirmed by various secondary sources such as (Bryon 2018; Fisher et al., 2019) who noted that women on average have better sexual health knowledge than men. This gender factor in access to SRH information was linked to societal framing of women as taking more responsibility for SRH issues as compared to men.

Older (25-35 years), more educated (diploma and above), female respondents interacted with more credible sources of SRH information on social media compared to younger, less educated, male counterparts across marital and occupational levels, highlighting the significant role of age, education, and gender in access to SRH information on social media. Occupation and marital status were not major determining factors for access of credible sources of SRH information on social media. Most respondents were generally more interested and had more access to family planning and sexual health information on social media. Most of the respondents who highlighted interest in accessing maternal health information on social media were older (25-35 years), married, female and more educated (diploma and above), indicating that age, gender, marital status, and

educational levels played a key role on the types of SRH information accessed on social media.

4.7.2 Social Media Usage Among Youth

Overall, according to the findings of the study, social media is increasingly popular channel of communication particularly among young people globally, in Africa and in Kenya. Top social media platforms accessed by the respondents in order of popularity were Google, WhatsApp, YouTube, and Facebook, followed by TikTok, Twitter and Instagram. Telegram was least popular. Additionally, findings from both primary and secondary data in this study highlighted the significant use by the respondents and potential of social media for accessing relevant SRH information. The researcher therefore effectively responded to the research objectives and established that social media is fast growing into a reliable or trusted source of SRH information for young people.

User engagement as measured by proportionate time spent on each social media platform was highest on WhatsApp, Google, TikTok, and Instagram followed by Facebook and YouTube and least on Twitter and Telegram, pointing to platforms where SRH information could draw higher engagement with the study population. These findings agreed with previous studies such as by Appel et al. (2019) and Pittman and Reich (2016) who observed that media rich social media platforms were generally more popular and convey greater social presence than text-based alternatives. These findings also aligned with other previous studies such as by Kamau (2017), Kircaburun et al. (2018) and Muasya et al. (2019) in terms of the growing importance of social media as a channel of communication for young people but differed in ranking of the popularity of social media channels. This could be attributed to the dynamic and evolving social

media landscape that implies changing popularity levels for various social media and possible emergence of new social media channels. For example, TikTok and Telegram are relatively newer social media platforms, with TikTok showing highly accelerated growth over the period of its existence compared to the other platforms.

On user gratification needs on social media, according to the research findings, participants sought several gratifications on social media, in order of preference: to search for information and learning (informational), for entertainment (entertainment), to socialize with friends (relational), to earn an income (remunerative) and to look for jobs (remunerative). This analysis provides important insights into effective strategies for packaging and tailoring SRH messages for different social media platforms. The finding that majority of the respondents mainly seek social media platforms for information and entertainment seeking purposes agreed with other previous findings reviewed in this study such as by (Kamau, 2017; Kircaburun et al., 2018; Muasya et al., 2019). Findings that video and visual content are more popular implies that SRH practitioners need to invest more in packaging social media SRH information in video and visual formats.

4.7.3 Sources of SRH information on Social Media

Addressing the research question on sources of SRH information online, top social media where SRH information were found to be mostly gaining traction were Google, Facebook, TikTok and YouTube.

The findings on this research question also highlighted increasing, albeit slow, successful adoption of social media spaces by health professionals (doctors and health practitioners) and relevant institutions (mainly NGOs, and to a lesser extent Government and United Nations institutions) in creating and disseminating relevant SRH information on social media. As observed from the previous studies such as (Bryon, 2018; Muasya et

al., 2022), the development of the internet and ease of access to online spaces mean that some organizations and individuals who champion SRH causes are already successfully leveraging these platforms as information dissemination spaces. Consequently, young people are already interacting with a wide array of Sexual and Reproductive Health information on social media, with family planning and sexual health information being more prevalent than maternal health information for younger, unmarried demographics. Several organizations such as AMREF through the Y-ACT programme are therefore adapting their communication strategies to respond to the emergence of social media spaces. For example, many organizations are increasingly hosting conversation spaces on SRH on social media platforms targeting youth who have largely grown up with internet devices in their hands and often prefer to have some of these conversations in online spaces as opposed to in-person. However, the study findings point to prevalent interaction with peer-to-peer, and in most cases unreliable and uncredible sources of SRH information on social media by young people. SRH practitioners should therefore accelerate efforts of enhancing availability of tailored, reliable, and credible SRH information in social media spaces.

4.7.4 Types of SRH Information on Social media

Overall, the youth expressed positive attitudes and curiosity on accessing various types of SRH information on social media but showed preference for family planning information followed by sexual health information. More than 60% of the respondents were voluntarily seeking information on family planning methods, contraceptive use, HIV and STI topics, and pregnancy advice and testing on social media. This is most likely linked to the active sexual experimentation and interest among the age group that formed the study population.

4.7.5 Barriers of SRH Information on Social Media

The most prevalent barriers to SRH information identified in the study were external to the respondents and mostly related to shame, stigma, and embarrassment especially on sexually transmitted infections (STIs), privacy concerns, information overload, mistrust, misinformation, and disinformation. These findings implied need to re-organize and re-package SRH information disseminated on social media in more effective manners that are not overwhelming to young people.

Most research participants highlighted that SRH information accessed on social media were not interactive but rather designed as one-way information sharing. This finding agreed with secondary sources of data reviewed such as (Gold, 2011; Byron, 2017; Patterson et al., 2019). These authors found that most SRH initiatives that target young people on social media were packaged as one way, dissemination messages and did not factor in privacy concerns or interactive needs of young people. The authors, rightfully so, underscored the need for multi-directional SRH messaging on social media and implementation of strategies that engage young people as co-producers and co-creators of information. Despite significant barriers and concerns identified in this study, the respondents highlighted high levels of engagement or latent need for more engagement with SRH information on social media.

Overall, this research established a general curiosity and keenness on access to SRH information on social media by young people. Compared to previous findings in literature that young people are not actively seeking SRH related information, the findings in this study pointed to a positive direction in context of social media and provided important indications that youth are increasingly opening up and taking charge

of the sexual reproductive health behavior, with social media providing a quick, accessible source of information for them on such topics.

4.7.6 Implications of Research Findings

The findings of this study positively defined efficacy of social media as appropriate channels for promoting access for SRH information by youth. Consequently, and as confirmed by Loss et al. (2018), social media therefore remains a very important channel for promotion of SRH messages that needs to be carefully leveraged by all stakeholders to achieve positive SRH outcomes.

To effectively adopt social media as a channel for SRH promotion for young people, and as noted by other authors such as Byron (2017) and Loss et al. (2018), SRH messaging needs to be adjusted for emerging realities of the social media landscape. SRH practitioners also need to respond to the permeable boundaries of social media spaces that are different from traditional settings-based spaces used for dissemination of SRH information such as schools and hospitals.

Additionally, the instrumental approach by many health interventionists often premised on unidirectional SRH messaging is inappropriate for social media environment. As noted by Byron (2017), health prevention is often not a high priority in people's daily lives, particularly for young people. He notes that significant investment is therefore required in targeted, engaging mixed-media marketing approaches (that links social media marketing with other channels such as traditional media) to enhance accessibility of credible SRH information by young people.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of key findings from the study, conclusion drawn from the findings highlighted and recommendation made there-to. The conclusions and recommendations are drawn in quest of addressing the research question of the study which was to determine the efficacy of social media for accessing Sexual and Reproductive Health (SRH) information by youth in Mathare, Nairobi using a case study of AMREF Youth in Action (Y-ACT) programme.

5.2 Summary of Major Findings

5.2.1 Social Media Usage

The first objective of this study aimed to investigate usage of social media by youth in Mathare sub-county, Nairobi. The study findings point to the complex ways in which young people in Mathare use and access Sexual and Reproductive Health information on social media, implying limitations for simplistic, traditional one-way sexual health messaging. Of the demographic variables, age, gender, education, and marital status were most related to general social media SRH information seeking. Older (25-35 years), female, married and more educated (diploma and above) youth were more likely to access SRH information on social media. Top social media increasingly used by youth to access SRH information were Google, Facebook, TikTok and YouTube in order of popularity.

Key aspects that emerged from the study were: growing popularity of social media with varied gratifications sought; the participatory culture of social networking sites; and the importance of increasing tailored, engaging SRH messaging on social media. Unique characters of social media identified in this research that can be leveraged for SRH

promotion include user-generated content approach for social media platforms; the peer-to-peer conversational social media environments; the visual appeal of social media content and user interfaces; mobile-focus of social media content that significantly increases reach for young people; decreasing attention spans of social media audiences and shift towards visual and video-focused content and less text-based content; and infinite vertical and horizontal scrolling features.

5.2.2 Sources of SRH Information on Social Media

The second objective of this study assess sources of SRH information sought and accessed on social media by youth in Mathare sub-county, Nairobi. According to the study findings, top sources of SRH information on social media for youth in Mathare were friends followed by doctors and health professionals. According to findings of this research, social media landscape is not only very dynamic and constantly evolving but is also porous and interactive hence impossible to fully control sources of SRH information. However, SRH practitioners could play more active roles in these spaces by catalyzing more collaboration and leveraging unique characteristics of social media to effectively tailor expert-based SRH messages for specific target groups and contribute to better SRH outcomes among young people, hence helping demystify and neutralize experience-based SRH information that may often be inaccurate.

5.2.3 Types of SRH Information accessed on Social Media

The fourth objective of this study was to determine the types of SRH information frequently sought and accessed on social media by youth in Mathare, Nairobi. According to the findings of this study, types of SRH information accessed on social media by youth were family planning information, sexual health information and maternal health information in order of prevalence. Overall, the youth expressed positive

attitudes and curiosity on accessing various types of SRH information on social media but showed preference for family planning information.

5.2.4 Barriers of access to SRH Information on Social Media

The fourth objective of this study was to examine barriers faced in accessing Sexual and Reproductive Health information on social media by youth in Mathare, Nairobi. The study findings pointed to some key barriers of access to SRH information on social media including privacy concerns, embarrassment, and disinformation. Overall, the study respondents were highly interested in and would largely benefit from accessing more tailored and engaging SRH information on social media but did not want this to be at the expense of their own sense of comfort, privacy and belonging in their social networks.

5.3 Conclusions

The problem that instigated this study was pegged around findings from various researchers on limited SRH knowledge and information among young people being a driving factor for poor health outcomes in this population segment. Considering that young people constitute a majority of Kenya's population, poor health outcomes would directly contribute to significant social, economic, and other development constraints. This research therefore sought to find out whether social media are generally useful and effective channels for disseminating SRH related information. This study concluded that social media is an important and effective channel for promotion of SRH information, but several measures need to be established to counter the accompanying risks of their usage. SRH promotion on social media must be tailor-made to specific social media platforms depending on the platform popularity, use and gratification types, and sources of information, and cognizant of differentiated barriers of information across various

platforms. SRH promotion on social media must be tailor-made to specific social media platforms depending on the platform popularity, use and gratification types, and sources of information, and cognizant of differentiated barriers of information across various platforms. Social media was found to be particularly useful for more peer-to-peer SRH learning and distribution of information.

5.4 Recommendations

From the study findings and conclusion, the following recommendations are made: While public health practitioners continue promoting SRH information to young people across various platforms, including social media, such initiatives must constantly adapt to shifting communication cultures among young people. The most effective SRH promotion strategies recommended therefore should be built around multi-pronged approaches. Saturation of messaging by combining and aligning social media promotion with other online media channels, in addition to TV, radio, print and offline media.

Young people are already accessing SRH information from professional sources but based on their own agency and not instigated by promotions, campaigns, and advertisements from key institutions and SRH practitioners. More investment by government, private sector, non-governmental institutions and other SRH practitioners are needed in designing measurable SRH campaigns tailored for different social media platforms and audiences. More investments are also needed in digital literacy to help young people identify reliable and credible sources of SRH information while still maintaining the social environment existent in social media spaces.

Additionally, use of social media for health promotion by SRH practitioners and stakeholders should incorporate the agency of young people as co-creators of SRH information and not just as consumers of the same. Sexual health promotion strategies

seeking to engage with young people via social media must acknowledge young people's expertise as media users and producers, and the cultural importance of friendship in these practices. To effectively leverage the potential of social media for SRH promotion among young people, the target youth should be engaged by SRH promoters as co-producers and partners and not just consumers of SRH information.

More measures need to be integrated by government authorities and SRH practitioners in SRH promotion strategies to manage concerns of privacy, misinformation, and shame among young people. This can be achieved by tailoring, contextualizing and personalizing SRH messaging and establishing appropriate digital literacy and online security measures. These measures include continuous and adaptable training on critical thinking when interacting with SRH information online, and strategies for finding reliable and credible sources of information online with minimal risks.

Lastly, SRH practitioners and policy makers should also consider the role of age, education, marital status, and gender in SRH information dissemination on social media. Both primary and secondary findings of this research highlight the need to specifically target young men, as they have the lowest level of sexual health knowledge and are often framed as having the least responsibility for sexual health matters, including pregnancy and STI prevention. Women, especially married women, should be approached as important bearers of critical SRH knowledge through their varied personal experiences and due to societal norms, that require them to bear a heavier responsibility for SRH.

5.5 Areas for Further Research

More research is needed in the following key areas: Inferential statistical study to strengthen the findings on relationship between the research variables; investigation of

other social media sites used by young people and their implications on access to SRH information; interaction between social media, traditional media, and other media channels in promoting effective SRH communication; and the use of dating and sexually oriented social media sites. Other critical areas for further research include investigation of variance in SRH needs among various age groups and access to SRH information by minority groups such as same-sex couples and people living with disabilities.

REFERENCES

Ajijola, S. (2023). A Review on the Impact of Social Media on Societal Development. *International Journal of Research and Innovation in Social Science.* VII. 861-868. 10.47772/IJRISS.2023.7471. https://doi.org/10.47772/IJRISS.2023.7471

Al Kindy, A. M., Shah, I. M., & Jusoh, A. (2016). Consideration and Methodological Approaches in Studying Transformational leadership Impact on Work Performance Behaviors *Int. J. of Adv. Res.* **4** (Jan). 889-907] (ISSN 2320-5407). www.journalijar.com

Al-Quran, M. W. M. (2022). Traditional media versus social media: challenges and opportunities. *Technium: Romanian Journal of Applied Sciences and Technology*, *4*(10), 145–160. https://doi.org/10.47577/technium.v4i10.8012

Ali, R. T., Poku, A. G., & Appiah, D. (2022). Reproductive health education: a qualitative study of health seeking behaviour of in-school female adolescents. *PAMJ - One Health.* 9. https://doi.org/10.11604/pamj-oh.2022.9.11.33759

Appel, G., Grewal, L., & Hadi, R. (2019). The future of social media in marketing. *J. of the Acad. Mark. Sci.* 48, 79–95. https://doi.org/10.1007/s11747-019-00695-1

Baigry, M. I., Ray, R., Lindsay, D., Kelly-Hanku, A., & Redman-MacLaren, M. (2023). Barriers and enablers to young people accessing sexual and reproductive health services in Pacific Island Countries and Territories: A scoping review. *PLOS ONE 18(1): e0280667*. https://doi.org/10.1371/journal.pone.0280667

Byron, P. (2018). Social Media Platforms and Sexual Health. *The Routledge Companion to Media, Sex and Sexuality.* Routledge.

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., & Walker, K. (2020). Purposive sampling: complex or simple? Research case examples. *Journal of research in nursing: JRN*, *25*(8), 652–661. https://doi.org/10.1177/1744987120927206

Creswell, J. W. & Creswell, J. D. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. SAGE Publications, Inc.

Du, K. C., Mohosin, A. B., & Amin, A. (2022). *Influence of education on sexual and reproductive health service utilization for persons with disabilities in nationwide Bangladesh: An explanatory sequential mixed-methods study*. https://doi.org/10.1186/s12978-022-01352-7

Condran, B., Gahagan, J., & Isfeld-Kiely, H. (2017). A scoping review of social media as a platform for multi-level sexual health promotion interventions. *Canadian Journal of Human Sexuality, 26*(1), 26–37. https://doi.org/10.3138/cjhs.261-A1

Creswell, J. W. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches.* New York, NY: SAGE Publications, Inc.

Darke, P., Shanks, G., & Broadbent, M. (2018). Successfully completing case study research: Combining rigor, relevance and pragmatism. *Information Systems Journal*, 8(4), 273–289. https://doi.org/10.1046/j.1365-2575.1998.00040.x

Di Gangi, P. M., & Wasko, M. M. (2016). Social Media Engagement Theory: Exploring the Influence of User Engagement on Social Media Usage. *Journal of Organizational and End User Computing (JOEUC)*, 28(2), 53-73. https://doi.org/10.4018/JOEUC.2016040104.

Dolan, R., Conduit, Fahy J. & Goodman, S. (2016). Social media engagement behaviour: a uses and gratifications perspective, *Journal of Strategic Marketing, 24:3-4, 261-277*. https://doi.org/10.1080/0965254X.2015.1095222

Ellison, N. B. & Boyd, D. (2020). Sociality through Social Network Sites. In W. H Dutton (Ed.), *The Oxford Handbook of Internet Studies (pp. 151-172)*. Oxford: Oxford University Press. http://dx.doi.org/10.1093/oxfordhb/9780199589074.013.0008

Fayoyin, A. (2016). Engaging Social Media for Health Communication in Africa: Approaches, Results and Lessons. *J Mass Communication Journalism 6: 315.* https://doi.org/10.4172/2165-7912.1000315

Fisher, B.W., Gardella J.H., & Teurbe-Tolon A. R. (2019). Peer cybervictimization among adolescents and the associated internalizing and externalizing problems: a meta-analysis. *J Youth Adolesc. 2016, 45:1727-43.* https://doi.org/10.1007/s10964-016-0541-z

Ghahramani, A., de Courten, M. & Prokofieva, M. (2022). "The potential of social media in health promotion beyond creating awareness: an integrative review". *BMC Public Health* 22, 2402. https://doi.org/10.1186/s12889-022-14885-0

Gold, J., Pedrana, A. E., Sacks-Davis, R., Hellard, M. E., Chang, S., Howard, S. & Stoove, M. A. (2011). A systematic examination of the use of online social networking sites for sexual health promotion. *BMC Public Health, 11(1), 583. Medline:21777470* http://dx.doi.org/10.1186/1471-2458-11-583

Kamau, S. (2017). Democratic engagement in the digital age: youth, social media and participatory politics in Kenya. *Communication*, *43*(2), 128-146. https://ecommons.aku.edu/eastafrica_gsmc/19

Kenya Constitution. (2010). Government of Kenya Printer

Kenya Demographic and Health Survey (2022). Government of Kenya Printer

Kenya National Council for Population Development. (2021). Government of Kenya Printer.

Kenya Population and Housing Census. (2019). Government of Kenya Printer

Kenya National Youth Policy. (2019). Government of Kenya Printer

Kenya National Bureau of Statistics (KNBS). (2015*). Kenya Demographic Health Survey*. https://dhsprogram.com/pubs/pdf/FR308/FR308.pdf

Kenya National Bureau of Statistics (KNBS). (2019). 2019 *Kenya Population and Housing Census:* vol. I. http://housingfinanceafrica.org/app/uploads/VOLUME-I-KPHC-2019.pdf

Kenya Vision 2030. (2008). https://vision2030.go.ke/

Kenya Bureau of National Statistics. (2019). Kenya Population and Housing Census. Government of Kenya Printer.

Kim, H. (2019). Credibility Assessment of Health Information on Social Media: Discovering Credibility Factors, Operationalization, and Prediction. University of North Carolina at Chapel Hill. https://doi.org/10.17615/sas9-n563

Kircaburun, K., Alhabash, S., Tosuntaş, Ş. B., & Griffiths, M. D. (2020). Uses and gratifications of problematic social media use among university students: A simultaneous examination of the big five of personality traits, social media platforms, and social media use motives. *International Journal of Mental Health and Addiction, 18*(3), 525–547. https://doi.org/10.1007/s11469-018-9940-6

Kiswili, J. K. (2020). Social media consumption in Kenya: Trends and influence on behavior change in the wake of the Coronavirus pandemic outbreak. Department of Social Sciences Chuka University. *Journal of Studies in Social Sciences and Humanities.* http://www.jssshonline.com/Volume 6, No. 2, 2020, 66-75 ISSN: 2413-9270

Knoll, J., & Matthes, J. (2017). The effectiveness of celebrity endorsements: A meta-analysis. *Journal of the Academy of Marketing Science, 45*(1), 55–75. https://doi.org/10.1007/s11747-016-0503-8

Ku, Y., Chu, T., & Tseng, C. (2018). Gratifications for using CMC technologies: A comparison among SNS, IM, and e-mail. Comput. Hum. Behav., 29, 226-234. https://doi.org/10.1016/j.chb.2012.08.009

Kyilleh, J. M., Tabong, P. T., Konlaan, B.B. (2018). Adolescents´ reproductive health knowledge, choices and factors affecting reproductive health choices: a qualitative study in the West Gonja District in Northern region, Ghana. *BMC Int Health Hum Rights. 2018 Jan 24;18(1): 6. PubMed*| Google Scholar.

Laverack, G. (2017). The Challenge of Behaviour Change and Health Promotion. *Challenges 8, no. 2: 25.* https://doi.org/10.3390/challe8020025

Loss, S.R., Will, T. & Longcore, T. (2018). Responding to misinformation and criticisms regarding United States cat predation estimates. *Biol Invasions* 20, 3385–3396. https://doi.org/10.1007/s10530-018-1796-y

Lund Research Ltd. (2022). Purposive Sampling. https://dissertation.laerd.com/purposive-sampling.php

McCombes, S. (2019). How to Create a Research Design. http://www.scribbr.com/research-process/research-design

Melesse, D. Y., Mutua, M. K., Choudhury, A., Wado, Y. D., Faye, C. M., Neal, S., & Boerma, T. (2020). Adolescent sexual and reproductive health in sub-Saharan Africa: who is left behind?. *BMJ global health*, *5*(1), e002231. https://doi.org/10.1136/bmjgh-2019-002231

Metzger, M. J., & Flanagin, A. J. (2011). Using Web 2.0 technologies to enhance evidence-based medical information. *Journal of health communication*, *16 Suppl 1*, 45–58. https://doi.org/10.1080/10810730.2011.589881

Muasya, G., Musyoka, W., Wachira, W., Odek, A.W., Ochieng, V.O., & Sang, W. (2019). A Uses and Gratification Perspective on Social Network Sites among Private University Students in Kenya. *African Multidisciplinary Journal of Research*, *4*(2). https://journals.spu.ac.ke/index.php/amjr/article/view/62

Mugenda, O. M. & Mugenda, A. G. (2013). Research methods: Quantitative and qualitative Approaches. African Centre for Technology Studies.

National AIDS Control Council, (2021). Kenya HIV Estimates. Government of Kenya Printer.

National Bureau of Statistics-Kenya and ICF International. (2015). *2014 KDHS Key Findings.* Rockville: KNBS and ICF International.

National Council for Population and Development. (2021). Draft Action Plan for Addressing Adolescent Health and Teenage Pregnancy in Kenya. Government of Kenya Printer.

Ngigi, S. & Busolo, D. N. (2018). Behaviour Change Communication in Health Promotion: Appropriate Practices and Promising Approaches. *International Journal of Innovative Research and Development, [S.l.]*. ISSN 2278-0211. https://www.ibmrdjournal.in/index.php/ijird_delete/article/view/137352.

Nikkelen, S. W., Valkenburg, P. M., Huizinga, M., & Bushman, B. J. (2020). Media use and ADHD-related behaviors in children and adolescents: A meta-analysis. *Developmental psychology*, *50*(9), 2228–2241. https://doi.org/10.1037/a0037318

Ninsiima, L. R., Chiumia, I. K., & Ndejjo, R. (2021). Factors influencing access to and utilisation of youth-friendly sexual and reproductive health services in sub-Saharan Africa: a systematic review. *Reproductive health*, *18*(1), 135. https://doi.org/10.1186/s12978-021-01183-y

Noor, S., Tajik, O., & Golzar, J. (2022). Simple Random Sampling. *International Journal of Education & Language Studies*, *1*(2), 78-82. doi: 10.22034/ijels.2022.162982

Nyongesa, C., & Hall, J. J. (2018). Factors influencing choice of skilled birth attendance at ANC: evidence from the Kenya demographic health survey. *BMC Pregnancy Childbirth* 18, 88. https://doi.org/10.1186/s12884-018-1727-z

Palys, T., & Atchison, C. (2021). Research Methods in the Social and Health Sciences. Sage Publishing.

Patterson, Susan & Hilton, Shona & Flowers, Paul & McDaid, Lisa. (2019). What are the barriers and challenges faced by adolescents when searching for sexual health information on the internet? Implications for policy and practice from a qualitative study. Sexually Transmitted Infections. 95. sextrans-2018. https://doi.org/10.1136/sextrans-2018-053710.

Pittman, M., & Reich, B. (2016). Social media and loneliness: Why an Instagram picture may be worth more than a thousand Twitter words. *Computers in Human Behavior, 62,* 155–167. https://doi.org/10.1016/j.chb.2016.03.084

Plackett, R., Kaushal, A., Kassianos, A. P., Cross, A., Lewins, D., Sheringham, J., Waller, J., & von Wagner, C. (2020). Use of Social Media to Promote Cancer Screening and Early Diagnosis: Scoping Review. *Journal of medical Internet research*, *22*(11), e21582. https://doi.org/10.2196/21582

Rich, L. M., & Kim, S.-B. (2002). Employment and the Sexual and Reproductive Behavior of Female Adolescents. *Perspectives on Sexual and Reproductive Health*, *34*(3), 127–134. https://doi.org/10.2307/3097711

Ritchie, J., & Lewis, J. (2013). Qualitative Research Practice: A Guide for Social Science Students and Researchers. London, Thousand Oaks, CA: Sage Publications Ltd.

Rowles, D. (2017). How Mobile Technology is Revolutionizing Marketing, Communications and Advertising. Kogan Page; 2nd ed. Edition.

Sarfo, J., Pritchard, T. D., Gbordzoe, N. I., & Obeng, P. (2021). Qualitative Research Designs, Sample Size and Saturation: Is Enough Always Enough? *KAD International. 10.13187/jare.2021.3.60* http://kadint.net/our-journal.html

Schaaf, M., Boydell, V., Topp, S. M., Iyer, A., Sen, G., & Askew, I. (2022). A summative content analysis of how programmes to improve the right to sexual and reproductive health address power. *BMJ global health*, *7*(4), e008438. https://doi.org/10.1136/bmjgh-2022-008438

Schillinger, D., Chittamuru, D., & Ramírez, A. S. (2020). From "Infodemics" to Health Promotion: A Novel Framework for the Role of Social Media in Public Health. *American journal of public health*, *110*(9), 1393–1396. https://doi.org/10.2105/AJPH.2020.305746

Serede, G. S. (2015). Factors influencing the choice of social network sites among high school teenagers in Nairobi, Kenya. Jomo Kenyatta University of Agriculture and Technology. http://ir.jkuat.ac.ke/handle/123456789/1774

Siedlecki S. L. (2020). Understanding Descriptive Research Designs and Methods. *Clinical nurse specialist CNS*, *34*(1), 8–12. https://doi.org/10.1097/NUR.0000000000000493

Singh, A. S. & Masuku, M. B. (2014) Sampling Techniques and Determination of Sample Size in Applied Statistics Research: An Overview. *International Journal of Economics, Commerce and Management, 2, 1-22.* http://ijecm.co.uk/

Song, H., Omori, K., Kim, J., Tenzek, K. E., Morey Hawkins, J., Lin, W. Y., Kim, Y. C., & Jung, J. Y. (2016). Trusting Social Media as a Source of Health Information: Online Surveys Comparing the United States, Korea, and Hong Kong. *Journal of medical Internet research*, *18*(3), e25. https://doi.org/10.2196/jmir.4193

Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J. T., Blum, R., Coll-Seck, A. M., Grover, A., Laski, L., Roa, M., Sathar, Z. A., Say, L., Serour, G. I., Singh, S., Stenberg, K., Temmerman, M., Biddlecom, A., Popinchalk, A., Summers, C., & Ashford, L. S. (2018). Accelerate progress-sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission. *Lancet (London, England)*, *391*(10140), 2642–2692. https://doi.org/10.1016/S0140-6736(18)30293-9

Stellefson, M., Paige, S. R., Chaney, B. H., & Chaney, J. D. (2020). Social Media and Health Promotion. *International journal of environmental research and public health*, *17*(9), 3323. https://doi.org/10.3390/ijerph17093323

Sürücü, L. & Maslakci, A. (2020). Validity and Reliability in Quantitative Research. *8. 2694-2726. 10.15295/bmij.v8i3.1540.* https://doi.org/10.15295/bmij.v8i3.1540

Trifiro, B. M., & Gerson, J. (2019). Social Media Usage Patterns: Research Note Regarding the Lack of Universal Validated Measures for Active and Passive Use. *Social Media + Society, 5(2).* https://doi.org/10.1177/2056305119848743

United Nations Fund for Population (2011). *State of the World Population*. https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2011-FINAL.pdf

Wamuyu, P. K. (2020). The Kenyan Social Media Landscape: Trends and Emerging Narratives, 2020, SIMElab. https://www.usiu.ac.ke/assets/file/SIMElab_The_Kenyan_Social_Media_Landscape_report.pdf

Wheeler, K. A. (2017). Learning for Deep Change. Journal of Education for Sustainable Development, 1(1), 45–50. https://doi.org/10.1177/097340820700100110

World Health Organization. (2020). Sexual and Reproductive Health and Research (SRH) Report. https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/sexual-health

World Health Organization. (2017). Reproductive health- Fact sheets on sustainable development goals: Health targets. https://www.euro.who.int/__data/assets/pdf_file/0005/348008/Fact-sheet-SDGRH-FINAL-04-09-2017.pdf?ua=1

Wu, M. J, Zhao, K., Fils-Aime, F. (2022). Response rates of online surveys in published research: A meta-analysis, *Computers in Human Behavior Reports, Volume 7, 100206, ISSN 2451-9588*, https://doi.org/10.1016/j.chbr.2022.100206. https://www.sciencedirect.com/science/article/pii/S2451958822000409

Yellapu, V. (2018). Descriptive statistics. *International Journal of Academic Medicine.* 4. 60. https://doi.org/10.4103/IJAM.IJAM_7_18.

APPENDICES

Appendix I: Questionnaire

PREAMBLE

I am a postgraduate student pursuing degree in Master of Arts in Communication Studies at St. Paul's University in Kenya. I am required to submit as part of my research work assessment, a project on ― Efficacy of Social Media for Accessing Sexual and Reproductive Health Information by youth in Mathare, Nairobi: Case Study of AMREF Youth In Action (Y-ACT) Programme".

To achieve this, you have been selected to participate in the study. I kindly request you to fill the attached questionnaire to generate data required for this study. Your contribution is very important for the success of the study. This information will be used purely for academic purposes and will be treated in confidence and will not be used for publicity. Neither your name nor the name of your institution will be mentioned in the report.

This questionnaire is divided into different parts: Part A- F.

(Please go through it and Circle/Tick as appropriate)

PART A: Personal Information and History

1. Your Age	2. Sex	3. Marital Status
a) Less than 15 b) 15 – 18 c) 18- 25 d) 25 – 30 e) Above 30	a) Male b) Female	a) Married b) Single c) Divorced d) Widowed e) Other(specify)

4. Your level of education and that of your spouse (if married).

	Self	Spouse
a) Primary	( )	( )
b) Secondary	( )	( )
c) Certificate.	( )	( )
d) Diploma	( )	( )
e) Bachelor's Degree	( )	( )
f) Master's Degre	( )	( )
g) Other (specify)	( )	( )

5. Your occupation and that of your spouse (if married).

	Self	Spouse
a) Employed	( )	( )
b) Business	( )	( )
c) Casual.	( )	( )
d) Not Employed	( )	( )
e) Other (specify)	( )	( )

PART B: Social Media Usage

1. Are you currently using any of the following social media platforms?

	Yes	No	No, but was in the past (please specify reason you stopped using the social media platform)
Facebook			
Twitter			
Instagram			
Tiktok			
Telegram			
WhatsApp			
Google			
YouTube			
Others (please specify platform and tick usage)			

2. How frequent do you access the social media platforms?

	More than 6 hours everyday	3-6 hours everyday	1-3 hours everyday	Less than 1 hour everyday	One day per week	Other (Please specify frequency of usage)
Facebook						
Twitter						
Instagram						
Tiktok						
Telegram						
WhatsApp						
Google						
YouTube						
Others (please specify platform and tick frequency of usage)						

3. You use social media to -?

	More than 6 hours everyday	3-6 hours everyday	1-3 hours everyday	Less than 1 hour everyday	One day per week	Other (Please specify frequency of usage)
Search information						
Entertain yourself						
Socialize with friends						
Earn an income						
Others						

4. Please tick your most common uses for each social media platform you access -?

	Search information	Entertain yourself	Socialize with friends	Earn an income	Others (please specify use
Facebook					
Twitter					
Instagram					
Tiktok					
Telegram					
WhatsApp					
Google					
YouTube					
Others					

PART C: To assess sources of SRH information accessed on social media.

1. Did you access Sexual and Reproductive Health (SRH) information on social media in the last six months?

	Yes	No	No, but did in the past (please specify when)
Facebook			
Twitter			
Instagram			
Tiktok			
Telegram			
WhatsApp			
YouTube			
Google			
Others (please specify platform and frequency of usage)			

2. From which of the following sources did you receive SRH information in the last 6 months?

	Family members	Friends	Doctors/ Health Institutions	SRH organizations	Government Institutions	UN institutions e.g. WHO	Other
Facebook							
Twitter							
Instagram							
TikTok							
Telegram							
WhatsApp							
YoutTube							
Google							
Others (specify)							

3. If yes in any of the above, how did you access the SRH information?
   a) Actively searched
   b) It was an advertisement
   c) There was an SRH campaign
   d) Someone shared with me
   e) I just came across it

PART D: Types of SRH information on social media

1. Did you access any of the following SRH information on social media in the last six months? (Tick as appropriate)

	Yes	No	Not Sure
Maternal health information	( )	( )	( )
Family Planning information	( )	( )	( )
Sexual Health information	( )	( )	( )

PART E: Barriers to accessing SRH information on social media

1. What challenges do you face accessing SRH information in respective social media?

(Tick as appropriate, you can tick more than one)

- SRH information available is often difficult to navigate.
- There is too much information, and I am not able to tell what is right.
- I am often too busy to explore available SRH information.
- It is embarrassing to navigate SRH information.
- I sometimes don't open important information because I do not have data on my phone.
- Others (please specify)

Appendix II: Key Informant Interview (KII) guide

1. What is your role within the context of the Y-ACT programme?
2. Why do you think social media is effective in achieving your goal of disseminating SRH information to young people?
3. What are the predominant uses of social media among your target youth population (informational, entertainment, social or remunerative)?
4. Which social media platforms do they use most? How frequent do they access them?
5. What types of SRH information do you disseminate to the target youth population?
6. How frequent do you disseminate SRH information on social media to the target youth? What
7. What are some of the sources of SRH information that you share with the target youth?
8. How do you ensure credibility and relevance of the SRH information you disseminate to them?
9. How has access to SRH information improved among the target youth population through your intervention?
10. In your opinion what are the stumbling blocks to the access of SRH information on social media among the target youth population?
11. How has access to SRH information enhanced SRH knowledge, attitudes, and practice among the target youth population?
12. Do you have any additional comments? If so, please share.

Appendix III: Research Recruitment and Consent Form

TITLE OF STUDY: Efficacy of Social Media For Accessing Sexual and Reproductive Health Information by youth in Mathare, Nairobi: Case Study of AMREF Youth In Action (Y-ACT) Programme

PRINCIPAL INVESTIGATOR

'SEPTEMBER J 2023'

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher.

PURPOSE OF STUDY

The purpose of this study is to analyze the efficacy of social media for accessing Sexual and Reproductive Health information by youth in Mathare, Nairobi using a case study of AMREF Youth in Action (Y-ACT) programme. You are free to answer the questions as you deem fit without any form of coercion.

CONFIDENTIALITY

Every effort shall be made to keep your responses to this questionnaire confidential. Please do not write your name in the form to ensure confidentiality.

CONSENT

I have read this consent form and voluntarily agree to participate in this study.

Signature (Respondent) _____ Date _____

Signature (Researcher) _____ Date _____

Appendix IV: NACOSTI License

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **547214**

Date of Issue: **18/July/2023**

RESEARCH LICENSE



This is to Certify that Mr.. Kevin Odhiambo Ochieng of St. Paul's University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: Efficacy Of Social Media For Accessing Sexual And Reproductive Health Information By Youth In Mathare, Nairobi: Case Study of Amref Youth In Action (Y-Act) Programme for the period ending : 18/July/2024.

License No: **NACOSTI/P/23/27762**

547214

Applicant Identification Number

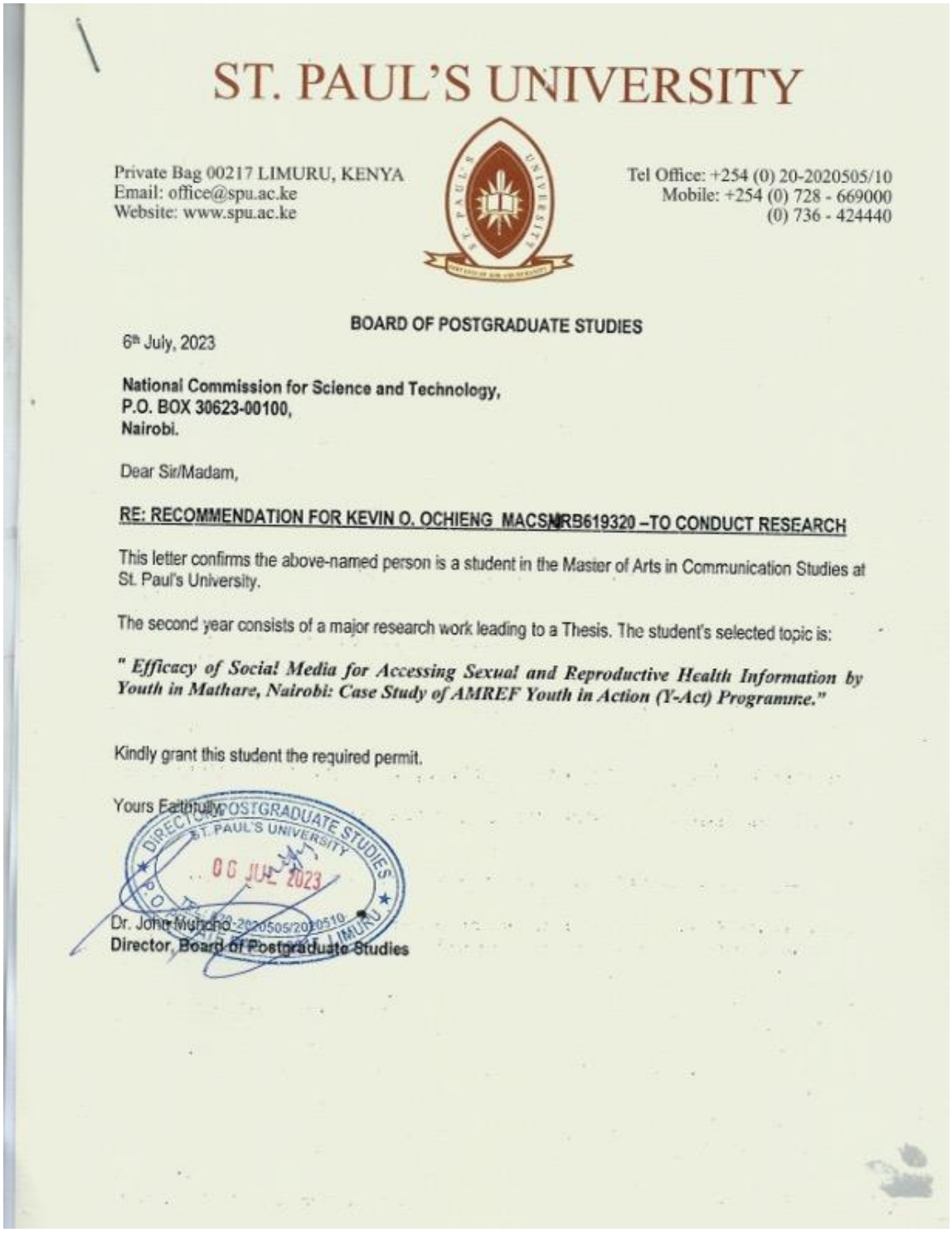
Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.

See overleaf for conditions

Appendix V: Approval Letter by Board of Postgraduate Studies



ST. PAUL'S UNIVERSITY

Private Bag 00217 LIMURU, KENYA
Email: office@spu.ac.ke
Website: www.spu.ac.ke

Tel Office: +254 (0) 20-2020505/10
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(0) 736 - 424440

BOARD OF POSTGRADUATE STUDIES

6th July, 2023

National Commission for Science and Technology,
P.O. BOX 30623-00100,
Nairobi.

Dear Sir/Madam,

RE: RECOMMENDATION FOR KEVIN O. OCHIENG MACSMRB619320 –TO CONDUCT RESEARCH

This letter confirms the above-named person is a student in the Master of Arts in Communication Studies at St. Paul's University.

The second year consists of a major research work leading to a Thesis. The student's selected topic is:

" Efficacy of Social Media for Accessing Sexual and Reproductive Health Information by Youth in Mathare, Nairobi: Case Study of AMREF Youth in Action (Y-Act) Programme."

Kindly grant this student the required permit.

Yours Faithfully,

DIRECTOR POSTGRADUATE STUDIES ST. PAUL'S UNIVERSITY 06 JUL 2023 P.O. BOX 00217 LIMURU

Dr. John Muhindo
Director, Board of Postgraduate Studies

Appendix VI: Approval by Institutional Scientific Ethics Review Committee

ST. PAUL'S UNIVERSITY

Private Bag 00217 Limuru,
Kenya
Email: office@spu.ac.ke
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Tel Office: +254 (0) 20-2020505/10
Mobile: +254 (0) 728-669000
(0) 736-424440

REF: SPU/27/2023 **Date: 22nd June 2023**

TO: Kevin Ochieng
St. Paul's University

Dear Mr. Ochieng,

RE: Efficacy Of Social Media For Accessing Sexual And Reproductive Health Information By Youth In Mathare, Nairobi: Case Study of Amref Youth In Action (Y-Act) Programme

Greetings,

This is to inform you that SPU- Institutional Scientific Ethics Review Committee has reviewed the above-named research proposal. **Your ERB approval number is 36, for the period between 22nd June 2023 – 22nd July, 2024.**

This approval is subject to compliance with the following requirements;

i. Only approved documents including (informed consents, study instruments) will be used.
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by SPU- Institutional Scientific Ethics Review Committee.
iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to SPU- Institutional Scientific Ethics Review Committee within 72 hours of notification
iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect

the integrity of the research must be reported to *SPU- Institutional Scientific Ethics Review Committee* within 72 hours

v. Clearance for export of biological specimens must be obtained from relevant institutions.
vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
vii. Submission of an executive summary report within 90 days upon completion of the study to SPU- Institutional Scientific Ethics Review Committee.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) https://research-portal.nacosti.go.ke and also obtain other clearances needed.

Yours sincerely,



Dr. Daniel Nzengya, PhD
Chairperson
SPU- Institutional Scientific & Ethics Review Committee

