Empowering adolescents to transition through puberty
Puberty is a highly vulnerable time for adolescents

- Changing emotions and social dynamics
- Expectation to marry
- Limited access to menstrual products
- Lack of knowledge of bodies and rights
- Predation of girls and boys by adults and others
- Changing biology
- Limited evidence base; few rigorous studies or proven solutions
- Shame, stigma and negative social and gender norms
- Lack of accurate, standardized, relevant and engaging tools for adolescent health and life skills education
- Limited access to menstrual products
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- Shame, stigma and negative social and gender norms
- Lack of accurate, standardized, relevant and engaging tools for adolescent health and life skills education
Adolescents lack answers to their most pressing questions...

...particularly regarding unwanted sex and self-protection in situations where they lack power

“What are safe days to have sex without getting pregnant?”

“When having my period am I expected to remain silent?”

“When I get periods for the first time what can I do?”

“If you have a boyfriend how will you know that he love and respect you?”

Out of over 10,000 anonymous questions collected from adolescents across Kenya, 90%+ centered on:

periods  bodily changes  relationships  consent  abuse
The consequences are real and very serious

Lack of health education has dire consequences...

- 40% of 19-year-olds in Kenya are pregnant or have started childbearing (DHS, 2014)
- 47% of teen pregnancies are unintended (Population Council, 2014)
- During covid, pregnancy rates increased at the primary school level for the first time (MOEST data)
- Average age of first sex is 11.7 (less than 12 years) with 92% of encounters unwanted (our RCT, 2017)
- First sex usually with a male 8-10 years older; power dynamics have lifelong implications (Becker et al, 1999)
- 10% of transactional sex by 15-year-olds is for pads (KEMRI-CDC survey, rural western Kenya, 2015)
- 1 in 4 girls have experienced partner violence (DHS, 2014)
- Female youth have a 4x HIV prevalence vs males (DHS, 2014)
- >25% of girls fail to enter secondary school despite universal transition (our randomized control trial, 2019)

As does a lack of menstrual products

Girls are forced to make impossible choices to manage their periods, putting them at great risk of derailing their futures
ZanaAfrica’s integrated approach: Products and programs co-created with girls, women and communities

- Sanitary pads – affordable, high quality products
- Education
  - 1.5 year adolescent health and life skills school-based program, and adaptations
  - Addresses underlying causal factors e.g., stigma, social norms through social and behaviour change communications
- Free hotlines and referrals to services run by trusted non-profit partners
- Policy solutions
Pads underpin extensive school programs for adolescent health and life skills

- **Nia Yetu**: 25 session adolescent health and life skills training manual delivered over 1.5 years
- **Nia Teen**: Companion textbook in the format of 5 interactive, shareable magazines
- **Nia sanitary pads** helped to create a “gateway” to difficult conversations
- Story-based approach with content co-created with adolescents across Kenya
- Evaluated in 2016-2019 through a 4 armed randomized control trial in Kilifi County
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WHAT DO THE men SAY? Respecting women & girls

The organisation teaches men & boys about the negative effects of sexual and gender-based violence, encouraging the men in their programs to treat women with the same importance they give men.

MEGEN started a project called Men to Men within PEMNET (The African Women's Development and Communication Network) which works to promote women’s development in Africa. Alfred says the Men to Men project, “meant men reaching out to other men.” MEGEN works with men who have been trained on the subject of violence to engage with other men and boys because, “It is more practical to have men engaging with other men (and boys) in addressing GBV,” says Alfred. In his experience as a Men Against GBV activist, he has learnt, “Men appreciate it more when you communicate the benefit of a violence-free society.”

He focuses on men to make sure that this core message clearly comes through, instructing, it’s through men, and men to everyone in the community.

Alfred says, “It’s a problem that affects everyone and therefore everyone has a duty to (stand up),” against all forms of violence.

He started a project in Mathare around 2004 as a volunteer. A creative writer, he wrote sketches performed to the public on social issues and was approached to volunteer with Men for Gender Equality (MEGEN).

WHAT IS GBV? GBV means gender-based violence. GBV is any behaviour or situation that is based on gender and includes violence towards women, girls and men. GBV includes physical violence, psychological violence, social violence, sexual violence, economic violence, power-based violence, and gender-based violence.

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Character universe developed for social and behavior change communications, with specific messaging per character.
Selected statistically significant outcomes of pads and education in 2-year randomized control trial

Positive shifts in norms and attitudes
• Menstruation attitudes
• Gender norms in marriage
• Heteronormativity in adolescents (what boys and girls are “supposed” to do)
• Gendered sexual norms (sexual double standards for boys and girls)
• Self-efficacy including self confidence, problem solving, better equipped to say no to unwanted sex

Increased adolescent health knowledge
• Pregnancy knowledge
• STIs
• HIV/AIDS

Improved menstrual health management
• Has enough pads
• Reduced leakage

Read more here: https://www.popcouncil.org/research/evaluating-the-nia-project
# Norms change: positive masculinity

## Participation in Nia clubs

<table>
<thead>
<tr>
<th>What would you do if a girl stained her clothes in class due to her period?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• “I will help her by assuring her not to worry.”</td>
</tr>
<tr>
<td>• “I will report to the teacher to get help for the girl.”</td>
</tr>
<tr>
<td>• “I will help her even if it is to do a cloth pad and give it to her to manage her menstruation.”</td>
</tr>
<tr>
<td>• “I will help her to go home and change.”</td>
</tr>
</tbody>
</table>

## No participation in clubs

<table>
<thead>
<tr>
<th>Should there be equal opportunity between girls and boys?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• “I do not know what to do.”</td>
</tr>
<tr>
<td>• “I would ask the girl what was happening and then wait for her to answer.”</td>
</tr>
<tr>
<td>• “Girls should be given equal opportunity because both girls and boys are human beings with equal rights.”</td>
</tr>
<tr>
<td>• “Girls should be given more. They sacrifice a lot.”</td>
</tr>
<tr>
<td>• “Household chores should be shared by boys and girls.”</td>
</tr>
<tr>
<td>• “Household chores belong to girls because they were created for such a responsibility.”</td>
</tr>
</tbody>
</table>

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*Source: Zana Africa*
What the randomized control trial results prove

• ZanaAfrica’s **sanitary pads** address the material and social dimensions of period poverty
  • Reduced leakage: 20% percentage point reduction in leaking in the combined and pads only arm
  • Less shame and stigma, creating a gateway to breaking other negative social norms

• ZanaAfrica’s **education program** improves health knowledge and life skills, including the ability to navigate difficult situations

• The **combination** of pads and education addresses the entrenched gender norms that are at the root of adolescents’ worlds narrowing during puberty, and empowers youth to challenge social norms and expectations

• Validation of our theory of change around the impact of pads and health education on social and gender norms and behavior change, including the underlying causal factors and their effects
**Adaptation and scale**

- Selected health education sessions adapted for delivery by community organizations across Kenya
- New content developed on COVID-19 and trauma
- Partnership with public sector stakeholders (Kenya Institute of Curriculum Development and Teachers Service Commission) to
  - Understand the barriers teachers face to delivering health and life skills content in schools
  - Co-create teacher-facing adaptations of the full program, with deep engagement from teachers, government and other stakeholders
  - Collaborate on integrating content into the new competency-based curriculum and equipping teachers
Adaptation for delivery during COVID-19

Images from our COVID comics prepared for distribution in communities during school closures and afterwards, including mental health resources for adults supporting adolescents.
Some lessons we’ve learned along the way

- **Africa has solutions.** We don’t have to feel like all solutions need to come from outside – in fact there are no “one size fits all” solutions. We can develop evidence-based, robust answers to our own challenges.

- **Sanitary pads are a human right** - not because of period poverty, not because of school retention, but a right in themselves. We should not expect them to be a silver bullet (do you expect your toothpaste to change your life on its own?)

- Rights-based, fact-based human sexuality and life skills education are essential if we want to truly address teen pregnancy, adolescent risk, mental health and trauma, etc. **We don't need to fear these topics**

- Adolescents are **naturally curious**, and learn by trying out new things and making mistakes. Integrated approaches and programs that address the key barriers adolescents face can encourage learning and experimentation without derailing lives. **Safe mentors** are very important for adolescents during puberty, especially if they can journey together for a longer period of time.

- **Build in time and process** for design, implementation and alignment. Communities might have values that may not align with yours. Be respectful and open, and engage in true dialogue. Do not expect quick results.

- Be ready to **give up power and voice** so that beneficiaries can define both the problem and the solution. Use your skills, resources and networks to help make that solution a reality. Engage in co-creation, not consultation or token participation.
Asanteni! (Thank you!)

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