



AUGUST

2024



KMA Youth Month Activity Report

"From Clicks to Progress: Youth Digital Pathways for Sustainable Development."

Prepared By:

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Background

In Kenya, adolescent health is besieged by persistent challenges such as teenage pregnancy, female genital mutilation (FGM), and gender-based violence (GBV). Despite a slight decline in teenage pregnancy rates, marginalized communities continue to grapple with alarming figures, with regions like Samburu, West Pokot, Marsabit, and Narok reporting rates as high as 50%, 36%, 29%, and 28%, respectively. Moreover, while the national prevalence of FGM has gradually declined, communities with lower levels of education and socioeconomic status still uphold this harmful tradition, with prevalence rates reaching 56.3% among women with no education. Similarly, gender-based violence remains widespread, with many cases going unreported due to entrenched social norms and barriers to accessing support services and justice.

Introduction

The Kenya Medical Association (KMA) in collaboration with partners hosted a series of social media activities that concluded with an in person regional meeting that focused on approach to tackling adolescent health issues in Kenya. Recognizing the unique challenges faced by the youth our activities hosted close to 400 adolescents and youth aged between 13-35 years of age. The in -person conference held in August 2024 to coincide with school holidays and social media advocacy campaigns on key topics affecting adolescents and youth namely:

- A. X-Space under the theme, "From Clicks to Progress: Youth Digital Pathways for Sustainable Development." (250 listeners)
- B. Zoom webinar under the theme, "Reproductive, Maternal, Neonatal, Child and Adolescent health + Nutrition (RMNCAH + N) (60 attendees)
- C. TikTok Live under the theme, "Gender Based Violence and Social Media (100 listeners)

By engaging KMA Nairobi division and the KMA committees such as the Young Doctors Network and the Reproductive Health Committee, we ensured that the initiatives are tailored to address specific regional needs and effectively reach youth and policy makers across the country.

Objectives

1. Raise awareness about teenage pregnancy, female genital mutilation (FGM), and gender-based violence (GBV) among youth in Nyanza, Rift Valley, Coast, and Mount Kenya regions.

- 2. Provide comprehensive education and resources to empower youth to make informed decisions about their health and rights, considering regional disparities and cultural nuances.
- 3. Mobilize youth to become advocates for change within their communities, leveraging local leadership and expertise.
- 4. Utilize social media platforms to amplify our message and foster engagement among youth across Kenya, with targeted content addressing regional concerns.

Sponsors & Partners

Host Organization



Kenya Medical Association

Championing the Welfare of Doctors and Quality Healthcare in Kenya

Supported by





Strategic Partners

















Social Media Campaign

12 August 2024: "X-Space under the theme, "From Clicks to Progress: Youth Digital Pathways for Sustainable Development."



Session Objectives:

Moderator (s): Dr. Marie-Claire Wangari, KMA Human Rights Committee Member. Dr. Mitchelle Kagotho, KMA Human Rights Committee Member.

Speakers:

- Dr. Amina Guleid: KMA Nairobi Secretary
- Sharon Kiptoo: Kenya Healthcare Students Summit (KEHSS) Chairperson
- Dr. David Muganzi: Patient Centred Care Movement-Africa (PaCeM-Afro) Founder
- Nyakio Mburu: Medical Students Association of Kenya , Secretary General 2023/2024
- Dr. Simon Kigondu, KMA President (2022-2026)
- Dr. Joy Mugambi: KMA Human Rights Convener

Key Messages

- 1. How can we redesign education systems to better prepare youth for the digital future, and what specific digital skills should they focus on developing today?
- Adopt a new mindset on avenues of gaining knowledge- Explore nonconventional methods of seeking education i.e explore short online courses
- Redesign education curriculum to accommodate the disruption brought about by technology- build capacity on digital skills e.g programming, coding
- 2. What would a world without digital barriers look like, and what strategies can we implement to accelerate progress towards this vision?

- **1. Universal Internet Access and Device Availability:** Providing free public Wi-Fi and subsidising the cost of internet-enabled devices to ensure everyone can connect.
- **2. Comprehensive Digital Literacy:** Promoting digital skills across all age groups to ensure everyone can effectively use technology.
- **3.** *Inclusive Education Systems:* Embedding digital literacy into educational curricula to equip students with essential digital skills.
- **4. Accessible Digital Platforms:** Designing digital environments that are inclusive and accessible to people with disabilities (PLWD), and respectful of cultural and linguistic diversity.
- **5. Unrestricted Digital Expression:** Ensuring freedom from digital censorship and gagging, particularly in the context of political agendas by governments or other entities.
- **6. Enhanced Consumer Data Protection:** Implementing robust measures to safeguard personal data, preventing unauthorised sale of user information, and reducing intrusive advertising.
- 3. What emerging digital trends should youth watch out for, and how can we leverage these trends to drive sustainable development?

Examples of emerging trends.

- Internet of Things (IoT)
- Artificial Intelligence (AI)
- Social Media
- Virtual and Augmented Reality (VR/AR)
- Blockchain Technology

To leverage these trends the youth should educate themselves in the technicalities of these platforms in order to be empowered enough to develop tools for sustainable development.

- 4. What opportunities do digital platforms provide to facilitate global collaboration among youth?
- **1. Enhanced Networking and Collaboration:** Leveraging tools like Google Meet, Google Sheets, and Google Docs to connect and collaborate efficiently.
- **2. Facilitating Cross-Border Decision Making:** Allowing for seamless decision-making across borders, especially during travel restrictions (e.g., visa issues, pandemic lockdowns), by enabling remote participation and voting.
- **3. Affordable Cross-Border Training:** Providing low-cost training opportunities to build skills and capacity across different regions.
- **4. Empowering Communities:** Enabling crowdfunding for noble causes and community development projects through digital platforms.

Challenges And Mitigation

- 1. Orientation with X-space- suggested trial run to test speaking rights for moderators and speakers.
- 2. Unavailability of suggested speakers.





WEBINAR

2024 KMA YOUTH MONTH

RMNCAH + N & SOCIAL MEDIA

MONDAY, 19 AUGUST 2024 7:00-8:15PM EAT (GMT +3)



Speaker Dr. Diana Marion Secretary General, KMA



Moderator Dr. David Odhiambo Founder, Ryculture Youth and Social Innovation



Speaker Dr. Hope Simiyu Medical Doctor Host- A Dose of Health



Speaker Ms. Onyedikachi Ewe Senior Programme and Advocacy Manager, Nigeria Health Watch



Moderator Dr. Marie-Claire Wangari Member, KMA Human Rights Committee



Speaker Mr. Kelvin Thiga SRHR Advocate & Researcher Kenyatta University









Y (1) (a) (b) Cenya Medical Association



19 August 2024: Zoom webinar under the theme, " Reproductive, Maternal, Neonatal, Child and Adolescent health + Nutrition (RMNCAH + N)

Session Objectives:

The overall objective of this project is to leverage frontline health workers, influencers, prominent persons, Civil Society Organizations (CSO) and health professional associations to increase investment in Primary Health Care (PHC) and Reproductive, Maternal, Child, Adolescent Health, and Nutrition (RMCAH+N) through advocacy for adoption and utilization of policies by national and county governments in Kenya

Moderator(s): Dr. David Odhiambo, Founder, Ryculture Health And Social Innovation. Dr. Marie-Claire Wangari, KMA Human Rights Committee Member

Speakers:

- Dr. Hope Simiyu- Medical Doctor, Host a Dose of Health
- Dr. Diana Marion- KMA Secretary General
- Kelvin Thiga- Researcher and SRHR Advocate, Kenyatta University
- Onyedikachi Ewe-Senior Programme and Advocacy Manager, Nigeria Health Watch / Member Organization, Coalition of Women's Health in Africa.

Key Messages

Strengths, Weaknesses, Opportunities and Threats of using social media to improve health seeking behaviour in RMNCAH+N:

- 1. Strengths Accessibility is improved thanks to increased connectivity due to technological advancements
 - Engagements are improved as it occurs in real time, and this improves health seeking behaviour of patients
 - Creative freedom is enhanced to make physicians more relatable to their patients
- 2. Weaknesses: Misinformation and disinformation from people due to limited regulation of sharing of media and insights on various social media platforms
 - Social media posting fatigue due constant need to post. Need to maintain same standards of posts.
 - Algorithm: Pushes content to people with like-minded views and opinions
- 3. Opportunities
- Empowerment and ensuring the patient is well informed on their conditions
- Collaboration and partnerships to amplify social media messages
- Creative freedom to express messages in engaging ways based on their modality preference

4. Threats

- Difficulty going in-depth in the information shared as the content posted is mainly under 90 seconds (preferred length)
- Regulation: Limited regulation on health content posting. Efforts being made to address this
- Burnout: Content creation is work and draining mentally and financially

Role of professional associations such as Kenya Medical Association play in attaining universal access to RMNCAH+N services and are there any examples of best practices you have done towards the attainment of UHC in RMNCAH+N

- a. Social media is used to facilitate the delivery of quality healthcare services e.g. in medical tourism
- b. Improving the health seeking behaviour of patients
- c. Bridge the information gap during international and national health days and public health emergencies
- d. Various modalities of engagement i.e. social media posts with posters, Association statements, infographics, articles in national and global journals e.g. Medicus, East Africa Medical Journal etc.
- e. Compliments mainstream media efforts on TV or other platforms such as YouTube channels
- f. Mobilization of health workforce to offer services e.g. Medics for Kenya, #PostMedicalInterns
- g. Content creation for various categories of health information

The Women in Global Health #SheShapes report released last year indicates that our health system is largely patriarchal with women holding 42% of senior leadership positions and your other report on the great resignation, why women health workers are leaving, it is evident that there is a gap in leadership in attaining universal access for RMNCAH+N services. What can we do to improve on our efforts from a leadership and governance lens given the level of misinformation and disinformation that is shared on social media

- a. The Africa region is largely patriarchal hence why the leadership representation is higher amongst men than women i.e. 58% of men hold senior leadership positions in Kenya
- b. XX paradox: 75% of the health workforce is mainly women though they only hold 25% of senior leadership roles. However, majority of the health workforce are from the nursing and midwifery cadre.
- c. The great resignation of health workers largely affected women due to existing health systems gaps e.g. Personal Protective Equipment (PPEs) used during the COVID-19 pandemic were made for the male physique putting women at more risk of contracting COVID-19
- d. Misinformation And Disinformation: Social media provides unregulated content that is available to adolescents and youth. There is a need to consolidate efforts on health messaging to ensure the information available to the adolescents and youth is accurate and factual.

The Nigeria Health Watch is a member of the Coalition for Women's Health in Africa (COWHA). COWHA is a good example of private sector partners coming together to attain universal RMNCAH+N services for all. What advice does private sector have on what we can do to improve our health systems to attain in RMNCAH+N? Based on your online advocacy efforts, what best practices can your coalition advise us to do when curating our social media messaging?

- a. Social media advocacy best practices:
- i. Key to identify the target audience so as to curate specifically tailored messages for your audience. Examples of message sharing: Thought leadership articles, solution-journalism stories, Opinion pieces, infographics, interactive Q&A sessions etc
- ii. Design and curate the message format i.e. the platform selection based on the target audience e.g. Instagram for young people.
- iii. Optimize your platform for the audience e.g. short clips for TikTok
- iv. Message should have a clear advocacy ask / call to action
- v. Message should have best practices this can be done through leveraging on the respective health days
- vi. Collaboration in expanding message reach e.g. collaborate with other organizations with similar interests, use of influencers to expand the reach of messages etc.
- vii. Feedback is equally important to gauge the reach of your messaging and refine sharing strategies of the messages/social media campaigns.
- viii. Information is another basic need in the digitally growing world. Hence the need to keep the messaging, consistent, credible and correct.
- b. Private sector engagement role in RMNCAH+N
- i. One in five child births take place in a private facility; In Nigeria, close to half of the child births take place in private facilities.
- ii. Private sector can complement national efforts especially in improving infrastructures for health service delivery. Currently, some women prefer home based delivery due to the lack of quality facilities in public health facilities despite the risk it poses.

Private sector can also play a role in the training of the health workforce that offer youth friendly adolescents and youth services and enhance workforce retention in the facilities they serve in.

Challenges And Mitigation

- 1. Limited internet connectivity: Airtime refund facilitated
- 2. Limited time to cover all the questions- Continued engagement via the hashtag #Youth4Change

26 August 2024: TikTok Live under the theme, "Gender Based Violence and Social Media

Moderator: Dr. Marie-Claire Wangari, KMA Human Rights Committee Member

Speaker: Dr. Simon Kigondu, KMA President (2022-2026)

Key Messages

Title: Understanding and Addressing Gender-Based Violence on Social Media Introduction

Ladies and Gentlemen,

Thank you for coming together to address an issue that is both pervasive and deeply troubling: gender-based violence on social media. In an era where digital connectivity shapes much of our social interaction, it is crucial to recognize and confront the harmful impact of online abuse. Today, we will explore the nature of gender-based violence on social media, its effects, and what we can do to address this challenge.

Understanding Gender-Based Violence on Social Media

Gender-based violence (GBV) encompasses various forms of violence directed at individuals based on their gender. On social media, GBV manifests in several ways, including:

- 1. Harassment and Threats: This includes stalking, intimidating messages, and threats of physical violence. Women and marginalized genders often face targeted harassment that seeks to control, silence, or belittle them.
- 2. Cyberbullying: Unlike traditional bullying, cyberbullying can reach its victims anywhere, at any time. It includes spreading rumors, sharing private information without consent, and public shaming.
- 3. Sexual Violence: This involves the non-consensual sharing of sexual content, revenge pornography, and coercive sexual advances online. Such actions violate personal privacy and dignity.
- 4. Trolling and Hate Speech: Gender-based trolling involves posting inflammatory comments or content designed to provoke or distress individuals based on their gender. Hate speech, often fueled by sexism, can incite violence and reinforce harmful stereotypes.

The Impact of Gender-Based Violence on Social Media

The repercussions of gender-based violence on social media are profound:

1. Emotional and Psychological Harm: Victims often experience anxiety, depression, and a sense of powerlessness. The constant threat or reality of harassment can lead to significant mental health challenges.

- 2. Silencing and Self-Censorship: Fear of harassment can discourage individuals from expressing themselves freely online. This self-censorship undermines freedom of speech and limits diverse voices, particularly those of women and marginalized groups.
- 3. Reinforcement of Gender Inequality: Gender-based violence online perpetuates stereotypes and reinforces power imbalances. It contributes to a culture where certain genders are systematically oppressed and devalued.
- 4. Societal and Economic Consequences: The broader societal impact includes reinforcing discriminatory attitudes and behaviors. For organizations, addressing online GBV requires resources and can affect the reputation and operational effectiveness of institutions.

Addressing Gender-Based Violence on Social Media

Combating gender-based violence on social media requires a multifaceted approach:

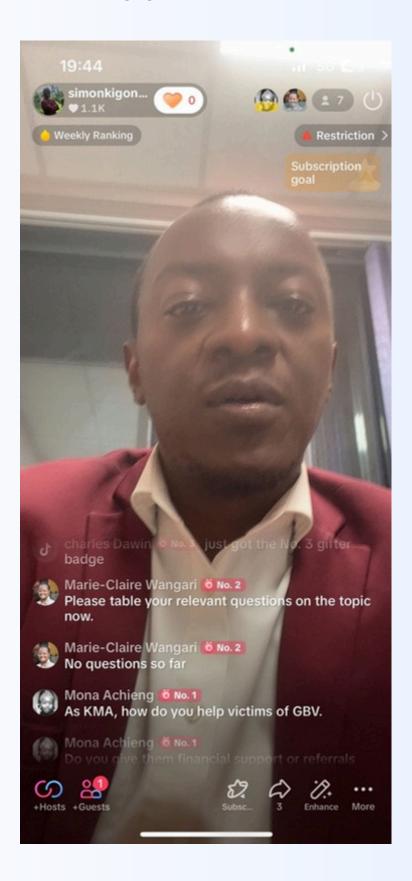
- 1. Promoting Awareness and Education: We need comprehensive education on digital citizenship and respectful online behavior. Schools, workplaces, and social platforms should provide resources and training on recognizing and combating GBV.
- 2. Strengthening Policies and Enforcement: Social media platforms must adopt and enforce robust policies against GBV. This includes clear reporting mechanisms, timely responses to complaints, and transparent enforcement of community standards.
- 3. Supporting Victims: Creating supportive environments for victims is essential. This includes providing access to counseling, legal assistance, and support networks. Platforms should also offer tools for users to protect themselves and report abuse.
- 4. Fostering Allyship and Community Engagement: Allies play a crucial role in addressing GBV. By standing against online abuse and supporting survivors, individuals and communities can help create a safer digital space for everyone.
- 5. Advocacy and Policy Change: Advocacy groups should work towards stronger legislation and regulations regarding online GBV. This includes pushing for laws that protect against online harassment and ensure justice for victims.

Conclusion

In conclusion, gender-based violence on social media is a serious issue that demands our immediate attention and action. As we navigate an increasingly digital world, it is our collective responsibility to create an online environment that is safe, respectful, and inclusive for everyone. By promoting awareness, strengthening policies, supporting victims, fostering community engagement, and advocating for change, we can work towards eliminating gender-based violence and ensuring that social media becomes a tool for empowerment rather than oppression.

Challenges And Mitigation

- 1. Orientation with TiktTok live platform: Trial run before the TikTok live
- 2. Audience engagement i.e. Listeners were largely non-medical: The Tiktok live messaging had to curate messaging fit for the diverse audience in attendance



In-Person Symposium

Time (EAT/ GMT+3)	Session
8:30-9:00 am	Arrival and Registration
9:00- 9:15 am	Welcome Ceremony Session Moderator: Dr. Ruby Oswere, KMA Young Doctors Network Committee Member Speakers: 1. Dr. Marie-Claire Wangari- KMA Human Rights Committee Member 2. Dr. Brenda Obondo- KMA Chief Executive Officer Dr. Joy Mugambi- KMA Human Rights Convener
9:15-10:15 am	Panel Discussion: Digital Health and Sexual Reproductive Health and Rights (SRHR) Session Moderator: Dr. Ruby Oswere KMA Young Doctors Network Speakers: 1. Collince Alan Dundo, Founder & Interim CEO, Youth Initiative Development Programme (YIDP) Mercy Ateino, Medical Doctor, HealthxAfrica
10:15-10:30 am	Health & Tea Break
10:30am – 12:30pm	Speed Mentorship exercise Theme: Leadership and Advocacy Session Coordinator: Dr. Marie-Claire Wangari
12:30pm – 1:50pm	Take a stand exercise Facilitator: RESPEKT & KMA YDN Session Coordinator: Ruby Oswere, KMA Young Doctors Network & Kelvin Thiga (RESPEKT)
1:50pm -2:00pm	Wrap up and Closing Ceremony Speakers: 1. Dr. Marie-Claire Wangari- KMA Human Rights Committee Member
2:00pm – 2:30pm	Guest Leave At Their Own Pleasure

Key Messages

Session 1: Panel Discussion

- 1. It is essential for the youth to be self-aware and have access to credible information pertaining to SRHR.
- 2. Young people should be part of the conversation when it comes to developing solutions for challenges that they face.
- 3. It is often a misconception that digital health solutions are expensive. Service providers such as Health X provide a subsription service that allows you to access telemedicine services at a flat rate per month which is almost equivalent to the amount one would pay for a one time consultation at a physical private healthcare facility.
- 4. When it comes to digital health, it is important to leverage on existing infrastructure such as mobile phone penetration and call services which are more accessible compared to internet services.
- 5. There are numerous real life examples of how sports can be harnessed as a mentorship and social transformation tool when coaches are empowered through SRHR training.

Session 2: Speed Mentorship

The following questions were addressed in the speed mentorship session:

1. Leadership and Governance

- **Importance of Leadership:** Discuss how leadership is vital for career advancement, decision-making, and influencing positive change, particularly in healthcare and advocacy. Highlight examples from your career.
- **Career Trajectory Planning**: Encourage mentees to think about their long-term goals, using a leadership plan to guide their career choices. Discuss how to align personal values with professional aspirations.
- Gender Equality in Leadership: Stress the importance of advocating for gender balance in leadership roles, especially in health governance. Discuss strategies to overcome gender-related challenges.
- **SWOT Analysis of Leadership:** Share practical insights on how to identify strengths, weaknesses, opportunities, and threats in their leadership journey. Provide examples of how you've addressed these in your career.

2. Doctor-preneurship/Entrepreneurship

- Why Enter Medicine?: Share what inspired you to join the medical profession and how it shaped your approach to entrepreneurial ventures within the health sector.
- Branding Story: Explain the importance of personal and professional branding in creating a unique identity, and how your story contributed to leadership in healthcare.

- **Making Career Switches:** Guide mentees on how to recognize when they need to change paths and how to make strategic moves.
- **Staying Competitive:** Offer tips on continuous learning, networking, and adapting to industry changes to maintain a competitive edge.
- **Merging Passions and Work:** Discuss how combining different passions (e.g., digital health, entrepreneurship, advocacy) can enrich career satisfaction.

3. Work-Life Integration

- **Vision of a Balanced Life:** Share your vision for a healthy, balanced, and fulfilling life, and offer practical tips for achieving work-life balance.
- Managing Time: Provide insights on effective time management strategies, particularly balancing a demanding medical career with leadership roles.
- **Dealing with Stress and Burnout:** Share your experiences in handling stress, maintaining mental health, and avoiding burnout, particularly in high-pressure fields like medicine and leadership.

4. The Art of Networking/Global Health

- Professional Networking: Discuss the importance of building and maintaining a robust professional network. Highlight key connections and champions who have supported your career.
- **Improving Career Prospects:** Advise mentees on whom to connect with (both in-person and online) to enhance their career opportunities in health leadership and advocacy
- **Continued Leadership Development:** Encourage mentees to invest in lifelong learning and personal development to grow as effective leaders.

General Feedback and Conclusion:

 Mentees were encouraged to give feedback on what they have learned and how they plan to apply the insights gained.



Session 3: Take A Stand

The topics discussed were as follows. Participants were encouraged to take a stand on each issue and present their points to the audience.

Question 1: Should digital platforms be the primary source of SRHR information for adolescents?

Option A: Yes, digital platforms provide broad access and anonymity, making them ideal for young people.

-Option B: No, face-to-face counseling is more reliable and can address individual needs better than digital platforms.

Attendees were bold to take a stand and defend their perspectives. The first question led to a passionate conversation around access to SRHR among adolescents, the role of parents in teaching their children about matters pertaining to their sexual health and the never ending presence of the internet which adolescents often freely explore during their free time.

Question 2: Should digital SRHR platforms modify content to align with local cultural and religious beliefs?

Option A: Yes, aligning with local beliefs will increase acceptance and uptake of SRHR services.

Option B: No, SRHR content should be universal, promoting rights and health over cultural norms.

The second question led to an equally heated discussion around cultural sensitivity when it comes to communicating about SRHR in the digital media. Both proponents and opponents of the debate were clear, concise and respectful in communicating their point of view. There was a fruitful engagement on the delicate balance between speaking the truth about SRHR issues while also creating a conducive environment whereby ones message can be clearly heard, understood and implemented by the target audience without unnecessary negative bias.

Challenges And Mitigation

- 1. Shortage of time during the speed mentorship session. Participants desired more time to engage with the mentors. We encouraged them to do so during the refreshments break at the end. Furthermore, some of the mentors shared their personal contacts and emails for additional engagement.
- 2. Shortage of time to adequately listen to all views during the heated debate that arose during the Take A Stand session. Participants were encouraged to continue the conversation with one another during the refreshments break.

Photo Gallery

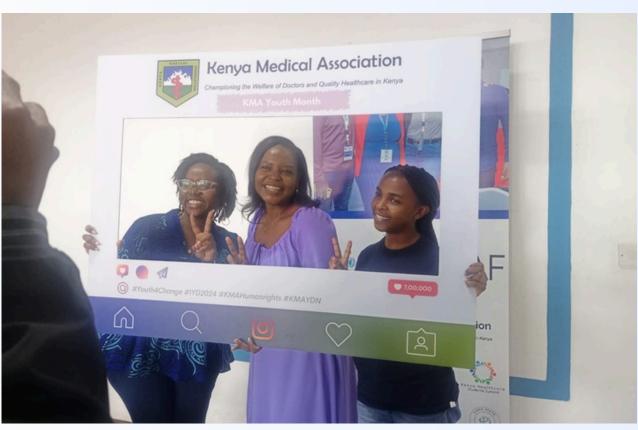






Photo Gallery













National Planning Committee



Dr. Joy Mugambi

Convener, KMA Human Rights
Committtee



Dr. Marie-Claire Wangari

Member, KMA Human Rights
Committee



Dr. Douglas Mwaniki

Convener, KMA Reproductive Health
Committee



Dr.Kevin Bartay

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Dr. Brenda Obondo

CEO

Human Rights Committee

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- Philip Olielo
- Marie-Claire Wangari
- Brenda Obondo
- Peter Ogero
- Serena Vulavu
- Annet Odhiambo
- Bidian Okoth
- Stellah Bosire
- Brian Ayara
- Magare Magara
- Felisters Bosibori
- George Jeremiah
- Paul Gitonga
- Lucy Nyanchama
- Kevin Bartay
- Christine Mutonyi
- Joan Kyalo
- Sharon Kiptoo
- Thiga Muriuki

