

# Paving the Way to More Empathetic Youth Contraceptive Services: The Empathways Experience in Kenya



## Background

In Kenya, as in many places around the world,<sup>1</sup> factors such as social stigma against youth contraceptive use and poor healthcare access among youth in general contribute to poor family planning (FP) and reproductive health (RH) service-seeking behaviors and limited youth access to FP/RH care. Youth in particular require compassionate, empathetic FP/RH counseling because of the myriad challenges they experience during this life phase. Puberty and adolescence are major developmental transitions, marked by significant physiological, psychosocial, and cultural shifts, stressors, and vulnerabilities.<sup>2</sup> As they navigate these changes, they need access to quality, judgment-free FP/RH information and services so they can understand their bodies and make decisions that feel right for them. However, often FP/RH service provider bias and unwillingness to acknowledge adolescents' sexual health needs impede this access. Consequently, the adolescent pregnancy rate remains high in Kenya and requires urgent attention.<sup>3</sup> In Kenya, 15 percent of women ages 15 to 19 have ever been pregnant – this rate increases with age, from three percent among those age 15 to 31 percent among women age 19.<sup>4</sup>

Empathways is a three-round card deck designed for one-to-one use between young people and FP service providers in provider training or other contexts. The card deck comprises a series of discussion prompts intended to spark rapport and joint reflection between the providers and youth.

Empathways aims to develop empathy for young clients among FP providers and to encourage those providers to use this empathy to catalyze more youth-centered FP service delivery. Since the tool's release in 2021, Empathways has been adapted for use with different audiences and for different health goals.



Breakthrough ACTION works with the Government of Kenya's Division of Family Health and other stakeholders to systematically link evidence-based social and behavior change activities to health service delivery solutions. The Breakthrough ACTION portfolio in Kenya includes a focus on quality adolescent and youth sexual and reproductive health (AYSRH) service delivery in Homa Bay and Vihiga counties. Specifically, the project's overarching goals are to accomplish the following:

- **Improve uptake of key AYSRH and maternal, newborn, and child health behaviors**, such as timely and consistent use of FP and antenatal care services by addressing relevant behavioral determinants that might prevent these behaviors, including community stigma, gender based violence, religious and socio-cultural constructs, and individual knowledge and competencies.
- **Transform provider behavior to improve the quality of client-health provider interactions** and build trust between communities and health facilities.
- **Expand the capacity of the Ministry of Health and partners at the national level** to design and implement policies, strategies, and guidelines to improve reproductive, maternal, newborn and child health, FP, and AYSRH.

To complement these project goals, in 2022, Breakthrough ACTION staff in Kenya piloted the Empathways tool to test its potential to address the provider stigma, bias, and mistrust that commonly prevent youth access to contraception and RH services. The project hoped the Empathways card deck would catalyze a social shift by providing a judgment-free way for providers to reflect on how their biases impact the quality of FP care they deliver to young clients. While the existing Ministry of Health curriculum for providing youth friendly AYSRH services includes values clarification content for providers, Empathways' specific, practical focus on developing providers' empathetic communication and active listening skills made it a strong complement to the existing content.

## The Pilot

Between June and September 2022, Breakthrough ACTION coordinated with the Ministry of Health and worked alongside the Homa Bay and Vihiga County Departments of Health to conduct a five-day health care provider training on delivering quality AYSRH services to young clients. The training included 30 health care providers in total from Vihiga (Hamisi and Luanda sub-counties) and Homa Bay (Rachuonyo South and Rangwe sub-counties) Counties. All participating providers already delivered AYSRH services at their respective health care facilities.

The first four days of the training built on the National AYSRH Youth Friendly Services curriculum and focused on building providers' capacity to manage AYSRH service delivery comprehensively and effectively. On the fifth day, trainers introduced the Empathways tool as a practical exercise to foster real-time skills application and foster dialogue between health care providers and young people.

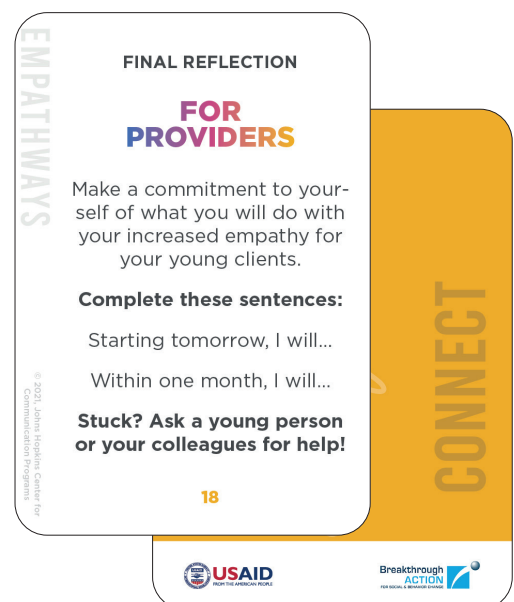
Trainers first introduced Empathways to the providers in a plenary presentation and then shared Empathways decks with each group. Providers then paired together to practice using card decks among themselves for approximately one hour before returning to the plenary to discuss their experience

using the cards. Then, the trainers invited 15 adolescents—identified by Breakthrough ACTION, sub-county community health services coordinators, and by community health workers prior to the training—to join the session to create an immediate, realistic opportunity to use the new tool. Over the next hour, providers paired up with a young person and moved to a convenient and private place to work together independently with the Empathways tool, progressing through the deck's ice breakers, discussion questions, and scenario cards. After a few rounds of discussion, both the youth and the providers were called back for a plenary session to discuss their experiences.

Providers then developed an action plan on how they would apply insights from the Empathways activity in their day-to-day work with youth in their respective health facilities. Some providers committed, for example, to use Empathways techniques with at least two young clients every week; others planned to share their experience with the tool with their health facility management.

## Monitoring Methodology

Three months after the training, the Ministry of Health conducted routine supportive supervision visits with all health care providers that participated in the five-day training as part of the Ministry's regular monitoring activities. Data was collected using the Ministry of Health data trackers, which are submitted through the sub-county health records officers for entry into the Kenyan Health Information System. During these visits, Breakthrough ACTION held separate check-in meetings with the providers in Homa Bay and Vihiga counties to gauge their progress implementing the skills learned during the Empathways session in their respective health facilities and to follow up on commitments made during the Empathways activity.



The final Empathways card invites providers to commit to new actions or behaviors, based on their interaction with the tool, and the young person they spoke to that day.

## Results

Monitoring surveys showed that since the training, the 30 health care providers had delivered AYSRH counseling and services to a total of 1,902 youth and adolescents (397 male clients, and 1,505 female).

Participating providers overall reported strong progress toward their respective commitments and said that Empathways provided them with much needed skills to deliver focused counseling to adolescents and youth with empathy, especially on contraception, and other family planning and maternal, newborn, and child health issues. Providers said the training showed them new ways, and the importance, of understanding adolescents and young clients as people, which strengthened their counseling quality.

Providers also reported that Empathways sharpened their communication skills, especially when engaging with adolescents. Specifically, providers credited Empathways with improving their active listening skills, as well as their empathy toward young and adolescent clients. They said these skills also helped them manage adolescent HIV and sexual and gender-based violence cases, which are quite sensitive and need to be handled carefully. Finally, providers said that after using the tool in the training, they have been able to probe more deeply in a careful and sensitive manner during youth consultations. This allows young clients to feel safe and enables providers to obtain more information from their clients during counselling sessions. Now, many said, they can guide adolescents to make their own decisions on contraceptive and FP methods and other AYSRH services, leading to more ownership by the adolescent moving forward.

“I take my time nowadays, I read both the verbal and non-verbal communication, I understand that each one of them is unique and hence treat each and every one as an individual. It has even improved my interaction and general relationship with my kids.”

– Empathways-trained nurse from Rachuonyo South Sub- County hospital



*Empathways posters (in white), displayed on health center walls. The posters sparked discussions between young clients and providers and reminded providers of empathy’s place in quality youth contraceptive and reproductive health service delivery.*


Providers did, however, lament that because they are required to play different roles and perform myriad tasks at health facilities, as well as attend to clients with various needs, they often do not feel they have enough time to properly counsel each adolescent using these skills. They felt this lack of time forced a challenging solution between either delivering truly empathetic, tailored counseling to fewer clients or counseling as many adolescents as possible. The health care providers also recommended that in future trainings, the project should consider different cadres, especially community health workers, health promotion officers, and public health officers, to make empathy-based services more broadly and systematically available to youth at facility and community levels.

In the meantime, some health centers took steps to carve out more time for their adolescent clients. Many facilities put up Empathways posters to elicit discussions both from other members of staff and the clients who came for services at the health facility. The Empathways experience also led some facilities to expand service availability for youth by introducing special days for adolescent RH service provision. Providers in Luanda Township Health Center in Vihiga county and in Ombek Health Center in Homa Bay initiated adolescent-specific outreach for RH service provision; this provides an opportunity to increase access and deliver more contraceptive, antenatal, and postnatal care to youth in those communities.



## A “One in a Million Chance”:

### The Story of “Mercy,” as Told by an Empathways-Trained Service Provider\*



Mercy is an orphan from Obunga village. She is 15 years old and currently in Form 2 (approximately grade 9 in the U.S.) at Obunga mixed secondary school. While in Form 1, she got pregnant and had a baby. The man responsible “aliruka” [refused to take responsibility]. After giving birth, Mercy had to leave her baby with her grandmother, a subsistence farmer, so she could return to school. Mercy’s uncle pays her school fees but struggles to do so because he does not have a stable job.


Money is very tight for Mercy and her family. To help ends meet, Mercy was forced to get a boyfriend, William. In their relationship of convenience, William, a bodaboda [motorbike] driver, gives Mercy money in exchange for sex. Mercy says that William doesn’t like using condoms and she is afraid she could get pregnant again. Mercy has suggested that she use a contraceptive method, but he is against this and says it will make her “cold” in bed.

This situation has put Mercy in a dilemma which is worsened by the fact that she is a young mother and a student and cannot therefore openly go for services at the local facility for fear of being judged.

On this day when we meet, it’s her third attempt to come for help at the facility. The other two times, she has either turned back because of the many people she found at the facility or the unfriendly-looking health care workers. This gave me a one in a million chance to engage her.

I asked her why she decided to approach me, and she says she was referred by a classmate of hers whom I had offered services to. As we engage, she tells me of her situation and her fears of either losing the boyfriend if he finds out that she has taken up a method or getting pregnant if she doesn’t take up one. At this point, I empathize with her and share my story about how I got a baby myself while still in school and faced all the stigma that came with it. I congratulated her on her resolve to continue with school under those circumstances and encouraged her to press on.

After looking at the options available, we agreed on getting a method with some sort of privacy, so that both the boyfriend and the grandmother do not immediately know she adopted a method and also one that will not require her to visit the facility frequently. In the end, she settles on an implant as her preferred method. She said that with time, she would disclose to the boyfriend and also convince him to accompany her to the facility for HIV [testing] if possible and get further information on FP.



*\*This testimonial has been edited for clarity and length; the young client’s name has been changed for confidentiality reasons*



## Conclusion

In Homa Bay and Vihiga counties, Empathways has demonstrated the difference that connection and empathy between a provider and a young client can make in FP service delivery. Providers and national stakeholders saw firsthand how asking simple and clear questions can ease conversations and allow strangers to open up on issues that are very sensitive, so they can form a genuine, personal connection. Empathways also equips providers with the tools they need to start truly interactive dialogues with young clients to ensure youth's needs are understood and met, rather than overlooked or ignored.

The Ministry of Health and providers alike are excited about the valuable addition Empathways has made in enhancing providers' AYSRH counseling skills and youth-friendly service delivery. In 2023, Breakthrough ACTION Kenya will scale up the five-day provider training programs—including the final day dedicated to Empathways—to an additional 60 health facilities, covering six more sub-counties in Vihiga and Homa Bay. The project will continue to track the progress in Empathways' implementation, as well as document the outcomes, especially the number of adolescents and young people receiving modern contraceptives at health facilities. Within the Ministry of Health, the lead national AYSRH trainer noted that building Ministry capacity internally on Empathways techniques will enable the Division of Reproductive and Maternal Health to roll out the technique beyond Homa Bay and Vihiga counties. The Ministry of Health has also expressed interest in Breakthrough ACTION supporting a national-level adaptation process of the Empathways tool, so it can even more closely address issues specific to youth FP/RH service in Kenya and for it to become part of interventions adapted and mainstreamed within the Ministry's AYSRH programs.

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- 1 World Health Organization. (2022). Adolescent pregnancy. <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>
- 2 Holder, M. K., & Blaustein, J. D. (2014). Puberty and adolescence as a time of vulnerability to stressors that alter neurobehavioral processes. *Frontiers in Neuroendocrinology*, 35(1), 89-110. <https://doi.org/10.1016%2Fj.yfrne.2013.10.004>
- 3 Obare, F., Odwe, G., & Birungi, H. (2016). Adolescent sexual and reproductive health situation: Insights from the 2014 Kenya Demographic and Health Survey. Population Council. [https://www.popcouncil.org/uploads/pdfs/2016STEPUP\\_AdolSRH-KenyaDHS.pdf](https://www.popcouncil.org/uploads/pdfs/2016STEPUP_AdolSRH-KenyaDHS.pdf)
- 4 Kenya National Bureau of Statistics and ICF. (2023). Kenya Demographic and Health Survey 2022. Key Indicators Report. <https://dhsprogram.com/pubs/pdf/PR143/PR143.pdf>