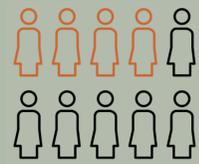


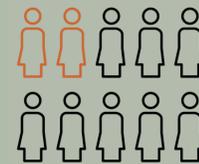
(RE)THINKING GENDER IN SRHR EDUCATION: A KENYAN EXAMPLE

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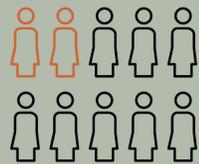
SRHR IN KENYA TODAY



4 out of 10 Kenyan adolescent women have experienced sexual violence



2 out of 10 Kenyan women are either mothers or pregnant with their first child by the age of 15-19



2 out of 10 sexually active adolescent Kenyan women have an unmet need for family planning

A GENDERED PROBLEM

SRHR issues continue to challenge both health achievements and socioeconomic opportunities for the Kenyan population – particularly young girls and women.

Unwanted pregnancies, taboos, and sociocultural stigmas remain barriers for adequate health promotion and health care access among Kenyan youth, and constitute the main reason for lack of education and high attrition rates amongst adolescent women.

The gender inequalities perpetuated by unwanted and early pregnancies are visible in the data. Across all age groups in Kenya, 8 % of women have no education compared to only 3 % of men, and only 30 % of women have completed secondary education compared to 40 % of all men.

Through project RESPEKT we have aimed to accommodate these challenges by rethinking quality education on Sexual and Reproductive Health & Rights (SRHR).

Sources: WHO, UNESCO, and Kenya Demographic and Health Survey (2014)



PROJECT 'RESPEKT'

PARTNERSHIP APPROACH

Project RESPEKT stems from a partnership between two Danish (IMCC) and Kenyan (MSAKE) student organizations. Members of both organizations are students within the fields of Health and Social Sciences. The project's outreach program was developed collaboratively and realized by MSAKE student volunteers in Kenya.



TRAINING OF TRAINERS (TOTs)

46 volunteers were trained by experts in SRHR education and facilitation techniques. The trainings focused on providing the volunteers with skills and experiences on how to create safe spaces and facilitate culture-specific workshops on SRHR in diverse locations.



REALIZING RESPEKT

Workshops were conducted between 2016 and 2017. In total, more than 1,400 Kenyan teenagers from five different regions participated. Each workshop consisted of three sessions: 1) a general session, 2) a gender-based session, and 3) a small sub-group session. The three-part structure was constructed to provide participants with a safe space to discuss, confront, and potentially overcome gender stereotypes and biases with regards to SRHR.



MONITORING & EVALUATION

The program was monitored and evaluated throughout the year, using baseline and post-workshop surveys. The results were positive in terms of showing increased awareness about SRHR-related issues and, importantly, about the pre-existing conditions under which the opinions and biases debated during the sessions had been constructed.

GENDER

In RESPEKT, we regard gender as an agential process through which the meaning and expressions of gender are negotiated and 'performed', both shaped by and reproducing of social structure as well as biological processes (Springer, 2012; Butler, 1990).

By approaching gender as both dynamic and situational, each workshop was adapted to the participants' perception of gender through open discussions about what it means to be a girl/boy in society and in relation to issues of SRHR. In this way, we attempt to articulate the implicit taboos, conditions, and expectations that exist in a given sociocultural setting.

HEALTH

In our approach to health, we apply WHO's definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition".

With this definition in mind, we find it crucial that educators approach SRHR issues with intersectional and multi-contextual methods, incorporating social determinants of health, such as cultural beliefs, gender, and socioeconomic status.

PEDAGOGY

The project builds on critical, transformative pedagogy. This approach seeks to promote "reflection upon situationality" (Freire, 1970) in terms of how potentially hurtful gender norms are created and upheld.

In concrete terms, we use games and simulation exercises to create a space for participants to confront and question their experiences of health, gender, and sexual taboos. Echoing Freire's concept of generative themes, such methods are beneficial to avail and explore the specific limit-situations of societal sub-units – such as Kenyan teenagers in different regions – and promote, through self-grounded perception of these issues, humanization and gender equality.

LOOKING AHEAD



MOVING FROM KNOWLEDGE TO EMPOWERMENT

Our experiences indicate the importance of re-orienting SRHR education from the delivery of information to a transformative process of empowerment.



NO 'ONE RIGHT WAY'

As opposed to common curricular and rights-based approaches to SRHR, RESPEKT has illustrated the need for creating adaptable programs that account for pre-existing social conditions.



EXPANDING OUTREACH

In 2018, a RESPEKT website and chat forum will be launched. Here, young people are invited to learn about and discuss SRHR related issues in a safe, online environment – free from taboos. Teenagers are encouraged to use #RESPEKT.



STEPS TOWARDS ADVOCACY

In collaboration with the partnering universities, it is the ambition of RESPEKT to integrate critical and transformative approaches to health education into local school and teacher education curriculums.