Federation of Deaf Women
Empowerment Network - Kenya

SURVEY REPORT: ASSESSMENT ON THE STATUS OF ACCESS TO AGE APPROPRIATE SEXUAL REPRODUCTIVE HEALTH RIGHTS INFORMATION AND SERVICES BY DEAF ADOLESCENTS AND YOUNG PEOPLE.

SUMMARY.

Federation of Deaf Women Empowerment Network Kenya (FEDWEN –Kenya) is a Civil society organization in Kenya working towards an inclusive society where Deaf persons enjoy equal rights and opportunities. FEDWEN focuses on these key pillars; Sexual Reproductive Health Rights and Services, Gender Based Violence, Socioeconomic empowerment and Inclusive governance.

At the beginning of the year, 2024, FEDWEN carried out a survey in 9 schools for the Deaf, across different regions in Kenya, being, Muranga County, Kajiado County, Nairobi County, Kiambu County. The survey aimed at accessing the status of Deaf adolescents' access to age appropriate sexual reproductive health rights information and services, specifically, the level of awareness on sexual reproductive health and access to comprehensive sexual education among Deaf adolescents.

This report is a tool intended to shed light on the experience of the Deaf adolescent which informs our programming and advocacy work in adolescent sexual reproductive health rights. This report also targets a key marginalized population i.e. Deaf adolescents, which is crucial for policy, especially at a time Kenya has unveiled a comprehensive commitment plan aimed at eradicating the 'Triple Threat' of new HIV infections, gender-based violence (GBV), and teenage pregnancy by the year 2027. The inclusion of the Deaf adolescent is paramount to address the crisis of the Triple Threat within the Deaf community.

This report summarizes the findings of the survey into three parts. Part 1 explores the demographic of the survey respondents, their gender, disability age and level of education. Part 2 explores life skills among adolescents, their beliefs, attitudes and behaviors in their sexual reproductive health. These include questions that access their levels of understanding and knowledge. Part 3 presents a summary of the findings of the experience of Deaf adolescents when accessing sexual reproductive health rights services and information and the concludes the report and including recommendations and a call to action for players in the sexual reproductive health rights spaces.

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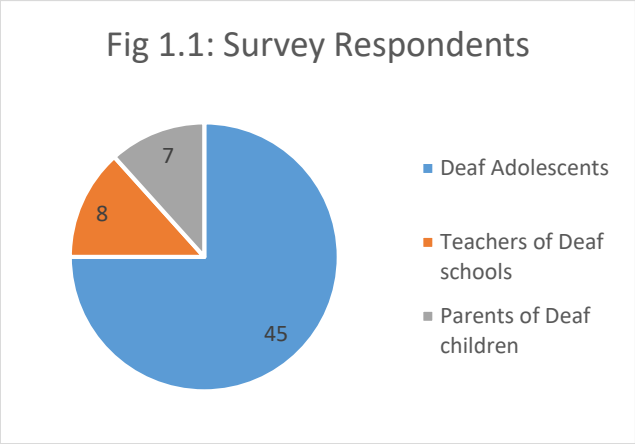
PART 1: DEMOGRAPHIC OF THE SURVEY RESPONDENTS.

Number of respondents.

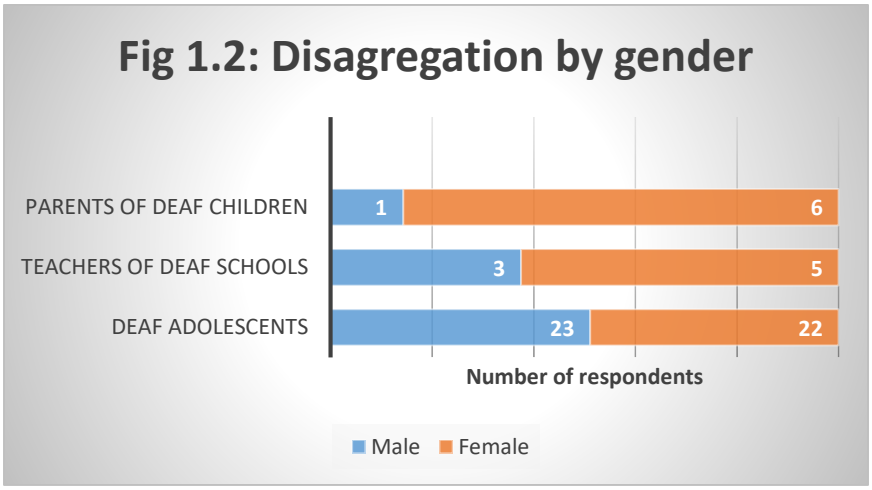
There were a total of 60 respondents (100%), from the 4 listed regions i.e. Nairobi county, Kiambu county, Machakos and Kajiado county. The survey targeted teachers of Deaf students, Deaf adolescents/young people and Parents of Deaf children. The survey heavily focused on the Deaf adolescents as the end beneficiary for the project, having a representation of 75% as shown in Figure 1.



Due to the small number of respondents, the survey does not disaggregate the data according to the counties but rather the demographic of the respondents based on insights they have on adolescent sexual reproductive health.

Disaggregating the data geographically would compromise the accuracy of the survey as Deaf adolescents who took part in the survey were mobilized through schools, which are open to learners' from all over the nation.

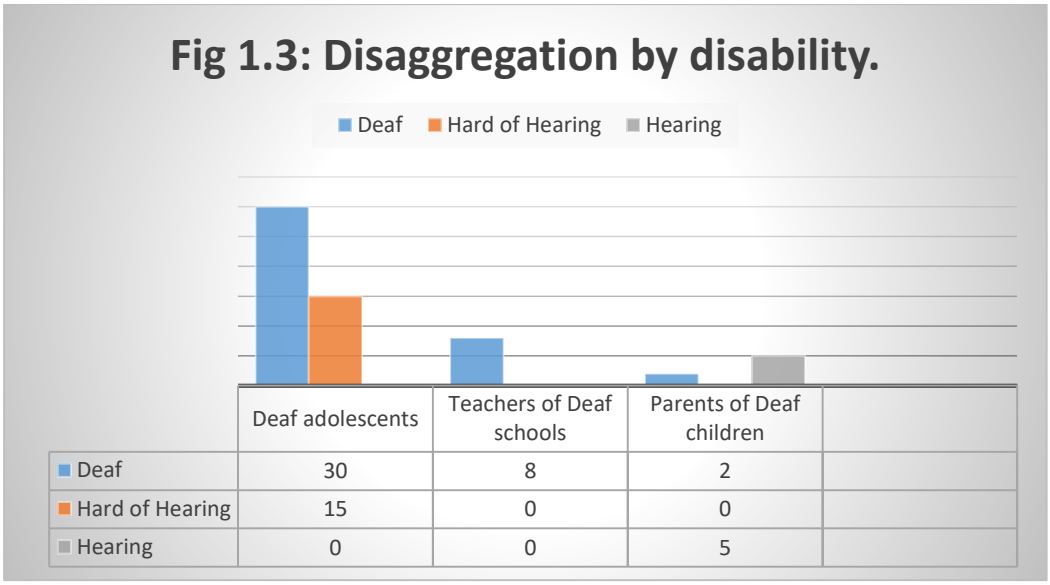
Gender of respondents.



The distribution of gender among Deaf adolescents and teachers of Deaf children was almost equal. However, among parents of Deaf children the representation was skewed towards women, this can be attributed to the high rates of single parenting among parents of Deaf children and the distribution of gender roles which gives the responsibility of caring and nurturing of children mainly to women.

Disaggregation by disability.

The survey prioritized members of the Deaf community, this include main stakeholders to Deaf adolescents/ young people i.e. Teachers of Deaf students and Parents of Deaf children. It includes both hearing, hard of hearing and Deaf individuals. Figure 1.3 shows the data based on the nature or disability or lack thereof. “Deaf” usually refers to a hearing loss so severe that there is very little or no functional hearing. "Hard of hearing" refers to a hearing loss where there may be enough residual hearing that an auditory device, such as a hearing aid or FM system, provides adequate assistance to process speech. “Hearing” refers to the ability to hear and perceive auditory sound.



	Deaf adolescents	Teachers of Deaf schools	Parents of Deaf children	
Deaf	30	8	2	
Hard of Hearing	15	0	0	
Hearing	0	0	5	

According to the World Health Organization (WHO)[1], over 5% of the world’s population – or 430 million people – require rehabilitation to address their disabling hearing loss (including 34 million children). Nearly 80% of people with disabling hearing loss live in low- and middle-income countries. It is estimated that by 2050 over 700 million people – or 1 in every 10 people – will have disabling hearing loss.

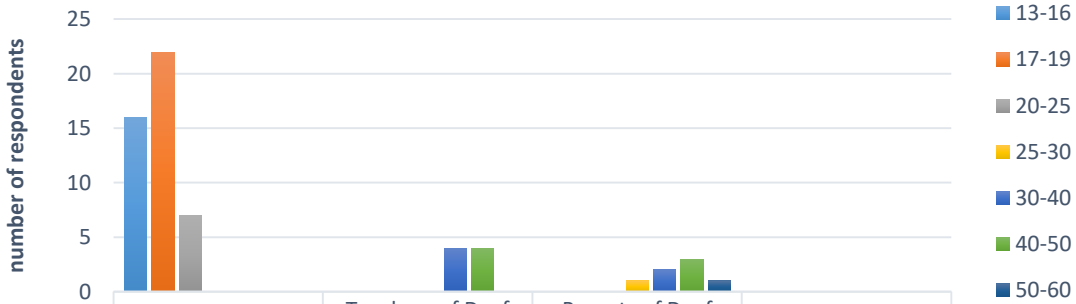
[1] https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss#:

Disaggregation by age.

The respondents belonged to varying age groups from adolescents to older adults. Deaf adolescent respondents mainly fell between the age groups of 13-16 and 17-19 with a few who were between 20-25. Teachers of Deaf children were mainly in the age groups of 30-40 and 40-50. Parents of Deaf children ranged from 25-50 years old, as represented in Figure 1.4 below.

Research shows that adolescents and young people are more likely to lack access to sexual reproductive health rights and services due to policies around the age of consent, which requires that an adolescent be accompanied by an adult to access services and information. In the brief Age of Consent and Adolescent and Youth Sexual and Reproductive Health and Rights,[2] the authors present a case on the main legal and policy barriers, with a focus on issues around age, and how this affects adolescents and young people when trying to access HIV and other sexual and reproductive health services. The brief further delves into the extent to which these harmful laws and policies can affect health and jeopardize the realization of rights. They also offer recommendations on adopting enabling policies around adolescent sexual reproductive health rights.

Fig 1.4: Disaggegation by age.



	Deaf adolescents	Teachers of Deaf schools	Parents of Deaf children	
13-16	16	0	0	
17-19	22	0	0	
20-25	7	0	0	
25-30	0	0	1	
30-40	0	4	2	
40-50	0	4	3	
50-60	0	0	1	

[2] Age of consent and adolescent and youth sexual and reproductive health and rights.pdf (childrenandaids.org)

PART 2: BELIEFS, ATTITUDES AND VALUES IN SEXUAL REPRODUCTIVE HEALTH RIGHTS.

Sexual reproductive health rights information.

The survey intended to unpack the beliefs, attitudes and values of the respondents on sexual reproductive health rights and how it influences access to sexual reproductive health rights information and services for Deaf adolescents/young people. The survey posed a series of questions to analyze the understanding of sexual reproductive health rights among the respondents.

Appropriate age to learn comprehensive sexual education.

The survey sort to distinguish what was perceived as the appropriate age to introduce sexual education this question was mainly for teachers and parents of Deaf children as the main stakeholders to Deaf adolescents. The question was also posed to Deaf adolescents to determine the interest and need or lack thereof of sexual education and sexual reproductive health information. The responses are as presented in Figure 2.1.

Fig 2.1: Appropriate age for sexual education.

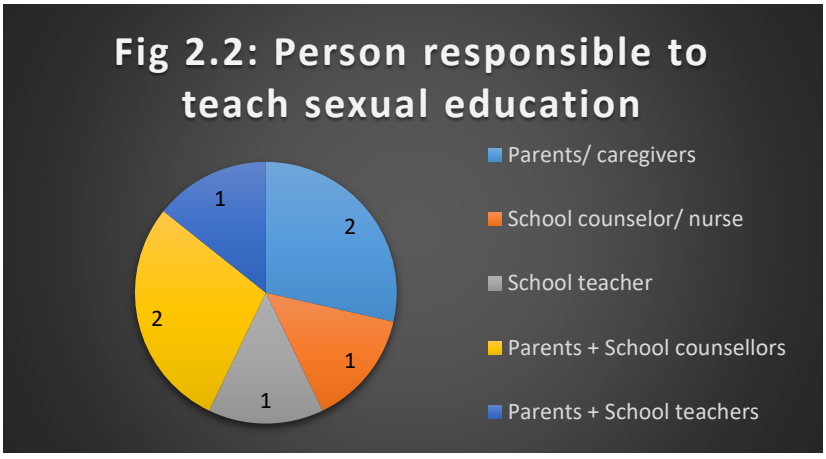
	AGE (YEARS OLD)	NUMBER OF RESPONDENTS
TEACHERS	9	4
	10	1
	12	2
	18	1
PARENTS	10	1
	12	3
	15	2
	18	1
ADOLESCENTS	13	5
	15	10
	16	10
	17	12
	18	8

Availability of comprehensive sexual education.

Related to the first question, the subsequent questions meant to assess access to comprehensive sexual education by Deaf adolescents.

5 out of 7, 71% of parents when asked if they discussed sexual education at home said NO.

A follow up question to probe further was posed to parents on who has the responsibility to discuss sexual reproductive health with Deaf adolescents. See figure 2.2 below with a summary. Despite 5 out of 7 parents feeling other stakeholders i.e. school teachers, counsellors and nurses needed to support Deaf adolescent and young people access sexual education,



Only 2 out of the 7 respondents engaged their child to explore if they were taught about sexual education.

Teachers when asked about their experience and how well their students were informed on sexual education, they shared a range of responses as shared below.

"We have counselling sessions. However, those who are multiply challenged have difficulty understanding. The learners are usually very alert. They also ask very many questions. Later they will open up about different situations when they have been touched indecently. (Both boys and girls.) "
"We invite facilitators to teach on sexual education. Sexual education should be shared only if it is under health education."
"During lessons we include sexual education up to about 30%. Most learners are shy to discuss about sex education."
"Sex education is not part of our school program. Learners are shy when we discuss sex education. Teachers fear to be punished, we just teach what is in the syllabus."
"Sex education should be taught in class and in church services. You need to be open and never hide anything from the learners."

"They are very informed. In fact, we have weekly girl empowerment transformation training and guidance and counselling. I am trained in sex education; I have been teaching girls from grade five to junior secondary on making informed choices. At first, they are shy but eventually they get involved in the lessons and learn a lot."
"Students are not well informed. The students are shy at first to open up but immediately you make them realize it's a topic that needs to be taught they relax and participate."
"Fairly informed due to failure to disclose some information to the teachers, counsellors, mentors. It's a sensitive area of discussion. The learners need more learning on sex education, more engagements are required."

7 out of 8 teachers i.e. 87.5%, support sex education adoption into the learners' curriculum.

Deaf adolescents were also prompted on their understanding of sexual education, which was very low. When asked what they understood about sexual education, these were the responses shared;

40 of the 45 Deaf adolescents, 89% shared they did not know or did not understand the meaning of sexual education.

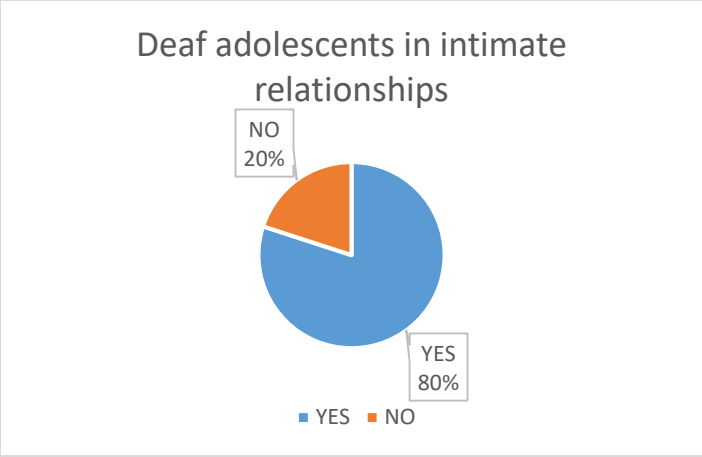
Out of the 5 who shared what they understood, these are the responses;

" It helps you prepare for life of marriage."
" It is about challenges in the body and drug abuse."
" It is important for people who have problems and challenges so that they are helped."
" It helps you focus on your future life."
" They are for people who have suffered rape or sexual abuse."

Stakeholder analysis on values around sexual reproductive health rights.

The survey sought to determine the need for sexual education based on the patterns of adolescent interpersonal relationships which posed a risk for teenage pregnancies, infection of STIs and HIV as well as pre disposure to violence by finding out the number of adolescents who already were in intimate relationships. The question posed was as follows:

Do you have a boyfriend or girlfriend?



Despite low levels of sexual education among Deaf adolescents, 80% that is 36 of the 45 respondents responded YES to having a boyfriend/girlfriend.

The survey prompted further to better understand the position of parents and teachers of Deaf children on access to sexual reproductive health rights services and sexual education as the main stakeholders who provide access to adolescent sexual reproductive health information and services. There were a series of questions designed to triangulate and assess their attitudes towards supporting the need presented by the rate at which Deaf adolescents explored intimate relationships. They were presented as follows:

STATEMENT	NUMBER OF RESPONDENTS WHO AGREED.	NUMBER OF RESPONDENTS WHO DISAGREED.	NUMBER OF RESONDENTS WHO WERE UNDECIDED
Sex education is immoral	2	13	
Sex education should be taught at home by parents.	12	2	1
Sex education is helpful towards preventing teenage pregnancies.	14	1	
Teachers today are capable of teaching sex education effectively.	12	2	1

Sex education is helpful towards preventing STIs and HIV.	13	2	
Sex education will lead to promiscuity among adolescents.	4	9	2
My religion disallows me from teaching about sexual reproductive health rights.	2	13	
Sexual education is a sensitive topic, adolescents are too young to learn about this.	2	13	
Materials in sexual education should also be made in sign language.	13	2	

- Teachers and parents (12 out of 15) both agreed that sexual education was necessary and that they were mandated to teach Deaf adolescents about it. 13 out of the 15 also agreed that materials should be customized to fit the communication needs of Deaf adolescents by developing them in sign language.
- Around 86% of respondents strongly believed sex education is helpful against teenage pregnancies, STIs and HIV. Although it is a sensitive topic, most respondents found that adolescents were not too young and still needed to learn sexual education.
- Sex education was not perceived as immoral by 13 of the 15 respondents, however, out the possible 15, 4 respondents felt it encourages promiscuity and 2 were undecided on the matter.

Challenges in access to sexual reproductive health rights.

The survey sought to document the challenges of Deaf adolescents when accessing sexual reproductive health right information and services. A range of issues were shared as summarized below:

TEACHERS.
" Learners are not open to share their experiences."
" Lack of training materials."
" Lack of clearly set guidelines for comprehensive sexual education."
" Sexual education is not factored into the curriculum."
"Not enough time to manage school work and sex education training. It is not included in the school timetable"
" Not enough personnel to handle this subject."
" Issues of confidentiality in case one has to break silence."
" Differing levels of understanding, adolescents with multiple disabilities such as intellectual disabilities have limited learning capacity."
" Language barrier, materials are not available in Deaf friendly formats."
" Lack of capacity strengthening forums for teachers to effectively teach sexual reproductive health rights."
PARENTS.
" Limited understanding of sign language."
" Limited capacity to effectively address sexual reproductive health rights"
" Cultural norms do not support sexual education."
" Religious beliefs have a specific stand on sexual education."
" Parents sometimes do not have the knowledge to teach sexual education,"
" Illiteracy or low levels of education affecting the effectiveness of parents supporting sexual education."
DEAF ADOLESCENTS.
" Lack of understanding of body changes occurring in adolescence."
" Peer pressure."
" Abuse and violence."
" Shyness, fear of people laughing at me."
" No one to talk to when experiencing challenges."
"Parents do not understand sign language. Communication barriers at home."
" Boys sometimes like to disturb girls."
" Teachers do not understand sign language"

A journal article, Access to information and use of adolescent sexual reproductive health services: Qualitative exploration of barriers and facilitators in Kisumu and Kakamega Kenya,[3] highlights main barriers experienced by adolescents when accessing sexual reproductive health rights services and is a great resource to further analyze challenges experienced by young Deaf people and adolescents in the Kenyan context.

Another group of researchers from Ghana also did a marvelous piece that speak of Barriers to utilization of sexual and reproductive health services among young deaf persons in Ghana,[4] the researchers expounds on the experience of young Deaf people and the barriers that inaccessibility and exclusion pose to accessing quality sexual reproductive health services.

Sexual reproductive rights for Deaf adolescents and young people.

Violence against Deaf adolescents and young people.

Violence among Deaf persons is rampant, Deaf adolescents are even more vulnerable to different forms of abuse, the most common are:

1. Neglect; Deaf children are often isolated and neglected due to communication barriers within the household. When parents of Deaf children are unable to communicate with their child it fosters feelings of abandonment, neglect and feelings of being unloved which affect emotional, psychological and social wellbeing of the child.
2. Physical violence; Deaf children are at higher risk of physical violence at home by being overworked or becoming the help for the rest of the family, they may also face extreme punishment in case of a mistake.
3. Sexual violence; Deaf adolescent girls are highly vulnerable to sexual manipulation and coercion for lack of information to support decision making. They have also fallen victim to sexual harassment and abuse due to communication barriers that often times hinder access to justice.

Has any Deaf adolescent or young person disclosed a case of violence to you?

The survey wanted to record whether and if respondent's disclosed or received disclosure on any case of a Deaf adolescent who had experienced any types of violence. Respondents were asked to share if any cases of violence had been disclosed to them while Deaf adolescents shared from their own experience if they had ever disclosed experiencing violence.

[3] Access to information and use of adolescent sexual reproductive health services: Qualitative exploration of barriers and facilitators in Kisumu and Kakamega, Kenya - PMC (nih.gov)
[4] (PDF) Barriers to utilization of sexual and reproductive health services among young deaf persons in Ghana (researchgate.net)

RESPONDENTS	CASES OF VIOLENCE DISCLOSED	
	DISCLOSED	NOT DISCLOSED
1. *Teachers of Deaf students*	5	3
2. *Parents of Deaf children*	0	7
3. *Deaf adolescents*	19	26

24 out of 60 (40%) respondents had received disclosure or disclosed experience violence.

Have you handled any case related to sexual violence in school?

This question targeted school teachers as resource persons who are often the first to receive complaints of sexual violence among Deaf adolescents. This is because teachers are conversant with sign language and can communicate effectively with learners as compared to parents and other stakeholders who may not know sign language. Deaf adolescents also spend 9 out of 12 months a year in school, more often than not these are boarding schools, which make it easier for adolescents to talk to teachers about their struggles.

YES	*7*
NO	1

Was the case reported?

This question further probed to provide more insight into access to justice for Deaf adolescents.

Of 24 cases of violence disclosed, only 11 (45%) cases were reported to the authorities.

The responses are not surprising that respondents do not mainly report incidences of violence. Numerous barriers have been documented that face women, girls and adolescents with disabilities, in accessing justice. Of importance to note also is that adolescents may report to family members when they face violation, this is important to note because research also shows that close family members relatives and neighbors are more likely to be perpetrators of this violence.

Of the 7 cases of sexual violence handled in schools all 7 (100%) cases were reported to authorities.

Was Justice accessed?

The survey intended to capture the level of access to justice for cases that had been reported to the authorities.

Of the 17 cases reported to authorities only 6 (35%), were able to access justice.

This was attributed to communication barriers that compromised the testimonies of Deaf adolescents when reporting, communication barriers also hindered the effectiveness of court proceedings making the case fail, family interventions that forced withdrawal from the case to avoid shame, Misrepresentation of the victim by the perpetrator especially in cases where they were close to the victim (Perpetrators would be the bridge to support interpretation for the victim which compromised their statements when reporting). FEDWEN Kenya previously conducted a survey that is insightful to understanding gender based violence among Deaf women in the survey report: Experiences of Deaf women in Kenya on access to sexual and reproductive health services and gender-based violence.[5] This report comprehensively tackles violence against Deaf women and girl, offering recommendations for mitigation as well.

[5] https://drive.google.com/file/d/186qYlSujRoo6wGOEmcG4T6dJeaA40W7C/view?usp=drive_link

PART 3: CONCLUSION.

As presented by the findings of the survey, there is a very urgent need to support Deaf communities and Deaf adolescents to access sexual reproductive health information and services that are reliable and dependable, this goes hand in hand with life skill training.

To support the eradication of the 'Triple Threat' of new HIV infections, gender-based violence (GBV), and teenage pregnancy, Deaf adolescents and young people require tailored interventions that meet their accessibility needs and are also adolescent friendly.

The survey respondents also offered recommendations and solutions to the challenges facing Deaf adolescents and Young people accessing sexual reproductive health rights information and services.

1. ADOPTION OF KENYAN SIGN LANGUAGE.
    - Prioritizing Kenyan Sign Language as the language of communication for the Deaf community in all aspects of program design, planning and implementation in all interventions of eradicating the triple threat.
    - Developing programs to teach parents of Deaf Children Kenyan sign language.
    - Appointing sign language interpreters to different service provision to support communication needs for Deaf individuals.

2. RAISING AWARENESS ON THE NEXUS OF DEAF COMMUNITIES AND ADOLESCENT SEXUAL REPRODUCTIVE HEALTH.
    - Training health workers, teachers and police officers on disability etiquette and Deaf mainstreaming when handling Deaf adolescents accessing sexual reproductive health rights.
    - Developing Deaf centered sexual education training materials.

3. CAPACITY STRENGTHENING FOR ACTORS IN DEAF ADOLESCENT SEXUAL REPRODUCTIVE HEALTH RIGHTS.
    - Strengthen the political will and support dissemination and implementation of existing ASRH policies.
    - Teaching Sign language to teachers, educators and other stakeholders in the ecosystems of adolescent sexual reproductive health rights.
    - Directing resources toward empowering Deaf adolescents on adolescent sexual reproductive health rights.
    - Sensitizing communities on adolescent friendly sexual reproductive health services at community level