



CHANGING MINDS: HEALTHCARE PROVIDER ATTITUDES AND ADOLESCENT SRHR

Kenya Red Cross

CASE STUDY

Context

In Tana River County, Kenya, adolescents face significant barriers to accessing sexual and reproductive health services. Cultural norms, religious beliefs, and traditional practices create a challenging environment for young people seeking information and care. The Finnish Red Cross and Kenya Red Cross Society's project "Improving SRHR & GBV Outcomes for Women in Tana River" identified healthcare worker attitudes as a critical barrier to adolescent SRHR access.

A comprehensive training conducted in August 2024 revealed that many healthcare providers held conservative views regarding adolescent access to contraceptives and other reproductive health services. These attitudes directly affected service provision, with inconsistent practices across health facilities. Some providers were comfortable offering services to adolescents without parental consent, while others refused based on personal beliefs or uncertainty about regulations. This inconsistency created inequitable access to essential health services for young people.

Understanding the Challenge

Healthcare providers brought their personal, cultural, and religious values into their professional practice. At the beginning of the training, many expressed conservative views about providing contraceptives to adolescents, often citing religious concerns. This value-based approach created significant barriers for young people seeking care.

Legal ambiguity regarding adolescent access to reproductive health services without parental consent further complicated matters. The Reproductive Health Coordinator for Tana River emphasized that clear guidelines about adolescent contraceptive access did not exist, leaving healthcare workers to make decisions based on their personal judgment. This uncertainty became a convenient justification for denying services based on personal biases.

None of the sub-county or clinical staff present at the training had received formal Adolescent and Youth Friendly Health Services (AYFHS) training. This knowledge gap meant that providers lacked the framework and skills to appropriately address adolescents' unique needs. Without proper training, healthcare workers defaulted to applying adult-centered approaches or allowing their personal biases to guide service provision.



Pictured: Finnish Red Cross, Health Workers and Kenya Red Cross Jointly question and discuss each others assumptions, attitudes and beliefs regarding SRH services for adolescents. Here, FRC Country Manager Nadine Mushimbele leads a session.

The Transformative Approach

The project employed the Values Clarification and Attitude Transformation (VCAT) methodology, a proven approach for addressing deeply held beliefs that affect service provision. Rather than simply providing technical information, the training created space for healthcare workers to examine their personal values and understand how these influenced their professional practice.

The VCAT methodology included several complementary exercises to help participants examine their values. The "Comfort Continuum" had participants position themselves along a spectrum to indicate their comfort level with different SRHR scenarios. Initially, many clustered toward the conservative end regarding adolescent access to contraceptives. This visual representation made implicit biases explicit and opened discussion.

Journey mapping exercises proved particularly effective in building empathy. Participants traced the path an adolescent might take when seeking reproductive health services, identifying barriers at each step. This deepened providers' understanding of the challenges adolescents face and the impact of provider attitudes on service access.

The training also introduced a rights-based approach to adolescent SRHR, emphasizing the right of adolescents to receive accurate information and appropriate services, the importance of confidentiality, and the ethical obligation to provide non-judgmental care. This rights-based framework helped shift the conversation from moral judgments about adolescent sexuality to professional responsibilities toward young people's health and wellbeing.

Observed Transformations

Over the four-day training, significant shifts in attitudes were observed among participants. At the beginning of the training, many participants expressed conservative views on providing contraceptives to adolescents, often citing cultural and religious concerns. However, as the training progressed, there was a noticeable shift towards more open and rights-based perspectives.

By the end of the training, many participants had moved from viewing cultural and religious factors as insurmountable barriers to seeing them as challenges that could be navigated with sensitivity and community engagement. They increasingly recognized the importance of offering comprehensive information and options to clients regardless of age or marital status.

Several participants expressed new commitments to providing non-judgmental, comprehensive SRHR services to adolescents. As one participant reflected during a closing session, "I now understand that my role as a healthcare provider is to support young people's health, not to judge their choices or impose my beliefs."

Pictured: Participants acts out different scenarios to understand barriers to SRHR care and develop empathy for the patients they serve.



Action Planning for Sustainable Change

Participants developed concrete action plans to improve adolescent SRHR services at their facilities. These plans consistently included creating designated youth-friendly spaces within health facilities, adjusting operating hours to accommodate young people's schedules, and ensuring privacy and confidentiality in the physical setup.

Recognizing that provider attitudes alone were insufficient without broader community support, participants also planned community sensitization efforts. These included engaging parents and community leaders in discussions about adolescent health needs, working with male champions to promote positive attitudes toward adolescent SRHR, and conducting community education sessions.

To address knowledge gaps, action plans incorporated lobbying for formal AYFHS training for all healthcare workers, implementing regular mentorship and on-the-job training, and establishing peer support networks for providers serving adolescents. Many groups also identified the need for better referral systems, including exploring the feasibility of using WhatsApp groups for youth information and strengthening linkages between community outreach and facility-based services.

Pictured: Kenya Red Cross
(Wilson Opudo, Public Health
Manager) and Tana River
County Health Workers work
together during the workshop



Conclusion

The Tana River County case demonstrates that transforming healthcare worker attitudes toward adolescent SRHR requires more than simply providing technical information—it demands a deliberate process of self-reflection and values clarification. Through the VCAT methodology, healthcare providers were able to recognize their biases, examine the roots of their resistance to providing adolescent services, and reconcile their personal values with their professional responsibilities.

Attitude transformation proves to be a necessary foundation for technical skill-building. Without addressing underlying biases and values, even well-trained providers may continue to create barriers for adolescents seeking reproductive health services. The visible shifts observed among participants illustrates how attitudes can evolve through structured reflection.

Healthcare workers need a supportive policy environment to translate transformed attitudes into changed practices. The persistent ambiguity in legal frameworks regarding adolescent access to services creates unnecessary uncertainty that providers must navigate. This underscores the importance of clear guidelines while simultaneously working to shift provider attitudes.

The Tana River County experience offers hope that even in contexts with deeply entrenched conservative values, healthcare worker attitudes can evolve when given the right space, tools, and frameworks. By confronting their biases directly, reconnecting with their professional ethics, and developing concrete action plans, providers began the essential journey from being barriers to becoming advocates for adolescent sexual and reproductive health and rights. Their transformation illustrates that with intentional intervention, healthcare systems can become more responsive to the unique needs of young people, ultimately contributing to improved adolescent health outcomes.

