Master of Public Health

Master de Santé Publique

Exploring the Motivations and Experiences of Youth SRH Advocates in Kenya: A Qualitative Study through the Lens of Self-Determination Theory

Kevin John SAMUEL

MPH 2, 2023-2024

Location of the Practicum:

The Inua Dada Foundation

Lavington Court, Nairobi, KENYA

Professional Advisor:

Romanus Owuor

Programs Manager

Academic Advisor:

Odessa Petit dit Dariel

EHESP, Paris

ACKNOWLEDGEMENT

I would like to thank my fellow cohort mates of the MPH program. Spending time with you all has been an enlightening experience. You have provided me with a microcosm of the world, and our interactions have profoundly helped me re-evaluate my understanding of meaning and mission. Your diverse perspectives and shared experiences have made me hopeful about the positive direction in which we are all heading. Thank you for enriching my journey in ways that words cannot fully capture.

I would like to thank my two supervisors. Romanus, as my professional supervisor, your constantly joyous disposition and relentless passion for the field of sexual and reproductive health have been truly contagious. Your generosity in opening up your network and allowing me to be part of that ecosystem has been invaluable. Odessa, as my academic supervisor, your incredibly precise feedback has been indispensable, enabling me to take each subsequent step forward with confidence. I am continually impressed by your ability to communicate ideas concisely, a skill I hope to develop over time. Your guidance and support have been instrumental in the completion of this thesis.

TABLE OF CONTENTS

LIST OF ACRONYMS

ADP	Annual Development Plan
AN	Advocate's Name (used as initials in study)
GBV	Gender-Based Violence
HK	Advocate's Name (used as initials in study)
IPPF	International Planned Parenthood Federation
KA	Advocate's Name (used as initials in study)
NA	Advocate's Name (used as initials in study)
NGOs	Non-Governmental Organizations
RW	Advocate's Name (used as initials in study)
SC	Advocate's Name (used as initials in study)
SDT	Self-Determination Theory
SRH	Sexual and Reproductive Health
UNFPA	United Nations Population Fund
WHO	World Health Organization
YPAH	Youth Empowered Advocating for Health
YPAR	Youth Participatory Action Research

ABSTRACT

Purpose: This thesis investigates the motivations and experiences of youth sexual and reproductive health (SRH) advocates in Kenya. By applying Self-Determination Theory (SDT), it aims to understand the psychological and contextual factors influencing their advocacy work amidst the paradoxical landscape of Kenya's SRH sector.

Design/Methodology: A qualitative research design was employed, featuring semi-structured interviews with six youth advocates actively involved in SRH advocacy in Kenya. The interviews were analysed through the lens of SDT, focusing on its central themes of autonomy, competence, and relatedness.

Findings: Three critical themes emerged from the analysis: navigating autonomy in advocacy work, capitalising on existing competencies and developing new ones, and fostering relatedness in community and advocacy networks. The study found that supportive organisational structures that enhance autonomy, continuous skill development, and strong community connections significantly influence the motivation and effectiveness of youth advocates.

Originality/Value: The research provides new empirical evidence from the Kenyan context, contributing to the understanding of how SDT can be applied to real-world advocacy. The findings offer practical recommendations for NGOs, policymakers, and community organisations to bolster SRH advocacy efforts. Emphasising environments that foster intrinsic motivation, engagement, and effectiveness, the study offers direction for future research to support and sustain youth advocacy in SRH.

Keywords: youth SRH advocacy, motivations and experiences, Self-Determination Theory, Kenya, qualitative research

1.0.   INTRODUCTION AND BACKGROUND

1.1.   The Paradox of SRH in Kenya

On the evening of February 25th, 2019, the documentary "Period. End of Sentence." won the Academy Award for Best Short Documentary. Kenyan actress Lupita Nyong'o, in the audience, rose to her feet as she applauded the recognition of a film that shed light on the critical issue of menstruation. Having watched the film — which highlighted the depth of shame associated with menstruation and the widespread ignorance surrounding it — Nyong'o poignantly remarked "When a woman is not permitted to accept her body, how can we expect her to stand up for her body when it's being abused?" (Diamant, 2021, p.26)

That same year, on September 6th, Jackline Chepngeno, a fourteen-year-old student in the village of Kabiangek in Kenya, took her own life after a teacher humiliated her in front of her peers for having bloodstained clothes (Diamant, 2021).

In the sphere of sexual and reproductive health (SRH), Kenya presents somewhat of a paradox. On one hand, the East African country is lauded as a pioneer in the advancement of reproductive and menstrual health rights, by becoming the first country in the world to repeal the 16% value-added tax placed on period products in 2004 (Flinders & Lowery, 2023). The Kenyan government, in 2011, then earmarked funds to distribute menstrual products in primary and secondary schools, with the express aim of ensuring that every pubescent, school-going female would have access to such necessities (Diamant, 2021). The Kenyan Constitution of 2010 contains several progressive measures, guaranteeing SRH rights, with various parliamentary acts subsequently enacted to protect these rights (National Council for Law Reporting, 2010), and the country was among the first nations of Sub-Saharan Africa to adopt a national family planning program.

Whilst such policies, on paper, mark significant strides towards the improvement of menstrual health and the curtailing of period poverty, the reality on the ground tells a different story. The repealed value-added tax, in a country where a third of the population lives on less than US$ 1.90 a day (Agayi & Karakayaci, 2022), has made little difference, with these products remaining unattainable for most. Furthermore, period products pledged to schools rarely materialize (Diamant, 2021), leaving many girls left facing the challenge of how to manage their menstruation.

Such dilemmas are not exclusive to menstrual health. Kenya has traditionally had high rates of unwanted pregnancies, as a result of unmet contraceptive needs. The Kenya National Bureau of Statistics (2015) reports that around 40% of pregnancies that occur in Kenya are unwanted, within which14% result in unsafe abortions due to restrictive abortion laws, further jeopardizing abortion seekers' health (Mumah et al., 2014). It is estimated that one out of every

five adolescent girls aged 15 to 19 years has either given birth or is pregnant for the first time with unwanted pregnancies, and adolescent girls constitute more than half of the patients seeking post-abortion care for severe complications (Mohamed et al., 2015).

Another key concern is that of gender-based violence (GBV). Across Kenya, reports of GBV surged during the COVID-19 pandemic, with calls to hotlines increasing by 775% between the months of March and April 2020 (UN Country Team, 2020). Yet, despite this, services for GBV survivors were initially not deemed essential, complicating access to support (John et al., 2021). Furthermore, while legal frameworks like the Sexual Offences Act enact severe punishments for GBV crimes, prosecution remains challenging due to gaps and loopholes in the law and difficulties in proving cases in various instances (Kiarie, 2007; Kameri-Mbote, 2000).

These aforementioned issues in Kenya underscore the need for a robust advocacy landscape in the country.

1.2. Youth Advocacy

Advocacy refers to the process of increasing support for, recommending, and arguing to promote a cause or policy (Carlisle, 2000). As young people tend to be disproportionately affected by the challenges discussed above, youth advocacy has emerged as a movement with considerable promise. Indeed youth advocates can be critical stakeholders when it comes to shaping SRH programmes and policies (Carlisle, 2000). Able to advocate for change by identifying gaps, youth advocates may engage in a variety of activities, such as lobbying for policy changes, educating their peers, and raising awareness (Cammarota & Fine, 2008). They are successful in their ability to mobilise peers, generate innovative solutions, and optimise their messaging through the effective use of social media.

Within healthcare, outside of SRH, examples of youth advocacy exist within the fields of substance use prevention and obesity prevention (Millstein et al., 2016). Their engagement in youth participatory action research (YPAR) such as programs like "Youth Empowered Advocating for Health" (Woods-Jaeger et al., 2022) has enabled them to identify and address social issues which promote equity.

In SRH in Kenya, one of the key pillars of youth advocacy is its focus on community engagement and peer education, an approach that has yielded success in both reaching young people and creating a safe and supportive environment to carry out discussions pertaining to relevant SRH issues (Ayieko & Nguku, 2019). However, youth advocates in Kenya face several challenges. To start with, limited resources and pervasive bureaucracy continually hamper their efforts. In addition, youth advocates face the entrenched attitudes of many policymakers that run counter to their needs. Without recognition for the value they bring

to SRH advocacy, meaningful engagement will remain elusive (World Health Organization, 2020).

1.3. Rationale for the Study

As previously mentioned, Kenya is faced with a number of significant obstacles in delivering all-encompassing sexual and reproductive health services to its citizens, especially as it concerns adolescents and young adults. These obstacles include unsafe abortion practices, gender-based violence, and restricted access to contraception, which are still widespread (UNFPA, 2020). According to a Pathfinder International (2018) study, youth advocates are essential in tackling these problems because they educate the public, increase awareness, and push for improved legislation and service provision. Therefore, it would be essential to gain a grasp of their motivations, in order to develop strategies that will support and maintain their efforts. Prior studies have demonstrated that personal experiences, such as encountering SRH issues first-hand, often motivate individuals to become advocates (WHO, 2014). That said, these advocates are also faced with several challenges, such as institutional hurdles, resource scarcity, and social stigma (IPPF, 2016).

By examining these factors through the lens of Self-Determination Theory (SDT), this study aims to provide a deeper understanding of the psychological and contextual elements that influence advocacy work. Understanding these dynamics can help identify strategies to enhance the motivation and effectiveness of youth advocates (Ryan & Deci, 2017). While papers that touched on the connection between SDT and SRH were found (Siddiqi, 2021; Goh et al., 2022), those focused on SRH advocates in particular were not forthcoming. There was, however, a broader consensus on the lack of focus on the underlying motivational dynamics of the advocates in LMICs (Mthembu et al., 2023; Shi & Bangpan, 2022) and acknowledgement that there has been a limited understanding of how to foster intrinsic motivation and psychological well-being among those who work in health (Ahmed et al., 2022).

This research is intended to provide actionable insights that stakeholders, including NGOs, policymakers, and community organizations, can use to bolster SRH advocacy in Kenya.

1.4. Self-Determination Theory

For the present study, Self-Determination Theory (SDT) was used as a theoretical framework to explore the motivational and psychological aspects of youth advocates working in the field of SRH in Kenya. By examining youth advocates' perceptions at the individual level, we can gain a better understanding of how they interact with broader political, cultural and economic conditions to create the varied dynamics contributing to their outcomes (Shapiro, 1981; Ryan, 1995; La Guardia et al., 2000).

As developed by Edward Deci and Richard Ryan, SDT is an empirically rooted theory of personality development and human behaviour. As espoused, SDT seeks to understand how motivation is experienced internally, and how it may either be facilitated or undermined (Deci & Ryan, 1985, 1987). The theory identifies various types of motivation along a continuum that ranges from controlled to autonomous, with its principal concern being the manner in which socio-contextual factors either thwart or support human flourishing through the satisfaction of three core psychological needs: autonomy, competence and relatedness (Ryan & Deci, 2000). In environments which are predominantly supportive and where individuals feel autonomous, competent and related, individuals within these traits are shown to experience higher levels of creativity, productivity, curiosity and compassion (Joussemet et al., 2008). On the other end of the spectrum, in environments which are predominantly controlling and overly critical, individuals are seen to exhibit lack of motivation, defensiveness and a propensity for nihilistic thought (Deci & Ryan, 1985).

Through rigorous grounding in extensive research, spanning various fields (Vansteenkiste & Ryan, 2013) including education, healthcare, sports, and workplaces, SDT's utility lies in its promotion of effective organismic functioning and developmental integration (Deci & Moller, 2005; Bowlby, 1979; Baumeister & Leary, 1995). A number of investigations into which factors optimise development have long been crucial within both the psychological and biological sciences (Harlow, 1953b; Mayr, 1982; Raff et al., 1993).

2.0. METHODS

2.1. Research Design

This study sought to explore the experiences and motivations of youth advocates in SRH in Kenya. It did so by employing a qualitative research design, using a semi-structured interview guide to explore the psychological and motivational aspects of SRH advocacy. Questions were designed to allow for an in-depth understanding of participants' experiences, perspectives, and motivations — through the lenses of autonomy, competence and relatedness — and to provide rich, contextual data that quantitative methods may not capture.

2.2. Data collection

2.2.1. Focus Group

To initiate the study, a focus group was organised in collaboration with the internship site. Five SRH advocates were identified by the professional advisor and invited to participate. The primary objective of the focus group was to gain a general understanding of youth advocates' daily activities and the various capacities in which they work. The focus group session was held in a room at the internship site on April 5th, 2024, with participants seated around a table. The exchanges were recorded using a Sony PX470 digital voice recorder. The audio file was

then transcribed, forming the basis upon which to construct the interview guide. The interview questions were then developed based on Self-Determination Theory (SDT) to explore themes of autonomy, competence, and relatedness.

2.2.2. Individual Interviews

Following the focus group, a list of 17 potential participants was compiled through the networks of the internship site. Out of these, 8 individuals were confirmed for interviews, and eventually, three of those participants were interviewed. To bolster the population, three participants from the initial focus group were brought in as interviewees. All interviews were conducted via direct phone call, to ensure that no cost was incurred by the participants, as receiving calls in Kenya carries no charge. The interviews were recorded using the same digital voice recorder. Each of the interviews ran for between 60 minutes and 90 minutes. The interviews were carried out over the span of two weeks, starting on May 2nd, 2024, and concluding on May 14th, 2024.

Participants were selected based on their active involvement in SRH advocacy in Kenya. The criteria for selection included age diversity, and varied advocacy focus areas to ensure a comprehensive understanding of different perspectives within the SRH advocacy community. Age was not a criterion for selection.

2.3. Data Analysis

The data analysis process involved several steps:

- **Transcription:** The recorded interviews were transcribed verbatim to ensure accuracy.
- **Familiarization:** The transcripts were reviewed to gain an overall understanding of the content.
- **Coding:** Initial codes were generated to categorize data based on thematic relevance.
- **Theme Development:** Codes were reviewed and organized into themes that represented significant patterns in the data, and in accordance with the SDT theoretical framework.
- **Review and Refinement:** Themes were refined and validated to ensure they accurately reflected the participants' experiences and insights

2.4. Ethical Considerations

All participants gave their informed consent prior to the interviews. The goal of the study, the fact that participation was voluntary, and the participants' freedom to discontinue involvement at any moment were all explained at the onset. Personal data was anonymised and secure data-storage protocol was implemented, guaranteeing confidentiality.

3.0. RESULTS

This study aimed to explore the motivations and experiences of SRH youth advocates in Kenya, using a qualitative study based on interview data. Having analysed the data through the lens of SDT, three critical themes emerged that shaped the advocacy landscapes of the six interviewees: (i) navigating autonomy in advocacy work, (ii) capitalising on existing competencies and developing new ones, and (iii) fostering relatedness in community and advocacy networks. In this section, first the characteristics of the participants and their motivations for embarking into the field of SRH are presented followed by the three main themes that emerged.

3.1. Socio-Demographic Data

Name	Age	Gender	Education Background	Years In SRH Advocacy	Area Focus
HK	27	Female	BSc. in Environmental Science / MA in Sociology	4	Safe Access to Reproductive Health Services
AN	27	Female	BSc. in Political Science / MA in Gender & Development	4	Menstrual Health and Bodily Autonomy
KA	40	Male	BSc. in Anthropology / MA in Development Studies	3	Sexual & Reproductive Health Education
RW	28	Female	BSc. in Economics & Finance	4	General
NA	23	Female	BA in Drama & Theatre	4	Family Planning & Sexual Gender-Based Violence
SC	30	Female	MBChB in Medicine & Surgery	5	Menstrual Hygiene & Gender-Based Violence

The table of interviewees reveals several interesting trends and commonalities. The participants ranged in age, from 23 to 40 years old, with an average age of approximately 29.17 years. Five out of the six participants are female, constituting the majority of the group, which is in line with general global trends in this area. The average amount of time dedicated to SRH advocacy was 4 years.

All six participants had completed at least one bachelor's degree, and three of them had completed a master's degree. Their interdisciplinary educational backgrounds highlighted the diverse perspectives and knowledge offered to SRH advocacy, enhancing the approaches and solutions proposed within this sector. The diversity in their fields of study is notable, with such interdisciplinary educational background underscoring the varied perspectives and expertise brought into SRH advocacy.

Among the interviewees, two advocates focus on gender-based violence (NA and SC), with another two working in menstrual health and hygiene (AN and SC). Additionally, two advocates concentrate on reproductive health services and education (HK and KA). This highlights the prevalent themes of gender-based violence, menstrual health, and reproductive health services in their advocacy efforts.

3.2. Motivation for SRH Advocacy Work

The advocates in this study had a variety of pathways into SRH advocacy, ranging from personal experiences and systemic observations to professional and academic engagements, given their varied academic backgrounds and SRH specialisations. As HK, who had firsthand experience with an unsafe abortion, noted, her decision was affected by both personal experiences and community SRH issues, underscoring the urgent need for better SRH services. She became determined to push for better SRH care as a result of her abortion experience and the inaccessibility of such services. Similarly, SC was motivated by her experiences as a community health practitioner dealing with victims of rape and gender-based violence. Her resolve to assist with menstrual hygiene management was sparked by the distressing accounts of young girls experiencing abandonment and shame, whom she felt compassion for.

Participants also felt compelled to respond to systemic inadequacies they observed. For AN, the politicisation of women's bodies and the institutional control over their reproductive rights were foundational to her advocacy ethos. Her studies and observations of the limited autonomy that women experience inspired her to push for increased consciousness and empowerment. RW was inspired by her work with marginalised communities, particularly the homeless, where she saw firsthand the serious obstacles women experience in terms of their reproductive health, including a lack of access to sanitary products and essential medical care. Her advocacy for enhancing SRH resources and assistance for the most marginalised members of society was sparked by these insights.

Lastly, participants were influenced by their academic and professional insights. KA's involvement in HIV testing and sexual health outreach programmes at his university had a big impact on his journey towards SRH advocacy. These encounters exposed serious gaps in

youth SRH awareness and emphasised the significance of tackling these problems head-on. His training in anthropology also helped him gain a deeper comprehension of the social dynamics and cultural circumstances that are essential for successful SRH campaigning. Similarly, during her time at college, NA's motivation was ignited by conversations with her peers regarding SRH issues, which revealed a big disconnect between awareness and action. This insight inspired her to push for increased SRH funding to make sure that raising awareness resulted in meaningful assistance and intervention.

These characteristics and motivations were salient when it came to analysing and interpreting the data, resulting in three main themes emerging. These provide insight and a better understanding into the factors influencing youth advocates' abilities to respond to their target populations' needs.

3.3.   Navigating Autonomy in Advocacy Work

While rewarding, advocacy work can also be demanding, requiring the capacity to make independent decisions in an unpredictable and hostile environment. The participants in this study came from different backgrounds and, as discussed above, came to youth advocacy having followed different paths. Unsurprisingly then, their experiences with autonomy were also diverse, and were a reflection of the different organisational structures and community dynamics they encountered. For example, AN, who worked for a youth-led group, thought she had enough freedom to apply creative solutions and efficiently address community problems. She said, *"I'm able to say 'this is the best way this programme should be implemented' and it's actually taken into consideration."* This high level of autonomy made it easier for her to be more motivated and engaged at work. On the other hand, SC was constrained by strict procedural and bureaucratic rules, which made it difficult for her to offer GBV sufferers prompt assistance due to Kenya's arcane administrative procedures. This lack of autonomy not only hindered her effectiveness but also impacted her motivation and job satisfaction.

According to SDT, autonomy entails more than just being able to make decisions; it also entails having a strong sense of ownership of, and alignment with, one's own objectives and beliefs. Because of the autonomy she had, AN was able to develop creative and adaptable treatments by basing her advocacy techniques on the pressing needs of her community. For KA, having this liberty in his position gave him the freedom to pursue his advocacy work on his own terms. Acknowledging of his sense of empowerment, he said, *"I do feel I have a good degree of independence."* Similarly, RW emphasised how much having flexibility allowed her to effectively shape initiatives. NA echoed this, highlighting the importance of her own self-generated decisions and actions in determining the course and outcome of her projects. These experiences show that advocates are more driven and productive in their responsibilities and

are able to respond with more creative and relevant solutions when they work within supportive frameworks that respect and magnify their autonomy.

In contrast, other advocates felt frustrated and less motivated because they were unable to act in the manner that they believed would be most effective, due to the lack of autonomy imposed by procedural constraints. AN found it painful to watch the effect of the criminalization of abortion which she perceived as *"so systemic and controlling"*. SC was also profoundly impacted by her experiences, where the limitations imposed by those procedures frequently hindered her capacity to deliver prompt and efficient assistance. In expressing her frustration, she said, *"The constraints of these protocols can be frustrating."* KA thought about this as well, pointing out that other people's approaches might not always be as effective as his own, yet having little say in the matter.

3.4. Capitalising on Existing Competencies and Developing New Ones

The need for continual skill development was a common theme among the SRH advocates, demonstrating the significance of competence. For example, NA highlighted the need to learn counselling techniques in order to better help community members. KA had once found it difficult to give legal advice to a young woman with an SRH-related legal issue during a community outreach programme, highlighting the necessity for the development of specialised skills. His current conviction that paralegal education would be essential was strengthened by this event, since it would allow him to provide more precise and beneficial advice in similar circumstances.

Similarly, HK acknowledged the value of enhancing her HR and people management abilities, acknowledging that *"sometimes I struggle with micromanagement."* The difficulties AN faced with grant writing and storytelling were expressed, as she emphasised the necessity of honing these abilities even more in order to maximise her efficacy. The fact that RW is currently taking an online course to improve her project management abilities further emphasises the perceived importance of competence when working in advocacy. Furthermore, SC emphasised the significance of skill development in child health education in order to tackle related subjects in a suitable and efficient manner.

The advocates' drive for competence showed a proactive engagement in their respective work, as they sought to improve and broaden their skill. For these advocates, the drive to gain new skills can be interpreted as a manifestation of their intrinsic motivation to be effective in their advocacy efforts. For NA, the idea of developing counselling skills was more than just acquiring a new tool; it was also about increasing her overall efficacy and influence in the community. The experience of KA emphasised this need even more; in the absence of proper

training, his capacity to offer valuable support was jeopardised, which impacted his perceived competence.

In addition to the skills they wanted to develop, there was acknowledgment of the competencies they had already developed, and that had served them well in their roles. With confidence in her ability to develop relationships and speak in front of an audience, HK stated, *"I am a good speaker. I am able to build and maintain relationships. This I learned when I was on campus."* AN highlighted her strength in community dialogue and communication, emphasising their crucial role in advocacy. The anthropological training KA received has been invaluable in providing a solid basis for comprehending social processes. Among the most important abilities RW had honed were networking and public speaking, developed during her stint in banking, which she felt facilitated efficient outreach and communication.

NA emphasised the importance of having in-depth knowledge of the specific area of advocacy, which had been essential in her work, while SC's background in obstetrics and gynaecology had been extremely beneficial, particularly in addressing SRH issues and providing medical support. The confidence these advocates had in their existing competencies illustrated their readiness and capability to undertake advocacy work effectively. Their developed skills not only facilitated their current roles but also provided a robust foundation upon which they can build further expertise. The combination of seeking new skills and leveraging existing ones creates a dynamic approach to advocacy, enhancing both effectiveness and sustained motivation through both intrinsic and extrinsic rewards.

3.5. Fostering Relatedness in Community and Advocacy Networks

Building relationships within the community and among fellow advocates is crucial for sustaining motivation and achieving advocacy goals, a key aspect of relatedness as outlined by SDT. NA's efforts to include youth-friendly services into Kisumu's Annual Development Plan, which hitherto had been absent from strategic planning, underscored the significance of community collaboration and support: "*It was a major milestone for us, seeing this effort come to fruition*," she noted. NA's collaborative efforts in Kisumu were an example of how strong community ties can lead to substantial advocacy achievements.

SC's campaign against GBV, which utilised both online and offline strategies, also demonstrated the impact of engaging with the community. By creating spaces where individuals could share their experiences and learn about their rights, SC fostered a sense of belonging and support within the community. SC also organised a community workshop where survivors of GBV could share their stories and receive support from peers and advocates. The sense of community and mutual support that emerged from this event highlighted the importance of relatedness in sustaining advocacy efforts and motivating both survivors and

advocates. Indeed, SDT posits that such relatedness, or need to feel connected to others, is a fundamental component of intrinsic motivation. For SRH advocates, fostering relatedness within their communities and advocacy networks strengthened their commitment and enhanced their resilience against the challenges they faced.

SC's community workshops highlight another critical aspect of relatedness: the creation of safe spaces for sharing and mutual support. These interactions not only helped build a supportive network but also validated the advocate's efforts and reinforced her sense of purpose. The emotional and psychological support derived from these connections were perceived as invaluable: *"Seeing the girls returning to share their stories of overcoming challenges made me realize the true impact of our work. It reaffirmed our efforts. We saw the value of always showing up for them, of being consistent, and it motivated me to keep pushing forward,"* she noted.

The intrinsic motivation derived from relatedness was evident in the commitment and high morale demonstrated by the advocates who were interviewed for this study, who expressed feeling deeply connected to their communities and peers: *"We often refer to our network of advocates as a "sisterhood," as most of us are women working towards common goals within different organisations"* (SC). This was echoed by HK, who stated "*Different youth advocates do different things, but for the ones who are aligned together, we have a stronger relationship, a stronger bond, which helps us collaborate effectively and efficiently*."

In addition to the intrinsic motivation and morale fostered by relatedness, the advocates employed various strategies to build and maintain these vital relationships. HK emphasised the importance of identifying community leaders and ensuring they are not bypassed, noting that both official and self-appointed leaders play crucial roles. AN highlighted the use of a WhatsApp group to keep conversations going, where participants share news stories and updates about changes related to their causes. KA pointed out the necessity of a strong and consistent presence, warning that staying away for too long might cause the community to lose touch and forget past contributions. RW also underscored the importance of being responsive and accessible, often taking phone calls from community members to address their concerns and show support. NA emphasised effective communication as the cornerstone of relationship building, establishing strong communication channels from the outset. This was further reinforced by SC who noted that having advocates who share similar backgrounds or experiences with community members, particularly those living in the same areas such as slums, enhances connection and engagement.

4.0. DISCUSSION

This study contributes to the growing body of literature on SRH advocacy and youth engagement by providing empirical evidence from the Kenyan context. It also adds to the understanding of how psychological theories like SDT can be applied to real-world advocacy efforts, offering a theoretical foundation for developing practical support mechanisms for youth advocates (Deci & Ryan, 2008). This contribution is particularly valuable for guiding future research and practice in similar settings worldwide.

Autonomy was found to be a key element affecting SRH advocates' efficacy and motivation. SDT defines autonomy as having a deeper sense of ownership of, and alignment with, one's own beliefs and objectives in addition to the capacity for decision-making (Deci & Ryan, 2000). Studies reveal that conditions that foster autonomy result in increased creativity, efficiency, and general welfare (Vansteenkiste et al., 2006; Ryan & Deci, 2017) and individuals who experience a sense of autonomy are inclined to participate in personally significant activities, increasing intrinsic motivation and sustained effort (Deci & Ryan, 1985; Deci et al., 1994).

A plethora of literature on SDT and advocacy supports the importance of autonomy in enhancing motivation and effectiveness. According to a 1999 study by Koestner et al., volunteer work settings that promote autonomy resulted in increased participant engagement and persistence. Similarly, Deci et al. (2001) discovered that people internalise the ideals of their organisation more thoroughly, and become more devoted to and persistent in their activities, when they feel independent. This is especially important when it comes to SRH advocacy, as successful intervention depends on the capacity to customise activities to the unique requirements of the community. Autonomy may boost intrinsic motivation by establishing a sense of ownership and control over one's job, as demonstrated by AN's experience in a youth-led organisation, and thereby improve the calibre and effectiveness of advocacy efforts.

The inverse is also true, as was noted through SC's frustration with bureaucratic constraints which highlighted the negative impact of limited autonomy. The administrative processes in place, which mandate that victims of rape and GBV disclose events to the police prior to getting medical assistance, hindered her capacity to act. SDT holds that autonomy is a crucial psychological demand that, if unmet, can result in a decline in wellbeing and motivation (Deci & Ryan, 2000). According to Vandenkiste et al. (2006), SC's experience serves as an example of how limited autonomy might have weakened intrinsic motivation and diminished her sense of control and ownership over her advocacy work. In this instance, limitations had made it more difficult for her to deliver prompt, helpful advocacy, highlighting the significance of autonomy in raising motivation and efficacy in advocacy work. Additionally, research by Baard

et al. (2004) discovered a link between reduced job satisfaction and a lack of autonomy in the workplace, further emphasising the need for autonomy-supportive environments.

The significance of autonomy-enhancing organisational structures is therefore supported by the data. Organisations that support advocacy should work to foster conditions in which supporters feel empowered to decide for themselves, and to take on activities that are consistent with their beliefs and objectives. Research by Gagné and Deci (2005) highlights the wider implications of promoting autonomy in advocacy work, showing that environments that encourage autonomy lead to greater levels of organisational commitment and effectiveness.

Another essential aspect of SDT is competence, which is the sense of feeling capable and effective in one's endeavours (Deci & Ryan, 2000). According to SDT, people are driven to participate in activities that enable them to hone and exhibit their abilities, and retaining this sense of competence is essential to their intrinsic motivation and general wellbeing. Deci and Ryan (2002) state that environments that seek to support long-term engagement must offer chances for skill development as well as acknowledge preexisting competencies. Supporting this notion, a study by Vansteenkiste et al. (2004) demonstrated that individuals who perceive opportunities for skill development are more likely to experience higher job satisfaction and motivation.

The study's participants recognised the competences they had already acquired that helped them in their employment in addition to the talents they wished to acquire. Self-efficacy research by Bandura (1997) lends credence to the notion that effective performance depends on one's sense of self-worth. People who have confidence in their talents are more inclined to take on challenges and persevere in the face of hardship. Strong communication skills, for instance, make people feel more competent and secure while speaking in public and in their advocacy responsibilities (Zhang & Ardasheva, 2019). In this study, HK had expressed confidence in her public speaking and relationship-building abilities, AN had highlighted her strengths in community dialogue and communication, while RW noted that public speaking and networking were among the most vital skills she had developed, enabling effective communication and outreach. This aligns with research by Rubin and Martin (1994), who found that effective communication skills are linked to higher self-efficacy and better performance outcomes.

Similarly, KA's anthropological background was essential in building a solid understanding of social dynamics. Anthropological research has demonstrated that a thorough comprehension of social circumstances improves the efficacy of community initiatives (Pelto & Pelto, 1997). This is corroborated by research conducted by Daly et al. (2009), which shows that networking

abilities are critical for fostering professional connections and furthering advocacy initiatives. NA stressed the value of having an in-depth understanding of her particular field of advocacy, saying that it was crucial to her work, and studies demonstrating the importance of subject matter competence for credibility and efficacy in advocacy support this (Austin & Pinkleton, 2001). Similarly, SC's training and experience in gynaecology and obstetrics were very helpful in treating SRH problems and offering medical assistance.

The confidence these advocates had in their existing competencies illustrated their readiness and capacity to undertake advocacy work effectively. Their developed skills not only facilitated their current roles but also provided a robust foundation upon which they build further expertise. The combination of seeking new skills and leveraging existing ones creates a dynamic approach to advocacy, enhancing both effectiveness and sustained motivation through both intrinsic and extrinsic rewards (Ryan & Deci, 2000).

Finally, the fostering of relatedness emerged as a significant factor influencing the motivation and effectiveness of SRH advocates. According to SDT, relatedness involves the need to feel connected to others, to love and care, and to be loved and cared for (Ryan & Deci, 2000). This sense of relatedness is fundamental for maintaining intrinsic motivation and wellbeing, fulfilling the human need for belonging and connectedness (Baumeister & Leary, 1995). Research indicates that environments that support relatedness lead to higher levels of engagement, satisfaction, and commitment (Ryan & Deci, 2017; Vansteenkiste et al., 2006).

The literature on SDT and advocacy supports the importance of fostering relatedness to enhance motivation and effectiveness. For instance, Weinstein et al. (2012) found that relatedness is a key predictor of meaningful work and life satisfaction. Martela and Ryan (2016) have similarly demonstrated that prosocial behaviour, which includes fostering relatedness, increases wellbeing and vitality. This underscores the importance of building supportive networks in advocacy. In the context of SRH advocacy, policies that encourage (or that avoid preventing) the building of strong community ties are crucial for achieving advocacy goals. Studies have shown that social connections and support networks are fundamental for effective advocacy. For example, a study by Holt-Lunstad, Smith, and Layton (2010) found that strong social relationships improve health outcomes and enhance motivation and resilience.

The results demonstrate how important it is to promote relatedness, as seen in both NA's efforts to incorporate youth-friendly services into Kisumu's Annual Development Plan, and in SC's community workshops. These programmes not only gave the advocates a sense of community and support, but they also gave their efforts credibility and a renewed sense of purpose. NA's joint initiatives in Kisumu County serve as an example of how promoting

relatedness may result in significant advocacy achievements; in this case, the first-ever inclusion of youth-friendly services in Kisumu's Annual Development Plan (ADP). Ryan and Deci (2000) claim that relatedness encourages the internalisation and reinforcement of values and mission-driven objectives, which boosts engagement and perseverance.

SC's community workshops highlight another critical aspect of relatedness: the creation of safe spaces for sharing and mutual support. Such interactions help build a supportive network, validating the advocate's efforts, and reinforcing their sense of purpose. Baard et al. (2004) found that when individuals feel a sense of belonging and support in their work environment, they are more likely to be engaged and effective in their roles. SC's experiences illustrate how fostering relatedness enhances resilience and commitment, leading to more effective advocacy. Evidence shows that organisations that create environments fostering relatedness are able to cultivate individuals who are more motivated and committed to their work (Deci et al., 2001).

4.1.   A Note About Participant Age

The youth age bracket in Kenya has variously been demarcated as ages 15 to 35 (Maina & Maina, 2012) and ages 18 to 34 (Wairimu & Owini, 2018). Interestingly, while the youngest advocate in our sample was 23 years old, the eldest was 40. For the study, it was considered important, early on, not to take an ageist view when recruiting participants, and setting a strict age limit was deliberately avoided in order to be inclusive and open to anyone who identified as a youth advocate. This approach recognizes that the definition of "youth" can be fluid and culturally specific (Nijsten, 2016). Research by Rubin and Berntsen (2006) also discusses the subjectivity of age, finding that those over forty feel 20% younger than their age. Other research has shown that different cultures have different transition points when it comes to societal roles, and these transitions are not strictly tied to age (National Research Council & Committee on Population, 2005).

4.2.   Theoretical and Practical Contributions

This study provides empirical evidence from the Kenyan context, contributing to the broader understanding of how SDT can be applied to real-world advocacy efforts. By examining youth advocates' perceptions at the individual level, we gain a better understanding of how they interact with broader political, cultural, and economic conditions to create the varied dynamics contributing to their outcomes (Shapiro, 1981; Ryan, 1995; La Guardia et al., 2000). The findings also offer a theoretical basis for developing practical support mechanisms for advocacy work. By addressing the core psychological needs of autonomy, competence, and relatedness, advocacy organisations can create environments that foster intrinsic motivation, enhance engagement, and improve the effectiveness of advocacy efforts. This contribution is particularly valuable for guiding future research and practice in similar settings worldwide.

4.3.   Implications for SRH Advocacy

These findings have important ramifications for the field of SRH advocacy. The study emphasises how important it is for advocacy organisations to provide settings that foster relatedness, competence, and autonomy in order to effectively inspire and assist advocates. First, the study emphasises how crucial it is to have supportive organisational structures that foster autonomy and inspire advocates to employ creative and adaptive tactics. According to Jiang et al. (2023), advocacy organisations ought to prioritise granting advocates autonomy over the creation and implementation of their projects. This can be achieved by instituting flexible work practices that enable advocates to customise their schedules and methods to suit the demands of the community. Furthermore, giving advocates the ability to make decisions on the design and implementation of projects can also encourage a sense of accountability and ownership. To ensure that advocates' autonomy is recognised and valued, an organisation could set up a framework for participatory decision-making whereby advocates can submit project ideas and cast votes on them (Heller et al., 1998).

The emphasis on competence underscores the need for continuous skill development and access to resources. Advocacy organisations should invest in training and capacity-building initiatives to equip advocates with the necessary skills to address complex SRH issues effectively. For example, advocacy organisations can partner with educational institutions to offer discounted rates for relevant courses and certifications. This could include formal agreements with universities or online learning platforms (Gantasala et al., 2021), providing advocates with access to advanced learning opportunities in public health, legal aspects of SRH, or advanced communication strategies. Additionally, organizations can host regular workshops and training sessions led by experts in the field to ensure continuous professional development, which can be pivotal in maintaining high levels of competence and motivation (Noe et al., 2010).

Finally, fostering relatedness within community and advocacy networks is crucial for sustaining motivation and enhancing the impact of advocacy efforts. Building strong relationships and creating safe spaces for sharing and mutual support can significantly bolster the effectiveness of SRH advocates. For example, organisations should explore the development of digital communities and online forums where advocates can connect, share experiences, and provide mutual support. Such platforms can facilitate ongoing communication and collaboration (Harkin et al., 2023). Moreover, organising regular in-person or virtual meetups, retreats, and team-building activities can strengthen interpersonal bonds and foster a supportive network. These initiatives help advocates feel connected and valued, enhancing their commitment and motivation (Scott & Maryman, 2016).

4.4.   Limitations

A number of restrictions surfaced during the recruitment process, which had an impact on the final sample size and interviewee makeup. Potential participants showed considerable interest at first, seeing the significance of the study and wanting to help. But as the recruitment went on, candidates' dedication decreased, and there were ultimately only six interview candidates, compared to the 12 originally planned.

A major obstacle was the disenchantment of the newer advocates. People who had been actively advocating for SRH for one or two years were more likely to stop participating. On the other hand, individuals who ultimately agreed to participate in the interviews had a minimum of three years and a maximum of around five years of experience. This pattern raises the possibility that more recent advocates were experiencing the end of the "honeymoon phase" of joining the profession, having experienced Kenya's difficult SRH environment, and therefore believing that their involvement will not result in meaningful change. Their dissatisfaction and disillusionment may make them less inclined to participate in research endeavours, particularly those that do not provide clear-cut advantages more immediately. This self-selection bias must be taken into consideration insofar as the transferability of the results to all youth advocates.

The possible expectation of payment for involvement was another important issue. The internship supervisor had remarked that many prospective participants may have thought they would get compensation for their time and thoughts. This was never made clear, and although the focus group made provisions for free beverages and snacks, the absence of any kind of direct financial reward may have deterred some people from participating. This payment expectation draws attention to a larger problem in the field of SRH advocacy, where financial incentives would be required to maintain commitment and participation, particularly among younger advocates who might not yet see the inherent benefits of their involvement.

5.0.   CONCLUSION

This study used Self-Determination Theory (SDT) as a theoretical framework to examine the experiences and motivations of SRH youth advocates in Kenya. Through an examination of how participants' experiences shape their advocacy work, the study offers important insights into the psychological and environmental factors that motivate and support their activity. This contributes to the growing body of literature on SRH advocacy and youth engagement, providing empirical evidence from the Kenyan context. By applying SDT to understand the motivations and experiences of youth advocates, the study offers actionable insights for developing practical support mechanisms that can enhance the motivation and effectiveness of SRH advocates. These results will be useful in directing future studies and applications,

fostering the development of supportive environments for young activists, and enhancing the overall effectiveness of SRH advocacy initiatives.

REFERENCES

Agayi, C. O., & Karakayaci, Ö. (2022). Exploring the rural poverty prevalence and eradication strategies for rural development: the case of Kenya. Selcuk Journal of Agriculture and Food Sciences, 36(1), 63-73.

Ahmed, S., Chase, L. E., Wagnild, J., Akhter, N., Sturridge, S., Clarke, A., ... & Hampshire, K. (2022). Community health workers and health equity in low-and middle-income countries: systematic review and recommendations for policy and practice. International Journal for Equity in Health, 21(1), 49.

Ayieko, S., & Nguku, A. (2019). Engaging Youth in Citizen-Led Advocacy and Accountability for Adolescent Sexual and Reproductive Health. The East African Health Research Journal, 3(2), 85.

Bandura, A. (1997). Self-efficacy: The exercise of control. Macmillan.

Baard, P. P., Deci, E. L., & Ryan, R. M. (2004). Intrinsic need satisfaction: A motivational basis of performance and well-being in two work settings. Journal of Applied Social Psychology, 34(10), 2045-2068.

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. Psychological Bulletin, 117(3), 497-529.

Carlisle, S. (2000). Health promotion, advocacy and health inequalities: a conceptual framework. Health Promotion International, 15(4), 369-376.

Cammarota, J., & Fine, M. (2008). Revolutionizing education. Youth participatory.

Daly, A. J., Moolenaar, N. M., Bolivar, J. M., & Burke, P. (2009). Relationships in reform: The role of teachers' social networks. Journal of Educational Administration, 47(3), 328-349.

Deci, E. L., & Moller, A. C. (2005). The role of parental autonomy support in children's healthy eating behavior. Journal of Pediatric Psychology, 30(3), 252-263.

Deci, E. L., & Ryan, R. M. (1985). Intrinsic Motivation and Self-Determination in Human Behavior. Springer US.

Deci, E. L., & Ryan, R. M. (1987). The support of autonomy and the control of behavior. Journal of Personality and Social Psychology, 53(6), 1024.

Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. Psychological Inquiry, 11(4), 227-268.

Deci, E. L., & Ryan, R. M. (2002). Handbook of self-determination research. University Rochester Press.

Deci, E. L., Connell, J. P., & Ryan, R. M. (1989). Self-determination in a work organization. Journal of Applied Psychology, 74(4), 580.

Deci, E. L., Vallerand, R. J., Pelletier, L. G., & Ryan, R. M. (2001). Motivation and education: The self-determination perspective. Educational Psychologist, 26(3-4), 325-346.

Deci, E. L., et al. (1994). Need satisfaction and the self-regulation of learning. Learning and Individual Differences, 8(3), 165-183.

Diamant, N. (2021). Period. End of Sentence. New York: Crown Publishing Group.

Flinders, M., & Lowery, G. (2023). Period politics and policy change: the taxation of menstrual products in the United Kingdom, 1996–2021. Contemporary British History, 37(2), 238-265.

Gagné, M., & Deci, E. L. (2005). Self-determination theory and work motivation. Journal of Organizational Behavior, 26(4), 331-362.

Goh, K., Contractor, S., & Van Belle, S. (2022). A realist-informed review of digital empowerment strategies for adolescents to improve their sexual and reproductive health and well-being. Journal of Urban Health, 99(6), 1141-1156.

Heller, F., Pusic, E., Strauss, G., & Wilpert, B. (1998). Organizational Participation: Myth and Reality. Oxford University Press.

Harkin, L. J., Beaver, K., Dey, P., & Choong, K. A. (2023). Secret groups and open forums: Defining online support communities from the perspective of people affected by cancer. Digital Health.

Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. PLoS Medicine, 7(7), e1000316.

IPPF. (2016). Scaling Up Family Planning in Kenya: Case Study of the Tupange Project. International Planned Parenthood Federation.

Jiang, L., Pan, Z., Luo, Y., Guo, Z., & Kou, D. (2023). More flexible and more innovative: the impact of flexible work arrangements on the innovation behavior of knowledge employees. Frontiers in Psychology.

John, N., Roy, C., Mwangi, M., Raval, N., & McGovern, T. (2021). COVID-19 and gender-based violence (GBV): hard-to-reach women and girls, services, and programmes in Kenya. Gender & Development, 29(1), 55-71.

Joussemet, M., et al. (2008). The importance of supporting autonomy in the early years. Encyclopedia on Early Childhood Development, 1-8.

Kameri-Mbote, P. (2000). Violence Against Women in Kenya. International Environmental Law Research Centre, 32.

Kenya National Bureau of Statistics. (2015). Kenya Demographic and Health Survey: 2014. Kenya National Bureau of Statistics.

Kiarie, K. W. (2007). The Sexual Offences Act: Omissions and Ambiguities. Kenya Law Reports.

Koestner, R., Ryan, R. M., Bernieri, F., & Holt, K. (1984). Setting limits on children's behavior: The differential effects of controlling vs. informational styles on intrinsic motivation and creativity. Journal of Personality, 52(3), 233-248.

La Guardia, J. G., et al. (2000). Self-determination, interpersonal relations, and well-being in nursing homes. Psychology and Aging, 15(3), 427.

Maina, W. N., & Maina, F. M. P. (2012). Youth engagement in agriculture in Kenya: Challenges and prospects. Update, 2.

Martela, F., & Ryan, R. M. (2016). Prosocial behavior increases well-being and vitality even without contact with the beneficiary: Causal and behavioral evidence. Motivation and Emotion, 40(3), 351-357.

Millstein, R. A., Woodruff, S. I., Linton, L. S., Edwards, C. C., & Sallis, J. F. (2016). Development of measures to evaluate youth advocacy for obesity prevention. International Journal of Behavioral Nutrition and Physical Activity, 13, 1-13.

Mohamed, S. F., Izugbara, C., Moore, A. M., Mutua, M., Kimani-Murage, E. W., Ziraba, A. K., ... & Egesa, C. (2015). The estimated incidence of induced abortion in Kenya: a cross-sectional study. BMC pregnancy and childbirth, 15, 1-10.

Mumah, J., Kabiru, C. W., Mukiira, C., Brinton, J., Mutua, M., Izugbara, C. O., ... & Askew, I. (2014). Unintended pregnancies in Kenya: a country profile.

National Council for Law Reporting. (2010). Constitution of Kenya. Nairobi, Kenya: National Council for Law Reporting with the Authority of the Attorney General.

National Research Council, & Committee on Population. (2005). Growing up global: The changing transitions to adulthood in developing countries. National Academies Press.

Nijsten, C. (2016). Fluid Identity and Cultural Sensitivity in Youth.

Noe, R. A., Clarke, A. D. M., & Klein, H. J. (2010). Learning in the Twenty-First Century Workplace. Annual Review of Psychology, 61, 245-264.

Okech, T. C., Wawire, N. W., & Mburu, T. K. (2011). Contraceptive use among women of reproductive age in Kenya's city slums. International journal of business and social science, 2(1).

Pathfinder International. (2018). Adolescent Reproductive Health: Kenya.

Pelto, P. J., & Pelto, G. H. (1997). Studying knowledge, culture, and behavior in applied medical anthropology. Medical Anthropology Quarterly, 11(2), 147-163.

Reeve, J., Jang, H., Carrell, D., Jeon, S., & Barch, J. (2004). Enhancing students' engagement by increasing teachers' autonomy support. Motivation and Emotion, 28(2), 147-169.

Rubin, R. B., & Martin, M. M. (1994). Development of a measure of interpersonal communication competence. Communication Research Reports, 11(1), 33-44.

Rubin, D. C., & Berntsen, D. (2006). People over forty feel 20% younger than their age: subjective age across the lifespan. Psychonomic bulletin & review, 13(5), 776–780.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. American Psychologist, 55(1), 68-78.

Ryan, R. M., & Deci, E. L. (2017). Self-Determination Theory: Basic psychological needs in motivation, development, and wellness. Guilford Press.

Ryan, R. M., & Deci, E. L. (2017). Self-Determination Theory: Basic psychological needs in motivation, development, and wellness. Guilford Press.

Ryan, R. M. (Ed.). (2023). The Oxford handbook of self-determination theory. Oxford University Press.

Scott, J. T., & Maryman, J. (2016). Using Social Media as a Tool to Complement Advocacy Efforts. Global Journal of Community Psychology Practice, 7(1).

Shi, Y., & Bangpan, M. (2022). Young people's participation experiences of technical and vocational education and training interventions in low-and middle-income countries: a systematic review of qualitative evidence. Empirical Research in Vocational Education and Training, 14(1), 1-42.

Siddiqi, H. (2021). Protecting autonomy of Rohingya women in sexual and Reproductive Health interventions.

Team, U. C. (2020). Emergency Appeal, Kenya, April-September 2020.

Vansteenkiste, M., Lens, W., De Witte, H., & Deci, E. L. (2004). The "why" and "why not" of job search behaviour: Their relation to searching, unemployment experience, and well-being. European Journal of Social Psychology, 34(3), 345-363.

Vansteenkiste, M., Simons, J., Lens, W., Sheldon, K. M., & Deci, E. L. (2006). Motivating learning, performance, and persistence: The synergistic effects of intrinsic goal contents and autonomy-supportive contexts. Journal of Personality and Social Psychology, 87(2), 246.

Weinstein, N., Ryan, R. M., & Deci, E. L. (2012). Motivational determinants of integrating positive and negative past identities. Journal of Personality and Social Psychology, 102(6), 1271-1284.

Wairimu, E., & Owini, E. (2018). Discussion Paper No. 213 of 2018 on Examining Youth Employment Preference in Kenya.

Woods-Jaeger, B., Jahangir, T., Lucas, D., Freeman, M., Renfro, T. L., Knutzen, K. E., ... & Lightfoot, A. F. (2024). Youth empowered advocating for health (yeah): Facilitating partnerships between prevention scientists and black youth to promote health equity. Prevention Science, 25(1), 20-30.

World Health Organization. (2018). WHO recommendations on adolescent sexual and reproductive health and rights.

World Health Organization. (2020). Rolling out the Advocating for Change for Adolescents toolkit in five countries: Highlights, challenges, and lessons learned. Geneva: World Health Organization. ISBN 978-92-4-001169-4.

Zhang, D., & Ardasheva, Y. (2019). Sources of college EFL learners' self-efficacy in the English public speaking domain. English for Specific Purposes, 53, 47-59.

APPENDIX

<div align="center">

Interview Guide

</div>

Introduction

Hello, my name is Kevin Samuel, an MPH student at the French school of Public Health in Paris. I am seeking improved understanding of the motivations and challenges of youth advocates in Kenya's SRH landscape. These findings will inform the development of my thesis titled "**Unpacking the Motivations and Challenges of Youth Advocates in Kenya's SRH Landscape**".

Outline

Purpose: To explore the intrinsic and extrinsic motivations of youth advocates for SRH in Kenya, with the aim of identifying how these motivations interact with their psychological needs.

Population: Youth advocates engaged in SRH activities in Kenya.

Theoretical Framework: Self-Determination Theory (SDT)

Assumptions: The study posits that youth advocates are driven by complex motivations that are shaped by both personal and community needs, as well as the broader socio-political environment. It also assumes that the challenges they face—including limited resources, societal stigma, and resistance from policymakers—significantly influence their psychological satisfaction and the fulfilment of their core psychological needs as outlined by SDT.

Informed consent

The study consists of an interview about your experience with being an SRH youth advocate in Kenya. This interview will take about 60 to 90minutes of your time. Your participation in this research study is entirely voluntary, you may choose to only answer certain questions and may end the interview at any time.

To help prepare my notes, I will be recording this interview so I can take notes without mistakes. Once I have made my notes, I will delete the recording. Furthermore, your privacy is very important to us, I will be using direct quotations in my notes but will do so in a manner that you will remain anonymous. By continuing, you agree to take part in this study. Thank you for your participation.

<div align="center">**Demographics Questions**</div>

- **IQD-1:** How old are you?
- **IQD-2:** How would you describe your gender?
- **IQD-3:** Can you tell me about your educational background?
- **IQD-4:** How long have you been involved in SRH advocacy?
- **IQD-5:** What specific aspect of SRH advocacy are you involved in, if applicable?

<div align="center">**Research Questions & Interview Questions**</div>

<u>Autonomy</u>

Research Question 1: How do youth advocates experience and perceive their autonomy within their advocacy roles?

Interview Questions:

1. **What motivated you to become an SRH advocate?**
   - <u>Prompt:</u> Describe the personal events or experiences that motivated you to become an SRH advocate.
   - To what extent are you able to make your own decisions in your role?
   - <u>Follow-up</u>: If constraints do exist, what are these constraints?
2. **Describe a typical day in your role as an advocate.**
   - What decisions do you make on a daily basis?
   - <u>Prompt</u>: Give an example of a decision you made where you felt you had complete freedom in your choice
   - Was there a time when you felt your choices were limited or influenced by external factors?
   - <u>Follow-up</u>: If so, could you give details on this experience?
3. **How do donor expectations influence the direction of your advocacy?**
   - How do you handle situations where you have to balance donor requirements with community needs?
   - <u>Prompt</u>: Give a recent example of how you navigated this

<u>Competence</u>

Research Question 2: What factors contribute to or hinder the development of competence in youth advocates?

Interview Questions:

1. **Could you share which skills or areas of knowledge you feel have been most critical in your advocacy work?**
   - <u>Prompt</u>: Tell me how you acquired the skills and knowledge you've mentioned?
   - Are there more skills you still wish to develop?
   - If so, what skills are those you would like to further develop, and why?
   - What resources or support do you think you would need to develop these skills?
2. **Can you describe a particularly successful advocacy effort you were involved in?**
   - <u>Prompt</u>: Walk me through the advocacy effort you mentioned
   - What do you think were the key factors that led to its success?
   - How did your role contribute to this outcome?
   - How did this initiative impact your perception of your own competence?
3. **What are the biggest challenges you face in your advocacy work?**
   - Prompt: Give an example of this that comes to mind
   - How do these challenges affect your ability to perform your role effectively?
   - Are there resources or support that could help you overcome these challenges?

<u>Relatedness</u>

Research Question 3: How do relationships within the community and with other stakeholders influence your advocacy efforts?

Interview Questions:

1. **Describe your relationship with other youth advocates and collaborators in your field.**
   - How do these relationships impact your work?
   - Are there ways these relationships could be improved to support your advocacy efforts better?
2. **How do you build and maintain relationships with community members you advocate for?**
   - What strategies do you use to build trust and cooperation?
3. **Describe how you engage with stakeholders to promote SRH issues.**
   - What strategies have you found effective for engaging different stakeholders?
   - Can you share an example where a strong relationship significantly impacted your work?
   - Are there areas where you feel you need more support?

Explorer les motivations et les expériences des jeunes défenseurs de la SSR au Kenya : une étude qualitative à travers le prisme de la théorie de l'autodétermination

RÉSUMÉ

Objectif : Cette thèse examine les motivations et les expériences des jeunes défenseurs de la santé sexuelle et reproductive (SSR) au Kenya. En appliquant la théorie de l'autodétermination (TAD), elle vise à comprendre les facteurs psychologiques et contextuels influençant leur travail de plaidoyer dans le paysage paradoxal du secteur de la SSR au Kenya.

Conception/Méthodologie : Une conception de recherche qualitative a été utilisée, comportant des entretiens semi-structurés avec six jeunes défenseurs activement impliqués dans la promotion de la SSR au Kenya. Les entretiens ont été analysés à travers le prisme de la TAD, en se concentrant sur ses thèmes centraux : autonomie, compétence et relationnalité.

Résultats : Trois thèmes critiques ont émergé de l'analyse naviguer dans l'autonomie dans le travail de plaidoyer, capitaliser sur les compétences existantes et en développer de nouvelles, et favoriser la relationnalité dans les réseaux communautaires et de plaidoyer. L'étude a révélé que des structures organisationnelles de soutien qui renforcent l'autonomie, un développement continu des compétences et de solides connexions communautaires influencent de manière significative la motivation et l'efficacité des jeunes défenseurs.

Originalité/Valeur : La recherche fournit de nouvelles preuves empiriques dans le contexte kenyan, contribuant à la compréhension de la manière dont la TAD peut être appliquée au plaidoyer dans le monde réel. Les conclusions offrent des recommandations pratiques aux ONG, aux décideurs politiques et aux organisations communautaires pour renforcer les efforts de plaidoyer en matière de SSR. En mettant l'accent sur des environnements qui favorisent la motivation intrinsèque, l'engagement et l'efficacité, l'étude propose des orientations pour de futures recherches visant à soutenir et à pérenniser le plaidoyer des jeunes en matière de SSR.

Mots-clés : plaidoyer pour la SSR des jeunes, motivations et expériences, théorie de l'autodétermination, Kenya, recherche qualitative