



DIGITAL DEVICE ACCESS, USE PATTERNS, PREFERENCES AND ACCEPTABILITY FOR DELIVERY OF MENTAL HEALTH INTERVENTIONS: INSIGHTS FROM YOUNG PEOPLE IN A RURAL KENYAN COMMUNITY SETTING

Background: In sub-Saharan Africa, a considerable proportion of young people experience an array of mental disorders but few seek facility-based care [1,2]. Innovative approaches for increasing youth access to mental health support are needed to improve their mental well being. We collected formative data from Kenyan youth in a rural community setting to inform future design of a digital mental health intervention.

Methods: This was a mixed-design study that received ethical clearance from the Institutional Scientific and Ethics Review Committee (ISERC) of the Aga Khan University, Ref: 2024/ISERC-159. A cross-sectional survey was conducted among 200 randomly selected young people 16-24 years in rural Kilifi, Kenya, to understand their digital device access, usage patterns, and preferences via self-reporting on an Android tablet. Acceptability of using digital platforms for delivery of mental health interventions was assessed quantitatively, in the survey, and qualitatively, through three focus group discussions (FGDs) with a convenience sub-sample of surveyed youth, n=21.

Results: The mean (SD) age of the study participants was 19.98 (2.47) years; 55% males and only 3.5% with no formal education. Overall, 82.5% of the youth accessed a digital device. Over half (59.5%) owned a digital device, mostly smartphones (n=98/119), while an additional 23% had access to a shared or borrowed digital device, largely smartphones (n=33/46). More than two-thirds (n=112/165; 68%) of the youth with digital device access used these devices daily and over four-fifths (83.6%) used the internet; 40.6% using it to search for mental health information. The digitally exposed young people mostly prefer brief phone calls, an App and audio/video media for receiving mental health interventions. Quantitatively, 94% of the young people considered it acceptable to use digital technologies for delivery of mental health interventions, a finding that was corroborated in the qualitative FGDs with the young people: "For me, it is acceptable because many young people currently have access to smartphones, so it is easier for them to get online. Even if s/he goes to school, after school s/he can get online and receive mental health education" (FGD 1 participant, 17-year-old Female). High cost of devices and the internet, electricity problems and instances of poor connectivity were among the elicited barriers for youth access and use of digital technologies.

Conclusions: There is wide access and use of digital technologies like smartphones and the internet among young people in rural Kilifi, despite some existing barriers. Digital platforms could be leveraged for delivery of evidence-based mental health interventions to Kenyan youth in addition to or as an alternative complementary approach to facility-based mental healthcare as this is highly acceptable among the youth.

Keywords: Digital Device Access, Digital Mental Health, Acceptability, Young People, Kenya

References:

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