

# Using safe spaces and social networks to convey reproductive health information to nomadic girls

By Anne Gitimu, David Kawai, Charles Leshore and Peter Nguura



Peer educators in Kenya use music and dance to convey important SRHR messages. (Photo by Jeroen van Loon/AMREF).

**The status of girls reflects society's sexual and reproductive health. Nomadic girls' low social status mirrors their isolation, limited friendship networks, early marriage and female genital cutting (FGC), which undermines their sexual and reproductive health. Yet few sexual and reproductive health programmes reach these girls. This article discusses a new approach used to reach Maasai girls in Magadi and Loitokitok divisions of Kajiado County in Kenya with relevant information and services.**

The situation of adolescent girls is complex. Deep-rooted traditions of patriarchy and subordination of women and girls make it difficult for the girls to realise their reproductive health rights in many parts of the world (UNICEF 2009). Like their counterparts in nomadic settings, Maasai girls are just a disadvantaged lot. Their lives are marked by early marriage, limited schooling, illiteracy, frequent childbearing, social isolation, limited life options and chronic poverty (NCAPD 2005). Maasai girls also lack strong friendship and social support networks that are known to play important roles in girls' lives, including reducing vulnerability to HIV infection (Bruce and Hallman 2008).

- Social networks are close friends and neighbourhood contacts.
- Safe spaces are physical spaces that give girls and women security and privacy that they need to freely discuss their sexual reproductive health needs and concerns.

## Gaps in service provision

Among the nomadic communities of Magadi and Loitokitok divisions in Kajiado County, male groups are socially organised along an age-set system (*olporor*) and can be easily reached. Maasai women and

girls, however, do not belong to an age set system. They are often referred to as children (*nkerai*) and their status is based on the age-set of their husbands, which, however, does not entitle them to any special benefits from the age system.

Similarly, the girl-child receives little or no attention regarding personal matters especially sexual and reproductive health issues, including high levels of unprotected sex among adolescents. Rampant early marriages in the community are a violation of human rights and increase young women's vulnerability to STIs, including HIV. Generally, the community finds early marriage and gender-based violence (GBV) including female genital cutting (FGC) acceptable. And yet few programmes in the area address the sexual reproductive health (SRH) needs of nomadic girls.

## Reproductive health project

The Nomadic Youth Reproductive Health Project, based in Loitokitok and Kajiado, was a four-year (2007-2010) project funded by the Dutch government.

The project aimed to reach in and-out-of school youth, ages 10 to 24, with reproductive health information particularly on HIV, STIs, unwanted pregnancies, early marriage and FGC. It also sought to train Ministry of Health staff to provide youth-friendly services and to enable local communities to advocate for nomadic youth's reproductive health rights.

- To gauge the effectiveness of the safe spaces and social networks' intervention for SRH information dissemination and grassroots advocacy in increasing the uptake of SRH information and services.
- To document lessons learned from the pilot project.

*“ Rampant early marriages in the community are a violation of human rights and increase young women's vulnerability to STIs, including HIV. ”*

The project used social networks and safe spaces to give sexual reproductive health information and services to the girls. A key question the project addressed was: "What are the most appropriate channels for offering sexual and reproductive health services to the hard-to-reach Maasai girls? The idea was to improve the girls' sexual and reproductive health through effective and culturally-appropriate methods.

Specific objectives included:

- To pilot the use of safe spaces and social networks as a sexual reproductive health intervention for nomadic girls and women.

### Safe spaces and social networks

The project used the small-group approach to reach Maasai girls and their mothers with information and services. Girls and mothers from close neighbourhoods and in some cases the same churches formed regular meeting fora where they discussed sexual and reproductive health issues. The groups were meant to have a multiplier effect in their villages. Below are some of the components of the safe spaces and social networks.

#### 1. Girls' and mother-girl fora

The girls identified these spaces and made them their meeting places. Safe spaces served as girls' meeting places and for building social networks. The girls had an opportunity to meet on their own and also have fora with their mothers under the guidance of a health worker or a trained peer educator. They had fixed fora for discussing reproductive health issues.

Forty-six safe spaces identified by the girls were created in the two project sites. Each forum had 10 girls on average.

The safe spaces were either in schools on Saturdays or in churches after Sunday services. Some girls met in homes of mothers who were their role models. The project regularly brought together 432 girls and 200 mothers. The mother-girls fora consisted of some 10 mothers and their daughters who met once a month. Several fora were created in the community with the help of community leaders. During the sessions, the girls discussed the reproductive health challenges with the help of a facilitator. The girls did beadwork — a Maasai woman's cultural speciality — as they discussed their issues.

Sessions with mothers included self-esteem, life skills, developing future aspirations, pregnancy prevention, sexual and reproductive health and HIV and AIDS. The project had 46 mother-girls' fora.

Girls and mothers also did beadwork during their discussions. Discussion fora were formed following negotiations with custodians of culture and also with mothers so that the girls would be allowed to meet on their own or with their mothers without causing any conflicts at community or household levels.

Josephine Nkonene, a class seven pupil aged 15, who comes from Oldonyonyokie area in Magadi Division, and a member of Oldonyonyokie Mother-Girls Forum, now understands the effects of female genital cutting which "...include bleeding and even death." She says: "The forum has helped me to improve my performance in class because I now focus on my education. The false pride derived from FGC cannot distract me."

The head teacher of Oldonyonyokie Primary School, Patrick Sayianka, relates the good performance of girls and delayed FGC to the fora. In 2010 for example, Magdalene Mampai, a member of the forum, obtained 309 points in the Kenya Certificate of Primary Education (KCPE), the highest in the school ever. Magdalene was an ambassador of health in the school and her community.

*“ The forum has helped me to improve my performance in class because I now focus on my education. The false pride derived from FGC cannot distract me. ”*

*Josephine Nkonene, a class seven pupil aged 15*



Grandmothers play an important role in the traditional Maasai culture. (Photo by Jeroen van Loon/AMREF).

## 2. Creating a link to youth - friendly services

Eighteen health facilities in the project area were equipped with obstetric equipment and supplies and health workers trained to offer youth-friendly services. Through advocacy, the project convinced health workers in the project area to have service hours, convenient to the youth. Youth-friendly services aim to overcome barriers to accessibility and use. Youth peer educators were linked to the fora to assist the girls to access these services and also provided them with SRH information. Through peer education, 7,963 girls were reached.

Christopher Lemomo, 22, a community health worker and peer educator says pregnancies especially in schools have gone down as a result of the sessions. Girls have also become confident and can ask their mothers to buy them sanitary pads as a right. The girls could not approach their mothers over such an issue before for it was a taboo subject.

## 3. Mentorship

Providing mentorship in pursuing education and on the value of a girl who is uncircumcised or unmarried at a tender age to the girl groups was spearheaded by Maasai female community role models. These are uncircumcised married women or those who have resolved not to circumcise their daughters. The project also trained youth peer educators to provide mentorship to the young girls in addition to reaching their peers with sexual and reproductive health information.

## 4. Cultural Elders Fora

Reproductive health issues that need community support and intervention were referred to cultural leaders. FGC and early marriage had already been identified by the girls as the practices they would like changed. The issues were addressed by cultural leaders. Leaders' fora were formed by elected age-set leaders who the project facilitated to meet and who were sensitised on sexual and gender-based violence including FGC.

Elders met on their own to discuss community issues before they took them to the larger community. The project exploited the unique opportunity of involving the cultural gatekeepers in directly leading community discourse on the risky cultural practices in the community.

Dialogue with cultural leaders and negotiating for alternative rites of passage for the girls in place of FGC was undertaken.

These fora were crucial to helping mothers and girls meet, which is not a norm in the community and also supporting the decisions that they come up with.

### Towards change among nomadic girls and women

The safe spaces and social networks have led to transformational changes among nomadic girls. Girls' access to RH information through the safe spaces in the community has increased, their sources of support have grown and they have gained confidence and self-esteem after learning new skills.

Teachers and church leaders testify to these changes. Forty-six safe spaces or girls' fora have been established with 432 girls meeting every month to discuss RH issues and ultimately 7,963 girls have been reached. The girls' fora have proposed the introduction of an alternative rite of passage as a viable option for FGC (NYRHP Reports 2008-2010).

Communities' attitudes about girls' involvement in public activities are changing and male leaders have become more positive and supportive of girls' efforts to improve their reproductive health. This is unlike before when girls had no control over their sexuality and major decisions rested with the parents, especially the father, who could give them away in marriage without consulting them.

Parent-teen communication has also improved. Mothers are eager to bring their daughters to the Mother-girls fora to jointly discuss reproductive health issues. These discussions enable girls to express what they know and communicate their desires in matters of sexuality. Through the fora, girls have explicitly said that FGC is harmful to their lives and curtails their education, as fathers want to marry them off after circumcision. Thus FGC is a major cause of early marriage.

Gracie Lenaibankinyela, aged 40, also a member of one of the mother-girls fora, has a daughter in class six at Oldonyonyokie Primary School. She heard about the forum from other women while fetching water. She was informed of the risks and consequences of FGC as she planned to circumcise her daughter and decided against the girl undergoing the rite.

*Girls and mothers also did beadwork during their discussions*



In 2009, 46 girls successfully rejected FGC and sought refuge at schools that offer protection to girls escaping the rite. Four circumcisers have also publicly denounced FGC and said that they will no longer circumcise girls.

Greater community confidence in discussing sensitive cultural issues is being observed. At baseline, the community was silent on matters of reproductive health. For example, FGC was a taboo subject never discussed in the presence of young people and in-laws.

Currently, young people discuss the subject with their parents and the community is no longer shy to broach the subject. Through these discussions, the community is beginning to appreciate the value of using modern contraceptive methods and treating STIs.

When the project started, girls could not open up and express themselves in mixed fora in boys' presence. Maasai women are not supposed to speak in the presence of men. However, as a result of exposing the girls to open discussions in the safe space fora and mother-girls fora, girls have learnt to speak without fear even before the men.

### Lessons learned

- Conventional youth programming does not reach the large population of marginalised and disadvantaged nomadic girls who are in need of reproductive health information and services. Innovative approaches which consider the socio-cultural and economic environment are better able to address the reproductive health challenges of the nomadic youth.
- In order to increase girls' participation in reproductive health issues, it is important to create a safe environment for them and to involve their mothers in issues of SRH.
- To successfully give nomadic girls and mothers a voice in their reproductive health requires the support of the cultural leaders who give direction on various issues in the community.
- Safe spaces and social networks for girls are powerful strategies for RH advocacy at the community level.

### Challenges

Normalisation of safe spaces: this being an idea that is not in the mainstream Maasai culture is no small task. Sustainability mechanisms should be explored so that the approach is part of the Maasai society even after the end of the project.

### Opportunities

- Other studies among the Maasai community have shown that men are key decision makers. Therefore, bringing young warriors (*morans*) on board is very important, as they are custodians of culture. Practices such as early marriage, FGC and multiple partners are cultural. In order to change such practices, male involvement at all levels is critical. Since Maasai men are socially organised, their cultural structures should be used to involve them in improving SRH among girls and women as well as their own.
- Income-generating activities are crucial to improving livelihoods among women and also enhancing autonomy. Embedding this in mothers' groups would empower women and hence improve their lives and that of their daughters.

*In 2009, 46 girls successfully rejected FGC and sought refuge at schools that offer protection to girls escaping the rite.*



Maasai mother with her child in Loitokitok, Kenya. (Photo by Jeroen van Loon/AMREF).

### Future plans

The project plans to carry out a comprehensive sample survey on sexual reproductive health and compare the outcomes to baseline values to gauge if there has been any significant change in the sexual and reproductive health indicators of nomadic girls. Also, new media such as mobile phones should be incorporated in the interventions so as to upscale dissemination of SRH information and services to mothers who can then share with their girls. ■

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