Teenage Sexuality: Girls in Kenya tell their stories

Introduction
Adolescent girls are a key target group for achieving a number of the Millennium Development Goals (MDGs). Investment in their education and reproductive and sexual health is crucial for realizing universal education, gender equality, for improving maternal health and in combating HIV/AIDS. This policy brief explains how listening to girls’ voices and concerns can help policy makers, practitioners, activists and researchers develop more effective policies and programmes. Improving our understanding of the realities experienced by girls can help make policies that work for girls, provide health services they can access, and make schools safe and supportive learning environments. These insights are based on teenage experiences told by girls involved in a sports and development programme in coastal Kenya.

Policy Progress in Kenya
The Kenyan government has not ignored the needs of adolescent girls. Policies have been developed in an attempt to tackle some of the challenges they face. The introduction of Free Primary Education for All in 2003 meant primary schools swelled with children, many of whom were girls whose families had previously not been able to afford the school fees. The Adolescent Reproductive Health and Development Policy developed in 2005 took a broad look at how government and development partners can improve the health and well being of young people in Kenya. 2008 has seen further significant developments. At the start of the year Free Secondary Education was launched. Meanwhile Part VI of the proposed Reproductive Health and Rights Bill, 2008, is specific to the reproductive health of adolescents. It stipulates the need to provide reproductive and sexual health information and education; confidential, comprehensive, non-judgemental and affordable reproductive health services and to develop policies to protect adolescents from physical and sexual violence and discrimination. However, it has not yet been presented to parliament.

Moving the Goalposts: A Football and Development programme in Coastal Kenya reaching out to 3000 girls
Moving the Goalposts (MTG) was set up in 2001, using football to bring girls together, to help them develop individual leadership and organization skills and to stimulate both girls and other members of the community to challenge gender inequity. Seven years later it has over 3000 girl football players who come together every Saturday to play league matches at 30 football fields across Kilifi and Kaioleeni districts. Girls are the players, coaches, referees and first aiders. They also organize major annual tournaments, taking on all the leadership roles including commentating on matches in front of crowds exceeding 500 people. Reproductive health (RH) peer education and counselling is provided at all fields, giving vital information and social support to girls in rural, coastal Kenya. All peer educators are girls who have been trained and act as role models through their role as football players and youth leaders.
Capturing girls’ voices
One of MTG’s programmes, which ran from 2005 to 2007 focused on accessing girls’ life stories. Nine girls, aged between 14 and 16 in 2005, were interviewed over a two year period about their lives: home, school, menstruation, relationships, sex, pregnancy, abortion, HIV and AIDS and football. Meeting with the girls repeatedly over the two years helped develop relationships that encouraged them to be open and provide considerable detail. Their stories have provided us with rich insight into the lives of teenage girls. Their names have been changed in this document to protect their identities. Information from other MTG activities, such as peer education sessions, is also cited offering pointers towards issues that need further consideration in both policy and practice.

Key issues emerging from girls’ narratives

Menstruation and its impact on school and sexuality
It is recognized that menstruation has an adverse effect on the school experience of girls in Kenya. In a rural district such as Kilifi girls use many different methods to manage their periods, depending on the resources and support available to them. Sanitary pads remain a luxury for many; they use cotton wool, cloth or any other material as Kadzo and Mercy explain:

‘The next month there was no money for pads so I used pieces of leso (cloth). My mum showed me how to use them. We cut several pieces. She told me to wash them after using them. We called them ‘special’ pieces and I would take them during my periods and put them away after.’ Kadzo

I have a problem if the blood flow is heavy … I fear staining my clothes so sometimes I borrow a sweater and tie it around my school skirt.’ Mercy

Inadequate toilets in schools add to the challenges girls face when menstruating. It’s not uncommon for girls to miss days off school during their periods. NGOs in Kenya such as UNICEF and the Girl Child Network have tried to address this issue by providing sanitary pads to school going girls. Such one-off campaigns highlight the problem by creating public awareness. But many girls still struggle to afford sanitary pads.

An even greater concern and challenge was exposed in this work: the need for sanitary pads was, in some cases, directly related to sexual activity. Both girls and women mentioned that carrying out sexual acts in exchange for money or gifts is a fact of life and a strategy employed by some to ensure they could cover their basic needs. This exposes them to the risk of an unintended pregnancy and HIV infection as Mama Lily points out:

‘maybe a girl has her periods and her dad can’t afford to buy sanitary pads… those girls are given money by boys, they can’t support themselves. Now a boy gives you money to buy sanitary pads, at the end you sleep with him and you get pregnant’ Mama Lily

This points towards an urgent need to find a sustainable solution: pads need to be affordable for all girls, toilet facilities in schools still need much more investment and girls need to be able to dispose of pads in an environmentally sustainable way. There’s no simple solution but it provides an opportunity for creativity to resolve one of the daily challenges faced by teenage girls in Kenya.

Sexual Dilemmas: Desire and Fear

Pregnancy is the number one reproductive health concern for girls. Despite a national policy in Kenya to re-admit girls who have given birth to school, the reality for most girls is that pregnancy signals an end to her education. With such an emphasis on the need for an education and an apparent lack of safe sex options it’s no surprise that abstinence messages abound.

Mariam, having analysed what she saw around her had decided that she would abstain and ignore any of her own developing sexual feelings. To act upon them was a risk because her chances of negotiating protected sex were limited.

Life is hard nowadays. You start making love secretly, your mum is not aware. Then unluckily you get pregnant then you have nobody to come to your defence, the boy denies doing it with you… they just want to deceive you while you are in primary, then you get pregnant and they abandon you. I want to finish my education, get a job then maybe I can get married later.’ Mariam

But still girls make decisions: to have sex or not to have sex. Many girls, during peer education sessions, articulated a thirst for knowledge in understanding their own dilemmas. The questions they ask show how girls want to know more about the sexual boundaries that have been set, why
Dilemmas of Desire: Some of the questions asked about girls’ sexual feelings/desires during MTG peer education sessions
1. Why is it that if a boy approaches you, you can spend the whole night thinking about him?
2. Why should a girl laugh carelessly, fidget and flutter her eyes when approached and touched by a boy?
3. If a girl loves a boy but the boy has no interest with her, ie he has not yet seduced her, what should the girl do?
4. What does a girl feel that makes her go to bed with a boy?
5. What can we do to stop girls’ desires?
6. What can someone do to stop herself having sex, even if she feels like having sex?
7. Why is it that some girls can’t do without having sex?
8. Why don’t boys get seduced by girls?

‘If I tell you the truth maybe if I had got pregnant by bad luck when I was at home, and still at school, I would have aborted.’ Carol

Abortion: illegal, unsafe and happening
The battle of education versus sexual activity is a complex one for girls. If they do, accidently, get pregnant the options look simple: have the baby, education over or abort (which means an illegal, and often unsafe, abortion) and continue in school. The girls had long, detailed stories of strategies employed by friends and sisters when confronted with an unintended pregnancy. They were aware that unsafe abortions could cause serious injury or death: Glory told of a girl she knew who died trying to terminate a pregnancy. Abortion disproportionately affects women under the age of 25; too many women’s lives are put at risk by their attempts to procure illegal abortions in Kenya. The Reproductive Health and Rights Bill 2008 drafted by organisations in the Reproductive Health and Rights Alliance has further stirred the heat of debate around abortion in Kenya. But young women’s voices are often ignored in the polarizing noise of politicians, religious leaders and pro-choice campaigners. Juliet and Janet tell of their experiences:

I have a sister; she aborted when she got pregnant the first time, the second time she tried to abort again but she didn’t manage. She took the herbs but she didn’t get rid of it, she boiled tea leaves and mwurubaini (neem) but the pregnancy remained. That’s when she started thinking what am I doing? Why did I drink the herbs? She was in a dilemma. All the time she was thinking deeply, she was confused; she didn’t know what to do next. The father denied that he was responsible. When she told him he said “I am not the father”. What was she to do? He told her to stop following him. Now she had to leave that place and she came and stayed with her mother and this is where she had the baby, a very handsome baby boy.’ Janet

Shifting social relations – a challenge for policy
The problems girls face in Kilifi are not just about poverty. In 2005 the nine girls were all from Kilifi district, all between 14 and 16 years old, all in school and from the same socio-economic background. But their experiences of poverty are diverse and complex, illustrated by Carol, who was married, and Kanze, who was at tailoring college in town, in late 2007.

‘I didn’t know him and I didn’t know his intentions. He told me that he wanted to marry me. I told my sister and she said that it’s my decision. She told me, “You know your problems at home”. My grandmother said that if you have decided to go, you go. I said I better go because at home if you want money to buy soap you have to work in the fields.’

‘I will do everything I can to be independent. I will buy myself a [sewing] machine, and finish my training so I know if I get married and then maybe we divorce, I will be ok... When I finish college I will go back to my rural home. I will buy the machine and I will go home and open a workplace at home so I can help myself.’ Kanze

One other girl was married with a baby, living in her husband’s home, 5 were still in school (3 in secondary (two of them were sponsored), 2 in primary) and the other girl had finished primary school and was living on her own. This diversity in living arrangements and family support provides a significant challenge in where to target reproductive health and HIV/AIDS initiatives – at a family level? Who would you target in that family? Grandparents, parents, older siblings? At young married people? In
heard if the reproductive rights of women are to be realized.
• The complexity and flux of the lives young girls lead makes public health work challenging. Recognising this complexity will make programmes and policies more relevant.

Further reading
Sarah Forde, 2008. Playing by Their Rules: Coastal teenage girls in Kenya on life, love and football. Available on request: E: playingbythirrules@gmail.com


More on makapads: www.t4tafrica.com

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educational/training institutions? In health facilities? Through traditional healers? Through mass media? Hotlines? How many rural girls will slip through the net and not get involved?

A community based approach – girls' football and peer education
Since 2007 MTG has run a programme, funded by APHIA II Coast, specifically aimed at out of school girls aged 15 to 24. It mixes football and health peer education at MTG’s football fields and beyond. The peer educators are key to its success – they recruit players, encourage their friends to come to the field and encourage them to bring their friends with them. Lidya Kasiwa is heading this programme: ‘When girls see their peers at the football field they are more willing to go along themselves. Many rural girls are still unaware of some of the risks they might be exposed to and gaining information through peer learning at least gives them the chance to make informed choices. We’ve been asked by girls in Malindi and Kinango [neighbouring districts] to take the programme there. It makes me believe this can work well for out of school girls in other parts of Kenya.’

Ways forward – what pointers for policy?
• Measures to help solve the problems girls face in relation to menstruation must be prioritized in order to realize MDG 2 on universal education and MDG 6 on combating HIV/AIDS. A local technology from Uganda to make sanitary pads (Makapads) from papyrus grass has been developed but has yet to be scaled up. These are significantly cheaper than any other pads in the market. But girls also need adequate toilet facilities and environmentally sustainable ways in which to dispose of used pads.
• With pregnancy as the girls main reproductive health worry, HIV and AIDS falls much further down their list. They have more immediate concerns: doing well in school, responsibilities at home, finding money to cover their basic needs, friends, boyfriends, family, football. However national figures show very clearly that HIV infection should be a concern for girls because young women in the age group 15-24 years are more than twice as likely to be infected with HIV as males in the same age group (GOK, 2005). Relating the messages they hear on radio or in church or school and see on billboards, to their own emerging sexuality is not easy. Many adults tell school-going girls that they should say no to sexual advances from boys. Their bodies and minds might be telling them something different. Dealing with this dilemma is one we need to do openly and creatively to give young people the space to articulate their fears and desires and to be safe. Integrating HIV information into a more holistic reproductive health programme could reduce this dislocation of HIV from their own sexual experiences.
• 2008 has been an important year in Kenya for debating abortion. Voices from young women and girls who see abortion happening, think about taking the risk or who have gone through unsafe abortions must be