Family Planning: From ten to four in seven years
The importance of community based education in rural Kenya
Authors: Dr Lucy Obolensky, Sister Agnes Baraka Mugo, Support Nurse Julia Kuyoni

Masai Community, Laikipia District, Kenya
The Aim: To deliver a sustainable and acceptable family planning programme within the Masai communities of Leparua and Il Ngwezi.

Why family planning is needed:
Female oppression is rife throughout parts of Northern Kenya. Reduction in childhood mortality and rising food and living costs are deterring Masai communities from traditional large families. Community elders recognised a need for family planning and requested assistance with service delivery.

How family planning was introduced:
Education was offered throughout four communities for six months prior to the introduction of the family planning. Sessions discussed fears and myths surrounding family planning and potential benefits. Workshops were held in separate and mixed gender groups and delivered by the clinic nurse or trained volunteer from the same tribe and culture. Depot injection and family planning cards were freely available to all women via the health clinic.

Three monthly interactive workshops were continued over a four year period following introduction of the family planning service.

Challenges and successes.
Initial results were worrying: Women had to keep their cards in secret due to being beaten by their husbands if they were found to be on family planning.
The project continued at the request of the women and elders in the communities. Education sessions persisted.
Follow up at four years saw acceptance from husbands with all women retaining their own family planning cards.
Follow up at seven years found husbands bringing their wives to clinic for family planning.

Fig 1: Mothers and children in Il Ngwezi 2004

Community Factors:
During the family planning project period Masai men were also tending to reduce the number of wives they took, and socially responsible behaviours were increasing during the festive period. These factors may also have had an impact on birth rate.

Fig 2: Family Planning workshop for women in Leparua. Note the male elder in the foreground checking what is being taught to the women.

Fig 3: A local champion for family planning; assisting the community in improving childhood morbidity and mortality; educating mothers postnatal.

Fig 4: Lucy, Agnes and Julia with women elders in Leparua.

Impact on the community:
Clinic records demonstrate a reduction in average number of children per family from ten to four in the seven year period.

What we learned:
Cultural change takes time and a sensitive approach must be adopted. Community education is vital to an understanding and acceptance of change in practice.

Key aspects of a successful project: Jointly identify a need, gain community buy-in, generate a simple but effective project, ensure on-going support and follow up.

References: Bawah A; Akweongo P; Simmons R; Phillips J. Women’s Fears and Men’s Anxieties: The impact of Family Planning on Gender Relations in Northern Ghana. Studies in Family Planning. 2003: 30: 54-66