Knowledge, Attitude and Practice among Women in Different Life Stages in Nairobi

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ABSTRACT Cecilia Kinuthia-Njenga looks at the impact of urbanization on economically poor women of different life stages in slum areas in Nairobi. She argues that the breakdown in social and family traditions is leading to poor sexual and reproductive health.

This article is based on the findings of the SID research project on women’s empowerment, reproductive health and population policy which was carried out using participatory methodologies, specifically through focus group discussions with women from different life stages (adolescents: 12–19; youth: 20–30; middle-age: 31–45; elderly: 45+). The discussions focused on how information on reproductive health is acquired at each stage in life, attitudinal influences on acquisition and the use of knowledge and the dominant practices in each community. The discussions explored the women’s views on health and reproductive choices, mainly focusing on the following issues: sexual behaviour, early pregnancy, sexually transmitted diseases, access to counselling services and menopause.

Life in Kenya

In Kenyan life the family was traditionally the key institution for socialization and the spread of information on reproductive health issues. Traditional gender division of tasks assigned clear rights and responsibilities among men and women at each stage in life. It also created a structured way of inter-generational transfer of information. In the case of girls in most Kenyan communities, the aunts have been responsible for passing relevant information on sex, reproduction and childcare, while the various rites of passage also provided opportunities for men to learn their responsibilities through inter-age-set interaction.

Urbanization presents a dramatic change in the organization of most African societies, and has led to a breakdown of the social institutions and a slow emergence of other forms of social regulation. In particular the pressure of cash...
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economy, decline in social solidarity and identity have disrupted family structures. Consequently, all forms of inter-generational interaction and transfer of knowledge have collapsed while the modern methods of information sharing are inadequate, and often inappropriate to the local situation.

In the poor neighbourhoods, modern means of information dissemination especially through media have limited application for a variety of reasons. First, income levels prohibit wide use of both electronic and printed media. Second, crowded living conditions limit the extent to which families can share such things as radios or newspapers, which are often monopolized by men. Third, in neighbourhoods, entertainment has a premium value over news: low-cost video shops and ‘walk-in’ public films, with their pervasive influence, are often widely accepted modern media for youth. On the other hand, the influence of modern education on youth in poor areas is very limited. Low levels of school attendance and early drop-out rates constrain the effectiveness of modern education as a socializing institution.

Preoccupation with issues of economic survival is also responsible for limiting opportunities for interaction within the family. Indeed, some of the survival mechanisms found in informal settlements – brewing and selling of illicit alcohol, drug peddling and prostitution – expose women to a high risk of uncontrolled sexual behaviour.

Akinyi’s story

Akinyi is 15 years old, an AIDS orphan and the mother of a one-year-old baby. She became pregnant after intercourse with a married man, who is a vegetables vendor at the Korogocho market. Akinyi did not know what was happening to her body until she was four months pregnant. She was embarrassed and ashamed. She had to leave school at grade 6, as attempts to procure an abortion were not successful. At seven and a half months, with the help of a neighbour, she delivered in her room a premature baby. At first she was tempted to throw the baby away. But since her neighbours were aware that she had given birth, she abandoned the idea. Initially, she faced many problems: no husband, no parents and no job. With the help of neighbours and the church, she was able to take care of her baby. Akinyi is now an active member of a women’s group that is carrying out some income generating activities and is learning tailoring.

This is a typical story of 14–19-year-old girls in the slum neighbourhoods of Nairobi. HIV/AIDS has reduced life expectancy from 60 to 42, leaving a majority of children orphaned. Nearly two-thirds of the girls become pregnant while still in primary school, forcing them to discontinue their education. Often, once adolescent girls become mothers, the responsibility of economically looking after the child drives them into relative independence; this, combined with the vagaries of daily survival, makes them even more vulnerable to sexually risky behaviour. A majority of such girls deliver without medical services.

Life at 25 in Nairobi slums

At the age of 25, Akinyi will probably have three children from different men. In general, half of the women around 25 have partners, although the nature of their relationships is not always stable. Women of this age have multiple partners, with a much higher knowledge of its consequences than among adolescents. Most women at this life stage are fully focused on a wide variety of activities for economic survival, and have picked up knowledge and experience along the way. Prostitution is a common mode of generating income as is brewing of illicit alcohol. This group has a higher degree of exposure to sexually transmitted diseases including HIV/AIDS.

This age group relies on both structured and unstructured methods of information sharing. Structured information includes information from the ante- and post-natal clinics. Unstructured sources includes peer group interaction in markets, in social groups and in churches.

Life in the 30s and 40s

The reproductive age for women in poor neighbourhoods is characterized by pressing economic needs for both married and single mothers. As most