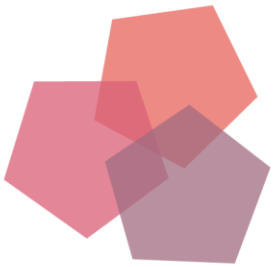
YES I DO.

Midline Study Report

Insights on factors influencing child marriage, teenage pregnancy and female genital mutilation/cutting among the Maasai in Kajiado West, Kenya



YES I DO.

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CONTENTS

ABBREVIATIONS

ACK:	Anglican Churches in Kenya
Amref:	African Medical and Research Foundation
ANC:	Antenatal Care
ARP:	Alternative Rite of Passage
ASFR:	Age-Specific Fertility Rate
CSA:	Centre for Study of Adolescent
CSO:	Civil Society Organization
FGD:	Focus Group Discussion
FGM/C:	Female Genital Mutilation/Cutting
GNB:	Girls Not Brides
HSP:	Health Service Provider
IDI:	In-Depth Interview
MCA:	Member of Community Assembly
NAYA:	Network for Adolescent and Youth of Africa
NGO:	Non-Governmental Organization
KAG:	Kenya Assemblies Of God
KNBS:	Kenya National Bureau of Statistics
KHDS:	Kenya Health Demographic Survey
KII:	Key Informant Interview
KIT:	Royal Tropical Institute
PCEA:	Presbyterian Church of East Africa
POMC:	Presbyterian Outreach Mission Church
SGR:	Standard Gauge Railway
SRHR	Sexual and Reproductive Health and Rights
SSI:	Semi-Structured Interview
SSA:	Sub-Saharan Africa
STI:	Sexually Transmitted Infection
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children Funds
YIDA:	Yes I Do Alliance
YFHS:	Youth Friendly Health Services
YFS:	Youth Friendly Services

EXECUTIVE SUMMARY

Background

Child marriage, teenage pregnancy, and female genital mutilation/cutting (FGM/C) are manifestations of deeply rooted gender inequality and social norms, poverty, and limited economic perspectives. The factors that hold both FGM/C and child marriage in place are the consolidation of family interests of maintaining the honour, enhancing fidelity within marriage and preserving virginity before marriage, the social integration of the girl and family, and financial security in situations of poverty (Boyden et al., 2012). Child marriage, teenage pregnancy, and FGM/C are interrelated issues that involve high health risks and human rights violations of adolescent girls and impede socio-economic development in a great number of developing countries. Yes I do is a programme running in seven countries that contributes to the elimination of child marriage and FGM/C and reduction of teenage pregnancies. The Yes I Do programme started two and a half years ago in Kajiado-West, in the Maasai Community. The Yes I Do Alliance (YIDA) has specifically chosen to have a large knowledge component consisting of desk studies, mixed methods research, secondary data analysis and operational research. The aim is to use the results of the research for adjustments of interventions and for evidence-based lobby and advocacy. In 2016, a mixed methods baseline study was conducted in Kajiado-West and Central. This report presents the results of the Yes I Do midline study conducted in 2018. This study looked into the observed beliefs, attitudes and actions about FGM/C, child marriage, and teenage pregnancy during the first two years of implementation of the Yes I do programme.

Objectives

This qualitative midline study aimed to document changes after two years of programme implementation with regard to attitudes, beliefs, and actions of representatives in the communities in the intervention area of Yes I Do in Kajiado-West, in relation to child marriage, FGM/C and teenage pregnancy. This will contribute to evidence on effective and context specific intervention strategies to eliminate child marriage and FGM/C and reduce teenage pregnancy.

Methods

The qualitative midline study was conducted in Najile in Kajiado-west, which is one of the implementation areas of the Yes I Do programme. Our target population was young women and men between 15-24 years, parents and guardians, circumcisers, teachers, and policymakers. To gain a more in-depth understanding of the dynamics in Kajiado-West, we conducted in-depth interviews (with young women and men, parents, health workers, teachers, religious and traditional leaders and circumcisers), focus group discussions (with young women and men and mothers) and key informant interviews (with policymakers, education officers, non-governmental organization staff and social workers). The findings of this research were presented to the YIDA partners for validation in August and September 2018.

Results

The study found that gatekeepers, e.g. teachers, chiefs, and religious leaders, were actively involved in preventing teenage pregnancy and child marriage. However, many gatekeepers were encouraging or were

in favour of FGM/C. Peer pressure was reported to be a major cause for early sexual debut, teenage pregnancy, and FGM/C. In Najile, at the household level, especially girls but also boys were said to have very little to say or to decide with regard to FGM/C and child marriage or how to address teenage pregnancy. Conversation with parents about sex was taboo, in schools and churches, young people were said to have more space to express themselves.

We found that sexuality education was offered in schools. However, these schools were sponsored by churches, and therefore, messages on moral teaching were emphasized. A few young women and women reported that Ujamaa and AMREF had provided them with comprehensive sexual and reproductive health (SRH) information.

This study found that there were few health care facilities in Najile location. Only one public health facility was operational and some private health facilities were there. Among these few facilities, it was reported that there was little to no confidentiality, making it difficult for young people to visit the health facility to access SRH services.

At midline, girls from Najile reported that the school environment was safe and also walking distance to schools was short. Some girls, however, were being picked up by *boda-boda* (bikers) riders, which created risks to indulge in sexual activity. We found that there are few formal employment opportunities available in Najile, for men and hardly any for women. Although more girls were supported to attend school, it was unclear what kind of formal economic opportunities would be available for them.

From our findings, it was clear that participants were aware of the anti-FGM/C law, and this law was said to be one of the reasons why FGM/C is happening in secret. Most participants were aware of the child marriage law, but knowledge seemed to be less in comparison to the law against FGM/C.

In this study, there were no by-laws reported by the participants on FGM/C, child marriage or teenage pregnancy, and no new or adjusted national and local laws either. However, during the validation with YIDA in August 2018, it was reported that domestication of the anti-FGM/C law in Kajiado County is in process, it is only not yet implemented.

Conclusions and recommendations

Working with community leaders has enabled the YIDA teams to do their work as planned without any resistance from the community members, since chiefs have been supportive of the programme and are highly respected in these communities. In order to reach more people and influence the changes needed within the planned period, more influential leaders need to be brought on board to convince and mobilize elders, parents, and young people as a critical mass to resist the child marriage and FGM/C and prevent teenage pregnancy. There is a need for young people to establish platforms like youth clubs where SRH issues can be discussed, and empowerment and agency of young people, especially girls, are reinforced in a safe space. In general, access to SRH services remains a challenge. There is the need for YIDA to partner with the County Health Department to facilitate solutions to provide more youth friendly health services and to facilitate access to contraceptives, including condoms, in a confidential manner.

Meaningful economic literacy and empowerment are needed for young women to create a different perspective than pregnancy and child marriage. To engage community members to adjust social norms and values to practices that contribute to preventing FGM/C, child marriages and teenage pregnancy,

interventions should match with the climatic conditions in Kajiado; they should include draught resilient approaches. There is a need for cultural norms mapping with a holistic involvement of key people in the community including women leaders, men, youth and the custodians of culture who mostly are clan, age-set/ group elders. This knowledge can support ways on how to domesticate the law against FGM/C and to create community-led by-laws.

In a context where girls and young women have little space to express their voice and to influence decisions around sexual health, more exploration is needed about the drivers of change to prevent teenage pregnancies and for young people to advocate for their sexual health. Also, more research is needed to explore ways that shape girls' livelihoods capabilities and their longer-term life chances in a pastoralist community like the Maasai, with hardly any formal employment available for men let alone for women.

1. INTRODUCTION

1.1 Background

This qualitative midline study is part of the Yes I Do midterm review held in seven countries. Besides the qualitative midline reports containing all study findings, KIT has also updated the qualitative indicators of the monitoring and evaluation framework in each country.

The midline study provides insights into the (interrelated) causes and effects of child marriage, teenage pregnancy and female genital mutilation/ cutting (FGM/C). It also provides insights into the extent to which these causes and effects, and the three problems themselves, are perceived to be present in the intervention areas of the Yes I Do programme; after two years of implementation by the Yes I Do Alliance (YIDA) in Kajiado West. We also make a comparison with the qualitative results from the baseline study conducted in 2016 to explore changes in perceptions, attitudes, and actions during the past two years.

In addition, the research aims to provide insights into different pathways of change, thereby testing the theory of change, and unravelling why and how the Yes I Do interventions' strategies do or do not contribute towards improved outcomes related to the programme's five strategic goals, and ultimately a decrease in child marriage, teenage pregnancy and FGMC.

1.2 Sexual and reproductive health and rights of youth

Young people aged between 10 and 24 years account for 30% of the population in Sub-Saharan Africa (SSA). It is expected that by 2050, Africa is set to have an additional 1.3 billion people and that all of the growth will be concentrated in low-income countries (Das Gupa et al., 2014). Given these figures, and related access to energy and resources, young peoples' health and sexual and reproductive health (SRH) in particular, have a significant impact on a country's long-term development agenda. Access to education, information, and services are essential in the promotion of sexual and reproductive health and rights (SRHR) for young people. Globally, and specifically in SSA, many young people lack education, have little voice and limited access to SRH-related services (UNAIDS, 2013).

Research has shown that poor access to SRH-related services is associated with adolescents' vulnerability to sexual health risks, such as teenage pregnancies and sexually transmitted diseases (Braeken et al., 2012). Adolescent birth rates seem to be the highest where the youth population is the highest (Das Gupa et al., 2015). According to the Africa Youth Report, in 2011, 28% of young women aged 20-24 years in the SSA region gave birth before the age of 18, with half of them having the first sexual experience before their 15th birthday (Economic Commission for Africa, 2011). According to a 2014 report by the United Nations Population Fund (UNFPA), more than four in ten women of reproductive age (15-49 years) in SSA wanted to avoid pregnancy. However, over half (55 million women) were not using an effective contraceptive method (Singh et al., 2014). Globally, the fertility rate is 2.5 children per woman. The fertility rate in Kenya is much higher, with an average of 3.79 births per woman. As of 2016, it was reported that adolescents had a fertility rate with 81.79 births per thousand women aged 15-19 years (Chege & Susuman, 2016).

In Kenya, the National Reproductive Health Policy and Strategy, Adolescent Reproductive Health and Development Policy (MoH, 2015) and Plan of Action all identify adolescent and youth SRH as a key priority component and outline key priority actions to be instituted to address the SRHR of adolescents. In 2005

already, Kenya launched the national guidelines for the provision of adolescent youth-friendly services (YFS) (MoH, 2005). A 2015 revised version of the adolescent health policy broadly identified two approaches to be used in the delivery of SRH services to young people: the targeted (youth-only) and the integrated approaches (youth seen within the wider health service system) (MoH, 2015). Availability of YFS is assessed at a national level using three main indicators:

1. proportion of facilities with at least one health service provider trained in YFS,
2. proportion of facilities with observed policy/guidelines on YFS and
3. proportion of facilities offering youth-friendly HIV testing services
   (National Coordinating Agency for Population and Development et al., 2010).

In 2011, only 7% of facilities in Kenya were able to provide youth-friendly HIV counselling and testing services (NCAPD and MOPHS 2011). Confidentiality, short waiting times, the ability to obtain all services at one site, and good health service provider's (HSP) attitude are rated as important YFS characteristics by young people in Kenya.

1.3 Child marriage

Child marriage is defined as any legal or customary union involving a boy or girl below the age of 18 (UNICEF, 2014). The majority of child marriages affect girls. Even though child marriage is considered a human rights violation, more than 30% of today's women in developing countries were married before their 18th birthday, and a total of 70 million girls worldwide is affected, mostly in South Asia and SSA (UNICEF, 2014).

A global analysis of factors associated with risks of child marriage found that low educational level of girls, the large age gap between husband and wives, and low household wealth, combined with regional differences for instance amongst urban or rural families, are predictors of child marriage (Jain and Kurz, 2007). Child marriage is rooted in gender inequality; the lower status and value placed on girls perpetuate child marriage (Parsons et al., 2015). Social and cultural norms, including faith-based norms and values, influence the expected age of girls to marry (Gemignani and Wodon, 2015). Social norms concerning girls' education and women's participation in the labour force give indications on the household's decision-making prioritization towards investing in education (Parsons et al., 2015). Faith-related factors include, for example, the fear and shame among families when their daughter gets pregnant before marriage in certain religions (Gemignani and Wodon, 2015). Socio-economic status, educational levels, and community contexts influence the likelihood of early marriage of girls: the poorest countries have the highest rates of child marriage, and it is most common among the poorest within these countries, who have little resources to invest in alternative options for girls. Reasons for parents to marry off their daughters are mostly economic and social. In certain contexts, it is a tradition that provides parents a pride price and (short-term) financial benefits (Parsons et al., 2015).

In many settings, child marriage marks the beginning of frequent and unprotected sexual intercourse, leading to a greater risk of sexually transmitted infections (STIs), HIV and early pregnancy, a high number of children and limited birth spacing. The majority of teenage pregnancies is taken place within marriage and complications related to teenage pregnancies, and childbirth are among the leading causes of death in girls aged 15 to 19 in low- and middle-income countries (Williamson, 2012). However, in several Southern African countries, child marriage is a consequence of teenage pregnancy.

According to the Kenya Health Demographic Survey (KDHS) 2014, the percentage of women married by age 15 appeared to be declining; 9% of women aged 45-49 years were married by age 15, as compared with 2% among those aged 15-19 years. Fifteen percent (15%) of women aged 20-49 years had first sexual intercourse by age 15, 50% by age 18, and 71% by age 20.

Studies from Kenya and Zambia have shown that married adolescent girls had a 50% higher HIV rate compared to unmarried but sexually active girls. This was due to more frequent sexual intercourse, lower condom use, and older partners who were more likely to be HIV-positive (Clark, 2004). Besides the SRH-related consequences, girl brides and their children experience poorer overall health and nutrition. Compared to women who marry later, girl brides often have less access to information, education and health services (such as immunization), which is directly linked to decreased investments in education and health for their children (Williamson, 2012).

When girls marry early, their formal education often terminates, which also prevents them from acquiring better future employment opportunities (Williamson, 2012). Schools do not only provide education but also allow girls to develop social skills, networks, and provide them with a support system that enables mobility and participation in community activities. If girls do not go to school, their chances of participation in decision-making processes (within their households and in the broader society) go down, and chances of being a victim to violence increase (Parsons et al., 2015). Girl brides face isolation from school, friends, and workplaces and therefore lack social support critical for their emotional-wellbeing and economic opportunities. They cannot negotiate safe sex, birth spacing, contraceptive use, and protect themselves from gender-based violence (Williamson, 2012).

1.4 Teenage pregnancy

Every year, teenage or adolescent pregnancy, defined as pregnancy before the age of 20, is a reality for 7.3 million girls in developing countries. Complications from pregnancy and childbirth are among the leading causes of death among girls aged 15-19 (Williamson, 2012). In 2013, a study indicated that teenage pregnancy is highly prevalent in SSA and that Kenya is among the top five countries, with an estimated projection of 2.3 million by 2032 (Loaiza and Liang, 2013). According to Sedgh et al. (2015), the pregnancy rate was 174 per 1,000 females aged 15 -19 years in 2012 in Kenya and the calculated (unsafe) abortion rates were estimated at 22%. Globally, the World Health organization reported adolescent birth rate in 2018 at 44 per 1000 adolescent girls aged 15–19 years but the rate for Kenya was 96 deliveries per 1,000 in 2014 (KDHS, 2014). The level of teenage fertility remains very high in Kenya despite various interventions by government and non-governmental organizations (NGOs) to reduce teenage fertility. Teenage pregnancy in Kenya varies according to geographical location, education levels, age, and income levels. A recent study found that 47% of women give birth before 20 years, and 8% before age 16 (Neal, 2015).

Generally, evidence shows that teenage pregnancy is associated with poor social and economic outcomes for girls. Poverty, low education, gender inequity, being from an ethnic minority, lack of access to SRH information and services: all increase the likelihood for adolescent girls to become pregnant (Williamson, 2012; Ikamari, 2013; Beguy, 2013). According to a study that was done by African Population Health and Research Centre (APHRC), the proportion of those who have already been pregnant is higher among girls with only primary education (Beguy, 2013). In addition, girls and women living in slums and rural areas are at bigger risk for early pregnancy, compared with their non-slums counterparts (Zulu et al., 2002).

Social and cultural norms and values at the family and society level play a role as well. For example, parent/child closeness or connectedness, parental supervision or regulation of children's activities, and parents' values against teenage sexual intercourse and contraceptive use influence young people's risk for teenage pregnancy. According to the 2014 KHDS data, teenage pregnancy prevalence was attributed to reduced supervision by parents and other adults and too early sexual experiences and cultural practices prompting risky sexual behaviours (Juma et al., 2014).

Living with one parent, a common situation in many low- and middle-income countries is also a determining factor. Experience with violence and sex without consent also increases the risk of teenage pregnancy (Miller and Benson et al., 2001).

As with child marriage, early pregnancy can have immediate and lasting consequences for a girl's health, education, and income-earning potential, which is often passed on to her child(ren). As such, it alters the course of a girl's entire life. The health-related consequences of teenage pregnancy include risks of maternal death: the risk of death associated with pregnancy is about a third higher among 15- to 19-year olds than among 20- to 24-year olds. Besides higher mortality, teenage pregnancy also contributes to illness and disability, related to fistula, complications from unsafe abortion, STIs, and HIV (Williamson, 2012). As with child marriage, early pregnancy also affects the education and economic opportunities of girls (and for boys if they take the responsibility of fatherhood). The consequences related to education include the interruption or termination of education and the accompanying lost opportunities about labour participation and status at the household and community level.

1.5 Female genital mutilation/ cutting

Female genital mutilation or cutting (FGM/C) comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. Between 200 million girls and women in the world are estimated to have undergone FGM/C, and more than three million girls are at risk every year (UNICEF, 2016). FGM/C is a fundamental violation of girls' and women's rights and confronts girls with immediate and life- long physical and psychological distress (OHCHR and UNDP, 2008). FGM/C is mostly carried out on girls between the ages of 0 and 15 years. When stratified by age 0-4 years, 5-9 years, 10-14 years, 15+ years the prevalence of FGM/C is 2.3%, 26.6%, 42.6%, and 26.9% respectively). FGM/C in Kenya more is prevalent in the rural areas (25.9%) compared to the urban areas (13.8%), and the percentage of girls who have undergone FGM/C has decreased from 20% in 2003 to 11% in 2014 (Shell-Duncan et al., 2017). Circumcised girls are more likely to have had little to no education compared to their non-circumcised counterparts.

There is a strong link between FGM/C, marriageability, and the construction of gender identities (Jones et al., 2004). Analysis of international health data shows a close link between women's ability to exercise control over their lives and their belief that FGM/C should be ended (Miller et al., 2005). Before Maasai girls get married, they must go through circumcision. The types of circumcision that Maasai women go through are two types of clitoridectomy in which the entire clitoris or part of the clitoris and at times the adjacent labia is removed. There are several explanations for FGM/C, often connected to different discourses. FGM/C can be viewed as a social convention governed by rewards and punishments, which are powerful forces to continue the practice. According to several studies among the Maasai in Kajiado, FGM/C is mostly associated with marriage and initiation to womanhood (Karanja, 2003: Shell-Duncan et al., 2017).

Often, girls get awards after the FGM/C, and as such, it has become an important part of the cultural and gender identity of girls and women and may also impart a sense of pride, a coming of age and a feeling of community membership (Behrendt and Moritz, 2005). As a rite of passage, it is seen as an opportunity granted to a girl transitioning from childhood to womanhood. Furthermore, people believe this rite can reduce a woman's libido, thus making her faithful to her husband and avoiding pre-marital sex and 'adultery' (Nambisia, 2014).

FGM/C has many harmful consequences, both physically and psychologically. Women who have undergone FGM/C have significantly increased risks for adverse events during childbirth, such as post-partum haemorrhage and other obstetric complications (Berg et al., 2014). According to a study that was done in Loitokitok in Kajiado among 64 women who were admitted in a maternity ward, it was reported that the majority of them had perineal tears during childbirth and slightly more than half had postpartum haemorrhage which was associated with FGM/C complications (Muchene et al., 2018).

To be able to curb FGM/C, the anti FGM/C law from 2001 was replaced in 2011 with a more robust prohibition through the female genital mutilation Act 2011, which sealed all loopholes identified in the previous law by criminalizing all forms of FGM/C performed on anyone, including aiding FGM/C, taking someone abroad for FGM/C or stigmatizing women who have not undergone the cut, regardless of age (Shell-Duncan et al., 2017).

The Yes I Do programme and therefore this midline study focused on the Maasai community in Kajiado-West, because studies have revealed that FGM/C, although reducing gradually, remains an issue of concern amongst Maasai communities (Shell-Duncan et al., 2017). The FGM/C prevalence rate among Maasai is at 78% and just slightly lower in comparison to the Somali community with 93.6%, despite interventions by government, civil society organizations, faith-based organizations and bilateral agencies (KDHS 2014).

1.6 Summary of the baseline study

The Yes I do baseline study in Kajiado- West and Central among the Maasai communities found that 23% of all participants (15-24 years) had ever been married, of which close to half did so below the age of 18 years (Gitau et al., 2016). Child marriage was significantly associated with gender, as the study found a child marriage rate of 22% among female participants. Of the 310 respondents who had ever been married, 96% were female. Of all child marriage cases, 39% were conducted under the age of 15. Data also showed that the average age gap was nine years between married young women and their husbands, which suggests that young women are often married to older men. Teenage pregnancy was more prevalent, with a rate of 42% among female participants (20-24 years) in comparison to a very few cases of men who had their first child under the age of 20. About half of the female participants had undergone FGM/C (52%). Female circumcision was usually performed between the ages of 8 and 10. Slightly more than half of the participants (54%) reported that whether a young woman was circumcised or not, was likely to affect her options to get into a good marriage. Therefore, child marriage could follow immediately after female circumcision. Thirty-three percent (33%) of female participants reported that FGM/C increased the chances of marriage. Moreover, participants explained that after being circumcised, young women were guided into adulthood, which often led to sexual debut, exposing them to the risk of teenage pregnancy and, in turn, child marriage. The baseline data indicated that 56% of the female participants had negative feelings towards FGM/C and mentioned school dropout, labour limitations, and child marriage as related problems.

1.7 Midline study objectives

The objectives of the midline study were:

1. To explore changes in attitudes of community members and gatekeepers around child marriage, teenage pregnancy and FGM/C, whether and to what extent they take action to prevent child marriage, teenage pregnancy and FGM/C and which factors influence this and how, after two years of programme implementation.

2. To explore changes in the level of meaningful engagement of adolescent girls and boys in community activities, programmes and policies – thereby claiming their rights - and which factors influence this and how, after two years of programme implementation.

3. To explore and analyse changes in whether and to what extent adolescents take informed action on their sexual and reproductive health and which factors influence this and how, after two years of programme implementation.

4. To explore and analyse whether and to what extent education and economic empowerment of girls provide them with alternatives beyond child marriage, teenage pregnancy and FGM/C, after two years of programme implementation.

5. To provide insight into changes in developed and implemented laws and policies on child marriage, teenage pregnancy and FGM/C, after two years of programme implementation.

6. To contribute to the evidence on effective and context specific intervention strategies to eliminate child marriage and FGM/C and reduce teenage pregnancy.

The next sections will cover the study methodology and the results. The discussion will make a comparison with the qualitative outcomes of the baseline study. Based on results and discussion, recommendations and conclusions are made that can contribute to improved implementation of the Yes I do programme in Kenya.

2. METHODOLOGY

2.1 Study design

This study used a qualitative research design to gather in-depth information and insights about causes, effects, and perceived changes in relation to child marriage, FGM/C and teenage pregnancy, that are influenced by the applied intervention strategies of the Yes I Do programme.

2.2 Study area and period

The study area was Kajiado-West in Kenya, specifically Najile sub-location, where the Yes I Do programme is being implemented. Najile sub-location is in Ewuaso Division, Kajiado West Sub County in Kajiado County, Kenya. It is located at the west side of Ngong, which is approximately 60 kilometres and approximately a two hours' drive from Ngong town. The area is semi-arid with savannah grassland and shrubs. The majority of the residents living there are the Maasai. There are a few Luo tribes who are labourers at a quarry mining sites.

In March 2018, a preparatory meeting was held with the Kenyan alliance partners to discuss the midline study and to choose the site where the research would be conducted. All YIDA Kenya partners were invited. Others who could not attend were reached by phone to participate in deciding on the study location. The study was conducted in the period from April till September 2018. Transcribing, coding, and data analysis occurred in August 2018. After the analysis, the report was written, and main results and recommendations were presented and validated during two occasions with monitoring and evaluation staff of YIDA in August 2018 and during a YIDA midterm review meeting in September 2018.

2.3 Sampling and recruitment of participants

Study participants were purposefully selected by the research team and recruited with the help of a mobilizer and community leader. The research team developed a participant profile to help the mobilizer to identify and recruit participants for the study. For the selection of young participants, the following characteristics were considered: gender, marital status, education status, and age. Other study participants (religious and traditional leaders, teachers, social workers, NGOs and policymakers at the local level) were selected based on their (active) gatekeeping role within the community on FGM/C, teenage pregnancy and child marriage. The gatekeepers were identified in consultation with the mobilizer and research team members. For the key informant interviews (KIIs), two NGO staff members from Compassion International were interviewed. There were no other community-based organizations (CBOs) and/or youth representatives present in Najile. One representative of a rescue centre, one education officer and one assistant chief were also interviewed as key informants.

2.4 Training and data collection

2.4.1 Overview of qualitative methods

The following research methods were applied: desk review, in-depth interviews (IDIs), key informant interviews (KIIs), and focus group discussion (FGDs). All interviews and FGDs were conducted with topic guides. Researchers were trained in the use of topic guides, sampling, interviewing technics, quality

insurance, and ethical aspects of the research. A pre-test of the tools was conducted, after which adjustments were made before starting the data collection.

The literature review was conducted to obtain more recent information on SRHR, teenage pregnancy, child marriage and FGM/C especially in the context of Kenya and the Maasai community.

In total, nine FGDs, 19 IDIs, and five KIIs were held with 84 participants on experiences, opinions and feelings about social and cultural norms and values, community and youth participation in decision-making, SRHR (including related policies and laws), opportunities for schooling and economic empowerment.

2.4.2 In-depth Interviews

Nineteen in-depth interviews were done with young men and women (15-24 years), parents/caregivers, grandmothers/elderly women, traditional/religious leaders, circumcisers, teachers, and CBO staff. The researcher explored the participants' perspectives on their beliefs, attitudes, and behaviour in relation to SRHR of young people and child marriage, FGM/C and teenage pregnancy. For the young men and women, we developed a detailed participant profile to ensure that a diverse group was interviewed, i.e. schooling status, gender, age groups, and marital status (married and unmarried).

2.4.3 Focus group discussions

A total of nine FGDs were held in Najile. One FGD was conducted with mothers in their role as parent/caregivers. Eight participants per FGD was planned for the age categories of 15-19 and 20-24 years (four FGDs with young women and four with young men). However, during the FGDs the age categories were mixed up and for most FGDs an average of seven participants was available (Table 1). The FGDs were done to get more diverse insights into people's opinions, beliefs, and attitudes on child marriage, FGM/C and teenage pregnancy and for participants to explain existing behaviour in their community. The following criteria were considered to form homogenous groups: age, gender, education, and marital status. The interviews were held in a conducive environment (under a tree for the parents and for the young people, nearby schools) with very minimal disruptions.

2.4.4 Key informant interviews

A total of five KIIs were held, which included two NGO staffs (Compassion International in two different areas in Najile and Ewauso), one rescue centre staff (Ewauso area) and two policymakers (chief and education officer) who are knowledgeable about community issues.

Table 1: Data Collection Techniques for Participants

Method	Participants	Number of participants	Total number of participants
FGDs	Girls aged 15 years old unmarried Girls aged between 16-21 years unmarried Girls aged between 18-21 years married Girls aged between 18-21 years married Boys aged between 15-19 unmarried Boys aged between 15-19 unmarried Boys aged between 21-24 years married Boys aged between 17-25 years unmarried Mothers (Parents or caregivers)	8 (1 group) 6 (1 group) 7 (1 group) 6 (1 group) 4 (1 group) 8 (1 group) 7 (1 group) 7 (1 group) 7 (1 group)	60
IDIs	Girls aged between 15-19 Girls aged between 20-24 years Boys aged between 15-19 Boys aged between 20-24 years Parents or caregivers Grandmothers or elderly women	2 2 1 3 1 2	19

	Religious and traditional leaders Health and social workers Circumcisers Teachers	2 2 2 2	
KIIs	NGO staff Policy makers Rescue centre	2 2 1	5
Total		33	84

2.5 Data quality assurance and management

The research was led by experienced research staff from KIT in collaboration with the national researcher. Two research assistants who speak fluently Maasai and live in Kajiado were recruited to collect the data. Before the fieldwork took place, a preparatory workshop was held to explain the purpose of the research, the methods to be used, the ethical and logistical procedures to follow and the topic guides. In preparation of the data collection, the research team got in touch with local authorities to obtain permission and to recruit study participants. The national researcher held daily meetings with the research team to identify difficulties faced, which could have implications on the quality of the data. All interviews and discussions were moderated in Kiswahili and Maasai. After data collection, a stakeholder workshop was held with the YIDA partners to reflect and validate the outcomes of the study.

Before the interviews, participants were informed about the research objectives, risks and benefits, approximated duration of the interview, and the consent process. The research team emphasized that participation was voluntary.

2.6 Data processing and analysis

The qualitative interviews were digitally recorded. During FGDs, one research assistant moderated the discussion, and another took notes of key points. The research team developed a coding framework, which was used to guide the initial analysis of transcripts in NVivo 11.0. Data analysis was carried out by using a comprehensive thematic matrix, based on the topic guides and the YIDA's theory of change. Several emerging themes were added to this matrix. After coding all transcripts, the analysis was conducted, and narratives on the main themes were written.

2.7 Ethical considerations

The Research Ethics Committee of AMREF approved the study (AMREF-ESRC P462/2018). The research team consisted of two research assistants who had a vast experience in conducting qualitative research among the Maasai. The research assistants were well aware of the sensitive nature of FGM/C, teenage pregnancies and child marriage and existing power dynamics in the Maasai community. They were also trained on how to deal with these sensitive topics and how to go about power dynamics. Informed consent was verbally asked. In the case of interviewing minors, the researcher sought assent from minors and consent from parents/ guardians. The researcher briefly described the purpose of the study and the measures taken to assure confidentiality. All interviews were held in a safe and comfortable environment. To ensure anonymity, only the research team had access to data and identifiers were removed in transcripts. The research team was equipped with social support contacts in order to link participants to a counsellor or service provider in case they needed a referral to specific services.

3. RESULTS

3.1 Community context (ToC pathway 1)

3.1.1 Characteristics of the study site and population

Characteristics of the study site – from the desk review

The Maasai of Najile is mainly pastoralist. They are the Keekonyokie Maasai, who are further divided into sub-clans as irmolelian, ilukumae, irmakesen, iltaraaseroi, ilaiser and ilkerin inkishu. These subclans are highly valued when it comes to marriage norms, as one is not allowed to marry persons from his/her clan. Domestic conflict resolutions with regard to marriage are discussed during consultative elders' forums to prevent or resolve family conflicts.

In the past, the Maasai were purely nomadic pastoralist. They could move from one place to another in search of grassland and water and did not have permanent residence. With modernization and government-initiated programmes of improving arid and semi-arid places, they are beginning to settle in their assigned villages and parcels of lands which are now legally demarcated by the government land agencies. However, in extreme situations of persistent famine, the men leave their homesteads and move their animals to places where pasture is available.

The Maasai keep cows, sheep, goats, and donkeys, herded by either women or hired Maasai young men from less wealthy families or by other sub-groups such as iloodokilani, purko and ilkisonko. The cows, sheep, and goats are mainly kept for meat, milk, and skin. They are reared on open fields during the long rainy seasons and moved to the hillsides during dry seasons. These grazing fields are either owned by individuals or are owned communal. The animals are sold at the Ewuaso market in the neighbouring location and sometimes even across other counties such as Narok, Kiambu, and Nairobi.

Apart from animal keeping, some of the Najile residents practice small-scale crop farming during the rainy season where they plant mostly beans and maize. Trading activities are also done by locals and visiting entrepreneurs from the neighbouring Kiambu and Narok County. Among the items of trade are food and livestock. Burning of charcoal is widely practised and mining is another activity in this area. Along the road, there are numerous quarry mines. Najile location has a semi-permanent river that runs across its villages.

Najile houses approximately 5,000 people who live in the various villages in the sparsely populated Maasai land. The nine villages include Najile, Enkorika, Olentoko, Shiraishi, Olng'arua, Kimelok, Olodung'oro, Enajooli, and Enkusero-Keri. These villages are further divided into small homesteads in which families are living together. The majority of residents live in temporary housing known as *manyattas*. These are bread-like structures constructed from sticks, grass and outer and interior plastered by cow dung mixed with ashes and clay.

Age group/sets are highly regarded and are means of defining age, marriage, roles, and interaction of community members amongst themselves. The most senior age set here is *Ilnyankusi.* These are the oldest members of the community and are ranging between 90-100 years old. The youngest age set is *Ilkimayiana*. These are young men who have just gone through their Moranhood. Every age group has got its executive leaders, whose roles are distinct mostly on cultural ceremonies such as circumcision and Moranhood. These traditional leaders are custodians of these practices and are highly respected in the community.

In Najile, there are seven primary schools and two boarding secondary schools separately for boys and girls. The average enrolment of the schools is about three hundred learners, most of them being residents. However, the secondary (boarding) schools are in the category of county schools; hence they admit students across the lager parts of the county. There is a small shopping centre that is situated in Najile village whose inhabitants are mostly Maasai.

There is a child development centre run by a Presbyterian church in partnership with an international organization called Compassion International. This NGO advocates for the rights of vulnerable children and offers educational, health, and economic support to these children and their families. Also, two rescue centres are closely located next to Najile within Keekonyokie. These rescue centres are *Soila Maasai Girls* and *Catholic rescue centre*. *Soila Maasai Girls* rescue centre also operates as a primary school. There are seventy girls in this centre; most of them being orphans or vulnerable girls at risk of forced marriages and FGM/C. The rescue centre run by the Catholic church also serves this community in an attempt to improve the lives of girls at risk of forceful marriage and FGM/C. The centre has fourteen to twenty girls, and a matron takes care of them.

Characteristics of the midline study population

Almost all study participants reported being Christians. In Najile, Christianity is the main religion and many schools are missionary schools. Most participants had some level of formal education; a very few participants did not follow any formal education. The majority of the unmarried participants aged 15-19 years were in school. The majority of male and female married participants had at least two or more children. Some of the economic activities that women reported to engage in included beadwork, selling farm products, cooking at a nearby school and running a small business and a few reported to be housewives. Information was lacking about the economic activities of the men and boys that were interviewed. However, the description of the study site provides general information on the kind of economic activities men and boys do in Najile.

3.1.2 Gender and social norms

There is a very clear gender role division between boys and girls in Najile. All participants indicated specific, socially assigned roles for boys and girls. Roles of girls are fetching water and firewood, looking after children at home and helping their mothers to cook for the family. Roles of boys are herding cattle and fencing.

On characteristics of good and bad boys and girls, respect and obedience were mentioned a lot. Most participants indicated that girls should dress decently by wearing clothes that are not tight or not wearing trousers. Good girls were mentioned to be those that help their mothers at home with household tasks and greet their elders respectfully. Good boys help their parents herd cattle and do not idle or loiter in towns. They do not take drugs and chew *miraa*[1]. Good girls and boys follow the values of the Maasai tradition. Some elder participants mentioned the influence of modernization expressed through different kinds of dressing styles and haircuts, which are generally seen as symbols of bad behaviour. The majority of participants mentioned the importance of education. A good boy or girl is one who takes his/her education

[1] Miraa is also called Khat or qat (Catha edulis, qat from Arabic: القات) is a flowering plant native to the Horn of Africa and the Arabian Peninsula. Khat contains the alkaloid cathinone, a stimulant, which is said to cause excitement, loss of appetite, and euphoria.

seriously by going to school and finalizing their education. Two participants indicated that there are factors that affect the behaviour of girls and boys. They did not want to classify any behaviour as 'bad' for girls or boys, because the surrounding and upbringing of the children have an impact on the behaviour of girls and boys, as well as existing social and gender norms. These environmental factors can contribute to certain behaviour and reinforce gender inequality.

"To me, every child is good because none of our children is born bad, it's only the environment that will nurture someone to be what he is. So, if every child is given a ground and listened to, they will be a good child. For 21 years I have been handling children from single families, from broken families but if every child is given a place to express himself, he can be a good child....." [IDI with a social worker]

3.2 Child marriage

3.2.1 Preferred age of marriage

When asked what the preferred age of marriage is, the majority of the participants (unmarried and married girls and boys, a social worker, circumciser and the NGO staff) reported 18 years and above. Their justification for this was that one is more likely to have completed his or her schooling, get a job and therefore could have more financial stability to take responsibility for a family. According to one traditional leader, when girls and boys go to school, they can decide on when they feel they are ready for marriage. Others said that marriage is often a consequence of teenage pregnancy and does not follow age considerations:

I*: "What are the preferred ages to marry a boy or a girl?" "I don't know the years because here when a girl gets pregnant, however young she may be, she will be married off by the father. He will not even wait for the girl to give birth. For the boys who go to school, they wait a little longer before they can marry."* [IDI mother 59 years]

Few participants reported that certain measures are used to determine if a girl is ready for marriage, such as biological indicators and the ability to do house chores. According to one grandmother, a girl is ready for marriage as soon as she starts her menstruation. A few participants indicated that the preferred age of marriage for girls is when they fall pregnant.

"Okay, it is normally between 20-25 years of age. From there a person can make a choice to marry or get married. However, parents in this community when a girl becomes pregnant, she is married off. Very few of them return their girls to school." [IDI with boy 15-19 years]

3.2.2 Reasons for child marriage

The most reported reasons for child marriage in this community included teenage pregnancy, poverty, pressure from family, and family marriage arrangement promises. The majority of participants reported that if a girl gets pregnant before marriage, her father will identify a man to marry his daughter to avoid bringing shame to the family.

Few participants reported that some girls were married off as a result of poverty in their families; this happened mainly when the girl's family could not afford to support the girl's education. It was reported by a young male participant, that some girls were married off by their fathers; this was done to preserve the friendship between families.

"R: There is no gender equality… There are others who through family ties marry off their daughters. Say a man has a friend and promises his friend that he will give his daughter to the friend's son to marry. This girl being married off could be made to drop out of school while the boy continues with school."

[IDI with boy 20-24 years]

Few men also married as a result of pressure from their family, especially grandfathers who would want to see a marriage before they die.

I*: "What happens if a girl or boy does not want to marry?" "It will depend of their families because there are some youth who marry young because perhaps their grandfathers tell them that they would not like to die, before they see them get married. In such case the boy has no choice but to marry and he could still be in school. For a girl, if she gets pregnant while in school, directly she will get married, those who are learned and do not drop out might not be forced into marriage."* [IDI with unmarried boy]

3.2.3 Decision making around marriage

The majority of married and unmarried young females and males reported that it is mainly the girl's father that makes decisions on who should marry his daughter. Most participants explained that it is the role of the girl's father to decide if the daughter should get married or not. As indicated above, when a girl experiences teenage pregnancy, the father marries her off to avoid bringing shame to the family. According to an FGD with married girls, when a girl refuses to get married, the girl could experience domestic violence until she agrees.

R1: *"It's the parents (decision on marriage)… Yes, they decide because I wanted to go back to school but they refused."* R2: *"It is the parents… they will force you (when a girl refuses to be married off). Your father can beat you and even your mother. You are forced."* [FGD, married women 20-24 years]

A few male participants highlighted that it was the girl's decision to decide whom to marry in the event of pregnancy. Some girls would run away from their parental home to get married to the person responsible for the pregnancy. However, in some instances, the girl's father goes after her and still marries her off. Some participants mentioned cases of teenage pregnancy where a joint decision by both parents (mother and father) was made in determining if the girl should be married or not. They would agree to give the girl another chance to go back to school, and the girl's mother would take care of the baby. In situations where the girl would get pregnant for the second time, the father would marry her off immediately.

"Mostly the father (decides on marriage). The mother is usually one of the most understanding people in the family. Most of them are more than willing to take care of the child, and their daughter goes back to school instead of getting married." [IDI married woman 20-24 years]

One participant reported that it was the mother who decides on whether her daughter should get married or not once a girl becomes pregnant. If a mother agrees to take care of the child, then the daughter would go back to school.

"Most often it is the mother who makes the decision because our fathers these days listen to their wives. If a mother says she will take care of the baby so that the girl goes back to school, he will agree or if she says she will get married he will also agree. There is this culture or these people who when they hear of a girl who has become pregnant, they show up the next day to make a proposal. "

[IDI married woman 20-24 years]

3.2.4 Consequences of child marriage

Except for one religious leader and a teacher, all participants reported that there is no benefit to child marriage. It was reported by married girls during an FGD that some of the negative consequences of child marriage were low self-esteem and limited freedom. Child marriage would come with suffering at a young age. Some unmarried girls reported that child marriage was associated with a fast aging process, health complications during childbirth, too many responsibilities and poverty. One married girl indicated that it was against her decision to get married young and she is still regretting. However, she also indicated that she could not go against her parent's decision.

"Like myself I am here but regretting. Am not happy with this marriage." I: *"Didn't you choose yourself to be here?" "Not really, it was the decision of my parents."* I: *"And you didn't object?" "No, I feared my parents and had to respect their choice and directives. However, it is not the best life."*

[IDI with woman 20-24 years]

One of the unmarried female participants reported the idea of child marriage being 'foolishness'. Two participants (a religious leader and a teacher) expressed some advantages: ability to bring up children while still young instils a sense of responsibility and helps one to plan for many children. Some participants highlighted that the girls' family could economically benefit briefly by receiving the bride price from child marriage.

"Yes (benefits for the parents), the benefit is some money and cows and the girl gets nothing."

[IDI boy 15-19 years]

3.2.5 Activities to prevent child marriage

At the community level, several participants (a chief, married young women and men, a grandmother and teacher) described the on-going efforts to end child marriage as "very little", but others mentioned various actions being taken to prevent child marriage. Education or sending girls to rescue centres in the area seemed to prevent child marriage. Chiefs seemed to play a crucial role in informing and educating communities about child marriage. Churches were also reported to be creating public awareness on the demerits of child marriage, and some teachers were said to be involved in counselling parents about their children's right to education. In addition, NGO staff and parents were reported to be actively talking to young people about child marriage.

"Very little is done (on child marriage) although parents are trying their best advising their children and also other NGOs such as Amref in the recent past have tried to do talks to both parents and children as an aim of trying to minimize these cases (of child marriage)." [FGD unmarried boys 15-19 years]

For some participants, the reason for the "very little" child marriage prevention activities in the community was partly due to the (un)willingness of some community leaders to engage with NGO projects. In addition, some participants noticed the unwillingness of NGOs to reach out to remote areas, they were said to only focus on those living in towns. However, some participants pointed at a chief who took a lot of action against child marriage. One participant indicated that they have not seen any activities being done by NGOs to prevent child marriage, but they have only heard of them. Other participants indicated to have seen some advocacy activities but did not feel or see the impact of it. A few participants mentioned that Amref and other NGOs had implemented activities that are geared towards the prevention of child marriage, such

as creating public awareness and educating the community on laws around child marriage and the associated penalties. They referred to a notable reduction in the number of child marriages and attributed it to public education and the influence of the church.

"First is to train the men, then train the girls and women to know their rights, then the law and church as well because according to the church, marrying a child is a sin and by knowing the word of God they can prevent some of these things. As for the law, we are really trying to be tough, you will hear just one case and you know people think chiefs hide child marriages, but it has gone down because of education and church." [KII with an assistant chief]

3.2.6 Changes observed regarding child marriage

Some of the participants reported changes in relation to child marriage that included a reduction in child marriage numbers, community members being more aware of the legal implications, and NGOs/ rescue centres working more with the community members to inform them on consequences of child marriage; and how girls were rescued from child marriage, partly due to the awareness about the law.

"Amref came and told people that they would be imprisoned if they do it (child marriage) and pay hefty fines in hundreds of thousands. Most people believe it is just development that has come that we should not marry off children." I: *"Have you seen any change over the last two years?" "Yes, there has been a change. People are slowly abandoning that practice."* [IDI with religious leader]

A few participants reported that they have not seen any changes about child marriage in the community or that most emphasis was given to prevention of FGM/C.

"The only change I have seen is on FGM/C. Child marriage has not seen any change because of teenage pregnancies." [IDI with social worker]

3.2.7 Child marriage and divorce

From the narratives, divorce was hardly mentioned, which could be attributed to the Maasai culture that prohibits divorce. A religious leader emphasized that child marriage can end in divorce, although divorce is hardly practiced among the Maasai community.

"Divorce is not so common in our culture because two families agree, and the girl cannot therefore easily walk out of marriage no matter the circumstances." [IDI with religious leader]

It was confirmed in an FGD with young married women, that young women cannot get out of marriage. They reported to be married off early and that their expectations of marriage were not met. They were regretting their marriage but could not get out of it.

3.2.8 Challenges to end child marriage

During the study, the main reported challenges to eradicate child marriage included: pre-existing cultural norms such as FGM/C which was linked to child marriage, teenage pregnancy, social expectations and poor law enforcement structures.

The majority of the participants indicated that once a girl goes through FGM/C, she feels mature enough to start engaging in sexual activities, which leads most of the time to teenage pregnancy. In the Maasai community, getting a child out of wedlock is considered a taboo, so immediately; some of the girls' parents

identify someone to marry the girl. Therefore, some participants reported that stopping the cultural practice of FGM/C could facilitate less teenage pregnancies and child marriages.

3.3 Teenage pregnancy

3.3.1 Causes and consequences

The following causes of teenage pregnancy were mentioned: cultural practices, religious night vigils, poverty, poor parent-child communication, and lack of SRH information and education. As indicted above, most participants reported that teenage pregnancies often follows FGM/C. Once girls went through the practices, they feel "mature" enough to start engaging in sexual practices.

I: *"What is done to prevent it (teenage pregnancy)?" "It is only through stopping FGM, because if a girl is circumcised, she considers herself a grown woman and easily gets pregnant."*

[FGD with married girls (20-24 years)]

Some participants reported that poor parenting played a huge part because adolescents are not groomed by their parents on sexual practices. They attributed this to the Maasai culture where it is unheard off for parents to discuss topics on sexuality with their children. As a result, adolescents were said to engage in sexual relationships without knowing the consequences. Contrary, a traditional leader reported that many girls became pregnant as a result of disobedience to what their parents warned them against, namely sexual relationships.

"I think... Children sometimes give a deaf ear to parents advices. Parents caution their daughters not to indulge in sexual activities, and there is something that is called a 'red card,' and when children do not become careful, they fall into the trap of pregnancy." I: *"What do you mean by red card?" "Cautioning them from indulging in irresponsible behaviour that is the meaning of 'red card'."*

[IDI with traditional leader]

Some parents and community leaders reported that adolescent's attendance at night vigils in churches and students staying in schools till late at night led to an increase in teenage pregnancy cases. It was also reported by a rescue centre worker that during school holidays, most of the girls get pregnant. To reduce these cases, they limited the duration of days girls would stay in the village and also have the girl's parents sign a commitment form that they will take care of the girl.

"You know these children when we release them to the community by any chance, they see what is happening outside, and they will realize that there are some things they do not have that other girl in the community have such as phones. So, when this holiday comes, they have a perception, and they end up getting into a trap of young men to buy them clothes and phones. In that, they find themselves into sexual relationships, which eventually result in pregnancy." [KII with a rescue centre staff]

A few participants indicated that household poverty and lack of finances to meet the basic needs of adolescent girls such as sanitary towels or food contributed to transactional sexual activities. Others indicated that parents, especially mothers, sent out girls to go and look for food for the family without necessarily giving them money to go shopping. As a result, girls end up exchanging sex for food, clothing, and gifts, and in the process, they become pregnant.

I: *"Where else do they get education? "Nowhere because parents have failed totally. You will even find some parents sending their children, especially these big girls to the market with no money to do the shopping and they don't question where they get money for shopping. This mostly affects the single mothers who languish in poverty. They know what exactly is happening, but they don't care because of the poverty, ignorant, and morals decay at hand."* [IDI with circumciser]

Inadequate education on sexuality and family planning among adolescent girls was reported to be a cause of increased teenage pregnancy. Due to lack of knowledge or access to sexuality education, some girls would get pregnant without even knowing.

From the narratives, it became clear that the adverse consequences of teenage pregnancy impacted more on girls. When a girl becomes pregnant, she drops out of school, gets ridiculed by the community members, and is often married off to an older man. The boys/men responsible for the pregnancy were reported not bear any consequences.

"A lot is being done (to prevent teenage pregnancy), but it's still a challenge... you find that a girl is always accused when she gets pregnant and the culprit is not brought to book so as long as there is nothing done to boys, girls will continue getting pregnant." [IDI with social worker]

Some parents reported that one of the consequences of teenage pregnancy is unsafe abortion. Some girls were reported to have used fertilizer, cow dunk or powder soap for abortion.

I: *"When a girl of fifteen years gets pregnant, what happens?" "Some may want to abort, they may go to hospitals say in Mai Mahiu and get drugs for abortion. Those who do it at home take things like fertilizer or powder soap and mix it with juice."* [IDI with mother]

3.3.2 Stigmatisation of teenage pregnant girls

The majority of participants reported that the immediate reaction of the community members to teenage pregnancy was to stigmatize and talk ill about the girl. This was attributed to the Maasai culture that abhors pregnancy outside marriage. From the discussions with young married women, they felt discriminated by community members, for some they avoided social places, and this also affected their access to health services during their pregnancies because they feared being seen by the public. Partly because of the negative treatment by community members and to avoid bringing shame to the family, most fathers in the community resolved the stigmatisation by marrying off their daughters to older men.

3.3.3 Actions to prevent teenage pregnancy or support pregnant girls

At family level, some parents reported that they talk to their children about the consequences of unprotected sexual intercourse; they felt that this played a huge role in preventing teenage pregnancies in the community. Other participants shared that it is very difficult to discuss sexual health, and therefore, little is done from the side of the family to prevent teenage pregnancy.

It was also reported that in churches, the religious leaders only emphasized on the need for unmarried adolescents to abstain from sexual activities. Religious leaders discouraged the use of condoms.

In case of pregnancy, a teacher and some parents reported that some pregnant girls are given a chance to go back to school after delivery, depending on the girl's parents. Some parents agreed to support their daughter by taking care of the baby and sending the girl back to school. Teachers were also known for

offering guidance and counselling to adolescents on sexual relationships. A few reported that teachers were also known to work with local leaders in ensuring a girl goes back to school after delivery.

At the community level, some participants mentioned that community members are advocating for churches to stop holding night vigils so that they can reduce the occurrence of teenage pregnancy. Others felt not enough was being done to address teenage pregnancy.

I: *"What is done to prevent teenage pregnancies?" "Nothing much is done but we hear that there are condoms for boys and contraceptives for girls, but I am not sure if they usually go for them."*

[IDI with a married woman 20 years]

It was reported by some participants that several NGOs have been teaching adolescents in their schools on SRH and various ways of preventing teenage pregnancies. Some NGOs were reaching out to the community to discuss with community members how to end cultural practices like FGM/C and child marriage. The community leader worked for hand in hand with community members to educate them on healthy sexual practices. Having female leaders such as members of community assemblies (MCAs) acting as role models in the community has encouraged girls to focus on school and in a way has reduced teenage pregnancy cases. One of the parents in the community indicated to be aware of some people using contraceptives.

"There are some people who use contraceptives and condoms, but I haven't heard of any other measures in place. " [IDI with parent]

With the introduction of community awareness programmes by NGOs and the teaching of adolescents in schools on the various ways of preventing teenage pregnancy, participants noticed a difference of teenage pregnancy cases; it seemed that it had gone down.

"*There is an NGO called Ujamaa Africa that comes to talk about teenage pregnancies and early marriages... They tell us to finish our education and not be lied to by boys."* I: *"You talked of Ujamaa, have you seen any change since they came here?" "Yes, teenage pregnancies have gone down in school."*

[IDI with an unmarried girl 15-19 years]

3.4 Female genital mutilation/ cutting

3.4.1 Opinions, knowledge, and attitudes on FGM/C

The majority of participants mentioned that FGM/C is being practiced in secret and that parents are the main decision-makers on the execution of FGM/C.

"*It is the father, the mother does not decide, but she makes suggestions. She is the one who suggests that the girl should be circumcised because they say she has grown up or they believe that she shouldn't get pregnant before she is circumcised and when they heard that being circumcised is not good for a girl they formed a belief that a girl who is not circumcised will not concentrate with school and she becomes promiscuous. So, they circumcise so that the girl doesn't get the sexual urges, the mother suggests, and the father makes the decision."* [KII with assistant chief]

Participants also explained that not only parents decide, but girls do ask to be circumcised due to peer pressure from other circumcised girls or the fear of being stigmatized.

"Nowadays it is the girls who decides. And for those who happens to get pregnant before circumcision are badly branded as 'entaapai' meaning the bitter one. So many girls do not want find themselves in that situation and therefore opt to get circumcised." [FGD boys 18-24 years]

However, the view that girls choose for FGM/C was not reflected in the responses of the young female participants. Most girls mentioned that parents are the main decision makers for FGM/C to happen.

"A father tells the mother to ask the girl whether she wants to get circumcised. This is after he has seen that she has grown up. The father cannot talk about this with the girl, and the mother is the intermediary. If the girl does not want to be circumcised, she will not be forced into it. A girl can tell her mother that she does not want to be circumcised, and she will not be forced."

[FGD with unmarried girls 15-19 years]

The law against FGM/C could be one of the reasons why there seems to be a shift in the narratives regarding who decides. Parents and traditional leaders currently claim that circumcision is happening because of the girls' desire to be circumcised. However, indirectly, it is still the parents who influence the girls' decision and also provide the means.

"Nowadays the girls decide although parents are still for it but pretend to be leaving it for the girl to decide. So, it is important to note that parents are still willing to give their girls what they (parents) want through persuasion from within." [FGD with mothers]

Several young men commented that one of the reasons why girls ask to be circumcised are because the majority of young men prefer only to marry circumcised girls. This puts pressure on the girls.

"You see here, the problem is sometimes us, the young men because if we continually threaten that we will not marry these girls (uncircumcised), then they feel left out, so they give in to that pressure (to be circumcised)." [FGD with unmarried men 18-24 years]

It should be noted that a few participants stated that health workers and doctors are performing FGM/C. However, when community members refer to doctors, it does not have to mean that these are professional medical doctors. It could also be health workers or quacks who are active in private health facilities.

I: *"Who performs it (FGM/C)?" "It is done in hospitals."* I: *"By whom?" "By the health practitioners here. The parent takes the girl to the clinic for a cut. Another person who performs are women, especially these old ladies."* [IDI female circumciser]

Opinions in favour or against FGM/C among participants varied a lot. Opinions in favour of FGM/C were rooted in traditions, as a transition from childhood to womanhood or that marriage should only happen with circumcised women. Participants that expressed opinions against FGM/C reflected not to see any benefit to it, that it is unacceptable and that actions need to be taken through the law to stop it. Some of the young unmarried male participants commented that they prefer to marry circumcised girls because it was part of their culture, and they would not want to be the first ones to break with tradition.

More participants commented not to see any benefit of FGM/C, while one female participant did not see the value of communicating about FGM/C as harmful, because according to her nobody died from it.

"I don't see any good thing about it (FGM/C). However, it should not be shouted so much as if it is a bad thing since I don't see any bad thing too about it. Since time immemorial, I have never heard anybody who have died as a result of circumcision." [IDI with elder women]

3.4.2 Awareness on the consequences of FGM/C

Most of the participants were knowledgeable about the consequences of FGM/C. The main consequences mentioned were the onset of sexual activities among girls, health implications, stigmatization, child marriage, and legal implications. One young male participant commented that FGM/C leads to a reduction in sexual pleasure.

The majority of the participants mentioned the negative health consequences of FGM/C like bleeding during circumcision, childbirth complications, contracting infections, and even death of the girl. One female participant commented the high likelihood to get fistula at an older age, which leads to very bad smells, all as a result of FGM/C. One male participant reported that circumcised girls sometimes feel stigmatized when they go to a school where girls are not circumcised.

"From this place, they say there are no negative effects of FGM, but from studies and after attending the seminars, it leads to over bleeding during birth. It can lead to spread of diseases then it lowers somebody's self-esteem when they go to a school where girls are not circumcised and find out that you are circumcised." [IDI with teacher]

3.4.3 Changes about FGM/C

The majority of the participants said that they have seen a decline in the number of FGM/C cases and have more information on it now compared to the past. The anti-FGM/C law was considered as the main driver in this change. The majority of participants were aware of this law and the fines.

"It (FGM/C) was prohibited by the government and Amref." I: *"Are people aware of the law?"* R1: *"Yes, they are because we have a chief."* I: *"What will happen to them if caught doing it?"* R1: *"They will be arrested, but we do not know for how long they will be imprisoned."* R2: *"There is a fine also"* I: *"Of how much?"* R2: *"Even fifty thousand."* R3: *"The chiefs will also arrest people."* R4: *"These days it is no longer happening."* I: *"Even not in secret?"* R4: *"It could be happening in secret, but one gets to find out a year later, and nothing can be done then."* [FGD with married women 19-24 years]

It was indicated by some participants that organizations like Amref and Plan through meetings and training and alternative rites of passage (ARP) have contributed to the decline in the practice of FGM/C. It was also noted by some participants that despite ARPs, some girls who join these ceremonies were already circumcised or went through circumcision after.

I: *"What changes have you seen over the past two years?" "Very little change. We have organizations like Amref that organize the alternative rites of passage, but at times, they come when girls have already been circumcised."* [KII with religious leader]

As drivers of change, some circumcisers have been engaged differently through the work of NGOs. They are tasked to support pregnant women until the delivery and are paid for guiding pregnancies instead of circumcising girls.

"Yes, I have (seen much change)... we tried through Amref, and Yes I do alliance in general, we have tried to educate women including circumcisers who are now the ones doing that business. We have told them that the 2000 shilling they get and sheep meat they are given to circumcise a girl, instead of that they take care of pregnant women and once this woman gives birth, she is paid that 2000 shillings and sheep meat. Through this, they get some money, and they also ensure pregnant women have gone to the hospital." [KII with assistant chief]

Another driver of change are churches, which was referred to as another reason why FGM/C is on the decline.

3.5 The role of different gatekeepers

Looking at the role of specific gatekeepers in addressing FGM/C, teenage pregnancy and child marriage different roles, attitudes and behaviour and actions to prevent these three issues were expressed.

3.5.1 Parents

Parents were more silent in discussions on FGM/C. Before they would criticize anti-FGM/C messages in the open. Nowadays they keep it more to themselves because they are aware that it is against the law. However, in a secretive way, people were said to conduct circumcision on girls. Some participants mentioned that it especially happens when people have followed less education, and when it involves the elderly who want to maintain their traditions.

In the case of teenage pregnancy, some parents encouraged child marriage as a solution to pregnancy. Parents find a man to whom the girl is married off with the intention for the child to be born in a family setting. For children, it is taboo to be brought up in a fatherless environment. Participants shared that for an illiterate man (25-45 years) to marry a pregnant girl or a girl with children but who has some level of education, it is considered an asset to his polygamous household.

"When a girl becomes pregnant here, the father won't mind marrying her off. Unmarried men from the village will also count this as luck and hurriedly comes for engagement of the girl." [IDI with circumciser]

Participants indicated that some girls are given a second chance to get back to school when they fall pregnant. In that case the mother of the girl takes care of the baby. Allowing pregnant girls back to school is reflected in a national policy/law, but not everybody is aware about the existence of this element in the law.

3.5.2 Traditional leaders

The narrative shows that traditional leaders are no longer as influential as they used to be in the community. Nowadays, traditional leaders are less consulted, as their leadership role is replaced by government leaders such as MCAs and professionals serving in various crucial sectors like education, agriculture, health, and land. Most of the participants said that the traditional leaders are not opposing FGM/C but support it. It is in their culture, and they are advocates for continuity of cultural practices in the community.

"Traditional leaders don't play a role as they value marriage. Christian leaders are against early marriages, but they don't condemn it openly." R7: *"According to me, cultural leaders are for it and still*

church leaders are silent about it and it seems cultural influence is taking dominance."

[FGD with unmarried men 18-24 years]

Female traditional leaders are not recognised in the Maasai community, although there are women groups who have their own female leaders, chosen based on motherhood and the respect they have in the family. Women play more of an implementing role in upholding traditional practices. They do not have their own age group set but instead are part of the age group/set of their husbands regardless of their age. They are mandated to take care of their children, husbands and construction of *manyattas*.

3.5.3 Health workers

Study participants mentioned that health workers are doing little or nothing to provide sexual health information to young people. Lack of confidentiality in the health centres was mentioned by young female participants as the reason why most of them do not visit the health facilities for SRH information and services. Girls have no access to contraceptives, but condoms are available for boys in the health centres. One participant said that sometimes doctors are called to conduct FGM/C.

"Health workers are involved in FGM because you will hear people talking saying that a doctor was called to do it. I don't really know them, but you'll hear doctors being mentioned with regard to FGM."

[KII with an NGO staff]

3.5.4 Police

There was little mentioned on what the police is doing in the community to reduce FGM/C or child marriage. Most of the participants stated that the police have never arrested anyone in the community who has conducted FGM/C or married off their daughter while still young. One participant said that the police have too little resources to implement the law and are not able to do their work effectively.

"The police are also doing their best. Whenever they are called to arrest, they willingly do that. However, when it comes to facilitation, there is no means of transport. For instance, the assistant county commission has no vehicle, so this becomes a challenge in the implementation of some of these issues".

[KII with education officer]

3.5.5 Teachers

The role of teachers in addressing FGM/C, teenage pregnancy, and child marriage seemed to be limited to SRH information provision in schools during lessons that are included in the school curriculum. Most participants mentioned that sexuality education is provided during biology classes where young people are taught about body parts and the effects of FGM/C. They mentioned that teachers provide guidance and counselling to young people in schools but have limited power to prevent FGM/C and child marriage in families, whenever a girl is made to undergo it. One participant pointed out that sometimes teachers themselves are responsible for some teenage pregnancies in schools.

"I already mentioned that teachers are doing their best though at times they are contributors to these mess, especially pregnancy. You may not be surprised that you hear a girl having been impregnated by a teacher".

[IDI with circumciser]

3.5.6 Religious leaders

Most participants said that religious leaders are discouraging the practices of FGM/C, teenage pregnancy, and child marriage by talking to their congregations about the dangers. The majority of the participants, both male and female, reported that church leaders are no longer circumcising their daughters and are instead advising parents to stop the practice. Nevertheless, a few participants said that some church leaders do marry off their daughters while young.

"Our church pastors do discourage this. They talk about it, though there are some pastors who are in the forefront marrying off their daughters." [IDI with a teacher]

3.5.7 Government

There is involvement of government chiefs to intervene in cases involving FGM/C and child marriage. Some participants mentioned that chiefs have little impact in stopping FGM/C as parents undermine them, saying that they can do whatever they wish with their children.

I: *"If a girl is married off, what will the chief do?"* R1: *"Nothing."* R2: *"Chiefs even fear some parents."* [FGD with unmarried women 15-19 years]

One participant mentioned that chiefs rescue girls who are forced into marriage and take them back to school. They are also involved in sensitizing the community to stop the practice of circumcising girls and marrying them off.

3.6 Youth engagement (ToC pathway 2)

3.6.1 Intergenerational communication

The channels and approaches of communication used in this community between older and younger generations are hierarchical and defined by gender, status, and age. Generally, young people are expected to approach the elderly with respect due to their age status of advising, consultancy, and their role as guardians of cultural practices. This is applicable for both elderly men and women but seems to be more the case for men.

At the household level, social interaction of boys and girls with their parents is culturally structured. Boys are closer to their fathers, they assist them in daily chores of grazing and watering livestock as well as ensuring safety from human and animal aggression in the grazing fields or the village at night. These activities bond fathers with their sons to an extent of exchanging about family matters.

"*There are things I can talk about with my father because I am his first born and we talk at home. There are things I suggest to him at home like the education of children in the family, he has three wives and has to take care of all the children, so I advise him that it is good to educate them all equally*." [IDI with an unmarried man 20-24 years]

However, not all matters can be discussed freely as expressed by a male participant during an FGD.

"*There is that fear or respect for your father, and you cannot tell him anything, for example, you cannot talk to your father about things like FGM. Instead we just talk amongst our age groups. We approach them with caution*." [FGD with boys 15-19 years]

Girls, on the other hand, spoke about their free interaction with their mothers. When asked about how girls relate to their fathers, most of them mentioned that they usually pass any information to their father via their mother.

"*For me, communicating with my mother is easier but for my father, it is difficult, and I have to tell my mother to pass a message to my father on sensitive issues*." [IDI with an unmarried girl 15-19 years]

At the community level, the interaction of young men and women with older generations is distanced just like at the family level. This was observed in every village the research team visited. Under every tree where people were idling or having their time off, one could easily notice that people flock together as per age and gender, which laid a basis for easy discussions and sharing.

Although there are hierarchies about intergenerational communication, some participants expressed confidence when interacting with teachers, although they are older of age.

"...We communicate freely with them [teachers]. We are not afraid of them."
[IDI with an unmarried girl 15-19 years]

Some young participants expressed their discontent with the negative picture that exists amongst the elderly about young people in the community. They expressed that elders often talk about bad behaviour, while there are also young people that do treat people with respect, but still they are seen as one group.

Some elderly participants indeed felt that young people disregard their position and roles in the community as compared to the past. Modernization and introduction of western religion/culture were mentioned largely as the major forces that affect the common order in the community.

"*As we speak, there is no proper order as before. In fact, there before, elders were respected and widely consulted in almost every important issue in life. They could be given ample time in their homes and in the community at large. These were the people who ensured that there are borderless of respect of interaction of people within the community. They could set age groups, age sets and clans at which the members could carefully respect. It is no longer like that. Respect is gone, the conservation of the good culture is gone and am worried it might not be back again*" [IDI with female circumciser]

3.6.2 Youth autonomy

Girls seemed less used to expressing themselves on sensitive issues and seemed to lack the space to decide about important aspects in their life. The lack of autonomy or to express themselves confidently was also visible by the short responses given during the FGDs with girls.

I: *"Can young people speak out here? Also, about sensitive issues?"* R1: *"Not that much, maybe the ones who are not married yet."* R2: *"We have never tried."*
[FGD with young married women 19-24 years]

"We have some fear. We fear the outcome because if you start telling your parent's such things, what will they think of you?" [FGD with girls 15-19 years]

Boys shared to have more autonomy and freedom to express themselves. Boys are close assistants to their fathers when keeping livestock. They receive space to advise on some issues like education and farming. However, they should not interfere on matters like FGM/C or other cultural practices. Not surprisingly,

most young male participants shared that their role on decision-making over matters that concern FGM/C and child marriage is low. Especially fathers were seen to be authoritative and final decision makers on such matters. Some of the boys reported how they shy off from communicating or even advocating for their rights about sensitive issues on marriage and sexual affairs. To them, they cannot imagine sharing such matters with their parents or other members of the society, including nurses in dispensaries who are not of their age brackets.

"*They (young people) are not consulted. It is cultural and we found that the father has a final decision and in some families when the youth think of doing something, they always find it difficult as they know it shall be revoked by the other parents with a condemnation that they are young and still can't be relied on in decision making. So, you find that they participate less in this community."*

[FGD with unmarried men 18-24 years]

Some girls seemed to be able to choose their marriage partner, but this was only the case when they had completed school. Girls who dropped out of school due to pregnancy had little decision-making power with regard to their marriage partner. This gives the impression that girls and boys hold little space in this community, especially girls in decision-making over matters like marriage and FGM/C.

"In the community, you see parents don't give children permission to do things on their own, and you need parents to assist in making some decisions. So, you find you don't have full power, you always involve them: I: *"For both boys and girls?" "Mostly for girls. They always believe that girls are weak."* I: *"Weak in what?" "It is just a belief."* [IDI with girl 15-19 years]

The Maasai categorizes clans and families on distinct roles, 'luck or bitterness' leadership qualities and wealthy possessions. So, whenever a girl or boy is ready for marriage, the father chooses the preferred family for his son or daughter to get married to. This approach moderates young people and denies them an opportunity to choose their marriage partners.

When asked about reasons why girls and boys seem to have less space in the community to advocate for issues like prevention of FGM/C, teenage pregnancy and child marriage, most interviewed youth mentioned their cultural position in the community which makes them shy away from sharing and even actively advocating on issues that affect them.

Youth clubs within and outside the schools could be a platform for girls and boys to gather and discuss issues. In the study area, we hardly found any youth club apart from a few in schools and managed via the church like debate clubs and youth clubs that cover journalism and wildlife clubs. Such organizations were either teachers' or religious leaders' initiatives and were not driven by youth themselves, hence there was a lack of ownership.

3.7 Sexual and reproductive health practices, information, service uptake (ToC pathway 3)

3.7.1 Youth's desires and expectations regarding SRHR

When participants were asked to share their desires and expectations regarding SRHR, the most common desires expressed were: engaging in sexual relationships, marriage, school attendance/ completion, and improved quality of life.

Young participants mentioned their longing to marry and start families. Some indicated that compared to the past, these days, young people have a bigger desire to engage early in sexual relations. The majority of girls desired marriage, although one girl also mentioned the disadvantages of that desire when getting into marriage: they got disappointed with the outcomes. Some of them also indicated that young men lacked mentors or role models, and as a result, all they desired was to engage in sex, alcohol, and playing pool. The youth wished to be able to acquire an education and give their children a better education (take them to private school). Some participants indicated that the desires of youth were cut short because of poverty.

I: *"What desires do young people here have?"* R1: *"Be married when you have your job and independence."* R2: *"Your children should have better lives than the one you are living. We should work hard so that our children can go to private schools unlike us who went to public schools."* R3: *"That our children have better lives..."* [FGD with girls 15-19 years]

3.7.2 SRHR information

Among the young people that did receive SRHR information, it was mostly received from peers or through teachers, churches, rescue centres, and some implementing NGOs in the community.

When asked about the content of the SRHR information given by either NGOs, churches and schools, the following topics were mentioned: life skills, abstinence, use of condoms, and boy-girl relationships.

R1: *"They teach us during life skills lessons that we should abstain."* R2: *"Sometimes they give us topics to discuss such as how to overcome peer pressure, we are told how to control ourselves during school holidays and not talk to boys so much."* [FGD with girls 15-19 years]

Because of fear and cultural barriers, some young people mainly got SRHR information from their peers.

I: *"Where do they get sexual health information?" "It could be that they are taught at school or home."* I: *"When they have questions on sexual health matters, whom do they ask?" "I think it is difficult for them to ask. They would rather ask their peers."* [IDI with religious leader]

In family set-ups, hardly any SRHR information was discussed between parents and their children. This was attributed to the Maasai culture that considers it a taboo for the elderly to openly discuss these matters with young people. However, one grandmother reported that she guides youth on matters to do with sexuality.

I: *"Do people here sometimes receive reproductive sexual education?" "Yes, I do guide them on matters regarding their future lives. You know children cannot progress well with less guidance. So, I do guide them and also sees their parents' guide them equally."* [IDI with grandmother]

3.7.3 Access to SRH services

Najile has two health dispensaries which are run by the County government of Kajiado. One is situated at Najile village and fully operational with one nurse in charge and another one is located at Shiraishi village, which is not operational. There is also one private clinic at Najile shopping centre which is run by a person that is not a Maasai. Hospitals are far away. Therefore, SRH services are difficult to access, because the services are mainly from dispensaries that are badly equipped. The private health facility is better equipped, but it lacks qualified staff. Most participants did not know if the health centres would provide SRH services. Others mentioned that no SRH services were being provided.

I: *"Do health centres here teach health education to the youth?"* R1: *"Not at all. In fact, they are not even providing other crucial services here, leave alone education."* I: *"If a young person gets sexual diseases like STIs, where do they go?"* R2: *"Yes, sometimes, we do go if herbal fails*."

[FGD with married men 18-24 years]

For those who knew that SRH services were provided, reference was frequently made to condom provision for boys, but no other contraceptives were said to be available.

"I do not have contraceptives, but I have condoms for free. They (boys) come for them, mostly school boys. They may come when not many people are around, but they usually take them."

[IDI with health worker]

Some positive reactions were given about SRH service provision in the hospitals, but such facilities were described as far and out of reach.

R1: *"There is no information provided."* I: *"Even the health centre, does it offer sexual health information?"* R1: *"They go to the hospital when they want to know certain signs and symptoms of STIs, and they can also get tested there for infections."* [FGD with married women 20-24 years]

The most reported group that utilized SRH services were pregnant girls who were accompanied by their mothers in order to access antenatal care (ANC) services. When a girl gets pregnant and she does not feel embarrassed, or the mother is aware of the girl's pregnancy then the girl will go to the clinic for ANC.

I: *"Are girls free to go to those health centres for prenatal services when they are pregnant?"* R1: *"They feel embarrassed, but they go."* R2: *"Some of them are taken by their parents because they are afraid to go themselves."* [FGD young married women]

Some participants indicated that the main reasons as to why they did not access SRH services at the health facilities included lack of confidentiality, lack of knowledge on the importance of accessing SRH services and lack of equipment and materials in public facilities.

Several participants mentioned that when utilizing SRH services, they prefer using the private health facility because they are better equipped.

"Okay, public hospitals here are poorly equipped, but the private clinic is better." I: *"Is there confidentiality here in the health facilities?" "No confidentiality here."* [IDI with circumciser]

Although YIDA had planned to upgrade four health facilities and to provide for youth friendly health services in Kajiado, none of these activities have so far taken place.

3.8 Economic empowerment and education (ToC pathway 4)

3.8.1 Economic empowerment

There are few formal employment opportunities available in the Kajiado area, and they are mainly accessible for men. Some participants said that the only available jobs in the community are teaching in schools and employment by the County government. Several participants mentioned that the ongoing construction of the Standard Gauge Railway (SGR) nearby had offered casual employment to many young men. The jobs provided at the railways do not require any academic qualifications, because the work is

mainly manual. However, this project will soon come to an end. Other young men have started several little businesses, like barber shops, loading lorries, and car wash businesses.

"*Not at all (employment opportunities), maybe the Chinese are now helping with the SGR, but unless one becomes a teacher, there is no employment opportunity here*." [IDI with a social worker]

Most participants, both male and female, said that the main source of income for women included selling milk, selling items in the market like vegetables, chapatti, and beadwork. One female participant mentioned that women in the community also form self-help groups to empower each other economically.

The main source of income for men is the buying and selling of livestock and herding cattle. Some men join Saccos (a public transport company) that enables them to save money to buy cows and goats and to sell the cattle again after a few months. A few participants mentioned *boda-boda* riding, charcoal burning, and land trading as a source of income for men in this area.

Many schools were found to be understaffed with teachers. It seems that at the time of the study, no more budget was made available from the government to recruit extra teachers.

"The challenge now is understaffing of teachers in most schools. The government requires that a teacher handles 60 learners. This is completely bulky, and here you find a school with only three teachers." [KII with education officer]

The majority of the people in the community are entrepreneurs and live from smaller self-employed family businesses. During the draught, they sometimes receive governmental support, but this is not something to rely on. For educated or non-educated youth, it seems that hardly any formal employment is available.

"There is no employment for youth here because even those with degrees many do not have jobs. In terms of economic opportunities, there are none." [IDI with a social worker]

No reference was given to YIDA and its economic empowerment activities to improve the economic situation of families or changes that have been observed during the execution of Yes I Do in this community.

3.8.2 Education and safety at schools

Girl participants in Najile reported that the school environment was safe and also walking distance to schools was not too far. The assistant chief, however, reported that school distances could be long, and some girls are being picked up by *boda-boda* riders, which creates risks to indulge in sexual activity. Participants reported that there were no animals that could threaten their safety, and crime rates were also low. Young female participants indicated to feel safe at school and that they were not sexually harassed. During the midline study, we heard less about rape as compared to the qualitative part of the baseline study that was conducted in Ilodokilani and Ewaso Oo, Nkidong'i. Although a case of gang rape was mentioned and practices of communal virginity breaking exist, it could be that rape cases are underreported.

At midline, a participant indicated that some teachers sexually engage with girls. There are quite several young teachers in these schools. Due to not having enough qualified government teachers available, an 18-year-old young men who had just finished high school were also teaching at the schools in Kajiado area.

3.9 Policy and legal issues (ToC pathway 5)

3.9.1 Knowledge and awareness of laws

The study gives a mixed impression on the knowledge and awareness about the laws against FGM/C and child marriage. All female and male participants below 24 years indicated that people are aware of the laws, especially about FGM/C. The majority of older participants, however, indicated that people are not aware of these laws. The reason why younger people have a different impression could be due to having received this information at school. Another often mentioned reason was that people pretend not to know about the laws against FGM/C. Pretending not to know about the law could, according to these people, prevent them from being arrested.

Several participants explained what kind of actions would be taken in case people disobey the law. Parents could be arrested by the chief and go to jail and pay a fine. Yet also the fines and punishments described by participants varied a lot. Although the fear existed for punishments, in case of breaking these laws repercussions were hardly witnessed. One case was mentioned of an elderly man who married off his daughter of 12 years old, he was arrested but was let go because of his age.

"I know of one case in Mosiro of a man who was arrested and given a life sentence for marrying a twelve-year-old girl. Another one just a few months ago of an elderly man who married off his daughter who was not in school and very young. He was arrested, but it was realized that he was too old, and he was just warned left to go, but the girl got assisted." [KII with education officer]

Participants were more knowledgeable about the law against FGM/C in comparison to the law against child marriage. There seemed to be little to no political will to implement the laws, because – as one participant said – politicians are only interested in getting votes. The elders and clans in this community are very influential and can play an important role to gain votes. Therefore, many politicians would not go against FGM/C or child marriage when elders are supporting these practices.

Chiefs are the leaders that can play an important role in preventing FGM/C and child carriage. They are supposed to arrest people who are committing these crimes. Chiefs were mentioned to inform people, but law enforcement was practiced rarely. Although arrests sporadically took place, the threat of being arrested seemed to have some effect by increased fear. Actions that chiefs did take included supporting provisions for girls that face FGM/C and child marriage by putting them to rescue centres or preventing the marriage. Still, chiefs often got frustrated in pursuing justice, as sometimes traditional leaders and other members of society interfered with the process and blocked their efforts in bringing about change.

"*They are aware (of existing laws), but they still need to be given more education and more awareness. I was saying the other day that us chiefs should be transferred to other places and not where we come from because our community has clans and in case anything happens there is that reluctance to do anything to your clan members, and thus the law has not been enforced. I think local leaders should be shuffled*". [KII assistant chief]

3.9.2 Changes in laws and policies

None of the participants mentioned or was aware of actions taken by the government and NGOs in Kajiado to monitor the laws around FGM/C and child marriage. There was no reference made during this study to the process of domestication, either by chiefs or CBO representatives. During the validation of the study,

YIDA partner pointed at the domestication of the anti-FGM law, which is done by a coalition of many NGOs in collaboration with the County officials. It is at an advanced stage, and the County is about to launch it. Although statistics show that there is a high dropout of girls at upper primary and secondary level due to teenage pregnancy, government officials were found to be silent about child marriage and teenage pregnancy.

4. DISCUSSION

4.1 Prevention of FGM/C, teenage pregnancy and child marriage

The midline study explored changes in attitudes of community members and gatekeepers around the prevention of child marriage, teenage pregnancy and FGM/C using the baseline report as a reference. The results suggest that some gatekeepers have become actively involved in prevention activities. Others, however, are in favour of FGM/C, especially the elders and traditional leaders who are influential and respected in the Maasai community remained adamant in preventing FGM/C and child marriage because they believed that these practices are part of their culture. As indicated in several previous studies, traditional and religious leaders can play an important role to curb FGM/C and child marriage when interventions ensure their full participation (African Union, 2015).

Overall, the results show that the gatekeepers, including traditional leaders, parents, teachers, social workers and government officials (chiefs), seemed to be well-informed about FGM/C. Teachers and chiefs seemed to be most vocal in speaking out against FGM/C. Parents were more silent in discussions on FGM/C than other gatekeepers. In the past, they would criticize anti-FGM messages in the open, but these days, they keep it more to themselves. However, in a secretive way, parents seemed to continue to conduct circumcision on girls. Some participants mentioned that it especially happens among people who have followed less education, and are more in support of maintaining the cultural practices. This could be a consequence of *pluralistic ignorance*, which occurs when most people do not like a norm – but they conform to it because they wrongly believe that their reference group endorses it and believes it ought to be done (Bicchieri, 2016). According to Bicchieri (2016), pluralistic ignorance happens when there is a lack of communication or discussion about behaviour. This could be the case among the Maasai where traditions are not be discussed because they are passed on by ancestors.

We found that there is hardly any dialogue among young participants with their parents on sexuality. Previous studies have shown that parent involvement and strong parent-child communication was reported to be critical in promoting adolescents' self-esteem, prevention of teenage pregnancy and other adolescent risk behaviours including substance use, delinquency and sexual risk-taking (Silk and Romero, 2013; Parker and Benson, 2004). Among the Maasai, there are certain issues that are considered a taboo, including young people discussing sexuality with their parents. Therefore, most parents were reported only to take action when teenage pregnancy already happened. Most girls are married off, but some parents do support their girls who became pregnant by taking them back to school after childbirth.

Although most participants did not support child marriage or teenage pregnancies and did not see any benefits, it seemed that less action is taken by gatekeepers to prevent teenage pregnancy and child marriage in comparison to FGM/C.

4.2 Meaningful youth engagement

This study identified engagement and decision-making power of girls and boys in the reduction of teenage pregnancy, child marriage, and FGM/C. Efforts by YIDA focussed at organisational level, and although intergenerational dialogues have started, it does not seem to have visible effects yet at household level. Girls reported feeling voiceless since it was unacceptable to discuss sensitive issues with their fathers, who

are the main household decision-makers. Some young men reported that at the family level, they played a role in curbing FGM/C practices among their siblings, by having dialogues with their parents against this practice. However, most girls and boys admitted that they have very little ability to discuss sensitive issues.

Female and male empowerment is much needed for them to understand the causes of behaviour and to strengthen different norms that breakthrough patriarchy. Prevailing social norms continue to ensure that women have limited voice on matters that affect them and face several barriers to express themselves in public about harmful practices (Mackie and Lejeune, 2009). The conditions that hinder women from decision-making and becoming leaders include cultural beliefs, structural, gender, and resource issues, traditional marriage and lack of education (Kiamba, 2008; Tripp, 2003; Ward and Kiruswa, 2013). To be able to increase decision-making power, individual and collective agency is required. Many factors contribute to individual agency, including personal resilience and determination, family support, social status, and norms about how much freedom an individual or group has to make decisions (Marcus and Harper, 2015). Previous studies have shown that meaningful youth involvement ensures optimal youth development and acts as a catalyst for systematic change (Blanchet-Cohen and Salazar, 2009; Alicea et al., 2012). Boys and girls reported feeling safer to discuss sensitive issues in school and church forums compared to their homes. Although these spaces are not youth initiated, having more safe spaces where young people can discuss sensitive issues is a start to increase youth empowerment and to be able to take joint positions on matters of FGM/C and child marriage in dialogue with other gatekeepers.

4.3 Taking informed action on sexual and reproductive health

We found that some form of sexuality education is offered in most schools in Kajiado. These schools are often sponsored by churches, and therefore, messages on moral teachings are emphasized. Some young women and men reported that Ujamaa and Amref had provided them with SRHR information.

Young women and men reported not to have received any SRHR information from health facilities, except pregnant teenage girls who had access to ANC services with the help of their mothers. Previous research has shown that for young adults to utilize SRH services and for them to lead a healthy sexual and reproductive life, SRH services need to be accessible, privacy and confidentiality need to be respected, and staff need to have competencies to guide youth (Odo et al., 2018; Mazur et al., 2018).

In Najile, it was reported that there were only three health care facilities available. Although YIDA had planned to upgrade four health facilities and to provide for youth friendly health services, none of these activities had so far taken place. Among the few facilities, it was reported that there was little to no confidentiality. Therefore, young adults found it difficult to visit the health facility. Research has shown that health facilities that pay less attention to privacy and confidentiality issues, having health workers with negative attitudes, and an environment full of stigma and discrimination contribute to low utilization of SRH services among youth (Regmi et al., 2008; Erulkar et al., 2005). To be able to prevent teenage pregnancy in Najile, extra effort is needed to provide safe spaces where youth friendly health services and contraceptives are accessible.

4.4 Education and economic empowerment

More girls seemed to be supported to attend school, which represents progress from the baseline situation. The chiefs were putting in more efforts to support girls and boys to stay in school. At baseline, the safety of out-of-school youth was an issue in Iloodokilani and Ewaso Oo Nkidong'i, because of the long distance to-and-from school. It was reported to be common for girls to get raped while returning from school. However, the midline results indicate that both young female and male participants felt more secured moving around in the community. Still, gang rape and communal virginity breaking occurred and rape situations could also be underreported due to the stigma associated with sexual violence. Another result from the midline study was that students were more comfortable to communicate about sensitive issues with their teachers than other members in the community. The Overseas Development Institute (ODI) speaks about how education can give adolescent girls a peer support network, offering emotional and practical support to deal with the problems they face, including being able to challenge gender norms (Marcus and Harper, 2015). Schools are therefore spaces that can reinforce girls' empowerment. Stronger collaboration, especially between NAYA, CSA and Ujamaa, is needed to engage and empower girls and boys in the schools meaningfully.

We found that there are few formal employment opportunities available in Najile. Men do find temporary manual jobs, more compared to women. There is hardly any formal labour for women, and most of them are engaged in beadwork. For girls to create more economic security on the long term, YIDA needs to reflect on innovative strategies regarding economic empowerment within the context of Najile, where hardly any private sector companies are active.

4.5 Development and implementation of laws and policies

From our findings, it was clear that participants were aware of the FGM/C law. The anti-FGM/C law was said to be the main reason why FGM/C is happening more secretively. Chiefs were more knowledgeable about the law against FGM/C and educated community members about it. Participants spoke about the arrest, and the years one could be sentenced. Some were aware of the child marriage law, but knowledge seemed to be less in comparison to the law against FGM/C. Although the penalties on breaking the laws have created a sense that FGM/C and child marriage are illegal, no real deterrent measures seemed to be taken when the laws are violated. A study by Towett et al. (2014) revealed that the implementation of the FGM Act 2011 in Kajiado County has been constrained by a number of factors, such as deeply ingrained culture and traditional practices, ignorance of the legislation and the consequences of FGM/C, ingrained traditional religious beliefs and superstition, reluctance by law enforcement officers in implementing the Act, as well as high poverty levels in the county. Based on the findings of this study, Towett et al. (2014) recommend that efforts to eliminate FGM/C should not only be backed up by strictly enforcing legislative provisions by the county and national governments, but also by incorporating both elderly women and men who are the custodians of culture in prevention efforts. We support such a recommendation and further recommend that the domestication of the anti-FGM/C law and child marriage law is needed for community leaders and the elderly to understand better why these practices are illegal, but also to define repercussions like fines, that represent the value of a bride price and contribute to girls' education instead of putting people in jail.

4.6 Gender transformative programming

Little difference has been observed in comparison to the baseline study regarding gender equality. Roles of men and women are still very much socially constructed, clearly, categorising boys' and girls' roles. Girls can communicate with their father via their mother. Girls are being blamed for getting pregnant and should, therefore, carry the burden of the pregnancy. Enrolment of girls at higher level schools continues to decrease in comparison to boys, due to teenage pregnancy and consequently child marriage. In the case of school dropout, many policymakers seem to be aware but do not take many actions. Some policy-makers did not see child marriage, FGM/C, and teenage pregnancy as gender inequality issues. Addressing gender inequality requires a systematic approach and demands changes at multiple levels, including within the YIDA organisations. Staff members require more knowledge about what gender transformative approaches entail and need to think through activities that can strengthen gender equity in the Yes I Do programme.

4.7 Male involvement

Some participants shared that in general, boys have hardly a voice on matters concerning them; it is mainly the older men who have a say. Several young male participants criticized the applied method during the 'awareness' dialogues, with some stating that they felt not listened to. Young men indicated to have played various roles in stopping FGM/C practices among their siblings, by having dialogues with the parents against the practice. Education for boys can be an equally important driver of changing norms. As with girls, education can give boys access to new knowledge and ideas about gender equality, encouraging respect for girls' and women's rights. It can enable them to see girls as competent and knowledgeable and to challenge stereotypes about boys having greater innate abilities (Evans, 2014). More effort needs to be made to *meaningfully engage young men and boys* to advocate for SRHR.

4.8 Girls empowerment

Girls empowerment was limited, except for in schools and church activities where they could express themselves and be informed. Most of the girls at the primary school level reported that they could not make their own decisions. It is the parents who decide upon FGM/C and child marriage, and most girls cannot resist the decisions made by their parents. However, girls who are in post-primary school were less restricted and had more decision-making power regarding whom to marry. FGM/C presents a different scenario; it is normally done when girls are at primary level, and therefore, decisions are made for them.

After school extra-curriculum activities, Saturday markets and church meetings were reported to be environments where young people engage in sexual activities. Especially girls that lack the means at home could get engaged in transactional sex with, for instance, *boda-boda* riders. How they manage to have a healthy sexual relationship under these circumstances is questionable and requires more research. Some girls dare to run off to a chief or a rescue centre in case of child marriage or circumcision. Sometimes girls are empowered to stand against these decisions but do not have the supporting network to run to. More reflection is needed from the side of YIDA on how referral and support mechanisms are set up through rescue centres and chiefs. Currently, the girls empowerment education is provided in schools, but a systematic support mechanism to escape from child marriage and FGM/C is insufficient.

4.9 Limitations of the study

The study was conducted in Najile, one of the intervention areas of the Yes I Do programme. However, making an exact comparison with the (qualitative part of) the baseline study to come to conclusions about change is difficult, because the Yes I Do baseline study was conducted in Iloodokilani and Ewaso Oo Nkidong' I and Najile, although close to Ewaso, is not the same intervention area. However, the midline study does provide directions on possible changes over the course of two years. Participants of the study were purposely selected, it was not the aim of the study to select direct beneficiaries of the Yes I Do programme, but some have been engaged in the programme. Therefore, this study gives a more general impression of changes observed in this community. Some changes could be directly related to the Yes I Do programme, when participants were directly benefitting from the interventions, but no direct correlations can be given.

Another research limitation relates to the topics addressed in this study. Among the Maasai community, SRHR is a sensitive social and cultural issue that is rarely discussed in the open. During data collection, especially young female participants were uncomfortable to discuss the subject matter, although interviews and FGDs were led by a female research assistant. The research assistants tried their best to ensure that participants felt comfortable and free to express what they genuinely believed. To get more responses, the research team did an extra FGD with girls from a different area/school, however also in this FGD the female participants were not very talkative, which might have reduced the quality of the data that were collected.

One of the male research assistants is a teacher active in the community of Najile; this could have affected participation during the research, whereby participants felt they have to take part in the study in support of the research assistant, instead of voluntarily participating in research. In addition, the research assistant is an anti-FGM advocate. Therefore, participants could give socially desirable answers during the interviews. Although the research assistant was known, the team reassured the participants' confidentiality.

We desired to get the perspectives of both unmarried and married young men and women. However, the research team was not able to gain the perspective of young married men (15-19 years) because there were no married boys from that age group. It was also difficult to find unmarried women between the age of 19-24 years. Six girls were interviewed that were not married between the age of 17 to 21 years. Most girls had already married at that age. This shows that within this community child marriage among boys is hardly happening and that girls marry at a lot younger age than boys.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

In Najile, changes regarding attitudes and prevention efforts on FGM/C have been observed. Participants were well informed about the negative implications of FGM/C and child marriage. Nevertheless, FGM/C is entrenched in culture and therefore, difficult to adjust. ARPs are contributing to changes, but people need to be better informed that ARPs are not only there for the graduating of uncircumcised girls, but also to create awareness and to mobilise community members against FGM/C.

Due to a hierarchical and patriarchal society and the age/sex structures that empower Maasai men to take decisions, meaningful engagement of young people, especially girls, remains a challenge. Although some young people can meet in schools and churches, more needs to happen to create safe spaces for young people to discuss their concerns and to communicate with the older generations about their sexual health, desires and needs.

Child marriage seems mostly a result of teenage pregnancy. Teenage pregnancy prevention efforts are mostly focused on sexuality education at schools. Although school dropout seems to be on the decrease, when girls get pregnant, the majority of girls are married off. Some efforts are made to prevent child marriage through rescue centres, but for young sexually active youth, there is a serious lack of youth friendly SRH services that exacerbates the lack of access to contraceptives to prevent teenage pregnancies.

Most actions and messaging to prevent these three issues were focused on information about the law and negative health consequences on FGM/C, providing sexual health information in schools and promoting girls' education to prevent child marriages. Influences from teachers, chiefs, and church leaders were visible. Parents, however, could get a bigger role in interventions to strengthen communication with girls and boys.

Collaboration of YIDA with the private sector collaboration is not visible and it is questionable if it is a suitable strategy in the context of Najile, where most formal jobs like construction work are only available for young men. More efforts in drought resistant agricultural activities and other forms of resilient programmes that contribute to healthy livestock are necessary. When communities are supported to keep their livestock alive, the Maasai community will also be more receptive for other kinds of messages and adaptations of practices.

The domestication of the laws against FGM/C and child marriage brings opportunities to implement these laws and to find solutions and precautions to prevent FGM/C and child marriage that fit within the context of the Maasai community, other than putting people in jail.

5.2 Recommendations

Based on these findings, the following recommendations are made:

5.2.1 Pathway 1: Community attitudes and actions

Most YIDA partners work with the government's chiefs as contact persons and for mobilization of community members. This has enabled the YIDA partners to do their work as planned without resistance by the community members. In order to reach more people and influence the change needed within the

planned period, more stakeholders need to be brought on board to work with the youth and elders, both women and men. This requires strategic mapping to identify clan leaders among the men, youth and women leaders.

More engagement of mothers and fathers to start dialogues with their children on sexuality and health is needed. Dialogues are essential between older and younger generations of women and men, to understand girls and boy's life challenges.

ARPs are a way to reduce FGM/C and enhance the rite of passage. Communities seem to view ARPs as something meant only for uncircumcised girls to graduate. ARPs' objectives, therefore, need to be elaborated to the community members: they are also processes to create awareness and to mobilise communities to take a stand against the practice of FGM/C.

5.2.2 Pathway 2: Meaningful youth engagement

Young people require safer platforms like own initiated youth dialogues and youth clubs where SRHR issues are discussed, and agency of girls and boys is reinforced. There is a need to promote agency and empowerment of young women so that they can better influence decision-making processes around harmful practices, sexual relations, and resist peer pressure and stigmatisation.

Young men require more meaningful engagement to be advocates against FGM/C and child marriage, and to take responsibility for teenage pregnancy. Information is provided, but they want to be listened to more.

5.2.3 Pathway 3: Access to SRH services and information

Teachers are currently mostly in touch with youth on SRHR. They can have a stronger role within the Yes I Do programme, and more in-service training needs be provided to them to play a role in monitoring behaviour change among youth in school.

There is a huge gap in access to SRH services in the community. There is the need for YIDA to partner with the County Health Department to facilitate solutions to provide youth friendly health services, to mobilise health workers and to facilitate access to contraceptives, including condoms in these communities.

5.2.4 Pathway 4: Education and economic empowerment

More scholarships are required to support the children of parents that are receptive to the messages against FGM/C and child marriage. This will give practical meaning to the objectives of YIDA.

Meaningful economic literacy and empowerment are needed, which match with the climate conditions in Kajiado, like draught resistance and resilience approaches. Goats keeping seems to be the best farming method to apply in this area as it is characterised by shrubs and vegetables with the ability to withstand long droughts. As a mitigation measure, the community needs to be provided with economic literacy to stock hay and do small-scale irrigation using water harvested in the popular earth dams in the area. Collaboration is required with organisations that engage in these matters in Kajiado.

Since there are hardly any formal employment possibilities in Najile, YIDA needs to evaluate their private sector collaboration strategies. It needs to be assessed whether it is still worth to invest in private sector collaboration within the next two years, or to focus on other elements of economic empowerment that can directly benefit the community.

5.2.5 Pathway 5: Policies and laws

Creation of by-laws can get the community engaged in formulating their own rules to stop FGM/C and child marriage. This can only be successful through proper culture/norms mapping with a holistic involvement of key people in the community including women leaders, men, youth and more so the custodians of culture who mostly are clan, age-set/group elders.

5.3 Suggestions for further study

Teenage pregnancy seems to be one of the major consequences of FGM/C and causes of child marriage among Maasai girls. Although factors that influence teenage pregnancy are known, less is known about desires and agency of girls about sexual relationships with boys or men in these communities, especially around sexual relationships with *boda-boda* riders, transactional sex caused by poverty and girls who are in school and get pregnant. In a context where girls have little space to express their voice and to influence decisions around sexual health, more exploration is needed about possible drivers of change. How are sexual desires of boys influencing girls and how are sexual desires of girls influencing boys? More insights into this can inform ways for young people to advocate for sexual health and to prevent teenage pregnancies.

Another area of interest is to explore economic alternatives for girls. It seems that hardly any formal employment is available in Kajiado. Most people and women are part of the informal economy, through small businesses like beadwork and the selling of milk. Although more girls are benefitting from education, what will be their alternative after finalising primary/ secondary education than early marriage and teenage pregnancy? More research is needed to explore ways that shape girls' livelihoods capabilities and their longer-term life chances.

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