

Susan's Story: Keeping Secrets and Promoting Family Planning in Rural Kenya



Nurse Susan Kajuju

In Kenya's remote North Eastern Province, a woman nervously approached the Ijara District Hospital. She wanted to learn about family planning but feared for her privacy. In her deeply religious community, comprised mainly of ethnic Somali Muslims, households have an average of eight children and family planning is viewed with suspicion. "Are you going to keep the secret?" she asked the young nurse.

Nurse Susan Kajuju accepted a post at Ijara a year ago through the Capacity Project's Emergency Hiring Plan. She was among 830 health workers recruited and deployed to 219 key sites across the country. "When I came here there was only one method given to the clients," she recalls, "and I found very few are taking the methods—five in a month, ten in a month."

Modern contraceptive prevalence among married women here is less than 1%, far lower than the national rate of 39%.

Kajuju began by meeting with local groups, visiting people in their homes and attending social events. Quickly she learned that "here the men must be involved—they're the ones that make the decisions as far as the community's concerned." Little by little, she made her mission known. Since she heard that men would be more likely to accompany their spouses to the clinic during the evening, she started an evening shift—and even sheiks started to show up with their wives. But she faced many challenges.

In North Eastern Province only 7% of women and just 0.6% of men approve of family planning, according to the Kenya Demographic and Health Survey. However, Kajuju knew that both women and men were interested in her services. Local men began to confide, "My wife has had this number of children and I would want you to assist, but I don't want people to know." Confidentiality was clearly a major concern.

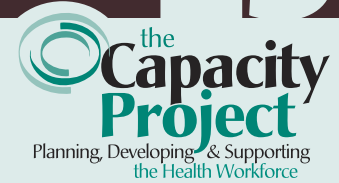
To earn clients' trust, Kajuju offered services through her home and at unusual hours. "I'm getting so many people coming to my house. Maybe I give them the appointment when there is nobody seeing them get there, because once they see, these people are spreading the news very fast, like bushfire! 'So-and-so has taken the method!'"

She describes a client who had previously received a contraceptive implant from a hospital staff member. This information had been leaked, and the woman was mortified. "She came telling me, 'The other one went and spread the news about me!' The husband is a sheik; he was so uncomfortable, because now that would be discussed." Thinking creatively, Kajuju proposed that she remove the implant and give the woman a different method. "I told her, now you can go say it has been removed." No one learned about the new method, and her privacy was restored. "Yesterday the husband came to the hospital; he was telling me she's okay," Kajuju reports happily.

Kajuju's zeal is rooted in her personal experience. After she delivered her firstborn, she was very weak and didn't want to have more children too soon. Kajuju's sister was also an influence: "In



Ijara District Hospital entrance



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continued

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a year she had two babies. There was a lot of fighting, because the husband was not happy: 'It was you who was supposed to plan!' So my sister was telling me, you should take the method." Kajuju shared familiar misconceptions about side effects from implants, but counseling allayed her fears. This helps her build trust with her clients. "I can tell the mother I also have this, I show them—and they take the method."

In Ijara District, Kajuju has vastly increased the number of women taking family planning methods. "I have gone up to 100, sometimes 170 a month," a huge jump from five or ten. "You really have to sacrifice a lot of time. You have to go down into the community, then become very known. If you counsel one and that one accepts [a method], maybe she's able to talk to the others and tell them about [the advantages]." Educating the community is vital. "They don't have the right information, just like I didn't have."

She adds, "You don't say you are busy, because some of them come from very far—so if you are not going to avail yourself, maybe you will miss that opportunity. You also have to be approachable, really you have to be simple." In short, "you have to avail yourself, you keep their secret, then you give the method."

The Capacity Project's Dr. Nancy Kidula lauds Kajuju's achievements. "Before she went there people were only using the injectable Depo Provera. Now they are using the whole contraceptive [method mix]. She is doing health talks, she is sensitizing people about the methods and she is available." Above all, Kajuju has discovered a major key to success in Ijara: "She maintains confidentiality."

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Emergency Hiring Plan workers in Kajiado District Hospital



Emergency Hiring Plan worker assisting with urgent case at Thika

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