

**Lund University Department of Sociology Division**

**Welfare Policies and Management**

**ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH AND  
RIGHTS (SRHR) IN INFORMAL URBAN SETTLEMENTS:**

**Changes, Challenges and Life-Strategies**

**of Adolescent Girls Living in Kibera, Nairobi**



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*The increasing urbanization trends in Sub-Saharan Africa (SSA) and the proliferation of urban poverty together with the explosion of informal urban settlements have led to a shift in the international poverty alleviation agenda from the focus on rural poverty to an increased emphasis put on the particularities of urban poverty. Kenya is one of the fastest urbanizing countries in SSA and the majority of the population in its capital Nairobi, reside in informal urban settlements and live under the national poverty line. An important aspect associated with increasing urban poverty, despite the often assumed urban advantage, is the worsening of social and health indicators among the urban population living in informal urban settlements. This is especially acute in relation to Sexual and Reproductive Health and Rights (SRHR), the urban poor being more vulnerable to adverse SRHR outcomes compared to the rural population. Given the youthfulness of the population in Kenya, special attention needs to be devoted to adolescents living in marginalized urban areas, who remain one of the most vulnerable sub-groups with regard to SRHR related risks and access to adequate information and good quality services. Thus, this study aims to provide insights to the realities lived by adolescent girls in Kibera, one of the largest slums in Nairobi. More concretely, this study endeavours to illuminate the mechanisms present in adolescent girls' transition from childhood to adulthood and the decisions and actions taken during this period. Special attention is devoted to the exploration of experiences, beliefs and perceptions regarding relationship formation and sexual initiation. The study is based on interviews conducted with 43 girls, including both individual and group interviews. The data is analysed through a life-course approach that permits the exploration of individual life-strategies and the decisions and actions taken within them. The study concludes, that girls play an active role in shaping their life courses through an agency that unfolds in and is shaped by multiple levels and interdependent spheres of life. Hence, despite awareness of SRHR related risks, decisions and behaviours that might have adverse consequences not only in terms of SRHR but also in terms of their future and broader life strategies, might still be taken. It is suggested that a comprehensive understanding of the circumstances in which girls navigate their lives and how this influences their decisions, actions and behavioural patterns, needs to be developed if interventions that aim to reduce the SRHR related risks among the youth ought to succeed.*

*Key words: Sexual and Reproductive Health and Rights, Adolescence, Gender, Life-Strategies, Urban poverty*

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## **1. INTRODUCTION**

In the face of accelerated urbanization trends especially in Sub-Saharan Africa (SSA), the focus of the traditional poverty alleviation agenda has shifted from rural areas to a greater attention devoted to urban poverty. Despite the often held assumptions of urban advantage in terms of health and economic conditions, the proliferation of informal urban settlements (slums), that are increasingly absorbing most of the urban population, is notably acute in SSA in general and in Kenya in particular (World Bank, 2006; UnHabitat, 2014a, b; Fotso & Mukiira, 2008). In SSA, about 70 % of the urban population lives under the 2 USD poverty line and in Nairobi which hosts one third of the Kenya's urban population, 60 % resides in informal urban settlements and 73 % of the slum population lives under the national poverty line of USD 42 a month. (World Bank, 2006; Baker, 2008; UnHabitat, 2014a). The characteristics of informal urban settlements include high population densities, widespread poverty and unemployment, criminality, insecure living conditions and low quality housing, poor hygiene, lack of access to water and sanitation facilities, as well as poor infrastructure and exclusion from public and basic social services (World Bank, 2006; Mberu et al, 2014).

An acute aspect associated with the aforementioned is the deterioration in urban health and social indicators, and especially the adverse outcomes in relation to Sexual and Reproductive Health and Rights (SRHR) (Mberu et al, 2014; APHRC, 2014). The latter is particularly acute among adolescents who remain disproportionately vulnerable to SRHR related risks (Mberu et al., 2014; APHRC, 2014). For this reason, this study aims to explore the SRHR among adolescents living in informal urban settlements, by examining the transitory period from childhood to adulthood and how that links with SRHR of young women living in Kibera, one of the largest slums in Nairobi. Moreover, the purpose is to further emphasize the importance of SRHR as a health and social policy priority in developing contexts by producing evidence to the realities in which young women living informal urban settlements of Nairobi find themselves. The risks faced by adolescents living in these settlements in their transition to adulthood include extreme poverty, poor schooling outcomes and school drop-out, illiteracy, early marriage, unwanted pregnancies, high levels of HIV/AIDS infections, sexual and gender based violence, engagement in transactional sex, unsafe abortions and lack of access to basic services (Mberu et al., 2014; Mumah et al., 2014; Beguy et al., 2013).

Despite the critical nature of the transitory period to adulthood, the international development discourse as well as the public health research has primarily focused on SRHR, HIV/AIDS and family planning among adult women, without acknowledging the specific SRHR outcomes for adolescents created by the transition to adulthood. However, the challenges faced by adolescent girls in impoverished areas in relation to the physical and emotional processes related to puberty including Menstrual Hygiene Management (MHM) and SRHR are indeed gaining increasing attention both at national and international policy and practice levels (Sommer et al., 2014; Jewitt & Ryley, 2014). Much of the existing literature on the health of adolescent girls in low and middle income countries focuses on the unique and interrelated gendered health risks such as vulnerability to unintended pregnancies, Gender Based Violence (GBV) and HIV/AIDS and Sexually Transmitted Infections (STIs) (Sommer et al., 2014). However, such studies often examine prevalence, probabilities and levels of awareness, rather than go deeper into the mechanisms that lead to the incidence of gendered health risks.

Sexual activity and giving birth can be said to be almost universal events in women's lives all around the world (Berer, 2002). Without a doubt, becoming a mother is also one of the strongest attributes associated with the female body, as much as it is perhaps the most powerful social and cultural constructs of the female identity (Harcourt, 2009, p.28). With sexual activity and reproduction being a natural aspect of human behaviour, essential for the survival of the human race and something everyone is profoundly affected by (Berer, 2002), it could be assumed that SRHR would be given top-priority in any country's social policies as well as it would in the international development discourse and practice (Berer, 2002; Mackintosh & Tibandebage, 2006). However, when 40 % of the disease burden of women in their reproductive age in Sub-Saharan Africa is connected to sex and reproduction, the maternal mortality rate is 1000 for 100,000 live births compared to the global average of 400, SSA having 69 % of world's people living with HIV/AIDS of which 60 % are women, and one of the highest rates of teenage pregnancies and unsafe abortions is found in the continent, it seems that this is not the case (Mackintosh & Tibandebage, 2006; Mojola, 2014).

Indeed, social policies and the public sector are grounded on different assumptions of gender and gender roles, shaped and filtered through social institutions that are "bearers of gender" (Sainsbury, 1999; Mackintosh & Tibandebage, 2006). Health systems and how these are organized represent a case in point, reflecting and responding to the gender inequalities in the wider society as put by Mackintosh & Tibandebage (2006):

*“The patriarchal ideology which treats women as inferior to men and allows them few decision making powers also continues to bear heavily on women’s sexual and reproductive health. Women lack freedom over their sexual lives, putting them at risk of contracting STDs as unwilling partners, and lack resources for reproductive and other health needs. Adolescent girls are immensely vulnerable, especially girls struggling to cope with poverty in ways that puts their health at risk in a health system that cannot assure their protection nor meet their health needs” (Mackintosh & Tibandebage, 2006, p.248)*

The health systems in SSA countries have been since the introduction of donor-initiated Structural Adjustments Programs (SAP) in the 1980, and still remain to a great extent, characterized by the commodification, commercialization and re-familization<sup>1</sup> of social welfare, social protection and social services most notably the health sector (Mackintosh & Tibandebage; 2006) The process of health restructuring reduced governments’ role limiting it to regulation and priority setting based on cost-effectiveness. This implied increasing contracting out of government funded services to independent providers, liberalization of private health provision and pharmaceutical sales and the promotion of a “welfare mix” of public private and voluntary/third sector providers (Seeleb & Kaiser, 2008; Mackintosh & Tibandebage; 2006, Wood & Gough; 2006)

The aforementioned health sector reforms (HSR) were also implemented in the Kenyan context, in which health financing was considered as the major barrier for the improvement of public health systems and quality (Anangwe, 2008). Emphasis was put on cost-sharing and involvement of private/third sector in the delivery of health services (Anangwe, 2008). One of the most important measures taken was the introduction of user fees stressing the individual’s responsibility for their own health (Anangwe, 2008). A survey conducted in slums settlements in Nairobi including Kibera, confirms this commercialization; out of 503 health facilities, only six were public, 79 were not-for profit private facilities, and the majority 418 facilities were private for-profit health facilities (Fotso & Mukiira, 2011). Indeed, the health care services in Nairobi’s slums are primarily provided by privately owned informal health facilities and are often unlicensed, unsupervised and characterized by low quality, insufficient equipment, lack of supplies and shortages of trained personnel (Fotso & Mukiira, 2011). For example, women who seek maternal health services are not always able to reach the not-for-profit health providers and/or cannot receive good quality care through public providers due to the latter

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<sup>1</sup> Commodification refers to the greater involvement of markets in the provision of health services, or government’s purchase of health services on behalf of the citizens. Commercialization encompasses commercial behavior of public bodies, thus is wider than privatization that refers to the sale of state owned assets to private sector. Re-familization denotes the increased role of families in providing and meeting the welfare needs of individuals (Hassim & Razavi, 2006, p.15)

being underfinanced and lacking of most basic essentials (Fotso & Mukiira, 2011). The private health care facilities some of which are well-equipped, are often accessed based on pay-before-service, which remains problematic given the limited financial means of the slum population leading to a reduction in health seeking behaviour (Fotso & Mukiira, 2011). Moreover, the youth's access to health services in Kenya remains limited, especially in terms of access to quality and friendly health care, STI services, safe abortion, maternal health services and family planning (KNCHR 2012; APRHC, 2014).

One of the major consequences of the health sector restructuring in SSA, has been the demise of an integrated primary health care system and the emphasis on vertical targeted interventions, affecting especially the health needs of women and children (Mackintosh & Tibandebage, 2006). SRHR services are argued to have become lost in the process due to the prioritization of disease-based funding, the loss of public bodies ability to provide care and the insufficient attention devoted to the effectiveness and social importance of universal reproductive health programmes in producing benefits to women's and children's health (Mackintosh & Tibandebage, 2006; Harcourt, 2009) Moreover, SRHR services in Kenya are largely donor funded making their delivery highly unsustainable and unstable (KNCHR, 2012). Targeting and disintegration of health services is argued to “*waste resources and to undermine access*” (Mackintosh & Tibandebage, 2006 p.249). Targeting of health services, reflects the overall social development paradigm prominent in developing contexts based on an idea of “safety nets”, creating targeted programs for targeted groups of people, emphasized not least by international donors (Mkandawire, 2004). However, this could be called into question in contexts where poverty and exclusion is widespread, as in Kenya where 45,9 % of the population lives under the national poverty line (Kenya, 2016).

The international conference on population and development (ICPD) held in Cairo in 1994, has marked an important point in setting SRHR on the international agenda. The conference for the first time, shifted the focus from top-down population policies aiming to reduce fertility and population growth, to underline the SRHR of women (Beret, 2002; Harcourt, 2009). This included, having safe and satisfying sexual life, access to appropriate safe, effective, affordable and acceptable methods of family planning based on informed choice and dignity, prevention, diagnosis and treatment of STIs/HIV, services for safe pregnancy and childbirth, elimination of harmful practices, emphasis on poverty alleviation, girls' education, women's' empowerment and reproductive rights (Mackintosh & Tibandebage, 2006, p.248).



The Cairo approach, acknowledged women's right to control their bodies in all spheres of reproduction comprising also the access to contraceptives and freedom from coercion (Harcourt, 2009). However, despite the advances made in Cairo, embedding SRHR into the framework of human rights, the agenda failed to challenge macro level social and economic inequalities within and between countries and the inability of the prevailing neo-liberal market approach to deliver sexual and reproductive health to the vast majority of the population (Harcourt, 2009). The core problem is seen to be that the Cairo approach reduced women to reproductive bodies and "women's issues" to be those those of reproductive rights, safe abortion and health, ignoring their roles as social and economic agents (Harcourt, 2009). Ironically, the exclusive focus on SRHR removed attention from the need for comprehensive primary care, social security, access to resources, food, employment, water and infrastructure, that would enable the realization of SRHR in the first place (Harcourt, 2009).

Based on the Cairo Plan of Action, a National Reproductive Health Strategy 1997-2010 (NRHS) was developed in Kenya, and its revised version provided the basis for the National Reproductive Health Policy introduced in 2007 (Fotso & Mukiira, 2011). In 2003 a specific National Adolescent Sexual and Reproductive Health Development Policy (ARHD) was adopted (Republic of Kenya, 2015). The broad objectives of the policy include; the promotion of adolescent SRHR, enhancing the access to high-quality, efficient, effective and adolescent-friendly SRHR information and services, increasing gender equality and equity in SRHR, supporting adolescent participation in SRHR planning and programming, the promotion of legal and socio-cultural environment for provision of SRH information and services and to strengthen the collection of age and sex disaggregated data on adolescents (Republic of Kenya, 2015). The more specific objectives are the reduction of; STI, HIV and HPV burden, levels of early and unintended pregnancies, traditional practices such as female genital mutilation (FMG), drug and substance abuse and gender based violence. Furthermore, the policy stresses the need to encourage delayed sexual debut and abstinence and to address the SRHR related needs of marginalized and vulnerable adolescents such as the youth in informal urban settlements (Republic of Kenya, 2015). However, it explicitly states that in order to maintain the focus on young peoples SRHR, the policy aims to improve health rather than being about development (Republic of Kenya, 2015). However, the latter might indeed impede the achievement of the policy's objectives.

## 1.2 Specific Aims, Statement of Purpose and Research Questions

This study attempts to provide insights to the ways in which young women in Kibera navigate their lives, the changes and challenges they face, the strategies they employ to mitigate these and the consequences this might have for their SRHR. Furthermore, it is maintained as important to understand the decisions, behaviours and actions taken by young women and how that might influence their SRHR and future life opportunities. This is considered important, for two reasons; firstly, in order to go beyond quantitative examination of SRHR and instead further elucidate the factors and mechanisms that might provide insights to why gendered health risks such as high rates of unwanted pregnancies, unsafe abortions and HIV/AIDS among young girls persist, secondly, the latter is regarded as essential if effective public health interventions aiming to mitigate and reduce the SRHR challenges ought to be designed and implemented. In order, to avoid reducing girls and women to “reproductive bodies” (Harcourt, 2009), a life course approach is adopted. The latter is regarded as useful as it permits the examination of individual biographies, through agency that unfolds in various interdependent spheres of life simultaneously as well as is shaped by the wider political, economical, social and cultural context. Thus the research questions guiding the study are the following.

*What does the process of transition from childhood to adulthood look like in the context of informal urban settlements and what implications does it have for the SRHR of young women in the context of the study?*

- *What meanings do girls attach to the transition to adulthood, how do they experience adolescence? What challenges and changes do they experience while growing up and what strategies to they employ to mitigate the challenges?*
- *What kind of life strategies do adolescent girls employ and how do they make decisions and take actions within these strategies?*
- *How do adolescent girls view the process of engaging, timing and sequencing sexual relationships, what kind of sexual relationships they have, and how do they rationalize them?*

This thesis will begin by outlining the methodology and methods employed in the study and then continues with an overview of the context of the study as well as the relevant literature. Thereafter, the theoretical and conceptual framework employed will be discussed followed by the analysis of the empirical data collected. In the final section, a concluding discussion will be presented.

## **2. METHODOLOGY & METHODS**

### **2.1 Talking About Sensitive Topics with Adolescents: Individual and Group Interviews**

Given the nature of the research questions - focusing on experiences and meanings as well as decision making and action- the study is qualitative in its nature. The methods employed in this study are individual interviews complemented with group interviews. An important reason leading to the decision to choose interviews as the primary method of data collection is the attempt to give voice to the interpretations of the adolescent girls themselves rather than relying on the adult interpretations of their lives (Eder & Fingerson, 2001). Moreover, interviews, rather than ethnography and observation, has the potential to study and lift up topics that do not necessarily feature in the everyday conversations and interactions of the adolescent girls (Eder & Fingerson, 2001). Sensitive topics such as adolescence, menstruation, sexuality and sexual relationships, albeit present in the everyday life of every adolescent girl, are not necessarily discussed with peers, parents, teachers or in the public space in general. (Eder & Fingerson, 2001) Based on the literature review, several studies emphasize the need for secrecy around issues related to sexuality, sex, puberty and menstruation and the existence of taboos surrounding the female body. Thus, it could be expected that girls in the context of the study would find it difficult to talk about these issues in their everyday life.

An important aspect to be considered when doing interviews with adolescents is the creation of a “natural setting” and minimizing the power relationships between the researcher/s and the respondent/s (Eder & Fingerson, 2001). The interview situation, by definition, establishes a power dynamic between the interviewer and the respondent with the former having the control over the research process and the one posing the questions (Eder & Fingerson, 2001). This power dynamic risks being further exacerbated by the age and cultural differences in interviews conducted with children and adolescents (Eder & Fingerson, 2001). In order to strive for the creation of a natural setting and minimizing the power dynamics within the interview situation, group interviews can be a valid tool of data collection (Eder & Fingerson, 2001). A group situation can be more comfortable and relaxed for adolescent to discuss sensitive topics given that in a group situation the respondents outnumber the researcher reducing the power differentials (Eder & Fingerson, 2001). Moreover, children and adolescents create meaning collectively in interaction with each other and a group setting permits the children to build on each others answers, provoking each other to alternate their thoughts or come up with ideas they otherwise would not have thought of (Eder & Fingerson, 2001; Bryman, 2012). Related to the previous, in group interviews the other respondents exercise a certain amount of control

over each other challenging each other's views which might give the researcher a more realistic account of what individual's think than in individual interviews in which the respondent is rarely challenged (Bryman, 2012).

During the data collection, it became apparent that the group interviews were useful in stimulating a general discussion on adolescence, menstruation, SRHR and sexual relationships as well as in creating more in-depth and developed answers. However, the respondents seemed careful or reluctant in sharing their private experiences especially in terms of their sexual experiences but spoke in general terms often referring to other peers or girls they know. Thus, individual interviews were conducted, with different respondents to those who had taken part in the group interviews in order to maintain privacy, confidentiality and to create a more secure atmosphere to discuss personal experiences. Indeed, individual interviews permit the study of the individual attitudes, beliefs and experiences which might not surface during the group interviews but which are necessary for the understanding of the phenomena (Eder & Fingerson, 2001). Thus, a combination of individual in-depth interviews with group interviews was seen as necessary in order to better uncover the social phenomena under investigation.

## **2.2 Data Collection**

During the data collection 14 individual interviews and six group interviews were conducted. In total 43 girls between the ages 11 to 18 participated in the interviews<sup>2</sup>. Given that the free time the girls in the study have is very limited, the only option was to conduct the interviews in the schools during their school time. Thus the interviews took place in five different schools in Kibera and the permission to interview was acquired from the principals in each school. Depending on the respondents as well as the time the teachers would give for the interviews, the individual interviews lasted from 30 minutes to 1 hour, and the group interviews from 45 minutes to 1 hour and a half. The interviews were conducted with the assistance of a local key-informant who worked with the organization (The Cup) that facilitated the set-up of the field study (see below 2.3). It was deemed necessary to do the interviews with someone who knows the local context and shared a similar background with the girls. This helped to reduce the power relationships in the interview situation and facilitated the opening up of the girls. Moreover, the key-informant translated from English – Swahili, if it was needed. Usually, the interviews were conducted entirely in English, however at times the respondent/s felt more comfortable in answering in Swahili despite having understood the question in English. A

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<sup>2</sup> See app. 1 for respondent information, both individual and group interviews.

meeting was held with the key-informant beforehand in which the thematic interview guide<sup>3</sup> and the nature and purpose of qualitative research were discussed. In the course of the data collection, the key-informant also provided useful insights based on which the interview guide was updated. Moreover, that the key-informant was familiar with the contextual language and communication structures greatly facilitated the formulation of the question in a manner understandable for the respondents.

### **2.3 Sampling**

The sampling of the girls to be interviewed was done through the help of a local NGO- The Cup- working with MHM and SRHR in Kibera. The organization, before starting their activities in different schools, conduct an introduction survey with all girls aged 11 and up.<sup>4</sup> The girls to be interviewed were initially sampled from the introductory surveys and the choice was based on age (11-18), them having started sexual activity, or having explicitly stated that they had engaged in transactional sex in order to raise money to purchase sanitary materials to cope with their menses. In order to reach the girls, firstly those girls who had provided a phone number (normally for their parents since they rarely possessed own mobile phones) were called. However, some of the numbers were not in use and those parents who answered were at work and never got back to us despite promises even if called several times. For those, who had not provided a phone number, the schools of the girls were visited. Some of the sampled girls could be found, but others had changed schools, dropped out and/or were pregnant and even in one case a girl had died due to an illegal abortion shortly before I visited the school. Thus, it was those girls who could be found that were interviewed and this sample was complemented with other girls chosen by the teachers in the same age group, most of whom had also participated in the organization's activities but some of whom had not.

### **2.4 Problem Centered Interviews**

The interview method chosen for the study was Problem Centred Interviews (PCI), an appropriate method when the research focuses on meanings, individual opinions and behaviours and investigates actions and experiences as well as their justification and evaluation (Witzel & Reiter, 2012). It is especially convenient when attempting to understand topics, objects and interrelations which are little explored (Witzel & Reiter, 2012). The latter is the case for this study as well. The problem in PCIs denotes the specific research question or research aim of the study (Witzel & Reiter, 2012). The precondition for conducting PCI is however that the

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<sup>3</sup> See app. 2 for the interview guide

<sup>4</sup> See app. 4 for the introduction survey

problem or research question is socially relevant. By this is meant that the research problem has to correspond to an everyday problem that the respondent can identify with and also has motivation to deal with (Witzel & Reiter, 2012). It could be argued that the topic of this study satisfies the criteria for PCIs to be an appropriate method, as the aim is to address the everyday issues of adolescence, changes, challenges and life strategies “through the eyes and lived experiences of the people” (Witzel & Reiter, 2012, p.17).

PCI has its roots in interpretative research, it accepts that social world is a meaningful interpretative process of social interaction and changes in these interactions; the meanings attributed to things guide individuals’ actions and as a result from a process of social interaction in which they are interpreted, revised and modified (Witzel & Reiter, 2012, p. 13). Thus the purpose of social research is to get access to the interpretative knowledge of individuals. (Witzel & Reiter, 2012). PCIs aim to transcend the boundaries of the traditional antagonism between the primacy of prior scientific knowledge vs. the requirement of naïve openness of the researcher (Witzel & Reiter, 2012). Rather, PCIs stress the importance of a discursive dialogue between the researcher and the respondent. By this is meant that the researcher’s prior knowledge in the form of everyday knowledge, contextual knowledge and research knowledge acquired from previous studies, meets the respondents’ practical knowledge on the issue (Witzel & Reiter, 2012). In order to use the prior knowledge without losing the principle of openness, PCI uses a sensitizing framework that organizes the prior knowledge into sensitizing concepts that give a higher distance to the actual research problem but which give guidance and a general frame to the research (Witzel & Reiter, 2012). Sensitizing concepts are empirically less contentful lacking a precise social reference but indicate where and what to look at. However, they are open to be filled with empirical information on the research problem by the respondents’ perspectives (Witzel & Reiter, 2012, p.14-15). At the same time, it helps to maintain the focus of the study allowing the refinement, contestation and/or confirmation of the researcher’s social scientific knowledge and constructs in a dialogue with respondents’ common sense constructs (Witzel & Reiter, 2012).

PCIs accepts the non-negligible influence of the interviewer at all stages of the research and adopts an active interview approach emphasizing the creation of meaning in the interaction between the interviewer and the interviewee (Holstein & Gubrium, 1995). The subject behind the interviewer is equally important as the active subject behind the respondent (Holstein & Gubrium, 1995). PCIs aims to facilitate the creation of a dialogic conversation structure that helps to unravel the respondents’ perspectives on the particular problem (Witzel & Reiter,

2012). In practical terms, this translates into an interview guide that has purpose to secure the focus on the research problem and also to allow for comparability of the individual interviews (Witzel & Reiter, 2012). Rather than being a semi-structured interview guide, PCIs employ a topical guide that thematically organizes researchers' prior background knowledge (Witzel & Reiter, 2012) (see app.2). According to this method for this research, these thematic fields were further divided into subcategories and few pre-formulated questions that facilitated the interview in those instances when communication is challenging or silences emerged. However, the pre-formulated order of themes or topics was flexible giving preliminary guidance rather than establishing a fixed order (Witzel & Reiter, 2012). Indeed, the topical priorities of the respondents and the order in which they emerge were given priority and developed further during the interview (Witzel & Reiter, 2012). The respondents were invited to participate and to ask questions making the interview situation a fruitful occasion for them to discuss topics they rarely discuss with adults, making it a mutually beneficial. The conversational approach to the interview was beneficial also in terms of avoiding teacher-pupil attitude and question-answer approach which might lead to a respondent bias in the sense that the girls' feel that they are taking a test. Sometimes, the questions asked by the girls on sensitive issues reveal even more than what they answer to the questions asked, shedding light on their concerns, knowledge and indirectly being a way to tell about their experiences.

## **2.5 Data analysis**

All the interviews, both group and individual interviews, were recorded and then transcribed word for word. Special attention included that remarks were added when long silences came up or when the respondents would express emotions such as shyness or laughter, which was considered to help understanding the attitude that the respondent/s had toward the topic under discussion. The transcription process was followed by a first cycle coding in which the transcripts were read several times and simultaneous coding was applied given the rich nature of the data set suggesting multiple meanings (Saldaña, 2013, p.80, see app.3). However, in order to maintain the focus of the analysis, the coding techniques to be employed simultaneously were chosen according to the research purpose including the following; structural coding, values coding, InVivo coding and processual coding (Saldaña, 2013).

Given the length of the transcripts, especially those involving multiple participants, in order to start making sense of the data set, the coding process started by breaking down the material into shorter blocks of text based on the topic investigated in the paragraph (Saldaña, 2013). Given

that the study is looking at the experiences of adolescents whose voices often remain marginalized, InVivo coding was used, in order to gain a better understanding of their language, worldviews and cultures rather than only relying on the researcher's adult interpretations of their everyday lives (Saldaña, 2013, p- 91-92). Additionally, conflicts were identified in the data, thus versus coding was added to the first cycle coding, which permitted also the identification of the different narratives present in the data set (Saldaña, 2013, p. 115). Furthermore, given the purpose to find out the action taken in response to situations or problems (Saldaña, 2013, p.96), as well as the values, attitudes and beliefs the participants attached to the transition to adulthood, both process coding and values coding were employed (Saldaña 2013, p.110). During the second phase of the coding, pattern coding was used to identify the major themes emerging from the data as well as to find out causes and explanations for different type of decision making and behaviour (Saldaña, 2013). Moreover, the second cycle pattern coding permitted the illumination of human relationships and social networks and how they influenced the decision making and behaviour.

## **2.6 Methodological and Ethical Considerations**

Prior to the start of the interview, a verbal consent to conduct the interviews was acquired from the principals in each school visited. A verbal consent to be interviewed and recorded was obtained from each respondent, after explaining the confidentiality of the interviews. Given the sensitivity of the topics, it was crucial to emphasize the confidential nature of their responses and therefore the names of the respondents will not be included in the quotations presented in the data analysis nor in the table presenting respondent information (see App.1). The respondents could choose themselves whether they wanted to give their names or not, however no one refrained from giving their names. The respondents were informed that they could abstain from answering to any question they felt uncomfortable to answer or otherwise did not want to talk about. Furthermore, the respondents were told they could leave the interview situation in any moment if they wished to do so. This occurred only in one group interview in which one of the respondents did not feel comfortable in talking in the presence of the other participants.

Prior to every group interview, the respondents were briefly asked about their relationship with each other, whether they were friends, school mates or did not know each other at all. In all the occasions, the respondents answered they were friends. However, it was impossible to know the internal power-relationships within the groups and whether and how they affected the answers provided and the extent to which the different respondents spoke up (Eder & Fingerson,



2001). Indeed, in some group interviews, two or three respondents would speak considerably more than the rest. In these occasions, it was attempted to encourage the other respondents to speak up as well asking them what they thought or how they felt about what the others had said or what was talked about. Usually this worked but in some instances, the respondents remained careful to actively participate in the discussion. The major challenge in both the group and individual interviews, was the avoidance of teacher-pupil relation. Given that the interview setting was at school, the beginning of the interview was often characterized by carefulness from the part of the respondents, shyness and attempt to answer “correctly”. Thus, time was allocated to “warm up” the interview, in the creation of a relaxing and friendly atmosphere. The technique used for this was talking about things unrelated to the research, sharing my own experiences and memories of adolescence, joking and emphasizing the conversational nature of the interview and that there were no correct answers. Usually, after a while the respondents clearly relaxed and opened up.

Given that the teachers were involved in the sampling of all the group interviews and a few of the individual interviews, no control could be maintained over the sampling process, thus it is impossible to say whether the teachers chose the respondents randomly or with a specific motivation. Moreover, given the busy schedule of the respondents, the time was limited and more time would perhaps have allowed the exploration of more themes in greater depth. In the instances in which the respondent needed translation or preferred to answer in Swahili, the key-informant assisting the interviews translated what was needed. However, this might have influenced the data, given my inability to understand how the questions were asked, if they reformulated and in which exact way the respondent answered. I attempted to moderate the impact of translation by emphasizing the importance of correct translation to my key-informant.

Lastly, given the interview approach explained previously, the assessment of the objectivity and “truth” of the interview responses by examining reliability and validity, takes a different form in this study. Given that the interview is treated as an active and dynamic situation in which meaning is made in the interaction between the interviewer and the respondent, it cannot be necessarily expected that same answers would be obtained in another occasion since they emerge from the situation at hand (Holstein & Gubrium, 1995). Furthermore, the respondents being treated as active rather than “passive vessels of answers” that can be accessed through the interview (Holstein & Gubrium, 1995), the validity in this approach refers to the ability of the respondent to express and communicate situated experiential realities. The respondents’

answer from different stand-points, perspectives and/or roles depending on topic or question discussed thus accessing diverse “stocks of knowledge”, for example, the respondents in this study could take the roles of a pupil, a daughter, a girlfriend, a girl, a friend, an adolescent.

### **3. BACKGROUND LITERATURE**

#### **3.1 SRHR in Nairobi’s Informal Urban Settlements.**

The main SRHR risks in the informal urban settlements of Nairobi include high incidence of unwanted pregnancies, STDs and HIV/AIDS, poor maternal and child health and unsafe abortions (Mberu et al. 2014; Mumah et al., 2014)<sup>5</sup>. The urban slum population in Nairobi experiences disadvantages access to health services including maternal and child care as well as family planning (Mberu et al. 2014; Fotso & Mukiira, 2011). Furthermore, child and infant mortality including disease prevalence and morbidity, as well as the incidence of sexual violence and risky sexual practices are higher relative to other areas in Nairobi as well as sub groups of population in Kenya including rural residents (Mberu et al., 2014). Women experience restrictions in the ability to control their fertility and implement their fertility preferences. The fertility rate of women in slums is higher than the average in Nairobi being 3.5 compared to 2.8 (APHRC, 2014). In a study conducted in Korogocho and Viwandani, slums in Nairobi, as much as 37 % of girls aged 15-22 had experienced an unintended pregnancy (Mumah et al., 2014; Beguy et al., 2013). Moreover, in a cross sectional slum survey, almost a quarter 23,8 % of the pregnancies of women between the ages 15-49 were mistimed or wanted later and one in ten births were completely unwanted (APHRC, 2014). Moreover, maternal mortality rates in the informal urban settlements are much higher than the national average, 706 maternal deaths to 100 000 live births compared to 488 per 100 000 live births for Kenya as a whole (APHRC, 2014). Moreover, child mortality among urban poor children is considerably higher, 79.8 per 1000 compared to the rest of Nairobi 63.4 per 1000 (APHRC, 2014). Furthermore, in many parts of SSA, women and especially young girls and young women are disproportionately affected by HIV/AIDS compared to their male counterparts (Luke & Kurz, 2002). This holds for Kenya as well where in 2012 the HIV/AIDS prevalence for women was 6.9 %, for men 4.2 %, for girls between 15-24 3.0 % and for boys in the same age group 1.1 % (KENYA AIDS, 2014). In Kenya, heterosexual intercourse is the primary mode of transmission of HIV and multiple sexual partnerships, which are twice as prevalent in the slums than rest of Nairobi, are seen to be one of the major drivers of the country’s HIV/AIDS epidemic (APHRC,

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<sup>5</sup> See App. 5, for information on general socio-economic characteristics in informal urban settlements of Nairobi.

2014). Interestingly, although, the level of knowledge and exposure for information among slum residents exceed that of Nairobi as a whole on prevention methods such as the male condom, this has not translated to condom use, with slum residents being less inclined to use condoms compared to the residents in the rest of Nairobi (Beguy et al., 2013; APHRC, 2014; Mumah et al., 2014).

Special attention should be devoted to sub-groups of urban slum population that are in particularly vulnerable positions such as the youth and adolescents, who are considerably disadvantaged in terms of SRHR outcomes relative to their counterparts elsewhere in Kenya (Mberu et al., 2014; Mumah et al., 2014; Beguy et al., 2013). Adolescents in informal urban settlements initiate sexual activity much earlier compared to the general population, 40 % of the adolescents in slums having initiated sexual activity by the age of 16 compared to 20 % to the rest of the population (Mumah et al., 2014, Beguy et al., 2013). Beguy et al (2013) in their study in Korogocho and Viwandani slums, found that the sexual activity was correlated with age and schooling status and was mostly rationalized through love and affection. Older adolescents and those in secondary school were more likely to have engaged in sexual activity than younger adolescents (12-14) still in primary schools. However, both genders that attended school were less likely to have engaged in sex than adolescents who had dropped out from school. The same study also found that 3 % of the girls that participated in the study had been forced or coerced into sexual intercourse. Furthermore, transactional sexual relationships (see, section 3.2) and multiple partners are more common among youth in slum areas relative to those in non-slum areas (Mumah et al, 2014).

The use of condoms is low, only 29 % of boys and 26 % of girls between the ages 12-22 using condom at their first sexual experience (Mumah et al., 2014; Beguy et al., 2013). The high rate of unintended pregnancies among the youth living in informal urban settlements is associated with early marriage, unsafe abortions and school drop out and low educational attainment (Mumah et al., 2014; Beguy et al., 2013). Yearly, ca. 13 000 girls in Kenya drop-out of school as a consequence of early childbearing (Mumah et al., 2014; Beguy et al., 2013). Unintended pregnancies have especially adverse consequences for women under 20 who are more likely to die due to pregnancy related causes during pregnancy and the period surrounding it, than women above the age of 20 (Mumah et al., 2014; Beguy et al., 2013).<sup>6</sup> An interesting aspect

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<sup>6</sup> The first children of young mothers between the ages of 12-20 are also more likely to experience higher levels of under 5 mortalities, morbidity, malnutrition and being underweight than the first children of women aged 24-26 (Mumah et al. 2014).

found by Beugy et al. (2013), was that despite the overall universal knowledge of HIV/AIDS, the general understanding of sexual and reproductive health was lacking, especially regarding the understanding of the menstrual cycle. Moreover, there appeared to be gaps between awareness and understanding of matters related to sexual and reproductive health, as well as discrepancy between attitudes, values and actual behaviour and practice (Beugy et al.2013).

### **3.2 Transactional Sexual Relationships**

The vast majority of the literature on transactional sexual relationships in SSA countries attempts to investigate the extent to which engagement in transactional sexual relationships is associated with unsafe sexual behaviours leading to increased risk for HIV/AIDS infection, unwanted pregnancies, abortions and violence (Swader, 2015; Luke & Kurz, 2002; Magnaja et al, 2007) Luke & Kurz (2002) find that adolescent girls' engagement in transactional sexual relationship is somewhat a norm in SSA and greater age differences between partners decreases the likelihood of using protection thereby increasing the risk for HIV/AIDS infection and poor SRHR outcomes (Luke & Kurz, 2002; Mojola, 2014). Chatterji et al. (2005) examined data from demographic and health surveys from 12 SSA countries, concluding that young unmarried girls are more likely to engage in transactional sexual relations than older women. There also exists number (though limited) of qualitative studies exploring the mechanisms behind engaging in transactional sexual relationships attempting to investigate the meaning attached to the practice and the motivations and mechanisms behind the decision to engage in such relationships. These include economic motives ranging from fulfilment of basic needs and survival to increasing long-term life opportunities and acquiring status among peers and/or getting access to "luxury" products and consumption (Mojola, 2014; Wamayi et al., 2011; Kaufman & Stratvour, 2004; Leclerc-Madlala, 2003; Luke & Kurz, 2002). Moreover, seeking of sexual pleasure and affection, the pursuit of behaviours deemed modern, search for self-worth, parent's pressure, or screening possible future marital partners have also been identified as motivations for engaging in transactional sexual relationships (Leclerc-Madlala, 2003; Luke & Kurz, 2002). The multiple motivations behind girls' and women's decisions to participate in transactional sexual relationships. contradict the idea that it is only economic deprivation and poverty that drive such relationships (Leclerc-Madlala, 2003). Without the attempt to generalize to all the cases, transactional sex could also be interpreted as an active choice and strategy to achieve wished ways of doing and being. Thus transactional sex is not necessarily always an exploitative experience but could also be a procedure that might equalize the the power between men and women in sexual encounters making these more reciprocal and mutually beneficial (Wamayi et al, 2011).

There appears to be two different accounts, one emphasizing agency and other highlighting the structural mechanisms that coerce girls and women into exploitative sexual relationship and prevent them from controlling their sexual encounters (Luke & Kurz, 2002). In public health and other disciplines focusing on the topic, there seems to be a widespread tendency to treat transactional sexual relationships as equal to prostitution (Luke & Kurz, 2002; Wamayi et al., 2011). This is a rather problematic view, given that definitions of sexuality and normative sexual activity, womanliness and/or manliness, are notions in constant flux, varying over time and acquiring different meanings in different socioeconomic and cultural contexts (Wamoyi et al 2011; Leclerc-Madlada, 2003; Plummer, 1995).

For example, Wamoyi et al (2011) in their study about beliefs surrounding transactional sex in Tanzania, show that women's sexuality was prestigious thus receiving a gift for providing sex was considered as women's right and a way to maintain control over relationship (Wamayi et al, 2011). Furthermore, it should be noted that transactional sex is not something that occurs only in developing contexts but also in the developed western contexts and could be considered in terms of marriage, financial and/or other safety and companionship in exchange for sex (Mojola, 2014). This leads to the need to move away from treating power essentially as a one way, all or nothing phenomenon, and instead rethinking power as a process that shifts outcomes and pattern the degree of control people have over their lives (Plummer, 1995, p.26). Thus, more than an attribute, power is a flow of negotiations taking place in interactions being able to be both negative- repressing, oppressing- or positive- constructive, creative, constitutive (Plummer, 1995 p.26). The negotiation procedures, power relations and bargaining positions of women in relation to men in the sexual relationships are investigated by Wamayi (2011) and in Luke & Kurz (2002). The latter find that girls' have control over the initiation, continuation and termination of the relationship but men have a greater bargaining power *within* sexual partnerships and the former found that power looks different when looked from macro as opposed to micro levels. Macro level gender inequalities benefited men however micro level factors such as attractiveness benefited women and individual economic circumstances affected the bargaining positions of both partners.

Kaufman & Stavrou (2004) in their study on economics and gift giving in South Africa, suggest that the context of gift giving and the related expectations, preferences and communication are crucial in the determination of the power relationships in the course of the sexual relationship. Gift giving plays a crucial role in shaping the terms in the sexual relationship and might have

detrimental effects on girls' ability to negotiate safe sexual practices. Moreover, transactional sexual relationships are attributed to socioeconomic change including a transition to cash economy, which has resulted in women seeing and treating their bodies as commodities with a market value (Wamayi et al, 2011). Lerclerc- Madlada's (2003) study on urban South Africa found that transactional sex was strongly motivated through the quest for modernity and consumption needs brought by liberalization of markets and media promotion of conspicuous consumption.

A similar study has been conducted by Mojola (2014) in Kisumu, Kenya, with the purpose of investigating the reasons leading to gendered patterns of HIV/AIDS prevalence, young girls together with older men being the most affected by the epidemic. The study's main focus is the context of socio-economic change and the transition to cash-economy connecting the global forces with local spaces and in which love has become entangled with consumption. The quest for modernity and pursuit of modern womanhood has thus created new types of gendered consumption needs and desires for women, whilst at the same time the access to resources remains gendered (Mojola, 2014). Thus, the emerging consumption needs together with schooling, education and labour markets create the environments and structures of sexual networks and sexual decision making, leading to young girls maintaining of transactional sexual relationships with older "working class" men, which is argued to be an important factor behind the greater vulnerability of young girls to HIV/AIDS infections. Given that women have more difficulties accessing paid work and therefore monetary resources, they use their body to get it. On the other hand, others find that the very existence of paid labour opportunities for women especially in the informal sector, this has reduced men's authority over women and women's dependency on men hence weakening the institution of marriage. Thus transactional sex cannot be treated as a phenomena taking place in a continuum but is firmly embedded in the historical, social, economic and political context and structured through age, gender, class and sexual preference (Mojola, 2014; Leclerc-Madlala, 2003; Luke & Kurz, 2002).

The motivations and meanings attached to transactional sex, the active agency of women and the power relations along the process need to be taken into account when interventions aiming to reduce girls and women's vulnerability to unwanted pregnancies, HIV/AIDS and gender based violence, are designed and implemented (Wamayi, 2011; Leclerc – Madlala, 2003). Given the underlying beliefs and meanings attached to transactional sex, it is a practice that will continue to thrive despite awareness of SRHR risks associated with it.

### **3.3 Menstruation and Puberty**

The obstacles faced by adolescent schoolgirls in low-income contexts in relation to menstrual hygiene management (MHM) and the physical and emotional process related to puberty are gaining increasing attention at practice and policy levels as well as within the international development discourse (Sommer et al, 2014; Jewitt & Ryley, 2014). The most recurrent intention in the literature on MHM in developing contexts seems to be to illuminate the context specific understandings, taboos and significance of puberty and menstruation. Despite the there being context specific patterns, yet there seem to be a number of commonalities. These include generally negative attitudes toward menstruation and a belief that women are women dirty or polluting when menstruating as well as demands for privacy and secrecy around the topic (Sommer et al, 2014; Jewitt & Ryley, 2014; Mc Mahon, 2011; Nightingale, 2011)

Generally, all the studies report a very low level of initial knowledge regarding menstruation, puberty and sexual and reproductive health among adolescent girls in the contexts of the studies. The use of old rags and/or clothes or even animal manure are reported as coping mechanisms when commercial pads are not available, cannot be purchased or are considered as unnecessary luxury products. Other studies, such as Mason et al. (2015) focus on the actual sanitary products comparing the adoption, satisfaction and advantages and/or disadvantages of different sanitary products; menstrual cups, commercial pads and traditional methods. Furthermore, engagement in transactional sexual relationships has been associated with lack of sanitary pads, however this is rarely discussed further (Sommer et al., 2014)

Across the studies reviewed menstruation a perceived initiation of sexual activity and inevitable awakening of sexual desires. Parent's concerns about increased risk of sexual harassment, fear for unwanted pregnancies and girls' sexual maturity together with girl's own confusion of whether they were adults or children, were highlighted for example in Sommer et al. (2014) and Jewitt & Ryley (2013). These factors were reported to influence parents' decisions to restrict their daughters' spatial mobility and attendance and participation in school (Jewitt & Ryley, 2013). Indeed, the second important strand of literature concerning MHM is its relation to education. The results appear to be inconclusive; the qualitative studies claim that there is a clear link between MHM and education describing the indirect ways in which puberty and menstruation might influence school absenteeism and performance. Without much divergence, it is shown how in the absence of sanitary products, fear for leakage and odour, lack of privacy and sanitation facilities, anxiety over embarrassment and ridicule by male teachers and boys,

fear of punishment and the need to maintain secrecy, are articulated as factors leading to the possible drop-out from school, absenteeism and decreased participation in the class (Sommer et al, 2014; Jewitt & Ryley, 2014; Mc Mahon, 2011; Nightingale, 2011)

However, the qualitative studies are contrasted by a limited number of quantitative studies that attempt to test the “real” effect of menstruation and school absenteeism. Oster (2011)’s study in Nepal showed only a very limited impact of menstruation on school attendance amounting only to 0,4 days in a 180 days’ school year, and that providing sanitary materials had no impact on closing the gap. Similarly, Grant et al. (2013) in their study on school absenteeism between girls and boys in rural Malawi, find no evidence that menstruation impacts girls’ school attendance relative to other sources of absenteeism. However, Dole et al (2014)’s study on the impact of sanitary care/materials and SRH education in Ghana on school attendance provide different evidence showing that as a consequence of non-randomized trials including provision of sanitary pads and education school attendance rose by nine percent. However, the study concluded that socioeconomic context, poverty and geographical area did not appear to be the reasons for the lack of hygiene articles but the sociocultural norms and intra household resource allocation that disadvantaged the needs of the girls.

Hence, it is unclear whether and to what extent menstruation and lack of sanitary materials, impact the schooling of adolescent girls. It might be that it is more affected by the nexus between the wider socio-cultural context of marriage, fertility, adulthood, sexuality, reproduction, social expectations, status, and menstruation, rather than only due to the concrete need to cope with menses. As argued by Mason (2013) and Dolan (2014) interventions focusing only on the provision of sanitary material for girls in developing contexts are not likely to make a greater impact on school absenteeism if SRHR threats such as unintended pregnancy and HIV are more important factors behind the decision to stop going to school or the very reason to drop out from school. Thus as Dolan et al. (2014) put it, providing sanitary technology, despite perhaps being a facilitating factor, does not inevitably tackle the issues related to gender discrimination, inequitable educational culture, poor school infrastructure and sociocultural norms that guide girls’ education and participation in the school.

#### **4. THEORETICAL AND CONCEPTUAL FRAMEWORK**

##### **4.1 Life-Course and the Transition to Adulthood**

To analyse the factors affecting the health outcomes of adolescents in informal urban settlements, this study employs a life course approach to the analysis of the empirical qualitative



data. Transition to adulthood framework is considered useful in that it facilitates the examination of processes and experiences relevant for young women in their transition from childhood to adulthood (Mojola, 2014) as well as the consequences of these processes and decisions made during this period for their SRHR outcomes. This approach is believed to facilitate the understanding of, why for example despite the seemingly high awareness of HIV/AIDS and unwanted pregnancies, the gendered patterns of vulnerability to adverse SRHR risks still persist.

Through *a transition to adulthood framework* it is possible to analyse the developmental changes and challenges faced by the youth living in marginalized urban areas. The focus of much of the life-course studies on adolescents have focused on the timing and sequencing of transitions such as; relationship formation including sexual initiation, pursuit of education, finding employment, becoming a parent, getting married and transitioning residences (Aronson, 2008). However, the latter presupposes a fairly stable and predictable life-course. Given the insecure and complex context which characterizes informal urban settlements, these markers, despite surely facilitating the understanding of the aspects of transitioning to adulthood, they do not inevitably capture the whole picture; the experiences, subjective understandings and meanings (Aronson, 2008) that contemporary young women living in marginalized urban areas attach to becoming and adult. To specify, by transitions it is referred to “*the socially defined changeover between two positions in a particular domain of life.*”, (Dewilde, 2009, p.261), thus transition is different from an event which cannot immediately be classified as social (ibid).

Furthermore, it is important to note that transitions are not necessarily sequential but processual (Mojola, 2014). Different transitions can be begun, ended, interrupted, returned to. Transitions co-occur implying also the interdependence of decision making during the period (Mojola, 2014) For or example, decisions made regarding educational attainment, or financial independence might be influenced by or influence the decisions made about employment or formation of relationships (Mojola, 2014). The transition to adulthood could be characterized as risky, given that the decisions made during this period might have adverse long-term consequences compromising the otherwise smooth attainment of adulthood and other transitions such as educational formation, finding a job, life time income, family formation and health (Mojola, 2014). Especially in a context plagued with extreme poverty and exclusion from services, restricted access to formal labour markets or even formal education. Furthermore, decisions taken as part of the general conceptions about future developments in different domains of life could be referred to as *biographical strategies, life-strategies or strategic life-*

*planning* (Liefbroer, 2009). Mojola (2014) distinguishes between two normative frameworks of life strategies a sequential model and a combined model, in which the former denotes a strategy in which decisions taken in one sphere of life determine the decisions in other spheres of life. The latter, refers to a life strategy in which decisions in different spheres of life are taken simultaneously and coexist.

In its basics, life course approach denotes the study of individuals and societies through an understanding of the dynamic and time dependent links between the social structure, institutions and individual action during a life course (Heinz et al. 2009). The life course approach has been much employed and developed within the study of advanced western industrial capitalistic welfare states, looking at how the welfare state, individuals and social groups become connected through a legal, fiscal and institutional framework which shapes and supports the conditions in which individuals conduct and plan their lives, providing the framework for biographical decision making (Heinz et al., 2009). However, in the face of economic globalization, the life-course patterns in both the advanced economies as well those that are transforming or developing, are affected by economic and social change (Heinz et al., 2009). The former moving from a standardized and rather predictable and regulated life course structures to a state of instability and unpredictability, disorder and discontinuity (Heinz et al., 2009). However, developing contexts are not immune to the effects of rapid economic transformations and economic globalization but are everything but isolated from global flows of capital, consumption and direct investments (Mojola, 2014; Heinz et al., 2009)

Indeed, they reflect similar parallel shifts away from a more traditionally governed and predictable life course patterns toward the quest for modernity and consumption implying also greater influence of individuals in shaping their own biographies (Mojola, 2014; Heinz et al., 2009). Life-course approach treats life-course dynamics as an ensemble of social structures, institutions and individual biographies, created across historical, institutional/social and individual time. Hence, life course is a configuration of complex social and individual components which unfold through at least four kinds of interdependencies (Heinz et al., 2009). The temporal interdependencies of past, present and the future, in which the decisions made in the past through rules norms, habits and transaction costs influence, restrict and/or enable the action taken at present as well as future planning in terms of anticipation of outcomes of actions for future living circumstances and social relationships (Heinz et al, 2009). There is also an interdependence between the different spheres of action, individual action being embedded in various spheres simultaneously such as family, education, work, social networks

and leisure, creating a multi-dimensional life course (Heinz et al., 2009). Furthermore, individual action is taken within political, economic, social and cultural contexts that create the structural conditions for individual action (Heinz et al., 2009).

Finally, individuals themselves exercise agency in timing, shaping and forming their life course transitions (Heinz W. R., 2009). By agency it is meant the human capacity for self-initiated action within a temporal framework (Heinz W. R., 2009). Accordingly, individuals exercise the ability to decide the course of their life-course by anticipating the consequences of their actions in a temporal perspective and play an active role in the construction of their biographies (Heinz W. R., 2009). However, agency is embedded in the context of socially structured opportunities and constraints, the preconditions for the exercise of agency are the ability for critical self-reflection and self-confidence, as well as having real alternative directions from which to choose (Heinz W. R., 2009). Autonomy of agency and critical autonomy, are what allow individuals to contest standardized life patterns, make informed choices and to choose otherwise as well as to produce strategies and solutions to mitigate challenges and unexpected life-events (Heinz W. R., 2009; Gough et al., 2004). And as argued by Gough et al. (2004), physical well-being together with agency could be identified as universal basic needs underpinning the ability to pursue what is considered as good (Gough et al., 2004). Indeed, it is in the aims of this study to look at the mechanisms of micro level biographical action and decision making during the transition to adulthood and how does that influence the SRHR of young women in the context of the study.

#### **4.2 Gender**

Gender in this study is used to denote the psycho-social, political, cultural, scientific and economic construction of sexual difference that is present and informs human relations (Harcourt, 2009). Gender is a construct of social relations which focuses on the reproductive difference that through a collection of practices, rules, norms and behaviours immerses the reproductive difference to social processes (Connell, 2002). Rather than treating gender as dichotomous and biologically determined, it is a situational and flowing construction that provides the social inscriptions through which individuals identify, learn and live as male or female and thus is experienced and shaped differently in different locations, spaces and bodies (Harcourt, 2009; Connell, 2002).

#### **4.3 Sexual and Reproductive health and Rights (SRHR)**

Sexual health and reproductive health should not be confused; despite being interrelated they have separate meanings. Reproductive health (RH) represents a condition of full physical,

social and psychological well-being. It is not only a condition of absence of diseases but denotes the right of every individual to enjoy safe and satisfying sexual life, the ability to bring forth offspring as well as the right to independently decide the number and timing of children as well as women's right to safe motherhood (Barot, 2014; WHO, 2012). Reproductive health indicates the right of women and men to have access to information and safe, effective, affordable and acceptable methods of fertility regulation (Barot, 2014; WHO, 2012)

Sexual health on the other side is a condition of physical, mental and social wellbeing concerning sexuality which, encompasses sex, gender identities, sexual orientation, eroticism, pleasure, intimacy and reproduction and is expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, roles and relationships (Barot, 2014; WHO, 2012). Therefore, sexual health as reproductive health, is not the absence of an illness but implies respect for sexuality and sexual relations and the opportunity to have a safe and satisfying sexual life free from coercion, discrimination and violence. Sexual health is only obtained through the protection, respect and exercising of sexual rights of all people (Barot, 2014; WHO, 2012). Sexual health can be seen as underpinning reproductive health and extending beyond it; sexual activity is not always related to reproductive activities but extends throughout the life-span and therefore is a broader concept than reproductive health (Barot, 2014; WHO, 2012). Social norms including norms about gender roles govern the expression of sexuality and sexual behaviour thus shape and influence SRHR (WHO, 2012). Furthermore, socioeconomic exclusion such as poverty, gender inequality, unequal access to services together with political forces influence sexual and reproductive health, behaviour, decisions and choices (WHO, 2012). Thus even though sexual and reproductive health are biomedical in their nature- their origin lie in human behaviour and socially constructed and sustained norms and rules (WHO, 2012).

## **5. DATA ANALYSIS**

In this study the objective was to explore the micro level experiences, changes and challenges young women living in marginalized urban areas face in their transition to adulthood and the strategies they employ to mitigate these challenges. It was aspired to understand the factors guiding young women's decision making and action and how these link with SRHR. Given the high prevalence of SRHR related risks in informal urban settlements, it is considered important to understand the mechanisms that lie behind young women's decisions to adopt or not adopt

different behaviours and practices that might compromise their SRHR influencing also their future living circumstances.

Thus the aim was firstly to illuminate how the transition from childhood is experienced in the context of the study. Furthermore, related to the previous, the attempt was to understand the larger life strategies that the young women had in the context of the study and how events and decisions made within these strategies co-occur and are influenced by the larger societal context. Addressing the aforementioned aspects is regarded as necessary given that these can better elucidate why certain decisions are made or action taken and how they link with SRHR. Moreover, special attention was devoted to the types of emotional and sexual relationships found in the context of the study, the mechanisms within these relationships as well as the the negotiation positions and power relationships within the relationships. Finally, it was endeavoured to shed light to three crucial aspects of SRHR that are especially relevant in the context of the study; knowledge on the reproductive systems, contraceptive use and abortions. The purpose of the study is to lift up the voices of the adolescent girls, who remain as one of the most vulnerable and marginalized groups within informal urban settlements. The data analysis will start by discussing how transition from childhood to adulthood was perceived by the respondents, proceeding then to discuss the life strategies employed by girls in the study setting. Thereafter, the insights to the SRHR issues will be provided and finally a concluding discussion will be presented.

## **5.1 TRANSITION FROM CHILDHOOD TO ADULTHOOD: Changes and Challenges**

### **5.1.1 Physical Changes and the Onset of Menstruation**

Firstly, adolescence was understood by the respondents as the visible physical changes in the body i.e. enlargement of breasts, broadening of hips, appearance of pimples and hair under armpits and in the “private parts” and most importantly the onset of menstruation. There emerged to be variation in the levels of prior knowledge girls had on menstruation, some having heard from friends, teachers or female family members about menstruation and others having no prior knowledge on what was happening at the onset of their periods. Occasionally, the onset of menstruation was experienced as scary or shocking. There were also disparities in the communication patterns, some girls being able to talk about it to their mothers, sisters or teachers, others hiding their periods until it was not possible to hide it or they needed needed sanitary pads. However, those living with only their brothers or fathers appeared to be in the most helpless position in terms of communication about menses given the values about secrecy around menses, which constrained their ability to communicate about it.

*“You cannot tell the dad, if you want to go and buy a pad you just cheat on your father, you say daddy I want to go and buy a book, then you take the money and go to the shop and buy the pad and then when he asks for the book you show you tell him “I wanted to buy something else”, but don’t tell him what you really wanted to buy. He does not understand our problems.”*  
(Group 1)

The products used during periods included anything the girls could get hold of such pieces of cloth, pieces of mattress, cotton wool, handkerchiefs, diapers for babies or commercial sanitary pads the most popular brand being “Always”. There appeared to be a division between those girls who only would use sanitary pads, who never lacked resources to purchase sanitary pads and those who in the absence of resources would resort to alternative traditional strategies of MHM or employ other strategies to get sanitary pads.

*“Sometimes, you know, my boyfriend can give me money to buy Always, because I don’t have a mother, so there is no one who can provide for me Always”*  
(Interviewee, 1)

The financial resources to purchase sanitary pads were acquired mainly from mothers, some cases from sisters, aunts, grandmothers or neighbours and in others cases through own savings, working, borrowing from friends or asking boyfriends. In most of the cases, mothers would have bought the girls sanitary pads at the onset of menses as well as were the main resource providers to purchase pads. When living with fathers, the girls lied that they needed money for something else and then bought sanitary pads. The availability of resources in the family for the purchase of sanitary pads and the action taken in the absence of them, seems to depend on the extent to which sanitary pads are considered as a true “need” or a false need and/or “want” (Mojola, 2014) both by the girls themselves and their guardians, exemplifying influence of the social context, belief and value systems to individual decision making and action. Thus, it could be interpreted that in cases in which the guardian/s provided pads every month, these were considered as essential needs. On the contrary, in the cases in which the guardian did not put aside resources for pads or even less did not want to know about their daughters buying them, sanitary pads were not considered to be a need thus resources would not be given directly to purchase them.

*“Some usually do that in order to get pads, because their parents cannot afford the money, the girls go and search for boys to get the money”*  
(Interviewee, 7)

However, the girls might themselves still consider sanitary pads to be an essential need thus in the latter case would employ different strategies to get access to pads as those mentioned before including having sex with their boyfriends or older boys or men, which was a commonly distinguished phenomena and will be discussed further on in the paper. For those girls who would use other material in the absence of sanitary pads, these could be considered to represent more of a “want” than an indispensable need since no action would be taken to acquire pads. Moreover, since the girls interviewed had been part of a program distributing menstrual cups to girls between 11-18 in Kibera, many had adopted the cup and generally were more satisfied with the cup than with any other method. The major reason for preferring the menstrual cup to other alternatives was its economic advantage enabling the girls and their families to save money and relieving them from the monthly financial stress caused by periods.

*“...I love it because it helps us a lot, because us living in Kibera, we are not financially stable so that they can buy Always every month, buying pads pads pads, but now since we got the cup it is good because it has saved us money”*  
(Group 5)

Furthermore, the cup was considered better because it did not restrict their spatial mobility and allowed to maintain secrecy around periods since there was no risk that it would fall off from underwear, it did not have to be disposed and it did not leak producing stains and odour possibly revealing to other pupils that they were on their periods. Indeed, the main fear and challenge with menses among all the girls was boys starting to tease and shame girls due to their menstruation, indicating menstruation being a taboo-like issue surrounded by stigmatizing practices such as physical and verbal abuse leading to girls even avoiding school when attending their periods.

*“Sometimes it might be that you don’t have money, even it can be that you don’t have the money to buy Always, so you just leave it, it is coming, there are stains and the boys start laughing at you so you are really embarrassed. Yes, sometimes even for me, you are so embarrassed that if it would happen again it would not be possible to come to school, then you find that you cannot understand the exam because you were not there when the teacher was teaching so if you have a cup you can just come to school there are no stains”*  
(Group 4)

Despite the issue of missing school due to periods did not appearing in the individual interviews to be as widespread as expected, about half of the respondents stating that they did miss school when on their periods, in the group interviews almost everyone stated they missed school 1-3 days every month. Often, this was motivated by the physical and emotional experiences associated with menstruation such as shyness, painful cramps, a sentiment of dirtiness, mood changes or a feeling of not wanting to talk or be in the presence of anyone.

*“Yes, the reason is that when I am going to school when attending my period, I am not feeling okay in class, I feel uncomfortable.” (Interviewee, 2)*

Dirtiness and the need to be clean were strongly associated with puberty and especially with being a woman. This could be interpreted also in the light of exclusion from public services, in this case, access to water resources, which together with prevailing gendered norms and beliefs about dirtiness and cleanliness restricted girls’ ability to fulfil their need for personal hygiene. The latter posing challenges girls’ ability to perform gender which led to missing school.

- *“Like for example, sometimes there is no water, they just lack water and for a girl you are supposed to shower three times a day, or sometimes two times a day so lacking of water forces them not to shower and if they stay like that without showering they start smelling and it is not good for them “*
- *“Boys can stay even one week without getting a shower, but girl cannot stay one week”  
(Group 4)*

The group interviews revealed strong cultural beliefs in witchcraft associated with menstruation, which influenced the choice of product to be used during periods leading to the adoption of more traditional methods instead of commercial sanitary pads. It was believed that those with witch craft powers would take the used sanitary pads and use the blood in them to bewitch them or their families, which could result either in losing periods leading to infertility in the girls and/or loss of family property and assets.

- *” Sometimes, when we are using pads again, and after using it and then we throw it, in a hole, and here in Kibera there is a lot of witch craft, so people take those pads, that are used and they go and bewitch to them”*
- *” And they take those used pads, the witchcraft, then they go and they bewitch them, and you will never get them back, you will never see your periods again.”*
- *” It is something that happens here in Kibera,”*
- *“I have seen one of the girls, she was bewitched. She was taken to a pastor and then she was prayed for and then she was told she has been bewitched”*
- *“She never sees her periods, she used to see her periods and now she never sees her periods”*
- *“It is because they might see you are rich and then maybe she is a witch, so they bewitch you so that you can, that your richness can fall apart. So that then her, she can have that.”  
(Group 3)*



Given that no functioning waste management system is in place in Kibera (everything being thrown to the flood or on the ground) the girls in two group interviews brought up the issue of sanitary pad disposal as being extremely challenging.

*“when you have that piece of cloth and you come to school, when it gets full you get scared because there is no where where you can wash it, where you can throw it, so it forces them to fold it and remove it and fold it put it back and it smells.”*  
(Group 3)

Thus the decision to be absent from school, is not necessarily only due to the direct lack of resources to purchase sanitary pads as many studies claim, indeed resources might be there but these are made available depending on the “need” or “want” status attached to pads. School absenteeism seems to be a consequence of the interplay of multiple factors on different levels in which decision making takes place. These include the micro level subjective emotional changes and processes which together with social networks, social values and cultural beliefs about menstruation, gender norms about cleanliness, poverty and exclusion from public services such as water, sanitation and waste management, all influenced the MHM of girls. Those who did not report missing school not necessarily had access to pads but adopted alternative strategies and still attended school.

### **5.1.2 Negotiating Gender: Shyness, Independence and Self-Development**

An other aspect of the transition to adulthood seemed to be becoming conscious about gender and gender roles.

*“Yes, my mother tells me that, because now that I started menstruating I am now a woman and no longer a kid“*  
(Interviewee, 2)

*“I leave school, I go home, then I take a shower, then from there I have to cook, I have to wash utensils, and from there after having dinner, then I wash utensils and then I go back to my books”*  
(Interviewee 10)

Physical changes and menstruation discussed above marked important status passages from childhood to adulthood and were also linked to others’ perceptions of their status being a woman rather than a girl or a child. Many respondents felt that adolescence was related to parents’ changed expectations on them requiring more mature behaviour, increasing responsibility and sharing of household chores, leading the girls to have barely any free time between school and household work.

*“A woman is a person, who has got married and a girl who is now practicing practicing toward that stage, to be a woman.”  
(Interviewee,2)*

Marital status and motherhood were strongly associated with the female identity. However, adolescence being conceived as the preparatory period of “learning” how to be a woman, denotes a certain level of consciousness of the social nature of gender and womanhood with all its attributes being a result of a learned process.

*“I feel bad about being an adolescent girl, because when I start my periods I can’t walk, I just feel shy until everyone else has gone, first then I can go” (Interviewee, 10)*

The physical changes accompanied with becoming shy was stated in every interview as the major emotional and behavioural change attributed to growing up. In other words, becoming older meant becoming shy. This was often connected to the changes in boys’ behaviour and relation toward the girls, the boys starting to express themselves through cat calling, touching, tickling, verbally expressing love and caressing the girls without their permission. Furthermore, through shaming and physical contact, often perceived as bothering and unauthorized by the girls, boys started marking also their authority to girls’ bodies and lead the girls to change their behaviour and/or restrict their spatial mobility.

*“I used to play with boys, but now I don’t play with boys anymore. They have bad manners and they are behaving badly. They touch the girls”  
(Interviewee,12)*

However, in contrast to the previous, being shy, trying to take less space and be invisible, characteristics often attributed to girls, the quotes below show also new feelings of being powerful and even aggressive.

- *You start becoming rude,*
- *Yes...You start seeing yourself as a big person.*
- *You feel like you already know that, that nobody can tell you something, you feel like even you can go in the state house and kill the president.  
(Group 1)*

In many instances, ageing and adulthood for girls was related to a strong need to become financially independent through transitioning from school to the job market which would allow exiting poverty and gaining control over one’s life and living circumstances. Moreover, as shown in the quote below, self-development associated with education was connected to the ability to make one’s own decisions- also marking the point at which one was no longer a child but an adult.

*“Perhaps when you have finished with your school, you are not at your parents’ home, at that time you have developed your mind and you can make your decision of what you want in your life. Not as like now, we are in our parents’ home, we talk to them about everything, we rely*

*to them to buy us things. But let's say after two years to come, when I'm finished my studies and have reached my age to become a citizen of Kenya, at that time I have the right to make my own decision, but at this time... I don't believe so. It is not good to have a boyfriend at this time; we have to concentrate on their studies”*  
(Interviewee, 9)

As well depicted by the narrative below, there appeared to be an understanding of changing times from the past guided by traditional norms, gender expectations and rules about life patterns to the modern present in which the individuals play a bigger role in shaping their lives.

*“I think that for some girls, the issue is that some parents don't believe that girls should go to school. They still believe in the past life that the boys should be the ones going to school, then you get the girls who are on the road selling beans and maize, some fruits and things that don't make sense, and the girl because that girls doesn't have an option is taken by a man then the girl, let's say she doesn't know about family planning, and she gets lots and lots of kids and that makes it difficult for the life, sometimes she'll feel like committing suicide and that is not good. I think, lets see if I had the power, I don't, I cannot see another girl like me, doing something that she or he is not supposed to be doing at that age, maybe that girl has a dream, a bigger dream that can take the girl somewhere but due to some parents' issues about boys going to school and the girls should stay at home, the girls end up doing those jobs that are not good for her.”*  
(Interviewee, 9)

Though not directly asked, in several instances, through answers to other questions the respondents rejected traditional gender roles, according to which girls should stay at home or engage in the types of income generation activities usually performed by women. Finishing education was regarded as the key to achieving independence and reaching the dream, which will be discussed more closely in the section 5.2. Hence, the physical changes intertwined with emotional processes and social expectations, appeared to mark the development of an understanding of gender- in other words becoming aware of being a girl and a woman and the attributes and responsibilities related to femininity appeared to indicate the change between being a child and being an adult. However, at the same time, the refusal of the traditional gendered life patterns, the recognition of own agency, self-development, independence, powerfulness, not only reflect adulthood being conceived as a stage when one acquires control over her/his life but also show how children and youth do not become passively socialized in certain gender roles and life patterns but play an active role in negotiating gender and adopting different roles in different instances.

### **5.1.3 The Emergence of New Risks**

Another theme, linking the two previously discussed themes, physical changes and emotional and socialization processes, which came across as important in how the respondents perceived the transition period from childhood to adulthood, was through the emergence of new

challenges and risks. These new challenges had not been actual before and illuminate the risky nature of transition to adulthood that characterizes the context the girls live in. More concretely, these were the exposure to verbal and physical harassment as shown earlier, the risk of being raped or kidnapped, vulnerability to HIV/AIDS, STIs and unwanted pregnancies as well as unsafe abortions. The two most important consequences of these being ultimately dropping out from school and/or dying as a consequence of an unsafe abortion or HIV/AIDS infection. According to the respondents, the reasons behind the vulnerability to the new risks could be categorized as following; (i) initiating sexual activity at an early age (ii) engaging in transactional sexual relationships in order to get access to consumption goods or being cheated or seduced with gifts to sexual relationships (iii) sexual activity as a consequence of being raped by boyfriend or another male.

*“At night, when I have been sent to the shop and then I go to the shop and then there are some boys there they will carry me, they will touch me and then carry me and rape me.”*  
(Group 6)

Hence ageing meant the emergence of new risks and challenges that needed to be taken into account. The high risk for rape was identified as a new risk belonging to adolescence, many of the respondents worrying that they themselves would be raped. Based on the introductory surveys conducted by the organization with the participants in the organizations activities, three out of the 14 individual respondents had at some point been sexually abused.

*R: Girls can be raped, yes. I mean, for parents, they should not be sending the girls out at night. It is not good, girls to be sent out at night, if a parent is sending the girl out at 10 at night, for my mum she cannot send me out at that time, I say NO, it is better you fight back you cannot go at that time.*

*INT: You are afraid?*

*R: Yes*

*INT: Is it the girls fault if she gets raped?*

*R: For some, you know there are some girls who wear attractive things, like those mini skirts, they want to drive attention from men so I think that girl is searching for that thing by herself. She wants the thing, she is going for it, but for the respectful girls, I don't think so*  
(Interviewee, 9)

Rape was often associated with the seeking behaviour of the girl or as irresponsibility of the parents who send their daughters to shops to buy things too “after seven” or when girls would take the “Panja routes” (shortcuts) rather than walk on the main streets in Kibera. However, if the girl had behaved appropriately and not exposed herself to the possibility of being raped,

then the fault was considered to be the assaulters. As depicted by the quote above, there appeared to be a tendency to divide girls in we vs. other; respectful girls vs. bad girls, the respondents usually disassociating themselves from the rest of the girls in Kibera. Through judging behaviour as inappropriate, the respondents critically reflected on themselves and evaluated their own behaviour and belief systems as normal, appropriate and acceptable and this way exercised social control over gendered norms of behaviour and looks. This contradiction appears interesting, when contrasted to the findings presented earlier on how the young women in the context of the study at the same time rejected traditional gender norms in other spheres of life, illustrating that gender is a highly situational and active process of negotiation rather than a passive process of socialization (Harcourt, 2009; Connell, 2002).

*R: For example, a boy is coming to touch my breasts, I can command him and say STOP they are mine and mine alone, or I go to report him to Sandra (the principal of the school) or for example when I am at home, I can go to the parents*

*INT: What about, if it is a man on the street who is molesting you?*

*R: M: Oh in the street...*

*INT: Yes, what do you do? You are a little girl*

*R: But we are taught how to handle such men*

*INT: Oh you are? Here at school?*

*R: Yes, yes yes. When such a man comes to treat you like that, you can use force as in voice, shout, to call for help, you can use your body, you can fight him as in you know for example you can poke his eyes. You can poke his eyes or use this one (she shows a movement), you can hit him that is great. Or you can even, you can use anything to fight him and get away safe. As in confront in ANY WAY to fight the man to get away safe. First, we are taught is voice, lie, you can also lie for example when such a man comes to you, you can say "don't touch me out here, let's go to a house" there then you see you have lied and when you are on your way going there you can run away and get away safe you can use anything to get away safe, that is how we are taught, so here it can work much better because we are educated how to defend ourselves.  
(Group 5)*

Multiple strategies were employed to avoid being raped, these included changing behavioural patterns, restricting spatial mobility, opposing parents and adopting both verbal and physical defence strategies. Thus, despite adolescence being understood through an awareness of vulnerability to new risks which i.e. rape represented, at the same time there seemed to be a strong belief in the right to own body as well as in the importance of own agency in influencing the situation that risk leading to rape. However, if "inappropriate behaviours" were adopted,

the right to own body seemed to be lost. Also, the given that school drop out was considered as the main consequence of being exposed to the new risks, the respondents seemed to evaluate their vulnerability to the risks through educational attainment rather than in terms of violation of their rights. Furthermore, forming relationships and engaging in sexual relationships at a young age, were closely connected to the challenges identified previously and related to the broader life strategies of the respondents in which education played a crucial role and which will be explored in the section below.

## **5.2 REACHING THE DREAM: Biographical Life Strategies and Relationship**

### **Formation**

*“I think for every girl, there is the feeling that I want to a guy to call my own boyfriend, but as for me, I think I have a life ahead of me, at this time I don’t want it to be ruined by any guy because I have a dream that I want to achieve. If I start getting into a relationship at this time, maybe I won’t end up achieving my dreams”*  
(Interviewee, 9)

In the previous section the transition to adulthood was discussed through the perceptions and experiences of the respondents. Education can be identified as a recurrent theme through all the aspects of transition to adulthood. Firstly, the physical and emotional changes related to puberty and the onset of menstruation were connected to school attendance. Secondly, the importance of education was attached to self-development, reaching financial independence and the contestation of traditional gender roles, which were all attributed to adulthood. Thirdly, the emergence of new risks was evaluated especially in terms of their consequences for education and school drop-out, rather than as necessarily violations of rights.

Education represented for the young women interviewed for this study, the only way to exit poverty, and gain financial independence, followed by the ability to control one’s own life. The narratives of the girls were often coloured through and idea of “reaching the dream” thus the life strategies pursued by the young women refer to the decisions and actions taken or not taken to reach their “dreams”. However, as also portrayed previously, the environment in which adolescence was lived and experienced could be characterized as extremely risky, girls being vulnerable to various SRHR risks that might interrupt the completion of education thus the smooth transition to adulthood. Therefore, decisions about education and the sequencing and timing of relationship formations could be found to be one of the core elements in the life strategies of the respondents. Through using the concepts of *sequential* and *combined* models of life strategies as put forward by (Mojola, 2014), it was possible to make sense of the agency

exercised by the respondents and the nature of the decisions and actions taken within these strategies and will be discussed below.

### 5.2.1 Sequential and Combined Life Strategies

There appeared to be two different narratives regarding the life-strategies employed by the young women. One which could be identified as the official narrative, the ideal way of behaving and doing, but which in many instances contradicted narrative which was actually happening.

*“Sex is for people who are married, now if you are not married and you have started your menstruation period, you’ll be pregnant and you’ll stop coming to school and start being a mum”*  
(Group 1)

According to the official narrative, that could be categorized as the sequential model, education was given the ultimate priority in the face of any other decisions, desires, consumption needs, all of which should be left until finishing school. As well portrayed by the quote above, engaging in sexual relations while still being in school entailed too high risks and possible transaction costs in terms of school drop-out and the anticipated outcomes for future life conditions, thus should be avoided until marriage. In other words, the decisions about education influenced any other decisions regarding relationship formation, sexual initiation, family formation or transition to work. However, the decision about relationship formation was not only made based on the importance attached to education but intertwined with negative attitudes toward and assumptions about the “men in Kibera”, gendered representations attributed to men, and the beliefs systems about men’s role being helping and economically supporting their wives and the importance attached to marriage, as portrayed below. Moreover, given the high risks associated with sex, it was seen as something that should be done with someone who could help. Boys were systematically in both types of interviews, divided into good vs. bad boys, the latter being the most popular type of boys found in Kibera and unanimously described in both the individual and group interviews through words and notions such as “destroyers”, having bad intentions and “demanding” and “forcing” girls to have sex.

*“It is not good the boys you find here in Kibera, he will get you, you will have sex with him. Like I let’s say it is me, and I find someone here in Kibera, a boyfriend and I have sex with him, I will get pregnant or HIV/AIDS and he can’t help me. That is now why you want to have sex with your husband, who can help you “*  
(Interviewee, 5)

The importance attached to marriage and norms about men’s role in supporting women, is interesting given that it somehow contradicts the the aspirations for independence and especially financial independence as discussed previously and well depicted below. This could

be attributed to the simultaneous acknowledgement of the limited opportunities that girls have despite them completing education, as shown in the background, thus a helping husband is way of securing the future. However, marriage was for everyone something that would eventually happen, a transition that would inevitably occur and an important status passage.

*“Maybe, if you want to continue the education, after you are done with the university, for those girls who believe that when you have done your education and have a good well paying job, your house your everything, at that time you can have a boyfriend. But at this time, before have finished the form four, I say ah my mom doesn’t have money for me to go to university or to college, perhaps then they can get you those things. But I think the best thing is that, you first go to your mum or your family and see if there is a possibility for you to go to the university or college, maybe they can raise money and at that time you can say eh this time let me concentrate on my education not boys, this time my mom didn’t have the money but she has done her best best for me to go to the university, let me leave boys aside and first concentrate on my education until when I am done, I have my own job , I have my own house, at that time I can get a boyfriend, or someone who I will call my husband. “*  
(Interviewee, 9)

It was commonly believed that having sex at young age did not entail as high risks for boys than girls, since the former would be able to continue with their lives and education while girls would remain pregnant and as a consequence had to drop-out from school. This demonstrates well the gendered nature of risks and opportunities in life, boys and girls being faced with different types of challenges thus their decision making and action taken being gendered and different. The respondents, both in the individual and group interviews articulated different strategies to avoid having any contact with boys or even less to engage in sexual relationships. These strategies included showering or sitting in cold water to reduce the “heat”, praying to god to get rid of such feelings, staying indoors or moving away from boys. Indeed, there seemed to exist a strong imperative for the girls to control their expression of sexuality in terms of behaviour and clothing as well as their spatial mobility, showing how the larger life-strategies influence their concrete behavioural patterns in every day life.

*“When I feel like I have these feelings that I want to sleep with a boy, I normally stay indoors in the house, because I don’t want to go outside and then when I go outside I will meet the boys and at that time I have those feelings and if a boy will tell me let’s go and have sex I can as well go. So at that that time I prefer to stay in the house.”*  
(Interviewee. 13)

Also, as articulated in the quotes above, the girls believed that if they would approach the boys too much they would become completely powerless to abstain from sexual relationships. This need to abstain from relationships with boys was further enforced by a strong fear and certainty that if they would engage in any kind of relationship with boys they would almost inevitably be impregnated by the boys. What emerged as intriguing is the contradiction between having



sexual desires and at the same time rejecting the feelings related to sexuality, controlling the expression of sexual desires and sexual behaviour and judging other girls' and boys' for their behaviour related to sex. As seen earlier, the girls simultaneously reject traditional gender roles, but consider the expression of sexuality to be inappropriate for girls. It might be possible to explain this clash between the girls being educated in schools run by religious organizations and being something ascribed to marriage and reproduction but at the same time growing up in a modern context plagued with peer pressure, poverty and the will to access consumption goods otherwise not affordable as exemplified in the extracts from group interviews below. Indeed, as my key-informant stated, everything is “digital” nowadays, a local notion referring to the various needs that today's girls' have requiring having one boyfriend who perhaps provides the girl with a drink, another one who buys different things to the girl and a third one who is there to take care of the girl.

- *“...you see peer pressure, my friend comes to me and tells me you know what sex is the best thing ever, you see she is somehow pressuring me and I go, as in I am curious, you see pregnancy comes. So it is going to be an early pregnancy, it is a problem.*
- *“Yeah, peer pressure, for example we are friends, the friend is just coming to me telling that sex is good, so the moment this one has told me that sex is good, now this one will see okay my friend has told me having sex is good, that means I will go and have sex and by mistake get pregnant.*
- *Also, poverty as in you are not financially stable, somehow I cannot afford that pad and I'll go to a boyfriend as if I am begging, please, please help me with money to buy that pad and the man will take advantage of that you don't have money, let's first go to bed I'll finish with you and then I'll give you the money go buy what you want, poverty is what it is.*  
(Group, 5)

Indeed, despite the discursive rejection of sexual relations and relationship formation before completing school, out of the 43 girls interviewed, 24 indicated that they had boyfriends and a third indicated that they had had sex. Thus this indicates a gap between what is considered as the appropriate timing for forming relationships inclusive sexual relationships and the sequential biographic life strategy and the actual behaviour indicating at least to some extent the practice of a combined life strategy. The latter referring to acknowledging the importance of education for future life chances and transitions, but at the same time considering the realization of relationships, longings, desires compatible with education. The relationships the respondents had with their boyfriends, in the individual interviews, were all rationalized through love, affection and helping each other. In the same interviews in which the respondents first clearly rejected the possibility to simultaneously be in school and forming relationships,

they then admitted having boyfriends, being sexually active or having had sexual relationships. The rationalization of sex and the purpose attached to sex varied between the respondents, many seeing it as something to be done to please and satisfy the man, others treating sex as a way of showing affection and feelings, for own pleasure, and some evaluating sex only through the risks involved in it and treating sex solely as reproduction and something belonging to marriage.

Thus despite the strong imperative to abstain from sex before completing education, the values and attitudes toward the purpose of sex and peer pressure show how individual decision are not taken in a vacuum, but how social networks, living conditions as well as beliefs, attitudes and values regarding sexuality and sex influence the sequencing or combining of transitions such as relationship formation and educational attainment. In the section below, the characteristics of relationships maintained by the young women in the context of the study will be looked more closely.

### **5.2.2 Relationship Formation and Types of Relationships**

There were two types of relations that could be maintained with the opposite sex. The first one was “relationships for education” and the second was “relationships for sex and goods” in a similar vein as found in the study of (Mojola, 2014). A well-defined distinction was made between those boyfriends who were seen as helpful in terms of education and learning and those who would be only for sex.

*“A boyfriend, is someone who you can sit with him, ask him questions, consult him, talking with him. And a boy lover, it is, he needs you only at the time of having sex, he needs sex.”*  
(Interviewee, 8)

The first type of relationships in which the function of the boyfriend was sharing ideas, helping each other with school related matters, discussing and learning. These relationships were regarded as important as facilitating educational attainment and learning, hence being useful in terms of educational goals related to the broader life strategy. In contrast the second type of relationships, “the lover boys” were relationships motivated by love and affection and usually requiring intimate contact and sometimes providing girls with money, gifts and goods. However, a distinction was also made between good lovers and bad lovers, the former combining aspects of both “relationships for education” and “relationships for sex and goods”, as exemplified below.

*“According to me a good lover, yes a good lover acts like I mean for example we are together, he doesn't ask for sex, for example, he asks for a problem I am facing and try to solve, maybe I am financially somehow sent out of school so a good lover maybe he can contribute some money and help me to come back at school. A bad one would encourage you to stay at home and enjoy the whole of the day and even encourage you not to go to school,*

*just stay. You see the bad one, but the good one will stand with you when you are in problems”*  
*(Group,5)*

This denotes also, how forming a relationship could be a double edged sword: on one hand engaging with boy lovers might destroy the future through an unwanted pregnancy or HIV/AIDS infection, but on the other hand it might be needed in order to pursue education through financial help to pay tuition fees. However, as shown below, family played also a role in decisions made about education, discouraging girls education.

*“These girls, why they don’t want to finish school, is because their own parents abuse them, they say you are stupid. For them they see like they are very stupid and when the parents abuse them they see like there is no need for me to go back to school, there is no need for me to finish school, let me just move”*  
*(Interviewee, 14)*

The relationships between girls and boys, seemed to be always initiated by the boy, individual assets such as good looks and especially coming from a good or well off family being of the advantage of the girl.

*“They usually look for any girl, but they boys are looking for those girls who, they look at you and what kind of family you come from if you are coming from a poor family, they won’t approach you, yes they look for those people who are coming from a well off family”*  
*(Interviewee,7)*

Usually it was considered that the boy should be older than the girl. The reason for the necessary age gap, was explained through tradition and custom but also through social acceptance and gender roles as well as the ability to economically help, that affected the selection of an older partner. The older partner in a relationship was considered to be the one taking care and supporting the family and a woman could not be taking care of a man economically. Also, authority came with age thus an older woman would command a younger husband/boyfriend which was not acceptable since a woman should respect the man and in the end the man is the one having the final say, indicating appropriation of more traditional gender roles when previously emphasizing the importance of independence as the marker of adulthood.

*“And you see you are ahead of that, for example you are in your home and you introduce to your parents that this is my husband or my lover and he is old, for example me I want to take my boy lover to my home, and to my parents to introduce and then my parents realize I am older than the boy they will not encourage that friendship or that relationship, they will just discourage me. That you should help him with everything because you are older than him you see, so this is according to our custom you should not get a boyfriend, or a man or a husband who is your age or younger”*  
*(Group 5)*

Hence the decisions of partner selection were not done only based on individual preferences, but were mediated through assumptions related to gender roles and responsibilities, family's preferences and contextual beliefs about social status connected to the age of a person. The reason for selecting an older partner, could also be related to the fact that older boys/men, were working thus had financial means to provide girls with gifts and goods or would be better able to help in the future. As already briefly touched upon in the previous sections, one strategy employed by the young women in the context of the study to get i.e. sanitary products, get help to pay tuition fees, or to get access to various "new needs" was the engagement in sexual relationships involving the exchange of a gift. The nature of transactional sexual relationships will be further explored in the following paragraph.

### **5.2.3 Transactional Sexual Relationships**

Sexual relationships motivated by the purchase of goods or getting access to money was a commonly distinguished phenomenon by the respondents in both types of interviews, showing how decisions about getting access to things otherwise inaccessible influenced decision about relationship formation. However, none of the respondents neither in the individual nor in the group interviews would confess or identify themselves as having practiced such relationships, they rather referred to their friends or generally to girls in Kibera. It is impossible to say whether the respondents have or have not had sex with the explicit purpose to get gifts, money or goods, given the primarily negative connotation attributed to the practice. As shown in the quote below, there was a tendency to take distance from the "girls in Kibera" and disapproving of their behaviour, in this way evaluating one's own behaviour in relation to the other girls.

*"Some girls here in Kibera, when the boys go and lie to them or me I will do for you this and that and buy you a b c d this and that, the girl accepts" (Interviewee, 13)*

There appeared to be three narratives on gift giving and sexual relations. The first one was complete rejection and belief that engaging in sexual relations in order to access gift equals prostitution and would lead without exception to risky sexual behaviours and consequently to dropping out from school due to unwanted pregnancies or HIV/AIDS infection interrupting the transition to adulthood. However, this was different if the intercourse was based on mutual affection and rationalized through love, then gifts could be accepted in return for sex.

*"It would be like you are selling your body, but if the intercourse you had was as if you wanted it, and then he gave me a gift that you can accept because it was mutual, you wanted it. So even if he comes after with a necklace, or a phone you can receive it because it is out of LOVE!  
(Group 6)*

Furthermore, the partners with which girls would establish sexual relationships in order to receive gifts, were identified as “working class” boys, thus they were boys working who had an income and who could afford buying girls gifts. The social class emerged as important, as according to the respondent, it inhibited the establishment of a longer relationship and positioned the girl in an inferior negotiation position due to the class difference.

*“Someone who is working, I can’t because, those working lover boys will destroy me because the lover boy might impregnate me and then after impregnating me, then the lover boy will tell me” you are the one who approached me, so for me I am working”, so the lover boy will look for other girls who are working class and not me, so no I don’t need them.”*  
(Interviewee, 7)

The second narrative was a more moderate version of the first one, in which transactional sexual relationships were rejected as a desirable practice but there was an understanding of them being motivated through precarious living conditions, ignorance of girls rights, problems facing girls and the need for help. The quote below shows also, that some of these “boyfriends” actually are older married men with families.

*“Maybe, the life they have in their families is not good. Like others you find they want to get their boyfriends outside to help them, to get money to buy like Always and they find themselves in a situation in which they became pregnant and they drop-out of school. They get like, others when they are at schools they ask a relationship. Others when they, you find girls outside that are not going to school they find a husband who has a family, but he talks to you as a boyfriend, but he is not a boyfriend, it is a husband of someone, but he is talking to you as “I want to be your boyfriend. You see others, they can’t deny, because they want him to help her, perhaps they have some problem that they need him to help her”*  
(Interviewee,5)

Thus, in the latter, the boys or men who girls had sexual relationships with were seen to be helping girls with their problems rather than necessarily exploiting. On the contrary the third narrative emphasized girls’ *right* to receive a gift after sex from their boyfriends or boy lovers, this is intriguing as other respondents explained the engagement in transactional sexual relations as lack of knowledge precisely about girls’ rights. According, to the third narrative, it was the obligation of the boy to buy something for the girl after sexual intercourse, since the purpose of a boyfriend was to help and show he was good husband material, showing how decisions are not only taken at the present but also with the future in mind. However, these relations were at least on the narrative level motivated through love, with gift giving being a way to show love. Moreover, receiving the gift was treated as a “right” rather than a “need” for things, which problematizes the notion of transactional sexual relationships as only one-way exploitative relationship.

*“Yes, after I have had sex with my boyfriend, he gives me a present, Me and my boyfriend after having sex, finish, dress up, they go to the market and then the boyfriends asks me what I want him to buy for me. According to me, yes my boyfriend should give me a present after having sex with me  
(Interviewee, 14)*

Sometimes, getting gifts as part of sexual intercourse was not reflected upon much but was just a normal thing to do and a way to show love and affection, demonstrating how consumption has become an essential part of love relationships and a measurement of affection. Furthermore, relations with family members played a role in the decision to see sexual relationships in exchange for money or other goods, as shown in the quote below. Also, in one individual interview, the respondent stated that her boyfriend gave money to her mother, however she was reluctant to elaborate more on the theme, which indicates that it is a practice that exists but is not discussed about.

*“Maybe, she has done a mistake, and her mother maybe she wants to beat her, so the money she sees, they run out of the house and when they run out of the house that is now the time they go and start being a prostitute, having sex just to get money”  
(Group, 4)*

The goods exchanged in the transactional sexual relationships included food items such as chips or soda drinks, clothes, shoes, jewellery, sanitary pads, phones, books for school, money and flowers. Hence, the reasons for finding boyfriends who could provide the girl with gifts, was not necessarily survival or fulfilling basic needs but more of getting access to consumption goods as said by an interviewee *“Those girls will go and buy clothes, shoes, chips and Always.” (Interviewee, 10)*. In few occasions, even getting money to school books was also indicated as a reason for having sex, making the relationship essential for pursuing the life strategy. The perception was that boys and/or men would be the ones initiating the relationship through lying, cheating and seducing the girls and forced to sex as a consequence. Little agency was attributed to girls’ ability to resist the seduction and even less once they had accepted the gift, they could not refuse anymore.

*“He starts by seducing you and after that when you accept he will be buying for you some things to cheat you and then it will come the time for pay and he will rape you”  
(Group,1)*

Thus, engaging in transactional sexual relationships was not seen to be entirely due to the subjective willingness to do so, but rather being tricked to such relationships, demonstrating how decisions and action about forming sexual relationships is not always necessarily an independent decision despite the awareness of risks that engaging in sexual relationships might cause for the larger life strategies.

*“These boys they will tell you that you must pay the money, to pay back, so having sex is a way to pay back”  
(Interviewee, 5)*

The first and second narratives maintained that the gift skewed the power-relationships, reducing the negotiation power of the girl, the latter having to act according to the will of the gift giver. However, in the third narrative the situation was different, given that gift was considered as a must in sexual relations and in any kind of relationships, indeed not receiving a gift would lead the girl to decide to end the relationship in this way actually seemed to give more negotiation power to the receiver of the gift.

*“I am thinking of breaking up with my boyfriend, because the boy has never bought me anything, any present”  
(Interviewee, 10)*

There appeared to be an interesting difference in terms of negotiation positions and power-relationships which were dependent on the timing of the gift giving. If the gift was given prior to the actual sexual intercourse, the girl would have less bargaining power and simply had to conform to the requirements of the boy/man. However, in case the gift was given after the intercourse as implied in the third narrative, the girl might have more power to negotiate some aspects of the relationship, for example the nature of the gift and in the absence of gifts the termination of the relationships. However, in one group interview, it was claimed that it might also occur that a boy promises you money but in the end cheats and the girl does not receive the gift or money at all. Thus, receiving the gift prior to the intercourse might give the girl more security to actually receive the gift and therefore receive the wished returns to the action taken fulfilling the purpose of the decision. At the same time receiving the gift prior to the intercourse, might put the girl in a more vulnerable position since it impedes the refutation of the intercourse since the gift needs to be paid back somehow, hence implying an implicit power-relationship between the giver and the receiver. Thus the necessity for sexual intercourse in order to receive the gift whether prior or after was not removed, rather it might impact the negotiation procedures shaping the terms of the relationship, showing the fluctuating and shifting nature of power (Plummer, 1995)

As shown in this section, relationship formation and sexual relations were perceived as extremely risky due to the sexual and reproductive health risks that they entailed, that these lead to school drop-out thus meant losing control over the process of transitioning to adulthood. However, due to various interdependent factors as presented above, relationships were still maintained and sex practiced. It is interesting to see then, why despite the awareness of the risks

associate with sex, the high risk of unwanted pregnancies, HIV/AIDS and STIs and unsafe abortions still persist. One way of looking at it, is through examining the ways the respondents understand and experience issues related to reproductive and sexual health as well as contraceptive use, which will be explored in the next section.

### **5.3. SEXUAL AND REPRODUCTIVE HEALTH: Awareness, Understanding, Practices**

#### **5.3.1 The Reproductive System and Contraceptives**

*“Is there a difference between a condom and a paper bag?”*

*(Group 3)*

As shown in the previous parts through qualitative and quantitative data, girls in informal urban settlements are extremely vulnerable to unwanted and early pregnancies. When the girls were asked in the interviews to identify the main challenges affecting them in Kibera when growing up as girls, unwanted pregnancies was cited by all as the most acute challenge and threat facing the girls in Kibera followed by the risk for HIV/AIDS infection, rape and unsafe abortions. However, despite the high awareness of the risks of pregnancy, the actual knowledge on issues related to reproduction and the reproductive systems of both sexes seemed to be rather low. When the respondents in the end of the interviews were invited to ask questions, many of the questions had to do with how and when a girl could get pregnant indicating incomplete knowledge on the reproductive system as well as reflecting their concerns about pregnancy. Confusion appeared to be especially about the menstrual cycle, when it was possible to get pregnant, the male reproductive body, how to recognize pregnancy and whether using contraceptives would lead to infertility.

*“My first question is that I have heard that when you are on your menstruation, you finish your menstruation, then after three days you sleep with a boy without protection, you will not get pregnant, is this true?” (Interviewee, 3)*

*“If a boy is not circumcised and he has sex with a girl, can the girl become pregnant?”  
(Group, 4)*

When in the interviews the respondents were asked to identify strategies to mitigate the exposure to these risks, avoiding boys and “panja routes”, abstinence from sex and waiting until marriage, were the first responses in almost every interview whether individual or group. This coincided with the sequential life strategies discussed earlier, however it might also be a socially acceptable response and not necessarily reflect the reality. In the individual interviews, some respondents were unable to identify any other method of prevention, though in most of the



individual interviews and in all the group interviews condom was mentioned after abstinence. In some instances, safe days and natural cycle methods, withdrawal, injections and birth control pills were also brought up as methods of avoiding unwanted pregnancies.

*“Perhaps if I use the condom, but I don’t think, I am never 100 % sure about those things, although they say they prevent the HIV/AIDS and the pregnancy, for me I don’t know”*  
(Interviewee, 9)

Despite the fairly high awareness of the existence of condom and the purpose of which it is used, this did not necessarily translate to the adoption of condom during the intercourse. The refutation of condom could be linked to simple lack of information as well as to the various misconceptions and misbeliefs that the respondent held about it which included; a belief that the rubber used in condoms could be dangerous and lead to infertility, that the condom might break thus it was better not to use it, the condom might stay inside the girl, fear of infection, uncertainty of its preventive capacity and in one case that a condom could be replaced with a paper bag, for example.

R: *“I can say I want to use the condom because I don’t want to get HIV or any other disease”*

INT: *Will they accept it?*

R: *“It will depend on what the boy will say”*

R: *“Some boys they refuse to use the condom because they think when they use condom and then the air enters inside they can get infected”*

R: *“Boys refuse to use condom because you might use the condom, and then when you are having sex it bursts and it means that it can remain in the girl and bring problems”*

(Group 4)

Thus there appeared to be a gap between awareness and understanding that influenced the decisions to discard or at least resist the use of condom, even though the respondents were conscious about the risks associated with sex. It is important to recognize, that despite abstinence being considered as the best practice, as shown earlier, there seems to be a discontinuity between the two biographical life strategies, the discursive one being the sequential and the actual behavioural ones combined. Also, getting tested and then having sex without protection only with your own boyfriend was a commonly distinguished strategy to protect oneself of getting infected by HIV/AIDS or other STDs. Of course the latter strategy would require the fidelity of the partner “not walking around with other girls” at the same time.

R: *“If my boyfriend would tell me to have sex without a condom, I will not accept, because I will not know whether the boyfriend is HIV infected or maybe me I can be HIV infected”*

INT: *So you tell your boyfriend no?*

R: *“Yes”*

INT: *So what does he do then?*

R: *“He goes away”*

*(Interviewee, 4)*

Overall, it was considered that the boys and men did not like using condoms and would refuse the use of it, however while some girls would not use the condom as exemplified above, many did consider it to be necessary. Thus, despite the recurrent idea that the last word is always man's, since men are the ones who girls and women should respect, the girls did appear to have some room for negotiation of the practices related to the condom use during sexual intercourse, claiming they would either try to negotiate with the boy the use of condom, or just leave the situation if the boy refused to use the condom. Those who had had sex, claimed they had used condom during their first sexual intercourse.

R: *“Condom is used to prevent diseases, like let's say you have a boyfriend who was suffering of HIV and then your boyfriend comes and tells you to lay down with him, now because you don't have any advice you will accept it but it is a must you use condom because condom is used to prevent diseases, so because you have to prevent yourself from getting diseases like HIV, you'll advice your boyfriend to wear the condom.”*

INT: *Do you think it is possible for girls to say, I want to use condom?*

R: *“The man decides, but the time that you settle down with your boyfriend to discuss about it you can even speak and the boyfriend can agree and listen to you”*

INT: *So what do you do if the boyfriend disagrees with you?*

R: *“I will run!”*

*(Group 1)*

As the above quote show there seemed to be room for negotiating the condom use but not the actual intercourse but they “girl will accept it” in the absence of an alternative. Thus a degree of agency was exercised in reflecting and choosing between using having sex without a condom or leaving the situation. It should be noted though, that if there is a fear of the boy leaving the girl due to demands regarding the use of a condom, it might restrict the willingness of the girl to exit the relationship and instead to conform to the will of the boyfriend.

R: *“Well my former teacher told me that, when you take a gift from a man, even if he is a friend, he will convince you to do something you don't want to”*

INT: *Like what?*

*R: "For example, he can force you to have sex without protection"*

*INT: And then you cannot say no because he gave you something?*

*R: "After that he gives the gift and you cannot run"*

*(Interviewee, 2)*

Moreover, gift giving in a relationship might compromise the bargaining position of the girl to negotiate the use of condom, leading to be forced to have unprotected sex as shown above. Thus, the decision to use condoms despite the awareness of risks was guided by beliefs and misbeliefs about its use, gender norms and associated power relations as well as shifting negotiation positions due to the possible transactional nature of a relationship.

### **5.3.2 Abortion**

Abortion was a theme that originally was not part of the interview guide employed for the study but was integrated after it emerged as a recurrent issue in several interviews. Indeed, one of the girls that was sampled to be interviewed for the study had passed away shortly before the interview was going to take place due an unsafe abortion. The attitudes toward abortion were generally very negative, the girls being often discouraged at school to even consider abortion and in case getting pregnant giving birth to the child and then returning to school. All the respondents said that they would not do an abortion. The reason for this was the high risk dying while doing an abortion, and all the respondents seemed to be very well aware of the risks associated with unsafe abortions. Many conceived also that an abortion would lead to infertility in the future and thus would not consider abortion even in case of an unwanted pregnancy.

*"According to me, I can fear very very much. You see for example here, people will start appointing you and say see that she has a baby, and that is bad, so I fear that a lot"*  
*(Group 5)*

However, despite the awareness regarding the dangers of unsafe abortions, the respondents stated that many girls were still persuaded to try to terminate the pregnancy in case it was unwanted. This could be partially explained through the stigma associated with young mothers especially in school environments as exemplified above, as well as the interruption to schooling that an unwanted pregnancy would cause in the transition from childhood to adulthood. What emerged as striking, was the methods of doing an abortion identified by the respondents.

*R: "You can use coca cola, mango juice, mix together add little water and then drink and it will abort the baby, also you can drink strong tea, there are some other medicines, you go to the chemist and they will give you the medicine to do abortion. Some other girls, they go to these mothers who deliver babies and they remove the baby. These girls who go to these*

*mothers who deliver babies, these ladies use straws and sticks to remove the baby and do the abortion”*

*INT: Do you think it is dangerous?*

*R: Yes, it is, because it can spoil the womb where the baby is supposed to be.  
(Interviewee, 4)*

In all the interviews in which abortion came up, the respondents stated they had heard mostly from friends about abortion and how to do it.

*“Your boyfriend made you pregnant, some other girls, your friends maybe, when they go and tell their friends that you are pregnant your friends will tell you oh you are pregnant let me tell you, go and abort it. Then they will tell you to go to hospital and remove it, or if not that to take strong tea, you boil strong tea. There is another girl, she was pregnant and she was told, her friends advised her to drink washing powder, to mix it with water and then drink it.”  
(Interviewee, 13)*

The misbeliefs about methods of abortions are troubling given that these might lead to the girls making miscalculations about the seriousness of pregnancy or abortion if they, for example consider that they can abort the baby by simply drinking strong tea. Furthermore, it is alarming if abortions are attempted by drinking washing powder or mixing together medicines, which might have serious consequences for the health of the girls and ultimately lead to the death of the girl. Furthermore, the reasons why girls do chose to do an abortion despite the awareness of the risks associated with unsafe abortions included not wanting the baby and/or for example peer pressure or pressure from family members.

*R: “Maybe you are pregnant, and you don’t want your mother to know that you are pregnant, what can you do so that your mother cannot know that you are pregnant?”*

*INT: Why can you not tell your mother?*

*R: “She will hit you and chase you away from the house,”*

*R: “What if people are telling you to abort? “*

*INT: At home?*

*R: “Yes”*

*R: “What if your relatives, they are telling you they’ll kill you, threatening to kill you and your baby?”  
(Group 4)*

Thus the choice to terminate or at least to attempt to terminate an unintended pregnancy appeared to be influenced by various factors extending beyond the individual desire to continue or not with the pregnancy. As portrayed above, the decision to opt for an unsafe abortion was influenced by; norms and values about young mothers, social stigmatization and frictions to social image, pressure from social networks including family members and the misbeliefs

and/or confusions about the methods of abortion. Furthermore, the decision to attempt the termination of an unwanted pregnancy, can be seen as a result of anticipating the consequences that an early pregnancy has for education and therefore also for future living conditions and social relationships. Thus, showing how individual decision making and action unfolds as a temporal, multidimensional and multilevel process.

## 6. CONCLUDING DISCUSSION

To sum up, the subjective understandings of ageing and adulthood could be divided in three clusters; physical changes and the onset of menstruation, the emergence of new emotions and the appearance of new risks and challenges. A distinction was made between sanitary products being perceived as a *need* or a *want*, both by the guardians and the girl herself. This influenced the intra-household allocation of resources and the availability of resources to purchase sanitary products as well as the strategies employed to get access to resources in case these were absent. One of these strategies was engagement in sexual relationships in exchange for sanitary pads, which shows how values and norms about menstruation together with access to resources guide the sexual behaviour of girls possibly leading to transactional sexual relationships which can result in risky sexual behaviours. Somehow contrary to the proposition of many other qualitative studies, the simple lack of access to sanitary products did not alone seem to be the reason which leads to being absent from school. Many of the respondents claimed that they stayed at home when they had their periods, but the reasons were related to physical pain experienced during menstruation, uncomfortable feelings of being around others, fear of being ridiculed by boys (though which could be attributed to lack of sanitary products), gender norms about cleanliness and lack of access to water, inability to maintain hygiene during the school day and problems of sanitary product disposal in the absence of a functioning waste management systems.

The onset of menstruation and the capacity for reproduction, were important markers of adulthood and especially of becoming a woman. The transition to adulthood was associated with *becoming* and *learning* how to be a woman, comprising also new responsibilities which was distinguished as an important nodal point between childhood and adulthood. Indeed, the transition to adulthood was marked by an understanding of gender, gender roles and an implicit consciousness of gender being a social attribute. Related to the previous, the physical changes were accompanied by new emotions, most importantly shyness. This was related to the behavioural changes of boys toward girls which implied both undesired physical and verbal

attention and harassment as well as stigmatizing practices especially when girls would have their periods. However, at the same time, adulthood was essentially understood through becoming financially independent, self-development and own decision making. In other words, reaching a stage of gaining control over one's life, denoting also the rejection of traditional gender roles and pre-determined gendered life patterns, at the same time combining their aspirations with ideals of marriage and motherhood. Thus a strong feeling of agency, the respondents contesting standardized life patterns and aiming to choose otherwise (Heinz W. R., 2009) is clearly visible, showing also how individuals actively negotiate gender and gender roles, rather than are passively socialized to a model (Harcourt, 2009; Connell, 2002).

Furthermore, adolescence meant a high risk of having an unwanted pregnancy or becoming infected with HIV/AIDS and vulnerability to rape and unsafe abortions, making the transition to adulthood in the context of the study an extremely risky process. The fact that respondents attributed the emergence of new risks as essential parts of the transition to adulthood gives a disturbing picture if analysed in terms of the right to enjoy a safe sexual life free from violence and coercion and/or the right to decide the timing and number of children they have, which based on the perceptions of the respondents does not seem to be realized in the context of the study. Education was a recurrent theme in the interviews; with the physical and emotional changes and the onset of menstruation being linked to school absenteeism, and education being the way to reach financial independence and control over one's own life through self-development, which were closely attributed to adulthood. Moreover, the vulnerability to new risks were evaluated based on their influence on educational attainment, rather than a violation of rights. Given the risky environment in which girls in Kibera navigate their lives, and where school-drop out is a common phenomenon, completing education was crucial in the transition to adulthood.

Two different life strategies could be identified; *sequential* and *combined* life strategies. In the former, decisions about education would guide any other decision taken in other spheres of life and any desires, relationships and longings should be left after school was finished. Relationship formation and sexual activity was seen as entailing risks that were too high and transaction costs that might lead to the interruption of education hence losing control over the transition to adulthood. Interestingly, even though giving birth was associated with being a woman, having a child at young age would not mean reaching adulthood or womanhood, but rather would interrupt the process of transitioning to adulthood. The risks of relationship

formation were associated with beliefs about negative gender norms attributed to boys and men and the idea that a man should support and help a woman. Thus relationship formation and sexual activity should be reserved to marriage and the point when a husband able to help and support would be found. This somehow contradicts again the conception of adulthood based on financial independence and gaining control over one's life. A distance was taken from other girls in Kibera who would have relationships while in school, "walk and talk with boys", or dress lightly and "exposing their bodies", judging their behaviour as wrong. Hence when it came to relationship formation and expression of sexuality, more "traditional" gender norms on women's and girls' sexual desires and behaviour were appropriated, while at the same time emphasizing girls and women's right to their own bodies, and the importance of independence and own decision making. Indeed, if a girl would be with boys, seemed to denote losing control over your body or giving your body to boys/men and various strategies were employed to avoid getting in sexual relationship with boys. From the perspectives of the respondents, it seems as if having control over their body means having the right to choose who they are going to give it to whilst, however implying that ultimately it is the boy/man who in the end has the right to their bodies. There seemed to be an inherent trade-off between being independent and in control of one's life and relationship formation with boys and/or men. Moreover, relationship formation and transition to adulthood was not perceived as being as risky for boys as it is than for girls. This denotes the gendered nature of risks and opportunity structures hence influencing the different decisions and action taken by girls and boys.

The decisions about relationship formation were not made in a vacuum but embedded in the larger societal context in which the girls lived producing a gap between the official narrative and discursive ideal of how the process of transition to adulthood should look and what was actually happening. Indeed, many respondents' in the same interview occasion having refused the idea of relationships at the time as being in school, later admitted having boyfriends and having initiated sexual activity. Thus there appeared to be a simultaneous adoption of more "traditional" and "modern" conceptions of gender norms as well as sequential and combined life strategies. This could be related to a confusion stemming from growing up in a context where different contradictory forces including religiously run educational institutions, poverty, insecurity and limited life opportunities as well as the family, peer pressure and longing for modern consumption goods all influenced the decisions and action taken regarding the life course. Two types of relationships with the opposite sex were distinguished, those that would help with education and those relationships for love, sex and access to gifts and goods. The

partners in the latter category were usually older boys and the selection of partner was influenced by social norms about age and status as well as gender norms about men's authority and obligation to support the family, together with the discouragement from family to have a younger or partner of same age. Also, having multiple partners was seen as a strategy to identify and find the best one and selection of an older partner could be related to their ability to buy the girls gifts and goods. Both multiple partners and age difference between partners has been linked with an increased risk for HIV/AIDS and STIs, as explained in the background for the study.

Transactional sex appeared as a common phenomenon in the context of the study, however different positions and narratives regarding the practice could be recognized. According to the first narrative, sexual relationships involving gift giving were seen by some as equal to prostitution, risky and inevitably leading to an unwanted pregnancy or HIV/AIDS infection, the second narrative emphasized the importance of context, family, poverty, and ignorance of girls' rights that lead to girls having sex for gifts. In the latter, the relationship was not necessarily seen as exploitative but based on mutually beneficial "helping" in the absence of an alternative to choose otherwise. Thus while the young women could exercise their agency to for example overcome a problem through having sexual intercourse with someone who could help them, they did not necessarily have other options to choose from, their agency being restricted (Heinz W. R., 2009). The partners were identified as working class boys or as married men with families. On the contrary the third narrative, stressed the importance of gift giving as part of sexual intercourse as the right of girls, denoting the contextual nature of what is considered as normative sexual activity.

The relationships were motivated with access to consumption goods rather than fulfilling survival needs, however it should be noted that what is considered as an essential *need* and/or what is seen as a *want* is subjective and can differ between individuals. Moreover, family played also a role in the decision to engage in relationships for gifts as was the case with one respondent whose boyfriend paid money to her mother. Depending on the narrative, gift giving could compromise the power relations between the partners leading to abuse and rape and inability to refuse the intercourse or having to agree to unprotected sex. On the other hand, the involvement of the gift and especially the timing of the gift giving could give girls' more negotiation power over the nature of the gift as well as the termination of the relationship, showing how power relations are not dichotomous but rather a negotiated process (Plummer, 1995).



By examining the life strategies employed by the respondents in the context of the study, it was possible to understand how the context in which the girls find themselves in, shape their sexuality and guide their sexual behavior and that influences their SRHR. Poverty, social and economic exclusion and ideas about traditional gender roles and life patterns, seemed to be central factors in why the girls interviewed in the study emphasized the importance of education. Education represented the opportunity to challenge traditional gendered life patterns and provided the way out from poverty, possibility for self-development, finding a job and becoming independent. Given the centrality for education, sexual relationships should be left for later, because the adverse risks associated with sex were perceived to be inevitable in the context of the study, denoting that unsafe sexual lives in the context of the study were more a norm than an exception. Moreover, gender norms about appropriate behaviour for girls as much as gender norms attributed to boys, were decisive in the decision to abstain sexual relations. At the same time, social networks and social norms, values, wants, and beliefs together with restricted access to resources encourage girls to engage in sexual relationships comprising transactional sexual relationships and influence the selection of an older partner. Despite surely taking different forms, age difference and gift giving in transactional sexual relationships, might lead to the adoption of unsafe sexual practices as well as involve forcing and coercive behaviours possibly leading to both adverse physical and emotional consequences.

Finally, the insights to the SRHR related knowledge, show an alarming picture in which awareness, understanding and practice do not seem to collide. The level of knowledge on how the female and male reproductive systems function appeared to be rather low, which might lead to sexual behaviours leading to early pregnancies, HIV/AIDS infections and vulnerability to STDs as well as unsafe abortions. Moreover, despite the high awareness on contraceptives especially the male condom, misbeliefs, mistrust and misconceptions of its use together with power relations between partners, counter the adoption of the male condom during sexual intercourse. In a similar vein, even though an understanding of the dangers regarding unsafe abortions was high, peer and family pressure, social stigmatization, and beliefs about the methods of abortion as well as the anticipated high costs of early pregnancy for the transition to adulthood, show how the context still leads girls to opt for the termination of pregnancies. Thus, unwanted pregnancies might not only compromise the transition to adulthood and future living circumstances, but might lead to death, compromising the right to live.

Thus, the study shows how individual life-courses and the decisions and actions taken within them unfold in a complex web of interdependent levels and spheres of life, comprising macro level structures determining living conditions, meso level institutions including family, social networks, school, cultural beliefs, attitudes and social norms as well as micro level individual preferences. Despite the awareness of SRHR risks associated with relationship formation and sexual relationships and their consequences for educational attainment, action and behaviour that might compromise the safe transition to adulthood might still be taken. The study shows, how young women reflect on their decisions and actions and the consequence that these have for their future. It has been shown how girls choose between different alternatives as well as create strategies to mitigate challenges they face, thus playing an active role in constructing and shaping their biographical trajectories. Moreover, the girls while contesting and negotiating traditional gender roles and gendered life patterns in certain spheres of life, also conformed to the existing gender norms and patterns of behaviour in other aspects of their lives. Despite advocating their right to choose and control their bodies as well as the active agency they exercise in realizing their SRHR and broader life goals, the girls' agency is still shaped by social norms, opportunities and constraints present in the context they are immersed in.

The findings of this study support many of the findings regarding the meanings attached to puberty and menstruation as well as mechanisms of transactional sexual relationships found in Sub-Saharan Africa both in rural and urban areas, which were presented in the background literature. Thus, it could be claimed that together with findings from other contexts, these can be generalized to some extent. However, the findings show how the link between MHM and school attendance is not straightforward but educational attainment is influenced by the wider socio-cultural context of adulthood, sexuality, reproduction, social expectations, norms and status that might be more important factors leading to school drop out. A major limitation of this study, however is its inability to show the similarities or dissimilarities between rural and urban contexts, which would have been useful in illuminating the specificities of the urban context.

However, one of the strengths of this study is its ability to reveal the simultaneous occurrence of different narratives both between respondents and within the individual. The former, shows that despite the respondents sharing the same contextual characteristics, they still are influenced by the contextual factors in different ways which leads to them to adopt different strategies, decisions and actions that have diverse consequences for their SRHR outcomes. Thus the interventions designed to mitigate, transform or alleviate the SRHR risks in the context of the

study should be sensitive to this heterogeneity rather than homogenizing individuals, and/or treating girls only based on their reproductive role. Interventions should acknowledge them as active social and economic agents. Policy interventions that would efficiently tackle the pressing SRHR related challenges, need to build a comprehensive understanding of the circumstances in which decisions and actions are made, the relationship mechanisms and the different roles girls have in different spheres of life. Moreover, the strong ambitions of independence and control over one's life, should be strengthened through providing opportunities for the young women to realize their goals. As shown in the study, gender and the beliefs and attributes associated with both genders clearly influenced sexual behaviour and power-relationships as well as decisions and actions taken. Indeed, the realities of young men need to be further investigated and boys/men should be equally included in the interventions aiming to improve the situation of young women. The absence of boys is regarded as another important limitation of the study.

Moreover, the discrepancy between the official narrative and the actual behaviour is important to recognize especially when producing evidence based research and sex and age disaggregated data on adolescents for policy interventions aiming to improve the SRHR of the youth. What might be said does not necessarily correlate with what is done. The findings of this study have the ability to to problematize the quantitative secondary data on the SRHR situation among the youth in Nairobi's informal urban settlements, by providing substance and possible explanations to why gendered health risks persist, despite the interventions and policies done to reduce these risk. The Adolescent Sexual and Reproductive Health Policy introduced in the introduction, is a worthy attempt to improve the SRHR of the youth in Kenya. Enhancing the access to good quality services, strengthening gender equality and equity in sexual and reproductive health services, increasing awareness as well as enhancing adolescent participation in SRHR planning and programming are undoubtedly all important in reducing the incidence of SRHR risks. However, by emphasizing delayed sexual debut and abstinence as ways to mitigate SRHR related risks, the policy does little to stress the right to safe and satisfying sexual life. Furthermore, by unambiguously stating its objective not being development but exclusive focus on sexual and reproductive health, it runs the risk of reducing young women to reproductive bodies. This not only ignores the role of young women as social and economic agents, but also drives attention from the structural, institutional and social conditions, which despite awareness and improved access to services, might indeed impede the young women realizing their sexual and reproductive health and rights.

## REFERENCES

- Aronson, P. (2008). The markers and meanings of growing up: Contemporary Young Women's transition from adolescence to adulthood. *Gender & Society*, 22(1), 56–82. doi:10.1177/0891243207311420
- APHRC (2002). *Health and Livelihood Needs of Residents of Informal Settlements in Nairobi City*. Nairobi: African Population and Health Research Center
- APHRC (2014). *Population and Health Dynamics in Nairobi's Informal Settlements: Report of the Nairobi Cross-sectional Slums Survey (NCSS) 2012*. Nairobi: African Population and Health Research Center.
- Anangwe, A. (2008). Health Sector Refoms in Kenya: User Fees. In M. Sama, & V.-K. Nguyes (Eds.), *Governing Health Systems in Africa*. Senegal: African Books Collective.
- Baker, Judy L. 2008. Urban poverty: a global view. Urban Papers; no. UP-5. Washington, DC: World Bank.  
<http://documents.worldbank.org/curated/en/2008/01/9112288/urban-poverty-global-view>
- Barot, S. (2014). Looking back while moving forward: Marking 20 years since the International Conference on Population and Development. *Guttmacher Policy Review*, 17(3), 22-28.
- Beguy, D, Mumah, J, Wawire, S, Muindi, K, Gottschalk, L, and Kabiru, C. W. (2013) Status Report on the Sexual and Reproductive Health of Adolescents Living in Urban Slums in Kenya,” STEP UP Technical Working Paper. Nairobi
- Berer, M. (2002). Health sector reforms: Implications for sexual and reproductive health services. *Reproductive Health Matters*, 10(20), 6–15. doi:10.1016/s0968-8080(02)00094-0
- Bryman, A. (2012). *Social Research Methods* (4th Edition ed.). New York, United States: Oxford Univesrity Press.

- Chatterji, M., Murray, N., London, D., & Anglewicz, P. (2005). The factors influencing transactional sex among young men and women in 12 sub-Saharan African countries. *Biodemography and Social Biology*, 52(1-2), 56–72. doi:10.1080/19485565.2002.9989099
- Connell, R. W. (2002). *Gender*. Malden, MA: Blackwell Publishers.
- Dewilde, C. (2009). A Life-Course Perspective on Social Exclusion and Poverty. In W. R. Heinz (Ed.), *The life course reader: individuals and societies across time*. Campus Verlag.
- Dolan, C. S., Ryus, C. R., Dopson, S., Montgomery, P., & Scott, L. (2013). A Blind Spot in Girls' Education: Menarche And Its Webs Of Exclusion In Ghana. *Journal of International Development*, 26(5), 643–657. doi:10.1002/jid.2917
- Eder, D., & Fingerson, L. (2001). 9 Interviewing Children and Adolescents. In Jaber F. Gubrium, & James A. Holstein (Eds.), *Handbook of Interview Research*. (pp. 181-202). Thousand Oaks, CA: SAGE Publications, Inc.  
doi: <http://dx.doi.org/10.4135/9781412973588.d13>
- Fotso, J. C., & Mukiira, C. (2011a). Perceived quality of and access to care among poor urban women in Kenya and their utilization of delivery care: Harnessing the potential of private clinics? *Health Policy and Planning*, 27(6), 505–515. doi:10.1093/heapol/czr074
- Fotso, J. C., Ezeh, A., & Oronje, R. (2008b). Provision and use of maternal health services among urban poor women in Kenya: what do we know and what can we do? *Journal of Urban Health*, 85(3), 428-442. 10.1007/s11524-008-9263-1
- Gough, I., Wood, G., Barrientos, A., & Barrientos, O. (2004). *Insecurity and welfare regimes in Asia, Africa and Latin America: Social policy in development contexts*. United Kingdom: Cambridge University Press.
- Grant, M., Lloyd, C., & Mensch, B. (2013). Menstruation and school absenteeism: Evidence from rural Malawi. *Comparative Education Review*, 57(2), 260–284. doi:10.1086/669121
- Harcourt, W. (2009). *Body politics in development: Critical debates in gender and development*. United Kingdom: ZED BOOKS LTD, United Kingdom.

- Hassim, S., & Razavi, S. (2006). Gender and Social Policy in a Global Context: Uncovering the Gendered Structure of the Social. In S. Hassim, & S. Razavi (Eds.), *Gender and Social Policy in a Global Context*. New York: Palgrave Mcmillan.
- Heinz, W. R. (2009). Transitions: Biography and Agency Introduction to Section V. In W. R. Heinz, J. Huinink, & A. Weymann (Eds.), *The life course reader: individuals and societies across time*. Campus Verlag.
- Heinz, W. R., Swader, C. S., Huinink, J., & Weyman, A. (2009). General Introduction. In W. R. Heinz, J. Huinink, & A. Weymann (Eds.), *The life course reader: individuals and societies across time*. Campus Verlag.
- Holstein, J. A. & Gubrium, J. F. (1995). *Qualitative Research Methods: The active interview* : SAGE Publications Ltd. doi: 10.4135/9781412986120
- Jewitt, S., & Ryley, H. (2014). It's a girl thing: Menstruation, school attendance, spatial mobility and wider gender inequalities in Kenya. *Geoforum*, 56, 137–147. doi:10.1016/j.geoforum.2014.07.006
- Kaufman, C. E., & Stavrou, S. E. (2004). “Bus fare please”: The economics of sex and gifts among young people in urban South Africa. *Culture, Health & Sexuality*, 6(5), 377–391. doi:10.1080/13691050410001680492
- Kenya, A. I. D. S. (2014). Response progress report 2014, progress towards zero. Nairobi, Kenya: Government Printer.
- Kenya National Bureau of Statistics (KNBS) (2010) Kenya Demographic and Health Survey 2008- 09: Calverton, Maryland: KNBS and ICF Macro.
- Kenya. (2016, April 30). Retrieved May 18, 2016, from <http://data.worldbank.org/country/kenya>
- KNCHR (2012). *A Report of the Public Inquiry into Violations of Sexual and Reproductive Health Rights in Kenya*. Kenya National Commission of Human Rights (KNCHR).

- Leclerc-Madlala, S. (2003). Transactional sex and the pursuit of modernity. *Social Dynamics*, 29(2), 213–233. doi:10.1080/02533950308628681
- Liefbroer, A. C. (2009). From Youth to Adulthood: Understanding Changing Patterns of Family Formation from a Life Course Perspective. In A. Weymann, J. Huinink, & W. R. Heinz (Eds.), *The life course reader: individuals and societies across time*. Campus Verlag.
- Maganja, R. K., Maman, S., Groves, A., & Mbwambo, J. K. (2007). Skinning the goat and pulling the load: Transactional sex among youth in Dar as Salaam, Tanzania. *AIDS Care*, 19(8), 974–981. doi:10.1080/09540120701294286
- Mackintosh, M., & Tibandebage, P. (2006). Gender and Health Sector Reform: Analytical Perspectives on African Experience. In S. Razavi, & S. Hassim (Eds.), *Gender and social policy in a global context: Uncovering the Gendered structure of “the social.”* New York: Palgrave Macmillan. New York: Palgrave Mcmillan.
- Mason, L., Nyothach, E., Alexander, K., Odhiambo, F. O., Eleveld, A., Vulule, J., ... Phillips-Howard, P. A. (2013). “We keep it secret so no One should know” – A qualitative study to explore young schoolgirls attitudes and experiences with menstruation in rural western Kenya. *PLoS ONE*, 8(11), e79132. doi:10.1371/journal.pone.0079132
- Mason, L., Laserson, K. F., Oruko, K., Nyothach, E., Alexander, K. T., Odhiambo, F. O., ... Phillips-Howard, P. A. (2015). Adolescent schoolgirls’ experiences of menstrual cups and pads in rural western Kenya: A qualitative study. *Waterlines*, 34(1), 15–30. doi:10.3362/1756-3488.2015.003
- Mberu, B., Mumah, J., Kabiru, C., & Brinton, J. (2014). Bringing sexual and reproductive health in the urban contexts to the forefront of the development agenda: The case for Prioritizing the urban poor. *Maternal and Child Health Journal*, 18(7), 1572–1577. doi:10.1007/s10995-013-1414-7

- McMahon, S. A., Winch, P. J., Caruso, B. A., Obure, A. F., Ogutu, E. A., Ochari, I. A., & Rheingans, R. D. (2011). "The girl with her period is the one to hang her head" reflections on menstrual management among schoolgirls in rural Kenya. *BMC International Health and Human Rights*, 11(1), 7. doi:10.1186/1472-698x-11-7
- Ministry of Health, Kenya. (2015). *National adolescent sexual and reproductive health policy*. Retrieved from [http://www.popcouncil.org/uploads/pdfs/2015STEPUP\\_KenyaNationalAdolSRHPolicy.pdf](http://www.popcouncil.org/uploads/pdfs/2015STEPUP_KenyaNationalAdolSRHPolicy.pdf)
- Mkandawire, T. (2004). *Social policy in a development context*. New York: Palgrave Macmillan.
- Mojola, S. (2014). *Love, money, and HIV: Becoming a modern African woman in the age of AIDS*. United States: University of California Press.
- Mumah, J., Kabiru, CW, Izugbara, C., and Mukiira, C. (2014) Coping with unintended pregnancies: Narratives from adolescents in Nairobi's slums" *STEP UP Research Report*. Nairobi: African Population and Health Research Center.
- Oster, E., & Thornton, R. (2011). Menstruation, sanitary products, and school attendance: Evidence from a Randomized evaluation. *American Economic Journal: Applied Economics*, 3(1), 91–100. doi:10.1257/app.3.1.91
- Plummer, K. (1994). *Telling sexual stories: Power, change, and social worlds*. New York: Taylor & Francis.
- Republic of Kenya. (2015). *National Adolescent Sexual and Reproductive Health Policy*. Ministry of Health.
- Saldaña, J. (2013). *The coding manual for qualitative researchers* (Second Edition ed.). Los Angeles, CA: SAGE Publications.



- Seeleib-Kaiser, M. (2008). *Welfare State Transformations: Comparative Perspectives*. New York: Palgrave McMillan.
- Sommer, M., Ackatia-Armah, N., Connolly, S., & Smiles, D. (2014). A comparison of the menstruation and education experiences of girls in Tanzania, Ghana, Cambodia and Ethiopia. *Compare: A Journal of Comparative and International Education*, 45(4), 589–609. doi:10.1080/03057925.2013.871399
- Swader, C. S., & Vorobeva, I. D. (2015). Receiving gifts for sex in Moscow, Kyiv, and Minsk: A compensated dating survey. *Sexuality & Culture*, 19(2), 321–348.
- UNHabitat (2014a) World Habitat Day: Voices of the Slum. *Background paper*.  
<http://unhabitat.org/wp-content/uploads/2014/07/WHD-2014-Background-Paper.pdf>
- UNHabitat (2014b). The state of African cities: Re-imagining sustainable urban transitions: 2014. United States: United Nations.
- UNICEF (2013, December 27). *Statistics/Kenya*. Retrieved May 20, 2016, from [http://www.unicef.org/infobycountry/kenya\\_statistics.html](http://www.unicef.org/infobycountry/kenya_statistics.html) (Liefbroer, 2009)
- Wamoyi, J., Fenwick, A., Urassa, M., Zaba, B., & Stones, W. (2010). “Women’s bodies are Shops”: Beliefs about Transactional sex and implications for understanding gender power and HIV prevention in Tanzania. *Archives of Sexual Behavior*, 40(1), 5–15. doi:10.1007/s10508-010-9646-8
- WHO (2012) *Social Science Methods for Research on Sexual and Reproductive Health*. Geneva: World Health Organization.
- Wamoyi, J., Wight, D., Plummer, M., Mshana, G., & Ross, D. (2010). Transactional sex amongst young people in rural northern Tanzania: An ethnography of young women’s motivations and negotiation. *Reproductive Health*, 7(1), 2. doi:10.1186/1742-4755-7-2
- Witzel, A., & Reiter, H. (2012). *The Problem-centred interview*. United Kingdom: SAGE Publications.

Wood, G., & Gough, I. (2006). A comparative welfare regime approach to global social policy.

*World Development*, 34(10), 1696–1712. doi:10.1016/j.worlddev.2006.02.001

World Bank. 2006. *Kenya - Inside informality: poverty, jobs, housing and services in Nairobi's slums*. Washington, DC: World Bank

## APPENDIX.

### 1. RESPONDENT INFORMATION

#### 1.1 Individual interviews

	AGE	SCHOOL	LIVES WITH	PERIODS	PRODUCT USED: Before/After	HAS HAD SEX	BOYFRIEND	BOYFRIEND BOUGHT PADS OR OTHER	SEXUALLY ABUSED	GIFT AFTER SEX	MISSED SCHOOL REASON
1.	17	Siloam Secondary	Aunt	yes	Sanitary Pads / Cup	Yes	Yes	Yes, boyfriend helped buying pads	Yes, by a neighbor	No	Yes / Weak
2.	17	Siloam Secondary	Boarder	yes	Sanitary Pads / Cup	Yes	Yes	Yes, boyfriend gave money to buy pads	No	Yes	Yes/ Uncon in class
3.	17	Siloam Secondary	Grandmother	yes	Sanitary Pads / NP*	Yes	Yes	Yes, boyfriend helps buying pads	No	No	Yes / Pain
4.	15	Siloam Secondary	Parents	Yes	Sanitary Pads / NP*	no	yes	no Had sex with first boyfriend who	no	no	N/A
5.	17	Soweto Baptist	Parents	yes	Sanitary Pads /Cup	yes	yes	provided pads	no	yes	N/A
6.	17	Soweto Baptist ST.Christine	Father	yes	Sanitary Pads/ Cup	no	no	no	no	no	Yes /Mood
7.	16	ST.Christine Secondary	Uncle	yes	Sanitary Pads/ Cup	no	no	-	Yes, by boys in school	-	N/A
8.	16	ST.Christine Secondary	Brother	yes	Sanitary Pads/ Cup Sanitary Pads, Cotton	yes	yes	Has had sex for pads with her boyfriend	Yes, both at school and at home	yes (pads)	N/A
9.	16	Secondary	Mother	Yes	Wool / NP*	no	no	no	no	no	N/A
10.	13	St.John Primary	Parents	yes	Cloth /Cup	yes	yes	no	no	no	Yes /shynes
11.	14	St.John Primary	Mother	yes	Sanitary Pads /Cup	no	no	no	no	no	N/A
12.	13	St.John Primary	Sister	yes	Sanitary Pads /Cup	no	no	no	no	no	Yes / Lack of
13.	15	St.John Primary	Brother	yes	Sanitary Pads and Cup	no	no	no	no	no	N/A
14.	16	St.John Primary	Mother	yes	Cloth /Cup	yes	yes		no	yes	N/A

\* NP: Had not participated in the Cup program, N/A: Non applicable

## 1.2 Group Interviews

	AGE	SCHOOL	LIVES WITH	PERIODS	PRODUCT USED	HAS HAD SEX	BOYFRIEND	GIFT AFTER SEX
Group 1								
1.	13	Anwar Primary	Parents	yes	Sanitary pads	no	no	no
2.	13	Anwar Primary	Parents	yes	Sanitary pads	no	no	no
3.	14	Anwar Primary	Parents	yes	Sanitary pads	no	no	no
4.	14	Anwar Primary	Mother	yes	Cloth	no	no	no
Group 2								
1.	13	Anwar Primary	Parents	yes	Cloth	no	no	no
2.	12	Anwar Primary	Parents	yes	Cloth	no	no	no
3.	12	Anwar Primary	Mother	yes	Cloth	no	no	no
Group 3								
1.	13	Anwar primary	Parents	yes	Cups	no	yes	no
2.	12	Anwar Primary	Parents	no	N/A	no	yes	no
3.	14	Anwar Primary	Father	yes	Sanitary pads	no	yes	no
4.	13	Anwar Primary	Parents	no	N/A	no	no	no
5.	14	Anwar Primary	Father	yes	Sanitary pads	no	no	no
6.	15	Anwar Primary	Parents	yes	Sanitary pads	no	no	no
Group 4								
1.	15	Anwar primary	Parents	yes	Sanitary pads	no	yes	no
2.	16	Anwar Primary	Mother	yes	Sanitary pads	no	yes	no
3.	13	Anwar Primary	Mother	yes	Sanitary pads	no	no	no
4.	15	Anwar Primary	Parents	yes	Cloth	no	yes	no
5.	13	Anwar Primary	Parents	yes	Sanitary pads	no	yes	no
6.	12	Anwar Primary	Mother	yes	Sanitary pads	no	yes	no

Group 5

1.	12	Siloam primary	Mother	yes	Cups and Cloth	no	yes	no
2.	13	Siloam primary	Grandmother	yes	Cups and Cloth	no	yes	no
3.								
Group 6	18	Soweto Baptist High School	Mother	yes	Cup	yes	yes	yes
1.	17	Soweto Baptist High School	Mother	yes	Cup	yes	no	no
2.								
(PILOT)	17	St.Paul Secondary	Aunt	yes	Cup	yes	yes	no
	17	St.Paul Secondary	Mother	yes	Cup	yes	yes	no
	17	St.Paul Secondary	Sister	yes	Cup	yes	yes	no
	16	St.Paul Secondary	Mother	yes	Cup	no	no	no
	16	St.Paul Secondary	Father	yes	Cup	yes	yes	no
	17	St.Paul Secondary	Uncle	yes	Sanitary pads	yes	yes	no

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## **2. Interview Guide**

### **Theme 1 – MENSTRUATION**

Opening questions: How many here have go their periods? / Have you got your periods?

Can you tell me about the day, you got your first periods?

Knowledge about menses

Communication about menses

Beliefs about menses

Coping mechanisms, product used

Going to school and missing school

### **Theme 2 – ADOLESCENCE & TRANSITION TO ADULTHOOD**

Opening questions/s: What comes into your mind when I say adolescence?

Changes

Relationship between girls and boys

Expectations

Behaviour

Problems

What is being a girl and what is being a woman

Adulthood

### **Theme 3 – SEXUAL RELATIONSHIPS**

Opening question/s: What is sex?

Why does one want to have sex? What is sex for?

Motivations

Boyfriends: who are they, what age, where do you find boyfriends

Who starts the relationship, who ends the relationship, who has the say in the relationships?

Power relationships and negotiation positions

Seriousness of relationships

Transactional sexual relationships: have sex to get things?

Communication about sex: friends, family, other adults, boyfriends?

Place: Where does it happen

Marriage

Risks with sex

## **Theme 4 – The reproductive system and health**

Opening question/s: What is the reproductive system?

Ever had a problem with private parts?

Why do you think you had the problem?

How did you solve the problem?

Condoms and contraceptives

Pregnancy and unwanted pregnancy

Abortion

### **5. Challenges living in Kibera**

### **6. Question time**

Name (optional)	Age	Started periods	Product/s used	Has had sex	Has a boyfriend	Ever received a gift after sex	Who lives with	Village



### 3. Excerpt of Coding and Transcription

#### 3.1 Codes from Individual Interview 9 March 2016

**School:** St. John

**Age:** 13

**Lives with:** Parents

**Village:** Langata

**Periods:** Yes

**Product:** Cup

**Has had sex:** yes

**Has a boyfriend:** yes

**Ever received a gift after sex:** no

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#### V: Values:

1. Important to abstain from sex
2. School more important than boyfriends
3. Important to be clean

#### A: Attitude

1. Adolescence is negative
2. Menstruation is dirty,
3. Girls behave badly in Kibera
4. Running around with boyfriends is not good

#### B:Beliefs

1. Fear of something bad happening to her
2. Adolescence associated with boyfriends,
3. A boyfriend should buy gifts
4. Gift giving will make you powerless in a relationship
5. Gift giving will lead to intercourse
6. A girl will accept a relationship if given a gift
7. Condom is for disease prevention,

#### IN Vivo

“I felt shy”

She feels bad about being an adolescent girl, because when I start my periods I can't walk, I just feel shy until everyone else has gone first then I can go /

I am always, clean each and every time

Every day ever since I became an adolescent, I have been always when I leave school and go home, I need needs to shower first.

Here in Kibera, the girls when they are growing up, they behave badly, the boys caress them each and every time

She doesn't like the way girls in Kibera are behaving so she prefers sitting inside

“those people she has seen having sex”

“It is a boy who starts, because a boy will call you and he will tell you take this money and go and buy something you want, then when you take that money, you go he will now start approaching you from there.”

“ That is now the time, you go to the shop, the boy has given you the money to go to the shop to buy maybe a sweet, then he comes and starts approaching you from there. Now, that is now the time you accept.”

It is not possible because you have already taken the money, you have already bought the sweets or maybe you have already bought the soda and then it is very difficult to tell the boy no

“Outside not here in school”

“Older boys”

“those girls will go and buy clothes, shoes, and Always.”

“I am thinking of breaking up with him”

“I am thinking of breaking up with my boyfriend because the boy has never bought my anything, any present.”

“Now I want to break up with my boyfriend because my boyfriend has never bought my any presents, and other girls have their boyfriends and boyfriends have bought them something”

“Right now when she has grown up, my parents cannot allow me to go out like before, my parents fear I will be kidnapped, I might be raped.”

## Process Coding

- Feeling of pain
- Not talking about menstruation to anyone
- Feeling shyness in the face of menstruation,
- Telling her mother about periods
- Mother bought pads
- Alternative strategy when pads not available
- Not abstaining from school due to periods
  
- Changing behaviour, restricting mobility,
- Taking more care of personal hygiene and cleanliness
  
- Criticizing boys and girls' behaviour in Kibera
- Boys starting to take physical contact with girl
- Staying inside in home to avoid boys
- Criticizing girls having boyfriends at a young age
- Prioritizing education over emotional relationships
  
- Boys start the relationship
- Seducing with money or other goods
- Giving money will make the girl accept the relationship
- Being powerless
- Accepting the gift and buying things with it
- Losing negotiation power after
- Gift giving will lead to sex
- Lying as a coping strategy
- The boy will not find her
  
- Claims she would use condom but rejects that everyone would
- She would use it in order to protect from diseases,
- Not telling her mother about boyfriends
- Boyfriend is taking care of her, protecting her
- 
- Not loving her boyfriend
- Unsatisfied with her boyfriends' behaviour
- Comparing to other girls' boyfriends (peer pressure)
- Criticizing her boyfriend for not buying presents
- Eventual break up
  
- Changing moods
- Not feeling like talking to anyone
- Wanting to be alone
- Having to respond to others concerns
- Confusion why these feelings have appeared
- Confusion about what adolescence is
- Restrictions to mobility imposed by herself and the parents
- Growing up associated with new rules
- Fear of something bad happening
- Parents cannot allow her to go out

## Versus Coding

Good girls vs. Bad girls

Herself vs. Other girls in Kibera

Not having boyfriends vs. having boyfriends – mismatch between narrative and behaviours

Boy should give gifts vs. loose of power due to gift giving -> mismatch between “official” narrative and own thoughts and behaviour

### 3.2 Excerpt of the transcription of the interview

#### PERCEIVED RISKS AFFECTING GIRLS IN KIBERA

What do you think, what kind of problems do you think girls here in Kibera have when growing up?

- Here in Kibera, the girls when they are growing up, they behave badly, the boys caress them each and every time

/ Criticizing boys and girls' behaviour in Kibera

/ Boys starting to take physical contact with them

Good girls vs. Bad girls

Good behaviour vs. Bad behaviour

Is that disturbing?

- I don't like the way girls in Kibera are behaving so I prefer sitting inside

/ Disapproves the behaviour of girls in Kibera

/ Staying inside in home

/ Restricting her behaviour and spatial mobility

Herself vs. Other girls

A: Girl's behave inappropriately

How are the girls behaving?

- The girls are behaving with this idea of having boyfriends, the boys are caressing them each and every time

/ Criticizing girls having boyfriends at a young age

#### RELATIONSHIPS WITH BOYS

Do lot of girls have boyfriends already?

- Yes

Have you ever had one?

- (silence)
- I don't have a boyfriend but just a friend

When do you think it is a good time to get a boyfriend, for you?

- I don't know

Would you like to have a boyfriend?

- Not now. Later, after I have finished school

V: Education more important than boyfriends

### SEXUAL RELATIONSHIPS

What do you think about sex?

- (a shy laughter) there are those people she has seen having sex, there is a school there she has seen some people having sex there.

Who starts a relationship, a boy or a girl?

- The boy

Always the boy?

- Yes

Why the boy and not the girl?

- It is a boy who starts, because a boy will call you and he will tell you take this money and go and buy something you want, then when you take that money, you go he will now start approaching you from there.

B: Seducing with money will make a girl accept the relationship

If you take this money and go and buy something for yourself, then the boy thinks you are his girlfriend?

- That is now the time, you go to the shop, the boy has given you the money to go to the shop to buy maybe a sweet, then he comes and starts approaching you from there. Now, that is now the time you accept.

(there seems to be like some kind of lack of agency, helplessness, like you will just accept)

Does it sometimes involve, sex, or kissing or being intimate?

- Yes, that is now the time when the boy will ask for sex.

B: Gift giving will involve sexual intercourse

- / Boy seduces
- / Girl goes to buy something they want
- / Boy starts approaching
- / Girl accepts
- / Gift giving will lead to sex

### Negotiation positions and power relations

Can you say no, if you take the money but then you change your mind?

- It is not possible because you have already taken the money, you have already bought the sweets or maybe you have already bought the soda and then it is very difficult to tell the boy no.

B: Accepting the gift will make you powerless in the relationship

### Coping strategies

What about, after, if you take the money and buy the soda and then have sex, but after can you end the relationship?

- For her, she will tell the boy, come tomorrow lying to him, and then the boy will think ok I will come tomorrow. Now tomorrow the boy will not find her

- / Accepting the gift
- / Losing negotiation power
- / Lying as a coping strategy

So it is not boys from the school

- Outside not here in school

Are they older or younger?

- Older boys

Why do you take the money if you know that the boy wants something back for it?

- (long silence)

**Lucy (translates the previous question to Swahili after the silence):** first she was saying that she doesn't know what the girls they want money for, then I asked her that money that the girls are getting from the boys there is something those girls want to use the money for. I have given her an example, let's say I have a boyfriend, and my boyfriend gives me 5000, is that 5000 am I going only to use buy soda, to buy sweets? She said no, and I asked her what then, and she said that 5000 those girls will go and buy clothes, shoes, and Always.

Do you think, if the girls get this money and have sex with the men, do you think they use condom?

- (silence)

-

Would you use it?

- For me I would use the condom to protect myself from diseases, but for other girls they will not use condom

Herself vs. other girls

**Lucy:** Why would other girls not use it?

- Other girls will not use condom.

/ Claims she would use condom

/ Rejects that everyone would

/ She would use it in order to protect from diseases

A: Purpose of condom is disease prevention

Have you already had sex?

**Lucy (question translated to Swahili)**

- She has a boyfriend, not at school but outside at home, first she was refusing she has never had sex so I've talked to her, and asked now when you find a boyfriend will you want to have sex and she says ok I have had sex. She has had sex with her boyfriend at home.

Judging relationships at young age vs. had had sex with her behaviour (official narrative vs. actual behaviour)

#### 4. Introduction Survey (The Cup)

**INTRODUCTION**

Name \_\_\_\_\_

School \_\_\_\_\_ Class \_\_\_\_\_

Age \_\_\_\_\_ Religion \_\_\_\_\_

Where do you live \_\_\_\_\_

With who? \_\_\_\_\_

What is the name of your mother and sisters? Age?  
\_\_\_\_\_  
\_\_\_\_\_

Mother's mobile number? \_\_\_\_\_

When did you start your period? \_\_\_\_\_

What solutions do you use? \_\_\_\_\_

Where do you get money for sanitary pads (if you use sanitary pads) \_\_\_\_\_  
\_\_\_\_\_

THIS FOLLOWING QUESTIONS NEED TO BE DONE WITH LOTS OF CARE.

Have you had sex yet?  
\_\_\_\_\_

When did it happen first  
time? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been abused in any way at home, in school or community (Kibera) or anywhere else?  
\_\_\_\_\_  
\_\_\_\_\_

By who? \_\_\_\_\_



## 5. Socio-Economic Characteristics of Informal Urban Settlements

Despite Sub Saharan Africa (SSA) being the least urbanized region in the world, its rate of urbanization is the fastest in the world. In Kenya, the urbanization rate is 4.1 % and total urbanized population is around 24.4 %, making it one of the fastest growing sub-regions in SSA (UNICEF 2013; The World Bank, 2006; APHRC, 2014; Mberu et al., 2014). Estimates show that 60% of Nairobi's population resides in the over 100 informal urban settlements of Nairobi, the largest one being Kibera (UNHabitat, 2014a, APHRC; 2014; Fotso & Mukiira, 2011; Baker, 2008; The World Bank; 2006). The general population in Nairobi's slums is young, people aged 10-24 representing ca. 30 % of the urban slum residents, the ratio between men and women being fairly equal (APHRC, 2014). The general characteristics of informal urban settlements in Nairobi include; (i) high population densities (ii) poor infrastructure and exclusion from public services (iii) low quality housing, indoor pollution and insecure living conditions (iv) poor hygiene, lack of access to water and sanitation facilities (v) poor health and education outcomes and (vi) limited livelihood and income generation opportunities and unemployment and criminality (Mberu et al. 2014; APHRC, 2014; Baker, 2008; The World Bank, 2006; APHRC, 2002). The level of education is lowest among older women, but 57 % of women between 15-24 years old had completed secondary education (APHRC, 2014). Despite improvements in educational attainment, 50.5 % of women in slums had completed secondary education, they still remain still disadvantaged compared to their non-slum counterparts in Nairobi, of which 68% have completed secondary education (APHRC, 2014). Unemployment rates are highest among young women and decrease with age, 83 % of women between 15-19 years old being unemployed, compared to 61.5 % of women between 20-24, 46.6 % between 25-29 (For additional figures see, APHRC, 2014). However, 35,7 % of women aged 12-24 are currently enrolled in schools which together with changes in marital status might influence the high rates of unemployment among young women (APHRC, 2012). The main forms of employment among the slum residents are self-employment, employment by a non-relative and employment by a relative, underlining the importance of informal labour (APHRC, 2014). The women in informal urban settlements are more likely to be married at a slightly at a younger age, the median age in the slums being 22 years compared to 24.2 in rest of Nairobi. On a household level the main concerns articulated by the slum residents include poor drainage, lack of sanitation facilities and access to water (APHRC, 2014). This does not seem surprising when only 27.6 % of the slum residents have access to piped water compared to 78.2 % in rest of Nairobi and 46.2 % use flushing toilets compared to 82 % the rest in Nairobi (APHRC, 2014).

