Gender Equity, Gendered Roles and Reproductive Health in Maasai Women in Northern Tanzania

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Background of research

- **Endulen Hospital**
  - Funded 1976 as TB centre
  - Roman Catholic Archdiocese of Arusha
  - Ngorongoro Conservation Area, Northern Tanzania
  - Catchment population ~78,000
  - Only hospital
  - Tribal background: Maasai (81%), Barbaiaq, Datoga, Iraqw
PLACING
NGORONGORO

Northern Tanzania
Endulen hospital
Rationale: problems encountered

- Hospital based deliveries: ± 60 per year
- Complications of childbirth 1/10 female admissions in 2008:
  - PPH, MPR
  - Puerperal sepsis
  - Incomplete / septic abortions
- Out Patient Department:
  - Sexually Transmitted Infections (STI’s) including HIV
  - Unwanted pregnancies
  - Infertility
- Community mistrust concerning womens health
Goal

- Learn about how gender roles & power hierarchies affect sexual and reproductive health (S&RH)
  - Bilateral
    - Information
    - Understanding
    - Trust
    - Respect
    - Acting
  - To implement a more holistic approach in S&RH at Endulen Hospital
Methodology

- Focus on Maasai
  “Previous attempts to reduce gender inequities relating to the health of Maasai women have been met with many barriers” (Coast, 2007)

- Through Participatory Action Research (PAR) & Gender analysis:
  - Incorporate the non-experts/co-researchers (Maasai women) into the research and engage them in discussion about gender in reproductive health
  - Seek solutions and act to problems identified by the community

- Co-generative inquiry:
  “Knowledge is cogenerated through collaborative communication between research and co-researchers, which generates action that is linked to social change” (Greenwood & Levin, 2003)
Methodology - detailed

- Research still in process
- Encounters with:
  - Traditional Birth Attendants (TBA’s)
  - Other Maasai women
  - Maasai men
- Setting:
  - Workshops at Endulen Hospital
  - During organized and spontaneous encounters at market day
  - At Out Patient Department (OPD) Endulen Hospital
- Maasai men:
  - At OPD Endulen Hospital
  - Workshops in the near future
Market day
Findings on gendered roles

- *Polygamous* structure with many kids has been vital for survival in a traditional Maasai way of life:
  - Getting water, firewood (W)
  - Building & maintaining the houses (W)
  - Maintaining the fencing around houses (M)
  - Milking cattle (W)
  - Grazing cattle (M)
  - Selling cattle and money keeping (M)
  - Protecting family and cattle (M & W)
  - Taking care of family and visitors (W & M)

- Separate *gendered roles*
Market day
Sexuality

- Sexuality is valued in Maasai society as an important part of social interaction.
- Culture has integrated sexual practices as innate in daily life.
- Sexuality as trade off (Transactional sex).
- Women experience sexual encounters as obligatory.
Maasai bride
Family planning & needs

- What is seen as family planning for the Maasai?
- Need for more children:
  - Feel the blessing of God
  - Life demands more hands on deck
  - Wife / husband cannot conceive
  - Hereditary diseases
Family planning & needs /2

- Need for control on spacing/amount of children:
  - Lacking resources
  - “Transactional sex”, but no pregnancy wish
  - Last pregnancy complicated / “count your blessings”
  - Wish to increase quality of life:
    - Basics
    - School

- Cultural change leads to need for other FP methods:
  - “Sorry cow” is less accepted
  - Traditional rituals & spells are not strong anymore
  - Pressure of HIV to social structure
Planned family
## Family planning & barriers

<table>
<thead>
<tr>
<th>Accessibility barriers</th>
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<tbody>
<tr>
<td>Information / knowledge</td>
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<tr>
<td>No <em>locus</em> of control in sexuality</td>
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<tr>
<td>No equal power in decision making about FP</td>
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<tr>
<td>Religion / beliefs</td>
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<tr>
<td>Shame</td>
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<table>
<thead>
<tr>
<th>Availability barriers</th>
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<tr>
<td>Distances</td>
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<tr>
<td>Endulen Hospital no family planning available</td>
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<tr>
<td>Private (shops) or government health facilities</td>
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Ol doinyo Lengai – mountain of God
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<tr>
<th><strong>Conceiving</strong></th>
<th><strong>Birth Spacing</strong></th>
<th><strong>Emergencies</strong></th>
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<tbody>
<tr>
<td>Prayer and rituals (Olamal)</td>
<td>Abstinence</td>
<td>Abortion provoked by traditional recepies</td>
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<td>Different sexual partners</td>
<td>Breast feeding</td>
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<tr>
<td>Hospital</td>
<td>Rituals</td>
<td>TBA´s manage complications</td>
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<td>Condoms</td>
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<td>Drugs</td>
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<td></td>
<td>Injectables: secrecy</td>
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<td>Implants: no secrecy &amp; not trusted</td>
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<td>Tablets: no secrecy, adherence</td>
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Improving family planning

Increasing Information/Education

- Hospital-based
- School
  - Awareness
  - Decreasing dependency on traditional lifestyle
  - Unwanted pregnancies

Including Both Genders

- Men need to be informed to make appropriate decisions
Barriers exist to increasing gender equity of FP
- **Decision-making control** over S&RH for women is lacking

Gender inequities relating to:
- childbirthing and raising
- sexual obligation to men
- work burden

These inequities contribute to:
- **Reduced agency** over own S&RH
- Risk their well-being is negatively affected
Encounters within the research have led to:

- Increased contact with important community representatives
- Subjectively reported increased trust
- Increased number of patient presentations to Endulen Hospital
  - Ultrasound
  - Screening infertility
  - Complications of childbearing
  - HIV testing
  - Request for family planning
  - Both through TBA’s and self referral
Maasai embroidery for mothers
Ways forward

- Continuation of current PAR with women
  - Awareness and attention that increased use of family planning drugs might lead to increased risk

- PAR for men
  - Sexual and reproductive health
  - Their view on roles within SRH
  - Increased information through PAR
  - Increasing informed decisions with better outcome in sexual and reproductive health for men, women, and their children
Vision
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Literature


