

GOOD FAITH ADVOCATES:  
**Family Planning on  
the Coast of Kenya**





## INTRODUCTION

Over half of all sexually active adolescent girls in Kenya want to delay pregnancy but aren't using family planning.<sup>1,2</sup> While the national government has committed to reducing teenage pregnancy rates and released an adolescent sexual and reproductive health policy, the coastal region has been slower to make progress. This is changing as a result of civil



society organizations' (CSOs)—including Kenya Muslim Youth Development Organization (KMYDO)—engagement with local government and health officials to resolve the lack of youth-friendly sexual and reproductive health services and funding in the region. A sustained partnership between civil society and government remains critical to moving these objectives forward, given reports that more than 17,000 underage girls became pregnant in counties along the coast in 2018.

KMYDO, a national youth-led Muslim organization, has promoted the use of family planning among Muslims in the Kenyan counties of Kilifi, Lamu, Kwale and Mombasa since 2016. By facilitating trainings for Muslim leaders and discussions with service providers about Islamic support for family planning, KMYDO is building the capacity of imams and health workers to educate the communities in these four counties on sexual and reproductive health. In addition to capacity building, KMYDO has collaborated with the local government and other stakeholders to advocate for youth-focused family planning policies, such as age-appropriate sexuality education, as well as funding. This advocacy has resulted in the development of family planning costed implementation plans (CIPs), which are roadmaps for Kilifi, Lamu, Kwale and Mombasa to expand sexual and reproductive health services for young people. These plans also ensure programs and activities have allocated funds for implementation. Now that these strategies have been launched, KMYDO and other CSOs can work alongside policymakers to track the governments' progress and ensure accountability for commitments in the region.

Throughout the past three years working on the Kenyan coast, KMYDO has inspired grassroots youth activism, strengthened community leadership and supported the growth of family planning advocacy. The following profiles feature some of the advocates KMYDO has activated, trained or joined forces with on the coast to raise awareness of and access to family planning among young people.

# ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH OUTCOMES IN KENYA

75%

75% of the population is under 34 years old.<sup>3</sup>

20%

20% of adolescent girls (ages 15-19) are already mothers or pregnant with their first child.<sup>4</sup>

63%

63% of adolescent pregnancies are unintended, and more than three in 10 end in abortion.<sup>5</sup>

48%

48% of post-abortion care patients are adolescent girls and young women.<sup>6,7</sup>

40%

40% of those newly infected with HIV are young people (ages 15-24).<sup>8</sup>

7%

7% of all health facilities offer youth-friendly services.<sup>9</sup>

## POLICY AND BUDGET ADVOCACY WINS



### KILIFI COUNTY

- Developed 2017-2021 family planning CIP in 2017
- Allocated family planning budget of KES 5 million in 2016/17, KES 3.5 million in 2017/18 and KES 5.2 million in 2018/19
- Developed and launched 2019-2022 Adolescent and Youth Sexual and Reproductive Health and HIV Strategy in 2019



### LAMU COUNTY

- Developed 2017-2022 family planning CIP in 2017



### MOMBASA COUNTY

- Developed 2018-2022 family planning CIP in 2018
- Allocated family planning budget of KES 2.5 million in 2017/18 and KES 3 million in 2018/19
- Prioritized reproductive health in the County Integrated Development Plan in 2018
- Developed Adolescent and Youth Sexual and Reproductive Health and HIV Strategy in 2019



### KWALE COUNTY

- Developed 2016/17-2020/21 family planning CIP in 2016
- Developed Teenage Pregnancy Prevention Action Plan in 2018

# Uniting the Community to

Rashid Osman Swaleh, an imam who oversees 18 madrassas in Rabai, is a self-described family planning champion. This was not always the case. He once believed that Islam did not allow family planning. His views changed three years ago when he became the chairman of the Muslim Intervention for Health Education (MIHE) organization. “As the name indicates, we try to identify some of the issues that are being misunderstood. One of them is family planning and another one is sexual and reproductive health.” In this new role, Imam Rashid set out to learn more so he could better serve the Muslim community.

“I visited KMYDO so that I could broaden my understanding of family planning,” Imam Rashid recalls,



“So, we intervene. Wherever, whenever we find that there is a group of people in the Muslim community who are saying that... [family planning] is not permissible in Islam, we’ve come, and we try to bring the true picture from the Islamic perspective.”

— *Rashid Osman Swaleh*

“And it is from KMYDO that I got that understanding from the Islamic perspective: that family planning is part and parcel of Islam... I came to the realization that what we were trying to prohibit was practiced during the era of our prophet and at the same time, it has been described in the Quran.”

He knew that this knowledge would make a difference in his community. Imam Rashid told Mustafa Asman, KMYDO’s coordinator for Rabai, that he wanted the Muslim leaders he supervises to learn about the Islamic perspective on family planning. After hearing this, Mustafa offered to organize capacity-building seminars for the imams and ustads. Once the leaders understood the religious foundation, Imam Rashid worked with Mustafa to invite local health providers to meet with the group. The imams came away from the discussion with a better understanding of sexual and reproductive health—including the sexuality education curriculum taught at the madrassas—and the nurses learned about Islamic scripture’s support for family planning. Imam Rashid has continued organizing these convenings so that families within the community will receive this information, whether at the mosque or a clinic.

Imam Rashid boasts that “in this area, our imams are far ahead [of] other imams... [most] now at least understand about family planning and sexual and reproductive health issues” compared with those who haven’t yet received health provider trainings organized by KMYDO. But he won’t consider his work a success until all the Muslim leaders in the region—especially if they live in hard-to-reach areas and don’t have the means to attend his forums—have the chance to become their communities’ family planning champions.

# Champion Family Planning



**“I never had knowledge about contraceptives. I never had a person to mentor or empower me... [Now,] I do share my story... Because there’s no greater feeling than helping a person who needs it.” — Sylvian Musau**

“My child is Chelsea Daniella. She’s nine months old.” Holding her daughter close, Sylvian begins to tell the story that she’s shared countless times with the hope that it might change another young girl’s life.

Sylvian had never heard about family planning until she became unexpectedly pregnant at 20 years old. “I never knew how to face my parents because I saw that I was a failure—a disappointment.” Sylvian had to deal with more than just her parents. Her pregnancy was shameful to the Jomvu community, and she knew the judgment wouldn’t stop after giving birth. “So, you don’t know what choice to make. Do you abort, do you keep the child? How will you manage? How will you bring that child up?”

It was after she left home that Sylvian was introduced to the Pwani Youth Network, one of KMYDO’s grassroots youth-led partners. Staff members

taught Sylvian about contraceptives and women’s empowerment throughout her pregnancy. Once her daughter was born, Sylvian made the choice to speak openly about her experience to help decrease the stigma she had faced. “I have to share this story... And I see it as a strength.”

Now 21, Sylvian is not only tackling motherhood, but also mentoring girls ages 9 to 24 in a young mothers’ club. “You actually find that most of them, they’re young mothers... [due to] early and unsafe sex.” Sylvian receives support from Pwani Youth Network and KMYDO to reach other adolescent girls in Mombasa county with information on contraceptives such as condoms to prevent HIV infection and pregnancy. She hopes that through her work, the current teenage pregnancy statistics will decrease because young girls who hear her story will be inspired to transform their lives.



As a nurse in rural health facilities across eastern Kenya, Kenneth Bundi Miriti witnessed young people suffering due to lack of access to and understanding of family planning. Teenage girls as young as 14 came to his clinic to deliver and developed fistulas. He saw young women with promising futures die during delivery or as a result of septic abortions. In every facility he served, Kenneth took the time to share information with youth on their sexual and reproductive health options.

Beaming, he says, “That is what drives me. To see somebody living a better part of their life and achieving their dreams.” As the coordinator for youth sexual and reproductive health in Kilifi, Kenneth is now working to ensure that the young people in the county, especially girls and young women, never have to suffer due to lack of information or choice.

After county data was released in 2018 on teenage pregnancies, he worked alongside Mustafa Asman, KMYDO’s regional coordinator, to design an initiative in response. “It is not a secret that 17,580 young people (15-19 years old) became pregnant last year... But when you try to tell people that it’s good to introduce contraception among young people, sex education among young people, then there’s a lot of resistance.” Kenneth and Mustafa also developed an adolescent and youth sexual and reproductive health strategy for 2019-2020 that was launched in April 2019. The strategy aims to reduce the number of teen pregnancies and limit the effects of harmful traditional practices on sexual and reproductive health for youth. The county is budgeting for youth-friendly spaces in health facilities, training young people as health promoters and minimizing contraceptive stockouts in order to accomplish these goals.



**“This cannot be won by me as a health care provider. It can only be won by a concerted effort by all, because there are so many actors—the parents, the schools, the policymakers in government. Everyone, we have to come in and have a way to guide our young people.”**

*— Kenneth Bundi Miriti*

Kilifi will be the fourth county in all of Kenya to have released a family planning strategy focused on youth. During the strategy’s development, Kenneth insisted on young people being front and center in the process—as a result, 80% of those who were involved were youth below 20 years old. “We brought in CSOs that are run by young people. We brought in young people from various backgrounds. And they are the ones who brought up everything that is in the strategy—we just guided them on the technical issues.”

Kenneth continues to advocate for comprehensive sexual and reproductive health care for young people in all of his work.

Growing up, Maimuna Siraji Twaha never heard Muslim leaders in her community discussing family planning in the mosque or madrassa. But as she got older, she began to see girls getting pregnant and beginning motherhood unprepared. Maimuna resolved to break the silence: “I took that as an opportunity... [to] train these young women and adolescent girls on sexual and reproductive health. If there’s peer pressure and influence from friends and relatives, they also need to have family planning.” Maimuna didn’t stop there. Her mindset—that any challenge can be transformed into opportunity—has driven her to lead family planning advocacy in Kilifi county.

Through her work with the Kaloleni Initiative, a youth-led organization offering educational sessions on and advocating for family planning services, Maimuna met KMYDO’s Mustafa Asman, coordinator for the coastal region. She brainstormed with him, thinking, *We need so many young advocates. Whenever [government officials] see me, they know I’m doing sexual and reproductive health issues. So, is it possible now to have other young people speak on the same?* Together, Mustafa and Maimuna trained

grassroots youth leaders on how to communicate their advocacy goals and navigate obstacles within the policy process targeting decision-makers. The pair shared these tools knowing that young people are the best messengers for the issues impacting their lives.

Maimuna uses these skills in her own outreach. She methodically lists her objectives—introducing youth-friendly services at health facilities, developing a gender policy and increasing county funding for family planning. For every policy initiative, Maimuna works to become an expert on the issue: “you must have the facts at your fingertips on why, what and when.” Recently during her own investigation, Maimuna found that 80% of family planning services in Kilifi health facilities are supported by donors. She brought this information to policymakers, asking, “What if today or tomorrow the donor funding isn’t there?” Her tenacious advocacy resulted in dedicated funding of three to five million dollars over the course of the past two years.

No matter the obstacle, Maimuna is continuing to bolster family planning support among the next generation of leaders and those who hold power in local government.

**“If you keep sharing sexual and reproductive health and family planning issues, you find that they [the community] also have the idea now that they can speak on the same... stand very firm and be an advocate.”**

— Maimuna Siraji Twaha



## NEXT STEPS

KMYDO continues to work with coastal family planning champions to advocate for the sexual and reproductive health and rights of young people in Kenya. As a result of engaging Muslim leaders, youth advocates and members of the health sector in this effort, KMYDO has made critical progress not only in Mombasa, Kwale, Kilifi and Lamu counties, but in northeastern Kenya as well. In Nakuru county, KMYDO has supported the development of a comprehensive Reproductive, Maternal, Newborn, Child and Adolescent Health framework, five-year family planning CIP for 2017-2021 and budget allocations toward reproductive health. In Wajir county, KMYDO championed the development of its first family planning CIP with the support of local advocates—including imams, women and clan elders—who are challenging a long-held tradition that labeled family planning as haram, or a forbidden intervention.

Moving forward, KMYDO is expanding this work into East Africa by partnering with the National Muslim Council of Tanzania (BAKWATA) and the Uganda Muslim Supreme Council (UMSC). As a result, BAKWATA issued two fatwas in 2019 for child marriage, as well as child spacing and family planning. In Uganda, KMYDO will engage with the UMSC to ensure government commitments toward family planning is met through an elaborate network of faith advocates.

### Endnotes

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