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CASE STUDY:

Wezeshu Vijana — A Girls' Advancement Education Initiative Empowering Girls to Create Their Futures

By David Kuria Wamukuru and Ashley Orton



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Wezesha Vijana — A Girls' Advancement Education Initiative Empowering Girls to Create Their Futures

By Dr. David Kuria Wamukuru, PhD and Ashley Orton, MIA

KEY FINDINGS:

The Wezesha Vijana project keeps girls in school and develops health and social assets to help them build stable futures with greater opportunity.

- Trends that emerged during focus groups indicated improved attendance and academic performance, as well as a decline in pregnancy-related dropout.
- Attitudes about education and attendance shifted: "I cannot afford to miss school because education is what will shape my future."
- Approximately 90 percent of project participants interviewed reported that dropout due to pregnancy in their schools had decreased.
- More than ten times as many Wezesha girls sampled scored above average marks in standard examinations compared to the control group.
- Wezesha girls correctly answered sexual and reproductive health and rights questions 1.5 times more often than control group girls.

Introduction

In the rural, largely pastoralist and semi-nomadic Kenyan communities in which Asante Africa Foundation predominantly works, as well as in the marginalized, peri-urban communities also targeted in this intervention, social taboos often limit discussion of puberty and reproductive health between parents and children. Since these topics are inadequately addressed in school, girls are left to learn about their bodies from friends or siblings, with information often drawn from commonly-held myths. Without adequate knowledge of sexual maturation or reproductive health and lacking the confidence to manage their menstruation at school, girls' monthly attendance becomes irregular and affects academic outcomes. The World Bank reports that "menstruation may seriously affect girls' attendance, attention and achievement in school in both rural and urban areas." Absenteeism related to menstruation is approximately four days every four weeks, which may result in a girl missing up to twenty percent of her school days (World Bank 2005). In addition, lack of adequate sexual and reproductive health education may lead to increased pregnancy rates, which affect school completion. Approximately 10



Primary-aged girls participating in the Wezesha Vijana project.

percent of school-aged girls in Kenya drop out because of pregnancy (Girls Discovered n.d.).

Seeking to address these challenges, Wezesha Vijana combines “health assets” built by increasing health and rights knowledge with “social assets” created through peer support groups and deepening communication within the family to equip girls with the know-how, confidence, and conviction to attend school regularly and advance academically. The expected long-term impact is that girls and their families will reap the economic and health benefits that external research has proven girls gain, on average, with each additional year of schooling.

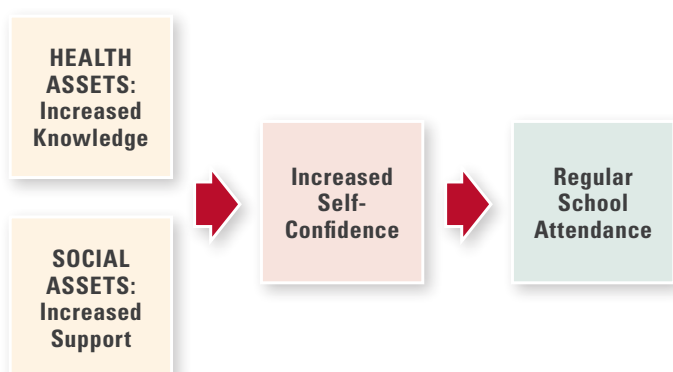
Project overview

Wezesha Vijana is based on the theory that providing puberty and sexual and reproductive health awareness workshops grounded in a human rights framework will increase girls’ knowledge of menstrual hygiene management, sexual and reproductive health issues, and their awareness of their rights, and provide them with tools to make healthy decisions. These health assets are complemented by peer support provided through after-school clubs and by opening up family conversation around sexual maturation and girls’ health through mother-daughter meetings. This

combination of health and social assets will make girls self-confident and comfortable attending school during their periods. The assumption is that these knowledge, behavior, and confidence changes will improve school attendance and decrease pregnancy-related dropout, favorably affecting academic performance and enabling girls to advance further in school.

Through school partnerships, the project provides girls with a “safe space” to learn about and discuss puberty and menstrual hygiene, sexual and reproductive health, children’s rights, and healthy relationships. The project mainly targets primary schools in an effort to keep young girls in school and to equip the majority who will not progress to secondary level with health and social assets for life beyond the classroom.

In 2012, the project was piloted in six schools (five primary and one secondary) in rural communities surrounding Narok and Nyahururu, Kenya. In 2013, four new primary schools were added, including three located in marginalized, peri-urban areas of Nyahururu. Over this period 722 girls, 230 mothers, and 20 mentors participated in the intervention. Research for this case study addresses the first two years of implementation, though the project is currently in its fourth year and has expanded to northern Kenya and northeastern Tanzania.



Objectives of Wezesha Vijana:

- Increase girls’ sense of self-confidence and knowledge of how to manage menstrual hygiene at school, resulting in increased attendance.
- Decrease school drop-outs due to pregnancy, specifically in upper primary classes 5 through 8.
- Engage parents and daughters in an examination of barriers to girls’ success, including beliefs and prac-

tics that limit girls' educational opportunities and increase health risks.

- Build a network of peer support to aid girls in decision-making and leverage educational outreach to impact as many girls as possible.
- Improve girls' sanitation facilities and promote health.

The project had four components:

1. Delivery of 14 (6 in 2012 and 8 in 2013) after-school, participatory workshop sessions led by a mentor teacher or young, community-based woman;
2. Facilitation of one mother-daughter meeting at each school;
3. Support to girls in establishing youth-led "Wezesha clubs" at intervention schools to continue the dialogue and educate younger girls; and
4. Construction or repair of girls' latrines and school handwashing stations at a subset of 4 schools and delivery of a handwashing hygiene workshop at all schools.

Intervention costs varied annually depending on infrastructure funding. Costs averaged \$32 USD per girl without construction and \$49 USD with it.

Project impact

A qualitative, end-point evaluation was conducted that entailed comparison between 208 randomly-selected project participants and 78 control group subjects. It utilized focus group discussions and key informant interviews and often asked respondents to reflect on situations before and after the Wezesha Vijana project to reveal perceived changes in attitudes and behaviour. Findings indicate that Wezesha Vijana demonstrably contributed to improvements in girls' school attendance and retention, academic performance, knowledge of sexual and reproductive health and rights topics, personal hygiene practices, and general wellbeing.

Focus group discussions and key informant interviews generated trends indicating that the project increased attendance at intervention schools. Less than half (38.9 percent) of participating girls reported that they had been absent during the prior six months. This contrasted sharply with 63 percent of girls in the control group reporting absences during the same period. Moreover, girls in the control group reported missing school due to menstruation one and a half times more frequently than Wezesha girls.

Findings indicate that the project has also affected school



dropout. Approximately 90 percent of stakeholders interviewed reported that dropouts due to pregnancy had decreased, while girls at one school said there had been no dropouts in the past year. "We have witnessed positive change on attendance due to the fact that fewer girls were getting pregnant and dropping out of school," said a Thama Primary pupil.

A central project assumption was that increased attendance would contribute to improved academic performance. More than 10 times as many Wezesha girls scored above average marks in standard examinations compared to the control group (23.6 percent and 2.6 percent, respectively). Additionally, in 20 percent of project schools teachers reported that Wezesha girls were among the highest performing pupils on the Kenya Certificate of Primary Education (KCPE) examination. Girls attributed their improvement to Wezesha Vijana training, which they said enhanced their self-awareness, self-confidence, and belief in the importance of girls' education.

Reported behaviour change around attending school and improved performance demonstrated evidence of shifting social attitudes about the value of girls' education. This was also suggested by mothers supporting their daughters to attend school. Only 6 percent of project girls reported absence from school to help parents with household work, compared to 21 percent of the control group. Girls' health prospects were enriched by increased knowledge of sexual and reproductive health and children's



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rights (see table below). Wezesha girls also self-reported high levels of well-being on Cantril’s Ladder of Life Scale, a measurement system for quantifying life satisfaction. Nearly 40 percent (39.9 percent) of girls in the Wezesha programme classified themselves as “thriving,” compared to 14.3 percent of the control group. This indicates a strong, consistent, and growing sense of well-being among respondents who have positive views of their present life situation and the next five years (Gallup 2015).

Increases in knowledge attributable to Wezesha Vijana

Correct responses to knowledge assessment questions for:	Participant sample	Control group	Impact
Pregnancy	96.6%	74.4%	+22.2%
Transmission of sexually transmitted infections (STIs), including HIV	95.2%	76.9%	+18.3%
Rights: Where to seek support services for gender-based violence	89.9%	61.5%	+28.4%

Research showed improved personal hygiene, including menstrual hygiene and the practice of handwashing among the majority of Wezesha girls. Handwashing is widely practiced in schools with functional handwashing facilities. “I can handle my menstruations by use of pads and maintain body cleanliness unlike before the training,” explained a Hosana Elerai Primary pupil.

Lessons learned

Lessons drawn from Wezesha Vijana research inform the following key criteria for an effective and sustainable intervention that supports girls’ education:

- **Multi-asset design:** Evidence from this study demonstrates that the Wezesha Vijana workshop series yields health assets that build girls’ confidence in managing menstrual hygiene; equip them with the knowledge to make healthy decisions about sexual and reproductive health; and improve their awareness of children’s rights and protections. The positive impact of these health assets on school attendance, retention, and academic performance is heightened when combined with social assets formed by peer support in after-school clubs and increased family communication fostered by mother-daughter meetings. Findings suggest that **social attitudes about the value of educating girls shift and girls’ sense of well-being deepens when an intervention targets both social and health asset**

development. This is an important design criterion for interventions seeking to influence attitudes and behaviours that promote girls’ equality and access to post-primary education.

- **Demand Creation:** Wezesha Vijana workshops create greater demand among girls to attend school and for their parents to meet their personal hygiene needs, including provision of disposable sanitary napkins and improving physical infrastructure such as safe and sanitary latrines and handwashing stations. Handwashing stations provided at 2 schools were widely used and toilet blocks built in 4 schools remained functional and well-maintained (by pupils in some cases). However, **effective behavior change in sanitation and hygiene requires facilities to be in place.** If not, training will only be theoretical and adoption of the new practice may be compromised. Outcomes related to attendance, girls’ confidence during menstruation, and their health may increase and endure if an intervention also addresses supply-side issues.
- **Partnerships,** including with county government, education officials, and school administrators **fill a structural gap and complement education stakeholders’ efforts.** In rural areas, dropout of girls in upper-primary classes due to early marriage and pregnancy is often an issue that can engender stakeholder support for an intervention.
- **Sustainability: Embed training in an on-going, after-school club structure to achieve prolonged impact at the school level.** Wezesha Vijana could better achieve this by running the intervention for 2 years at each school. From an implementation standpoint, the second year would focus on providing technical support to build club sustainability, as well as supporting additional mother-daughter meetings to deepen impact at the family level. ■

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