

Information gaps in family planning campaign

Sexual and reproductive health right services in the Maasai Mara



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Abstract

This report is a case study of an information campaign run by The Maa Trust (TMT); a non-profit organisation based in the Maasai Mara. The study aims to examine which potential information gaps in TMTs information campaign on family planning that can be contributing to the lower uptake of family planning amongst the Maasai people in Maasai Mara.

I have conducted data in collaboration with TMT that indicates, based on theory about information campaigns and social norms, that TMTs information campaign did successfully raise awareness about family planning amongst the Maasai. However, there is an information gap that affects the uptake for two main reasons: 1) men act as decisionmakers in Maasai communities and 2) men have negative perceptions of family planning. Because of this, women are unable to decide for themselves whether or not to use family planning, and when they do, they frequently do it in secret.

The main contribution of this study is to give TMT enhanced knowledge about their initiative, however, since the theory behind the results of my analysis is well-established, this study may be beneficial with more research in other tribal cultures.

Information gaps in family planning campaign

Introduction

According to 2017 estimates from The World Health Organisation (WHO) 214 million women and girls of reproductive age in developing regions have an unmet need for contraception (WHO, 2017). To address this issue WHO states information about sexual and reproductive health services including family planning as an approach (WHO, 2020). Family planning is “the information, means and methods that allows individuals to decide if and when to have children” (UNFPA, 2022). The unmet need for this is often caused by limited access to contraception and choice of methods, as well as a fear or experience of side-effects and cultural or religious oppositions, not to forget gender-based barriers to accessing services (ibid.). In sub-Saharan Africa women who have their need for family planning satisfied is only at 56 percent, which continues to be among one of the lowest worldwide (UNFPA, 2022). However, Kenya is among the leading nations in family planning in Africa, having the first official nationwide family planning program in sub-Saharan Africa (Kamuyango et al.). This has caused a remarkably decline in the birth rate from 8.1 children per woman in 1977 to 3.4 in 2016 (ibid.). Despite this decline in birth rate caused by an increase in family planning uptake, there are considerably discrepancies in population dynamics between Kenya’s rural and urban populations. The study site of this report, the Maasai Mara in Narok County, has one of the lowest uptakes on contraceptives in Kenya, which causes a 3.2 times greater birth rate than the average birth rate of Kenya (Mwarogo, 2022:2). Given this, there must be barriers preventing uptake on family planning amongst the Maasai people in Maasai Mara, Kenya.

Since 2020 a great information campaign introducing family planning programs, services, and activities has been run by The Maa Trust (TMT), a non-profit organisation, in order to actively overcome these obstacles and enhance the uptake of family planning in selected Maasai communities in the Maasai Mara. Previous research indicates that an information campaign of this kind is capable of generating measurable changes in cultural norms (Bicchieri, 2017: 12). In 2022, TMT conducted an impact assessment to determine the effectiveness of their initiatives. The findings suggest that although there has been an improvement in community awareness and service accessibility, a barrier persists that prevents Maasai people from utilizing family planning services. This study aims to explore the information distribution run by TMT and the uptake of sexual reproductive health (SRH) services in Maasai Mara, Kenya. I seek to examine:

Which potential information gaps in the information campaign run by The Maa Trust that can be contributing to the lower uptake of family planning amongst the Maasai people in Maasai Mara?

By using data from focus group discussions, I will first emphasize how TMT's information campaign has raised awareness of family planning services in the Maasai Mara. Subsequently, I will attempt to determine any information gaps that might be a cause in the lower uptake of family planning by examining interviews with local staff of TMT. Lastly, I will examine interviews with active practitioners, such as nurses and community health volunteers (CHVs) to ascertain the consequences of the information gaps amongst the Maasai people in Maasai Mara.

The Maa Trust and Maasai tribe

The local organisation The Maa Trust (TMT) is permanently based in the Maasai Mara and has attempted to address the issue of the low uptake of family planning services. TMT is a non-profit organisation who work with community-owned conservancies in Maasai Mara, Kenya (The Maa Trust). The goal of TMT is to make Maasai households more aware of the advantages of wildlife and conservation so they value and help to protect the wild animals that live on their land (ibid.).

Maasai Mara is located in the semi-arid lands of southwestern Kenya which holds one of Africa's greatest wildlife reserves. This part of Kenya is globally famous for its wildlife and wilderness areas and the reserve hosts thousands of tourists annually (Maasai Mara Wildlife Conservancies).

Maasai Mara is also home for the renowned semi-nomadic people of the Maasai Tribe, whose households often are located in remote and rural areas (Maasai Wilderness Conservation Trust). They are known for their traditional way of living and practice pastoralism as their main source of income (ibid.). While men take care of herding livestock, doing community service, and serving as the leader and decision-maker of the family, the women are responsible for gathering wood and water and raising the children (ibid.). Furthermore, they measure wealth in the number of livestock such as cattle, goats, sheep, and the number of wives and children they have (ibid.). Because of their low level of education, devotion to traditional and cultural beliefs, and restricted access to healthcare, the Maasai are frequently marginalized and stereotyped as impoverished and underdeveloped (Maasai Mara Africa). However, this hasn't been widely explored because these measurements don't account for the quantity of land and livestock that the Maasai people already possess and use for revenue.

This report focuses on the Maasai tribe of Kenya, because the Maasai communities experience one of the highest population growths in Kenya, with a natural population growth alone in Maasai Mara estimated to be at 8% (TMT, 2016). Family planning has not been a regular practice and has not increased in the Maasai Mara as it did in the rest of Kenya following the official introduction of the national program (ibid.). Moreover, this growth in population is especially critical in this area of Kenya, because an increase at this size in the population poses a looming threat to the famous Maasai Mara ecosystem (ibid.). Emphasising family planning has therefore become crucial to address environmental, human-wildlife and socio-economic challenges faced in the vulnerable ecosystem.

In order to address the threatening population growth, TMT is dedicated to research-based development, conducts thorough baseline assessments and uses endline assessments to monitor and characterize the impact. The impact of information campaigns designed to address the low uptake of family planning has not received much attention in the Maasai Mara, and as a result, the causes of the low rates of family planning uptake and contraceptive prevalence remains uncertain. That's why this study aims to gain more knowledge about which information gaps, even in the presence of improvements in community awareness and service accessibility, may be responsible for the Maasai people's lowered family planning uptake.

Theory

To answer the question about *which potential information gaps in the information campaign run by The Maa Trust that can be contributing to the lower uptake of family planning amongst the Maasai people in Maasai Mara*, I use theory about the effects of information campaigns as well as theory about how social norms effect individuals when receiving new information.

Information campaign

I apply theory about information campaigns to get an understanding of why there has been an improvement in community awareness in the Maasai Mara. Information campaigns have been seen to lead to measurable changes in norms (Bicchieri, 2017: 12). Across the past three decades, there has been a proliferation of human rights education initiatives, which can be found in policy debates, textbook modifications, and grassroots movements all across the world to spread information and changing norms (Bajaj, 2011). These actions are also taken by organisations like TMT. Educational

programs in form of information campaigns work through initiatives geared towards community-based activities like workshops, meetings etc., and also media campaigns that are designed to promote norms, values and behaviours to attack a given problem in a community (ibid.). This kind of campaign has been launched by TMT to increase the Maasai people's uptake on family planning. Based on previous studies on the effectiveness of information campaigns, I anticipate that the TMT awareness campaign has increased Maasai peoples' knowledge about family planning, which I will support in the first part of the analysis.



But according to TMT there is still a lower uptake on family planning amongst the Maasai compared to the rest of Kenya, which makes me wonder why, although a higher level of knowledge, the uptake is still low.

Social norms

When running information campaigns there is a significant need for sensitivity to local conditions and the limits of external paternalistic attitudes to success of any change of social norms (Bicchieri, 2017). To *identify which potential information gaps in the information campaign run by The Maa Trust that can be contributing to the lower uptake of family planning amongst the Maasai people in Maasai Mara*, I must comprehend how social norms influence people's behaviour receiving new information.

Social norms are formal and informal rules that influence behaviour in different contexts and individuals prefer to conform to these norms on the condition that they believe (a) most people in their reference network conform to it (empirical expectations) and (b) that most people in their reference network believe they ought to conform to it (normative expectations) (Bicchieri, 2017: 35). Empirical expectations therefore means that a sufficient number of other individuals in such circumstances follow the standard (or have done so in the past) and normative expectations means that a sufficient number of people believe they should follow the norm in that particular circumstance, and that they might even be prepared to penalize them either favourably or unfavourably based on the decision to follow or defy the norm (Bicchieri, 2010). Social norms are

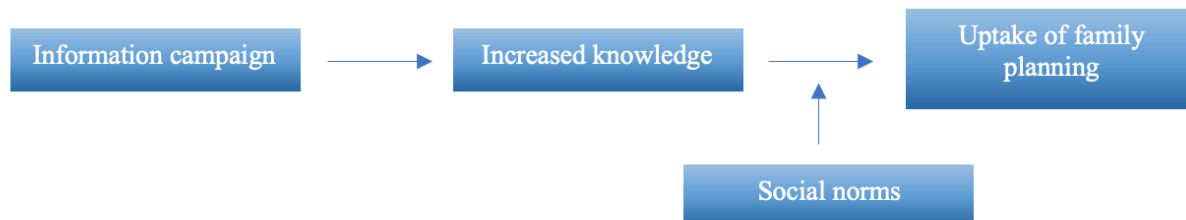
controlled by what other people that matter to the actor think or do and also what they judge appropriate or not (Bicchieri, 2017: 8). That's why social norms also can be understood as social preferences and they are conditional in that sense that behaviours depend on the persons relatives and circumstances (ibid.). It's about factual beliefs, social expectations and normative constrains (ibid.: 5). So, changing social norms involves changing preferences, beliefs and social expectations (Bicchieri, 2017: 12).

When meeting new information humans tend to receive that information with biases that can be affected by for instance traditional culture and the norms that follows (Bicchieri, 2017: 130). Meeting new information can be consistent with Bayesian rationality (Kim et al., 2020). If the new information doesn't collaborate with former believes, one tends to be more biased toward outcoming knowledge. This bias is also called ones prior. This means, that one's prior, believes before the new information, will affect their posterior, the believes after new information (ibid.). The importance that one gives to new knowledge depends on their pre-existing mindset (ibid.). Information is seen as less credible if it deviates greatly from one's current perspective (ibid.). Social norms can be influencing ones prior, because it impacts behaviour as well as decision-making (Bicchieri, 2010). If humans deviate from social norms, they can be met with social damage like criticism, disdain or a bad reputation, why changing social norms can be difficult (ibid.).

The best method to combat a strong prior is to reinterpret its alternatives positively by building on other widely held beliefs in the public (Bicchieri, 2017: 12). It is harder to completely suppress a standard than to replace it with another (ibid.). Social norms that regulate private behaviours, such as sexuality, are particularly difficult to change since other people's behaviour is usually not observed (ibid.: 14). Open discussions about sexuality, relationships and sexual behaviours are a taboo in many African countries, as well as Kenya (ibid.). Especially in the Maasai Mara where the traditional culture is still valued and cared for (TMT, 2016). For example, a local condition to be aware of, could be that that some people are more influential or trusted than others within a network or community (Bicchieri, 2017: 13).

Trying to answer *which potential information gaps in the information campaign run by The Maa Trust that can be contributing to the lower uptake of family planning amongst the Maasai people in Maasai Mara* I have to understand that potential information gaps in the information campaign run by TMT can stem from Maasai social norms and therefore how they receive information about family planning. There might be social norms that influence the uptake of family planning, due to traditional culture or local conditions that creates a barrier for the effects of the information

campaign in term of how they receive information. Due to pre-existing literature, I expect that social norms determine how Maasai people receive new information about family plannings which have created an information gap in TMT's information campaign.



Methods

This report is a case study of the information campaign run by TMT to address the low uptake of family planning amongst the Maasai people in Maasai Mara. Sexual and reproductive health services, including family planning, is important because it allows people to attain their desired number of children, if any, and to determine the spacing of their pregnancies (WHO). Reduced maternal illness and pregnancy-related fatalities are benefits of preventing unplanned pregnancies (ibid.). Important health benefits of family planning include preventing pregnancies among elderly women who also face elevated risks as well as delaying pregnancies in young girls who are at increased risk of health issues from early childbearing (ibid.). By doing so it can help girls' education and give women the chance to take part in society more fully (ibid.). TMT believes that education is essential to the conservation of this worldwide renowned environment and to the success of the Mara conservancies, which is why they are concentrating on family planning (TMT).

Working in conjunction with the non-profit organisation The Maa Trust (TMT), I carried out qualitative research collecting data in form of focus group discussions (FGDs) and interviews with various expertise in Maasai communities in Maasai Mara. The data was collected between August and December 2022 to identify information gaps that can be contributing to the lower uptake of family planning amongst the Maasai people in Maasai Mara.

In the first section of the analysis, these data will be examined to determine whether the TMT information campaign has raised community members' awareness of family planning amongst the Maasai. In order to determine whether the TMT information campaign has raised awareness, as I

anticipate, I will analyse data from FGDs. The data includes FGDs held in five different rural communities with participation from the surrounding villages. The communities Ntipilikwani, Enchoro, Osidan, Orkuruto and Talek were targeted. The FGD groups comprised one set of opinion leaders, another of men, a third of women and a fourth of youth, with each group being given the same questionnaire. This questionnaire held questions concerning the types of family planning services that are available and the advantages and disadvantages of using family planning are posed. The FGDs took place in churches, where it was found most convenient to gather the Maasai people.

FGDs facilitate communication and the creation of shared meanings for a certain set of individuals, in this case, the Maasai people in Maasai Mara, which is a good method to create an understanding of a sensitive topic like family planning (Harrits et al., 2020). When taken as a whole, the data from the comparatively large sample size provides a clear understanding of how the Maasai people see family planning. Because the data collection was spread out across several days, participants of one group were kept apart from other groups. Social desirability bias is one of the main disadvantages of FGDs, as it causes members to withhold their true opinions, particularly when someone else disagrees (Bjarnøe & Hansen, 2020). Avoiding combining opinion leaders with men, women, and young people can reduce the likelihood of social desirability bias, which I believe was addressed when keeping the groups apart (ibid.).

The second section of the analysis is based on interviews with four local NGO staff, which took place at TMT's headquarters or when during fieldwork in one of the nine communities. Amongst the CEO of TMT, this was staff in charge of WATER and HEALTH, who is responsible for the information campaign on family planning. These interviews will let me examine information gaps that hinder the uptake of family planning, because it can reveal the thoughts behind the information campaign, as well as their knowledge about the Maasai traditional culture and beliefs from the perspective of a non-profit organisation. It also allows me to hear their experience with running the information campaign, and where they observed barriers that interfered with the Maasai people receiving information. Opposite the interviews done at the FGDs, each questionnaire was tailored to the responder and their area of expertise, which makes it possible for me to identify a range of obstacles and perspectives.

The last section of the analysis consists of data collected through interviews with six nurses and three community health volunteers (CHVs). These interviews took place at medical camps or schools during fieldwork. Because these workers see and interact with Maasai directly, they have first-hand knowledge with the various problems the Maasai people may encounter. This data will

assist in my examination of the empirical implications of the information gaps I discover. This is very beneficial because the respondents have experienced direct contact with the Maasai people in their work and therefore has valuable insights. The same questionnaire was used to gather information from CHVs and nurses about their experiences working in the field with the Maasai people and what the Maasai people forward with the uptake of family planning.

When examining a sensitive subject like family planning, the divergent perspectives I get from doing both FGDs and interviews with various expertise on the reasons for the continued poor adoption despite the increase in information, my analysis will be more reliable (Andersen et al. 2020).

All the questionnaire for the FGDs as well as the interviews of expertise was semi-structured and in English, which gives the opportunity to ask follow-up and in-depth questions after respondents had provided their inputs. All attendees participated in the FGDs as well as the interviews of expertise were voluntarily. Many of the participants in the FGDs couldn't speak English, so the majority of the discussions were carried out in Maa language. This implied a translator's present for all focus discussions to make sure I understood the responses to the questions. This was done to avoid losing valuable insight in translation. The interviews with people of expertise were mostly conducted in English whereby there were no language barrier. These interviews were with both Kenyans, born Maasais as well as fellow Europeans.

I had to be very aware of my role as an interviewer because I was a European conducting FGDs and interviews on a sensitive subject like family planning with members of an indigenous culture, the Maasai, as well as people working with this tribe. By learning a few phrases in Maa language as well as performing the interviews with TMT, a highly respected organisation in the area, I would believe that I managed to establish a secure setting for the respondents to answer the questions with honesty.

Following the FGDs and interviews of expertise data collection, all information was transcribed and then coded using the Nvivo tool. To make sure I didn't overlook any unidentified aspects, I first coded the data openly (Harrits et al., 2020). Then, using my hypotheses as a guide, I coded the data closed (ibid.). This is done in order to guarantee coding reliability, meaning that data is coded methodically according to the issue and theoretical assumptions rather than at random (ibid.).

Quantitative data would have also been beneficial to this study, but given the remote location and language hurdles, this wasn't the most obvious option or the easiest way to collect accurate data. In

remote locations like these, where internet access is limited, gathering quantitative data also calls for more resources. As a result, data collection would need to be done door-to-door, as TMT typically does when conducting baseline research.

Since this is a case study, the goal is to give TMT and their projects unique knowledge rather than to be able to generalize to other indigenous tribal cultures. However, I take stand in already published literature, which provided support for my theoretical hypotheses. Given the already widely tested theory, it is possible that some of the results can also be applied to other indigenous tribal cultures; though additional research would be required to discuss generalization. I will go into further detail in the discussion section regarding the results' applicability in different situations.

Analysis

In the analysis, I aim to look into any possible information gaps in TMT's information campaign that might be causing the low uptake of family planning amongst the Maasai people in Maasai Mara. To begin with, I base my argument on the assumption that social norms cause an information gap in the campaign. My methodologically approach has led me to conclude from my data analysis that social norms produce an information gap in the information campaign. The information gap I find results from two themes that the Maasai culture social norms produced. First of all, men are the authorities and decisionmakers of their communities and secondly, men have negative attitudes toward family planning, which both has an impact on uptake. This prevents women from making their own decisions about utilizing family planning, and when they do, they often do so in secret.



Increased knowledge

This first section of the analysis I will, by using FGDs as data, clarify whether the information campaign run by the TMT has raised awareness of family planning services amongst the Maasai people in the Maasai Mara. I anticipate, based on theory about information campaigns that TMTs awareness campaign has increased Maasai peoples' knowledge about family planning. By examining the data, I found that the information campaign run by TMT has helped raise awareness of family planning services.

The results of my analysis show that all four groups agree that family planning is the intentional choice of a family to control and purposefully spacing out the number of children born. Every group is also aware of the different family planning techniques. The opinion leaders make it clear that services are only intended for use by women and do not apply to men in this regard. Injections, implants, and pills are mentioned as the most widely used family planning techniques among the provided methods and services. The goals of the services and procedures indicated are understood by all groups equally, with the exception of condoms. Condoms are seen similarly by young people to other family planning products, but opinion leaders, as well as men and women have differing viewpoints.

The groups describe how family planning has historically been seen negatively in their cultures. But in recent years, initiatives to disseminate knowledge and awareness have resulted in a paradigm that is still developing and has more positive connotations. The groups state that the work of TMT concerning workshops and radio broadcasts are effective sources of disseminating information on family planning. Therefore, I can conclude, as anticipated, that the information campaign run by TMT has created awareness and increased the knowledge amongst the Maasai. This also emphasises that social norms in the Maasai tribe previously had led to normative expectations not to use family planning, but that the initiatives taken by the TMT, have created some change in that standard.

What I find extremely interesting in the data from the FGDs is, that when asking where they receive the information about family planning some of the opinion leaders mention receiving information from husbands. Due to myths and beliefs about the effects of family planning, traditions and cultural norms are cited as one of the biggest obstacles in the answers as well. According to opinion leaders, these myths and misconceptions stem from a lack of knowledge and awareness and can also cause arguments within the family. With the exception of the men group, all the groups

continuously point up as a barrier the negative views, perceptions, and attitudes that men in their particular communities have regarding family planning. This means, that in particular the Maasai men creates the social norms and normative expectations that makes the Maasai people follow this, because social norms are controlled by what other people that matter to the actor think or do and also what they judge appropriate or not. I find this interesting when I compare with the results of the interviews of expertise. This will be the next section.

Information gaps

The second part of the analysis I expect that local conditions such as a strong traditional culture and the norms that follows can affect how the Maasai people receive new information about family planning. I will by interviews with staff from TMT look for *information gaps in the information campaign run by The Maa Trust that can be contributing to the lower uptake of family planning amongst the Maasai people in Maasai Mara*. By interviewing TMT employees, it allowed me to gain insight into the concepts behind the campaign and their approach to distributing family planning information when having knowledge about the social norms of the Maasai.

Men as decisionmakers

Having observed Maasai social norms in their previous work, TMT attempted to build on other commonly held ideas in the community, which is the most effective way to counter a strong prior. By examining interviews with TMT staff, it became evident that they were aware of these social norms creating the information campaign:

"(...) about the benefits of spacing children, because even as we were starting this program, it wasn't going and encouraging people to have fewer children, it was just spacing their children. So instead of being pregnant every single year, that you decide how many years do you want to wait until you have a child again? So, I think that would be a really good first step, if people understand that you should wait at least two years between pregnancies if you want to avoid higher chance of complications and premature prematurity"

Despite this work TMT still find a low uptake on family planning as stated earlier. When trying to change social norms and enhance the uptake of family planning, one must be aware of the fact that actor's perceptions of what is suitable and inappropriate, as well as the opinions of those who matter

to them, shape these social norms. Based on my analysis of the data I find that a social norm in the Maasai community is men being authorities, and therefore they are the decisionmakers. Men being the decisionmakers affects the uptake of family planning, because people's behaviour is determined by their relatives and circumstances. TMT states to see such behaviour when it comes to the Maasai people utilizing family planning:

“Yes, theoretically, it should be a decision made at the home between the husband and wife if the family would like to use family planning or not. But often, that's not the case, if the husband just says he wants to have as many children as possible if he's not in the same mindset, as a wife, sometimes, the wife makes that decision by herself and does access family planning in secret.”

When running an information campaign on family planning, I find that TMT was already aware of social norms in Maasai Mara. The Maasai men are the decisionmakers and therefore they have an influence on whether the Maasai utilize family planning or not. This means that TMT recognized that there were strong cultural traditions and norms in the Maasai community, where men act like the decision makers.

Negative perceptions of family planning

Another social norm that contributes to the information gap in the information campaign run by TMT is men having negative perceptions of family planning. This is also confirmed by my analysis of the FGD data and my findings from the interviews with TMT staff:

“(...)most men either are not supporting it or are not understanding family planning: they do not encourage their wives to go and take family planning”

When men act like the decisionmakers of the Maasai community, and have negative perceptions of family planning this creates an information gap. Open discussions about sexuality, relationships and sexual behaviours are a taboo in many African countries and this is also the case in Maasai Mara. When TMT tried to spread the information with different initiatives, TMT experienced a low participation by men:

“So whether that's reaching men, as I mentioned, that's a challenge. If we call a community meeting, it's 99% women that turn up to the meeting.”

The low participation by men makes it difficult to change their negative perceptions of family planning, because they didn't receive the information. Therefore, they didn't manage to change the negative perceptions that men have about family planning. My findings indicate that Maasai social norms like men being the decisionmakers and having negative perceptions of family planning contributed to an information gap in the information campaign run by TMT. This information gap influences the uptake of family planning.

Information gaps influence on uptake

TMT performed well according to my theoretical predictions about changing norms in terms of building the information campaign on other commonly held ideas in the community as well as being aware of strong cultural traditions and social norms in the Maasai community. A difficulty arises because, despite TMT's successful creation of an effective information campaign in the sense of increasing the knowledge of family planning, they weren't able to reach the men.

Uptake of family planning

Men being the community's decision-makers and them having negative attitudes, opinions, and perspectives regarding family planning has a big influence on the uptake of family planning in the Maasai Mara. TMT managed to increase the awareness, especially for the women, but as a result of the social norms, the women who choose to use family planning does it in secrecy. TMT states:

“And also because of the patriarchal community, even if a woman did have that understanding, it's not like she could tell her husband, no, you can't have sex with me tonight”

“And so when I talked to them about the challenges, they said: We should just teach them about their cycles. And then they can choose when to abstain. And then the days of their safe when they can have intercourse with a husband. And I just said to them, I dare you to go and tell a Maasai man that he cannot sleep with his wife tonight, that's just not the way that works in a community like this, it's not equal enough to be able to do that. So, I'd say there was extreme little amount of information”

As I anticipated, social norms can be an information gap that can be contributing to the lower uptake of family planning. Being aware of Maasai social norms and the patriarchal community, the information campaign was supported by other initiatives of TMT to empower women:

“But a woman needs to be empowered to do that (use family planning). She needs to have the confidence, she needs to have the knowledge, she needs to have funds. In some cases, if she needs a motorbike to get to the clinic, she needs to have access to her own money. So, the various women's empowerment projects that we do, whether that's income generation, through beadwork, whether that's the women's empowerment project, whether that's the women in leadership program, whether it's the microfinance, etc, all of that is trying to empower women, both economically but also socially, that they have to understand they have the right and the ability to make decisions by themselves, if they're not able to make it together with their husband.”

Women not being able to make decisions by themselves have consequences, and by examining data with nurses and CHVs, I'm able to get an idea of what empirical consequence this had for the uptake of family planning for the Maasai in the Maasai Mara.

Empirical consequences

This third part of the analysis I will look at the empirical consequences of the information gap. I'll do so by examining the interviews run with nurses and CHVs, because they witness the consequences of the information gap by direct interactions with the Maasai people. This is also supported by a small questionnaire incorporating statements from ten Maasai women that was handed out at medical camps. Not only does the data show that women's uptake of family planning is mostly kept secret from their men, 7 out of ten women seek family planning in secrecy, but it also shows a strong correlation between a partner's approval and the contraceptive method they use. The data showed that most Maasai women choose Depo-Provera, which is a traceless injection. A nurse state that:

“Most use depo as we had seen this morning, because it's unseen. So those people who want depo is probably because; its unseen and it's kept from the husbands ...”

The consequences are for a fact that women tend to use family planning in secrecy, and the choice of method they use is untraceable. This is also linked to the theory that one tends to follow the social norms because defying them risks social damage such as ridicule, criticism, or a damaged reputation.

“Because one, you will be judged by the community. When they know that (...) is on family planning - most people are going to judge you. Secondly, your husband, you know, when we go and have those talks with other men and they're like, "Your woman, I've heard that your woman is using family planning", so the man feels inferior with them, so he will have to fight. "Why are you not giving birth?" They will beat you up. "Because why are you not giving birth? The last time you gave birth is five years ago, why are you not giving birth?"”

Not only is the uptake of Depo-Provera difficult for the women because they feel the need to take family planning in secret, but it is also difficult for them because the injection only lasts for three months and often causes serious side effects in addition. Nurses report hearing from women regarding irregular menstrual flow, increased frequency of bleeding throughout their periods, and fluctuations in weight.

These side effects create ground for myths and misconception of family planning, which is a severe problem in the Maasai community. This I will discuss later.

Results

As anticipated, my data analysis revealed that social norms contributed to an information gap in TMT's information campaign. The coding of the FGDs and interviews of expertise revealed two main themes: men as decisionmakers and men having negative perceptions of family planning. Adding to the issue was TMT's challenges in reaching the men with the information. The information gap impacted the uptake of family planning because the women don't make the decision to utilize family planning themselves and, in the event that they did decide to use family planning, they did so in secret. When doing so, the women chose methods that frequently have a lot of side-effects, which causes issues in a society where family planning is already shaped by myths and misconception. This I will discuss now.

Discussion

According to the findings, family planning adoption in the Maasai community is hampered by social norms that impose an emphasis on men making decisions and having negative perceptions of family planning. As a result, women are more likely to choose untraceable methods for family planning and to seek it out in secret. Depo-Provera is a method that last only three months and tends to have more side effects than other methods, which can be a problem in a community like the Maasai, where myths and misconceptions already influences the uptake.

What I noticed from the FGDs data was that the Maasai community carries a lot of myths and beliefs about family planning and especially side-effects. A substantial amount of research has identified concerns about the side effects of contraceptives as an obstacle to their use (Campbell et al., 2006). These myths and beliefs are also cited as one of the strongest barriers to uptake of family planning within the Maasai community as well. According to the Maasai the myths and beliefs stem from a lack of knowledge and awareness which TMT try to target. Research on the side-effects of contraceptives has revealed that a variety of sources, most frequently those regarded as credible and in a position of authority in communities, can incite fear generated by myths and misinformation (Schwarz et al., 2019). The men and opinion leaders act like the decisionmakers of the Maasai community and are prominent figures that are highly influential (Bicchieri, 2017). Therefore, when trying to target myths and beliefs with an information campaign like TMT, it is very important to reach these authorities. TMT made a very good information campaign by taken the Maasai traditional culture into account and building on already set social norms. The information gap was that they didn't manage to reach the men with the information, and thereby the uptake is still low, because Maasai men make the decisions in the communities and by not reaching them TMT didn't manage to change their negative perceptions of family planning. Finding a way to reach the men is an important step in increasing the uptake of family planning. This is also what TMT states afterwards:

“And so we've been trying to see how to specifically target men. And so we've been doing the men's forum sessions, where they're provided with a goat, and they slaughter the goat, they roast the goat, they eat it, where it's purely men, women aren't allowed and someone from the Ministry health comes and talks to them”

This is crucial for the next generation as well as for women's adoption and efforts to encourage open family planning. The men in the Maasai community are the authority, and if they don't support family planning, neither will the women's or youth's use of it rise.

The results from my analysis are very particular for the Maasai community, however it's important to discuss the generalizability of the findings in this case study. The goal was to give TMT knowledge about their information campaign on family planning, so they might be able to increase the uptake amongst the Maasai people. Maasai as an indigenous tribal culture is unique, and therefore it's difficult for me to generalise to other tribal cultures and communities. My findings about how the men in this exact culture act as decisionmakers and have negative perceptions of family planning, might not be directly applicable to other tribes. Nevertheless, given that I have taken stand in widely tested theory, it is worth noticing how the findings in this study was as I anticipated – social norms have an influence on how people receive new information and can create an information gap when trying to run an information campaign, like TMT did, on changing norms such as family planning. No, the results are not directly applicable, but they may be useful with additional research in other tribal cultures.

Conclusion

I conclude, based on theory about information campaigns, that TMT's information campaign has been successful in increasing the awareness of family planning amongst the Maasai people in Maasai Mara, but the uptake is still low. By applying theory about social norms, I identify two key themes to why the uptake is still low: men act as decisionmakers in Maasai communities and men have negative perceptions of family planning. Due to the fact that women do not decide whether or not to utilize family planning on their own, even when they are aware of its benefits, this information gap affects the uptake. Because it is associated with taboo, myths, and misinformation, those who choose to use it do so in secret from their husbands and the rest of the community. This implies that they select methods that often have an elevated risk of side effects, which creates problems in a culture where family planning is already plagued with misconceptions and myths.

Because men are the ones who make decisions in their communities, there was an information gap that prevented TMT from changing the negative attitudes men have about family planning, when

they didn't manage to reach them. Reaching men with the information campaign is therefore a crucial step in enhancing the uptake of family planning amongst the Maasai in Maasai Mara.

The aim of this case study was to give TMT unique knowledge about their information campaign on family planning. By the data conducted, these findings do not directly apply to other tribal cultures; however, since the theory behind them is well-established, this study may be beneficial with more research in other tribal communities.

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