

# Study on Sexual and Reproductive Health and Disabilities in Kakuma Refugee Camp

Women's Refugee Commission and International Rescue Committee  
November-December 2013

## REPORT FOR CONTRIBUTORS

### WHO ARE WE?

The Women's Refugee Commission (WRC) is a nongovernmental organization (NGO) based in the United States. We are a research and advocacy organization that works to protect the rights, safety and well-being of displaced communities around the world. We work with governments, United Nations (UN) agencies and international organizations.

The International Rescue Committee (IRC) is an NGO based in the United States that provides services to people affected by humanitarian emergencies around the world. In Kakuma Refugee Camp the IRC provides health, nutrition,



*The study team*

### Sexual and reproductive health

Everyone has a right to access the information and services they need to take care of their sexual and reproductive health. This includes learning about how their bodies work as they become adults, as well as how to have safe relationships. This also includes access to safe, effective, affordable and acceptable methods of family planning (birth spacing), such as condoms and pills; access to health care that helps women have safe pregnancies and deliveries; access to services for survivors of sexual violence; and access to information and services on how to prevent and care for sexually transmitted diseases, including HIV.

HIV and protection services, and supports human rights, refugee rights and equal access to services. IRC also provides

support to persons with disabilities— inclusive of those with mental impairments—through providing community-based rehabilitation, assistive devices and occupational therapy for children.

## **WHY DID WE COME TO KAKUMA REFUGEE CAMP?**

We visited Kakuma Refugee Camp to undertake a study to find out more about the sexual and reproductive health needs and concerns of persons with different types of disabilities (physical, sensory, intellectual, mental and multiple impairments). We also wanted to learn more about what persons with disabilities thought should be done to improve the situation, including what they themselves could do.

## **WHAT DID WE DO DURING OUR VISIT?**

Two members of the WRC visited Kakuma over three weeks in November and December 2013. They worked with IRC's Community Health Team to train 12 refugee researchers and conduct the research among disabled women aged 20-49, disabled men aged 20-59 and

disabled adolescent girls and boys aged 15-19 in Kakuma I, II and III.

The research team met with 114 refugees with disabilities--72 women and girls and 42 men and boys with physical, intellectual, mental, hearing and multiple impairments. They met with refugees who were homebound, as well as with caregivers and family members of persons with disabilities. The activities were conducted in Somali, Swahili, Arabic and English. Some activities were done in groups, while others were done with individuals.

By listening to participants, we learned about their thoughts and experiences. We are grateful to have met with them and for their permission to let us share the information and stories in a responsible way.

## **WHAT DID WE LEARN DURING OUR VISIT?**

**Early findings** show that, overall, some persons with disabilities felt they are looked down upon because they are disabled. Many participants said that there should be more considerations for disabled persons. Suggestions included having specific corridors for persons with disabilities to access food distribution,

water and health services, instead of their having to wait in a long cue with everyone else. Others suggested community-based physiotherapy for persons with physical impairments so they can more easily access these services. Some said there should be more assistance with non-food items, such as money and clothes. Another suggestion was to establish an office specifically for persons with disabilities.

Some persons with disabilities said they were satisfied with the health care services. However, many persons with disabilities, particularly those who are homebound, and their caregivers complained about inadequate health services. Many said the biggest problem is a **lack of translation**, including for sign language, while others said **transport** to health facilities was a big concern. This appeared especially problematic for those who lacked adequate assistive devices, such as wheelchairs, crutches and hearing aids. Some caretakers indicated that they wanted **better communications from providers about referrals** for further care of their dependents.


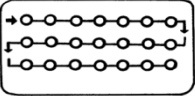



## **UNDERSTANDING BODY PARTS AND HOW THEY WORK**

Women and girls were more aware of female body parts and how they worked, than male body parts and how they worked. Similarly, men and boys appeared to better understand male body parts and how they worked. Adolescents with disabilities who attended school seemed to know more than adults about the sexual organs and their functions. Many people with intellectual and mental impairments had difficulty identifying and locating body parts, and were generally less aware about how they worked.

Many participants were aware of HIV, but not of other sexually transmitted infections. To prevent pregnancy, participants noted that people, especially adolescents, should abstain from having sexual intercourse. Some said that people should use condoms, pills that a woman would take every day or injections that a woman would receive every three months. Fewer people mentioned longer-acting birth spacing methods, such as intrauterine devices, a T-shaped device that is inserted into a woman's womb; or implants, a tiny rod that is inserted under the skin of a

woman’s upper arm. No one mentioned male and female sterilization.

**Some birth spacing options**

<p>Condom</p> 	<p>Pill</p> 
<p>Injection</p> 	<p>Intrauterine device</p> 
<p>Implant</p> 	<p>For more information about birth spacing options, visit a health center.</p>

**SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES**

Many people said IRC and Film Aid provide information about sexual and reproductive health to persons with disabilities, while others mentioned the National Council of Churches of Kenya and Jesuit Refugee Services.

Most people said they get information from notice boards, megaphones, videos and community health workers/promoters. Others said they receive information through special

seminars, community leaders, education in schools and doctors.

Some persons with disabilities said they could help to share information with other persons with disabilities.



*IRC’s main hospital (Photo: IRC)*

**GENERAL EXPERIENCE FOR A WOMAN OR GIRL WITH A DISABILITY WHO BECOMES PREGNANT**

Most participants said pregnant women and girls with disabilities would deliver at the hospital, and they would get there by ambulance. They also said the husband, family or neighbors would go with them.

Some participants also said that women and girls with disabilities deliver at the hospital so they can receive a birth certificate.

Participants generally agreed that pregnant women and girls with disabilities would be treated nicely and with respect by health providers, but

some said they would be treated “harshly.”

## **SAFETY CONCERNS**

Most persons with disabilities said they feel unsafe on the roads/highway because they could be “easily knocked or hit by a car”; in the bush because “there is no one to help you if someone or even animals attack you”; at water points because there is a lot of fighting; and in the market because of the congestion.



*The bush* (Photo: IRC)

Many people said they felt safe when they are with their family members, in their homes, in the ambulance, at the main hospital, at Don Bosco School and the police station, because of security such as gates and guards.

## **WHAT WILL WE DO NOW?**

The WRC and the IRC will analyze the information further and write a full report on the findings with recommendations (including recommendations that participants shared) on how to improve sexual and reproductive health services for persons with disabilities in Kakuma, Kenya. We will share the report with donors, the UN High Commissioner for Refugees (UNHCR) and international and national NGOs.

A similar study is also being done in Uganda and Nepal. We will publish the findings from all three countries in one report and will advocate to governments, UN agencies and international and national organizations to push for improved sexual and reproductive health services for persons with disabilities around the world.

## **WHAT CAN YOU DO IF YOU WANT TO LEARN MORE ABOUT THIS STUDY AND THE REPORT?**

For more information about this study, please contact: Dr. Florah Bukania (071.897.4134)/

**[Flora.Bukania@rescue.org](mailto:Flora.Bukania@rescue.org)**.

If you would like more information about the full report and the WRC's advocacy about these findings, please contact Sandra Krause at [info@womenscommission.org](mailto:info@womenscommission.org) or visit [www.womensrefugeecommission.org](http://www.womensrefugeecommission.org).

This report was written by Sandra Krause and reviewed by Florah Bukania, Margaret Nguhi, Alex Kalatu and Beatrice Rimberia. It was edited by Mihoko Tanabe and Diana Quick. Images were

drawn by Stacey Patino. Photos were taken by the IRC.

The research was conducted by Alex Kalatu (IRC); Anisa Mohamed Mohamud; Beatrice Rimberia (IRC); Chelia Rose; Jamila Ebongon; Mohammed Ibrahim Abukar; Naima Hamid Mohamed; Rita Namuremba; Simon Lotela (sign interpreter); Sisra Abuissakomi; Yassin Abdirahman Mohamed; Yousif Manahil Sukara; and Zainab Mohammed (sign interpreter).

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