



Addressing Shrinking Civic Spaces in Communities in Kenya Project

Psychosocial Support and Resilience Building



Report

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Background

In Kenya, it is estimated that one in every 10 people suffer from a common mental disorder. The number increases to one in every four people.¹ Depression and anxiety disorders are the leading mental illnesses diagnosed in Kenya, followed by substance use disorders.

Isolated and abandoned, excluded and silenced, many people with mental health problems face daily challenges in their lives. For others, mental issues are mirrored in a happy face because society does not accept admittance that one is not okay, more so having mental health challenges. In some cases, people refuse to go for counselling because of society's judgmental attitude. Society becomes aware that someone is suffering mental health issues when they get to the extremes either when one commits macabre murder or commits suicide. That is when you see an outpouring of "grief" with some saying why didn't he /she tell us what was going on? why didn't they talk to someone? Why didn't they seek help? But alas many a times it is too late.

The lack of understanding of what mental health is and the negative perspective given to counselling among many people leads to suffering in silence. It is not easy for a person to take themselves to a counsellor, they have to be forced. Counselling is also associated with the stigma of madness. Many people do not want to accept that they have problems. This brings out the importance of peer counselling where an individual can share their problems in a safe environment and not be judged. Society, with its expectations of machismo also makes males not to admit when they have problems. In many communities in Kenya and across Africa, males are not expected to express weakness, to say one is suffering is an admission of weakness. This can explain the high rates of suicides among men than women.

The damage of mental illness sometimes takes time. And when the mental illness becomes visible, family members start chaining the ill and hiding them away. It is not uncommon to hear of cases where a mentally ill family member is chained to a tree, or left in a dark room alone. Mental illness is compounded by the fact that there are very few mental health service providers in Kenya, this emphasises the importance of prevention and care before a case becomes severe. Mental illness is a silent epidemic, that warrants an urgent intervention. To complicate matters, mental illnesses may not present visible symptoms such as for illnesses for example headache, fever and diarrheas, making detection another hurdle that families have to cope with. Many people suffer from mental illness in Kenya and the rest of Africa, but sadly there is lack of adequate awareness on mental illness. This is also coupled with the various beliefs that exist. The difficulty in detection of mental illnesses creates a fertile environment for misinformation to thrive.

Introduction

Haki Nawiri Afrika is a 2020/2021 Winner of the Social Innovation for Change Award and is currently implementing a project on entitled **Addressing Shrinking Civic Space in Communities in Kenya**. The project is supported by Innovation for Change (I4C) -Africa Hub. Psychosocial support and resilience building is an activity under the project. The forum had 36 participants (all females).

¹ [https://www.health.go.ke/mental-health-taskforce-urges-government-to-declare-mental-health-a-national-emergency-nairobi-tuesday-july-7-2020/#:-:text=In%](https://www.health.go.ke/mental-health-taskforce-urges-government-to-declare-mental-health-a-national-emergency-nairobi-tuesday-july-7-2020/#:-:text=In%20)

Cross Section of Participants



Objectives

The aim of the psychosocial support and resilience building dialogues is to:

- Create safe spaces for youth and women to share issues of concern
- Explore solutions to the identified problems
- Improve mental health and resilience among young people and women
- Enhance referral mechanisms for cases of mental health for women and youth
- Provide information on how to cope with mental health challenge

Part 1: The Mirror Image

To break the ice, the participants were each asked to share what they see when they look at a mirror every day. The responses were as follows:

- A woman growing old
- A woman who has unresolved issues
- A woman whose aspirations during marriage have not been fulfilled (a husband who is loving and who would take care of our children but the situation is now different)
- A defeated woman
- A burdened woman
- A strong woman
- An overcomer

Based on the exercise, it was observed that every women looks at herself differently and the experiences vary from household to household. It was however noted that for the majority of the participants, what they aspired during marriage is not the same as the situation they are currently living. Many of the participants shared their disappointments with how their lives had turned out. A few shared strategies on how they have triumphed for example dialogues with the husband and seeking solace

from religion. Others shared experiences of being mistreated by in-laws and having to vacate a newly constructed house because of pressure from in-laws.

Participants sharing their Mirror Images



It was said that as individuals we have the power to breath positivity in our lives. It was stated that women bear multiple burdens within the family and that many people look up to mothers to solve many issues. It was noted that the burden of stress women go through is responsible for many ailments such as high blood pressure. An example was given of a visit to a hospital where routine questioning of what brings the patient to hospital (female patients) would get the response that the health seeker is suffering from pressure or some mental health related condition.

Part 2: What is Ailing women in Machakos County?

Verbal abuse

It was shared that when husbands are drunk in the locality, they often abuse their wives. Many participants reported being called fools by their spouses. It was stated that verbal within households negatively affected the self-esteem of women as mothers and daughters.

“Whenever our husbands get drunk, they always call us fools -ABC^{2} Member-Woni wa Uamani Women Group*

Emotional violence

Many women shared being demeaned by their husbands. Majority of the participants cited being called foolish or being addressed as “this woman” “*mundu muka usu*”. The participants shared that at the beginning of a marriage, life is often good but as the marriage progresses, terms used to call wives become more derogatory.

² The names have been concealed to protect the identity of the participants

Economic Violence

It was shared that many women suffer from economic violence meted on them by husbands. An example was given of husbands who leave the house without giving their wives money for food and expecting food when they get back home. It was said that failure to cook for a husband because of lack of money often results into verbal abuse and beatings. It was also shared that many women upon marriage are not allowed to work, irrespective of whether they have skills or not. It was said that the main perpetrators are the in-laws who insist that women stop working and instead work within the compound mainly engaging in domestic chores.

“When I got married, I was forced to stop working. I felt very bad because I had papers. I had trained as a teacher. I had to negotiate with my husband to allow me to work. I worked for some time and then lost my job. My in laws were very happy when I lost my job. I felt very bad -Former teacher, Muvuti -Kiima Kimwe ward

Overwork

Examples were shared of cases of discrimination by in laws. It was said that many in-laws make married women overwork and this is mainly domestic work mainly within the homestead.

*“When you get married, it is like your in-laws have found a new employee. You have to work in the homestead and are not allowed to look for another job outside the homestead’ -XYZ*community member-Muvuti-Kiima Kimwe ward, Machakos County*

Deliberation on Psychosocial issues facing Women in Muvuti -Machakos County



Gender Based Violence (GBV)

The participants shared incidences of being beaten by their husbands, mainly when the women ask for money for food within the household and for other basic necessities.

“No woman wishes her house to be unstable and that is why many women continue to suffer in marriages-Beth Mukami-Women in Leadership and Development (WILD)

“When husbands come and ask for food, and there is nothing to cook because we don’t have money, we get beaten up”- ABY - Young mother, Muvuti-Machakos County*

Discrimination

It was shared that the main perpetrators of violence against women are in laws. It was mentioned that many women upon marriage do not have peace. An example was given of a mother who had to abandon her home (3-year-old house) to relocate to another place and start afresh because the in-laws were fighting her. It was further shared that whenever the affected mother employed a house help, the house help was forced to leave by the in-laws.

*“I could employ a house help and she would only last for a month. My in-laws kept telling my house girls bad things about me so that they could leave”- JKL*Former teacher-Muvuti, Eastern -Kenya*

Part 3: Envisioning the Desired Future

The participants were informed that they have the power to change the person they see on the mirror daily. It was emphasized that many women are sick because of bottling their emotions. It was mentioned that it is important for every mother or woman to have a safe space partner, someone whom they can confide in. It was mentioned that speaking out is the beginning of a healing process. It was stated that there is need to create safe spaces within the community for women to discuss issues affecting them and seek solutions. It was pointed out that healing is a process and the beginning of healing is accepting that there is a problem.

Discussion on Handling issues affecting Women



Part 4: Wrap Up and Way Forward

The forum achieved the set objectives. The participants appreciated the space and the issues discussed. The participants made a resolution that they would form the habit of having a positive outlook towards life while at the same time seeking support for mental health issues that may arise.

As part of continuity of the psychosocial support and resilience building within rural communities, it was agreed that sessions would be held on different topics to build resilience in the Muvuti community. It was agreed that every participant to seek a safe space partner in whom they would confide in. It was said that in the long run, Haki Nawiri Afrika should initiate a mental health project which would reach more community members including children. It was agreed that liaison will be created with local schools to make mental health a reality for vulnerable children, both in primary and secondary schools.