

**MARIASHONI DEVELOPMENT PROJECT**  
**LINGUISTIC, CULTURAL AND HEALTH COMPONENTS**  
**REPORT OF ACTIVITIES - JANURAY-FEBRUARY 2014**

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## 1. Background and Objectives

In the framework of the ongoing multi sector community program in Mariashoni, aimed at providing opportunities for sustainable and equitable development to the Ogiek, who have been suffering from disruption of their traditional way of life due to the recent collapse of their original habitat, NECOFA, in collaboration with Manitese and Ethnorêma, answering to the direct requests of the community leaders, decided in 2012 to strengthen its efforts in the Mariashoni District, encouraging and helping people to find ways to value their traditional cultural and linguistic heritage.

In this perspective I was contacted and selected as a volunteer for starting a research project on the field in the months of January-February 2013. The project was also enriched by a Health component focussed on mothers and children and held by prof. Giorgio Tamburlini, University of Trieste (Italy).

I presented the first results of that experience in different international congresses (CALL 2013, LEIDEN, The Neederlands; CUCS Turin 2013) and together with Giorgio Tamburlini, Samuel Karanja (NECOFA), Bruna Sironi (Manitese) and Maria Pennacchio we promoted the project during a special event organized in Bolzano, Italy in December 2013.

Many of the first results of my researches has subsequently been published in 2 scientific papers (*Honey and Beekeeping among the Okiek of Mariashoni, Mau Forest Escarpment, Nakuru Disctrict, Kenya* and *An Okiek folktale*) on the international scientific journal "Ethnorêma" (vol 9, year 9) and are now downloadable for free at [www.ethnorema.it](http://www.ethnorema.it); while two other papers are now in print for the next number of the international scientific journal *Incontri Linguistici (The Okiek of Mariashoni, Nakuru District, Mau Forest Complex, Kenya. A sociolinguistic Report)* and on the volume of acts of CUCS2013 (*Safeguarding the*

*past to guarantee a Better Future. The role of Ethnolinguistics in the NECOFA projects among the Mariashoni Okiek community).*

Nothing has yet been published on the grammar of the language because researches in this direction are still ongoing.

The activities of January - February 2014 are to be seen as a continuation of the work started in 2013, even though now the linguistic part is funded entirely by the University of Trieste in the framework of the ATrA Project ([www.atfricantransitions.it](http://www.atfricantransitions.it)), for which I am the Principal Investigator and the national Scientific Coordinator, while the Health component is personally funded by prof. Giorgio Tamburlini.

The issues to be treated in this second research mission on the field were discussed and agreed upon by NECOFA (Samuel Karanja), Etnorêma (Moreno Vergari), Manitese (Bruna Sironi) and the University of Trieste (Ilaria Micheli and Giorgio Tamburlini) during a meeting held in Bolzano in December 2013.

Aims of the field 2014 were the following.

Linguistic and cultural component:

1. Going on with investigations on the grammar of the language;
2. Provide materials for a cultural lexicon of Ogiek traditional Hunt (similar to the one I already did on Beekeeping);
3. Provide materials for a cultural lexicon on the Ogiek traditional way of handling pregnancy, motherhood and the care of newborn babies;

4. Gathering folktales and songs for the preparation of a booklet in Ogiek for Ogiek children of primary schools.

Health component, focussed on pregnant mothers and newborn babies:

1. Understanding the Ogiek traditional practices and their current evolution;
2. Meeting the nurses of the HC in order to understand what has been done since last year and to discuss the contents of a training session for TBAs and CHWs in Mariashoni.
3. Training session for TBAs and CHWs, in order to advise them about how to integrate traditional practices with new knowledge for the health of mothers and children, valuing what in tradition was found to be good.

**2. What has been done.**

The linguistic and cultural investigation on the field started on January, 10th and ended on February, 7th. My principal collaborator for the linguistic dimension (transcribing and translating folktales and songs together with translating for me speech acts during the meetings on motherhood, pregnancy and baby care) was Catherine Salim, while for the collection of data on hunt and for the recording of parts of the folktales I could rely on John Kemoi. John Wachira was always present to organize for me transport and everything I needed on the field on behalf of NECOFA.

The investigations in Mariashoni were held on Mondays and Fridays. On the other days of the week I worked with Catherine in Michinda at the analysis of the recordings, transcriptions and translations. We finished with this very delicate part on Thursday, February, 6th.

In detail the results are the following.

1. Going on with investigations on the grammar of the language;

Working on many hours of spontaneous speech for the translation of folktales and songs has been very useful also for understanding some of the points of Ogiek morphology which were still not clear. I think that reasonably after this mission we could reach the publication of a first quite complete grammatical sketch of Ogiek, and of a first basic vocabulary of the language.

2. Provide materials for a cultural lexicon of Ogiek traditional hunt;

For the gathering of the lexical and cultural data we organized only 2 meetings (January 17th and 24th), because I already had a lot of materials from last year and I just needed to complete them. The purpose has been achieved and a paper on this issue will surely be published by next year.

3. Provide materials for a cultural lexicon on the Ogiek traditional way of handling pregnancy, motherhood and the care of newborn babies;

For the gathering of lexical and cultural materials on this issue, I met three elder women in their houses on January 15th and 20th, I discussed some difficult points in a meeting with two women together on January 20th, I held a meeting with elder men, in order to understand their position referring to their wives' care during pregnancy and their babies' care in the first months / years of age on January 27th, and I finally held a meeting with 12 expert TBAs on February, 7th.

All the notes taken during these meetings were sent to prof. Tamburlini in order to get his advices on what I had to investigate more deeply. After the first week we decided to

compare what emerged from the interviews with elder people (traditional agency) with the results of a survey on current practices we developed on the basis of the first results of my field work. The questionnaire we submitted to 93 women during a vaccination campaign against polio in different locations of the region with the collaboration of the nurses of the HC and of the CHWs is attached at the end of this report.

The notes and data are surely sufficient, also in this case, for the publication of a cultural lexicon on the issue.

#### 4. Gathering folktales and songs for the preparation of a booklet in Ogiek for Ogiek children of primary schools.

The gathering and analysis of folktales had already started in 2013 (6 pieces), but in this month of January we reached the very good result of collecting, transcribing in Ogiek and translating in English other 18 folktales and 7 songs.

What emerges from the first analysis of the collection is that Ogiek traditional folktales can be grouped at least in 4 different groups according to their content.

1. Relationship people - fantastic creatures of the forest (tyemosit and soloniot)
2. Relationship people - animals of the forest
3. Relationship Ogiek - other people
4. Fairy tales with only animal actors (but in this case I suspect an influence from the bantu tradition - I have just one example of it and the tale was told by a younger woman)

For the collection of the tales we took advantage of all the meetings we had for discussing other issues and we had samples from older men and women either from Mariashoni or from other locations of the region (Kaprop).

Concerning the songs, one of them was a joke song, used to make the children play, five were songs used during female circumcision, while the last one was sung by boys coming back from their initiation in the forest. Of these seven songs, only one does not contain a real text and another one includes few words in a language different from Ogiek (Maasai?).

Further collections in this direction could be very interesting.

On January 31st I held a meeting with the teachers of two primary schools of the Ogiek region (Mariashoni and Kiptunga) in order to explain to them our final project (that is the publication of a booklet for their students, for which the students themselves will be called to make illustrative drawings in a kind of competition organized by NECOFA) and ask them to cooperate in the process of choice of the right orthographic system to be adopted also for future publications in Ogiek. Both of them declared to be happy to cooperate.

During the meeting we agreed upon a very simple system, which should not include diacritics or IPA symbols.

On wednesday, February 13th I discussed this solution with the experts of the Bible translation in Nairobi (BTL centre - bound to SIL), in order to be sure that what we will start to use now could be also acceptable in the future as compared to the orthographic systems of other Kalenjin languages already in use. People of BTL seemed to be very interested in the project and agreed that we are proceeding in the right way, starting from the work with the stakeholders in the community and moving by trial and error.

Even though our proposal is good, they suggested to wait some times before submitting it to the approval of the Kenya Institute of Curricula Developments for the definitive ok needed to the use of the system in official publishings for public schools. Developing a good orthography is sometimes a long process which could need to be modified in different steps, possibly involving all other Ogiek communities of Kenya. Even though it would not be possible for us to get to this point, at least for the moment, due to lack of money and time, the experts of BTL suggested that NECOFA could print a limited number of copies of the booklets, and distribute them also to other Ogiek schools, and only after a feedback from them, decide the next steps to be done.

Concerning the Health component, details are exposed below.

1. Understanding the Ogiek traditional practices and their current evolution;

The aim has been reached thanks to the analysis of the data collected during the linguistic and cultural investigation, which focussed on traditional ancient practices, and their comparison with what emerged by the survey conducted on 93 young mothers during the vaccination campaign against polio. Even though many issues of the questionnaire got useful answers, it seems that for what concerns the last part, that is contraception and family planning, someone suggested the “right” answer to everybody. The results in fact would mean for example that the majority of women in the region of Mariashoni takes contraceptive pills, but this is overtly contrary to the evidence that married woman in the region at around 30 already have 5 to 7 children and to the personal communication of Jasmin, the nurse, who confirmed that, if possible, women of the region use injections or IUD as a contraceptive method and that no one of those she follows takes the pill. Further investigation on this point will be promoted during the meeting with TBAs and CHWs on Wednesday, February, 19th.



2. Meeting the nurses of the HC in order to understand what has been done since last year and to discuss the contents of a training session for TBAs and CHWs in Mariashoni.

The meeting was organized in Michinda on Monday, February 16th with two nurses appointed to the Mariashoni HC: Jasmin and Tabita. The developments of both provision and demand of health services in the community have been reviewed. These include a gradual increase of the number of deliveries assisted at the HC, which have moved to an average of 5 or 6 per month. This represents about 1/10 of the estimated number of deliveries which is between 600 and 700. Another health officer has been appointed to the Mariashoni HC. Still, the coverage of antenatal care is very limited and CHWs are not able to increase referral to HC for antenatal care visits.

Some of the findings of the interviews and questionnaires have been discussed, particularly those showing traditional practices which are not appropriate, such as attempts to change the position of the baby from breech to cephalic presentation and the habit of giving the newborn baby some water and sugar or salt just after birth. These practices we need to discourage. The meeting identified the main topics to be addressed during the training session with TBAs and CHWs which include all important care seeking and care practices from antenatal to delivery and postpartum care for both mothers and babies.

3. Training session for TBAs and CHWs, in order to advise them about how to integrate traditional practices with new knowledge for the health of mothers and children, valuing what in tradition was found to be good.

The training has been conducted on Wednesday, February 19th in the community hall of Mariashoni. There were about 15 TBAs and 15 CHWs and some other members of the

community. Jasmin and Tabita, the two nurses of the Mariashoni HC were also present and conducted the session together with Giorgio. The session was run in interactive way by first asking the TBAs and the CHWs about their knowledge and practice in antenatal care, delivery care and postpartum care for mother and baby.

The main findings were that only a few TBAs were full aware of the importance of referring all mothers for antenatal care, understood the reasons for doing so, were adequately prepared for clean and safe delivery. Almost none of them was using gloves and even proper hand washing with soap was not common. Besides razor blades, knives are also commonly used to cut cord. After delivery they seem to know why and how to initiate breastfeeding but the practice to give the baby some water and sugar or even oil is widespread. Danger signs during labor are only partially recognized. The knowledge among CHWs appeared significantly better. The practice of attempting to perform an external cephalic version is still common and was discouraged as well as the practice of giving anything different from breastmilk to the baby.

The essential newborn care key components were re-emphasized as well as the need to refer all women to HC for antenatal screenings - including HIV - and also to HC or to subdistrict hospital in Elburgon for delivery care. Some TBAs complained that HC was not always open, particularly during Week Ends. A number of other cases and issues were discussed. There was the request to prepare picture posters and other materials to be used by both TBAs and CHWs in their work.

The session highlighted a hotly debated issue about the role of TBAs in rural Africa: whether to empower them to carry out their role properly, or to reduce their role to a purely supportive role and asking them to accompany women to dispensaries, HCs and hospitals for antenatal, delivery and postpartum care. In Mariashoni until the HC is able to offer a reasonable continuity of service provision and until the transport is so

unpredictable, probably it does still make sense to try to get from the TBAs as much as possible in terms of care of delivery at home.

### **3. Final considerations and advices for the future**

In summary, all the objectives we agreed upon for this year's mission have been reached without particular problems, above all for what concerns the linguistic and cultural dimension of the investigations, thanks to the perfect organization of the meetings on the field by John Kemoi and John Wachira and to the patient collaboration of Catherine Salim for transcription and translation.

For what concerns the health component, we can also say that the research part has been successful, except for the problem already mentioned about the questionnaire, and the same can be said about the participation of TBAs and CHWs to the meetings and to the training.

We think that both the linguistic and cultural and the health components could be continued and enriched in the future.

There are however some practical problems that must be solved before thinking seriously about the next steps.

For what concerns the linguistic and cultural dimension, it is a fact that Catherine Salim, who proved to be indispensable for the work, has now found a good job in Nakuru and we do not know if she will be available in the future. Without her, or without a similarly well educated person, it is very hard for me to think to go on working in Mariashoni.

However, once we will decide upon the right orthographic system to be used, which should be simple and practical, and to which people could start to get used in a short time, I think that even the collection and transcription of further tales, or oral pieces of history and whatever, could be taken in charge by someone of the community and maybe my role could be limited to external support.

The idea is in any case to go on working on the gathering of songs, tales and oral tradition in general, to complete the collections of booklets for children of primary schools with a book containing the history of the Ogiek as seen by the Ogiek themselves, and with another book, maybe accompanied by a CD, with traditional songs. The collection could also be enriched with lullabies, riddles and the like.

For the actual realization of the booklets and their editing and publishing everything is to be decided by NECOFA, once they have an idea of the amount of the available funding (Manitese? The Province of Bolzano?).

For what concerns the Health component one of the main issues is the very little time the nurses spend in Mariashoni.

During the month of January 2014, I could meet Jasmin at the HC just once, and the same is true for Tabita, the second nurse. Honestly I do not think that the request for other nurses will be the solution, rather, I think that the first step to be done is to ask the two nurses who are appointed to the HC of Mariashoni to fix a reasonable timetable and ensure their presence in a more continuative way. Only when this objective, which is essential also for the efficient use of the HC in Mariashoni, is reached, we could think of a

program of cooperation among the various actors of the health sector working in the community (nurses, TBAs, CHWs).

In the absence of a more continuous presence of the nurses at the HC, and anyway for the many remote locations of the community, the role of CHWs and TBAs is to be considered crucial and the best thing to do is to train them further and equip them better with both the essential tools (soap, disinfectant agent, gloves, razor blades etc.) for TBAs, and information materials for the CHWs.

Besides this, we suggest to reconsider the idea of preparing simple posters illustrating good practices for health in general and baby care in detail which could be used by the CHWs in the different locations in order to transfer the information also to all the women of the community.

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*kongoigh! And Sere Sere!*

## Attachment 1 - Questionnaire on Health

### Field 2014 - Survey on Pregnancy and Motherhood

#### 1. The woman and the mother

What makes the difference between a girl and a women  
initiation                      marriage                      other

When is a woman ready to become pregnant?  
always                      after initiation                      after marriage

Did you have sexual relationships before marriage?  
yes                      no                      don't answer

Can a married woman refuse sex to her husband?  
yes                      no

If an unmarried woman has a baby, who is responsible for her and the baby?  
the woman's family                      the woman alone                      the father

After a pregnancy, how long does a woman wait before having other sexual intercourses?  
immediately                      some months                      one year                      more

How much time does normally pass between two pregnancies?  
two years                      less than two years                      more than two years

How long does a woman breastfeed her baby?  
some months                      one year                      two years

What happens if a new baby is born while the first is still breastfed?  
mother stops breast-feeding the first baby                      mother breast-feeds both

How many children do you have?  
.....

Did some of your children die before 3 years?  
.....

How old are you?  
.....

#### 2. Pregnancy

Who decides to have a baby?  
nobody                      the mother                      the father                      together

Who are the first to be informed of a new pregnancy?  
the husband                      the mother's mother                      the father's mother

Is there someone who assists a woman during pregnancy?

elder female relatives                      the TBA                      the nurse                      nobody                      CHWs

Do you contact TBAs during pregnancy?

yes                      no

Do you contact nurses during pregnancy?

yes                      no

Do you contact Community Health Workers during pregnancy?

Yes                      No

What signs and symptoms do you think represent danger signs for which some help should be sought during pregnancy?

bleeding                      feebleness                      faint                      pain in the belly

### 3. Labour and delivery

Who is with you during labour, whom do you admit?

elder women                      young women                      TBA                      nurse                      husband

Where do you stay during labour?

in the Koh                      in the Health Centre                      other

Is there a typical position you assume? Which one?

squatted                      laid down                      free position

Which are the tools people around you use?

boiled water                      scissors                      razor blade                      clean clothes                      amulets

How are these tools cleaned?

not cleaned                      with hot water                      with a disinfectant agent

What happens if the baby doesn't come out? Who intervenes?

nobody                      the TBA                      other

Where is the husband during labour and delivery?

in the Koh                      just outside the Koh                      not present

When is he informed that his wife is having the baby?

when labour starts                      during delivery                      after delivery

A TBA is called?

always                      sometimes                      never

When is she called?

some days before labour                      when labour starts                      just for delivery

Who takes the baby from the mother's womb?

the eldest woman present                      the TBA                      other

If there are any problems is transport organized for delivery?

yes, always                      no, never                      if possible

Does it work?

yes                      no

If not, why?

Health center is too far                      no money

#### 4. Just after delivery

Who cuts the cord?

the eldest woman                      the TBA                      other

What is used to cut the cord if birth takes place at home?

a razor blade                      scissors                      a knife

Is this tool sterilized with a disinfectant agent or hot boiling water?

yes                      no

Is the baby immediately washed?

yes                      no

When is the baby breast-fed for the first time?

immediately after birth                      some hours later                      one day later

After delivery, does anybody stay with the mother? if yes, who?

no                      yes, her mother                      yes, the TBA                      yes, the husband

How long does this person stay with the mother?

two days                      a week                      a month                      other

Does anybody (TBA or CHW) come to see whether mother and baby are well after birth? When?

The day after                      two days after                      a week after                      never

When can the father see his baby?

immediately                      a week later                      a month later                      other

When is a mother / a newborn baby considered out of risk?

immediately                      a week later                      a month later

In the first days after birth does the baby / the mother undergo any clinical visit? Is a TBA called?

yes                      no

When a baby is ill, who is responsible for decision making about his/her health?

mother                      father                      both parents                      other

Has the mother limited or unlimited autonomy in decision making about the care of her baby?

limited                      unlimited

Does a woman have money of her own to take care of her baby in case of sickness?

yes                      no                      sometimes



Does the mother (or who else) take the baby to vaccine?

yes                      no

Why?

it is useless                      it is important                      it can avoid serious illnesses

When foods other than breastmilk are started?

6 months                      earlier than 6 months                      later than 6 months

What food?

moita                      cow/sheep milk                      millet/mais porridge                      fruit

## 5. Family planning and contraception

Have you ever used a contraceptive method?

yes                      no

Which one?

condom                      pill                      other

Have you ever seen a condom?

yes                      no

If you are not married and have more than one partner, do you use condoms?

never                      rarely                      sometimes                      always

According to you, which kind of contraceptive methods impede the transmission of HIV?

condom                      pill                      other                      none

Can you impose to your partner the use of a condom or of another contraceptive method?

yes                      no