

Students' reflections on volunteering in Africa: a life-changing experience

Abstract

The Nursing and Midwifery Council (NMC) require pre-registration midwifery programmes to adopt a range of learning and teaching strategies to provide student midwives with as much variety of learning opportunities as possible (NMC, 2009). In addition to this, as adult learners, it is also the responsibility of the individual to identify their own learning needs and seek opportunities to develop their skills and knowledge base. In the summer of 2018 two student midwives from the University of Northampton independently researched and signed up to a 2-week overseas mission trip to build a school dormitory in Kenya with the aim of immersing themselves in a different culture to gain new knowledge and develop transferable skills to embed into their practice on their return to the United Kingdom (UK).

Charlotte and Adelle also visited a number of Projects around the region supporting girls and young women who have fled their homes to escape injustices such as underage marriage, FGM and domestic abuse. Hearing the young women's stories of bravery, resilience and optimism have had a profound effect on both Adelle and Charlotte, providing them with a new understanding of the term 'with woman' and influencing their future practice.

Keywords: education; FGM; volunteering; student midwife; 'with woman'

Introduction

Adelle and Charlotte wanted the opportunity to be involved with women and families living in underprivileged communities in a different country to understand the impact relevant/extreme poverty has on health and wellbeing in a different geographical and cultural context. Whilst clinical placements in the UK are varied and expose student midwives to a range of experiences, this trip provided a unique opportunity for more diverse experiences for additional personal and professional growth. After undertaking extensive research, they chose to travel with Mission Direct, a non-profit making organisation, where volunteers join a 2-week overseas mission trip to build homes, schools, classrooms, hospitals and rescue centres (Mission Direct, 2018).

Whilst the reason for the trip was to help with the building works at Nkapilili School, Charlotte and Adelle also took time out to visit the local Maternity Unit and various Projects such as The House of Hope; the Mission with a Vision and The Fountain of Life. They were unprepared for the profound long-term effect these visits would have on them both personally and professionally.

Nkapilili School

Schooling in Kenya is self-funded and so the poorest children often miss out on the most basic of education as their parents are unable to afford the fees. Sister

Clemencia founded Nkapilili School as she saw that a number of disabled children in her local community were not attending school as their families felt that their disabilities were a curse, meaning they were unable to learn. This was the main project for the trip, with the aim of building a dormitory for the girls who attended the school, thereby providing warmth, shelter, safety and security. Charlotte and Adelle attended the site most days and were mentored by the local builders who welcomed them into their team and taught them many new skills. Since its founding, the school has grown and now has a mix of able bodied and children with disabilities, showing the progress Sister Clemencia has made in reducing the stigma around disability in her local community. Charlotte and Adelle were overwhelmed and humbled by this visit and having the opportunity to spend time with the children who sang a number of songs for them, many of which were based on them stating their rights for education and hunger for success in their lives - their optimism, courage and strength became the 'theme' of their visit.

Maternity Led Unit

Adelle and Charlotte learned that midwives in Kenya are initially nurse trained and consider themselves more to be a nurse who has taken an additional interest in midwifery. Their role also encompasses the duties of a health visitor as there is no multi-disciplinary team providing care as in the UK. They spent a day at a maternity unit within a rural community which was set high up in the hills with very poor access, which catered for approximately 4,000 pregnant women living in the surrounding villages and run by 2 qualified midwives working between 9-5pm.

Facilities at the unit were basic at best: there were 6 beds in a single room for antenatal and postnatal care and a single delivery room. There was no running water, no heating, no clinical equipment, no medical supplies. The 'bathroom' was outside, essentially being a hole in the ground and there were no washing facilities. The only evidence of guidelines and policies were a single sheet of paper mounted on the wall in one of the rooms - a stark contrast to practice in the UK.

There is no schedule of antenatal appointments: women are advised to come to the unit as and when they feel the need, which usually entails walking many hours over difficult terrain to attend clinic. The unit is like a one stop shop: children are vaccinated in the waiting area; babies are weighed at the front desk as they come in. At one point, Adelle questioned the clinical value of weighing babies with layers and layers of clothing on, wrapped in blankets. She suggested that without first removing clothing the weight is impossible to compare each time. However, the midwives were confused by this and felt clothing made no difference to weight gain or loss. This was yet another reminder of the differences in care with the UK model.

Next year's project 'Build Ann a House' is to build accommodation for 2 members of staff next to the maternity unit. This will mean the maternity unit will be able to operate around the clock which should have a positive impact.

The House of Hope and Mission with a Vision

These community-based projects were set up and are run by Bishop Patrick and his wife Josephine to house girls who have fled their homes in the run up to 'cutting season' to escape Female Genital Mutilation (FGM), under age marriage and serious domestic abuse. The projects support the girls, give them an education and aim to one day re-unite them with their families and communities, and in so doing show the girls' communities that women can be successful and that it is of great benefit to the community for the girls to be educated. The refuges rely on sponsors and donations in order to feed, educate, clothe and provide sanitary products for all the girls. The Mission with a Vision also has a farm where the girls tend to the animals and farm the crops when not at school, with the ultimate aim of becoming self-sufficient.

Most girls arrive in December before 'cutting season' which takes place prior to the start of secondary school. Once a girl has been 'cut' she is unlikely to attend school and is usually forced to marry a much older man. By choosing to leave, these girls have sacrificed everything they know and show great bravery as they don't know if they will find somewhere safe to live or if they will be returned to their families by the authorities to be punished. There are currently around 60 girls in each refuge and the atmosphere is more like that of a family home than a refuge, with Patrick and Josephine referring to the girls as their children and the girls calling them 'mum' and 'dad'. The refuges provide the girls with a place of safety with a sense of family, a place to console each-other, a chance to be free and more importantly to be themselves.

Adelle and Charlotte were told some of the harrowing stories of how young girls had come to the House of Hope. Helen was 12 years old when she was forced to marry her father's elderly friend in exchange for a cow. She had had 2 children before she was 15 years old but when she could no longer bear the daily beatings and rape she escaped; however, her physical wellbeing came with high emotional costs as she lost contact with her children.

Grace ran away from home when she realised her family were making holes in her bedroom walls to pull rope through for her to be strapped up to undergo FGM. She pleaded with her father but was ignored and so had no option but to flee. She told Adelle and Charlotte she has had secret meetings with her mother who, despite regular beatings from her father as a punishment for allowing her daughter to escape, begged her not to return – she saw Grace's escape as hope for other girls.

Helen and Grace are role models for other young girls experiencing similar abuse. They have since returned to the communities they were banished from and have educated younger girls about having hope and reminding them that they have choices and opportunities. Helen and Grace broke the cycle in their respective villages and by showing elders in their village it is possible for girls to become educated - one being a Human Rights Lawyer and the other a Teacher - those villages no longer support or practice FGM.

On their visit Adelle and Charlotte were welcomed in and called 'sisters': they danced, they sang and they played games all day. The girls taught them how to

make regional food and proudly told them how they had started to change history by taking control of their lives and exercising choice. They were emancipated, and their passion and determination were inspiring. They swapped necklaces as a sign of unity and the girls made Charlotte and Adelle bracelets and kissed their hands as they put them in place.

Visiting the refuges had a profound impact on both Adelle and Charlotte as they were overwhelmed by the strength of character and determination demonstrated by such young girls. The girls are pioneers and role models for so many women in Kenya and without realising it they are changing history.

The Fountain of Life Centre

This is a community-based project run by Pastor Robert and his family. Kenyan law fines families who are unable to support their children. As a result, many children, some below school age, from poorer families are forced out of the family home as their parents cannot financially support them or afford the fines. The Fountain of Life Centre has a feeding programme for the many street children who live in Narok town, providing homeless and vulnerable children one meal per day, three times per week - for many of the children this is the only time they will eat. Pastor Robert also facilitates skills training for young homeless boys, such as furniture making, in the hope that they will be able to create an income and get off the streets. The Fountain of Life's women's circle provides a support network for the women in the community and also allows them to use their skills in sewing and jewellery-making to create an income, thereby giving them independence.

Female Genital Mutilation (FGM)

The association between FGM and the Projects Adelle and Charlotte visited is clear. The Projects all aim to support young women to be emancipated and make choices, particularly in relation to FGM. A strong theme was the importance of ongoing education for young women not only for the individual but for the positive long-term impact this will have on their communities.

Adelle and Charlotte had some challenging discussions about FGM with the midwives at the Maternity Unit, evidence of the cultural chasm in opinions. They were told that during childbirth if a woman has not undergone FGM she would be 'cut' during labour. It is believed that any person helping to deliver a baby to a woman without FGM will be cursed. They talked about the imprisonment of a mother who performed FGM on her eight-year-old daughter. The midwives believed it was completely unethical to prosecute this woman as it is a cultural norm, with the mother performing the FGM ceremony with the best of intentions. In her eyes and culture, it ensured her daughter is not seen as a prostitute and has the chance to marry and be looked after by a husband. It is considered sacred and part of becoming a woman. They defended their opinion by explaining that this woman's incarceration led to 8 other children being left on the streets to fend for themselves and the mother experiencing mental health deterioration resulting in her suicide. This was a stark reminder of the complexity of the issue.

Key lessons learned: Adelle

- I will not use the word 'mutilation' in the context of FGM. The word mutilation is seen as a western word and is so offensive to most women we spoke to. We were told they would be willing to listen to clinical reasons not to have FGM and speak more if in return we respected and understood why it means so much to their culture.
- I will not be complacent in my future practice: whilst practice in the UK is high quality, evidence-based and we are fortunate to have excellent facilities and equipment, there are aspects of care I witnessed in Kenya that we should aspire to: 100% of women breastfeed their babies for the first year of life; women support one another; women empower each other and celebrate the wonders of birth.

Key lessons learned: Charlotte

- I feel so privileged to have met the people of Kenya and for them to share their amazing stories with me. They have made such an impact on my life and I know it sounds cliché but I really do see the world a different way now.
- The health and social inequalities we witnessed, along with hearing the girls' powerful personal stories, will directly influence my future practice. I now understand that every woman is fighting their own invisible battle and my role as a midwife is to acknowledge this and ensure I provide appropriate individualised care.

Clearly Adelle and Charlotte's trip was life-changing, with many lessons coming from ad hoc discussions with young women and founders of Projects to support them after fleeing their homes. Whilst many of the stories they heard were harrowing, ultimately their reflections on the trip were very positive as everyone they met had such an optimistic outlook and were committed to making a difference to their own lives and the communities they belonged to.

References

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