

OPINION

Why teachers are key in resolving student unrest

The mystery of school fires continue to intensify amid speculation. Whereas the incidents are not new, hence not attributable to any cause, it is more profitable to establish why some schools are affected more than others.

The number of schools affected are not as many. This is quite telling and implies, among many other things, that no blanket reason is behind the madness; otherwise, all schools would be up in flames. So, there can never be a one-size-fits-all solution.

Many reasons have been advanced for arson: Heavy-handedness of school administration, tight learning schedules, undemocratic school environment, examination anxiety, peer pressure, conspiracy with adults and drug and substance abuse. There is also the small matter of photocopy.

Solutions have equally been floated: Reintroduction of corporal punishment, abolition of boarding schools, provision for mid-term breaks and co-curricular activities, prosecution of culprits and guidance and counselling. But none of these is new.

Closing down boarding schools, for instance, is a simplistic solution if we do not establish why the students run amok in the first place. Dormitories just happen to be one of the easier targets. We've seen learners break window panes, including those of their school buses. I once taught in a school where learners attempted to torch a laboratory.

Still, others have walked out of school in protest of something without necessarily breaking a thing. Worse, some have openly assaulted teachers! Bottom line: The youngsters are communicating something, albeit, undesirably, through violence.

Group dynamics play a big role in behaviour. Many have blamed parenting. Then why don't the children burn their homes? One reason may be the sense of ownership that they have over their homesteads. Secondly, their low numbers are easily managed. But an otherwise 'good' child turns wild once in school, often capitalising on group confidence and weak links to engage in evil schemes. The more they are, the more difficult it is to detect evil plots.

Learners, therefore, use violence to express their dissent over some form of mistreatment. Others to inadvertently announce their dalliance with harm-

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Wycliffe Osabwa | School fires



ful drugs and substances. Without such influence, very few will muster the courage to light fires.

So how do we address the issue of drugs? How do bring our teachers as close as possible to the learners, given that most of them simply 'teach and go home'? Are some principals too busy for student issues? Have some teachers abandoned their bosses and, if so, why? Do some parents force their children to board? Can boarding schools allow freedom of study during early mornings and late evenings? Do we have archaic rules which symbolise captivity?

Most of the problems originate from the school system. Train teachers well and treat them humanely and respectfully. Then, they will treat the learners well and, much more, monitor them — if their numbers are manageable and parents co-operate.

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Police at the scene of a school dormitory fire.

The process, as empirical and as successful as it is...is largely expensive for many



Cecilia Karanja | Infertility

Let us stop the IVF stereotypes and inhibitions

IVF dates back to the 18th Century. Millions of babies have been born through this technology and advanced reproductive procedures, making it one of the most outstanding milestones of our time, alongside landing on the moon and Mars.

That many parents past their prime are suffering the debilitating effects of child loss or lifetime barrenness can restore their fertility is the hallmark of progress. But the services of the fine fertility specialists don't come cheap: They start anywhere north of Sh330,000. This is a price that can put a damper on most couples who desire it.

Yet this is the solution for thousands of couples who suffer in silence, buffeted by the yoke of fear and crippled into exclusion by traditions that disrespect for those who cannot bear children.

Kenya's fertility rate is 3.42 births per woman — a decline from a high of 7.46 in 1980. This drop can be attributed to an increase in the proportion of currently married women using contraception, which has risen dramatically over time. There has also been an improvement in child survival, corroborated by increases in child vaccination coverage, ownership and use of mosquito bed nets and in antenatal care coverage, all of which have been shown to reduce child mortality.

Not receiving attention

Programmes such as Linda Mama and Beyond Zero by First Lady Margaret Kenyatta support efforts that propel child health and reduce mortality.

But issues of infertile mothers and fathers are not receiving proportionate attention.

IVF is one of the most successful fertility treatments, whereby the ova and the sperms are fused in a lab for fertilisation. It is to combat infertility, a condition that impairs the ability to give birth to one's child owing to reasons such as endometriosis, uterine fibroids and thyroid disease in women and low sperm count or low testosterone in men.

Assisted Reproductive Technology (ART) techniques are the methods by which pregnancy is made possible for infertile couples. In IVF, conception is achieved outside the woman's body.

Yet the process, as empirical and as successful as it is, has not received the full support from the Kenyan society as it should as it is largely expensive for many and a drain to already malnourished wallets. But the relevant agencies are working collaboratively to change it through a legislative framework.

Bring on board more people

World Fertility Day is celebrated on June 4 with the aim of drawing attention to both the difficulties of many people to have biological children as well as to the medical advances that help many women and men to achieve their desire to be mothers and fathers. In line with this year's theme, "Supporting fertility", we should bring on board more people — especially the men, who statistically, have kept quiet about infertility challenges.

By breaking the silence that engulfs the process, we hope to reduce the knowledge gap and widen awareness and activations. A public IVF centre is the way to spark this growth, bringing life in our families and communities at large.

Ms Karanja is the CEO of Fertility Kenya. info@fertilitykenya.com.

Keep disabled women healthy

Persons with disabilities (PWDs) constitute 15 per cent of the world's population, 80 per cent in low- and middle-income countries. Some 13 per cent of Kenyans have a form of disability.

The UN Convention on the Rights of Persons with Disabilities, ratified by Kenya, guarantees PWDs the same level of right to access quality and affordable healthcare, including sexual and reproductive health services. That is echoed by the Constitution. But despite the legal and policy frameworks, PWDs struggle to access health services. In most low- and middle-income countries, maternal healthcare has been structured to meet the needs of able-bodied women, neglecting the special needs of women with walking disabilities, adding to barriers.

In Sub-Saharan Africa, maternal mortality is 546 per 100,000 live births yet Sustainable Development Goals (SDG) aim at under 70 by 2030. Kenya has cut the rate from 438 in 2011 to 336 as more pregnant women attend four or more antenatal care visits.

Most efforts to improve maternal health outcomes in Kenya have focused on improving access and quality of care for women, without regard for the special needs of marginalised populations such as teenage mothers and women with disabilities. They also require better maternal health services.

Women with disabilities also have needs — in-

Explore, innovate and put in place mechanisms to meet their special needs



Abdallah Shuaib | Disability rights



cluding psychosocial and personal; mobility-related and health facility-related. There is a need for more sensitisation to counter stigmatisation and educate the public about the special needs of such women. Decision-makers must explore, innovate and put in place mechanisms to meet their special needs.

Healthcare providers and policymakers should dedicate more time and resources to training health workers so that they can provide services responsive to the needs of these women. They should provide appropriate infrastructure in health facilities.

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