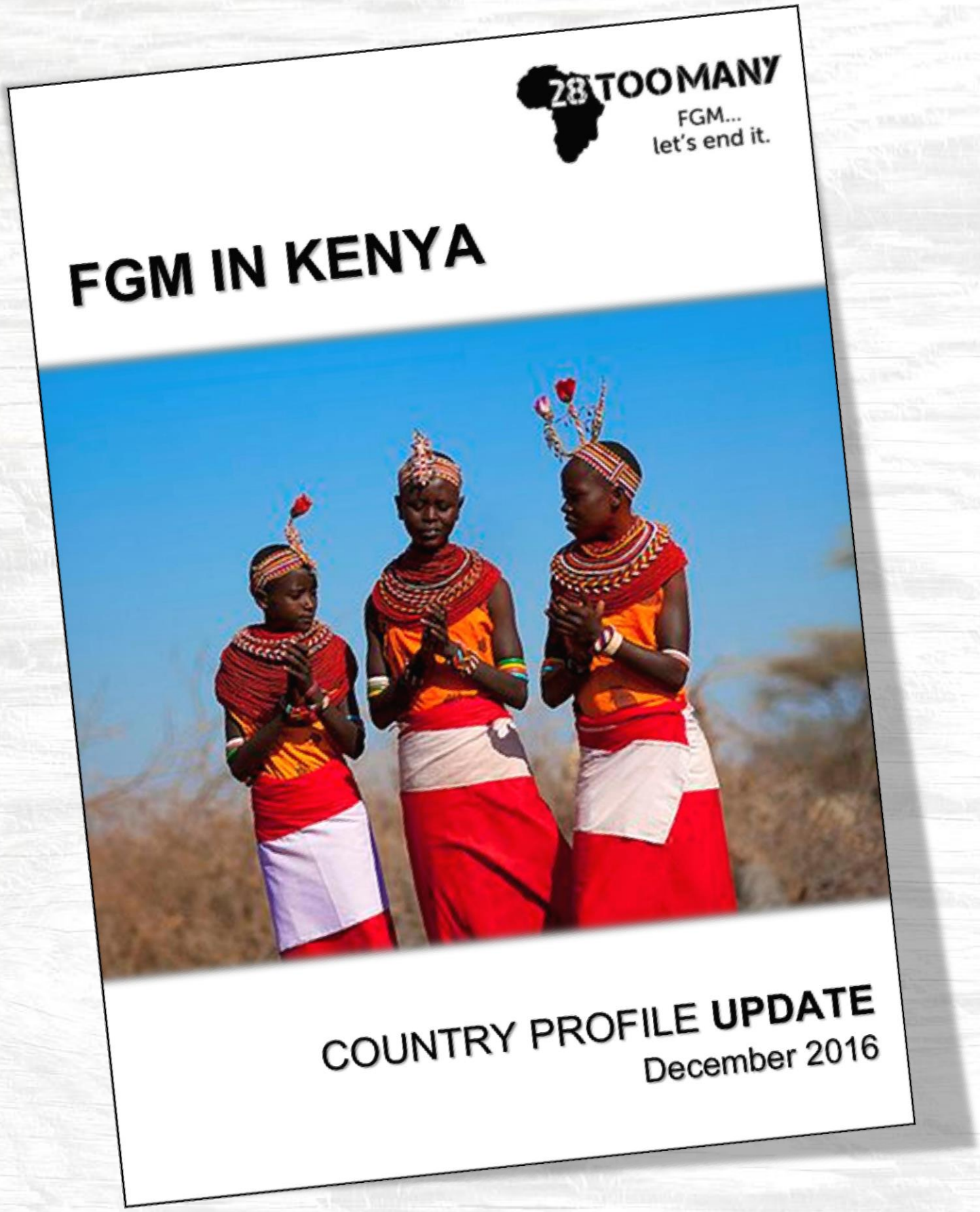


# EXECUTIVE SUMMARY

December 2016

# FGM IN KENYA: COUNTRY PROFILE UPDATE EXECUTIVE SUMMARY

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***Current Political Conditions:*** The new Constitution (2010) divided Kenya into 47 counties (to which healthcare was devolved) and calls for one-third of all parliamentarians to be female. Currently, 21% are female and there are six female cabinet members. The Constitution also created a Bill of Rights with special provisions for women and children's equality and freedom from discrimination.

***Laws Relating to FGM:*** The Prohibition of Female Genital Mutilation Act (2011; revised 2012) criminalises FGM and the stigmatisation of uncut women, and puts the onus on the Kenyan Government to protect women and girls from FGM. It also established the Anti-Female Genital Mutilation Board. In 2014, the Anti-FGM and Child Marriage Prosecution Unit was established. Subsequently, a 24/7 hotline was launched to rescue girls from FGM and child marriage, and to assist prosecutions. The Protection Against Domestic Violence Act (2015) covers all violence, including FGM. The implementation and enforcement of laws remains a challenge.

***The Role of Women in Society:*** Kenya's ranking in the Global Gender Gap Index has gone up from 99$^{th}$/135 countries in 2011 to 48$^{th}$/145 countries in 2015. Kenya scores well on women's economic participation and opportunity but is weak compared to other countries in political empowerment, health and education. The law recognises women's rights and equality, but there is a gap between law and practice. For example, adherence to customary law makes it difficult for women to inherit property, which in turn prevents them from obtaining loans. Additionally, of women aged 25 to 49, 28.7% were married before the legal age of 18.[1] However, in 2015, Kenya won an award from the Women in Parliaments Global Forum for promoting the political advancement of women.

***The Millennium Development and Sustainable Development Goals:*** Kenya made variable progress towards reaching the MDGs. The MDGS were replaced in 2015 by the SDGs, which make a specific reference to FGM.

***National and Regional Statistics Relating to FGM:*** The overall prevalence of FGM in Kenya among women aged 15 to 49 has decreased from 27.1% in 2008-9 to 21% in 2014.[2] The North Eastern region has the highest prevalence, at 97.5% of women aged 15 to 49, and the Western region has the lowest, at 0.8%.[3] Girls and women in rural areas are still more likely to be cut than those in urban areas, as are girls whose mothers are in the lowest wealth quintile, compared to those in other wealth quintiles.[4] There is some evidence to suggest that girls are undergoing FGM at a younger age, and that the proportion of women cut after the age of 15 has declined.[5] 'Cut, flesh removed' remains the most common type of FGM performed, changing from 82.7% (of all FGM performed on women aged 15 to 49) in 2008-9 to 87.2% in 2014.[6] While traditionally December has been the main 'cutting season' (and hence when activists have concentrated their efforts), research suggests that girls are increasingly at risk during other holidays, too.

***Attitudes and Understanding:*** The majority of people across all ethnic groups have heard of FGM, although frequency of knowledge increases with better education and greater wealth. Those aged 15 to 19 are the least likely to have heard of it.[7] Those in the lowest wealth quintile (who have heard of

FGM) are most likely to say that it is required by their community and/or religion. Approximately 40% with 'no education' believe that FGM should continue, but this number falls dramatically as education level increases. Overall, 6.2% of women and 9.3% of men who have heard of FGM believe it should continue. [8] For many, culture and tradition override the law when it comes to FGM and other HTPs. Recent work has shown the importance of including men and boys in anti-FGM campaigns.

***FGM Practitioners:*** FGM in Kenya continues to be carried out predominantly by traditional practitioners.[9] There have been concerns in recent years over the medicalisation of FGM, with claims that the rate of medicalised FGM has risen to 41% in Kenya.[10] The DHS data is largely inconclusive in relation to changes in the type of practitioners performing FGM, although the very latest data suggests that laws banning FGM are beginning to deter healthcare professionals.

***Ethnic Groups:*** The highest prevalence of FGM continues to be among the Somali (93.6%), Samburu (86%) and Maasai (77.9%). Prevalence does not appear to have increased in any ethnic group over the period 2003-2014, and there is a general downward trend.[11] The type of FGM performed by each ethnic group has remained similar in most cases; notable exceptions among the Somali, Kamba and Taita/Taveta bring the DHS data into question, as the dramatic changes presented seem unlikely in a short period of time.[12] In certain ethnic groups, such as the Kuria, women are treated as children unless they have been cut. Under such restrictions and ridicule, they often willingly undergo FGM. Cross-border interactions between related ethnic groups have proven a challenge, both where conflict disrupts anti-FGM work and where girls are taken over the border to undergo FGM.

***Community Strategies and Alternative Rites of Passage:*** Research is showing that approaches that focus on girls and fail to engage the wider community are less successful in eradicating FGM. Hence, many NGOs, including The Pastoralist Child Foundation and The Transformational Compassion Network, are taking a more holistic approach and introducing alternative rites of passage, holding community discussions, engaging men and boys, educating various community members, appointing role models and mediators (including politicians and church leaders), organising public rallies and granting scholarships on the condition that girls remain uncut.

***Religion:*** The percentage of Muslim women aged 15 to 49 who have undergone FGM is the highest out of all religions, and has remained consistent between 2008-9 and 2014 at just over 50%. There are small decreases in the percentages of Christian women and women of 'no religion' who have undergone FGM. The DHS 2014 indicates that Muslim girls are cut at a slightly younger age than Christian girls and those of 'no religion'. A large percentage of women of 'no religion' (32.9%) have undergone FGM, which reinforces that the practice is strongly connected to tradition and ethnicity, as well as religion.[13] Women who have undergone FGM are more likely to say it is required by their religion than women who have not. Support for its continuance is highest among Muslims.[14]

***Education:*** Kenya's education system is currently under reform. The gender gap in primary school is low, but there is a high dropout rate for girls in secondary school. The literacy rate has risen slowly, but large regional and wealth-quintile differences remain.[15] Girls born to mothers with a higher level of education are far less likely to undergo FGM than girls born to mothers with 'no education'.[16]

***Healthcare:*** The new Constitution makes the county governments responsible for the provision of local health services, and there is some concern for the sustainability of systems in poorer counties. Early marriage and pregnancy is a concern, with 18% of 15- to 19-year-olds already mothers or pregnant. However, Kenya has made progress in reducing maternal, infant and under-

five mortality rates, as well as the incidence of AIDs.[17] Women are more vulnerable to HIV/AIDs infection than men.

***Media:*** Kenya has fallen in the *World Press Freedom Index* between 2012 and 2016.[18] Radio is the medium Kenyans are most commonly exposed to. Women are exposed to media less frequently than men.[19] NGOs are increasingly adopting a multimedia approach in their campaigns. Kenya is one of the leading countries in East Africa when it comes to social media use.[20] Several films address FGM in Kenya, including *The Cut* (Magoko, 2012), *The Bondage of Culture* (Kendi and Gatwiri, 2016), *Nancy: A One Girl Revolution* (Nason, currently in production) and *Warriors* (Douglas, 2015).

***Challenges:*** Challenges faced by anti-FGM campaigners include a lack of comprehensive and reliable data; implementing and enforcing anti-FGM laws; combating cultural/social/religious norms that support the continuation of FGM and override the law; reaching rural and isolated communities; educating and engaging influential leaders and role models; the medicalisation of FGM; providing alternative careers for traditional practitioners; preventing the backlash against alternative rites of passage; the decline in press freedom; and funding.

***Conclusions and Strategies For Moving Forward:*** The practice of FGM in Kenya is declining and the structure is in place to drive it down further. 28 Too Many suggests that the following are required to continue the forward momentum:

- **advocacy and lobbying**, to ensure that the legislative and policy changes that have been made are sustained;
- **the implementation and enforcement of anti-FGM laws**, and the **prosecution of offenders**;
- the **expansion** of programmes into remote rural areas and throughout the whole year;
- the **engagement of all members of communities**, especially men and boys, and traditional and religious leaders;
- **the introduction of alternative rites of passage**;
- **young men's public acceptance of, and marriage to, uncut girls**;
- **more support-and-rescue centres**;
- **sustainable funding** to **support girls escaping FGM**; **care for women who have undergone FGM**; **educate health professionals**; **support traditional practitioners in finding new livelihoods**; and **improve access to education in general, as well as specifically in relation to FGM** by **adding an FGM module to the school curriculum**.
- **continued awareness-raising at a global level**; and
- **maximised use of different types of media.**

## Photograph on front cover: © Eric Lafforgue (cropped)

https://www.flickr.com/photos/mytripsmypics/albums/with/72157621689621690.

*Please note the use of this photograph does not imply that the girls pictured have, nor have not, undergone FGM.*

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[2] *Ibid.*, p.333.

[3] *Ibid.*

[4] *Ibid.*, pp.333 and 337.

[5] *Ibid.*, p.335.

[6] DHS 2008-9, p.265; and DHS 2014, p.333.

[7] DHS 2014, pp.331-333.

[8] *Ibid.*, pp.340-343.

[9] *Ibid.*, p.339.

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[12] DHS 2008-9, p.265; and DHS 2014, p.333.

[13] DHS 2008-9, p.265; and DHS 2014, pp.333 and 335.

[14] DHS 2014, pp.339-343.

[15] *Ibid.*, p.26.

[16] *Ibid.*, p.337.

[17]
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REGISTERED CHARITY: NO. 1150379
LIMITED COMPANY: NO: 08122211
E-MAIL: **INFO@28TOOMANY.ORG**