



FGM...
let's end it.

FGM IN KENYA



COUNTRY PROFILE UPDATE
December 2016

KEY FINDINGS

December 2016

OVERVIEW

Much work has been done in Kenya since the original 28 Too Many Country Profile was published in 2013. There is now a **greater coordination of efforts at a national level**, particularly through the Anti-Female Genital Mutilation Board, which was established by the Government and works closely with local partners in key target areas. Increasingly, a **more holistic approach** is being taken to anti-FGM programmes, engaging all members of communities, including men and boys and traditional and religious leaders. Both young activists and the media are also playing a critical role, including global newspaper campaigns, social media and film. The practice of **FGM in Kenya is declining** and the structure is in place to drive the prevalence down further.

FGM PREVALENCE

Refer to Kenya Update page 23

There has been a steady decline in the prevalence of FGM in Kenya to **21%** of women and girls (aged 15 to 49) in 2014.

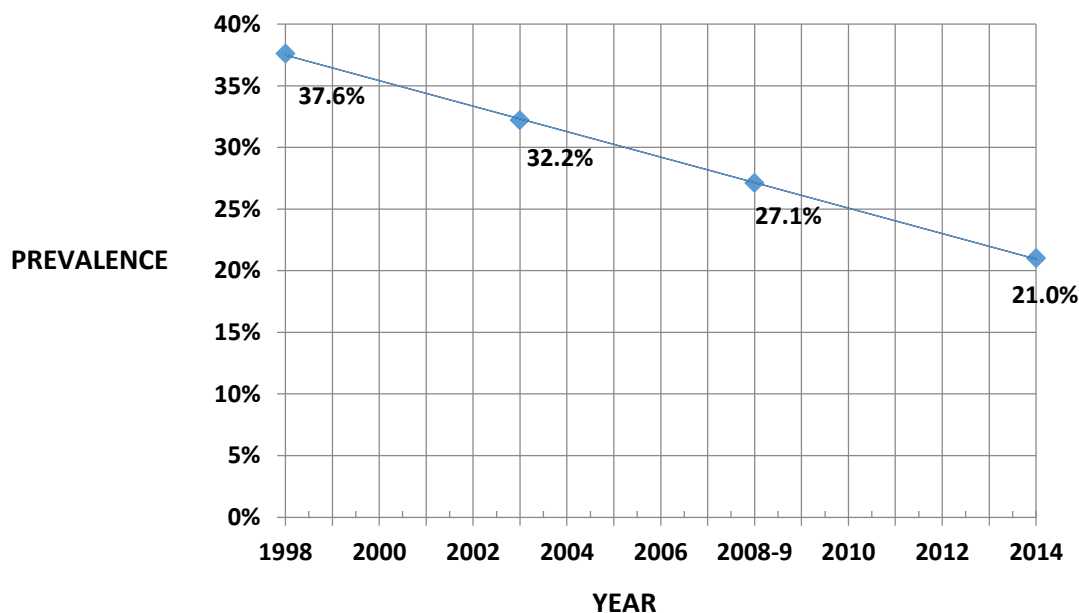


Fig. 1: The prevalence of FGM in Kenya among women aged 15 to 49

FGM is strongly connected to **tradition** and **ethnicity**, as well as **religion**, and the level of support for its continuation varies across Kenya according to a person's area of residence, ethnic group and religion (**refer to Kenya Update pages 39-40**).

WHERE

Refer to Kenya Update page 24

The region with the **highest prevalence** of FGM remains the North Eastern, at 97.5%. The **lowest prevalence** is recorded in the Western region, at 0.8%.

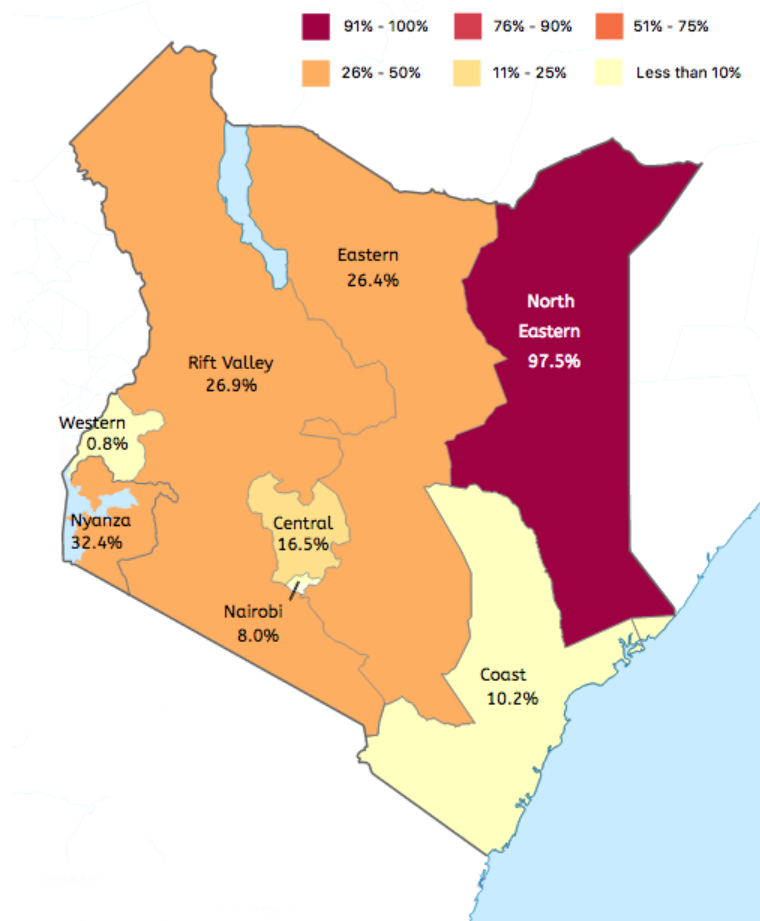


Figure 2: FGM prevalence by former province (28 Too Many)

Only four of the regions (Eastern, Central, Rift Valley and Nairobi) demonstrate a noteworthy **decline** in FGM prevalence.

Girls and women in **rural areas** are still more likely to be cut than those in urban areas. The prevalence of FGM for women (aged 15 to 49) living in rural areas is 25.9%, compared to 13.8% for women living in urban areas.

DHS 2008-9, p.285; and DHS 2014, p.333.

AGE

Refer to Kenya Update page 25

Data suggests that girls are undergoing FGM in Kenya at a **younger age**, and that the proportion of women cut after the age of 15 has declined. 46% of young women aged 15 to 19 who have undergone FGM were cut between the ages of five and nine, compared to only 16.7% in the age-group 45 to 49.

DHS 2014, p.335.

FGM TYPES

Refer to Kenya Update pages 26 and 34

‘Cut, flesh removed’ is the **most common type of FGM** reported in Kenya:

Cut, no flesh removed	1.6%
Cut, flesh removed	87.2%
Sewn closed/infibulation	9.3%
Undetermined	1.9%

In Kenya, infibulation (Type III FGM) is most commonly practised among the Somali population and those practising Islam, though the DHS data suggests that a decline in the number of infibulations has taken place.

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

PRACTITIONERS

Refer to Kenya Update page 31

FGM in Kenya continues to be carried out predominantly by ‘**traditional agents**’, for 74.9% of girls (aged 0 to 14) and 83.3% of women (aged 15 to 49). Most of these agents are what the DHS calls ‘**traditional circumcisers**’.

Despite legislation to prevent medical practitioners from performing FGM, there has been some concern over **medicalised FGM** in Kenya in recent years, with claims that it has risen to 41%, and that medical professionals are performing FGM in homes, hospitals or temporary ‘clinics’ during school holidays.

DHS 2008-9, p.267; DHS 2014, p.339; Wandia (2016)

LAW

Refer to Kenya Update page 13

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 Office of the Director of Public Prosecutions (ODPP) established the **Anti-FGM and Child Marriage Prosecution Unit** and subsequently a 24/7 hotline was launched to rescue girls from FGM and child marriage, and to help prosecute these crimes.

ATTITUDES

Refer to Kenya Update page 28

The majority of people across all ethnic groups have heard of FGM, although frequency of knowledge increases with better education and greater wealth.

39.9% of women and 42.8% of men 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 in Kenya believe it should continue.

For many, **culture and tradition** override the law when it comes to FGM and other harmful traditional practices.

DHS 2014, pp.331-3, 340-3.

CHALLENGES AND STRATEGIES MOVING FORWARD

Refer to Kenya Update pages 54-59

Implementing and enforcing anti-FGM laws through widespread education, training and support for law enforcers, and cross-border collaboration to stop girls being taken to neighbouring countries to be cut.

Addressing the cultural/social/religious norms that support the continuation of FGM and override the law. This entails educating and engaging **all members of a community**, including men and boys, and those with influence, such as traditional and religious leaders.

Outreaching to rural and isolated communities, where girls are most at risk, and ensuring sustainability through adequate follow-up and ongoing support, including preventing the backlash against alternative rites of passage witnessed in some areas.

Improving access to **education**, which is a central issue in the elimination of FGM. Girls born to mothers with a higher level of education are far less likely to undergo FGM. For girls across Kenya, having access to a safe and good-quality education, through all levels, is essential. A module on FGM should be introduced into the school curriculum that addresses the needs of both girls and boys, as well as teaching staff.

Determining what is working in terms of anti-FGM programming in Kenya, and providing **sustainable funding** to scale up successful programmes and support both girls at risk of FGM and women who have already undergone the practice.

Providing **alternative skills training and careers for traditional practitioners**, to enable them to abandon the practice completely.

Addressing the ongoing issue of the **medicalisation of FGM**.

Maximising the use of all forms of **media**, including radio and social media, and ensuring continued press freedom to report on sensitive issues such as FGM.

Researching to inform policies and programmes and gather comprehensive and reliable data that takes account of the potential extent of misleading reporting and maintains consistency in survey questions.

KENYA COUNTRY PROFILE UPDATE (DECEMBER 2016)

To view 28 Too Many's Kenya Update to the original Country Profile, please go to <http://28toomany.org/countries/kenya/>.

COUNTRY PROFILE: FGM IN KENYA (MAY 2013)

To view 28 Too Many's original Country Profile on FGM in Kenya, published in May 2013, please go to <http://28toomany.org/countries/kenya/>.

REFERENCES

'**DHS 1998**' refers to:

National Council for Population and Development (NCPD), Central Bureau of Statistics (CBS) (Office of the Vice President and Ministry of Planning and National Development) [Kenya], and Macro International Inc. (MI) (1999) Kenya Demographic and Health Survey 1998. Calverton, Maryland: NDPD, CBS, and MI. Available at <http://www.dhsprogram.com/publications/publication-FR102-DHS-Final-Reports.cfm> [accessed November 2016].

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'**DHS 2014**' refers to:

Kenya National Bureau of Statistics (KNBS) and ICF International (2015) *The 2014 Kenya Demographic and Health Survey*. Available at <http://dhsprogram.com/what-we-do/survey/survey-display-451.cfm> [accessed November 2016].

Wandia, M. (2016) 'WANDIA: Kenya doing well in fighting FGM, but should do more', Citizen Digital, 4 February. Available at <http://citizentv.co.ke/news/wandia-kenya-doing-well-in-fighting-fgm-but-should-do-more-113636/> [accessed November 2016].

Front cover image © Eric Lafforgue

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

This image has been altered from its original format (cropped and made transparent).

Please note that the use of the photograph of these women does not imply that they have, nor have not, undergone FGM.

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