FGM IN KENYA
COUNTRY BRIEFING
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ABOUT THIS BRIEFING

This country briefing provides up-to-date and easy-to-use facts and figures about FGM in Kenya

It aims to support activists, campaigners and grassroots organisations with their advocacy, education and awareness-raising work, as well as giving a quick overview of the facts for journalists and international organisations. It complements existing information about FGM in Kenya.

This briefing is an outcome of The Girl Generation’s desk review and consultation with experts and stakeholders in Kenya. Analysis and recommendations reflect the views of stakeholders in Kenya, not of The Girl Generation alone.

WHAT IS FGM?

Female Genital Mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is a form of violence against women and girls. In 2012, the UN passed a resolution calling for a global ban on FGM.

ABOUT THE GIRL GENERATION: TOGETHER TO END FGM

We are a social change communications initiative, providing a global platform for galvanising, catalysing and amplifying the Africa-led movement to end FGM, building on what has already been achieved. We seek to inspire organisations and individuals, including youth, across the most affected countries in Africa and beyond, to end FGM in one generation.
KEY EVENTS IN THE MOVEMENT TO END FGM

1994
Fourth World Conference on Women in Beijing. FGM is seen as a human rights issue (International Event)

1995
Ministry of Health launches National Plan of Action for the Elimination of Female Circumcision in Kenya

1999
Launch of the National Action Plan for Accelerating the Abandonment of FGM/C. 6-year UNICEF-UNFPA Joint Programme on FGM/C launched.

2001
The 2001 Children’s Act prohibits FGM. It’s considered to be the first Anti FGM Law in Kenya

2008
Second Anti FGM Act-referred to as the Prohibition of Female Genital Mutilation Act 2011

2010
About 800 police officers, probation officers, community leaders and others were trained to implement the new legislation

2011
Launch of National Policy on GBV; FGM seen from the perspective of Gender Based Violence

2014
The International Conference on Population and Development. FGM is seen as a health issue. Two presidential decrees banning FGM and prohibiting government-controlled hospitals and clinics from performing FGM are issued
21% of women & girls have undergone FGM.

1 in 5 women aged 15-49.

FGM rates are falling:
- Dropped by 44% since 1998
- Dropped by 22% since 2008

Nearly half are cut between the ages of 8 & 14.

If present rates continue, nearly 746,000 girls born between 2010 & 2015 will undergo FGM.
Variations in Prevalence

FGM rates vary significantly across ethnicity and regions

- **0.8%** in Western Kenya
- **97.7%** in North Eastern Kenya (DHS 2014)
- **97.5%**

Women and girls of Somali ethnicity aged 15–49 have undergone FGM

FGM rates vary with women’s access to education and wealth

- **58%** no education
- **40%** poorest
- **12%** secondary education
- **12%** wealthiest

% undergone FGM

- **32.4%** in Nyanza
- **26.4%** in Eastern
- **26.9%** in Rift Valley
- **16.5%** in Central
- **10.2%** in Coast

Kenya Map Image credit: Uwe Dedering at German Wikipedia. CC Attribution 3.0. Unported License. Modified for use by The Girl Generation
Underlying these justifications for FGM is the fact that the practice is underpinned by strongly held social norms – the invisible rules that govern the behaviour which is acceptable within a community – meaning that many people in affected communities do not question its continuation or speak out against it.

**APPROACHES TO ENDING FGM**

**Grassroots organisations have been campaigning against FGM for over two decades**

Over the years, their work has successfully prompted increasing political will from central government and a woman’s activist parliamentary caucus (the Kenya Women’s Parliamentary Association), and benefitted from the involvement of UN agencies and the work of a broader range of Civil Society groups.

As a result of the diverse groups involved, many different approaches are being used to challenge the practice, responding to emerging trends and the varying social and cultural factors underpinning the issue. **Key approaches include:**

- **Law enforcement** in which those found carrying out the practice are punished under law. However, there have been very few instances of adjudicated cases (or punishment of the excisors), and many women are unwilling or unable to seek protection or compensation under the law.

- **Alternative rites of passage and inter-generational dialogues** feature strongly in efforts to end FGM in communities that view FGM as part of cultural rites of passage.

- **Incompatibility of FGM with religion**
  
  In communities that perceive FGM as a religious obligation, approaches focus on demonstrating the incompatibility of FGM with religion.

- **Awareness-raising** about the negative consequences of FGM.

- **Setting up of rescue homes for girls** escaping FGM and forced marriage.
The institutional home for gender equality is with the Ministry of Devolution and Planning. Recent devolution means that Gender Officers have been elected across the country. FGM is within the remit of the newly elected Gender Officers.

National Committee for the Abandonment of Female Genital Mutilation (NACAF)

A platform for government agencies, UN agencies and representatives from INGOs and NGOs working for the abandonment of FGM. It is convened by the Ministry of Devolution and Planning.

The Anti FGM Board

Formed in 2011 in response to a need for a body to monitor and support activities geared towards the elimination of FGM. Membership of the Board is multi-sectorial with representation from the following offices: Office of the President, Office of the Director of Public Prosecution, Police, Ministries of Finance, Education, Health, Gender, Youth and representatives drawn from civil society and affected communities.
Media

Media in Kenya is already reporting on the issue of FGM. A 2011 report by the UNICEF-UNFPA Joint Programme on FGM/C reported that Kenya had 122 radio and/or TV programmes covering FGM in that year. The coverage is most intense and concentrated in December, immediately before and during the ‘cutting season’.

The ‘cutting seasons’ are scheduled to coincide with long school holidays - this is thought to give girls enough time to recuperate, and as it is also after the harvest, plenty of food and money are more readily available. Media coverage outside this time tends to focus more on one-off ‘human interest’ stories.

Public Debate, Language and Messaging

The discourse and language relating to FGM in Kenya tends to frame the issue in terms of tradition versus modernity, for example:

Pro-FGM language and messaging from communities who reject efforts to end FGM surrounds the fact that it’s part of spiritual purity, mainly for maintaining woman’s chastity, fidelity, family and community honor. Traditional cultures propagate the message that “it’s an assurance for marriageability” and “high value bride price”. It’s also a sign of pride, and communities which perform FGM look down on non-practicing communities as unhygienic. In 2011, youths who battled the police in Southern Kenya to defend their right to perform FGM compared the practice to male circumcision, and men’s need for ‘a pool of women from where they can marry’.

Anti-FGM language and messaging tends to focus on the fact that it is “outdated” and “unenlightened” “and shouldn’t be part of a modern Kenya”. Anti-FGM messaging has also focused on the health implications including the spread of STIs. This is partly believed to have contributed to the increased medicalisation of FGM in Kenya. From a religious perspective, FGM has been presented as ‘lacking basis in religious teachings’ and there have been rhetorical calls for pro-FGM groups to provide evidence that FGM is mentioned in religious literature. The practice is banned by State legal frameworks, and international laws, and this had led to an increased focus on human rights in anti-FGM communications.
EMERGING ISSUES AND TRENDS

MEDICALISATION
Despite being illegal, medicalisation of FGM has grown in Kenya in recent years (Population Council 2003 and UNICEF 2005). ‘Medicalisation’ of FGM refers to situations in which FGM is practiced by any category of health care provider, whether in a public or a private clinic, at home or elsewhere (UNFPA).

AGE
In order to avoid detection by law enforcers and the fact that teenage girls have begun to run away to avoid the cut, some studies have indicated that girls are now being cut at a younger age than in the past, between ages 7 and 12 years (UNICEF 2005, 2010).

CROSS BORDER
Kenya is now considered a hub for performing FGM on girls from diaspora communities (in Europe). Media reports have further revealed that certain Kenya border communities cross over for the cut in neighboring countries where FGM is not yet criminalized (Population Council 2007).

GAPS AND OPPORTUNITIES

The main challenges facing efforts to end FGM relate to the provision of multi sectoral services. They include:

COUNSELLING SERVICES
Counselling services are not in place to support survivors. While rescue homes may meet the physical needs of a proportion of women and girls who have fled FGM, they are not resourced to respond to the considerable emotional needs of girls, their parents and service users.

MEDICAL CARE FOR SURVIVORS
There is limited medical care for survivors, and health providers receive minimal education about dealing with the consequences of FGM.

PREVENTION MEASURES
There remains a need to institute comprehensive prevention measures, including social change initiatives, to prevent the practice from occurring, including in medical facilities, and across borders.

PROTECTION FOR GIRLS
Girls who flee FGM are highly vulnerable. There are several shelters/rescue centres for girls who have fled FGM, however there have been attacks on these rescue homes and reprisals against girls.
REFERENCES
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