

# FGM IN KENYA



**COUNTRY PROFILE UPDATE**

December 2016



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## INFORMATION ON COUNTRY PROFILES

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/>.

### ABOUT 28 TOO MANY

28 Too Many is an anti-FGM charity, created to end FGM in the 28 African countries where it is practised and in other countries across the world where members of those communities have migrated. Founded in 2010 and registered as a charity in 2012, 28 Too Many aims to provide a strategic framework where knowledge and tools enable in-country anti-FGM campaigners and organisations to be successful and make a sustainable change to end FGM. We are building an information base, which includes detailed Country Profiles for each country practising FGM in Africa and the diaspora. Our objective is to develop networks of anti-FGM organisations, to share knowledge, skills and resources. We also campaign and advocate locally and internationally to bring change and support community programmes to end FGM.

### PURPOSE

The prime purpose of our Country Profiles and Updates is to improve understanding of the issues relating to FGM in the wider framework of gender equality and social change. By collating the research to date, such reports as these can act as a benchmark to reflect the current situation. While there are numerous challenges to overcome before FGM is eradicated in Kenya, many programmes are making positive, active change.

### USE OF THIS COUNTRY PROFILE UPDATE

Extracts from this publication may be freely reproduced, provided that due acknowledgement is given to the source and 28 Too Many. We invite comments on the content and suggestions on how the report could be improved as an information tool, and seek updates on the data and contact details.

When referencing this report, please use: 28 Too Many (2016) *Kenya: Country Profile Update*. Available at <http://28toomany.org/countries/kenya/>.

### ACKNOWLEDGEMENTS

28 Too Many is extremely grateful to everyone who has assisted us in accessing information to produce this Country Profile Update, including community groups, local non-governmental organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs) and international organisations. We thank them, as it would not have been possible without their assistance and collaboration.

28 Too Many carries out all its work as a result of donations, and is an independent, objective voice unaffiliated with any government or large organisation. That said, we are grateful to the many organisations that have supported us so far on our journey and the donations that enabled this Country Profile Update to be produced.

For more information, please contact us on [info@28toomany.org](mailto:info@28toomany.org).

Photograph on front cover: © Eric Lafforgue (cropped) <https://www.flickr.com/photos/mytripsmypics/albums/with/72157621689621690>.

*Please note that the use of the photographs of the women on the front cover and within this report does not imply that they have, nor have not, undergone FGM.*

## THE TEAM

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**Rose Okoye** is a research volunteer. She has an LLM in Public International Law and is currently working within the prison service.

**Caroline Pinder** is research coordinator. She has worked as an international development consultant for 25 years, specialising in gender equality and women's empowerment issues.

**Dr Ann-Marie Wilson** founded 28 Too Many and is the executive director. She has also written various papers on FGM and has worked extensively in Africa.

We are grateful to the rest of the 28 Too Many team who have helped in so many ways, including **Sean Callaghan**. **Mark Smith** creates the custom maps used in 28 Too Many's country profiles. Thanks also go to **Malcolm Crawford** for volunteering his time as proof reader.

## LIST OF ABBREVIATIONS

### *INGO and NGO acronyms are found in Appendix I.*

AIDS	Acquired Immunodeficiency Syndrome
ARP	alternative rites of passage
CBO	community-based organisation
CIA	Central Intelligence Agency
DHS	Demographic and Health Surveys Program
FBO	faith-based organisation
FGC	female genital cutting
FGM	female genital mutilation
GBV	gender-based violence
GDP	gross domestic product
HIV	Human Immunodeficiency Virus
HTP	harmful traditional practice
INGO	international non-governmental organisation

MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
NGO	non-governmental organisation
OECD	Organisation for Economic Cooperation and Development
PPP	purchasing power parity
SDGs	Sustainable Development Goals 2015-2030
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNJP	UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting
WHO	World Health Organization

**Please note that, throughout the citations and references in this report, the following abbreviations apply.**

**'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 August 2016].

**'DHS 2003'** refers to:

Central Bureau of Statistics (CBS) [Kenya], Ministry of Health (MOH) [Kenya], and ORC Macro (2004) *Kenya Demographic and Health Survey 2003*. Calverton, Maryland: CBS, MOH, and ORC Macro. Available at <http://dhsprogram.com/what-we-do/survey/survey-display-216.cfm> [accessed August 2016].

**'DHS 2008-9'** refers to:

Kenya National Bureau of Statistics (KNBS) and ICF Macro (2010) *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro. Available at <http://dhsprogram.com/what-we-do/survey/survey-display-115.cfm> [accessed August 2016].

**'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 August 2016].

***All referenced texts were accessed between August and November 2016, unless otherwise noted.***

## A NOTE ON DATA

Statistics on the prevalence of FGM are compiled through large-scale household surveys in developing countries known as the Demographic and Health Survey (DHS) and the Multiple Indicator Cluster Survey (MICS). For Kenya, reports were published by the DHS in 1989, 1993, 1998, 2003, 2008-9 and 2014. In 2000, a national MICS was carried out; after that, MICS were carried out in selected provinces and counties in 2008, 2009, 2011 and 2013-14.<sup>1</sup> The most recent set of data on FGM available for the country is the DHS 2014, and is referred to throughout this Country Profile as ‘DHS 2014’. Kenya was divided into 47 counties by the new Constitution introduced in 2010. DHS 2014 is the first survey to provide social demographic and health estimates at county level; it is also the first DHS to provide information on fistula and men’s experience of domestic violence.<sup>2</sup>

UNICEF<sup>3</sup> emphasises that self-reported data on FGM ‘needs to be treated with caution’ since women ‘may be unwilling to disclose having undergone the procedure because of the sensitivity of the topic or the illegal status of the practice.’ They may also be unaware that they have been cut, or the extent to which they have been cut, especially if FGM was carried out at a young age.

The Kenyan DHS 2003 only asked women whether they had undergone FGM, whether their eldest daughter had undergone FGM and, if not, whether they planned to have them do so. The DHS 2008 asked several more questions: whether women had heard of FGM and what they thought were its benefits, the age at which they were cut and the type of FGM they experienced, who had cut them and whether they believed FGM was a requirement of their religion.

Men’s views on FGM were sought for the first time in the DHS 2014. Both men and women were asked whether they had heard of FGM, whether they believed it was a requirement of their religion or their community, and whether or not the practice should be continued.

DHS data before 2010 does not directly measure the FGM status of girls aged 0 to 14. Prior to 2010, DHS and MICS surveys asked women whether they had at least one daughter who had been cut, or whom they intended to have cut. This cannot be used to calculate accurately the prevalence of FGM among girls under the age of 15, as they may have been cut after the date of the survey, or the mother may have had several daughters who had been, or would be, cut. From 2010, MICS and DHS methodology changed so that women are now asked the FGM status of all their daughters under the age of 15.<sup>4</sup> The resulting data is then set out according to the mother’s background characteristics, the type of FGM the girls experienced and who performed it.

Measuring the FGM status of this younger age group (0-14 years), who have most recently undergone FGM or are at most imminent risk of undergoing it, may give an indication of the impact of current efforts to end FGM. Alternatively, responses to this question may indicate the effect of laws criminalising the practice, which make it harder for mothers to report that FGM was carried out, as they may fear incriminating themselves. Additionally, unless they are adjusted, these figures do not take into account the fact that girls may still be vulnerable to FGM after the age of 14.<sup>5</sup>

It is important to note that survey results may be based on relatively small numbers of women, particularly when they are further broken down by location/religion/ethnicity/etc. Therefore, in some cases, comparisons that are statistically significant cannot be made. This does not mean that the data is not useful; it simply means that, in some cases, one should be careful about drawing ‘hard and fast’ conclusions, and 28 Too Many has accordingly taken that approach when researching and writing this Update.

1 UNICEF (2016) *MICS Surveys*. Available at <http://mics.unicef.org/surveys>.

2 DHS 2014, p.4.

3 UNICEF (2013) *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, p.24. Available at [http://data.unicef.org/corecode/uploads/document6/uploaded\\_pdfs/corecode/FGMC\\_Lo\\_res\\_Final\\_26.pdf](http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/FGMC_Lo_res_Final_26.pdf).

4 *Ibid.*, p.25.

5 *Ibid.*

## EXECUTIVE SUMMARY

**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<sup>th</sup>/135 countries in 2011 to 48<sup>th</sup>/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.<sup>1</sup> 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.<sup>2</sup> 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%.<sup>3</sup> 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.<sup>4</sup> 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.<sup>5</sup> Type II 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.<sup>6</sup> 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.<sup>7</sup> 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.<sup>8</sup> 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.<sup>9</sup> 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.<sup>10</sup> 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.<sup>11</sup> 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.<sup>12</sup> 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.<sup>13</sup> 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.<sup>14</sup>

**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.<sup>15</sup> 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'.<sup>16</sup>

**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.<sup>17</sup> Women are more vulnerable to HIV/AIDs infection than men.

**Media:** Kenya has fallen in the *World Press Freedom Index* between 2012 and 2016.<sup>18</sup> Radio is the medium Kenyans are most commonly exposed to. Women are exposed to media less frequently than men.<sup>19</sup> 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.<sup>20</sup> 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.**

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- 1 DHS 2014, p.58.
  - 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.
  - 10 Mary Wandia (2016) 'WANDIA: Kenya doing well in fighting FGM, but should do more', *Citizen Digital*, 4 February. Available at <http://citizentv.co.ke/news/wandi-kenya-doing-well-in-fightin-fgm-but-should-do-more-113636/>.
  - 11 DHS 1998, p.168; DHS 2003, p.251; DHS 2008-9, p.265; and DHS 2014, p.333.
  - 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 - DHS 2008-9, pp.54, 106, 114, 116, 120 and 273.  
- DHS 2014, pp.xxii, 76, 121, 124, 128, 130 and 327.  
- Republic of Kenya Ministry of Health (2014) *Kenya Health Policy 2014-2030*, p.63. Available at [https://www.afidep.org/?wpfb\\_dl=80](https://www.afidep.org/?wpfb_dl=80).  
- AVERT (2016) *HIV and AIDS in Kenya* (last full review 1 May 2015). Available at <http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/kenya>
  - 18 Reporters Without Borders (2016) *2016 World Press Freedom Index*. Available at <https://rsf.org/en/ranking>.
  - 19 DHS 2014, pp.45-8.
  - 20 Piia Jääntti (2015) *The usage of social media among young adults living in Nairobi, Kenya : only entertainment or contributions to societal change? (Abstract)*. Available at <https://jyx.jyu.fi/dspace/handle/123456789/45684>.

## CURRENT POLITICAL CONDITIONS

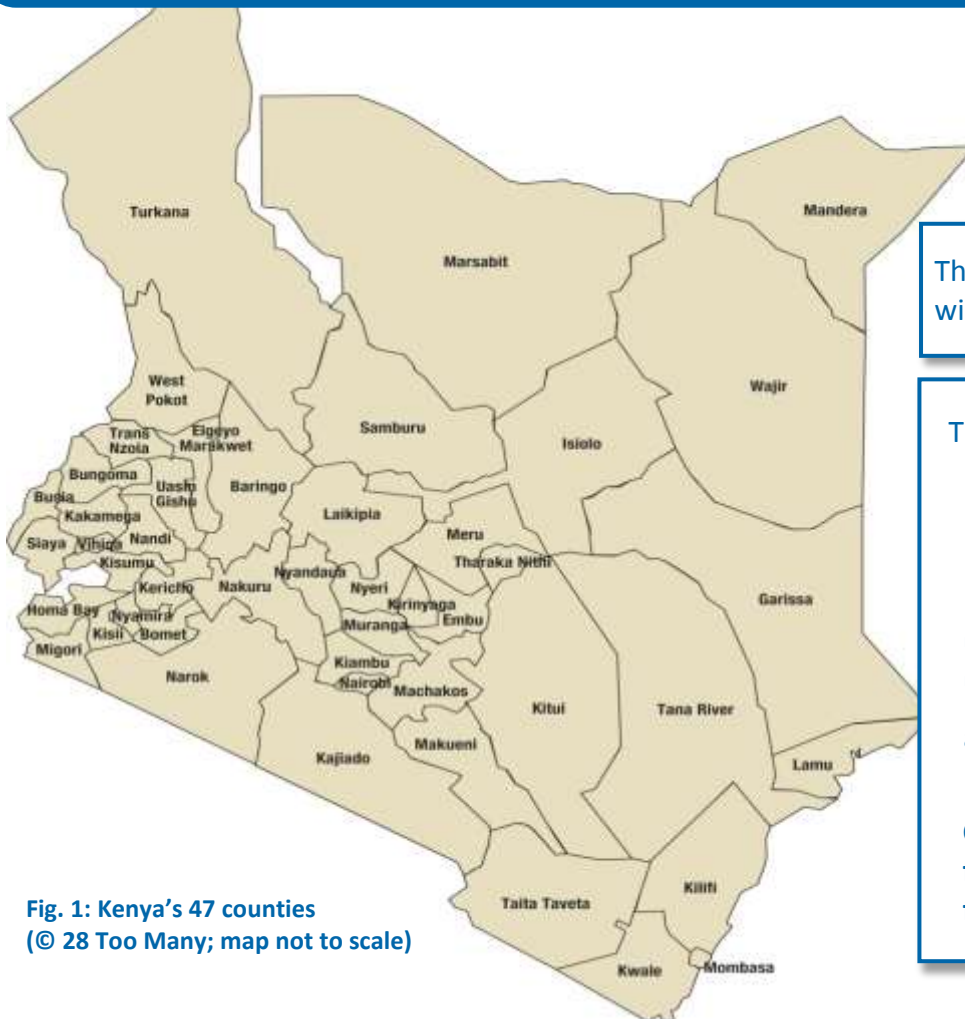


Fig. 1: Kenya's 47 counties  
(© 28 Too Many; map not to scale)

The next Kenyan general election will take place on **8 August 2017**.

The **2010 Constitution** created:

- a **Bill of Rights** with special provisions for women and children's equality and freedom from discrimination;
- **three authorities**; and
- **47 counties**;

and expects **1/3** of all parliamentarians to be **female**.

**Currently, 86 (21%) are female**, and there are **six female cabinet members**.

In August 2010, a **new Constitution** for Kenya was approved by referendum. The aims of the new Constitution include improved transparency and accountability within government and the creation of an independent judiciary. It also introduced a Bill of Rights with special provisions for women and children, to ensure their equality and freedom from discrimination. However, under Article 170 of the Constitution, citizens who willingly submit to Islam can apply to the Kadhis' courts on matters arising under Muslim law with regard to marriage, divorce, inheritance and personal status issues.<sup>1</sup>

Under the 2010 Constitution, **powers are distributed across three authorities**: the Executive, comprising the president and deputy, cabinet secretaries, attorney general and director of prosecutions; the Legislature of elected representatives to the House of Assembly and the Senate; and the Judiciary, which includes all levels of justice from the Supreme Court down to the District Magistrates Courts.<sup>2</sup>

The Constitution also created **47 counties, to which significant powers and resources were devolved**, including agriculture, health services, public amenities, county trade development and regulation, and county planning and development. A scheme for free maternal healthcare failed due to funding problems, but the introduction of free health insurance for pregnant women from underprivileged backgrounds is expected to contribute to a more equitable health service and improved health outcomes across Kenya.<sup>3</sup>

In 2013, Uhuru Kenyatta was elected President in the first elections held under the new Constitution. Although the Constitution requires a third of seats in both Houses to be held by women, currently there are only **86 female parliamentarians** out of 416 (21%).<sup>4</sup> Of these, 47 represent the counties, which have to appoint at least one woman. Kenyatta appointed six women to his cabinet. On 25 May 2016, a **Gender Bill**, intended to entrench this constitutional requirement by the deadline of August 2016, was not passed. Campaigning continues, and it will be re-introduced in the next round of voting.

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- 1 KenyaInformationGuide.com (2015) 'A new structure under a new Constitution', *The Kenya Government*. Available at <http://www.kenya-information-guide.com/kenya-government.html>.
  - 2 *Ibid.*
  - 3 news24 (2016) *Free Maternity Insurance Cover for Poor Kenyan Women*, 22 July. Available at <http://www.news24.com/Africa/News/free-maternity-insurance-cover-for-poor-kenyan-women-20160722>.
  - 4 Mzalendo (March 2013-June 2015) Infographic: *Women Parliamentarians in the 11th Parliament – How are they doing?* Available at <http://info.mzalendo.com/women/>.

## LAWS RELATING TO FGM

### INTERNATIONAL AND REGIONAL INSTRUMENTS

There is nothing new to report in relation to international and regional instruments, conventions, etcetera, since 28 Too Many published the original Kenyan Country Profile.

### NATIONAL LAWS

FGM is dealt with under several of Kenya's national laws:

- **The Constitution of Kenya, 2010**<sup>1</sup> (at Article 44[3]) prevents any person from compelling another person to 'perform, observe, or undergo any cultural practice or rite.' Children are also protected from 'abuse' and 'harmful cultural practices' under Article 53(1)(d) of the Constitution.
- **The Children Act** (revised 2012)<sup>2</sup> (at Article 14) does not allow anyone to 'subject a child to female circumcision, early marriage or other cultural rites . . . likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development.'
- **The Prohibition of Female Genital Mutilation Act** (PFGMA)<sup>3</sup> (passed in 2011; revised in 2012) criminalises all forms of FGM, regardless of the age or status of the girl or woman. In an attempt to tackle social pressure, it bans stigmatisation of women who have not undergone FGM (at Section 25). It also makes it illegal to aid someone in performing FGM, fail to report a case to the authorities or carry out FGM on a Kenyan woman abroad (Part IV).
- Kenya's **Penal Code**<sup>4</sup> (revised 2014), which outlaws the deliberate infliction of 'grievous harm'.
- **The Medical Practitioners and Dentists Act** and the **Nurses Act** (both revised 2012), under which the performance of FGM by a healthcare professional would likely be classed as professional misconduct, and may therefore result in practitioners losing their professional licences.
- While previously there was no specific legislation against domestic violence, in 2015 the **Protection Against Domestic Violence Act** was implemented, providing protection not only to women, but also to men and children who are at risk. The Act covers violence and threat of violence, and imminent danger within a domestic relationship in terms of child/forced marriage and female genital mutilation.<sup>5,6</sup>

### IMPLEMENTATION OF LAWS

Section 3 of the PFGMA established the **Anti-Female Genital Mutilation Board**. Its responsibility is to act in accordance with the onus that Section 27 puts on the Kenyan Government to protect women and girls from FGM, provide support services to victims and undertake public education programmes to warn of the dangers of FGM. To achieve these aims, members of the Board work at all levels, from national through to community, alongside many stakeholders, including the UN, INGOs and grassroots organisations.

In July 2016, at an event organised by Plan International UK, Anti-Female Genital Mutilation Board Chairperson Jebii Kilimo said Kenya had recorded a 6% decline in FGM cases in the last five years, the highest drop in the world. She continued, 'We cannot relax due to the drop because the prevalence rate is still high, at 21 per cent nationally.'<sup>7</sup>

In 2014, the Office of the Director of Public Prosecutions (ODPP) established the **Anti-FGM and Child Marriage Prosecution Unit**, which, according to the UNJP<sup>8</sup>, is 'made of 21 staff to fast track the prosecution of FGM and child marriage cases. Prosecution Officers have been trained on FGM prevention and response in order to handle FGM cases properly.'

Subsequently, a 24/7 hotline was launched to rescue girls from FGM and child marriage, and to help prosecute these crimes. 'If we get this information beforehand, it will actually assist in prevention of the practice because we can organise our officers on the ground to raid the place and rescue the girls,' said Christine Nanjala, head of the Unit.<sup>8</sup>

Organisations such as the **Federation of Women Lawyers in Kenya (FIDA)** implement programmes that address women's land and property rights, sexual and reproductive health rights, and GBV, including FGM. FIDA works at both a national and a community level with its partners and the Anti-Female Genital Mutilation Board to engage all stakeholders and raise awareness of the legislation that is in place, including training law enforcers.

For example, following protests by women in Kajiado (in south-central Kenya) in 2014, FIDA and the **Kenyan Women Parliamentary Association (KEWOPA)** joined with the UNJP to outreach into "hotspots" of resistance to change', educating communities about what the law is and why it is needed.

KEWOPA also held 14 county forums with assembly members, executives and opinion leaders to instruct them about the adverse effects of FGM, and to work with them to develop strategies that will move their counties towards the total abandonment of FGM.<sup>9</sup>



**Fig. 2: FIDA works in many high-prevalence communities, alongside government bodies (Screenshot from *Former Circumcisers Speak Out Against FGM*, KenyaTV, 2016)**

**One More Day for Children**, an NGO founded in Laikipia County in 2009, runs a rescue centre for girls under threat of FGM. Once a girl is identified as being at risk and is put under the care of the centre, she receives support and counselling while social workers and lawyers work to facilitate a family reunion. Local police will also carry out investigations, where necessary, with a view to prosecuting in the children's court.<sup>10</sup>

While there has been progress in both the legal and policy frameworks, **implementation and enforcement** remain a challenge, largely due to a lack of resources, difficulties reaching remote rural areas and the limited capacity of law-enforcement agents.<sup>11</sup> Examples are listed below.

- A primary-school girl died from excessive bleeding after she underwent FGM in Elgeyo Marakwet county, where over 1,000 girls were allegedly cut in December 2015.<sup>12</sup> According to press reports, two other girls, aged 11 and 12, were brought to the hospital at the same time, but their parents ran away, fearing arrest. Even though police have been deployed in the region and were reportedly investigating the incidents, they themselves have faced attack when entering some villages and claim they do not have adequate numbers of officers to deal with the task.<sup>13</sup>
- There have been few prosecutions and low conviction rates across the country. A report in 2014 by Kenya's inspector general of police showed that, between 2011 and 2014, 71 cases were taken to court and only 16 of those resulted in convictions (18 were acquittals, four cases were withdrawn and 33 were pending).<sup>14</sup>

- Christine Nanjala, head of the FGM Unit in the ODPP says that some of the reasons cases fail are that the girls themselves may not be aware FGM is a crime, they are too young to report the practice or they do not want to get their parents into trouble. Often, even if survivors do report FGM, they fail to attend court to give evidence.<sup>15</sup>
- Nanjala is concerned that mothers and aunts are transporting young girls to Tanzania. ‘This is the new challenge in the fight against FGM. There are no anti-FGM laws in Tanzania. And even if there are, they are weak and are rarely enforced.’ During the past year, Kenya’s Chairperson of the Anti-Female Genital Mutilation Board has been in discussions with Tanzanian officials to address this issue.<sup>16</sup>
- Intimidation and fear help keep the practice secret and cases unreported. According to the founder of The Coexist Initiative, which targets men and boys in its campaigns against GBV, ‘The whole epidemic has gone underground in Kenya. We are now seeing some communities circumcising girls a few hours after birth so that they can avoid detection later on.’<sup>17</sup> The 2014 documentary *The Elite Also Cut*<sup>18</sup> looks at the lengths Samburu parents go to when trying to perform FGM in secret, including holding pretend birthday parties for young girls, which are actually cutting ceremonies.

### THE UNFPA-UNICEF JOINT PROGRAMME ON FGM/C<sup>19</sup>

Kenya was one of the eight countries initially selected for the UNFPA-UNICEF Joint Programme (UNJP) when it was first implemented in 2008. (The second phase, launched in 2014, extended the programme to 17 countries.) Since then, the UNJP has worked on a number of key activities at different levels to support the abandonment of FGM in Kenya, including:

- at a national level, working with members of parliament to implement the 2011 PFGMA, and training prosecution officers in FGM prevention and response;
- at a county level, building capacity among members of the County Assembly from six counties, with the aim of advocating for the abandonment of FGM and allocating resource to achieve it; and
- at a community level, engaging elders and religious leaders to facilitate community discussions and public declarations of abandonment, and implementing mentorship programmes for girls.

The UNJP also supports health providers and various NGO partners in Kenya to implement different approaches to the abandonment of FGM.

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## THE ROLE OF WOMEN IN SOCIETY

### **The Global Gender Gap Index ranking:**

2011 – 99<sup>th</sup> out of 135 countries<sup>1</sup>

2015 – 48<sup>th</sup> out of 145 countries<sup>2</sup>

### **The 2015 African Gender Equality Index:**

Ranked 14<sup>th</sup> out of 52 countries<sup>3</sup>

While Kenya scores well on women's economic participation and opportunity, it is particularly weak compared to other countries in the areas of political empowerment, health and education.<sup>4</sup> With one third of Kenyan households now headed by women<sup>5</sup>, **gender equality** is key to achieving sustainable development. Kenya has seen great improvements in gender equality. The 2010 Constitution 'recognizes women's social, economic, cultural and political rights'<sup>6</sup>. The **2015-2018 National Action Plan** builds on this, with the launch at the National Women's Conference in February 2016 pushing forward the **Kenya Women's National Charter for Realizing the Rights of Women and Girls**.<sup>7</sup> However, not only is there a low level of awareness among women in Kenya of what rights they actually have, particularly in rural areas<sup>8</sup>, but there is also a gap between law and practice. Discrimination still occurs in areas where laws are not fully implemented and many barriers for women do still exist.



**Fig. 3: Sustainable development relies on improving gender equality in Kenya (Photographer: Sankara Subramanian)**

## OWNERSHIP/INHERITANCE

The OECD Development Centre (which publishes the Social Institutions & Gender Index)<sup>9</sup> reports that, despite federal laws that demand gender equality in matters of ownership and inheritance, it is still the case that women are often discriminated against. Frequent adherence to customary law, under which men and women do not have equal inheritance rights, makes it difficult for women to inherit property. The **2012 National Land Commission Act** was established in part to address this but there is no evidence to date as to whether or not it is having a favourable effect.

## FREEDOM OF MOVEMENT

There are no laws to restrict women's freedom of movement, and Kenyan women have the same right as men to pass their citizenship on to their children<sup>10</sup>. While previously a woman had to have permission from her husband or father to acquire a passport, this is no longer the case. However, the DHS<sup>11</sup> suggests that women are not totally empowered in decision-making. 26.1% of husbands are the main decision-makers about visits to relatives (while 20.9% are the main decision-makers about their wife's healthcare).

## WOMEN IN BUSINESS

The 2007 Employment Act provides for paid maternity and paternity leave and mandates equal remuneration for work of equal value. Employers are not allowed to discriminate on the basis of sex or pregnancy.<sup>12</sup>

A report<sup>13</sup> on the barriers to female entrepreneurship in Kenya shows that 'harmful gender norms' exist when it comes to women in business and men sharing domestic work. The greatest challenge for women is the difficulty in obtaining business loans. Many lending institutions are reluctant to lend to women, and

the situation is made more difficult by a lack of general knowledge about women's property and inheritance rights.

However, there is evidence to show that the situation is improving, with the help of initiatives such as the Women Enterprise Fund, The Kenya Association of Women Business Owners and the Wecreate Kenya Women Entrepreneurship Centre<sup>14</sup>, and the feeling is that 'there has never been a better time to be a Kenyan woman in business'<sup>15</sup>.

## WOMEN IN POLITICS

Kenya has risen from 100<sup>th</sup> place for political empowerment in the 2011 Gender Gap Index<sup>16</sup> to 62<sup>nd</sup> in 2015<sup>17</sup>. However, the KEWOPA is at the heart of a battle to increase the number of women in parliament to the required 30% by the 2017 parliamentary elections<sup>18</sup>.

In 2015, Kenya won an award from the **Women in Parliaments Global Forum** for promoting the political advancement of women.<sup>29</sup>

## MARRIAGE

- The Constitution of Kenya, 2010 states that 'men and women are entitled to equal rights at the time of marriage, during the marriage and at its dissolution'.
- The Marriage Act, 2014 requires a minimum age of 18 for both men and women.
- The Marriage Bill, 2013 aimed to simplify marriage procedures and provide equal legal recognition for all types of marriage.<sup>19</sup>

Despite this, the DHS<sup>20</sup> shows that, among women aged 25 to 49, 28.7% were married by the age of 18. 2% of women aged 15 to 19 were married by the age of 15; however, about 9% of women aged 40 to 49 were married by the age of 15, which indicates that, although it still exists, **early marriage** is in decline.

According to the DHS<sup>21</sup>, 11% of married women and 6% of married men are in **polygynous marriages**. This statistic rises to 32% for married women in the north-east. While the 2013 Marriage Bill gave a first wife the right to veto her husband's taking additional wives, the Marriage Act, 2014 controversially removed this right, while making it a legal obligation to register all marriages.<sup>22</sup> Several female MPs left parliament in protest after the amendment was voted through, asserting that it would have a negative effect on the family and make inheritance and divorce laws difficult to implement.<sup>23</sup>



Fig. 4: While early marriage still exists in Kenya, it is on the decline (Photographer: Ninara)

## PHYSICAL INTEGRITY

Figures from the DHS show that the number of women who have experienced violence since the age of 15 has actually increased from 38.5% in 2008/9<sup>24</sup> to 44.8% in 2014<sup>25</sup>, with husbands/partners the main perpetrators. 41.8% of women (aged 15 to 49) and about 36% of men felt that hitting or beating the wife was justified in certain domestic situations.<sup>26</sup>

**The Protection Against Domestic Violence Act** was implemented in 2015, which is the first piece of legislation to deal specifically with domestic violence. The Act not only covers physical violence, but also covers violence and threat of violence, or imminent danger within a domestic relationship in terms of child marriage, female genital mutilation, forced marriage, forced wife inheritance, interference from in-laws, sexual violence, virginity testing, widow cleansing, emotional abuse, stalking and economic abuse.<sup>27,28</sup>

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**Figure 3:** Sankara Subramanian (2012) *A shy but beautiful Samburu woman*. Available at <https://flic.kr/p/cYNtFE>. Creative Commons Licence: <https://creativecommons.org/licenses/by/2.0/>. This image has been altered from its original format (cropped).

**Figure 4:** Ninara (2014) *Magadi, Kenya, Maasai girls*. Available at <https://flic.kr/p/pHihPv>. Creative Commons Licence: <https://creativecommons.org/licenses/by/2.0/>.

## THE MILLENNIUM DEVELOPMENT GOALS & THE SUSTAINABLE DEVELOPMENT GOALS

### THE MILLENNIUM DEVELOPMENT GOALS – FINAL POSITION

The eradication of FGM was pertinent to six of the UN's eight Millennium Development Goals (MDGs), which reached their deadline in 2015. Kenya did not start work towards the MDGs until 2004.<sup>1</sup>

#### GOAL 1: ERADICATE EXTREME HUNGER AND POVERTY <sup>2</sup>

**GOAL NOT REACHED**

Target: 21.7% living below absolute poverty line

52% in 2000 ▼ **45.2%** in 2012

#### GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION <sup>3</sup>

**GOAL NOT REACHED, BUT ON TRACK**

Primary enrolment: 2003<sup>4</sup> – 5.95 million ▲ 2013 – **10.2 million**

Net enrolment ratio primary: 2000 – 67.8% ▲ 2013 – **95.9%**

#### GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

See discussions on pages 13-15, 17-18 and 42 of this Update.

#### GOAL 4: REDUCE CHILD MORTALITY <sup>5</sup>

**SOME PROGRESS**

Infant mortality rate (/1,000 live births): 1998 – 74 ▼ 2008/9 – 39 ▼ 2014 – **39**

Under-five mortality rate (/1,000 live births): 1998 – 112 ▼ 2008/9 – 52 ▼ 2014 – **52**

#### GOAL 5: IMPROVE MATERNAL HEALTH <sup>6</sup>

**SOME PROGRESS**

Maternal mortality rate (/100,000 live births): 1998 – 590 ▼ 2008/9 – 488 ▼ 2014 – **362**

#### GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES <sup>7</sup>

**GOOD PROGRESS**

HIV/AIDS prevalence: 1996 – 10.5% ▼ 2016 – **approx. 6%**

### THE SUSTAINABLE DEVELOPMENT GOALS

In September 2015, the UN adopted the Sustainable Development Goals (SDGs), which replaced the MDGs and have a deadline for achievement of 2030. Kenya was one of the facilitators of the drafting process.<sup>8</sup>

The SDGs go further than the MDGs and make explicit reference to the elimination of FGM at Goal 5.3. This will strengthen the hands of governments, NGOs and multi-lateral organisations when implementing anti-FGM policies and legislation. Other SDGs have relevance for women and girls who have experienced or are likely to experience FGM, particularly those related to education, health and gender equality, such as Goals 3 (*Ensure healthy lives and promote wellbeing for all at all ages*) and 4 (*Ensure inclusive and quality education for all and promote lifelong learning*).

Whereas the government only produced national reports for the MDGs, for the SDGs, county-specific reports will be produced.<sup>9</sup> Kenya can expect less donor aid funding than it received for the MDGs, due to its elevated status to a lower-middle income economy by the World Bank.<sup>10</sup>

For a summary of all 17 SDGs, please go to <http://28toomany.org/fgm-research/research/>.



**Sustainable Development Goal 5:**

**Achieve gender equality and empower all women and girls**

**Goal 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.**

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## STATISTICS

### GENERAL NATIONAL STATISTICS

This section provides an overview of the general situation in Kenya and highlights a number of indicators of the country's context and development status. (All statistics are taken from the CIA World Factbook, 2016<sup>1</sup>, unless otherwise stated.)

#### POPULATION

47,800,000<sup>2</sup> (28 November 2016)

Median age: 19.5 years (2016 est.)

Growth rate: 1.81% (2016 est.)

#### HUMAN DEVELOPMENT INDEX

Rank: 147 out of 156 in 2013<sup>3</sup>

#### HEALTH

Life expectancy at birth (years): 64

Infant mortality rate (per 1,000 live births): 38.3 deaths

Maternal mortality rate: 362 deaths/100,000 live births (2014)<sup>4</sup>

Fertility rate, total (births per women): 3.14 (2015 est.)

HIV/AIDS – adult prevalence: 5.91% (2015 est.)

HIV/AIDS – people living with HIV/AIDS: 1,517,700 (2015 est.); country comparison to the world: 8

HIV/AIDS – deaths: 35,800 (2015 est.); country comparison to the world: 9



Fig. 5: A Pokot girl (Photographer: Maureen Lunn)

#### GDP (IN US DOLLARS)

GDP (official exchange rate): \$61.41 (2015 est.)

GDP per capita (PPP): \$3,200 (2015 est.)

GDP (real growth rate): 5.4% (2015 est.)

#### LITERACY (AGE 15 AND OVER WHO CAN READ AND WRITE)

Total: 78%

Female: 74.9%; Male: 81.1% (2015 est.)

Youth (15-24 years): 82% (female – 83%; male – 82%) (2014)<sup>5</sup>

#### MARRIAGE

Girls aged 15-19 who are married, divorced, separated, or widowed: 11.7%<sup>6</sup>

Married girls or women who share their husband with at least one other wife: 11%<sup>7</sup>

## URBANISATION

Urban population: 25.6%

Rate of urbanisation: 4.34% annually (2010-15 est.)

## ETHNIC GROUPS

Embu, Kalenjin, Kamba, Kikuyu, Kisii, Kuria, Luhya, Luo, Maasai, Meru, Mijikenda/Swahili, Samburu, Somali, Taita/Taveta, Turkana, other African, non-African (Asian, European, and Arab)

## RELIGIONS

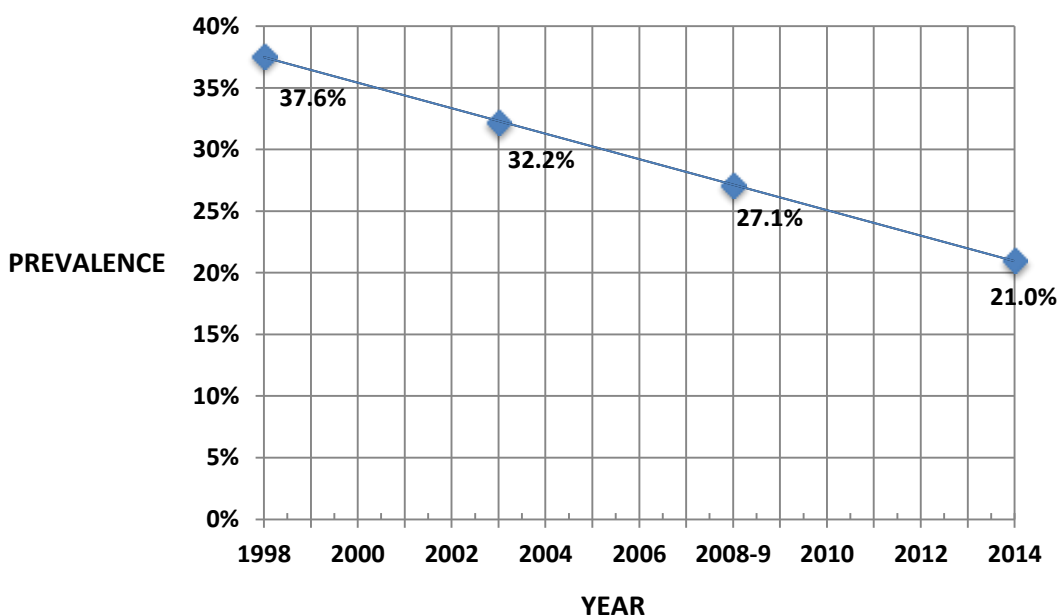
Christian – 83% (Protestant – 47.7%, Catholic – 23.4%, other Christian – 11.9%), Muslim – 11.2%, Traditionalists – 1.7%, other – 1.6%, none – 2.4%, unspecified – 0.2% (2009 est.)

## LANGUAGES

English and Kiswahili (official), plus numerous indigenous languages

## NATIONAL AND REGIONAL STATISTICS RELATING TO FGM

### THE PREVALENCE OF FGM IN KENYA AMONG WOMEN AGED 15 TO 49<sup>8</sup>:



**2014 UNICEF classification, according to 2014 DHS<sup>9</sup>: GROUP 4 – LOW PREVALENCE COUNTRY**  
(countries in which FGM prevalence is between 10% and 25%)



**2005 UNICEF classification<sup>10</sup>: GROUP 2 COUNTRY**  
(where prevalence is intermediate and only certain ethnic groups practise FGM, at varying rates)

## FGM PREVALENCE ACCORDING TO PLACE OF RESIDENCE

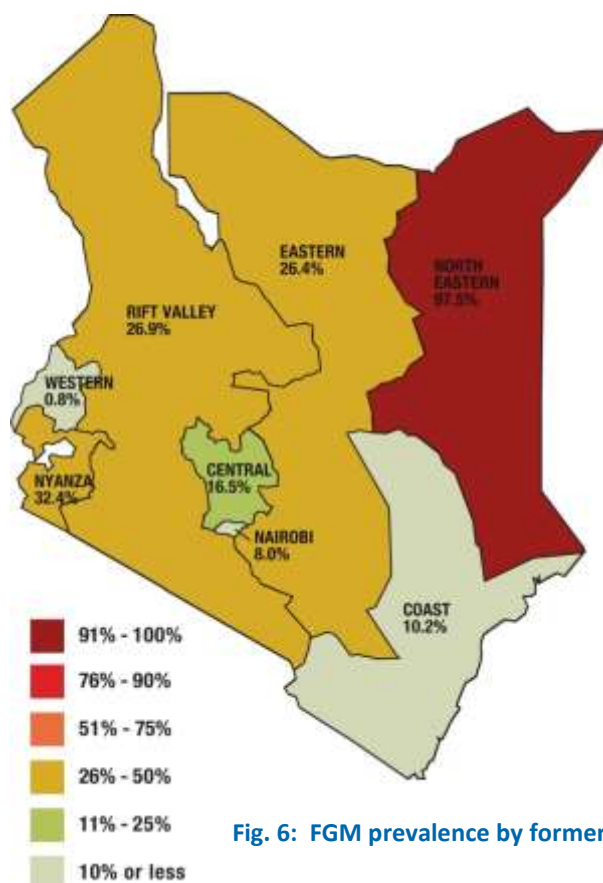


Fig. 6: FGM prevalence by former province (© 28 Too Many)

Region	DHS 2008-9 % of women aged 15-49	DHS 2014 % of women aged 15-49
Coast	10.0	10.2
North Eastern	97.5	97.5
Eastern	35.8	26.4
Central	26.5	16.5
Rift Valley	32.1	26.9
Western	0.8	0.8
Nyanza	33.8	32.4
Nairobi	13.8	8.0
Urban areas	16.5	13.8
Rural areas	30.6	25.9

Fig. 7: Percentage of Kenyan women aged 15 to 49 who have undergone FGM, according to place of residence<sup>11</sup>

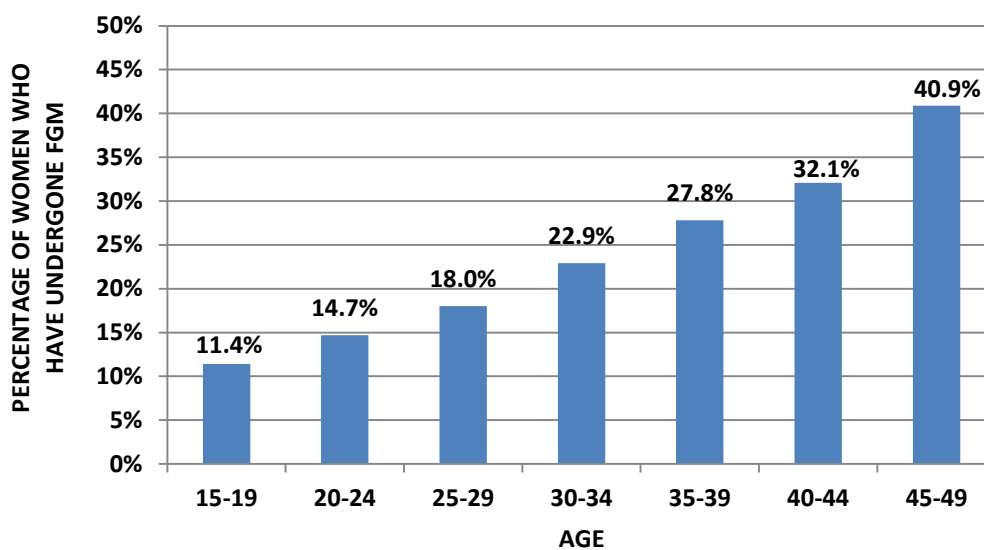
- Only four of the regions (Eastern, Central, Rift Valley and Nairobi) demonstrate a noteworthy decline in prevalence.
- Girls and women in rural areas are still more likely to be cut than those in urban areas.



## AGE OF CUTTING

If FGM is carried out at a very young age, not all women may accurately recall the age at which they underwent it. However, the results from the DHS data give a good idea of patterns and trends, and 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. 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.<sup>12</sup> This agrees with 28 Too Many's conclusion in the original Country Profile that girls are being cut at a younger age than in the past.

Figure 8 below shows that the proportion of women who have undergone FGM steadily decreases in accordance with the age of the women surveyed (the younger the woman, the less chance there is that she has had FGM), which agrees with other statistics showing that there has been a decrease in FGM prevalence over time.



**Fig. 8: Percentage of Kenyan women who have undergone FGM, according to their age<sup>13</sup>**

- In the Embu, Kalenjin, Kikuyu, Meru, Samburu and Maasai ethnic groups, girls tend to undergo FGM at a later age, with the majority being cut after the age of ten.
- In the Kamba and Kisii groups, nearly half of those who undergo FGM are cut between the ages of five and nine, with almost equal percentages cut after the age of ten.
- In the Somali group, 72.7% of those who undergo FGM are cut between the ages of five and nine.
- In the Taita/Taveta group, 61.3% of those who undergo FGM are cut before the age of five.<sup>14</sup>

## CUTTING SEASON

While in Kenya the festive period in December has traditionally been the main 'cutting season', and efforts by activists have been concentrated in the weeks leading up to this period, research for this update suggests that, increasingly, efforts are being made all year round in the campaign against FGM, as girls can be at risk during other holidays, too. Government and NGO activities to educate boys and especially girls are now taking place throughout the school holidays in December, April and August.

### FGM PREVALENCE ACCORDING TO WEALTH

Unlike the previous survey, the DHS 2014 does not give statistics for FGM prevalence according to wealth quintile. It does, however, give the percentage of girls aged 0 to 14 who have been cut according to their mother's wealth quintile. It remains the case that girls in the lowest wealth quintile are more likely to be at risk of undergoing FGM.

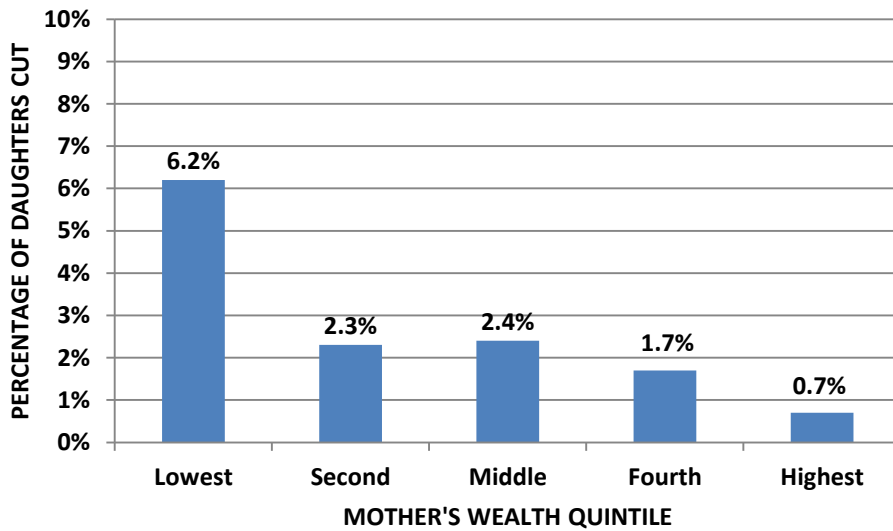


Fig. 9: Percentage of daughters aged 0 to 14 who have undergone FGM, according to mother's wealth quintile<sup>15</sup>

### TYPES OF FGM

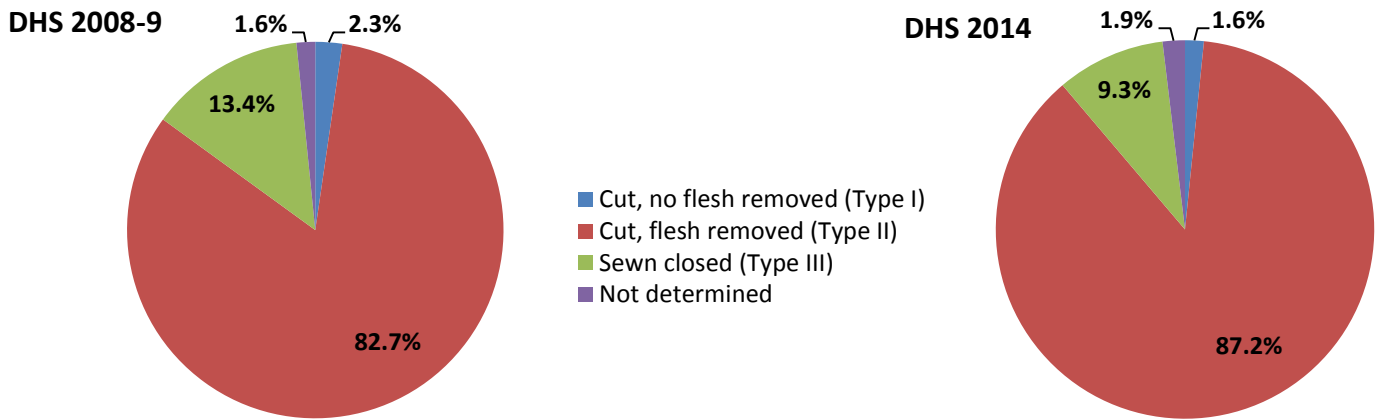


Fig. 10: Percentage distribution of Kenyan women aged 15 to 49 who have been cut, by type of FGM – comparison between 2008-9 and 2014<sup>16</sup>

The biggest change has been in Type III (Sewn closed), which appears to have decreased from 13.4% of the total number of women who have undergone FGM, to 9.3%. There have been dramatic changes in the figures recorded for the practice of Type III among women from the Somali and Kamba ethnic groups and the Muslim religion. However, these figures should be taken with great caution. Please see pages 34 and 38 for further discussions on this issue.

- 1 CIA World Factbook (2016) Kenya, 14 November. Available at <https://www.cia.gov/library/publications/the-world-factbook/geos/ke.html> (accessed November 2016).
- 2 Country Meters (28 November 2016) Kenya. Available at <http://countrymeters.info/en/Kenya> (accessed November 2016).
- 3 UNDP (2014) Human Development Report 2014 – Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience, p.159. Available at <http://hdr.undp.org/sites/default/files/hdr14-report-en-1.pdf> (accessed November 2016).
- 4 UNDP (undated) *Country Programme Document Report 2014-2015*, pp.vi-viii. Available at <http://www.ke.undp.org/content/kenya/en/home/library/annual-reports/undp-kenya-cpd-annual-report-2014.html>.
- 5 World Bank (2014) *Kenya – National Education Profile, 2014 Update*, p.2. Available at [http://www.epdc.org/sites/default/files/documents/EPDC%20NEP\\_Kenya.pdf](http://www.epdc.org/sites/default/files/documents/EPDC%20NEP_Kenya.pdf) (accessed November 2016).
- 6 DHS 2014, p.56.
- 7 DHS 2014, p.55.
- 8 DHS 1998, p.168; DHS 2003, p.251; DHS 2008-9, p.265; and DHS 2014, p.333.
- 9 UNICEF (2013) *Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change*, p.27. Available at [http://data.unicef.org/corecode/uploads/document6/uploaded\\_pdfs/corecode/FGMC\\_Lo\\_res\\_Final\\_26.pdf](http://data.unicef.org/corecode/uploads/document6/uploaded_pdfs/corecode/FGMC_Lo_res_Final_26.pdf).
- 10 UNICEF (2005) *Female Genital Mutilation/Cutting: A Statistical Exploration 2005*, pp.4-5. Available at [http://www.unicef.org/publications/files/FGM-C\\_final\\_10\\_October.pdf](http://www.unicef.org/publications/files/FGM-C_final_10_October.pdf).
- 11 DHS 2008-9, p.285; and DHS 2014, p.333.
- 12 DHS 2014, p.335.
- 13 *Ibid.*, p.333.
- 14 *Ibid.*, p.335.
- 15 *Ibid.*, p.337.
- 16 DHS 2008-9, p.265; and DHS 2014, p.333.

*Figure 5:* Maureen Lunn (2003) *Pokot girl smile*. Available at <https://flic.kr/p/ddJrEJ>. Creative Commons Licence: <https://creativecommons.org/licenses/by/2.0/>. This image has been altered from its original format (cropped).

## ATTITUDES AND UNDERSTANDING

Men were asked about their knowledge of FGM for the first time in the DHS 2014<sup>1</sup>. Women (95%) and men (93.7%) in the youngest age group (15-19 years) are least likely to have heard of FGM. Level of knowledge is almost universal across every ethnic group, with most groups reporting 97-100% knowledge among women and men. The most discernible exception is women of the Mijikenda/Swahili group, of whom 83.1% know of the practice; however, FGM prevalence in this group is only 2.4%.

Knowledge of FGM generally increases with better education and greater wealth.<sup>2</sup>

Women and men in the lowest wealth quintile (those who have heard of FGM) are most likely to say that FGM is required by their community and/or religion. Women who have undergone FGM are more likely to say that it is required by their community (29.9%) than by their religion (18.2%).<sup>3</sup>



**Fig. 11: Beliefs as to whether FGM should continue vary among the Kenyan population**  
(Photographer: Jacob Bøtter)

39.9% of women and 42.8% of men with 'no education' believe that the practice of FGM should continue, but these figures fall dramatically for people with partial primary education (6.7% of women and 12.3% of men). Of those with a secondary level of education or above, only 2.2% of women and 5.4% of men believe that FGM should continue.

Among women who have undergone FGM, 23% believe it should continue and 75.1% believe it should not. Overall, 6.2% of women and 9.3% of men who have heard of FGM believe it should continue.

### ACTION AID KENYA & KOMESI WOMEN'S NETWORK

**Action Aid Kenya**, with partners including local authorities and grassroots organisations, undertakes community discussions and advocacy work around FGM in many rural areas. It is gradually witnessing more women speaking up against FGM in communities where it is frequently practised.

In Kongelai, in the West Pokot County, it partners with the **Komesi Women's Network** to help girls who run away from the threat of FGM. The Komesi Women's Network disseminates information throughout the area on the health risks of FGM and works with traditional practitioners to abandon the practice, but with increased awareness comes a greater number of girls seeking their help. The organisation has a temporary safe-house for girls to take shelter while it tries to reconcile them with their families, but it has now launched an appeal with Action Aid to build a permanent, fully-functioning centre where girls can stay for as long as they need to, and gain improved access to education.<sup>4</sup>

## LAW AND CULTURE

Section 25 of the PFGMA (see page 13) attempts to counteract a culture that stigmatises and pressures women who have not undergone FGM, by outlawing

derogatory or abusive language that is intended to ridicule, embarrass or otherwise harm a woman for having not undergone female genital mutilation, or a man for marrying or otherwise supporting a woman who has not undergone female genital mutilation.<sup>5</sup>

However, **for many, culture and tradition override the law**. One Pokot traditional practitioner said, 'If they arrest me, I don't care because I know I have not committed an offence but in fact helped society'<sup>6</sup>, and a man commenting on the death of a Maasai couple's daughter said, 'This is just one of the rare cases where somebody has died from the rite[.] [T]here is nothing criminal about it.'<sup>7</sup>

In Kajiado, a remote village in southern Kenya, most women still believe that undergoing FGM leads to success in all aspects of life. One villager said, 'We are pleading with the government to allow us to engage in our traditional practices. It is a very big problem for our girls because if they just sit at home without being circumcised, they will not get a husband and will not be educated. They will just stay at home.'<sup>8</sup>

In another reported incident in 2015, a mother of six children in Nakuru West underwent FGM because her husband threatened to leave her, claiming she was still a child if she remained uncut. Community leaders have expressed alarm that married women in their area are being pressured into FGM by their husbands, and have called for greater sensitisation efforts.<sup>9</sup>



**Fig. 12: Bringing families and communities together is essential for the success of programmes to end FGM in Kenya (© The Girl Generation)**

## THE IMPORTANCE OF MEN'S AND BOYS' PERCEPTIONS

It is encouraging that much greater efforts to bring men and boys into the national anti-FGM campaign have been seen since 28 Too Many published the original Country Profile. For instance, The Girl Generation appointed **male ambassadors** to represent key projects in high-prevalence communities during 2016, and advised on the setting-up of the **Kenya Anti-FGM Youth Network** in late 2015. The Network demonstrates gender equality in its structure, with equal numbers of men and women holding key positions.

A recent study of young (18-25 years) **men's perceptions of FGM** and the demand for FGM among future spouses in a small town in West Pokot, where FGM is reported to be between 85% and 96%, found:

The majority of young men who viewed themselves as having a 'modern' outlook and with aspirations to marry 'educated' women were more likely not to support FGM. . . . [T]he young men viewed themselves as valuable allies in ending FGM but . . . voicing their opposition to the practice was often difficult.<sup>10</sup>

The importance of engaging men and boys in ending FGM in Kenya is recognised in the film **Warriors** (see page 52). Maasai Warrior Sonyanga Oleng'ais said,

In our society, the women or the girls are treated as inferior, and it's no good. That is something we have to change. . . It is very hard to go against the elders, but cricket is giving us that courage, and that confidence.<sup>11</sup>

In the film, when the Warriors meet with their elders to discuss FGM, one of the elders' main concerns is that young Maasai men will not marry girls who have not undergone FGM. An important step towards the abandonment of FGM occurs when the Warriors assure the elders that this is no longer the case.

Increasingly, men in high-prevalence Kenyan communities are becoming agents of change as they find the courage to share their stories of standing up to their families' expectations and holding fast to their beliefs in the rights of women and girls. By declaring that they will marry or have already married uncut women, their voices translate into action – teaching other males in their families and communities about the harms of the practice and the benefits of educating girls and protecting their health.

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- 1 DHS 2014, p.332.
  - 2 *Ibid.*, pp.331-3.
  - 3 *Ibid.*, pp.340-3.
  - 4 act!onaid (undated) *We need a safehouse so girls can be safe from FGM*. Available at <http://www.actionaid.org/kenya/stories/we-need-safehouse-so-girls-can-be-safe-fgm>.
  - 5 *Prohibition of Female Genital Mutilation Act* (Revised Edition 2012 [2011]) Available at [http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/ProhibitionofFemaleGenitalMutilationAct\\_No32of2011.pdf](http://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/ProhibitionofFemaleGenitalMutilationAct_No32of2011.pdf).
  - 6 Judie Kaberia (undated) 'Kenya Battles Female Genital Mutilation', *Global Voices Africa, Institute for War & Peace Reporting*. Available at <https://iwpr.net/global-voices/kenya-battles-female-genital-mutilation>.
  - 7 Zoe Flood (2014) 'Kenya couple deny murder in FGM case', *The Guardian*, 5 June. Available at <https://www.theguardian.com/society/2014/jun/04/kenya-couple-deny-murder-fgm-case>.
  - 8 Andrew Wasike (2016) 'The challenge of eradicating FGM among Kenya's Maasai', *Deutsche Welle*, 5 February. Available at <http://www.dw.com/en/the-challenge-of-eradicating-fgm-among-kenyas-masai/a-19029709>.
  - 9 Osteen Njenga (2015) 'Married Women Now Undergoing FGM', *nakuru news*, 20 March. Available at <http://www.hivisasa.com/nakuru/news/52877?from=related>
  - 10 Eleanor Brown, Faith Mwangi-Powerll, Miriam Jerotich and Victoria le May (2016) 'Female Genital Mutilation in Kenya: are young men allies in social change programmes?', *Reproductive Health Matters*. Available at [http://www.rhm-elsevier.com/article/S0968-8080\(16\)30016-7/abstract](http://www.rhm-elsevier.com/article/S0968-8080(16)30016-7/abstract).
  - 11 This is Africa (2015) *Warriors: Maasai men fighting child marriage and FGM through cricket*, 30 October. Available at <http://thisisafrika.me/lifestyle/warriors-masai-men-fighting-fgm-through-cricket/>.

Figure 11: Jacob Bøtter (2013) *Rural Kenya: Young mother with baby*. Available at <https://flic.kr/p/fUurX5>. Creative Commons Licence: <https://creativecommons.org/licenses/by/2.0/>. This image has been altered from its original format (cropped).

## FGM PRACTITIONERS

FGM in Kenya continues to be **carried out predominantly by traditional circumcisers**, for 74.9% of girls aged 0 to 14 and 83.3% of women aged 15 to 49. The DHS 2008-9 did not give figures for girls, but a total of 78.4% for women in that survey suggests a small increase in the number of women who were cut by a traditional agent. However, a comparison between the figures for women and girls in the DHS 2014 indicates that girls are currently less likely to be cut by a traditional agent than in the past.<sup>1</sup>

Despite legislation to prevent medical practitioners 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.<sup>2</sup> The UNJP has made attempts, however, to train healthcare providers on the prevention of medicalised FGM and to enhance their understanding of the importance of their role in the abandonment of the practice.<sup>3</sup> Activists have also been warning communities (e.g. in Bobasi sub-county) against illegal, ‘backstreet’ clinics, which are run by untrained staff who are not registered with the Ministry of Health and pose a danger to girls.<sup>4</sup>

The DHS figures are based on a small number of girls, so conclusions should be made with caution, but they do show that the percentage of girls having had FGM carried out by a midwife is higher (16.2%) than the figure for women (8.3%). However, 20.6% of girls aged 10 to 14 have had FGM carried out by a midwife, compared to only 6.8% of girls aged 5 to 9<sup>5</sup>, which may indicate that laws banning FGM are beginning to deter medical professionals from carrying it out.

Type of Practitioner	DHS 2008-9	DHS 2014	
	Women aged 15-49 (%)	Women aged 15-49 (%)	Girls aged 0-14 (%)
<i>Traditional agent</i>	78.4	83.3	74.9
<i>Traditional circumciser</i>	74.7	80.5	72.9
<i>Traditional birth attendant</i>	3.4	2.5	2.0
<i>Other traditional agent</i>	0.3	0.4	0.0
<b>Medical professional</b>	19.7	14.8	19.7
<i>Doctor</i>	5.8	6.4	3.5
<i>Nurse/midwife</i>	13.6	8.3	16.2
<i>Other health professional</i>	0.3	0.1	0.0
<b>Don't know/missing</b>	1.9	1.9	5.4

**Fig. 13: Percentage distribution of Kenyan girls/women who have undergone FGM by type of FGM practitioner<sup>6</sup>**

The Anti-Female Genital Mutilation Board issues clear warnings to practitioners that what they are doing is against the law and that, if they continue, they will face the consequences. However, an article in *The Guardian*<sup>7</sup> notes one particular difficulty in convincing traditional practitioners to give up the practice – that it is their livelihoods. Margaret, a Pokot grandmother in her 70s, says, ‘Tell the government to give us what to eat. If it’s just workshops then it will be no use. The circumcisers will not leave their career simply because they’re being told to leave it.’ The challenge for anti-FGM workers is to provide alternative careers for these practitioners (as the FIDA network attempts to do), rather than simply educating them on the problems associated with FGM.

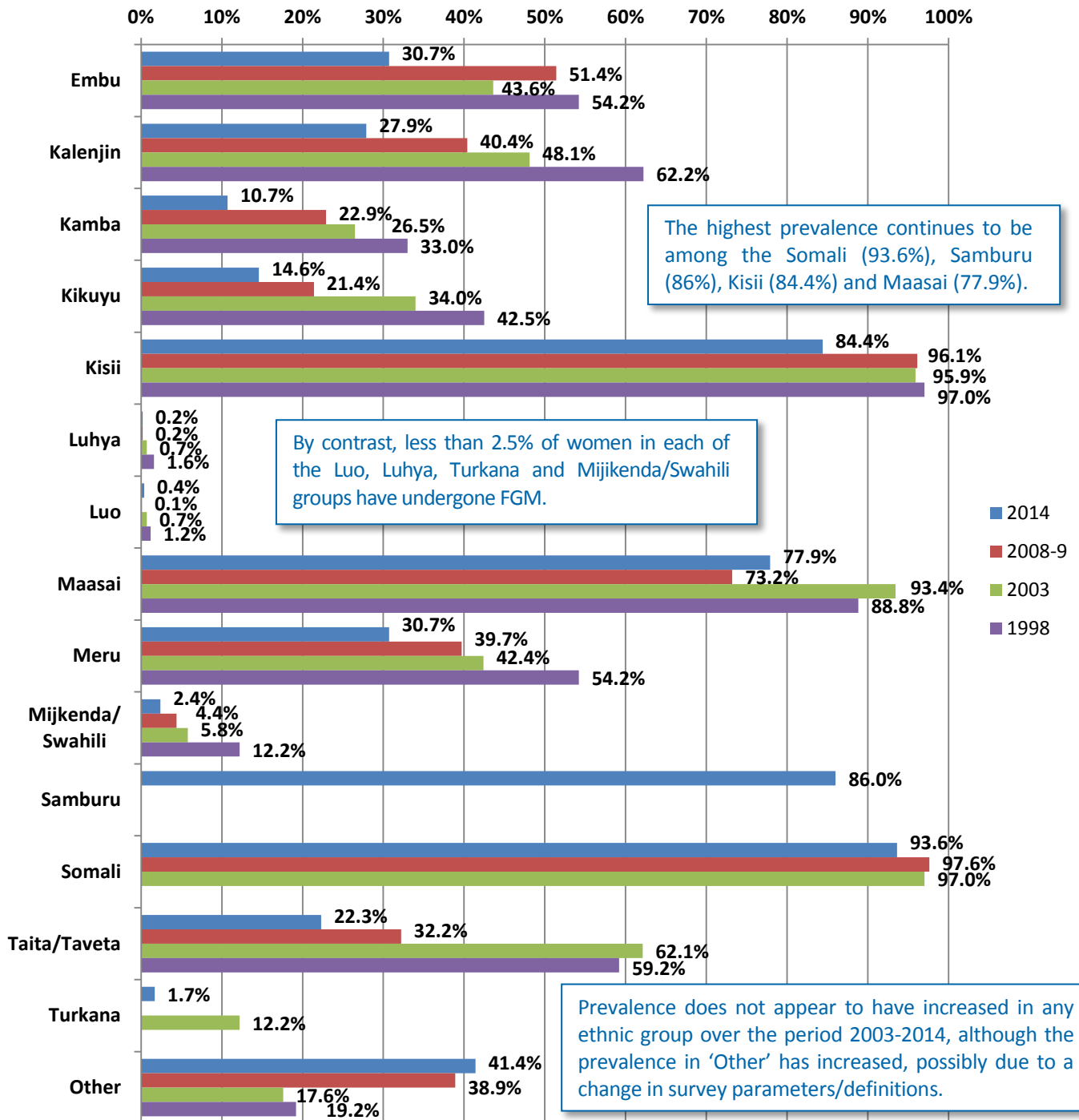
(See 28 Too Many’s report *The Medicalisation of FGM* at <http://28toomany.org/fgm-research/medicalisation-fgm/>.)

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- 1 DHS 2008-9, p.267 and DHS 2014, p.339.
  - 2 Mary Wandia, (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/>.
  - 3 UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (2015) *Kenya report*, p.3. Available at [http://www.unicef.org/kenya/UNFPA\\_UNICEF\\_Joint\\_Programme\\_on\\_FGM\\_2015.pdf](http://www.unicef.org/kenya/UNFPA_UNICEF_Joint_Programme_on_FGM_2015.pdf).
  - 4 Ben Oroko (2015) 'Backstreet clinics blamed for perpetuating FGM in Sameta', *kisii news*, 30 July. Available at <http://www.hivisasa.com/kisii/crime/71583>.
  - 5 DHS 2014, p.339.
  - 6 DHS 2008-9, p.267 and DHS 2014, p.339.
  - 7 Daniel Howden (2014) 'Kenyan "cutter" says female genital mutilation is her livelihood', *The Guardian*, 8 February. Available at <https://www.theguardian.com/society/2014/feb/07/female-genital-mutilation-kenya-daughters-fgm>.



## ETHNIC GROUPS

### FGM PREVALENCE ACCORDING TO ETHNICITY



**Fig. 14: Prevalence of FGM according to ethnic group – comparison of the years 1998, 2003, 2008-9 and 2014<sup>1</sup>**

- The 1998 figure for Embu and Meru is for both groups combined.
- Data for Samburu was only collected in 2014.
- Data for Turkana was only collected in 2003 and 2014.
- Data for the Kuria was only collected in 2003, but that figure of 95.9% was based on only 25-49 unweighted cases. For this reason, Kuria have not been included in the above chart.

UNICEF estimates the prevalence of FGM among Somalis in Kenya to be as high as 98%, the same as that for Somalis living in Somalia.<sup>2</sup>

The figures suggest a trend for declining prevalence in many of the ethnic groups over the period 1998-2014, notably the Kalenjin (48.1% to 27.9%), Kamba (26.5% to 10.7%) and Kikuyu (34% to 14.6%).

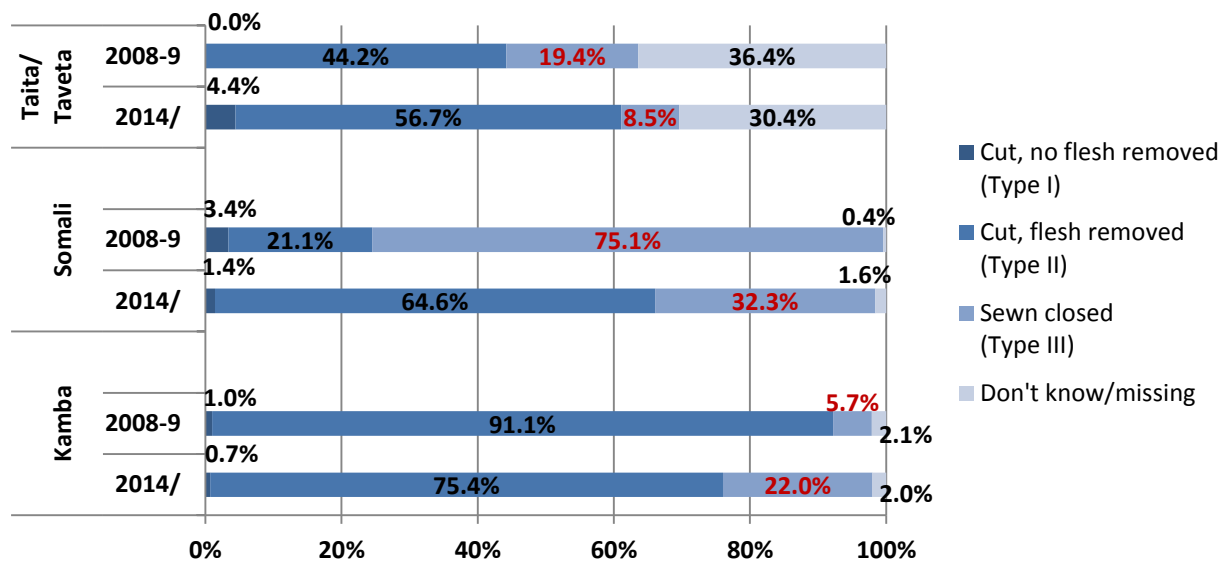
Although FGM prevalence continues to be high among the Kisii and Maasai, there has been a decline over the same period – for the Kisii from 95.9% to 84.4% and for the Maasai from 93.4% to 77.9%.

However, figures for many of the groups, especially the Embu, Taita/Taveta, Turkana and Samburu, should be treated with caution as only small numbers of women were surveyed.

According to a 2014 documentary, *The Elite Also Cut* (Kenya CitizenTV), there is a lack of comprehensive data on FGM among the Kuria, but prevalence is thought to be very high. An uncut Kurian woman is called a *msagane*. The name brings with it a lower status in the community and several restrictions on activities and movement. These women are not seen or treated as ‘grown up’ at family celebrations, and their husbands too may be subject to restrictions and ridicule. In the face of all this, Kuria girls willingly submit themselves to FGM, and the elders are not then allowed to refuse them.

### TYPE OF FGM ACCORDING TO ETHNICITY

The type of FGM performed by each ethnic group has remained similar in most cases. Figure 15 below shows three notable exceptions:



**Fig. 15: Most significant changes between 1998-9 and 2014 within ethnic groups of types of FGM performed<sup>3</sup>**

The figures indicate a dramatic decline in the percentage of girls/women undergoing Type III (‘sewn closed’) in the Somali ethnic group (75.1% in 2008-9 to 32.3% in 2014). However, the same percentage in the Kamba group rose from 5.7% to 22.0%. Such dramatic changes seem unlikely in the short period of time, even when taking into consideration the small numbers of women surveyed. 28 Too Many therefore speculates that there are other factors that have given rise to these figures, such as miscommunications, or changes in attitudes, culture, or religious or government laws (see also pages 26 and 38).

## CHALLENGES CAUSED BY CROSS-BORDER INTERACTIONS

The dynamics of cross-border interactions between closely related ethnic groups prove a challenge in the campaign to end FGM. The UNFPA, for instance, has encouraged sensitisation campaigns that target groups who move their girls between Kenya and Uganda to perform the practice, including the Sabin and Pokot people in Uganda and the Sabaot, Kalenjin, Kuria and Pokot communities in western Kenya.<sup>4</sup>

In recent years, attacks by the al Shabaab terrorist group, an affiliate of al Qaeda in Somalia<sup>5</sup>, have exacerbated religious and ethnic tensions. Amnesty International has made claims that Kenya's response to the attacks, Operation Usalama Watch, has also aggravated tensions, particularly in areas where large Somali communities exist.<sup>6,7</sup> These type of tensions can inhibit the work of anti-FGM campaigners and even endanger their lives.

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1 DHS 1998, p.168; DHS 2003, p.251; DHS 2008-9, p.265; and DHS 2014, p.333.

2 UNICEF (2013) *FGM: A Statistical Overview & Exploration of the Dynamics of Change*, p.35. Available at [http://www.unicef.org/media/files/UNICEF\\_FGM\\_report\\_July\\_2013\\_Hi\\_res.pdf](http://www.unicef.org/media/files/UNICEF_FGM_report_July_2013_Hi_res.pdf).

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

4 James Ssekandi (2016) 'Sabin women blame FGM for frigidity in bed', *The Observer*, 19 October. Available at <http://www.observer.ug/lifestyle/47086-sabin-women-blame-fgm-for-frigidity-in-bed>.

5 *Ibid*.

6 AEI Critical Threats Project (2009-2012) *Al Shabaab Leadership Profiles*. Available at <http://www.criticalthreats.org/somalia/al-shabaab-leadership>.

7 Amnesty International (2014) *Kenya: Somalis scapegoated in counter-terror crackdown*, 27 May. Available at <https://www.amnesty.org/en/latest/news/2014/05/kenya-somalis-scapegoated-counter-terror-crackdown/>.

## CASE STUDIES: COMMUNITY STRATEGIES AND ALTERNATIVE RITES OF PASSAGE

As reported in 28 Too Many's original Country Profile (p.34), while the substitution of FGM by an alternative rite of passage ceremony, or ARP, has been somewhat successful, research conducted by many organisations, including UNICEF and the Population Council, highlights that approaches that specifically focus on girls and do not engage the wider community will not eradicate FGM in the long term in the parts of Kenya where it is used to initiate girls into womanhood.

Correspondence with organisations in Kenya for this update has shown that a much more holistic approach is increasingly being adopted, with all members of communities being involved in programmes. This is the approach being taken by the UNJP, The Girl Generation and its partners, INGOs (Amref Health Africa, for example), and many grassroots organisations in rural communities, especially FBOs. Two impact case-studies that include ARPs are set out below.

The **Pastoralist Child Foundation (PCF)** has widened the scope of its programmes in the Samburu and Narok counties of Kenya to engage a broad range of stakeholders in the communities there. By actively involving men and boys as well as women and girls, alongside village elders, religious leaders, traditional practitioners, teachers, police and health officials, the PCF reports that it is gaining broad support from the Samburu and Maasai communities. The formerly perceived 'threat' against their cultures is now being understood as an attempt to preserve culture, without the harmful elements of FGM and early and forced marriage. FGM is being discussed more openly, more people are attending community events and there is a greater desire to enrol girls in primary school. Key activities of the PCF's programmes include:



**Fig. 16: ARP ceremonies held by the PCF are proving increasingly popular (© PCF)**

- **Community discussions, particularly in remote villages**, to disseminate accurate and clear information about FGM to all, including children and teachers. A grant from UNICEF Kenya in 2015 allowed PCF to hold workshops in six Samburu villages.
- **Educational workshops** for girls and boys during the school holidays in April, August and December, which cover sexual-health issues, harmful practices and information on where help can be accessed.
- **Alternative rites of passage** for groups of girls during these holiday workshops. These are proving increasingly popular. In December 2015, following a celebration for 200 girls who had attended the ARP workshops in Samburu, the PCF was informed by the Women's Self-Help Committee of Namayiana that, after the girls had returned to the community and shared the knowledge they had gained in the workshops, the villagers unanimously made the decision to stop FGM. The power of education is being recognised, and there is more enthusiasm to send girls to school as well as support women to set up new small businesses in the village.

- **The involvement of men and boys**, including elders and *morans*, who are increasingly joining their efforts. The PCF reports that it has shown film footage of girls undergoing FGM, which has had a huge impact on these men, who mostly have no idea what the girls experience.
- **The sensitisation and training of 'change agents'**, both male and female, including key figures in the community such as leaders, police and health officials.

- **Appointing youth peer mediators**, some of whom are recruited from the workshops, and supporting them as they deliver key messages to their local community.
- **Public rallies in villages**, to raise awareness and demonstrate against FGM, including on the International Day of Zero Tolerance.
- **Sponsoring of girls' education** – currently nine girls in Samburu and Narok counties are being supported through secondary school in return for parental agreement to *not* perform FGM. The girls, who come from very poor families, are proving great role models as they share their stories.



**Fig. 17: Community members attend a TCN graduation ceremony in their local church (© TCN)**

The **Transformational Compassion Network (TCN)** works in the South Rift Valley, including counties such as Bomet and Kericho. Its activities to end FGM, which it plans to expand into other areas (such as West Pokot Country and Baringo County), include:

- **Empowering church leaders** through education on the effects of FGM and training on how to address the issue in their communities. Currently some 217 church leaders from 33 denominations are enrolled for this training, which started in August 2016 and will run for a year. The religious leaders are expected to do a survey of the frequency of FGM in their communities and work with the TCN on plans to tackle the issue over the next five years.
- **Increasingly engaging county governments, village elders and community leaders** in the discussions and activities to end FGM.
- **Christian Rites of Passage** for both girls and boys. Over 300 girls took part in 2015 and it is hoped that that number will increase. Many of the girls revealed that they have not been taught about life skills, personal wellbeing or sexual health from their families, and said that they felt they benefited hugely from the knowledge passed on during the training. Boys, too, are trained on their family responsibilities, and to accept girls who have not undergone FGM.
- **Developing a network of anti-FGM trainers** to teach and empower girls through the Christian Rites of Passage programme. The TCN plans to train 40 women per county, across six counties, using a curriculum developed in collaboration with churches. Male trainers are also used to work with boys on the Christian Rites of Passage. The training work to date has been supported by the Kenyan Anti-Female Genital Mutilation Board.

## RELIGION

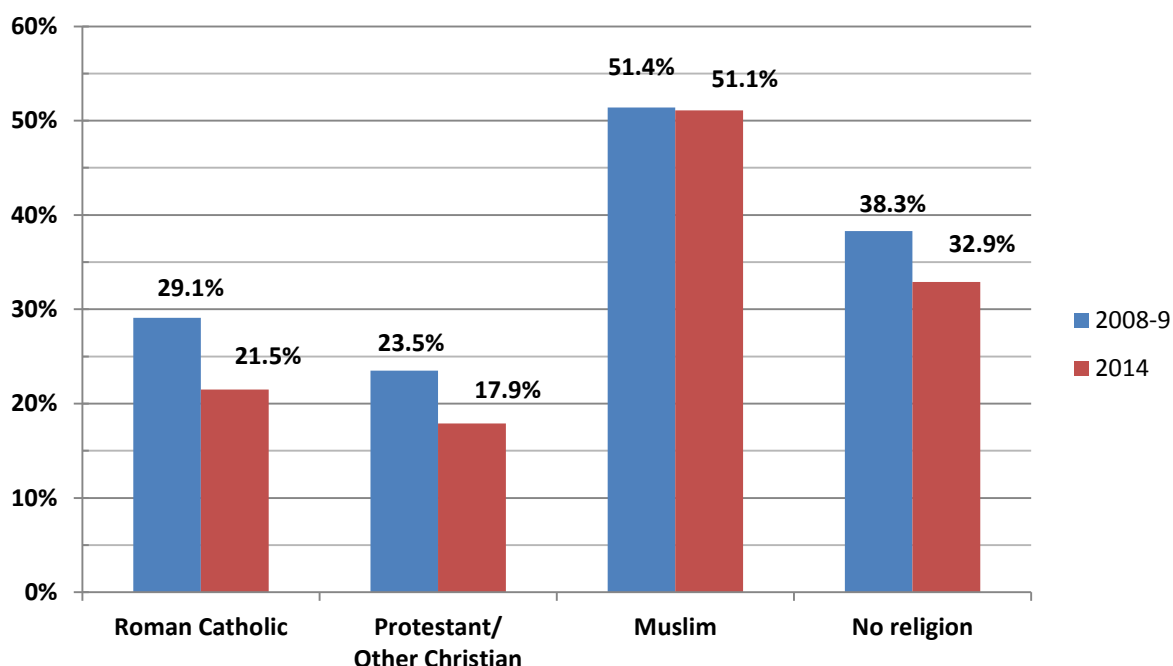
Based on the most recent census, carried out in 2009<sup>2</sup>, Kenya's population is:

- 83% Christian (Protestant – 47.7%, Catholic – 23.4%, and other Christian – 11.9%);
- 11.2% Muslim;
- 1.7% Traditionalist;
- 1.6% of other religions;
- 2.4% of no religion; and
- 0.2% unspecified.

Kenya's Constitution includes a Bill of Rights that guarantees **freedom of religion**. While it confirms there is no state religion, it does provide for **Islamic Kadhis' courts** 'in matters relating to personal status, marriage, divorce and inheritance', though the secular High Court has overall jurisdiction.<sup>1</sup>

## RELIGION AND FGM

Between the DHS surveys carried out in 2008-9 and 2014, the percentage of Muslim women aged 15 to 49 who have undergone FGM remained similar. Of Christian women and women of 'no religion', there were small decreases in the percentages that have undergone FGM.



**Fig. 18: Percentages of Kenyan women aged 15 to 49 who have undergone FGM, according to religion<sup>3</sup>**

Type II is the main **type of FGM** carried out across all religious groups, according to the DHS 2014.<sup>4</sup> Among women aged 15 to 49, the proportion of Muslim women who reported that they had been 'sewn closed' (Type III) halved from 61.1% in 2008-9 to 30.1% in 2014. As the Somali are predominantly Muslim, this would be consistent with the reported drop in Type III in the Somali ethnic group. However, as previously noted, such a dramatic change is unlikely in the short period of time, and there are likely other factors involved that have influenced reporting (see also pages 26 and 34).

The DHS 2008-9 survey does not give figures for **age of cutting according to religion**, but the 2014 survey does. The majority of Muslim women aged 15 to 49 who have undergone FGM (65%) reported that they were cut between the ages of five and nine. The majority of all Christian (Roman Catholic, Protestant and other Christian) women and those of no religion (aged 15 to 49) were cut between the ages of 10 and 14.<sup>5</sup>

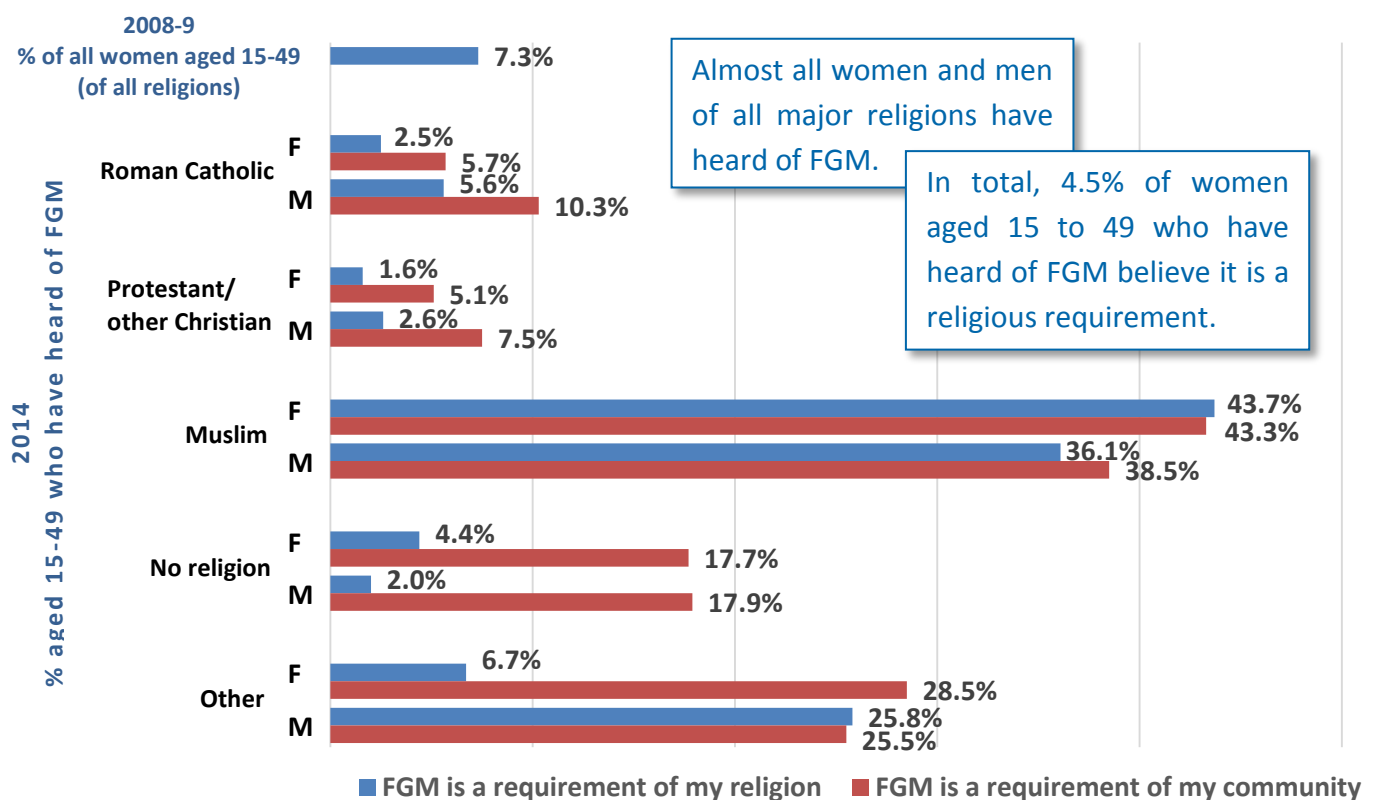
Among girls who were aged under 15 at the time of the 2014 survey, 19.8% of those born to Muslim mothers had undergone FGM. 12.7% of these had undergone Type III, and the majority (45%) were cut between the ages of 10 and 14, suggesting that the age of cutting for Muslims is increasing.

Of those born to Christian mothers, far fewer had undergone FGM (2.1% Roman Catholic and 1.3% Protestant/other Christian), and less than 3% born to mothers of any Christian denomination had undergone Type III.<sup>6</sup>

This analysis of FGM according to the mother's religion was not undertaken in 2008-9.

## BELIEFS ABOUT FGM

### FGM AS A REQUIREMENT OF COMMUNITY AND/OR RELIGION



**Fig. 19: Men's and women's beliefs, according to their religion, about whether FGM is a requirement of their religion or community<sup>10</sup>**

Please note that no direct comparison can be made between the 2008-9 and 2014 figures, as in 2008-9 all women were surveyed, but in 2014 only women who had heard of FGM were surveyed.

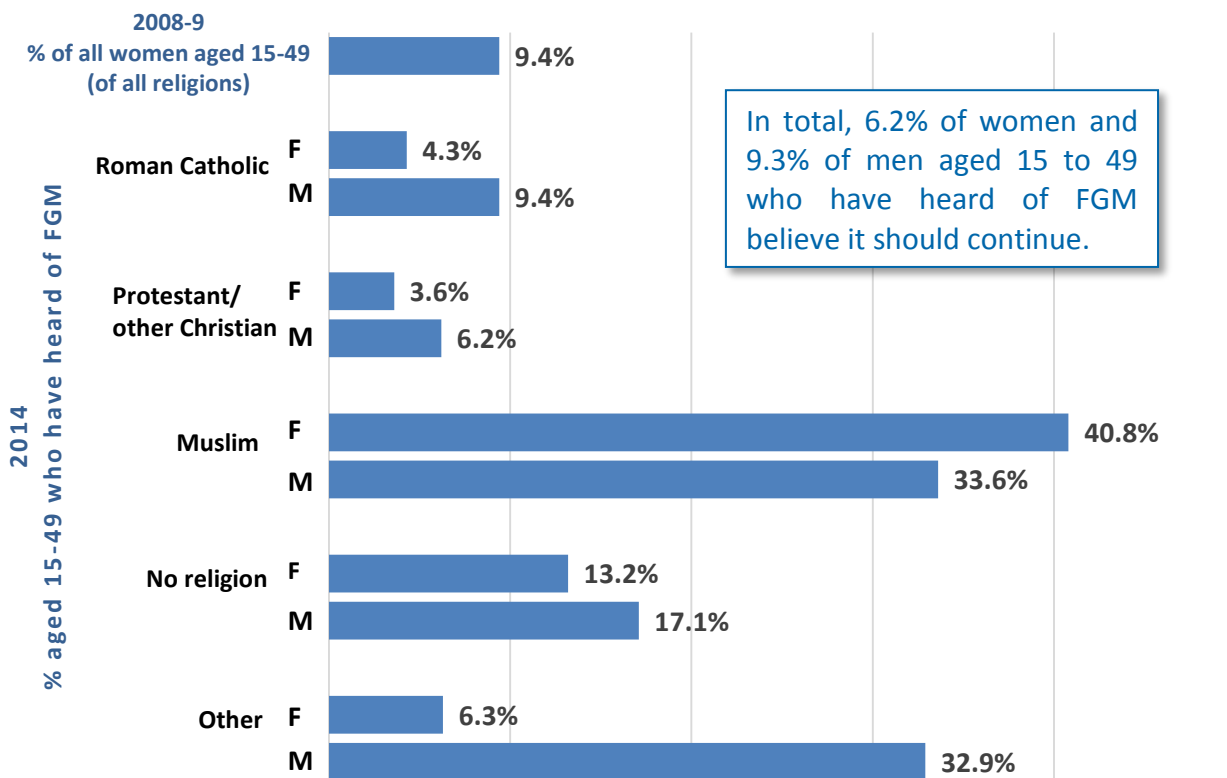
A large percentage of women of 'no religion' (32.9%) have undergone FGM, which reinforces what is widely understood in Kenya – that **the practice is strongly connected to tradition and ethnicity as well as religion.**

This is supported by survey respondents' opinions as to whether FGM is required by their **community or religion.** Women from three of the four highest-practising ethnic groups believe more strongly that FGM is a requirement of their community than of their religion. A high percentage of women from the group with the highest prevalence of FGM (the Somali) believe that the practice is a requirement of both their religion and community.<sup>7</sup>

According to the DHS 2014<sup>8</sup>, women who have undergone FGM are more likely (18.2%) to say it is required by their religion than those who have not (0.7%). A person's belief that FGM is or is not required by their religion is also affected by his or her ethnicity and place of residence; for example, the majority of Somali women (82.3%) and men (83.4%), and those residing in the North East region (89.3% of women and 86.8% of men) believe it is a requirement.<sup>9</sup>

Many NGOs and FBOs in Kenya, including those who partner with the UNJP and The Girl Generation, work with **religious leaders** to clarify that FGM is not a religious requirement and improve understanding of the harms of the practice. Programmes run by the Pastoralist Child Foundation and the Transformational Compassion Network, for instance, help to develop advocacy networks within communities and introduce **alternative rites of passage** for girls (see pages 36 and 37).

### FGM SHOULD/SHOULD NOT CONTINUE



**Fig. 20: Percentage of men and women, according to their religion, who believe that FGM should continue<sup>10</sup>**  
Please note that no direct comparison can be made between the 2008-9 and 2014 figures, as in 2008-9 all women were surveyed, but in 2014 only people who had heard of FGM were surveyed.

Less than 10% of people from each Christian denomination believe FGM should continue, and there is more support for its continuation among men than women. Support for FGM is much higher among the Muslim population and, in contrast, more women than men believe it should continue.



- 
- 1 *The Constitution of Kenya* (2010). Available at <http://www.klrc.go.ke/index.php/constitution-of-kenya>.
  - 2 Central Intelligence Agency (2016) 'Africa: Kenya', *The World Factbook*. Available at <https://www.cia.gov/library/publications/the-world-factbook/geos/ke.html>.
  - 3 DHS 2008-9, p.265 and DHS 2014, p.333.
  - 4 *Ibid.*
  - 5 DHS 2014, p.335.
  - 6 *Ibid.*, p.337.
  - 7 *Ibid.*, p.341.
  - 8 *Ibid.*, p339.
  - 9 *Ibid.*, p.340.
  - 10 DHS 2008-9, p.268 and DHS 2014, pp.340-343.

## EDUCATION

Kenya's education system is currently under reform. A review was started in January 2016 and is predicted to end in 2018. Under consideration is a proposed change from the 8-4-4 system introduced in 1985 to a new system of 2-6-6-3 (two years of nursery, six years of primary, six years of secondary and three years of university).<sup>2</sup> The current system has been criticised for being 'too assessment focused'<sup>3</sup> and the proposed new system, which places less emphasis on examinations and more on 'critical thinking and development of learners' potential in and outside class'<sup>4</sup>, has received the support of Kenyans<sup>5</sup>.

### GENDER PARITY

Although the gender parity index shows that at primary school level the gender gap is low, by secondary school there is a much higher dropout rate for girls.

A 2015 qualitative study in rural western Kenya identified **sexual relationships, menstrual-care difficulties and the lack of resources** as key reasons for girls dropping out of school.<sup>1</sup>

Alongside the reforms, Kenya is witnessing a series of arson attacks on schools. At least 100 schools have been attacked this year. The situation is currently under investigation by the Ministry of Education.<sup>6</sup> The Government and teachers' unions are not in agreement about the reasons for the attacks, and teacher unions have threatened a national strike if schools are not closed immediately, so that the situation can be dealt with. The Government has rejected this approach and stated that schools will not close.<sup>7</sup>

## LITERACY RATES AND ACCESS TO EDUCATION

Literacy rates in Kenya have risen slowly.

**Literacy rate in 2014:** 87.8% for women and 92.4% for men.<sup>8</sup>



**Fig. 21: Literacy rates among girls vary widely between urban and rural areas in Kenya (© Pastoralist Child Foundation)**

Regional differences in literacy rates do exist.

- The North Eastern region in particular suffers from a low literacy rate for women, at only 23.9%.<sup>9</sup>
- 69% of women in the North Eastern region have had no education.<sup>10</sup>
- The region with the highest literacy rate for women is Nairobi, at 96.5%.<sup>11</sup>
- Women in rural areas are twice as likely as women in urban areas to have had no education (19.5% compared to 8.9%).<sup>12</sup>

Wealth also affects both literacy rates and access to education. For women, there is 96.6% literacy in the highest wealth quintile, as opposed to 58.3% in the lowest<sup>13</sup>, and the percentage of women with no education in the highest wealth quintile is only 4.8%, as opposed to 42% in the lowest<sup>14</sup>.

## EDUCATION AND FGM

Among girls aged 0 to 14,  
**1.5%** of those born to mothers with a **secondary-level education or higher** have undergone FGM,  
 as opposed to **13%** of those born to mothers with **no education**.<sup>15</sup>

While the **school curriculum** in Kenya does not specifically include FGM awareness and education, many NGOs in country undertake advocacy work in schools. Representatives from NGOs and CBOs hold workshops for teachers and students, raising awareness of the harms of FGM and often offering alternative rites of passage to adolescent girls. A selection of these projects can be found below.

### MANGA HEART

Manga Heart is a CBO based in Nyamira County and working in the Kisii community, where FGM prevalence is 84.4%<sup>16</sup>. It began a project in 2015 in partnership with the International Solidarity Foundation of Finland to raise awareness and disseminate information on FGM through community outreach and sensitisation workshops. In the Manga area, teachers and schoolchildren, as well as members of the church community and medical practitioners, are targeted with clear information that will help them to examine their values and beliefs about the practice, and opportunities are created for them to exchange their experiences of FGM. Seminars and extra-curricular activities, such as competitions for students, are popular ways of delivering the information in schools.



**Fig. 22: A project officer from Manga Heart sensitises a group of primary school students to the health effects of FGM (Photographer: Jaco Magero; © Manga Heart)**

### COMPASSION CBO

Campaigning for better access to education for all ages as well as advocating for an end to child labour, early marriage and FGM are key elements of Compassion CBO's work in Kenya. It has held many workshops in schools in Tharaka Nithi, for example, where girls primarily aged between 10 and 15 are subjected to FGM, which then leads to early marriage and them dropping out of the education system.



**Fig. 23: Teaching schoolchildren the harms of FGM (Screenshot from Compassion CBO Anti-FGM Campaign in Kenya, 2016)**

Through advocacy and teaching methods, both girls and boys are educated on the harms of FGM. After every training session, girls can take part in a 'graduation ceremony' – known as the Red Ribbon Campaign – which represents their passage to adulthood, instead of being subjected to FGM. Compassion CBO has rescued more than 600 girls from FGM in Tharaka Nithi to date, and this outreach work was reinforced with a grant from AmplifyChange in early 2016 to run anti-FGM telephone hotlines in Kenya.<sup>17</sup>

- 1 Kelvin Oruko, Elizabeth Nyothach, Emily Zielinski-Gutierrez, Linda Mason, Kelly Alexander, John Vulule, Kayla F. Laserson and Penelope A. Phillips-Howard (2015), “‘He is the one who is providing you with everything so whatever he says is what you do’”: A Qualitative Study on Factors Affecting Secondary Schoolgirls’ Dropout in Rural Western Kenya’, *PLOS One*, December 4. Available at <http://journals.plos.org/plosone/article/asset?id=10.1371%2Fjournal.pone.0144321.PDF>.
- 2 Augustine Oduor (2016) ‘Report: Verdict of Kenyans on end of 8-4-4 education system’, *Standard Digital*, 31 March. Available at <http://www.standardmedia.co.ke/article/2000196630/report-verdict-of-kenyans-on-end-of-8-4-4-education-system/?pageNo=2>.
- 3 Benta A. Abuya and Nelson Muhia (2016) ‘Fighting fire with fire is unlikely to stem Kenya student unrest’, *The Conversation*, 27 July. Available at <http://theconversation.com/fighting-fire-with-fire-is-unlikely-to-stem-kenya-student-unrest-63002>.
- 4 Maryanne Gicobi (2015) ‘Minister sets date for radical 8-4-4’, *Daily Nation*, 31 December. Available at <http://www.nation.co.ke/news/Minister-sets-date-for-radical-8-4-4-reforms/-/1056/3015518/-/15dg74j/-/index.html>.
- 5 Oduor, *op. cit.*
- 6 Abuya and Muhia, *op. cit.*
- 7 Emmanuel Igunza (2016) ‘Wave of Kenya School Fires Continues’, *BBC News*, 30 July. Available at <http://www.bbc.co.uk/news/world-africa-36929336>.
- 8 DHS 2014, pp.40-42.
- 9 *Ibid.*
- 10 *Ibid.*, p.26.
- 11 *Ibid.*, pp.40-42.
- 12 *Ibid.*, p.26.
- 13 *Ibid.*, pp.40-42
- 14 *Ibid.*, p.26.
- 15 *Ibid.*, p.337.
- 16 *Ibid.*, p.333.
- 17 - Compassion CBO (2016) *Compassion CBO Anti-FGM Campaign in Kenya* [film]. Available at <https://www.youtube.com/watch?v=yiTYK8lzKzg&feature=youtu.be>.
- Compassion CBO (undated) ‘Compassion CBO awarded grant for Anti-FGM Hotlines in Kenya’, *News & Blogs*. Available at <http://www.compassion-cbo.org/news-and-blogs/56-fgm-hotline>.

## HEALTHCARE

### DEVOLUTION

The introduction of the new Constitution in 2010 devolved Kenya's health function from a national level to county governments.

The new structure puts the Ministry of Health in a coordinating role, responsible for leading policy development, managing national referral facilities, building capacity and providing technical assistance to the counties. The county governments are responsible for the provision of county health services and pharmacies, ambulance services and the promotion of primary health care.<sup>1</sup>

Devolution has led to new investment in facilities, equipment and medical staff<sup>2</sup>, with rural areas that sometimes lacked investment through the old

centralised system in particular benefiting from county-level funding. However, there has been some criticism that payments and salaries have been delayed, and there is concern as to the sustainability of the system for those counties that may not be able to raise enough local revenue.<sup>3</sup>



Fig. 24: Kenya is making progress to improve access to maternal healthcare for all women (Photographer: Marisol Grandon)

### POLICIES, PLANS AND INITIATIVES

The National Council for Population and Development's 2012 paper on **Population Policy for National Development**<sup>4</sup> included an aim to 'provide equitable and affordable quality reproductive health services including family planning'.

The **Kenya Health Policy 2014-2030** builds on this and include targets for 2030 to reduce infant, under-five and maternal mortality as well as the total fertility rate.<sup>5</sup> The priorities and objectives, investment, implementation framework and resource requirements needed to effect this strategy are provided by the **Kenya Health Sector Strategic and Investment Plan 2014-2018** (KHSSP), which also provides for regular monitoring and reporting.<sup>6</sup>

One of the main **barriers to healthcare** for women continues to be finance. 36.7% of women aged 15 to 49 state that getting money for treatment is a problem<sup>7</sup>, and 82% of women aged 15 to 49 have no health insurance coverage<sup>8</sup>.

A new government initiative to tackle this resulted in the introduction in 2016 of **free health insurance for pregnant women from low-income and underprivileged backgrounds**.<sup>9</sup> Health insurance in Kenya is currently provided by the National Hospital Insurance Fund (NHIF) (providing around 18% of national coverage), plus private insurance companies and community-based and micro-financed insurance organisations (together providing around 2% coverage).<sup>10</sup> The free maternal health insurance will be provided by the Kenyan Government through the NHIF and will entitle women to at least four antenatal, delivery and post-natal check-ups. A 2013 Government scheme to offer free maternity services in public hospitals suffered from funding problems, and other schemes saw health facilities not being reimbursed for provision of maternity care. However, this new scheme will be paid for by taxpayers on a monthly basis as part of a national health insurance policy.<sup>11</sup>

## WOMEN'S HEALTH

	DHS 2008-9	DHS 2014	KHSSP Target for 2018
Maternal mortality (/100,000 live births)	488	362	150
Infant mortality (/1,000 live births)	39	39	15
Under-five mortality (/1,000 live births)	52	52	35
% of women with a live birth that received antenatal care from a skilled provider	91.5	95.5	
% of women with a live birth who received four or more antenatal visits	47.1	57.6	80
% of live births delivered in a health facility	42.6	61.2	
% of live births assisted by a skilled provider	43.8	61.8	65
Median age when first giving birth	19.8	20.3	

Maternal mortality accounts for 14% of all deaths of women aged 15 to 49.<sup>12</sup>

The **Beyond Zero Foundation** was formed in 2014 to work in partnership with the Government to reduce maternal and child mortality.

Led by the First Lady of the Republic of Kenya, Her Excellency Margaret Kenyatta, the campaign has provided 41 Mobile Clinics to supplement the county-government facilities and has been supported by both private and public sector, as well as private individuals, who have raised funds for the Foundation through initiatives such as running marathons.<sup>13</sup>

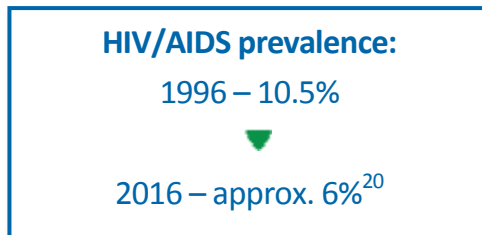
Fig. 25: Comparison of key maternity statistics 2008-9 and 2014<sup>14</sup>

Marriage in Kenya is early, with 27.4% of women aged 20 to 49 married by age 18, and 46.3% by age 20.<sup>15</sup> Almost one-quarter of women give birth by age 18 and almost half by age 20. 18% of 15-to-19-year-olds are already mothers or pregnant.<sup>16</sup>

FGM, giving birth at a young age and small intervals between births are all risk-factors for reproductive health complications, and **obstetric fistula** is a problem in many areas of Kenya. A study<sup>17</sup> in 2014 on the connection between FGM and physical-health outcomes concluded, 'The evidence base on the physical health complications of FGM/C, which covers over half a century of research from more than 20 countries in Africa and beyond, shows that FGM/C is associated with an increased risk of health complications, especially . . . obstetric difficulties.' UNFPA<sup>18</sup> estimates that there are around 3,000 new cases of fistula every year in Kenya, meaning that one to two fistulae occur in every 1,000 deliveries.

There are now several organisations and initiatives in place to address fistulae. These organisations, which include the Fistula Foundation, Astellas Pharma Europe Ltd, Freedom from Fistula Foundation, the Flying Doctors’ Society of Africa, UNFPA and the OGRA Foundation, provide permanent fistula programmes, fistula camps, free correctional surgery, training for surgeons and community health-worker support. In addition, the Kenyatta National Hospital carries out over 200 fistula operations every year and is now the National Training Centre for Fistula.<sup>19</sup>

## HIV/AIDS



Kenya has one of the highest burdens of HIV in Africa, and with around **1.6 million infected**, has the (joint) fourth-largest HIV burden in the world.<sup>21</sup> Prevalence varies heavily by region, from 0.2% in Wajir in the north-east to a high of 25.7% in Homa Bay in the west.<sup>22</sup>

Although general awareness of AIDS in Kenya is almost universal, only 56.3% of women and 65.9% of men have a comprehensive knowledge, and stigma remains a problem.<sup>23</sup>

**In Kenya, women (7.6%) are more vulnerable to HIV/AIDS than men (5.6%).**

**21% of new adult HIV infections per year are women aged 15 to 24.**<sup>24</sup>

HIV prevalence in young women has almost halved since 2003, but the discrimination women and girls face in Kenya and other part of sub-Saharan Africa, particularly in terms of the power to practise safe sex and experience freedom from sexual violence, puts them at greater risk of contracting HIV.<sup>25</sup>

A further risk for girls and women is FGM. The main problem is the use of dirty cutting implements, but there is also a slight risk of receiving contaminated blood if there is a need for a blood transfusion after heavy blood loss as a result of FGM. The link between FGM and early and forced marriage to an older partner (and possibly forced sex) also increases a young women’s risk of contracting HIV.<sup>26</sup>

Kenya has had great success in HIV prevention, with **new HIV infections** in 2013 estimated at less than a third of the rate in 1993.<sup>27</sup> However, with HIV and AIDS still accounting annually for approximately 29% of adult deaths, 20% of maternal mortality and 15% of under-five mortality, there is still a lot of work to be done.<sup>28</sup>

- 1 DHS 2014, p.3.
- 2 *Ibid.*
- 3 - Nic Cheeseman (2015) 'While Devolution May Work, Is It Sustainable?', *Daily Nation*, 8 August. Available at <http://www.nation.co.ke/oped/Opinion/While-devolution-may-work/-/440808/2825284/-/qpfpxz/-/index.html>.
- John Muchangi (2015) Kenya: What's the State of Health Under Counties?, *The Star*, 9 September. Available at <http://allafrica.com/stories/201509090908.html>.
- SABC (2016) *Devolution is working for Kenya, says council of governors*, 19 June. Available at <http://www.sabc.co.za/news/a/393947804d304af1b4a5bc830b7eb7b6/Devolution-is-working-for-Kenya,-says-council-of-governors-20160619>.
- 4 National Council for Population and Development (2012) Sessional Paper No. 3 of 2012 on Population Policy for National Development, p.20. Available at [http://ncpd-ke.org/ncpdweb/system/files\\_force/Population%20Policy%20for%20National%20Development%20\(Final%20July%202013\).pdf?download=1](http://ncpd-ke.org/ncpdweb/system/files_force/Population%20Policy%20for%20National%20Development%20(Final%20July%202013).pdf?download=1).
- 5 - DHS 2014, p.2.
- Republic of Kenya Ministry of Health (2014) *Kenya Health Policy 2014-2030*, p.63. Available at [https://www.afidep.org/?wpfb\\_dl=80](https://www.afidep.org/?wpfb_dl=80).
- 6 Republic of Kenya (2014) Kenya Health Sector Strategic and Investment Plan (KHSSP) July 2014 – June 2018, p.ix. Nairobi: Ministry of Health. Available at <http://www.health.go.ke/?wpdmdl=272&ind=2>.
- 7 DHS 2014, p.137.
- 8 *Ibid.*, p.270.
- 9 news24 (2016) *Free Maternity Insurance Cover for Poor Kenyan Women*, 22 July. Available at <http://www.news24.com/Africa/News/free-maternity-insurance-cover-for-poor-kenyan-women-20160722>.
- 10 International Finance Corporation (World Bank Group) (2015) *Smart Lessons: The Path to Universal Health Coverage in Kenya Kenya: Repositioning the Role of the National Hospital Insurance Fund*. Available at <http://documents.worldbank.org/curated/en/832461468188355009/pdf/99070-BRI-IFC-586467-SMART-LESSONS-Box393181B-PUBLIC-20150624T081248-2015-Universal-Health-Coverage-Kenya-C.pdf>.
- 11 news24, *op. cit.*
- 12 DHS 2014, p.327.
- 13 - Daily Nation (2016) *Kenya: First Lady Rolls Out New Health Campaign*, 20 July. Available at <http://allafrica.com/stories/201607210594.html>.
- *Beyond Zero* (2016) <http://www.beyondzero.or.ke/>.
- 14 - DHS 2008-9, pp.54, 106, 114, 116, 120 and 273; and DHS 2014, pp.xxii, 76, 121, 124, 128, 130 and 327.
- Republic of Kenya Ministry of Health, *op. cit.*, p.63.
- 15 DHS 2014, p.58.
- 16 *Ibid.*, p.65.
- 17 Rigmor C Berg, Vigdis Underland, Jan Odgaard-Jensen, Atle Fretheim and Gunn E Vist (2014) 'Effects of female genital cutting on physical health outcomes: a systematic review and meta-analysis', *British Medical Journal Open*, 4(11). Available at <http://bmjopen.bmj.com/content/4/11/e006316.full>.
- 18 UNFPA cited in Astellas (2016) *Action on Fistula*. Available at <http://www.astellas.eu/initiatives/action-on-fistula/>.
- 19 - Fistula Foundation (2016) <https://www.fistulafoundation.org/countries-we-help/kenya/>.
- Astellas, *op. cit.*
- Maryanne Waweru-Wanyama (2014) 'Fistula in Kenya: The Facts and The Needed Approaches', *The Flying Doctors' Society of Africa*, 6 August. Available at <https://www.flyingdoctorsafrica.org/2014/08/fistula-in-kenya-facts-and-needed-approaches/>.
- Freedom from Fistula Foundation (2013) *Kenya*. Available at <http://www.freedomfromfistula.org.uk/projects/kenya>.
- Ogra Foundation (undated) *Obstetric Fistula Repair and Care Project*. Available at <http://www.ografoundation.org/projects/fistula.html>.
- *United Nations Population Fund (UNFPA) Kenya* (undated) <http://kenya.unfpa.org/>.
- 20 AVERT (2016) *HIV and AIDS in Kenya* (last full review 1 May 2015). Available at <http://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/kenya>.
- 21 *Ibid.*
- 22 Ministry of Health and National Aids Control Council (2014) *Kenya HIV County Profiles 2014*, p.6. Available at <http://www.nacc.or.ke/images/documents/KenyaCountyProfiles.pdf>.
- 23 AVERT, *op. cit.*; DHS 2014, pp.207-15.
- 24 Ministry of Health and National Aids Control Council, *op. cit.*, pp.10-11.
- 25 AVERT, *op. cit.*
- 26 Lucy Maroncha (2015) 'The Consequences of female genital mutilation: a Kenyan Perspective', *Key Correspondents*, 22 September. Available at <http://www.keycorrespondents.org/2015/09/22/the-consequences-of-female-genital-mutilation-a-kenyan-perspective/>.
- 27 *Ibid.*
- 28 Ministry of Health and National Aids Control Council, *op. cit.*, p.11.

**Figure 24:** Marisol Grandon (2011) "I walked more than 200 miles to get help for my child". Available at <https://flic.kr/p/atBhER>. Creative Commons Licence: <https://creativecommons.org/licenses/by/2.0/>. This image has been altered from its original format (cropped).



## MEDIA

### FREEDOM OF PRESS

#### Reporters Without Borders *World Press Freedom Index*<sup>1</sup>:

2012 – 84<sup>th</sup> out of 179 countries



2016 – 95<sup>th</sup> out of 180 countries

Reporters Without Borders<sup>2</sup> attributes the decline in press freedom to the introduction in 2013 of the **Kenya Information and Communications (Amendment) Act** and the **Media Council Act**. These acts created a government body, **The Communications and Multimedia Appeals Tribunal**, which ‘hears media-related complaints and has the power to withdraw press accreditation and impose exorbitant fines on journalists and media outlets.’ The **Parliamentary Powers and Privileges Bill** also sets fines and jail terms for publishing ‘false or scandalous libel on Parliament, its committees or proceedings’<sup>3</sup>.

Over the past 18 months, journalists have been summoned by police for questioning or arrested for reporting on ‘corruption, land and security’ issues, which are particularly sensitive topics in Kenya.<sup>4,5</sup> These laws have been criticised for conflicting with the Constitution, particularly Article 34 (Freedom of the Media), which was initially praised for expanding press freedoms.<sup>6</sup>

### EXPOSURE TO MASS MEDIA

Exposure to media at least once a week	Women aged 15 to 49 (%)	Men aged 15 to 49 (%)
Reads a newspaper	17.9	41.3
Watches television	38.9	58.9
Listens to radio	69.7	85.5
All three media	10.7	32.7
No media	22.9	9.6

- Medium most commonly exposed to: radio (in both rural and urban areas)
- Medium least commonly exposed to: newspapers (in both rural and urban areas)
- Women are exposed to all forms of mass media less frequently than men.

Fig. 26: Exposure to certain forms of media on a weekly basis by men and women aged 15 to 49<sup>7</sup>

### MASS MEDIA OUTLETS

- Popular **television channels** in Kenya include Citizen, KTN and NTV.<sup>8</sup>
- Popular **radio stations** include Citizen Radio, Radio Maisha, Radio Jambo and Classic FM.<sup>9</sup>
- Popular **newspapers** include the Daily Nation, The Standard and The Star.

## MEDIA AND ANTI-FGM CAMPAIGNS

A multimedia approach has been increasingly used in the campaign against FGM in Kenya. In 2014, the **UNJP** supported a country-wide multimedia advertising campaign that included public-service announcements in various dialects and banners hung in buses.<sup>10</sup> The **Girl Generation** uses media widely and collects positive stories of social change from around the country to disseminate through conventional and social media, as well as community theatre.

### THE END FGM GUARDIAN GLOBAL MEDIA CAMPAIGN

The Guardian Global Media Campaign (GGMC) in Kenya was officially launched in October 2014 and a joint funding strategy with the UNFPA was put in place. Small grants were provided to journalists and news editors to help send journalists into remote areas to follow up on stories. Simultaneously, the dissemination of information regarding the health consequences of FGM and promoting the achievements of girls who had not been cut was set in motion, through offline materials and community radio presentations featuring respected local and religious leaders, and content translation into local dialects.

By mid-2015, the GGMC had identified a number of young men and women working in isolation to challenge FGM. In September 2015, the GGMC ran a media training academy at a YMCA in Nairobi, to which these activists were invited. They were given media training to empower them to collect and relay stories about the harms of FGM.

The academy was opened by the chairperson of the Kenya Anti-Female Genital Mutilation Board, Linah Jebii Kilimo, who said, 'We expect Kenyans' use of social media will help the government know where the practice is being carried out', and, 'Media is a very vital tool in this campaign and by creating the platform it will create awareness to millions of Kenyans and protect the girls and women's human rights.'<sup>11</sup>

These activists are successfully using social media to bring national attention to the FGM issue; for instance, by highlighting the arrest of two sets of parents in West Pokot, which increased press coverage on the legal implications of FGM in Kenya. A school art competition was also launched with the anti-FGM group Kepsteno Rotwoo, which resulted in a campaign poster warning of the dangers of FGM being displayed in market places throughout West Pokot.



**Fig. 27: Ten of the activists who attended the GGMC's media training academy in Nairobi in September 2015**  
(Photographers: Irene Baque de Puig and Alice Odenburgh/© *The Guardian*)

## THE INTERNET AND SOCIAL MEDIA

*Percentage of households with a **mobile phone**<sup>12</sup>:*

Urban	80.0%
Rural	94.2%
Overall	86.0%

24.7 million Kenyans have **mobile-phone internet/data subscriptions**.<sup>13</sup>

Kenya reportedly has the highest **internet bandwidth** per person in Africa, and statistics released by the Communications Authority of Kenya report that there is 52.3% penetration in the country.<sup>14</sup>

There are about **4.5 million Facebook users** in Kenya<sup>15</sup>, and Kenya is one of the leading countries in East Africa when it comes to **social media** use<sup>16</sup>. Consequently, social media is swiftly growing into an effective medium in Kenya for anti-FGM messages. There is also evidence to suggest that Kenyans are becoming more politically active on social media, particularly on Twitter (which is suspected, however, to be mostly used by the middle class).<sup>17</sup>

For the first time on 12-16 September 2016, Kenya hosted a '**Social Media Week independent' conference**<sup>18</sup>, which focused on 'harness[ing] the power of technology and social media to transform businesses, culture and lives'<sup>19</sup>.

## FILM

In 2012, Kenyan filmmaker Beryl Magoko released ***The Cut***, a documentary about FGM set among the Kuria people. The documentary has won numerous awards, including Best Feature Film at the London Feminist Film Festival in 2013 and Best East African Film at the Kenyan International Film Festival in 2012.<sup>20</sup>

In February 2016, ***The Bondage of Culture*** by Kenyan journalists Diana Kendi and Jane Gatwiri won the first Efua Dorkenoo award for reportage on FGM. The film tells the story of five women who fled to a rescue centre to avoid FGM.<sup>21</sup> The annual award is one aspect of a partnership between UNFPA and The Guardian that was initiated in Nairobi in 2014 to 'engage global media outlets . . . on how to improve their coverage of the consequences of this practice' and 'encourage reporting on the communities' efforts to abandon FGM and protect women's and girls' rights'.<sup>22</sup>

Currently in production is a feature-length documentary entitled ***Nancy: A One Girl Revolution***. The film charts the six-year journey of Nancy, a Pokot girl from north-east Kenya who resisted strong family and social expectations that she be cut and married young, as per the local tradition, because she longed to be educated. Nancy has progressed from being a rebellious schoolgirl and is now an accomplished campaigner and role model for her generation, as she works to educate and support other girls and families. Nancy has also shared her message internationally, including at the First Ladies Forum at the UN in New York in 2014 and The Commonwealth in London in 2016. Filmmaker Sara Nason and Nancy are continuing to work together so that, following its release, the film can be used to spread Nancy's message and support the empowerment of girls and women across East Africa and beyond. This December, Nancy will lead hundreds of girls and boys from her local area in a march for girls' rights in Kenya.



**Fig. 28: Nancy in New York, 2014**  
(© Sara Nason)



**Fig. 29: The extent to which FGM is ingrained into Maasai tradition is powerfully demonstrated through the film 'Warriors'**

*Warriors*<sup>23</sup> tells the true story of how playing cricket gave a group of young Maasai warriors the opportunity to challenge FGM and other HTPs in their community and beyond.

The film follows the Maasai Cricket Warriors as they travel to England to play in the 2013 Last Man Stands World Championships, a global, amateur cricket tournament hosted at Lord's Cricket Ground in London. The trip created opportunities for the warriors to discuss the abandonment of FGM with the elders in their communities upon their return to Kenya.

### THE MAASAI CRICKET WARRIORS AND CRICKET WITHOUT BOUNDARIES

Since filming for *Warriors* ended, **28 Too Many** and sports development charity **Cricket Without Boundaries** have partnered with the **Maasai Cricket Warriors** and **Cricket Kenya** to run anti-FGM programmes in the team's home region of Laikipia and beyond.

In both 2015 and 2016, a team visited schools, health facilities and communities in Laikipia. Children were educated about FGM (alongside early marriage and other health and social issues), while learning to play cricket, using the **BAT** message:

**B – break the silence and speak about FGM**

**A – advocate for change**

**T – together we can stop FGM**

During the 2015 trip, it was noted that there were very few places where girls escaping FGM or early marriage could go to seek refuge. Since then, two of the schools visited by the team have instigated programmes whereby, if a girl is found to be at risk, the teachers will speak to her parents about the issue. If they are unsuccessful at changing the parents' intentions, the school will take the girl on as a boarder.

On both trips, health workers met by the team were eager for training on FGM and working with FGM survivors, and training on deinfibulation was also provided.

On the final day of the 2016 trip, a meeting was held with a group of community elders made up of four men and 13 women. The team was welcomed and, although the elders had heard of some of the negative effects of FGM, they wanted to know more. Once the various effects had been discussed, the elders all agreed that they wanted to see FGM eradicated. The Cricket Warriors have been asked to continue training them, so that they in turn can train other community members. In addition, a cricket coach from the Maasai Cricket Warriors, supported by Cricket Without Boundaries and 28 Too Many, has undertaken a programme delivering anti-FGM cricket-coaching sessions in local schools.



**Fig. 30: A schoolgirl in Laikipia learns about FGM through cricket training and the BAT message developed by 28 Too Many and CWB (© CWB)**

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- 7 DHS 2014, pp.45-8.
- 8 Patricia Githua (2015) 'Top TV Stations in Kenya, July - September 2015', *GeoPoll*, 13 November. Available at <http://blog.geopoll.com/top-tv-stations-kenya-july-september-2015>.
- 9 Patricia Githua (2015) 'Top Kenya Radio Stations, May-July', *GEOPoll*, 16 September. Available at <http://blog.geopoll.com/top-kenya-radio-stations-may-july>.
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- 13 Communications Authority of Kenya (2016) *Quarterly Sector Statistics Report – Third Quarter for the Financial Year 2015/2016 (January – March 2016)*, p.22. Available at <http://www.ca.go.ke/images/downloads/STATISTICS/Sector%20Statistics%20Report%20Q3%202015-16.pdf>.
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## CHALLENGES

Challenges faced by anti-FGM campaigners include:

### ▪ A LACK OF COMPREHENSIVE AND RELIABLE DATA

The collection of accurate data in relation to FGM is potentially compromised by, for example, respondents' fears of prosecution, or their lack of knowledge about FGM; the difficulties associated with accessing a significant number of respondents that closely resembles a cross-section of the population; differing survey techniques and interpretations of questions by surveyors, and inconsistencies from survey to survey; and social and cultural pressures. The UNJP<sup>1</sup> notes that

expansion will require future programming to be based on solid evidence of what types of approaches are likely to work in each targeted setting, and why. While a significant quantity of experiences gained by different actors already exists, very limited data is available on the specific mid- to long-term results of promising interventions such as public declarations or ARPs.

### ▪ IMPLEMENTING AND ENFORCING ANTI-FGM LAWS

The gap between the law and its enforcement can be attributed to several challenges, including:

- a lack of awareness of the law and that FGM is a crime, especially in rural areas;
- girls undergoing FGM too young to report it;
- girls not wanting to get their parents into trouble and so failing to report FGM;
- girls who do report FGM then failing to attend court to testify;
- girls being taken across the border to be cut, especially into Tanzania;
- the practice of FGM 'going underground'/being carried out in secret;
- open opposition to the law and protests organised by local chiefs who support the practice<sup>2</sup>; and
- a lack of support from some politicians, for fear of losing seats or being threatened by practising community members<sup>3</sup>.

### ▪ COMBATING CULTURAL/SOCIAL/RELIGIOUS NORMS THAT SUPPORT THE CONTINUATION OF FGM AND OVERRIDE THE LAW

The outreach team that incorporated 28 Too Many, Cricket Without Boundaries and the Maasai Cricket Warriors (the CWB/MCW team) (see page 52) noted the importance of continually challenging norms. To illustrate: FGM and gender inequality are inherent in Maasai culture – girls are only educated up to the age of 13 and then they stay home, and many people cannot see a problem with this.

29.9% of women who have undergone FGM believe it is required by their community, and 18.2% of women who have undergone FGM believe it is required by their religion.<sup>4</sup> Social stigmas may cause women to choose to undergo FGM, and members of various communities like the Samburu and Maasai have held demonstrations in recent years to protest the criminalisation of FGM and defend it as an important cultural practice.<sup>5</sup>

### ▪ REACHING RURAL AND ISOLATED COMMUNITIES

Vast geographical areas and remote populations, coupled with poor physical infrastructure (lack of roads, electricity, security and properly equipped health centres), make it difficult to outreach and work effectively in rural and isolated communities, where FGM is most prevalent. Even where outreach takes place, these practical

challenges come with increased costs. Additionally, the difficulties associated with travel makes follow-up difficult, which contributes to the unsustainability of many outreach projects.

Ethnic tensions, which are particularly present in areas close to Kenya's borders, can also inhibit anti-FGM work and even endanger workers' lives.

#### ▪ **EDUCATING AND ENGAGING INFLUENTIAL LEADERS AND ROLE MODELS**

One of the main difficulties highlighted by the film *The Elite Also Cut* is that educated and respected members of society, including teachers, pastors, chiefs and security officers, who would be the ideal change-agents, secretly endorse the practice and in some cases allow their own daughters to be cut, despite knowing that FGM is illegal.

One head teacher whom the CWB/MCW team met with noted that more education for parents is needed, and more positive role-models for the girls, although he admitted that this is difficult in remote areas.

In the film *Warriors*, community elders would not endorse the abandonment of FGM until they had been assured by men and boys in the community that they would not refuse to marry uncut girls.

NGO Manga Heart reports that elderly community members are more likely to adhere to superstitions, and so their scientific explanations of the dangers associated with FGM are doubted or dismissed.

#### ▪ **THE MEDICALISATION OF FGM**

There are concerns that the number of cases of medicalised FGM is increasing, both in clinics and in girls' homes, although the available data is inconclusive. If it is increasing, this may be attributed to people's belief that FGM performed by trained medical personnel will reduce the health risks and stop immediate complications.

#### ▪ **PROVIDING ALTERNATIVE CAREERS FOR TRADITIONAL PRACTITIONERS**

Claims have been made by some traditional practitioners that explaining the problems associated with FGM will not stop them from performing it, because cutting is their livelihood. The challenge is to provide new skills and/or alternative careers to traditional practitioners, to allow them to stop performing FGM yet provide for themselves.

#### ▪ **PREVENTING THE BACKLASH AGAINST ALTERNATIVE RITES OF PASSAGE**

The chairperson of women's NGO Maendeleo ya Wanawake and of a local women's group known as GOCESO (Gokeharaka Central and South), who has tried to keep records of FGM cases in Kuria, has noted an increase in numbers. She believes this is because girls who have fled to rescue centres in previous years or who have undergone ARPs are purposely targeted by the community for cutting.<sup>6</sup>

#### ▪ **THE DECLINE IN PRESS FREEDOM**

Although there are no discernible effects at this time, the decline in press freedom may make disseminating information about FGM through the media more difficult, in some cases, or may make journalists more wary of reporting on controversial issues.

#### ▪ **FUNDING**

Education and awareness-raising have increased the number of girls reporting that they are at risk, but this has meant that health centres and schools are stretched financially and resources are limited. More funding is therefore required to shelter and further educate girls escaping FGM and/or early marriage, and to treat the health issues resulting from FGM, as well as scale up successful projects to reach more communities.

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## CONCLUSIONS AND STRATEGIES FOR MOVING FORWARD

Much work has been done in Kenya since the original 28 Too Many Country Profile. There is now a **greater coordination of efforts at a national level**, and increasingly a **more holistic approach** is being taken to anti-FGM programmes, engaging all members of communities, not only young girls. The practice of FGM in Kenya is declining and the structure is in place to drive the prevalence down further.

Kenya's **laws** to prevent FGM are relatively robust. Provisions in the 2010 Constitution are a step towards women's equality and empowerment, and the establishment of the Anti-Female Genital Mutilation Board and the Anti-FGM and Child Marriage Prosecution Unit, together with a 24/7 hotline for reporting girls at risk, is extremely positive.

However, it is essential that the momentum built up at a national level to end FGM is maintained throughout and beyond the 2017 general election. The role and responsibilities of the Anti-Female Genital Mutilation Board must be reinforced by the new administration. **Advocacy and lobbying** are essential to ensure that the legislative and policy changes that have been made are sustained. A greater representation of women in parliament, in accordance with the Constitution, may assist in this.



**Fig. 31: Kenyan women are being given a greater voice**  
(Photographer: Marc Samsom)

28 Too Many recommends that resources be invested in the **implementation and enforcement of anti-FGM laws**, and the prosecution of offenders, using the following strategies:

- educating communities about the law and women's rights, particularly in areas where custom and tradition override the law;
- ensuring that law enforcers are fully trained and supported to deal with cases as they arise;
- providing centres for girls fleeing FGM and early/forced marriage, and offering them support during court proceedings;
- reporting cases and releasing information to the public to reinforce the law and assist in monitoring its effectiveness;
- continuing work with officials of neighbouring countries to stop girls being taken across the border to be cut, and targeting specific groups that do this.

One of the barriers to law enforcement and outreach is the difficulty in reaching remote rural areas, where girls are more likely to be cut. Girls are also increasingly undergoing FGM in all school holidays, not just in December, which means that, where work was previously focused in the period leading up to the festive season, year-round work is now required. **Expansion of programmes**, as a report on the UNJP<sup>1</sup> notes,

will require future programming to be based on solid evidence of what types of approaches are likely to work in each targeted setting, and why. While a significant quantity of experiences gained by different actors already exists, very limited data is available on the specific mid- to long-term results of promising interventions such as public declarations or ARPs.

The **collection and dissemination of quality data** will allow anti-FGM campaigners and government bodies to determine progress and thus focus future strategies and programmes. NGO Manga Heart has specifically reported to 28 Too Many that **more networking, communication, partnerships and collaborative projects** with other organisations would greatly assist expansion and sustainability. Integrating anti-FGM messages into other development programmes; sharing data, best practice, success stories, operations research, training

manuals, support materials and advocacy tools; and providing links/referrals to other organisations will all help to build capacity and strengthen the anti-FGM campaign.

Several organisations have noted the importance and effectiveness of **engaging with all members of communities, especially men and boys, and traditional and religious leaders**. Men who have participated in training sessions on FGM in their own community have gone on to take the message out to men in other communities. Francis Mashame, Chairman of the Maasai Cricket Warriors, wrote in a letter to an outreach team that, in his view, the three most important strategies among the Maasai are:

- introducing **alternative rites of passage**;
- **young men publicly accepting and marrying uncut girls**; and
- providing **support-and-rescue centres**.

During the making of the film *Warriors*, one large barrier to the abandonment of FGM by the Warriors' community fell when the young men reassured their elders that they would marry, and in fact preferred to marry, uncut girls. (The Maasai Cricket Warriors and Cricket Without Boundaries, in partnership with 28 Too Many, have also shown the effectiveness of teaching health and social messages through the medium of sports coaching, and of appointing local role models and ambassadors.)



**Fig. 32: Teaching health and social messages through the medium of sports coaching has proven to be effective (© CWB)**

Given that many Kenyans believe that FGM is a requirement of their religion, **FBOs, as well as local religious leaders**, are well-placed to be major agents of change. It is therefore essential that religious leaders are educated, if necessary, and engaged to speak out against the practice. Several NGOs are working closely with local traditional and religious leaders, and such initiatives by Muslim leaders in North Eastern Kenya have enabled them to reach and educate both men and women in relation to FGM and the perceived connection with religion.

The UNFPA<sup>2</sup> reports that advocacy efforts have resulted in more resource being allocated to the Anti-Female Genital Mutilation Board; additionally, some counties have allocated extra resource to anti-FGM programmes. Of course, all programmes and research studies require funding to be effective, but specific areas where 28 Too Many notes that **sustainable funding** is needed are as follows.

- **Support for girls escaping FGM** – it has been reported to 28 Too Many that education and awareness-raising have increased the number of girls reporting that they are at risk, and this has meant that health centres and schools are stretched financially, and resources are limited. Increased funding is essential, to provide shelter and ongoing education for these girls, as well as mediation with their families and community leaders.
- **Care for women who have undergone FGM** – although many positive steps have been taken in relation to reducing the maternal mortality rate, funding is needed to improve access to healthcare and support services, including psychological health services, for women who have undergone FGM, particularly those in remote rural areas.

- **Education of healthcare professionals** – in addition to the special training needed to deal with complications caused by FGM (for example, obstetric fistula and the need for deinfibulation), the medicalisation of FGM is a concern, and healthcare professionals need to be made aware of the consequences of their participation in medicalised FGM.
- **Alternative livelihoods for traditional practitioners** – it has been noted that merely educating traditional practitioners on the problems surrounding FGM will not necessarily influence them to give up the practice, as it is their livelihood. The provision of retraining and assistance to find alternative careers is therefore essential to aid the abandonment process.
- **Education** – education is a central issue in the elimination of FGM. The introduction of free primary education in Kenya in 2003 has improved girls' attendance in primary school, but barriers still exist, especially in rural areas, to girls attending school and receiving a safe and good-quality education. It is hoped that free education will raise literacy levels, which in turn will help to eliminate the social stigmas surrounding FGM as they relate to health, sexuality and women's rights. FGM also hinders girls' ability to pursue higher education and employment opportunities. Anti-FGM programmes need to be focused on advocating for **girl's education**, but **educating men and boys on FGM** is equally crucial. Although there are NGOs working to 'fill the gap' when it comes to FGM education, 28 Too Many also recommends that the Government **include a module on FGM in the school curriculum**, and **train teachers** on FGM's harmful effects.



**Fig. 33: March led by anti-FGM activist Nancy in 2015**  
(© Sara Nason)

Prioritising charitable aid and grant funding is inherently challenging, and programmes for ending FGM are often given less attention than those related to the health and poverty crises. **Continued publicity** of current FGM practices at a global level, particularly through the UN and WHO, is crucial for ensuring that NGOs and charities are given support and resources long term. The media is a useful tool in this regard.

**The media** has also proven to be an effective weapon against FGM, and there has been an increased use of the media in Kenya as a tool for advocacy and education, which helps to bring FGM into the public discourse. 28 Too Many recommends that

organisations maximise their use of all types of media, but particularly radio, which is the medium that both men and women (including those in the remotest areas) are most commonly exposed to, and social media, the use of which is rapidly on the rise in Kenya. The Kenyan Government needs to ensure the freedom of the press to support the campaign to end FGM, and activists need to consult with practising communities, where appropriate, to ensure that respect for local culture is maintained, and to seek cooperation in campaigns.

Finally, 28 Too Many recommends that further **research** is needed to establish what is working and changing in FGM programming, taking into consideration factors such as the illegality of the practice and the potential increase in medicalisation. Survey methodologies need to consider the potential extent of misleading reporting and maintain consistency in questions from survey to survey.

1 UNFPA-UNICEF (2013) *Joint Evaluation: UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change (2008-2012)*, p.xiii. Available at [http://www.unicef.org/evaluation/files/FGM-report\\_11\\_14\\_2013\\_Vol-I.pdf](http://www.unicef.org/evaluation/files/FGM-report_11_14_2013_Vol-I.pdf).

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Figure 31: Marc Samsom (2007) *Singing Masai*. Available at <https://flic.kr/p/4wFLwV>. Creative Commons Licence: <https://creativecommons.org/licenses/by/2.0/>.

## APPENDIX – INTERNATIONAL AND NATIONAL ORGANISATIONS

### CONTRIBUTING TO WOMEN’S AND CHILDREN’S RIGHTS IN KENYA

*Please note that this is not a comprehensive list of all INGOs and NGOs working in Kenya.*

28 Too Many	Compassion CBO
7th Day Adventist Church	Council of Imams and Preachers of Kenya (CIPK)
Action Aid Kenya	Cricket Without Boundaries (CWB)
Adventist Development and Relief Agency (ADRA) Kenya	Dandelion Kenya
African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN)	Department for International Development (DFID UK)
Aid Kenya Foundation	Divinity Foundation
Alton Maasai Project	Education Centre for the Advancement of Women (ECAW)
Amplify Change	Education for Marginalised Children in Kenya (EMACK)
AMREF Health Africa	Equality Now
Anglican Church of Kenya	Ewangan Nadede Advocacy Initiative (ENAI) Africa
Association of Media Women in Kenya (AMWIK)	Faith for Community Wellbeing
AWEPA	Family Guidance Association
Beyond FGM	Federation of Women Lawyers (FIDA)
Beyond Zero Foundation	Feed the Minds
Bogoria Network Ministries	FEMNET
British High Commission	Fistula Foundation
Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa (CARMMA)	Forum for African Women Educationalists (FAWE)
Canadian International Development Agency (CIDA)	Freedom from Fistula Foundation
CARE Kenya	Friends of Londiani
Centre for Rights Education Awareness (CREAW)	Gokeharaka Central and South (GOCESO)
Centre for the Study of Adolescence (CSA)	Heart for Change
Child Rights Advisory Documentation and Legal Centre (CRADLE)	Inter-African Committee on Traditional Practices (IAC)
Child Welfare Society of Kenya	Kakenya’s Dream
Children’s Legal Action Network (CLAN)	Kenya anti-FGM Youth Network
Coalition on Violence Against Women (COVAW)	Kenya Alliance for the Advancement of Rights of Children (KAARC)
Coexist Initiative	Kenya Female Advisory Organization (KEFEADO)
Community Effort in Development (CED)	Kenyan Women Parliamentary Association (KEWOPA)
Community Empowerment Development Initiative Marsabit	Kepsteno Rotwo
	Komesi Women’s Network
	Kongelai Women’s Network

Maasai Evangelistic Association  
 Maendeleo ya Wanawake Organization (MYWO)  
 Manga Heart  
 Maasai Cricket Warriors (MCW)  
 National Council of Churches of Kenya (NCCK)  
 Nareto Olosho Foundation  
 Naserian Girls Rescue Initiative  
 Ntanira Na Mugambo Tharaka Women's Welfare Project  
 Nyanza Initiative for Girls' Education & Empowerment (NIGEE)  
 OGRA Foundation  
 One More Day for Children  
 Orchid Project  
 Oxfam  
 Pastoralist Child Foundation (PCF)  
 Pastoralist Girls Initiative (PLI)  
 PLAN International  
 Population Council  
 Presbyterian Church of East Africa (PCEA)  
 Ramat Community Empowerment Programme (RACEP)  
 Ripples International  
 Rural Women Peace Link (RWPL)  
 SAFE  
 Samaritan Purse Relief International  
 Samburu Girls Foundation

Save the Children  
 Sinyati Women's Group  
 St Peter's Life-Line  
 Soila Maasai Children's Home  
 Tareto Maa  
 Tasaru Ntomonok Initiative (TNI)  
 The Girl Generation  
*The Guardian* End FGM Global Media Campaign (GGMC)  
 The Transformational Compassion network (TCN)  
 Umoja Development Organisation  
 United Nations Children's Fund (UNICEF)  
 United Nations Development Programme (UNDP)  
 United Nations Population Fund (UNFPA)  
 UN Women  
 USAID  
 Voices of Hope Africa  
 Vivid Communication with Women in their Cultures (VividCom)  
 Women's Action Forum Network (WAFNET)  
 Women's Empowerment Link (WEL)  
 Womankind Kenya (Wokike)  
 Women's Rights Awareness Programme (WRAP)  
 World Health Organization (WHO)  
 World Vision