Technical Cooperation with the MOH/GTZ Anti-FGM/C Project in Kenya

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Background and Justification

In April 2003, the Governments of Kenya and the Federal Republic of Germany signed an eight year bilateral agreement to encourage the abandonment of female genital mutilation/cutting (FGM/C). Both governments subscribe to a number of international conventions and action plans supporting the implementation and protection of human rights, within which concrete measures against FGM/C have been formulated. These include the Convention for the Rights of the Child (1993), the International Human Rights Conference (1993), the International Conference for Population and Development (1994), as well as the World Conference on Women (1995).

This bilateral agreement conformed with the overall orientation of the German Government's development policy on poverty reduction, social justice, promotion of human rights, primary/basic education, gender equality, participation, promotion of social policies, help-for-self-help, reproductive health, and promotion of law and democracy. It was implemented through GTZ/Kenya and anchored within existing Government of Kenya policies for health, women and social affairs as formulated in the:

"National Poverty Eradication Plan and Poverty Reduction Strategy Paper"

"National Health Sector Strategy Plan 1999-2004"

" National Reproductive Health Strategy 1997-2000 (November 1996)"

"The Kenya National HIV/AIDS Strategic Plan"

"National Plan of Action for the Elimination of Female Genital Mutilation in Kenya 1999-2010 (June 1999)" and,

"The Children's Act (June 2001)".

The objective of the project was to ensure that practicing communities adopted new behavior and stopped the practice of FGM/C by:

- Achieving a 20% increase in community support for the elimination of FGM/C;
- Attaining a 10 % reduction in the number of girls cut;
- Attaining a 15% and 10% reduction in the number of eligible mothers and fathers respectively planning to circumcise their daughters;
- Adoption of alternative practices by at least one community;
- Creation of an FGM/C inter-ministry committee;
- Recognition by more than 50% of girls in selected communities of improved sexual and reproductive health and life chances.

In the bilateral agreement, "Result Area Three" stipulated that the project would be implemented in collaboration with research partners. In June 2003, FRONTIERS was approached to offer technical assistance as a research partner to the MOH/GTZ anti-FGM/C project. With funding from USAID's "Special Initiative on FGC", FRONTIERS worked with the MOH and GTZ to develop and pilot-test innovative anti-FGM/C interventions. These efforts contributed to building

the experience and capacity of MOH/GTZ partners in conducting operations research and utilizing results to design, monitor and evaluate FGM/C projects. The partnership sought to:

- Assist the MOH/GTZ to undertake baseline surveys to inform project development.
- Disseminate internationally the results from these evaluations.
- Facilitate the development of appropriate interventions using evidence and lessons learnt from elsewhere.
- Enhance understanding by the MOH and its partners of the importance of systematic evaluation of feasibility and effectiveness of different anti-FGM approaches.

Intervention Sites

The MOH/GTZ anti-FGM/C projects were implemented in five districts: Kuria district in Nyanza province; Kajiado and Transmara districts in Rift Valley Province; Greater Meru (originally Tharaka and Meru North) district in Eastern Province; and Garissa district in North Eastern Province. Each of these districts has different socio-cultural conditions, and communities practising FGM/C in differing situations and for different reasons. Specific interventions developed and tested in each district were not necessarily identical. Formative studies in each district were conducted to understand the community's perspectives and practice of FGM/C. FRONTIERS also supported the development of appropriate and feasible research designs, development of research tools, data management and analysis. FRONTIERS also supported the MOH/GTZ in report writing and dissemination. It also supported development of alternative practices and evaluated the impact and effectiveness of the anti FGM strategies.

Activities under the FRONTIERS-MOH/GTZ cooperation were implemented in two 2-year phases: June 2003 and May 2005; June 2005 to May 2007. In both phases, the importance of designing culturally acceptable interventions, consistent with best practices in the field, was underscored.

Phase One: Formative Research and Intervention Development 2003-2005

The MOH/GTZ Anti-FGM Project was initiated to encourage abandonment in several communities in Kenya. To be able to achieve this, several studies were conducted to help gather information to support the development of appropriate anti-FGM/C strategies. The studies primarily used both quantitative and qualitative research methods to collect information to achieve the following: estimated FGM prevalence rates, established knowledge, attitude and practice; examined the effects of cutting on girls; examined the relationship between education level attained and intention to continue FGM/C; and explored possible innovative approaches to encourage abandonment of FGM/C.

These studies were conducted in collaboration with the District Health Management Teams as follows:

- Two formative studies were conducted in Kajiado and Kuria Districts.
- An anti-FGM intervention implemented by PLAN/Kenya was assessed in Meru North and Tharaka Districts.
- A formative study was conducted in Transmara District to identify possible ways of building on the success of the Alternative Rites program, which was already being implemented by the MOH/GTZ project.
- A synthesis of study results conducted in the Dadaab refugee camp in Garissa District by CARE and FRONTIERS for possible use as baseline data for further interventions in the refugee camps.

Female Genital Cutting in Kajiado District

The study was conducted in Central, Isinya and Mashuru divisions, in Township, Olturoto, and Osilalei locations. Data were collected from a sample of 858 respondents, including boys and girls aged between 12-18 years as well as older men and women. FGM/C was found to be highly prevalent: 78 percent of the women aged 15-49 year-olds had undergone FGM/C. Among girls aged 12-18 years old, Osilalei had the highest proportion cut at 78 percent, followed by Olturoto (63%) and Township (58%). In Osilalei all mothers in the study aged 20 years and older were cut. In Olturoto, 89 percent of mothers 20 years and older were cut while 81 percent of them were cut in the Township location. Girls with secondary school education to be less likely to have been cut. Among girls whose mothers had secondary school education, less than one-third (29%) had been cut, compared to 72 percent of girls whose mothers had no schooling.

Nearly half of the respondents supported the continuation of FGM/C practices, citing them as a "good tradition" that brought honor to the girls. They also indicated that girls/women that had not been cut were not respected and were regarded as children who could neither be trusted nor accepted for marriage and childbearing. Among the respondents who opposed the practice, women reported the loss of significance of the cultural practice, negative health consequences for the girl and the curtailment of education for those who had been cut. Most study participants were not aware that FGM/C is illegal in Kenya, and that it contravenes the rights of girls and women.

The study reported changes in the way that FGM/C is practised now among the Masaai. There is a growing trend of cutting girls at a younger age for fear that they would reject being cut later due to increased education. There were reported changes in celebration events with most being lower profile. The study also found most of the FGM/C was being practiced by traditional circumcisers. About 74 percent of girls aged 12-18 years had been cut by a traditional circumciser as were their mothers. About 15 percent of the girls said they had been cut with a modern surgical blade (scalpel). There were also reports that some girls were being cut at health facilities, key evidence of increased medicalization of the practice, to minimize the risk of infection.

The study recommended the involvement of men in anti-FGM activities, the enhancement of girls' education, and increased community awareness of the negative social and health consequences of the practice. The importance of working with medical personnel to dissuade them from cutting girls was noted, while mobilizing and sensitizing the provincial administration to enforcing the Children's Act of 2001.

Female Genital Cutting in Kuria District

This study was conducted in all five divisions of Kuria District, and data were collected from a sample of 1,624 respondents, who included boys and girls aged between 12-18 years, and older men and women. The study found FGM/C to be a deeply rooted cultural practice in the district. Over 72 percent of the female respondents had undergone FGM/C. Among girls aged 12 to 18 years, 52 percent were cut, as were 90 percent of the older women. Mabera Division has the highest proportion of girls aged 12-18 years with FGM/C, with Masaba recording the lowest. In general, the numbers of older women who had experienced FGM/C was much higher in all divisions than of the younger girls. Some respondents attributed this difference to education and increased awareness of the negative consequences of cutting, although specific knowledge of the harmful medical, psychological and social effects of FGM/C was found to be low in the district. Over 70 percent of the study participants knew that the practice was illegal in Kenya, and an equal proportion thought that it should stop because it was outdated and had lost significance.

Those who supported continuation of the practice saw it as an important rite of passage to womanhood. About half (47%) of the fathers and more than a third (38%) of mothers thought that girls who had been cut were more accepted in the Kuria community and had better marriage prospects. Over 35 percent of both boys and girls thought that uncut girls stayed longer in school.

Cutting girls at younger ages was noted, due to the fear that if left to become more mature the girls would refuse to be cut or that she might get pregnant before being cut, which would be a serious issue in this culture. In most cases (over 80%), girls were cut by a traditional circumciser, often an elderly woman, although about 10 percent were cut by health workers, indicating a trend towards medicalization of the practice, as has been observed elsewhere in Kenya.

The study recommended reaching out to groups already opposed to cutting, such as churches, educated families, provincial administration and schools, as advocates to encourage abandonment of the practice. It also recommended the sensitization of clan elders to the range of risks to young girls and the introduction of the alternative rite of passage.

Female Genital Cutting in Meru North and Tharaka Districts

This study was conducted in six divisions (Igembe East; Ndoleli; Tigania; Meru North; Tharaka Central; and Tharaka North) in Meru North and Tharaka Districts. It measured FGM/C prevalence rates and the knowledge, attitudes and practices around FGM/C in the two districts. The assessment also evaluated the effectiveness of existing anti-FGM/C activities in Meru North by PLAN-Kenya and Family Health Options of Kenya (FHOK) and to identify a suitable approach to eliminating FGM/C in the area.

The study found the general prevalence rate to be lower in Meru North (38%) than in Tharaka District (58%). Prevalence was highest among mothers in Tharaka, at 87 percent, and lowest among young girls in Meru North at 15 percent. In both districts, girls who had some formal education were less likely to have been cut than girls who had none. Similarly, mothers with secondary school education were less likely to cut their daughters.

Those who supported the practice reported that FGM/C is a "good tradition" that enhanced girls' marriageability and acceptance in society. Girls felt that if they were not cut they would be considered children and subject to ridicule by their peers and relatives. In both districts, over half of all the study participants thought that FGM/C should stop because it was against prevailing local religions (largely Christian) and it limited girls' education. A large proportion of respondents reported that the practice had lost social significance. More respondents in Meru North wanted the practice to stop than in Tharaka.

In Meru North, 70 percent of the girls said that their mothers had made the decision to have them cut and 40 percent said the decision was also made by their fathers. In Tharaka, 95 percent of the girls reported that they made the decision to undergo FGM/C themselves. In both districts, most girls are cut by a traditional practitioner. In Meru North 85 percent of the girls, and 98 percent of girls in Tharaka District underwent FGM/C with a traditional practitioner. Only about one percent of girls in both districts were cut by health personnel. Qualitative data suggested a growing trend or at least increased interest in medicalization. Changes were also reported in community perceptions of the practice, with more community members indicating that the practice was declining due to awareness of the negative health and social consequences of cutting girls.

The study recommended the promotion of girls' education. It also recommended targeting all community members, men and women, young and old with messages on the harmful effects of cutting girls.

Female Genital Cutting in Dadaab Camps

In September 2000, FRONTIERS conducted a baseline study in Dadaab refugee camps in Garissa District to gather information to assist CARE-Kenya integrate FGM/C interventions into an existing reproductive health program among the Somali community. The baseline study found that FGM/C was practiced because it was regarded as a tradition and families felt the need for complying with religious requirements. Preserving virginity, reducing women's sexual desires, and maintaining hygiene to ensure cleanliness were given as reasons for the continuation of the practice. Other reasons given were to enhance a girl's beauty and to control the sexuality of women.

All the Somali women in the study group had undergone FGM/C, with 79 percent having experienced infibulation or Type III. However, Type I or II FGM/C (sometimes referred to locally as "*Sunna*") was reported as more common among older women (above 50 years), although it was impossible to verify the type of cut by age cohort. About one-third of the women (33%) did not know what parts of their bodies were cut during FGM/C. The study found the mean age at cutting to be seven years, which had not changed much over the years. Nearly half

of the cutting was done by traditional practitioners (49%), 24 percent by traditional birth attendants and 20 percent by medical personnel.

The study found that the decision to cut a daughter is usually made by mothers (62%), followed by fathers (16%), and grandmothers (21%). Six out of ten girls reported experiencing some type of FGM/C-related complication. The most commonly reported problems were painful menstruation, bleeding, and difficultly with urination. Other commonly reported problems were chronic bladder/urinary tract infection, prolonged or obstructed labor at childbirth and painful sexual intercourse.

More than half of the respondents had subjected their daughters to FGM/C and about 88 percent intended to have their younger daughters cut. Only 2 percent of females reported that they knew of families in their community who did not subject their daughters to FGM/C. The study noted increasing preference for the less severe form of cutting, with 49 percent women who had experienced infibulations (Type III) wanting their daughters to have a less invasive cut. Only 19 percent of the female respondents believed that the FGM/C practice contravenes the rights of women, compared to 33 percent of the males.

The study recommended interventions in the refugee camps to discourage the practice of FGM/C. It recommended more appropriate information, education and communication activities to encourage counter prevailing cultural and religious beliefs on the practice. The study found existing interventions to have played a significant role in passing anti-FGM/C messages in the refugee camps. FRONTIERS assisted GTZ to review findings of the CARE/FRONTIERS project in Dadaab to apply the results in designing anti-FGM interventions in the refugee camps in Dadaab.

Phase Two: Evaluation of FGM strategies (June 2005 – June 2007)

Under the second phase of support to MOH/GTZ, the partnership sought to assist the MOH/GTZ project to:

- Undertake systematic evaluations of the interventions begun under the first phase, and to disseminate internationally the results from the project evaluations.
- Document its most innovative interventions, and disseminate the lessons learnt to other stakeholders in Kenya and internationally.
- Utilize the findings of the intervention evaluation to strengthen the interventions.
- Strengthen its role as a strong and credible advocate in Kenya in the fight against FGM/C.

FRONTIERS assisted the MOH/GTZ to design and carry out an endline survey for the interventions in Transmara District, Rift Valley Province. The anti-FGM/C project had been implemented in Transmara for five years, i.e., since about 2000. FRONTIERS provided technical assistance in developing study tools, training of the research assistants, data management and report writing.

The evaluation found that FGM/C is losing significance in Transmara District, with the proportion of parents aged 25–34 years old who cut their daughters dropping from 46 percent in 2000 to 30 percent, and those with sisters who had undergone FGM/C dropping from 69 percent to 24 percent. Additionally, the proportion of respondents who were aware of families that do not cut their daughters increased from about 23 percent in 2000 to about 35 percent in 2006. The proportion of girls being cut by traditional practitioners declined from 86 to 65 percent. The study detected a substantial increase in the medicalization of the practice, with the proportion of those cut by trained nurses tripling from 10 to 33 percent. However, the prospects of halting the practice are improving, as evidenced by the proportion of girls and boys openly against the practice, which increased from 60 and 46 percent respectively to 68 and 75 percent. In addition, the proportion of parents wanting to cut their future daughters declined from 66 percent for fathers and 63 percent for mothers to 51 and 39 percent respectively.

Churches, community-based organization and other local stakeholders in the community had increased their mobilization and sensitization activities within the community. The study findings led to the recommendation that a more multisectoral approach was necessary for sustainable abandonment of the practice. They also called for enforcement of the Children's Act and prosecution of those still practicing FGM/C. The study recommended targeted interventions for medical personnel who are still cutting girls illegally.

FRONTIERS also supported MOH/GTZ to design a study to follow up past graduates of the alternative rite of passage program in Transmara and Kajiado Districts, Rift Valley Province. FRONTIERS supported the development of tools and in overseeing data collection and data entry. The final study report is yet to be finalized by GTZ.

FRONTIERS also supported MOH/GTZ to introduce innovative approaches to address FGM/C in communities. One such approach was through "Promoting Inter-generational Dialogue" (IGD). Previously used in Guinea, this approach was introduced to the Masaai in Kajiado District to stimulate community discussion on sensitive issues such as FGM/C. The dialogues attempted to foster community discussions and consensus building between older and younger members of the community on how to address FGM/C and gender issues. The MOH/GTZ project trained community facilitators in Kajiado District who convened joint discussion forums for the older and younger members of the community.

Although no systematic assessment of this IGD process was undertaken due to funding problems within GTZ, the IGD process appeared to increase social interaction and discussions on gender issues and FGM/C within the communities. Because of the discussions, some communities made public declarations through local leaders and the provincial administration supported activities encouraging abandonment of the practice.

Activities to fulfill these objectives were only partially achieved because of the limited funding. FRONTIERS continued to share with GTZ research evidence from Kenya and elsewhere on FGM/C. FRONTIERS, in collaboration with GTZ, prepared a program brief on the medicalization of FGM/C and the role local health providers played, which was provided to the Ministry of Health for broad dissemination.

Summary and Conclusions

Through this project the following outcomes were achieved:

- Baseline studies were conducted in Transmara, Kajiado and Kuria Districts that helped the MOH/GTZ project to design more effective anti-FGM interventions in the area.
- An assessment of FGM interventions in Meru North and Tharaka Districts that helped MOH/GTZ to strengthen intervention activities and approaches in Meru North District.
- A synthesis of the Dadaab refugee camp baseline study results by CARE /FRONTIERS was prepared for use in intervention development by GTZ.
- An endline evaluation was conducted in Kajiado and Transmara Districts to assess the impact of existing interventions in the Districts and a report was prepared on the most salient findings.
- A briefing document on the medicalization of the practice was prepared for the MOH to use in its advocacy against health workers becoming more engaged in the practice.
- GTZ staff were encouraged to support the use of research data for advocacy and programming.

This partnership assisted GTZ and the Kenyan MOH to strengthen their anti-FGM/C activities through use of evidence in programming. It increased the visibility of the MOH/GTZ anti-FGM campaigns in the districts. Experiences from these interventions were used for advocacy and informing policy decisions at the Ministry of Health. Throughout this partnership, the importance of designing culturally acceptable interventions was underscored. The partnership also benefited FRONTIERS staff in gaining insight into the diverse range of program implementation. MOH/GTZ tested different approaches to encourage abandonment of FGM from which key lessons have been learnt.

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