Female Genital Mutilation practices in Kenya:

THE ROLE OF ALTERNATIVE RITES OF PASSAGE

A case study of Kisii and Kuria districts

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Contents

COMIC RELIEF

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Abbreviations and acronyms

ADRA	**Adventist Relief Agency**
ARP	**Alternative Rite of Passage**
DHS	**Demographic and Health Surveys**
ECAW	**Education Centre for the Advancement of Women**
FGD	**Focus Group Discussion**
FGM	**Female Genital Mutilation**
FGM/C	**Female Genital Mutilation / Cutting**
GEP	**Girl Empowerment Programme**
GTZ	**Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation)**
KDHS	**Kenya Health and Demographic Health Surveys**
MoU	**Memorandum of Understanding**
MYWO	**Maendeleo ya Wanawake**
NGO	**Non-governmental Organisation**
PATH	**Program for Appropriate Technology in Health**
RWAYDO	**Reach Women and Youths Development Organisation**
SDA	**Seventh Day Adventist**
TNI	**Tsaru Ntomonok Initiative**
UNFPA	**United Nations Population Fund**
UNICEF	**United Nations Children's Fund**
WHA	**World Health Assembly**
WHO	**World Health Organisation**
YWCA	**Young Women's Christian Association**

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Executive Summary

The WHO defines Female Genital Mutilation (FGM) as comprising 'all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons'. An estimated 100 –140 million girls and women currently live with the consequences of FGM, most of whom live in 28 African countries.

The main reasons for the continuation of FGM are firstly, as a rite of passage from girlhood to womanhood; a circumcised woman is considered mature, obedient and aware of her role in the family and society. Secondly, FGM is perpetuated as a means of reducing the sexual desire of girls and women, thereby curbing sexual activity before, and ensuring fidelity within, marriage.

Evidence from the Kenya Demographic and Health Surveys (KDHS) shows that the overall prevalence of FGM has been decreasing over the last decade. In 2008/9, 27% of women had undergone FGM, a decline from 32% in 2003 and 38% in 1998. Older women are more likely to have undergone FGM than younger women, further indicating the prevalence is decreasing. However, the prevalence has remained highest among the Somali (97%), Kisii (96%), Kuria (96%) and the Maasai (93%), relatively low among the Kikuyu, Kamba and Turkana, and rarely practiced among the Luo and Luhya (less than 1%).

In Kenya, approaches used, with varying degree of success, to encourage communities to abandon FGM include: health risk/harmful practice approaches; educating and providing alternative sources of income to circumcisers; alternative rites of passage; addressing FGM through religion; legal and human rights; and the promotion of girls' education and empowerment programmes.

This research was undertaken to better understand FGM as currently practised by the Kuria and Kisii communities. The study investigated

- current attitudes and practices in relation to FGM among men and women,
- awareness and attitudes towards the Alternative Rite of Passage (ARP)
- factors which encourage individuals to take decisions to abandon FGM.

The research used qualitative methods, collecting data through focus group discussions and key informant interviews.

The findings show that FGM is still a celebrated public event among the Kuria, dictated by the decrees from the Council of Elders, which decides when circumcision should take place. In Kisii, FGM is a private family affair, usually without public celebration, often in secret. In both communities, girls undergoing FGM are given gifts and are generally considered more suitable for marriage and more socially acceptable. Uncircumcised girls and women frequently experience stigmatism, isolation and ridicule. However, there is evidence in both Kuria and Kisii that the isolation and stigma directed towards uncircumcised girls and women is far greater for uneducated girls than for those who are educated.

As reported in other research, there has been a marked trend towards girls undergoing FGM much younger, with many girls under 10 years of age. This appears to be in order to circumcise them before they might refuse and also in response to the illegality of FGM under The Children Act, since 2001. The change to using medical staff to carry out the procedure is particularly evident in Kisii, although parents in Kuria also expressed a preference in this direction.

The ARP is one of the approaches implemented in Kuria and Kisii in the last decade, often as part of a programme involving community awareness raising, working with schools, health providers, religious and community leaders. ARP is generally considered most appropriate for communities where FGM involves a public celebration, with the intention that the ARP graduation would, over time, replace the cut whilst retaining the traditional celebration. This would suggest that ARP would be more readily accepted among the Kuria, than among the Kisii.

The research found that ARP has been successfully used in Kisii, integrated with girls' empowerment programmes. Residential ARP camps are supported by intensive community awareness activities, which encourage the local community to recognise the ARP graduation ceremony as an alternative to FGM. In contrast, in Kuria, the concept of ARP is less well articulated. The emphasis has been placed on rescuing girls from FGM, with camps organised during the FGM season. Although these camps also include an ARP graduation ceremony, as well as training on the health risks of FGM and the violation of the rights of girls and women, the local community recognises these elements only to limited extent.

The study suggests that the success of ARP as an approach to abandoning FGM is strongly dependent on the concept being understood and accepted locally, particularly by decision-makers including parents, the Council of Elders (in Kuria), church, school and community leaders. As such, ARP needs to be fully explained and embedded in community education and girl empowerment programmes which cover the health risks, violation of the rights of girls and women, and also challenge the myths and assumptions around FGM.

In Kuria, it is recommended that local agencies shift their focus from rescue camps in the FGM season and engage in longer-term community education and girl empowerment initiatives throughout the year. For ARP to be successful, the concept needs to be articulated more clearly in the community. Attempts should be made to engage the Council of Elders as potential change agents.

In Kisii, it is recommended that agencies engage a wider range of people, including men and community leaders in education in relation to FGM. There is also a need for more girl empowerment initiatives incorporating ARP.

Education is seen as an important factor in the abandonment of FGM in Kisii and Kuria, with schools providing a valuable forum in which to address FGM. It is recommended that partners work closely with schools and churches, building the capacity of teachers to help them overcome social inhibitions and discuss FGM with pupils. However, families whose children are not attending school are less likely to be involved in activities to learn about FGM and the rights of young girls and women. It is recommended, therefore, that agencies also target some of the more marginalised in communities, in particular those families outside the school networks, many of whom have limited levels of literacy.

It is hoped that these findings will enable agencies working in Kuria and Kisii to devise more effective interventions to encourage the abandonment of FGM.

Background to FGM in Kenya

Female Genital Mutilation[1] (FGM) is defined by the WHO as comprising 'all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons[2]'. The practice of FGM has no known health benefits. On the contrary, it is known to be harmful to girls and women. As well as severe pain suffered during cutting, the removal of, or damage to, healthy, normal genital tissue interferes with the natural functioning of the body. Immediate and long-term health consequences of FGM include severe bleeding, infections, retention of urine, and later, potential complications during childbirth that can lead to maternal and newborn deaths. The WHO has classified four broad types of FGM (table) and estimates that approximately 80% of girls and women subjected to FGM undergo type I. All types carry health risks, although these are substantially higher for those who have undergone the more extreme procedure (type III).

The WHO estimate that 100 –140 million girls and women currently live with the consequences of FGM, and that at least three million girls and women undergo some form of the procedure every year. Most of these girls and women live in 28 African countries, mainly in west, east and north-east Africa.

TABLE: TYPES OF FEMALE GENITAL MUTILATION

World Health Organisation's classification of types of female genital mutilation	
Type I	Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).
Type II	Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).
Type III	Narrowing of the vaginal orifice with creation of a covering seal by cutting and restitching the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation).
Type IV	Unclassified – all other harmful procedures to the female genitalia for nonmedical purposes, for example, pricking, piercing, incising, scraping and cauterization.

RATIONALE FOR FGM

The reasons why some communities circumcise their women are deeply rooted in the traditional culture, driven by a complex combination of psychosexual and social reasons, specific to each context and passed down the generations[3].

1 The terms female genital mutilation (FGM), female genital cutting (FGC), FGM/C and female circumcision are used by different organisations. This report uses FGM, as favoured by WHO, UNICEF and UNFPA. However, when undertaking focus group discussions and interviews the term female circumcision was used as it was more familiar and acceptable among participants.

2 WHO website: http://www.who.int/topics/female_genital_mutilation/en/

3 Muteshi J and Sass J (2005) Female Genital Mutilation in Africa: An analysis of current abandonment approaches. PATH

Although religion, aesthetics and social culture have been identified as features which contribute to the practice[4], FGM remains primarily a cultural rather than a religious practice, occurring across different religious groups. FGM is not sanctioned by any religious texts. Although in some communities, religious interpretations have been used to justify the practice. Hygiene and aesthetics are frequently quoted as factors supporting FGM, often underpinned by beliefs that female genitalia are ugly, have a bad odour and can be made more beautiful by FGM. FGM is also seen as an essential step in marking the transition of a girl into a mature woman, able to carry out the roles assigned to a woman, including marriage and childbearing. FGM is also considered as helping curb sexual drive and respecting cultural/traditional heritage.

PREVALENCE OF FGM

Since the 1990s, national and sub-national data collection on FGM has taken place in more than 20 countries through the Demographic and Health Surveys (DHS), prompted in part at least by Toubia's report, Female Genital Mutilation: A call for Global Action[5]. The collation of data by population characteristics such as age, ethnicity, religion, residence and education has enabled some of the key factors influencing the prevalence of FGM to be better understood[3]. The picture which emerges is complex, with strong regional differences in the prevalence of FGM in many countries, usually mirroring the homelands of specific ethnic communities. In most, but not all countries, FGM prevalence is higher in rural than urban areas. There is also some evidence that education plays a role, with the daughters of well-educated women being less likely to be circumcised. There are exceptions, however, for instance in Egypt, where education appears not to make a difference to whether a young woman is circumcised or not.

INTERNATIONAL EFFORTS ON FGM

Attempts to persuade communities to abandon FGM were first recorded by missionary and colonial authorities early in the twentieth century, and were largely seen as colonial imperialism[3]. The efforts of western feminists in the 1960s and 1970s were similarly regarded as being critical of indigenous culture and imposed by outsiders with their own agenda. However, attitudes began to change in the mid-1990s when the International Conference on Population and Development (1994) and the Fourth World Conference on Women (1995) took place in Beijing , in which FGM was portrayed as a health and human rights issue. It was acknowledged that efforts to encourage abandonment needed to include locally-led initiatives and the full engagement of communities, health professionals and policy makers.

In 1997, a joint international statement against the practice of FGM was issued by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). In 2008, a new statement was released, with wider UN support and a stronger focus on the human rights, legal and policy dimensions. This statement was based on the research carried out in the intervening years, focusing on the reasons for the continued practice, the increased involvement of health professionals in carrying out FGM to reduce the health consequences, and the impact of various approaches to encouraging the abandonment of FGM. It stressed that regardless of the reasons for its practice, FGM is harmful and violates the rights and dignity of women and girls, the rights to health, security and physical integrity of the person, the right to be free from torture and degrading treatment, and the right to life when the procedure results in death. The World Health Assembly resolution in 2008 (WHA61.16) called for an integrated approach to ending FGM within one generation through concerted action across health, education, finance, justice and women's affairs, focusing on advocacy, research and guidance for health services.

4 Mohamud A Ali N and Yinger N (1999) FGM programmes to date: W*hat works and what doesn't work*. Geneva: WHO/PATH

5 Toubia N (1993) Female Genital Mutilation: A call for Global Action. New York: Rainbo

FGM has been widely recognised as a harmful practice and was specifically condemned in the 2003 African Union Protocol to the Africa Charter on Human Rights on the Rights of Women[6] (article 5 Elimination of Harmful Practices), which states that 'Parties shall prohibit and condemn all harmful practice which negatively affect the human rights of women and which are contrary to recognised international standards. Parties shall take all necessary legislative and other measures to eliminate such practices, including.....all forms of female genital mutilation, scarification, medicalisation, and para-medicalisation of female genital mutilation.....in order to eradicate them.'

FGM IN KENYA

PREVALENCE AND TYPE

According to the Kenya Demographic and Health Surveys[7] (KDHS), the overall prevalence of FGM is decreasing in Kenya. In 2008/9 on average 27% of female respondents had undergone FGM, a decline from 32% in 2003 and 38% in 1998. The proportion of women circumcised is higher among older women, with 15% of women aged 15-19 being circumcised, as opposed to 49% of those aged 45-49, further indicating that the prevalence of FGM is decreasing.

The 2008/2009 KDHS found regional variations in prevalence of FGM - 98% of women in North Eastern Province had been circumcised, compared to only 1% of women in Western Province. In Nyanza Province (which includes Kuria and Kisii districts), 34% of the women were circumcised, compared to 14% in Nairobi, and 10% in Coast Province. Ethnicity is one of the strongest factors influencing the practice of FGM in Kenya - prevalence rates remain highest among the Somali (97%), Kisii (96%), Kuria (96%) and Masai (93%) ethnic groups and relatively low among the Kikuyu, Kamba and Turkana, whilst among the Luo and Luhya less than 1% of the women undergo FGM[8]. There are also differences in the prevalence of FGM between rural and urban areas, with on average 31% of women in the rural areas reporting that they were circumcised, compared to just 17% in urban areas. Education is also a significant factor, with 54% of women without any formal education being circumcised, as opposed to 19% of women who attended secondary school.

In 2008/9, the majority of the women who reported having been circumcised said that they had some flesh removed, which usually includes removal of the clitoris. Thirteen percent had the most invasive form, in which the labia are removed and sewn closed (type III). Only 2% percent said they were nicked with no flesh removed (type IV).

RATIONALE FOR FGM IN KENYA

Communities that practice FGM report a variety of social and religious reasons for continuing with it. Deeply rooted customs, linked to social and economic benefits, are associated with FGM. In the 2008/2009 KDHS, 24% of women who were circumcised cited 'social acceptance' as the most important reason for circumcision; other reasons cited include 'to preserve virginity until marriage' (16%); and 'to have better marriage prospects' (9%).

LEGAL STATUS OF FGM IN KENYA

In 1999, the Ministry of Health issued a National Plan of Action for the Elimination of FGM (1999-2019), which set out broad goals, strategies, targets and indicators[9]. This plan was to be implemented in collaboration with partners. In 2001, Kenya adopted the Children's Act which made FGM illegal for girls under the age of 18. The potential penalties under Kenyan law for anyone subjecting a child to FGM is twelve months imprisonment

6 African Commission on Human and People's Rights website: http://www.achpr.org/english/_info/women_en.html

7 WHO Kenya Demographic and Health Survey 2008/2009 http://apps.who.int/medicinedocs/en/m/abstract/Js17116e/

8 GTZ (2007) Female Genital Mutilation in Kenya. www.gtz.de/en/dokumente/en-fgm-countries-kenya.pdf

9 Abusharuf R M (2007) Female Circumcision: multicultural perspectives. Penn Press

and/or a fine of up to fifty thousand shillings (about US $600), although this is currently under review. However, there are few reported cases of successful legal action against the perpetrators of FGM and there have been widespread criticisms that the law is not effectively protective, is poorly implemented, and has failed to curb FGM. There is no specific law in Kenya against FGM for women over 18 years of age.

The Kenyan government has introduced a range of initiatives through the National Plan of Action to try and encourage the abandonment of FGM, for example, a government-led commission to coordinate activities for the elimination of the practice has been set up, bringing together partners involved in the fight against FGM on national and regional levels, to share expertise, raise resources and collaborate on initiatives. The commission has had mixed success in establishing networks at regional level, for example, Kuria has a thriving network which coordinates anti-FGM action, whereas in Kisii attempts to establish a strong network have been largely unsuccessful to date.

APPROACHES TO THE ABANDONMENT OF FGM IN KENYA

Different intervention approaches have been used in Kenya to persuade communities to abandon FGM. A situation analysis[10] conducted in 2006 documented the different types of interventions that have been implemented in Kenya, including:

- Interventions using a health risk approach and addressing health complications of FGM;
- Approaches addressing FGM as a harmful traditional practice;
- Educating traditional circumcisers and offering alternative income generation;
- The alternative rite of passage approach;
- Interventions addressing FGM and religion;
- Legal and human rights approach, the intergenerational dialogue approach,
- Promotion of girl's education and empowerment to oppose FGM, and supporting girls escaping from early marriage and FGM.

Early interventions focused on the health risks of FGM, and addressing FGM as a harmful traditional practice. Though not documented, it is suspected that this emphasis may have led to harm-reduction tendencies in some communities, including minimising the amount of flesh cut, and using medical staff and implements to perform the cutting (medicalisation). This report focuses particularly on the use of ARP approaches to the abandonment of FGM. ARP is potentially a powerful alternative approach which maintains the celebration of the passage of a girl to womanhood, thus respecting the culture and tradition, without the act of genital cutting. ARP is often suggested as an intervention offering a culturally sensitive approach leading to the long term abandonment of FGM. However, evaluation reports suggest that the cultural context needs to be taken into consideration and that ARP is not appropriate in all communities[11].

The Alternative Rite of Passage (ARP) was first introduced in 1996 by Maendeleo ya Wanawake (MYWO), a local women's development movement, and PATH, as an 'alternative ritual' among the Meru community, which avoided genital cutting but maintained the essential components of female circumcision, such as education for the girls on family life and women's roles, exchange of gifts, celebration, and a public declaration for community recognition[11]. At this time FGM was part of a large community celebration with the younger girls being secluded prior to cutting, to learn about their role in society, followed by a public event to celebrate their graduation. The rationale behind ARP was to persuade communities to maintain the public celebration of the passage

10 Humphreys E, Sheikh M, Njue C, and Askew I (2007) Contributing towards efforts to abandon Female Genital Mutilation/Cutting in Kenya- a Situation Analysis. Population Council and UNFPA

11 Chege J, Askew I and Liku J (2001) An assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya. FRONTIERS, Population Council

to womanhood, but without the harmful cutting. A Population Council evaluation of the MYWO ARP[11] programme concluded that the contribution that an ARP intervention can make towards abandonment of the practice in a community depends on the socio-cultural context in which FGM is practised. Where FGM is part of a community ritual, ARP would be more likely to be successful, whereas where FGM is a more private family affair, or not linked to the rite of passage, ARP would be less likely to be adopted as a genuine alternative to FGM.

Since the first introduction of ARP in Kenya, other non-governmental organisations (NGOs) have developed their own models of ARP, which have been introduced in other parts of the country. The Tsaru Ntomonok Initiative (TNI) is one such initiative. It is a community-based organisation based in the Narok district, in the Southern Rift Valley, established in 2003 and is a residential rescue centre for young Masai girls, escaping from FGM and early marriage. The centre provides a holistic service of rescue, counselling, education and guidance, encouraging where possible reintegration of young women into their own communities, but without the threat of FGM or forced marriage. ARP is one element of the programme offered to young girls at the end of their training and before they leave the centre, returning to their family or moving on to take up other employment or educational opportunities.

The Young Women's Christian Association (YWCA) has been implementing programmes encouraging the abandonment of FGM in Kenya since 2006. Programmes focus on three regions where the prevalence of FGM is high: Meru, Kisii districts and among the Masai in the Kajiado district. An ARP approach has been adopted among the Meru and the Kisii, with short events focusing on education, rights, career choices and the adverse effects and complications of FGM. The week-long camps end with an ARP ceremony, to which community leaders and parents are invited. Among the Masai, the YWCA has established recue centres which also offer training in combating the stigma of non-circumcision, and raising awareness about FGM. In all three areas, the YWCA works with local schools, parents, religious and community leaders in addition to the ARP and rescue camps. Anecdotal information from YWCA indicates that considerable progress has been made in changing attitudes in relation to FGM among the Meru where the programme has been implemented since 2006. The programmes among the Masai and Kisii are more recent, although signs of increased abandonment in the two communities have been observed.

FGM AMONG THE KISII AND THE KURIA PEOPLE

The Kisii and Kuria communities live in Nyanza Province, close to the border with Tanzania. In general, Nyanza Province has some of the highest total fertility rates in Kenya, at 5.4, compared to 2.8 in Nairobi, and 3.4 in Central Province. The Province also has the lowest median age at first birth at 19 years, nearly four years earlier than women in Nairobi (2009/2008 KDHS). However, the region has shown steady improvement over the past decade in girl child enrolment and retention in primary school; in 2002, 89% of all school-age girls in Nyanza were enrolled in primary school, increasing to 98% in 2008(MOE, 2009). Primary school completion rate for girls in 2008 in Nyanza was 72%, comparing favourably to the national average for girls (75%), but lower than for boys in the same province (85%).

Despite these positive indicators, the Kisii (also known as the Abagusii) and Kuria communities have some of the highest levels of FGM in Kenya. The 2008/2009 KDHS established that 96% of women from the Kisii community have been circumcised. A study by Population Council in 2004[12] among the Kisii in Nyanza Province found that FGM is considered an important rite of passage from girl to a respected woman; a circumcised woman is considered mature, obedient and aware of her role in the family and in the society, characteristics that are highly valued in the community. The need to control a woman's sexual desire before marriage was reported to

12 Njue C, and Askew I (2004) Medicalization of *Female Genital Cutting among the Abagusii in Nyanza Province, Kenya.* FRONTIERS, Population Council

be another reason for the practice, as well as the perceived need to ensure fidelity, especially within polygamous marriages. FGM is also considered a cultural identifier among the Abagusii, distinguishing their daughters from neighbouring communities who do not circumcise women. The 2008/2009 KDHS found that the majority of girls in Nyanza Province were undergoing FGM aged 10-13 years, at the onset of puberty.

Over time, changes in practice have been observed among the Kuria and Kisii. Among the Kisii, a there has been a trend towards medicalisation, using medical staff to perform FGM. Population Council found that while 94% of circumcised mothers had been cut by a traditional circumciser, only 29% of circumcised girls aged 4 – 17 years had been cut by a traditional circumciser, and that the majority had been cut by a nurse or doctor. Among those cut by a medical practitioner, about half were cut at a health facility while the rest were cut at their own or another home. Another change that has been reported is decreasing severity of the cutting, with a move towards pricking the clitoris to draw blood, rather than cutting. Reports by GTZ in 2005[8] and 2007[13] noted that the type of FGM in Kuria appeared to be changing to lesser forms. There was also a decrease found in the age at which girls were undergoing FGM.

In the last decade, in Kisii and Kuria a range of interventions to discourage FGM have been implemented by local and international NGOs and government agencies, including ARP, which has usually been part of a programme involving community awareness raising, working with schools, health providers, religious and community leaders. MYWO and PATH were the first to incorporate ARP into their programmes in the early 1990s, alongside public education and sensitization activities, although neither is leading on such programmes currently. However, despite the wide range of interventions to encourage the abandonment of FGM in Kuria and Kisii, the prevalence remains among the highest in Kenya. Feed the Minds (FTM), UK, has been supporting two community-based NGOs, Reach Women and Youths Development Organization (RWAYDO), in

Kisii, and Education Centre for the Advancementof Women (ECAW) in Kuria, that have been undertaking activities to combat FGM for several years. Both RWAYDO and ECAW have recently been involved in supporting ARP events with reported success. The purpose of this report and study was to explore the ways, if any, in which ARP-type approaches can contribute to abandonment of FGM in Kisii and Kuria.

13 GTZ (2005) *Female Genital Mutilation in Kuria District: findings of a base line survey*. GTZ/Kenya Ministry of Health

The Research: Purpose and Design

As indicated in the previous section, the prevalence of FGM in both Kisii and Kuria remain some of the highest in Kenya, despite considerable resources being allocated by agencies and the government over recent years to encourage the two communities to abandon FGM. This study was conducted to investigate the context within which FGM is carried out in Kisii and Kuria to combat FGM and to provide an assessment of the factors which would need to be taken into account when selecting Alternative Rites of Passage (ARP) approaches for the abandonment of FGM in these districts.

The literature review indicated that the success of interventions to encourage the abandonment of FGM depends on the cultural context of the communities. Consequently, separate case studies for Kuria and Kisii were developed exploring the social context within FGM takes place, including the pressures to continue the practice and the factors which contribute to its abandonment. By analysing the way in which ARP-type approaches have been used, it was hoped to identify the key factors necessary for the successful in the use of ARP-type approaches in the abandonment of FGM.

This research will inform decision-making in relation to future work by FTM and agencies involved in the implementation of programmes for the abandonment of FGM in Kuria and Kisii. It is hoped that it will also contribute to the ongoing debate about the role of ARP-type interventions in a wide range of contexts.

STUDY OBJECTIVES

- To investigate current attitudes and practices in relation to FGM among men and women at family and community levels in Kisii and Kuria.
- To investigate the awareness of, and attitudes towards, ARP approaches to encouraging the abandonment of FGM in Kisii and Kuria.

To analyse the factors which encourage or enable individuals to take decisions to abandon the practice of FGM.

STUDY DESIGN

The study used a qualitative approach, exploring attitudes and social practices in order to understand the factors which influence decision-making in relation to FGM. Focus group discussions (FGDs) and individual interviews using semi-structured questions were conducted with selected respondents in the two districts. The respondents were chosen to represent most of the key stakeholder groups involved in FGM in the two communities.

FGDs were conducted with the following groups:

- Mothers, with separate groups for mothers whose daughters: (a) have been cut; (b) have not been cut; and (c) have been through an ARP ceremony (in Kisii) or who have attended a rescue camp (in Kuria)

- Community leaders (men and women)
- School teachers
- Young women over the age of 18, with separate FGDs for: (a) those who have undergone FGM; and (b) those who have not undergone FGM
- Young women over the age of 18 who have participated in ARP ceremonies – this group was only interviewed in Kisii
- Young men over the age of 18, with separate FGDs for those who were married and unmarried
- Older men and women

In-depth interviews were held with selected individuals, including police and paralegal officers, local administrators, managers from local agencies implementing FGM activities, a traditional circumciser and a retired nurse who used to circumcise.

RATIONALE FOR THE SELECTION OF RESPONDENTS

Parents were included as they are among the key decision makers about whether a girl undergoes FGM. Even in cases where girls make the decision themselves, parents often influence their daughter's opinion, and are likely to arrange for the ceremony. ***Community leaders*** are influential in upholding cultural traditions in both regions and in Kuria the Council of elders decides on the timing of the FGM season. Previous studies have highlighted the importance of including men as well as women in interventions to encourage the abandonment of FGM, especially as social respectability and ability to get married are some of the reasons driving the practice.

Traditional circumcisers were interviewed because of their direct involvement in perpetuating FGM, but they can also be powerful agents for encouraging its abandonment. In Kuria and Kisii, traditional circumcisers have been involved in the ARP ceremonies and teaching at the rescue camps. ***School teachers*** have been included as potentially influential people in the lives of young people. ECAW has been working with schools to establish student clubs to discuss and question issues like early marriage and FGM.

The views of young women themselves are essential to understanding the factors driving FGM and the impact of ARP ceremonies. ***Young women (over 18 years)***, including those who have undergone FGM, those who have participated in ARP and those who have not undergone either of these practices were also included in the study. ***Health professionals*** were included because of their documented involvement in the practice in Kisii area, driven by demand from the community arising from increased awareness of the health risks associated with FGM. ***Police officers and Children and Gender officers*** have been included as they have a role to play in upholding the law on FGM and in child protection.

SAMPLE SIZE

Twenty focus-group discussions (FGDs) and 10 in-depth interviews were conducted over a period of 10 days. Each FGD had a maximum of 12 participants.

Respondents were recruited by staff from the local partner NGOs, ECAW (in Kuria district) and RWAYDO (in Kisii district). ECAW and RWAYDO were responsible for raising community awareness about the research, and helping set up the FGDs, to ensure that they were representative of the local community and stakeholders. The two organisations started identifying and mobilising the target groups in late November. FTM staff and a local consultant visited the sites and held orientation meetings with the staff from the two local agencies to discuss the aims of the survey and the relevance of the various target groups for FGDs and interviews.

In Kuria, ECAW organized FGDs and interviews across the district; in Kisii, RWAYDO organised FGDs and interviews in Kisii Central, Mosocho and Nyamira.

DATA COLLECTION AND ANALYSIS

FGDs were conducted in Kisii and Kuria at venues accessible to the participants, facilitated by an experienced researcher informed about FGM and expertise in qualitative research, including FGD facilitation. All FGDs were conducted in Kiswahili and the notes translated into English. Before each FGD or interview, the researcher explained the research to all the participants and obtained their consent to participate (see informed consent forms in appendix A).

The data collected was compiled using a case study approach, constructing mini-cases in narrative form from each of the FGDs and individual interviews, using the frameworks provided by the questions (appendices C & D) as a template.

RESEARCH APPROVAL

This study was approved by the Kenya National Council for Science and Technology, through Permit Number NCST/5/002/R/683/20. To obtain clearance, the study proposal and data collection instruments were submitted for review by the Council, along with the required fees. Ethical clearance was not required for the study, as it did not involve under 18s, and did not include any invasive procedures.

LIMITATIONS IN THE STUDY

Delayed start: Fieldwork was delayed due to delays in obtaining a research permit. The approval process took over a month to clear through the Kenya National Council for Science and Technology.

Understanding and use of the term, 'Alternative Rite of Passage': When the study was designed, it had been anticipated that FTM's partners, ECAW and RAYDO, were supporting typical ARP programmes, where girls receive sexuality and life-skills training and graduate in a public ceremony, complete with certificates. However, it was found during the community mobilisation that only in Kisii was this happening; in Kuria, the local agencies instead run rescue camps, to which girls escape during the circumcision period, receive training and a certificate of graduation. However, there is not always a public event to celebrate their coming of age. Although the organisers of the camps used the term ARP, local people did not appear to recognise the rescue camps as an alternative rite of passage.

Mobilisation: This study used the implementing agencies to mobilise the participants in the FGDs and interviews. There is a possibility that the selection of participants may have been biased to include people with whom the two agencies work closely, who are already against FGM.

Case study 1:
FGM among the **Kuria** community

The Kuria are an ethnic and linguistic group resident in Nyanza Province in southwest Kenya. In 2009, the Kuria population was estimated to number 260,401 individuals. They share cultural traits with the Kisii tribe, including language. The district has low school completion rates, especially among the girls. The Kuria ethnic group comprises 13 clans spread over the south western corner of Kenya and the north western tip of Tanzania. The four clans in Kenya are the Bwirege, Nyabasi, Bugumbe and the Bukira. Each clan has its own Council of Elders, a much respected and revered body which is entirely male. One of the Council roles in the community is to decree when important cultural events take place, including circumcision: they dictate when the ceremony can be held, when it starts and ends. The Council also instructs the community when to start planting, harvesting, and whether the community should till the land or not. The Council is also involved in settlement of disputes. The Council has a strong hold on the community, which is reinforced by local beliefs that the elders have supernatural powers and can cast spells and curses on individuals who go against their decisions.

In Kuria, the anti-FGM network has been extremely active. coordinating the efforts of all agencies working to combat FGM. They offer a number of rescue camps, which incorporate the principle of ARP into their graduation ceremonies.

REASONS WHY THE COMMUNITY CONTINUES TO PRACTISE FGM

Rite of passage: This research study established that circumcision amongst the Kuria is observed as a rite of passage from childhood to adulthood. In the past, Kuria girls were circumcised at the age of 17-18years – when a girl was considered ready for marriage. Today, girls are circumcised when they are between the ages 8-15years. Participants reported that in some cases, the parents consider only the physical size of the girl to decide whether she is of age or not. The decision to cut is usually made by the parents, although in some cases girls can decide to go for the cut because of peer pressure:

> ***"the ridicule and insults from their peers can prove to be impossible to bear and most of the girls succumb to pressure and opt to go for the cut even at an early age"*** (participant, FGD, teachers).

In Kuria FGM is a pre-requisite for marriage and child-bearing; it is unthinkable for most to imagine that a woman would get married or have a child before circumcision. Participants in this study said that as a result of this pressure, if a woman gets married before circumcision, her husband's family can arrange for her to be circumcised during labour:

> ***"If the girl is uncircumcised, the in-laws will ensure that she delivers at home so that they cut her while she is delivering"*** (participant, FDG, young men).

A participant in an FGD with the Council of Elders said that a Kuria woman who became pregnant

before circumcision would be considered an outcast and would not be eligible for marriage in the community - she would only be married by other communities.

Preserving sexual morality: Female circumcision is also done to curtail sexual urge in women. Respondents interviewed said that traditionally, women were expected to be able to stay for long periods of time without having sex if their husbands went out to graze the animals or raid from the neighbouring communities for a prolonged period. Circumcision was therefore necessary to curtail desire. Today, it is done to reduce the sexual urge of girls so they do not become promiscuous, and to maintain good morals:

> *"The women [from a neighbouring community] are not circumcised that's why they are free with their bodies and that's why they have higher cases of HIV and AIDs amongst them"* (participant, FGD, Council of Elders).

Upholding cultural tradition: the research also found that the Kuria community believes that female circumcision is part of their cultural heritage; as a result, efforts to discourage the practice were perceived as diluting or ''killing'' the Kuria culture. This concern was raised in an FGD with the Council of Elders; they wondered why the government and other players were attempting to eradicate female circumcision, an integral part of the Kuria culture. Even younger members of the community considered FGM as important in the Kuria culture, and concerns about negative medical and social effects of the practice were not seen as critical:

> *"[Circumcision] identifies you as a true Kuria, so you get license to participate in the community fully. One cannot run for an elective position in this community if they are not circumcised or are married to an uncircumcised woman"* (participant, FGD, young men).

Social pressure: The research findings show that the Kuria community has strong sanctions to discourage women's refusal to be circumcised. Fear of ridicule and social stigma, as well as name-calling, stopped many families from abandoning the practice. The FGDs revealed the following sanctions held by the community around FGM:

- An uncircumcised woman cannot pick vegetables from her neighbour's garden because if she does, the vegetables in the neighbour's garden will dry up and die;
- She cannot draw water from the communal water source because the water will be contaminated and the well would dry up;
- She is not allowed to open the gate to the livestock enclosure;
- She is not allowed to cook and serve elders or her husband's peers if they come visiting.

There were also myths and misconceptions expressed widely expressed in the interviews, including:

- If an uncircumcised woman urinates somewhere, any children walking over that spot would die.
- If a baby boy's body came into contact with the clitoris as the uncircumcised woman gave birth, he would die.

HOW FGM IS CONDUCTED AMONG THE KURIA

Communal and public event: Female circumcision among the Kuria is traditionally a communal and public event, held with much celebration during a specified period pronounced by the community elders, during which male circumcision also takes place. Indeed, when the Kuria talk of a circumcision ceremony, they are referring to both the male and female rites. The circumcision period has traditionally been observed in December each year, at harvest time when the community has plenty of food necessary for the public celebration.

Timing of FGM: Each clan organizes its own circumcision ceremony at a date specified by the Council of Elders, in consideration of the community values. For instance, according to informants, because the Kuria people believe that the number 7 portends bad luck, in the year

2007, the Council decreed that there would be no circumcision ceremony, and as a result, no boy or girl was circumcised in that year.

The cutting ceremonies are colourful events, marked with public dancing, drinking and feasting. The circumcision ceremony is held in an open field with the elders present. Some research participants observed that during the ceremonies, the songs contain messages that seem to encourage the initiates (both girls and boy) to have sex. The initiates no longer go into seclusion as was the case in the past, although individual families do organise for the girl initiates to receive coaching from female relatives.

Age at circumcision: Participants in this research reported that girls are circumcised at a much lower age than previously. In the past, girls would be circumcised at about 18 years of age, but this has come down to 8-9 years.

> ***"Parents are concerned that girls might become sexually active when they are young, so they are cut earlier to avoid the taboo of getting pregnant before circumcision"*** (participant, FGD, parents).

Some participants also thought that some parents have their daughters circumcised early so that they can marry them off and get the bride price.

AWARENESS OF EFFECTS OF FGM

Most participants in this study were aware of the medical effects of FGM and easily cited problems such as excessive bleeding, trauma and shock, difficulty in delivery of babies and development of hard scars. Some of them were equally aware of negative social effects of the practice – some participants felt that circumcision often led to promiscuity, as the circumcised girls tended to believe that they could do anything they liked, including having sex:

> ***"the songs sang during circumcision ceremonies actually encourage the initiates to engage in sex claiming that by doing so the recovery process after the circumcision will be faster"*** (participant, FDG, teachers).

However, there were also participants who were unaware of the negative effects of female circumcision or refused to acknowledge them. For instance, in the FGD with the Council of Elders, some participants felt that FGM has only positive effects, including ensuring that the women do not become promiscuous.

> ***"The cut ensures that our women become complete (real women) and they do not end up as the Luo women"*** (participant, FDG, Council of Elders).

Other participants felt that any complications or negative results associated with FGM could be attributed to curses due to something the initiate (or her family) did or did not do. For instance a traditional circumciser said that excessive bleeding during circumcision happens if one of the people attending to the initiates fails to observe the ''no sex'' rule imposed on the people who might come into contact with the initiates during the circumcision and healing period.

While most of the participants seemed to agree that there was not much significant difference between the circumcised and uncircumcised girls in their community, most thought that the girls differed in their general attitude and personal bearing. Circumcised girls were considered most likely to be rude and difficult because they considered themselves fully grown women. Participants in FGDs said that this attitude creates major problems, especially in schools where the girls consider themselves equal to the female teachers, and hence they should not be taking instructions or punishment from them:

> ***"once they are circumcised they consider themselves as grown women just like yourself, meaning you are peers and hence there isn't much you can teach them let alone punishing them"*** (participant, FGD, teachers).

Participants thought this attitude was the leading cause of poor grades, and dropping out of school among these girls. Uncircumcised girls, on the other hand, were considered more likely to stay in school and to complete their education. Circumcised girls were also seen as more likely

than uncircumcised girls to get married early and start child-bearing, especially when they drop out of school.

ATTITUDES TOWARDS EFFORTS TO ERADICATE FGM

When asked about the place and role of the government with respect to female circumcision, most of the respondents felt that the government has not done enough to fight FGM. One FGD participant remarked:

> *"The local administrators are double speaking just for the sake of fulfilling their responsibility. They do nothing".*
> (Interview, Coordinator Local NGO, Kuria).

It was felt that some of the local administrators (chiefs and their assistants) who are themselves Kuria, were in tacit support of the practice. Some participants were aware that the government discourages FGM, and that a law had been passed to outlaw the practice. It was reported that some local chiefs and their assistant often spoke out against FGM in public meetings.

However, it was felt that there was not enough goodwill among the leaders to eradicate the practice. In an in-depth interview, a police officer recalled a case where parents of girls under 18yrs had been arrested for having their daughters circumcised, but they were later released in circumstances that he did not understand:

> *"As a police officer, I can arrest someone if a complaint was brought to me but the problem is I do not know what or who exactly to charge and with what – is it the circumciser, the parents or the entire community present at the ceremony?"*
> (Interview, Police Officer, Kuria).

Among the efforts by the government to encourage abandonment of FGM in Kuria was a Memorandum of Understanding (MoU) signed between the Government and the Council of Elders of Kuria, under which the elders pledged to stop the practice. This MoU was signed in June 2010, in a public ceremony. However, interviews with the Council of Elders representatives indicate that they believe that they only pledged to stop the forced circumcision of girls younger than 18 years, and to stop parents pulling their daughters out of school for marriage, but did not pledge to abolish FGM. Among the Kuria, it is considered taboo to refuse a girl's request for circumcision which perhaps explains the apparent contradiction in the Council's approach. In the different FGDs and interviews, participants felt that there is very little they can do if their daughters made the decision to get circumcised.

Some respondents felt that the Council of Elders encouraged the continuation of the practice because they benefited financially from it. Participants said that the elders receive up to a third of the total fees charged for circumcision of each initiate (both male and female).

CHANGES IN THE COMMUNITY WITH REGARD TO FGM

This study established that there have been significant changes over the years among the Kuria in the way female circumcision is carried out.

Less public celebration: Although the public celebration of FGM is still practised, research participants said that the ceremonies have less pomp than they used to in the past – there is less feasting, fewer gifts for the initiates and less people attending the public ceremonies. This was attributed to current economic challenges and the fear of legal repercussions given that the practice has been declared illegal in Kenya:

> *people no longer have as many cattle as they used to in the past hence it's not easy to slaughter a bull and invite everybody to come and feast as it used to happen in the past"* (participant, FGD, mothers of circumcised girls).

Age at circumcision: Another significant change described by the participants is the change in the age at which the circumcision is performed. Traditionally, girls were cut when they were older (at least 17 years and over), but this has now come down to as low as 8-9years. Participants attributed the lowering of age at circumcision due to parents' concerns of girls becoming sexually

active at an early age and risking getting pregnant before circumcision, which would be taboo in the community. To avoid this possibility, parents now choose to have their daughters circumcised earlier:

> *"if a girl got pregnant before they were circumcised she would be considered an outcast fit only to be married off to outsiders and nobody would even ask for bride price when she got married"* (participant, FGD, Council of Elders).

Increasing poverty was also thought to have contributed to the early age of circumcision; faced with declining resources, some parents choose to have their daughters circumcised early so that they can marry them off and get the bride price:

> *"Parents want to circumcise their girls and marry them off so that they can get cows to either take the boys to school or even pay bride price for the boys within the family"* (participant, FGD, Paralegals).

Other participants felt that peer pressure has also contributed to the lowering of age – when girls are insulted or when they see their friends or older sisters going for circumcision, they too may decide to join in.

Type of cut: Participants also confirmed what had been observed in other research – that the severity of the cut has declined among the Kuria. This, the participants pointed, had arisen out of the desire to reduce trauma and the likelihood of developing hardened scars, and to ensure that the essential parts of the female anatomy were preserved, in addition to speeding up healing:

> *"These days the mother of the initiate will prescribe to the circumciser how much to cut – more often than not they tell the circumciser to cut just a little"* (participant, FGD, mothers of circumcised girls).

Seclusion: Unlike the past, initiates nowadays no longer go into seclusion to receive coaching and education on community values. In some instances, parents may privately choose to organise coaching for their daughters from other female relatives. The participants pointed out that the current social set up makes it difficult to have the long seclusions necessary to educate the girls and to allow them to heal. It was also felt that reduction in the severity of the cut has resulted in shorter healing period, thus no need for seclusion:

> *"These days a girl is circumcised today and tomorrow she is jumping around, playing with her friends"* (participant, FGD, parents).

Medicalisation: Although FGM is still largely done by the traditional circumcisers among the Kuria, some participants reported that medical staff have also been involved and that they are sometimes preferred; some participants alleged that during the circumcision period, some government agencies provide the community with surgical blades and gloves to reduce cases of infection, which is contrary to the Government of Kenya's official stance on FGM.

FACTORS THAT MAY HAVE BROUGHT CHANGE TO THE PRACTICE

The research tried to identify specific factors that may have brought about changes in the practice of FGM among the Kuria.

Religious influence: One of the factors which have contributed to change is the churches' campaigning against FGM in the region. There were reported instances of individual families beginning to oppose the practice out of religious conviction:

> *"It is real Christians who have abandoned FGM, not the church goers who claim to be Christians but are secretly practicing female circumcision and other traditions that the church opposes"* (participant, FGD, teachers).

Participants reported that the Seventh Day Adventist Church (SDA) has been particularly vocal in the campaign against female circumcision in south Nyanza region (which includes Kuria and Kisii), where the practice is equally widespread.

Awareness of the undesirable consequences of FGM: Another factor which might have led to some families abandoning FGM among the Kuria is the realization of the negative social effects of female circumcision such as school dropout, early marriage and promiscuity among the initiates:

"contrary to the common belief – it is the circumcised girls who are promiscuous; instead of concentrating on their studies they are rude and more interested in men" (participant, FGD, teachers).

Activities by local organisations to discourage the practice were also considered to have influenced some families to abandon the practice. These include the formation of anti-FGM Clubs in schools, which have contributed significantly in giving social support to girls who have not been circumcised.

On the other hand, some participants said that there has been resistance to change in the community:

"Those campaigning against FGM are themselves not good role models because they are circumcised, their daughters are also circumcised. How can they talk ill of the very thing they themselves have gone through and have allowed their daughters to go through?" (participant, FGD, young men).

In some FGDs it was claimed that it was difficult for the community to understand and appreciate that FGM leads to health complications such as difficulty in delivery:

"They themselves were born by circumcised mothers and they see circumcised women delivering in the community everyday" (participant, FGD, young men).

Illegal status of FGM: Participants said there was need for 'proper education' in the community, especially regarding the laws against FGM. It was felt that many people continued with the practice because of fear of what would happen to them if they went against the Council of Elders. The Elders are believed to have supernatural powers and ability to cast spells and curses on individuals who go against them. Other participants also felt it was important to sensitize the community about the rights of the child, and the existing laws:

"In this community, children do not have rights that need to be respected" (participant, FGD, teachers).

There also exists a perception that it is difficult to lodge a complaint in cases of FGM, as the community are not familiar with the system. Other participants felt that although the government could significantly influence abandonment of the practice, it was not playing a major role.

Education: The importance of education was a common theme, in terms of the importance of education about the health risks of FGM, the differences in behaviour and focus of circumcised and uncircumcised girls at school. School dropout among girls is reported to be higher among those who have undergone FGM. This is considered to be due to the girls seeing themselves as mature women and no longer girls, hence they are more difficult to teach and more easily lose interest in learning:

"The girls who have not been circumcised tend to perform better in school because they are more obedient and respectful to the teachers as opposed to the circumcised girls" (participant, FGD, teachers).

According to FGD participants, if the few girls who avoid circumcision manage to get a good education this compensates for them not being cut and increases the chances of them being accepted in the community:

"If a girl is not cut but has a good education then she stands a chance of being married because she is likely to have an income and this might attract some men who might just marry her because she has money" (participant, FGD, young men).

Many anti-FGM initiatives work with schools as a means of making contact with young girls and awareness raising, for example, the recruitment of the young girls for the rescue camps relied

heavily on links with schools. This means that those in attendance are more likely to have access to information about abandoning FGM and the opportunity to discuss this with NGO workers, teachers, their peers and girls who have not been circumcised.

ALTERNATIVE RITE OF PASSAGE (ARP) IN KURIA

This research also explored the Kuria community's views on the success of the alternative rite of passage as an alternative to traditional female circumcision. However, the study found that in the Kuria community, local agencies organised Rescue Camps for girls running away from FGM during the circumcision period. Therefore, the local community considered these as rescue camps rather than an alternative rite of passage. However, the organisers interviewed consider these as Rescue/ARP Camps, and hold an ARP graduation ceremony for the girls at the end of camp, which is timed to coincide with the end of the circumcision period.

The Rescue Camps are run by a committee drawn from the local anti-FGM network which actively promotes collaboration between agencies. The local agencies coordinate the camps, pooling resources to support them, and raising awareness of their existence. The timing of the camps is in direct response to the announcement by the Council of Elders of the timing and duration of the FGM season. Where funds permit, the camps cover the whole period of risk to the girls and young women, usually from the date the school holidays start until the first day of the new term. There was widespread agreement that the rescue camps would always need external funds in order to take place and that the community did see its role as sponsoring these events but view them as being introduced externally.

In the period preceding the circumcision season, girls seeking to escape circumcision are mobilised from all over the district and given accommodation for the entire period of the circumcision in a camp away from the community. While in the camps, the girls receive training on life skills, sex and sexuality, FGM, hygiene, career choices etc. Several young women who had previously attended the camps and their parents felt that the rescue programmes are effective in empowering the girls to say no to FGM.

However, some had negative views of the girls and the facilitators of the rescue camps. In a FGD with young men, there were claims that the camps do not recruit initiates from areas in the districts where the practice is most prevalent. Due to the poor selection criteria, some girls continued to attend the camps each year, thereby limiting the number of new girls able to learn from the training offered. Some participants also felt that the camps were too big, inadequately managed, so it was not possible to closely monitor all the girls or give them adequate mentoring:

> ***"the camps sometimes have up to 200 participants and it's impossible to closely monitor such a number – it ends up being a fun camp where friends meet to have a nice time and some mischief"*** (participant, FGD, young men, FGD).

There was considerable concern about the way in which the girls were recruited for the Rescue Camps. The daughters and relatives of those associated with the organisers of the camps were seen to be more likely to be invited to attend, including the daughters of NGO staff, government officials and collaborating church leaders.

The FGD participants, particularly the young men, thought that the camps could be improved by having people of integrity serve as facilitators, together with good role models who were themselves not circumcised and had not let their daughters be circumcised. Further, participants felt that facilitators should be mostly women and not men so as to reduce the risk of sexual exploitation. The sites for the rescue camps should also be carefully selected – they should be away from where communities hold their circumcision ceremonies, to shield the girls from the activities, and to avoid them being lured away. Participants also felt that the girls in the camps should be separated according to their ages at the camps, given that their ages vary from 8/9 to 20yrs.

Due to lack of monitoring and support after the camps, some girls attend then go back to their

homes and get circumcised. Another participant reported that in some cases the traditional circumcision season was extended and girls coming from the rescue camps find the season still on and end up being cut.

When asked if they would circumcise their younger uncircumcised daughters in the future, most of the mothers said they will not cut their uncircumcised girls. One of them said:

> ***"FGM has no benefit whatsoever - If the girls are not circumcised and they get a good education they still are going to get married"*** (Participant, FGD, mother of circumcised girl, Kuria).

Another participant remarked that FGM will eventually come to an end just like the cutting of ears was abandoned.

All involved in the Rescue/ARP Camps - organisers, parents and previous participants - recognised that they would not be the solution to FGM on their own, even if well resourced. There was criticism that the events took place only at the time of the FGM season, with inadequate awareness raising about the health risks, illegality of FGM and the rights of women at other times of the year.

Case Study 2:
FGM among the **Kisii** community

The Kisii ethnic group numbers just over 1 million individuals, according to the 2009 Kenya national census. FGM is nearly universal among the Kisii - 96% of the women interviewed from this community during the 2008/2009 demographic and health survey had been circumcised. Efforts by NGOs, churches and the government to persuade the community to abandon the practice seem to have limited impact. In addition, the practice has continued despite the existence of factors that have been known to have led to abandonment among other communities, including high literacy levels and widespread Christianity.

REASONS WHY THE KISII COMMUNITY CONTINUES TO PRACTISE FGM

Upholding cultural tradition: Female circumcision is considered an integral part of the Kisii peoples' way of life and culture, as this study found out in interviews. As one participant pointed out, Kisii community circumcises girls because that is the way it has always been, and because it is considered an essential part of their heritage and culture:

> ***"We were born and found our people practicing it; so we just follow the culture we found in place"*** (participant, FGD, mothers of circumcised girls, Kisii).

> ***"There are no discussions as to whether or not the girl should be cut – this is like the law of the land, it's almost impossible to avoid getting circumcised"*** (participant, FGD, married men, Nyamira).

Participants in the interviews said that the older generation (both male and female grandparents) are the main supporters of female circumcision, and the ones who put pressure on parents to continue with it. However, it was also reported that the cultural pressure was less in urban areas and that the practice was more prevalent in rural areas. For instance, in an FGD in a remote village in Nyamira, it was reported that all girls in the area were circumcised:

> ***"by the age of 14 and 15 years, all the girls in this area have been circumcised"*** (participant, FGD, Nyamira).

In the past, female circumcision among the Kisii was considered a rite of passage, marking the essential transition from childhood to adulthood, girl to woman. Much like among the Kuria, in the past, girls were circumcised aged 15-18yrs, and would then go through a seclusion period of training in the values of the community, respect for elders, how to be a good wife, relations with the in-laws etc, to prepare them for marriage. Today, however the practice continues, not necessarily as a rite of passage into adulthood, but as a cultural obligation to which families feel compelled to adhere.

Preserving sexual morality: Interviews show that it is widely believed that circumcision reduces sexual urge in women – in continuing with the practice, the Kisii seek to ensure that their women do not become promiscuous. The girls are circumcised so that they can get married, have children and achieve respectability. There was a widespread belief that uncircumcised girls are promiscuous. Uncircumcised women were widely considered incapable of controlling their sexual urges:

> ***"I have an uncircumcised neighbour who behaves [wildly] until she's with a man"*** (participant, FGD, mothers of circumcised girls).

> ***"They [uncircumcised women] have childish behaviour"*** (participant, FGD, mothers of circumcised girls).

Although some participants thought that uncircumcised women were better sexual partners, when asked if they would marry an uncircumcised girl/woman, most of the unmarried

young men in an FGD in Nyamira said they would still only marry one who is circumcised.

Social pressure: Just like among the Kuria, this study found that there is a lot of pressure on individual girls to submit to circumcision among the Kisii. A girl who is not circumcised is treated with contempt and many participants said that she can never be respected in the community, she will not have any friends and she will not have a husband because no man will be willing to marry her. Circumcision was seen as making the girls mature. Participants reported that uncircumcised girls are mocked by the community and their peers:

> *"We have names for them like 'Egesagana' and they are not welcome at our ceremonies"* (participant, FGD, young unmarried men).

Peer pressure among the girls was also seen as contributing to girls getting circumcised. Some participants said that in some cases, the uncircumcised girls envied the gifts and good treatment the circumcised girls received, and this often led them to demand circumcision too. Teachers interviewed said that in schools, factions and tension developed as the girls tended to hang out with those of their own circumcision status, making learning and social integration a challenge.

HOW FGM IS CONDUCTED AMONG THE KISII

Private family affair: The practice of FGM among the Kisii differs from Kuria in that it is largely a private event; for most families, there is neither a public cutting ceremony nor are public festivities and celebrations organised to mark it. Participants in FGDs reported that cutting is organised privately by families, and carried out at home by a traditional birth attendant or nurses; in some cases, girls are circumcised in the hospital/health centre. The practice is highly secretive, although sometimes, a group of families may plan and have their daughters circumcised together. The girls are bought new clothes, shoes and other gifts during this time; among well-off families, the girls are given special treatment and fed on a special diet.

However, there are regions of the community where the practice is celebrated publicly. According to the participants interviewed, in some villages further away from urban centres, families do organise a public celebration when their daughters get circumcised.

Timing of FGM: Most families will have their daughters circumcised during the month of December, when the girls are home on vacation, and have adequate time to heal. However, as some participants pointed out, circumcision can happen any time during the year and some parents have been known to remove their daughters from school to be circumcised:

> *"It is no longer done only during the [school] holidays"* (Head teacher, interview, Kisii).

Age at circumcision: Several participants reported that the age at which girls are circumcised among the Kisii has dropped to as low as 5-7years, with most girls circumcised by 13years, unlike earlier times when the average age was 15-18years. Parents, mostly mothers, make the decision on when to circumcise and about who will perform the cutting:

> *(female) circumcision is totally a women's affair – it's the women who decide when and what to cut. Even the men who insist on having a circumcised bride would never tell whether they are circumcised or not if they were not informed by the women"* (participant, FGD, mothers of circumcised girls).

The ceremony is mainly organized and managed by the women and men are rarely involved:

> *We are just told by the women that 'your daughter has been cut' and we celebrate"* (participant, FGD, married men).

In some villages, it is a common occurrence for an uncircumcised woman to be cut during labour by the midwife or traditional birth attendant, whether she wants this to happen or not, because of the prevailing beliefs around the necessity of FGM.

Traditional circumcisers vs. medical staff: In some areas in the district, especially Nyamira, which is a remote rural area, more families use the traditional circumcisers, who are considered cheaper and easily accessible. But there were reports that well-off families and those who can save for it prefer to use a nurse because cutting by a health staff is considered safer:

> *"Even the poor families will save some money, if they can, so as to be able to have a doctor (medical staff) perform the cut instead of the traditional circumciser"* (participant, FGD, young unmarried men).

Financial exchange: The family of the initiate pays for the cost of circumcision. According to research participants, medical staff from the hospitals charge between KShs 500-2000, depending on "market rates". Traditional circumcisers charge comparatively less and sometimes are paid with non-monetary items e.g. chickens.

AWARENESS OF THE EFFECTS OF FGM

Almost all the participants in the research could identify the medical effects associated with the practice of female circumcision. The effects mentioned included risk of infection to the wound, bleeding which may lead to death, problems during delivery or permanent damage to nerves, reproductive or urino-genital organs. However, some interviewees associated these complications to curses or lack of observation of cultural requirements. For example if the attendants to the initiates had engaged in sex prior to the cutting, this is thought to lead to excessive bleeding.

Participants in the study who supported the practice argued that the medical complications are no longer a problem for the community because the nurses use different blades for each girl:

> *"In the past people did not contract these new diseases, there was no problem with catching diseases the girls were protected from these through our culture. Now the nurses can use a new blade for each girl to avoid spreading infections"* (participant, FGD, married men FGD).

On the social effects, the participants reported lack of love in marriage because the women respond poorly during sexual relations, leading to problems in the union. In some cases, their husbands choose to marry women from other tribes as second wives or keep mistresses because they are not sexually satisfied in their marriages. Another negative social effect mentioned was that circumcised girls sometimes lose interest in school and drop out, often to get married.

ATTITUDES TOWARDS EFFORTS TO ERADICATE FGM AMONG THE KISII

The Kisii region has had many programmes and activities implemented by churches, and local agencies to discourage the practice. Participants in this study identified key agencies that have been active in the area in the recent past, including the YWCA, Maendeleo ya Wanawake, ADRA (the Adventist Relief agency), ActionAid, Fulda Mosocho and RWAYDO. The organizations train the community through workshops, seminars and also through public communication, such as videos, to urge the people change their attitudes and re-evaluate their beliefs around FGM. The study noted that, unlike in Kuria, the organisations in Kisii work in isolation; according to the National FGM/C Secretariat Coordinator, attempts to establish a regional network to encourage sharing, harmonise interventions, avoid duplications and ensure better geographic coverage have not been successful.

However, despite these efforts, research participants felt that it was still difficult to address FGM in the community, and to get local people to consider abandoning it. For instance, it was felt that teachers found it difficult to discuss female circumcision with their students; the older ones were often too embarrassed to talk about the topic publicly due to their upbringing, while the younger ones lacked the confidence.

When asked about their views on the role of the government in promoting abandonment of the practice, participants reported that they were aware that the government had banned FGM, but the community does not comply with the ban:

> *"this thing (circumcision) is done secretly and mainly at night – there's no way the government can know what is happening. Even the celebrations are disguised as birthday ceremonies"* (participant, FGD, mothers of circumcised girls).

Other respondents felt that the government had not done much to discourage the community from practicing female circumcision:

> *"we have never heard about the government campaigning against FGM"* (participant, FGD, married men).

They also felt that the government had not done much in explaining why the community should stop circumcising their girls. Other participants felt that the government could do more:

> *"the government is against the practice but they are not doing much, it is just words"* (participant, FGD, young unmarried men).

A local administrator complained that the existing laws do not give a clear prescription on how and who to prosecute in a case of female circumcision. He felt that the laws were not adequate to secure prosecution of offenders, and the existence of the current laws had, in his opinion, driven the practice underground. The administrator thought that because the government has been threatening arrest and prosecution, the public have reacted by becoming secretive, resorting to circumcising the girls at an earlier age when they are not knowledgeable enough to protest or refuse.

CHANGES IN THE COMMUNITY WITH REGARD TO FGM

Preference for medical staff: Almost all participants acknowledged that a major change in the way the ceremonies are performed over the years has been the increasing preference for using health staff to do the cutting, instead of traditional circumcisers. Health staff use individual razors (scalpels) rather than the traditional knife, or scissors, which was often shared amongst initiates. As pointed out earlier, most of the cutting now takes place in hospitals/health centres, or the parents arrange for a doctor/nurse to come and cut the girls at home.

No more seclusion of initiates: Another notable change pointed out by participants is the fact that newly circumcised girls are no longer put into seclusion as in the past, to be cared for by their grandmothers and aunts for a month. Nowadays, girls remain at home and are cared for by their mothers. There have also been changes in the type of cutting, as observed in Kuria. Respondents reported that in some cases, the mother asks the nurse/cutter to make a small scratch so as just to get a little blood and to be recognised as complying with tradition.

Lower age at circumcision: The lowering of the age at circumcision to 5-7 years is for a combination of reasons including the need to get the girls cut at a tender age before they are old enough to be rebellious. It has also been attributed to the government ban on the practice leading to parents circumcising their girls at an age when they are not informed enough to report the parents to the authorities.

Families resisting FGM: Although FGM remains nearly universal among the Kisii, participants have observed changes, with some families rejecting the practice and refusing to bow to social pressure. Participants in the FGDs and interviews attributed this shift to the growing influence of the church, and to parents gaining exposure to other cultures and education about the illegality and health risks associated with FGM. This has led community members to begin to re-evaluate their beliefs and values:

> *Education makes a difference - those who are educated have the knowledge and the authority to make up their own minds and resist cultural things"* (participant, ARP initiates FGD).

FACTORS THAT MAY HAVE CONTRIBUTED TO CHANGE IN THE PRACTICE

FGD and interview participants identified the following factors that have contributed to change or resistance to change in the community with reference to FGM.

Religious influence: A key factor that is attributed to the abandonment of the practice was the stand taken by the churches, which have rejected female circumcision, resulting in some members abandoning the practice.

Education: Another factor repeatedly mentioned is education, and exposure to new information on the health risks and illegal status of FGM. This has been most noticeable in urban areas and has led some Kisiis to change their stand on FGM.

The majority of programmes on the abandonment of FGM have worked through schools as a means of accessing young girls, providing information on the health risks and illegality of FGM and empowering girls to say no to being circumcised. YWCA works in close collaboration with local schools, using their facilities and with teachers being facilitators at the ARP camps. Elsewhere, teachers talked of pupils asking for advice about FGM and a number of schools are running after school clubs on FGM.

Exposure to other cultures: Participants pointed out that some members of the Kisii community who have married wives or husbands from other communities have managed to resist the social pressure and not circumcise their daughters.

Involvement of local authority, police and a wide range of stakeholders: Participants felt that activities to encourage the abandonment of FGM need to involve people from throughout the community. They blamed the poor coverage of the area by NGOs for the continued resistance to change. They pointed out that it is difficult to stop the practice if only the girls and mothers are targeted, as is often the case, leaving out men and grandmothers who also contribute to the perpetuation of the practice. There is a demand for more widespread sensitization, with many participants feeling that the community is not adequately informed about the negative effects of FGM.

ALTERNATIVE RITE OF PASSAGE (ARP) IN KISII

In Kisii this study focused on the ARP events organised by the YWCA in two administrative districts: Igonga and Gucha districts. ADRA also runs a Girls Empowerment Programme (GEP), which has much in common with the YWCA programme. In 2009 YWCA and ADRA shared a graduation ceremony; however, there are no plans to repeat this as both organisations would prefer their graduation ceremonies to be in the specific communities in which the events take place.

YWCA is taking a 'whole community' approach working with girls and young women, parents and guardians, boys, opinion leaders, government officials, school authorities, church leaders, circumcisers and the local administration. The involvement of local administrators and government officers, such as the District Commissioner, District Officer, and Chiefs, ensured their support and endorsement of the activity.

The YWCA programme began in 2006 and ARP was introduced into the programme in 2008. ARP programmes, up to one week long, are offered three times a year in April, August and December, although FGM takes place primarily in August and December. Facilitators are drawn from across the community and include teachers, reformed circumcisers, local official and YWCA trainers.

The girls attending the ARPs are recruited through the schools, churches, Provincial Administration, YWCA members, Maendeleo Ya Wanawake and other local partners. The girls recruited are aged between 6-12yrs. At the end of the training the initiates of ARP are given certificates and parents are invited to attend. Both initiates and parents are invited to become members of YWCA. According to the research participants, some of the girls attending the ARP had already been circumcised

but also received certificates at the end of the ceremony.

FGD participants reported that the training at the ARP helps the initiates to understand about their body, their reproductive health and how they change from childhood to adulthood and the challenges of adolescence. The participants mentioned that during the one week training organised by YWCA they were also taught about the negative effects of FGM, myths and misconception and the illegal status of FGM. Games, drama, songs and role play are used to engage the young girls.

According to the study participants, the ARP events were well managed and effective because they involved a small number of girls (50), to ensure better monitoring and follow up after graduation. It also appears that the ARP training has been successful – according to respondents, very few of the girls go back and get circumcised. Asked if they would circumcise their daughters, most of the participants who had themselves undergone the ARP said they would not:

> ***"I would do all in my ability to ensure that my daughters are not circumcised"*** (participant, FGD, ARP initiates).

However, ARP events are intensive, requiring considerable organisation and resources. The number of girls attending each YWCA ARP in 2011 will be reduced to 25. This is because of difficulties in recruitment, monitoring, follow up and securing adequate resources. YWCA intends to support each target community for approximately 2 years before moving on to replicate this approach in other communities. However, FGD respondents felt that it would be difficult for the community to adopt and sustain the ARP courses without external support, due to the high cost, which includes providing good food and accommodation for a week for the girls.

This study indicates that, in Kuria and Kisii, despite the efforts of local and national agencies to encourage abandonment of FGM, success in changing attitudes has been limited. This section briefly discusses the ways ARP is being used and the links between education and FGM, then provides key recommendations for future activities in each of the two communities.

ARP in Kuria and Kisii

A key objective of this study was to explore the role of the alternative rite of passage in the abandonment of FGM among the Kuria and Kisii communities, and to identify the factors which would increase its effectiveness.

ARP involves a combination of activities that include:

- providing education to young girls and women about growing up and making the transition to womanhood. Some ARP programmes also cover the health risks of FGM, its illegality and violation of the rights of girls and women.
- a publicly recognised alternative ceremony for the rite of passage from girlhood to womanhood.

ARP is being used in different ways in Kuria and Kisii, with varying degrees of success. In both districts, ARP is seen as an approach to be used in combination with other activities as part of a holistic programme encouraging the abandonment of FGM. It was felt unlikely that local communities in either Kuria or Kisii would adopt the ARP events and sponsor them from their own resources in the future.

ARP IN KURIA

In Kuria, circumcision (male and female) has remained a community ceremony, observed widely with ceremony. The Council of Elders decide when the ceremonies will take place, with parents and young girls subjected to considerable social pressure. It would seem therefore, that an ARP, mirroring local culture in all but the act of cutting, would be an appropriate approach to encourage abandonment of FGM.

However, organisations working under the Kuria Network for the Abandonment of FGM have placed a higher priority on providing a rescue centre for young girls than on providing an alternative rite of passage. These camps aim to protect girls by providing a refuge throughout the whole of the circumcision season, making them resource intensive. The camps do provide a programme of education which includes the health risks of FGM, its illegality and its violation of the rights of girls and women. However, although there is an ARP graduation ceremony at the end of each camp at which the girls receive a certificate, neither the girls, their parents nor the local community recognise it as an alternative rite of passage. In addition, the pressure to offer as many places as possible has resulted in large camps, planned with relatively limited local consultation, under-resourced, with very limited follow-up and in some cases poor recruitment.

ARP IN KISII

In Kisii, FGM is primarily a family event, which is less associated with the rite of passage of a girl to womanhood and more concerned with upholding traditional cutlure. Parents, usually the mothers, arrange for their daughters to be cut, with most girls being circumcised by 13 years. There is no

whole community celebration, sometimes there will be a party within the family, and sometimes the circumcision is done in secret. ARP, as a public alternative rite of passage ceremony from girlhood to womanhood, does not particularly mirror the local practice in relation to FGM in Kisii.

However, some agencies, including YWCA and ADRA have combined girls' empowerment programmes offering courses on health and hygiene, the rights of girls and women, the illegality of FGM, with an ARP ceremony. These short courses are offered throughout the year, taking an holistic approach, working with parents, community leaders and local authority. These ARP programmes are taking place in relatively few locations, however, they appear to be being effective in changing attitudes towards FGM, with parents and girls choosing for the girls not to be circumcised.

LINKS BETWEEN EDUCATION AND THE ABANDONMENT OF FGM

Education is perceived as an important factor in the abandonment of FGM in both Kisii and Kuria communities, mentioned in all FGDs, interviews and discussions with agencies implementing anti-FGM programmes. In addition, most anti-FGM programmes work closely with schools to recruit young people and their parents in awareness raising activities, through the actions of teachers, out-of-school clubs, rescue camps, ARP and empowerment programmes. Whilst this is an efficient way of agencies accessing beneficiaries, it does mean that families whose children are not attending school are less likely to be involved in activities aimed at learning about FGM and the rights of young girls and women.

There is evidence in both Kuria and Kisii that the isolation and stigma directed towards uncircumcised girls and women is far greater for uneducated girls. There were reports of people perceiving 'educated families' as being more able to choose. In particular, if a woman is educated and holds a position of responsibility, such as a teacher or a community leader, she is less likely to be stigmatised and her children are less likely to be targeted if they choose not to be circumcised.

Peer support influences young girls' decision making. Some schools are now offering anti-FGM clubs to strengthen the peer support, as well as provide information on the health risk and violation of rights associated with FGM.

Posters are used extensively in campaigning against FGM, but many of these use complex language requiring a high level literacy. These posters are inaccessible to non-literate people or those with limited literacy skills and without the confidence to ask for help.
There were very few examples of programmes which explicitly extended their awareness raising activities to include non-literate or non-school attending families. In addition to not being able to read leaflets and posters, it would appear that those who are non-literate, or who are outside the school networks, are unable to access activities encouraging the abandonment of FGM.

RECOMMENDATIONS

Agencies and partners implementing activities in the region need to consider more closely the reasons why the practice of FGM persists in these communities, and develop alternative messages and strategies.

In Kuria it is recommended on the basis of this research that;

- The local agencies working in the area should shift their focus from hosting rescue camps during circumcision seasons towards a broader programme including a clearly identified, locally acceptable ARP, in order to foster acceptance of an alternative rite of passage. It appears from the research that the rescue camps have not succeeded in gaining local acceptance, and are therefore limited in their effectiveness and are unsustainable.

- The Kuria Council of Elders needs to be sensitised as change agents in relation to

FGM, because of the key role they play in the lives of the Kuria people. Currently, fear of repercussions of going against the wishes of the Council is one of the social pressures maintaining the practice of FGM.

- More interventions are needed to help girls cope with the tremendous social pressure that forces them to submit to the practice, for example through girl empowerment programmes. These could range from informal clubs in schools or churches to more structured residential courses.

- Increased community education is needed on the negative health and social effects of FGM and its illegality. Programmes should engage the whole community, including boys, men, local authority staff, teachers, community and church leaders, and traditional circumcisers and health professionals.

- Government and the local agencies need to strengthen public awareness around the existing laws in relation to FGM and the process of reporting cases of FGM to the authorities. The government also needs to enforce the laws more diligently at local and national levels.

- Local agencies and partners need to build upon the initiatives that have been identified as encouraging abandonment, such as encouraging girls to stay in school, supporting teachers in discussing FGM with girls and boys, encouraging churches to actively oppose FGM, implementing girl empowerment and ARP programmes.

- Local agencies and partners should target some of the more marginalised, in particular those families outside the school networks many of whom have limited levels of literacy.

- More research is needed on the Kuria people, to understand better the factors that can promote broader social change and respect for the rights of children and women, which is necessary for the complete abandonment of FGM.

In Kisii it is recommended on the basis of this research that:

- Local agencies should engage men and community leaders in initiatives to abandon FGM. Although the practice is seen as largely a women's affair, men can have a role to play as heads of households providing the resources needed for the ceremony. The community needs to be persuaded that cultures can and do change, and it is not therefore necessary to cling to a practice whose purpose is upholding cultural tradition.

- Local agencies should engage Kisii community in discussion about sexual morality and FGM. Sexual morality is no longer a valid reason for continuing with FGM, and sexual activity among young people is a societal issue which is not solved through FGM.

- More girl empowerment programmes are needed, to help girls resist the social pressure to undergo FGM. These can be as simple as clubs in schools to teach life-skills, and offer information and social skills training to resist family pressure. More ARP programmes are also needed, to extend the coverage of the current activities.

- The involvement of medical staff in perpetuating FGM must be addressed by the government more strictly. The Ministry of Health has in the past issued prohibitions against the practice, but it appears not to have succeeded in changing behaviour. It is important to revisit this issue, and enforce the prohibition more effectively, with stricter sanctions.

- Schools provide an excellent avenue to address FGM and encourage the young people to reject it. However, the findings show that teachers feel incapable

of addressing the issue due to social perceptions. It is recommended that partners consider working more closely with schools and building the capacity of teachers to help them overcome social inhibitions and address FGM in class.

- Stronger enforcement of the existing laws prohibiting FGM and promoting children's rights is needed. As it is, the findings show that the Kisii are aware of the illegality of FGM, but deliberately choose to disregard it. Explicit processes need to be developed to report, investigate and prosecute offenders, which need to be implemented and monitored.

- Local agencies and partners should build on the factors that have been identified as supporting abandonment among the Kisii. For instance, the church seems to have significant influence; if agencies can work more closely with the churches, they might improve the reach and sustainability of abandonment programmes, adopting them and enabling agencies to allocate their resources to new target communities.

- Despite school attendance being relatively high in Kisii, local agencies and partners should also target some of the more marginalised in communities, in particular those families outside the school networks many of whom have limited levels of literacy.

CONCLUSION

The findings of this study show that, despite stiff social resistance, progress towards abandonment of FGM can be achieved through well-focused, incremental programmes. This study provides some insights into the factors, in Kuria and Kisii, which contribute to the continuation of FGM and those which encourage its abandonment.

The focus in Kuria, on providing primarily Rescue Camps with training on FGM and an ARP ceremony, has had some success in saving girls from FGM, but only during the period of the camp. However, in Kisii, an intensive community sensitisation programme about FGM was combined with a public ARP ceremony fully integrated into a girls empowerment programme. This approach has clearly been effective in encouraging abandonment in rural communities in Kisii, where FGM was previously virtually universal, and could also be a valuable approach in Kuria. The study concludes, therefore, that ARP is most effective when it takes place at the end of a structured girls empowerment programme and involves a community ceremony, and is explicitly recognised as an alternative to undergoing FGM.

It is hoped that the findings from this study will enable more effective interventions to be developed in Kuria and Kisii to encourage the abandonment of FGM.

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Informed Consent Form Focus Group Discussions

Hello. My name is _____ I work for the Population Council, an organisation that undertakes research into social and health issues to improve the wellbeing of communities.

This is my colleague_____who is assisting me in the discussion group by taking notes.

The Population Council is collecting information from people living in this area about female circumcision. This information will be used by local organisations to improve their program implementation.

I would like to invite you to join a group discussion about female circumcision, to learn more about community attitudes and practices. If you agree to take part in the discussion, we will be discussing the group's ideas, attitudes and opinions on various aspects of female circumcision. There are no right or wrong answers to the questions we will ask as we expect that there will be different experiences and opinions among the group participants.

The group discussion will take about 60 minutes. If you do not want to participate in discussing some or any of the issues, you do not have to and you can leave the discussion group at any time.

We will be taking notes of the discussion. No names will be used in the notes and so anything you say will be treated as confidential. The notes will be kept safely at the Population Council's office in Nairobi and will be considered private and confidential. It will be used for this study only and the notes will be destroyed afterwards. Any report from this discussion group will not use any names or any other information that may identify any individual person.

We will provide you with a small gift to compensate you for the time spent travelling to and participating in the group discussion.

Do you have any questions about participating in the discussion group?

If you have any questions after the discussion, you may contact Humphries Evelia at the Population Council Office in Nairobi.

(Tel. No. (02) 713480/1/2/3/4).

Do you agree to participate in the discussion group?

YES / NO

Signature (or mark) of group participant

Date

Signature of interviewer

Date

Informed Consent Form Individual Interview

Hello. My name is _____ I work for the Population Council, an organisation that undertakes research into social and health issues to improve the wellbeing of communities.

The Population Council is collecting information from people living in this area about female circumcision. This information will be used by local organisations to improve their program implementation.

I would like to ask you some questions about female circumcision. If you agree to be interviewed, I will be asking you about your ideas, attitudes and opinions on various aspects of female circumcision. There are no right or wrong answers to the questions I will ask you. Your opinions and experiences are important to us and so we want you to be honest and truthful in answering our questions.

The interview will take about 30 minutes. If you do not want to answer any question, you do not have to and you can stop the interview at any time.

I would like to take notes of the discussion. Your name will NOT be used in the notes. The notes will be kept safely and will be considered private and confidential. They will be used for this study only and the notes will be destroyed afterwards. Any report from this discussion group will not use any names or any other information that may identify any individual person.

Do you have any questions about participating in the discussion group?

If you have any questions after the discussion, you may contact Humphries Evelia, at the Population Council Office in Nairobi

(Tel. No. (02) 713480/1/2/3/4).

Do you agree that notes can be taken of the interview?

YES/NO

Do you agree to be interviewed?

YES/NO

Signature of interviewer

Date

Signature (or mark) of interviewee

Date

Section 1. General overview

I would like us to begin by focusing on the meaning and significance attached to female circumcision in this community.

1. Generally ***how does the community here view female circumcision,*** what meaning, value and importance is attached to the practice?

   Probe for:
   - How prevalent is the practice?
   - In your understanding, why do some FAMILIES choose to circumcise their girls while others decide not to circumcise them?
   - In your understanding, why do some GIRLS choose to be circumcised and others decide not to be circumcised?
   - From your general observation, what kind of people support and encourage the practice and what kind of people discourage or don't practice female circumcision?

2. ***What are the procedures and practices*** associated with female circumcision?

   Probe for:
   - Age of circumcision
   - Time (or season) when it takes place and number of girls involved
   - Decision-making power (the girl, mother, father, other relatives or clan)
   - Level of secrecy / knowledge of girls prior to circumcision
   - Implications for a girl failing to comply
   - Who the practitioners are
   - Kind of education, information & skills initiates receive
   - Persons responsible for passing on this education/information
   - Length of period of seclusion
   - Gifts provided to initiate
   - Rights, duties and social expectations of the initiate

3. In your view, ***what are the main differences between circumcised and uncircumcised girls?***

4. In your view, ***how does the government view FGM?***

   Probe for:
   - Knowledge of legality
   - Awareness of prosecutions nationally, locally

5. Now let's talk about the ***effects of female circumcision***

Probe for:.

- Perceived benefits/advantages of female circumcision to the community, the family and to the girl initiate today
- Perceived disadvantages or negative effects of female circumcision to the community and the girl initiate today
- Awareness of any problems associated with female circumcision (nature of the problem(s), consequences, what has been done to address them)
- In your view does female circumcision contravene children's and women's rights? If yes, which rights and what effect might this have?

NOTE: The focus of the probing should be on the social impact; avoid detail on medical complications.

6. In your view, ***has there been change in this community*** regarding attitudes and practices related to female circumcision?

Probe for:

- Are there fewer or more girls being circumcised now than previously?
- Are there any changes in the type of circumcision being undertaken?
- Or any changes in the age of girls?
- Or any changes in the 'ceremony'?

7. ***What factors*** have brought about changes or encouraged resistance to change?

Probe for:

- Christianity / church
- Education – school – literacy in family
- Specific anti-FGM programs implemented by government / NGOs
- Campaigns by key personalities in the community e.g. women leaders, local administration
- Media campaigns and coverage
- Intermarriage with groups who do not practice female circumcision
- Women's empowerment
- Illegal status of FGM

Section 2. Rescue Camps and Alternative Rite of Passage (ARP) events

I would like to now talk about programmes to eliminate female circumcision in your community

1. Are you aware ***of organisations or groups of people*** working to eliminate female circumcision in your community?

   Probe for:
   - Who are they?
   - What are their activities?
   - How are these organisations perceived in the community?
   - What kinds of IEC materials are being used in combating FGM? Are they useful? Can people read them easily? What kind of messages do they give?

2. Are you aware of any ***Rescue Camps*** for girls in your district?

   Probe for:
   - Who has organised them?
   - How long were they?
   - Who attended?
   - How effective were they?

3. Are you aware of any ***alternative rite of passage (ARP)*** (circumcision through words) programmes in your district?

   Probe for:
   - What issues does the ARP address?
   - Have any girls in this community participated in such a programme/activity?
   - When did the alternative ritual intervention begin in this community?
   - What experience, if any, do you have of ARP?

4. What do you know about ***how girls are prepared for ARP?***

   Probe for:
   - Age when went through the rite
   - Who made the decision
   - What they knew about the alternative rite of passage
   - The number of other girls involved in the ceremony
   - The kind of information provided before and after the rite, by whom and whether in written form
   - How long the ARP process took

5. What are the ***most positive and most negative aspects about ARP?***

Probe for:

- Do you think the alternative female circumcision rite benefits girls?
- Does the ARP in any way disadvantage girls in this community?
- Do you think this approach has been effective in getting families to abandon female circumcision?
- Are there any advantages of ARP?
- Are there any limitations to ARP?
- Do girls or their parents need to be able to read and write to take part in ARP processes?

6. What are the ***financial arrangements associated with ARP?***

- Who pays for ARP ceremonies?
- What expenses are incurred by the family in preparation for the ceremonies?
- Are people willing to give the same kinds of gifts at an ARP ceremony as they do for traditional circumcision?
- What is the cost to the family for traditional rites of passage ceremonies in your community?
- Would you be willing to sponsor your daughter to go through an ARP ceremony?

7. Do you know of girls who have been through ARP but who were ***later circumcised?***

Probe for:

- Did they personally decide, or were they forcibly circumcised? Please explain the rationale behind this and the circumstances of this case (or cases).

8. If you have a daughter now or if you have a daughter in future, would you ***want her to be circumcised?***

Probe for:

- Why?
- What factors would be involved in the decision-making?
- If not would you consider ARP, if so why / why not?
- Has your opinion changed, if so why?

9. Do you think ARP will ever become an ***established part of local custom*** in this community?

Probe for:

- If not, why not?
- If yes, what would need to happen for this to take place?

Section 3. Taking action against FGM
(WITH PEOPLE WHO HAVE TAKEN A STANCE AGAINST FGM)

For example

Young women who have refused to undergo FGM (over 18 years old)

- Men who have married uncircumcised women
- Parents who have decided not to circumcise one or more daughters
- Relatives who have 'hosted' runaways
- Community leaders who have opposed FGM
- Health professionals who publicly oppose FGM
- Traditional circumcisers who have stopped practicing
- Health professionals who have stopped practicing FGM
- NGOs opposing FGM

I understand that you have taken decisions and actions against female circumcision and I would like to hear more about this.

1. What is the ***general attitude towards female circumcision*** in your community?

Probe for:

- What, if any, pressures are there in your community in relation to FGM?
- How easy is it for girls or families to decide not to go for circumcision?
- Where does the pressure come from?
- Is there more or less pressure nowadays?

2. ***Why did you make the decision*** that you did? (not to undergo circumcision / not to have your daughters circumcised, to oppose FGM)

Probe for:

- Was it on medical grounds, or rights-based, or other reasons?
- Who did you talk to?
- Were you alone or supported by other people? Who supported you?
- Has anyone opposed you?

3. Who knows about your decision?

Probe for:

- Is it secret or public?If secret - Why? What fears do you have?
- If public – Why? What impact has this had? How has / will your decision influence your life, the lives of others in the future?

Probe for:

- Immediate impact / medium term / long term
- Health impacts, marriage prospects?
- Social impact? Acceptability in community
- Attitude to own children in the future
- Willingness to campaign

4. ***How has ARP played a role*** in your decision not to go through with circumcision / to oppose female circumcision?

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