COUNTRY FACT-SHEET

ENDING FEMALE GENITAL MUTILATION

Female Genital Mutilation in Kenya

COUNTRY INFORMATION ■ The Republic of Kenya is a rural country with a large ethnic diversity. The largest of the 42 officially recognised ethnic groups are Kikuyu (22 per cent of the population), Luhya (14 per cent), Luo (13 per cent), Kalenjin (twelve per cent) and the Kamba (eleven per cent). It is difficult to generalise about the situation and status of women, since these vary enormously depending on their background, life situation and level of education.

KENYA:

Population: 40 million

Population growth: 2,6 %

Religious affiliation: 70 % Christians, 20 % Muslims, 10 % traditional religions

Literacy rate: women: 70 %, men: 78 %

Percentage of women aged 20-24 who were married before the age of 18: 26 %

Maternal mortality: 5,3 %

PREVALENCE OF FEMALE GENITAL MUTILATION ■ Female genital mutilation (FGM) refers to all practices involving partial or complete removal of or injury to the external sexual organs of women and girls for non-medical reasons. The World Health Organisation (WHO) distinguishes among four types of FGM based on the invasiveness of the intervention.

The most recent Demographic and Health Survey (DHS) in Kenya, which was conducted in 2008/2009, indicates that across the country 27 per cent of women aged between 15 and 49 have been subjected to FGM. By contrast, the 2003 DHS recorded a rate of 32 per cent, and in 1998 the rate was 38 per cent. The steady drop in prevalence of FGM is also apparent if one looks at the different age groups individually. In the age group 15 to 19, current surveys indicate a rate of 15 per cent, while the prevalence increases among the older age groups, reaching 49 per cent among 45 to 49 year olds.

The vast majority of affected Kenyan women (83 per cent) undergo excision (Type II according to the WHO classification). This involves the partial or total removal of the clitoris and the labia minora. 13 percent of women reported to have been subjected to infibulation (Type III according to the WHO classification, i.e., narrowing of the vagina with (partial) removal of the labia minora and/or majora, and/or the clitoris). This form was found to be particularly widespread in the north-east of the country and along the coast. These areas are home to a large number of Somalis, who traditionally practise this form of FGM. In the North Eastern Province the prevalence is 98 per cent, as compared to rates between one per cent (Western Province) and 36 per cent (Eastern Province) in other parts of the country.

Apart from Somalis, FGM is particularly common among the Kisii (96 per cent) and the Massai (73 per cent). Within the most populous ethnic groups, the prevalence of FGM is highest among the Kalenjin (40 per cent), whereas only 23 per cent of Kamba women and only 21 per cent of Kikuyu women are cut. Traditionally the Luhya and the Luo do not practice FGM. The percentage of women in rural areas, who have been subjected to FGM (31 per cent), is almost twice that of women in urban areas (17 per cent). The level of education also has a major influence on the prevalence of the practice. While 54 per cent of women who have had no education are cut, 26 per cent of women with primary schooling and 'only' 19 per cent of women with secondary education have undergone FGM.

Girls are being cut at an ever younger age. Whereas of the 45 to 49 year old women only 14 per cent were cut before the age of ten, 24 per cent of the 30 to 34 year olds were. Among 15 to 19 year olds, 45 per cent had been cut before their tenth birthday. In Kenyan towns and cities twice as many girls are cut before the age of ten (45 per cent) as in rural areas (22 per cent).

The most recent DHS in Kenya also points to a medicalisation of the practice. About 20 per cent of interventions (28 per cent in the country's towns and cities and 18 per cent in rural areas) are undertaken under comparatively hygienic conditions by medically trained staff, for whom FGM is often an additional source of income. This medicalisation of the practice does not alter the fact, however, that FGM is harmful and violates women's human

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On behalf of BMZ

Federal Ministry for Economic Cooperation and Development

rights. GIZ thus rejects the medicalisation of FGM in accord with the WHO and other international organisations.

When asked for reasons for practising FGM, even the majority of women who have themselves been cut (59 per cent) see no advantages in the practice. About one quarter of those surveyed considers it important because of the social standing it confers, and one in six supports the practice as a preventative to premarital sexual contacts. Religious reasons play practically no part. Only in the North East Province, where Somalis account for a large percentage of the population, do 87 per cent of women believe that FGM is a religious duty. More than four out of five Kenyan women (82 per cent) believe that FGM should no longer be practised. The men's positions were not compiled.

APPROACHES ■ The Kenyan Government has ratified several international conventions condemning FGM. These include the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the UN Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child. Kenya has signed the Maputo Protocol (to the African Charter on Human and Peoples' Rights) on the Rights of Women in Africa, but has not yet ratified it.

In 2001 the Government adopted the Children's Act, under the provisions of which FGM is criminalized when practiced on girls younger than 18. Girls at risk of FGM are to be given special care and protection. The law also provides for perpetrators to be prosecuted. There are some cases in which the law has been enforced and prosecutions have taken place. However, FGM is still secretly practiced.

In 1999 Kenya's Ministry of Health adopted a National Plan of Action for the Elimination of Female Genital Mutilation in Kenya. One of its main objectives was to reduce the prevalence of FGM by 40 per cent by 2019. The Ministry of Gender, Children and Social Development carries the mandate for the fight against FGM. Under the aegis of the ministry a National Committee for the Abandonment of FGM (NACAF) was formed in 2008. It brings together representatives of ministries, civil society organisations and donors to coordinate nationwide activities to combat FGM. In 2008, a National Action Plan on FGM was developed, which lasts until 2012. In March 2011, a draft bill prohibiting FGM was submitted. To date, it remains unclear whether it will be approved in parliament.

Traditional leaders also publicly stand up against FGM. In a speech in 2009, the Council of the Elders in Meru condemned the practice and introduced a financial penalty when participating in or practicing FGM.

National non-governmental organisations (NGOs), such as Maendeleo yaWanawake Organisation (MYWO), were the first to actively take a stance against FGM. In 1996 the organisations began to offer alternative initiation rites, which do not include genital mutilation but retain the positive aspects of initiation in a different way.

Since 1999 GTZ (GIZ as of 1 January 2011), has been implementing the project 'Ending Female Genital Mutilation' on behalf of the Federal Ministry for Economic Cooperation and Development (BMZ). In Kenya the FGM project has been working with the local GTZ 'Health Programme' since 2000. Initially the programme supported the Kenyan Ministry of Health. Together, they have implemented measures to integrate FGM into school curricula and awareness campaigns. At local level GTZ has realised a number of approaches including alternative initiation rites and generation dialogue. The dialogue between young and old, women and men provides a protected space for communication on such sensitive issues as FGM.

Since 2008, measures to combat FGM have been integrated into the field of violence against women. In the same year, GTZ assumed an advisory role in the six districts in which it was operating, to support the health management teams in these districts, which were assisted in drawing up and implementing annual plans incorporating anti-FGM activities. At national level, the programme was actively involved in elaborating the new National Action Plan. In 2010, the programme also conducted a study on approaches and strategies used in Kenya over the last 10 years to eliminate FGM, including strategic recommendations. Currently, GIZ does not implement activities against FGM in Kenya anymore.

So far the results achieved by the GTZ/GIZ measures have included a drop in the prevalence of FGM in Tharaka and Kajiado Districts (from more than 90 per cent to less than 80 per cent). In most districts covered by the measures, awareness of the harmful consequences of the practice has also been raised, in some cases with significant behaviour change. This can be seen, for instance, in the rising demand for alternative initiation rites.

The term GTZ or Deutsche Gesellschaft für Technische Zusammenarbeit refers to one of the predecessor organisations of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). Established on 1 January 2011, GIZ pools the long-standing expertise of Deutscher Entwicklungsdienst (DED) (German Development Service), GTZ (German technical cooperation) and Inwent – Capacity Building International, Germany.

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