

Tracing Change in FGM/C: Shifting Norms and Practices among Communities in Narok and Kisii Counties, Kenya

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Presenter: Dennis Matanda, PhD

Population Council

Co-Investigators: C. Kabiru, C. Okondo, B. Shell-Duncan and J. Muteshi

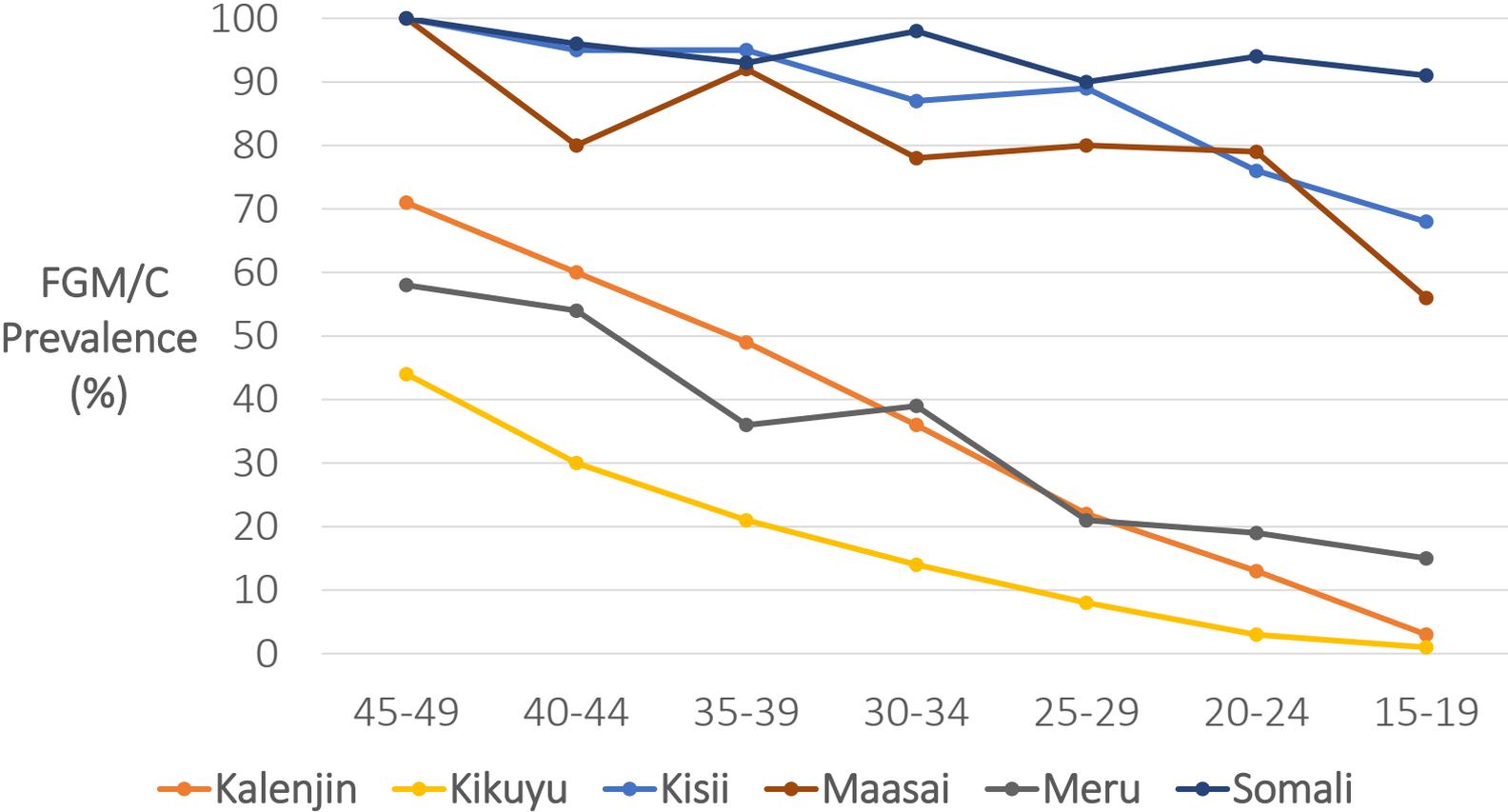
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Numerous efforts aimed at ending FGM/C in Kenya

- Alternative rites of passage
- Rescue centers for girls escaping FGM/C
- Religious oriented approaches
- Health risk campaigns
- Intergenerational dialogue
- Compensate the cutter
- Legal measures



Variation in prevalence by ethnicity and age cohorts, DHS 2014



Study Objectives

Comparative study investigating social norms and practices associated with FGM/C

- Identify social norms and practices associated with FGM/C
- Understand patterns in which norms are upheld or contested
- **WHY:** Important to determine nuanced attitudes, learn from comparative insights, not make assumptions and adjust programming accordingly

Study Sites

- **Narok County:** High prevalence of cut daughters but showing a declining trend from 2003-2014.
- **Kisii County:** High prevalence of cut daughters and minimal change between 2003 and 2014.

Methods

Data Gathering Activities	Narok County	Kisii County	Both Sites
Mapping community interventions	18	13	31
Observation of interventions	7	9	16
In-depth interviews			
Village elders	3	2	5
Women group leaders	2	2	4
Religious leaders	2	2	4
Government officials	2	3	5
Teachers	2	2	4
Healthcare workers	5	5	10
Programme implementers	6	6	12
Mothers of girls aged 5-20	6	8	14
Fathers of girls aged 5-20	7	7	14
Girls in rescue centres (12-17)	7	0	7
Girls in the community (12-17)	7	13	20
Focus group discussions			
Younger women (18-35)	2	2	4
Elder women (36+)	1	1	2
Younger men (18-35)	1	1	2
Elder men (36+)	1	1	2

Analysis

- **Inductive content analysis:** Topic coding followed by analytical coding to group topics along the line of themes
- **Factorial focus group analysis:** Major topics raised in response to the focus group prompt questions and the emphasis placed on each theme
- **Overview grid:** A matrix of the FGD summaries that allows comparisons along the lines of break characteristics

+	Raised with little emphasis, but positive consensus
-	Raised with little emphasis, but a negative consensus
++	Raised with moderate emphasis, with positive consensus
+++	Raised with great emphasis, with positive consensus
+/-	Raised with moderate emphasis, but disagreement
+++/-	Raised with strong emphasis, and disagreement
---	Raised with strong emphasis, and a negative consensus

Key Findings

Changes in FGM/C Practice

FGM/C practised in secrecy – performed at night or early morning, no celebrations

Medicalisation – health professionals preferred to traditional cutters, especially in Kisii

Change in the age of cutting – girls cut at younger ages

Supposedly less severe form of cutting

Alteration in Norms Related to FGM/C

Sexuality	Narok County				Kisii County			
	Older men	Younger men	Older women	Younger women	Older men	Younger men	Older women	Younger women
Sexual restraint			+	+	+/-	+/-		
Reduced sexual desire	+	+	+	+	+	+	+	+
Marital instability	+	+	+	+	+	+	+	+

+, positive consensus; -, negative consensus; +/-, divergent views; **Blank**, theme not raised

- In Narok, women believed that FGM/C causes sexual restraint and therefore aids upholding morality and fidelity.
 - Women in Kisii did not raise this issue, while men in Kisii had divergent views
- Across all sites and among both men and women, there was consensus that FGM/C reduces sexual desire and increases marital instability.

Marriageability	Narok County				Kisii County			
	Older men	Younger men	Older women	Younger women	Older men	Younger men	Older women	Younger women
Cut means readiness for marriage		+	+	+		+		+
Cut as a prerequisite for marriage		+	+	+		+/-		
Acceptable to marry uncut women	+		+	+	+	+	+	+

- Younger men and women believed that FGM/C increases the possibility of a girl being married early as cut girls are likely to be married off immediately after the cut.
- Ambivalence among younger men regarding FGM/C being a prerequisite for marriage in Kisii.
 - While participants mentioned that FGM/C was a prerequisite for marriage (in the past), there was consensus that it is acceptable to marry an uncut woman.

Culture / Traditions	Narok County				Kisii County			
	Older men	Younger men	Older women	Younger women	Older men	Younger men	Older women	Younger women
FGM/C as a rite of passage		+		+	+	+	+	+
FGM/C as a source of identity, respect					+	+	+	+
Social sanctions for uncut women					+	+	+	+

- Stronger influence of culture/tradition on the practice of FGM/C in Kisii than in Narok.
- The belief that FGM/C is a rite of passage, source of identity for women, and existence of social sanctions for uncut women strongly expressed in Kisii.

Health	Narok County				Kisii County			
	Older men	Younger men	Older women	Younger women	Older men	Younger men	Older women	Younger women
Immediate health complications	+	+	+	+	+	+	+	+
Long-term health complications	+	+	+	+	+	+	+	+

- Consensus that there are negative health consequences related to FGM/C.

Conclusion

Lack of large-scale abandonment does not mean that the practice is unchanging, static, and deeply rooted

- **Medicalisation, younger age at cutting, carrying out FGM/C in secret, less severe cutting**—are strategies to reduce risk of adverse health outcomes and criminal punishment.
- **Fluidity in norms presents an opportunity for programme implementers**— Addressing changes in FGM/C practice, health system, gender norms, role of men and boys.



The Evidence to End FGM/C programme consortium generates evidence to inform and influence investments, policies, and programs for ending female genital mutilation/cutting in different contexts.

Evidence to End FGM/C is led by the Population Council in partnership with the Africa Coordination Centre for Abandonment of Female Genital Mutilation/Cutting (Kenya); Global Research and Advocacy Group, Senegal (GRAG); MannionDaniels, Ltd.; Population Reference Bureau; University of California, San Diego; and University of Washington. Evidence to End FGM/C is funded by UK aid by the UK Government.



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