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**FEMALE GENITAL MUTILATION
IN KENYA: MOBILIZING THE HEALTH
PROFESSIONALS TOWARDS ITS
ELIMINATION FROM NYAMIRA DISTRICT**

Nairobi, Kenya

June 16-29, 1996

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I would like to thank USAID and BASICS for giving me the opportunity to work on this female genital mutilation project. I would also like to thank PATH/Kenya staff and leadership for facilitating my trip to Nairobi and Nyamira District. Special thanks to SDA-RHS staff in Nyamira who tried to meet data collection needs despite transportation and communication difficulties.

Lastly, I would like to extend my appreciation to the many women and girls who shared their insights, anger, and frustrations with us. Their determination is the light behind the tunnel in the fight against female genital mutilation.

ACRONYMS

BASICS	Basic Support for Institutionalizing Child Survival
DMO	District Medical Officer
DPAC	District Project Advisory Committee
FC	Female Circumcision
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
IDI	In-Depth Interview
NPAC	National Project Advisory Committee
NGO	Non-Governmental Organization
PATH	Program For Appropriate Technology in Health
SDA-RHS	Seventh Day Adventist Rural Health Services
USAID	United States Agency for International Development

I. INTRODUCTION

Dr. Asha Mohamud, Senior Program Officer for the Program for Appropriate Technology in Health (PATH), conducted a supervisory visit to the Basic Support for Institutionalizing Child Survival (BASICS)/PATH Female Genital Mutilation (FGM) Project in Nyamira District, Kenya, June 17-29, 1996. The scope of work for Dr. Mohamud's visit included the following activities:

1. Supervise the last week of data collection activities.
2. Assist with research data analysis.
3. Supervise and assist in initial preparation of a draft research report.
4. Meet with Seventh Day Adventist Rural Health Services (SDA-RHS) project staff and PATH/Kenya staff to discuss finalization of the research report and to plan the September and October dissemination workshops.
5. Debrief the United States Agency for International Development (USAID)/Kenya Mission on the project's progress.
6. Debrief PATH, BASICS, and USAID in Washington, D.C.
7. Follow up as needed.

During the two week period, Dr. Mohamud visited Nyamira District where he participated in the data collection and met with SDA-RHS project staff at the district level and with district officials; met with PATH/Kenya staff to discuss data analysis and report writing; participated in the second meeting of the National Project Advisory Committee (NPAC); and debriefed the USAID Mission in Kenya.

II. TRIP ACHIEVEMENTS

1. Dr. Mohamud met with Dr. Stella Abwao, PATH/Kenya Associate Program Officer to discuss the status of data collection and to identify areas where there are information gaps. Based on this meeting, Dr. Mohamud developed in-depth interview (IDI) guides for interviewing women who have stopped circumcising their daughters, women who continue to circumcise their daughters, girls who will not be circumcised, and girls who have been circumcised recently. The objective was to gather more information on the psychological and sexual aspects of the practice. In a trip to Nyamira Division, Dr. Mohamud participated in IDIs and focus group discussions with the target groups mentioned above as well as interviews with health professionals who were not

interviewed during the first the data collection visit. See Appendix A for a table of the types of data collected.

2. In Nyamira District, Dr. Mohamud met with SDA-RHS project staff and several government officials including the new District Medical Officer (DMO), the Statistical Officer, and a Social Services Officer to discuss project objectives, progress made to date, and the role that each can play in the upcoming District Dissemination and Strategy Development Workshop. Dr. Mohamud also met several women leaders and a prominent leader of the Seventh Day Adventist Church. During these meetings the need to establish a District Project Advisory Committee (DPAC) was identified. Suggestions were made for possible members including government officials, non-governmental organizations (NGOs), and community members.
3. In Nairobi, Dr. Mohamud met with Dr. Abwao to review the data. Since raw data was still being input, it was difficult to review the entire findings. Drs. Mohamud and Abwao reviewed the preliminary analysis of the quantitative survey of health professionals and requested additional cross tabulations. At the end, an agreement was reached on the report outline and what role each person would play in its completion.
4. PATH/Kenya worked with SDA-RHS Director Dr. Peter Mokaya to organize the second National Project Advisory Committee (NPAC) meeting. The meeting was attended by eight agencies (three governmental agencies and five NGOs, including PATH and SDA-RHS). SDA-RHS and PATH updated the committee members on project progress and shared some preliminary observations. The committee made some good recommendations and decided to meet again at the end of July to develop an agenda for the National Dissemination Workshop, prepare a list of those to invite, and decide on what roles they would play. See Appendix B for the minutes of the meeting.
5. PATH staff (Margot Zimmerman and Drs. Abwao and Mohamud) met with Nene Alrutz of the USAID/Kenya Mission to debrief her on the project's progress to date.
6. A debriefing meeting was scheduled for BASICS and USAID/Washington representatives on July 16, 1996.

III. CONSTRAINTS

Several constraints were faced during the field trip to Nyamira District; they included:

1. A new DMO replaced the one with whom the project had established rapport during the assessment and planning trips. Despite the fact that Dr. Abwao discussed the project's focus and objectives with the new DMO, he kept inquiring why FGM is being targeted when it is the malaria season and they are need of support in that area. Dr. Mohamud

explained that PATH and SDA-RHS work on various health issues, including family planning, maternal and child health, sexually transmitted disease and HIV prevention, and the elimination of FGM. Dr. Mohamud explained that FGM is a health and human rights issue and that SDA-RHS and PATH have financial support to work towards its elimination in Nyamira District. Dr. Mohamud also explained that many other agencies work on the prevention and treatment of malaria while only few agencies work on the elimination of harmful traditional practices such as FGM.

The DMO was also hesitant to acknowledge that health workers in the hospital are involved in performing the operation despite the insistence from the acting matron that several of the district hospital staff are widely known to provide FGM services. This discussion came up since the project staff wanted to carry out IDIs with health workers who circumcise as well as those who do not circumcise to get well rounded views. Just like many other prominent health professionals, the DMO was convinced that the operations performed in Nyamira were "quite minor" and were not worth spending money on to the detriment of issues like malaria. This view was not supported by the findings of the survey of the health professionals who said that clitoridectomy (Type I) is the predominant type followed by excision of the clitoris and the labia minora (Type II).

Dr. Mohamud later requested that Dr. Mokaya visit the DMO to convince him that FGM is an issue worth addressing with the Kisii community as he will be a primary player in the DPAC.

2. The SDA-RHS Project Officer assigned to the project in Nyamira District is a very well respected health professional and member of the SDA church with numerous contacts in both camps; however, he also provides clinical services at the new SDA-RHS clinic in Nyamira Division. Despite his phenomenal efforts to carry out both activities, it was quite evident that both the clinic and the project will suffer if the situation is not corrected. Dr. Mohamud and PATH/Kenya staff met with Dr. Mokaya and discussed the situation with him. Dr. Mokaya promised to hire another Program Officer and to keep the current Nyamira Division Project Officer at 10 to 20 percent time so that he can provide oversight and liaise with the religious and health leaders as needed.
3. The SDA-RHS Program Officer in Nairobi fell sick with malaria after the field trip and her sickness delayed data input and report writing. She has now recovered and is back at work.

IV. FOLLOW-UP ACTIVITIES

1. Complete data analysis and report writing (responsible party: PATH with input from SDA-RHS).

2. Hire a new Program Officer at the local level (SDA-RHS with assistance from PATH).
3. Establish the DPAC and plan and organize the first meeting (SDA-RHS with assistance from PATH).
4. Plan and organize the next NPAC meeting (SDA-RHS with assistance from PATH).
5. Plan and organize the district and national dissemination workshops (SDA-RHS with technical assistance from PATH).

APPENDICES

APPENDIX A

APPENDIX A:

**FGM RESEARCH IN NYAMIRA DISTRICT, KENYA
DATA COLLECTED BY POPULATION**

Population	Quantitative Questionnaire	Focus Group Discussions	In-depth Interviews
Health Workers	? surveys disseminated 55 surveys returned	nurses/midwives Group I - 7 (3M, 4F) Group II - 7 (3M, 4F) Group III - 6 (2M, 4F) community-based distributors Group I - 8 (3M, 5F) Group II - 7 (3M, 4F)	3 nurses who do not perform FC 1 nurse who performs FC 4 traditional birth attendants
School Teachers	none surveyed	Group I - 7 (2 M, 5F) Group II - 7 (4M, 3F)	4 school teachers interviewed
Community Members	none surveyed	Group I - 8 women who have stopped FC Group II - ? Group III - ?	8 with women who have stopped FC 4 women who have continued FC
Community Leaders	none surveyed	1 Group - 9 (8M, 1F)	5 interviews conducted
Religious Leaders	none surveyed	1 Group - 6 (all Men)	6 interviews conducted
Girls Recently Circumcised	none surveyed	Group I - 8 Group II - 8	4 girls interviewed
Girls Never Circumcised	none surveyed	1 Group - 8	4 girls interviewed

APPENDIX B

APPENDIX B:

BASICS/PATH/SDA-RHS Project National Project Advisory Committee (NPAC) Meeting Date: June 26, 1996

I. MINUTES

Participants: 8 organizations--3 government agencies, 5 NGOs including PATH and SDA-RHS (see attachment no. 2 for a list of participants)

1) Dr. Peter Mokaya chaired the meeting and started by introducing committee members, reviewing the agenda, and giving a brief update of project progress to date. Dr. Mokaya mentioned that some of the committee members replaced others who attended the meeting for their agencies during the first NPAC meeting. Dr. Mokaya hoped that the present members would be the permanent members.

During their first gathering, the NPAC participated in the baseline research planning meeting in which they brainstormed on the sort of questions that they would like the research to answer and provided guidance on the research instruments. Dr. Mokaya mentioned that since then PATH and SDA-RHS recruited research assistants who spoke the local Gusii language and trained them on FGM issues, research methodologies including FGD facilitation techniques, interviewing techniques, and field-testing research instruments. Training of the research assistants and field-testing of the instruments was followed by data collection which had just been completed. Data analysis is currently in progress. Dr. Mokaya introduced Dr. Stella Abwao of PATH to share preliminary findings with the group.

2) Dr Abwao shared a table with the group showing the types of data collected and from whom:

- A quantitative survey involving 55 health professionals, and
- qualitative research (focus group discussions and in-depth interviews) involving health professionals, community leaders, community members, religious leaders, girls--not circumcised and recently circumcised.

Excerpts from Dr. Abwao's Preliminary Observations:

Female circumcision (FC) as known and practiced in Nyamira District's Ekerenyo and Nyamira Divisions is very much culturally ingrained and is valued by the community. FC is seen as a significant "rite of passage" from girlhood to adulthood. It gives the girls a sense of belonging and respect from their peers and the community in general. The practice is commonly done in the month of December. The majority of the girls circumcised are between the ages of 7 and 12. The practice is still believed to be a cultural control of women's sexuality and sexual activity.

Our research was mainly focused on the role of the health workers in either promoting or discouraging the practice and what strategies can be devised, with the health providers' input, to eliminate FC from the community. However, we also looked at the perceptions and view points of the whole community.

Preliminary findings indicate that the health providers are involved in performing circumcisions in clinics, a few health centers, and at the homes of the initiates. Health workers are aware of the disadvantages of FC (especially the health complications) but see themselves as providing "safer FC services."

About 55 health professionals including nurses, clinical officers, and doctors responded to the quantitative survey questionnaire. Of these, 61 percent said that community members approached their health facility for FC services; 46 percent had been directly approached; and 15 percent of health facilities offered the service.

Forty percent of health workers felt that FC had more disadvantages than advantages. Approximately 56 percent of providers had circumcised their daughters while 44 percent had not. Of those with girls who are too young for circumcision, 53 percent said that they will not circumcise their daughters, while 7.5 percent said that they will. Fifty four percent knew a medical professional who performs FC. It was postulated that this was due to monetary gains (40%), and that since the practice is part of their culture, there is nothing wrong with it (20%). Of those interviewed 42.5 percent had recently (within the last month) encountered patients with FC related complications--bleeding, infections, etc. Seventy percent of providers felt there was no Ministry of Health policy regarding FC, hence no deterrent to it within the profession.

Community health workers such as community-based distributors and traditional birth attendants also confirmed that the FC is culturally ingrained and is difficult to abandon "just like that." Many of them felt that there is a role for health professionals to play--performing FC well. Some asked to be trained so that they too could do it in the "proper way."

Community Perspectives:

The majority of community members, religious leaders, teachers, etc., supported the practice. However, there seemed to be an information gap especially regarding the health effects of FC. There were some community members who indicated that FC has no significance in the community and that it should be abandoned. Most of the community (those for and against) agreed that education is the main entry point to changing peoples' behavior related to the practice. The people seen to be most influential were the chiefs, sub-chiefs, and local elders followed by the religious leaders. They said that every community member is accountable to the chiefs, subchiefs, and local elders who are always in the community and settle all sorts of disputes. The religious leaders/institutions, especially members of SDA church, are seen as those committed to discouraging FC because doing so is in line with Christian doctrine. Health providers are seen as those who replaced the traditional circumcisers ("doing it properly") and were not brought forward as change agents unless the person being interviewed was a health professional.

Although the community was aware that when the President issued a statement against FC people started circumcising younger and younger girls and in the middle of the night instead of early morning, some community members mentioned the need for laws. They made this suggestion with caution saying that it should be prohibitive rather than punitive lest it drive the practice underground.

Status of Data Analysis:

Data input is continuing and will be followed by data analysis and report writing. The data will be used to design the intervention. There will be two dissemination workshops--one at the national level and another at the district level.

- 3) Dr. Abwao's presentation stimulated the discussion and committee members gave some very useful observations, comments, and recommendations:
 - a. It was again noted that FC is deeply ingrained and that even some of those who have stopped practicing have difficulty admitting to their parents that they stopped circumcising. The practice will change slowly and we should be cautious in our approach.
 - b. The Ministry of Health has a policy document which says that the government will endeavor to eradicate all traditional practices that are harmful to women's health. The government is currently preparing its next development plan and its important that all of us work to ensure that a paragraph that actually refers to FC is included.
 - c. It is impossible to provide meaningful family life education to an 8 year old.
 - d. The Kisii aren't really cutting that much today. (This was a popular view but it was not confirmed by our findings.)
 - e. There is a need to find ways to strengthen communication between parents and young people.
 - f. There is a need to "de-mystify" FC. The young girls are not told anything about it until they have already undergone the practice. Those who are not circumcised are also kept in the dark about what is going on.
 - g. Do not just condemn--give people the facts. All individuals seem to have a stake in FC.
 - h. Saying it's a cultural practice and therefore unchangeable is "a way of avoiding the issue." It was part of the cultures of many groups besides the Kisii. For example, it was part of the Kikuyu culture--and yet they gave it up. We need to look at what happened to change the situation.

- i. We need to mobilize the community by combining the forces of 3 groups: the church leaders, community groups, and government officials.
- j. Assist the nurses to see themselves as the "change agents" so they can educate about FC when treating clients.
- k. We need to be cautious when advocating that nurses provide circumcisions. We will be pushing the families back to the traditional circumcisers and to the risk of AIDS and other complications.

Primary Recommendations:

- Provide information on the harmful effects of FC to all members of the community.
 - Involve the chiefs, sub-chiefs, and the local elders together with the religious leaders/institutions.
 - Use the law as a prohibitive manner rather than a punitive one. People have to understand why FC is being banned.
 - Mobilize the health professionals to become change agents so that they can educate their clients and the community. Discouraging the health professionals without changing the demand from the community will push the parents to the traditional circumcisers with the resulting risk of AIDS and other complications.
- 4) Dr. Mokaya mentioned to the committee that there is a need to establish a district level project advisory committee. This will help mobilize support for the project as well as allow the project objectives to be incorporated into the district development plan as stipulated by the project proposal. Individuals/agencies that were recommended include the District Commissioner, District Medical Officer, District Development Officer, Cultural Officer, Statistical Officer, Children's' Officer, and the Social Services Officer. All these are from the Government of Kenya and need to be supplemented with NGO and community members. Although Dr. Mokaya, the Project Officer, and PATH staff met with various government officials, an official committee has not yet been established. However, such a committee is very important and will be invaluable during the District Dissemination and Strategy Development Workshop. Dr. Mokaya promised to follow up and some members of the NPAC offered to use their clout to mobilize local support for the project.
- 5) Regarding the National Dissemination Workshop, the group decided to meet again at the end of July to discuss the meeting agenda, prepare a list of persons to invite, and discuss what roles they would each like to play.

6) Follow-up activities include:

- a. Write and distribute minutes (PATH for SDA-RHS).
- b. Agree on a convenient time for the July NPAC meeting and organize (SDA-RHS).
- c. Establish the District Project Advisory Committee (SDA-RHS).
- d. Analyze data and write report (PATH with assistance from SDA-RHS).

National Project Advisory Committee Meeting

II. AGENDA

Date: June 26, 1996

Location: Lenana Mount Hotel

Time: 2:30 p.m. to 4:00 p.m.

- | | | |
|-----------|--|------------------|
| 2:30 p.m. | Introductions | Dr. Peter Mokaya |
| | Overview of Project Activities and Achievements
(development of research instruments, training of research assistants, data collection) | |
| 3:15 p.m. | Preliminary Findings | Dr. Stella Abwao |
| 3:30 p.m. | Brainstorming Session: Planning for Dissemination of Project Findings | |
| | <ul style="list-style-type: none">• District Advisory Committee• District Dissemination and Project Strategy Development Workshop• National Dissemination Workshop | |
| 4:00 p.m. | Summing-up and Follow-up | |

National Project Advisory Committee Meeting

III. LIST OF PARTICIPANTS

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