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Encouraging abandonment of FGM/C among the Somali community in Wajir, Kenya

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Encouraging Abandonment of FGM/C Among the Somali Community in Wajir, Kenya

January 1st, 2008 – March 31st, 2010

Final Project Report to Wallace Global Fund
Acknowledgements

Population Council gratefully acknowledges Wallace Global Fund for its generous support enabling continuation of these important initiatives. Activities described in this report were managed by Maryam Sheikh Abdi and Winnie Osulah at Population Council. Gratitude is extended to Sheikh Ibrahim Asmani for his continuing support and willingness to engage in extensive debates with religious leaders and communities in North Eastern Province. Appreciation is also expressed to UNICEF, and particularly Zeinab Ahmed, for extensive collaboration in a true partnership. This report was compiled by a consultant, Carolyne Njue, who did an excellent job of compiling information into this summary report.
Executive Summary

In 2008, the Population Council received funding from Wallace Global Fund for a two-year project for community level efforts to encourage abandonment of female genital cutting/mutilation (FGM/C) among the Somali community in Kenya's North Eastern Province. The Council implemented a series of community activities and research focused on: generating a common, and publicly stated, agreement among Islamic leaders and scholars that FGM/C is not a religious obligation for Somali Muslims; research identifying culturally appropriate empowerment strategies for women and youth to discourage the practice; and evaluating community activities implemented since 2005 to influence FGM/C knowledge and attitudes.

The project continued education activities initiated under USAID-funded FRONTIERS through community activities encouraging FGM/C abandonment, with discussion forums with different community groups in Wajir District including women, religious scholars, parents, traditional birth attendants, and circumcisers. Forums highlighted specific harmful aspects of FGM/C and also addressed the erroneous belief FGM/C is an Islamic requirement. Married and unmarried youth, and staff from local community-based organizations, as well as chiefs and other local administrators, were also included; such a range of participants was necessary for encouraging wider acceptance of the idea of abandoning the practice from within the community, as well as fostering ongoing discourse. Community dialogue was also supported by programs on local radio featuring interviews with session facilitators and some participants.

Thirteen community forums were held, reaching 701 community members during project period. Two workshops were also organized specifically for religious leaders, bringing together 67 participants. Advocacy activities were also implemented targeting members of the Kenya Parliament, sensitizing them to FGM/C and urging support for legislation against the practice. Legislators from provincial pastoralist communities were specifically targeted, because of their influence. The advocacy initiative was implemented jointly with other stakeholders in Kenya, including UNICEF. In observance of International Women's Day this year, Population Council collaborated with other partners to implement media and advocacy activity, drawing national attention to FGM/C and eradication efforts. A 20-minute documentary on community education activities was also developed and distributed as a learning tool and aid for other agencies implementing similar FGM/C activities.

Population Council also supported meetings with key education stakeholders, sensitizing them to FGM/C and lobbying for FGM/C education’s inclusion in national curricula; the Council was included in a national taskforce developing recommendations on how this can achieved.

Between December 2008 and January 2009, this project evaluated the effects of community FGM/C abandonment activities in Wajir District, to assess whether any changes in perception and practice of FGM/C among the Somali community in Wajir occurred over four years of community sensitization and education activities implemented there. This research combined qualitative and quantitative methods, with findings compared to the 2004-2005 FRONTIERS baseline survey.
Results show culture and tradition persist as key reasons for continuing the practice. Negative attitudes towards uncircumcised girls also persist—most respondents, especially female parents (40%), believed uncircumcised girls behave differently, compared to circumcised girls. Qualitative data show strong sentiments against uncircumcised Somali girls—some considered them prostitutes, others preferred to call them girls with loose morals, and non-Muslims, in addition to negative nicknames for uncircumcised girls, indicating a high level of social stigmatization. Negative sentiments were more common among female respondents than males. Both baseline and endline surveys found mothers were key decision-makers in whether girls are circumcised.

The evaluation found an increase, since the baseline study, in the proportion of respondents recognizing FGM/C contravenes women's and girls' human rights, yet most respondents could not state what they understood by human rights and how these apply to FGM/C. There has been decline in proportions of respondents supporting continuation of the practice, with the most significant decline among boys and among girls.

To sustain momentum gained under this project, it is important community engagement activities are continued. The religious approach appears to be a viable and critical intervention. Considering progress made and outcomes of the activities to date, there is still need for continuing community interventions helping sustain progress thus far. Supportive religious leaders are in a strong position to continue community dialogue and momentum, and they can continue activities started within communities with minimal technical assistance. The religious leaders’ council, KCIU, has achieved capacity and a well-functioning administrative structure, from national to community levels, to continue running activities, with some support.
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Background

The Somali community in Kenya has practiced infibulation, the severest form of Female Genital Mutilation/Cutting (FGM/C), for centuries. To understand the context within which the practice takes place, and how its complications are managed, in 2004 Population Council undertook a diagnostic study in North Eastern Province (Wajir and Mandera districts) and the Eastleigh area of Nairobi\(^1\). The study confirmed FGM/C is a deeply rooted and widely supported cultural practice. Several closely related reasons sustain the practice: perceived religious obligation, family honor, and virginity as prerequisite for marriage; aesthetic preference for infibulated genitalia was also mentioned. Unlike several other ethnic groups in Kenya, however, for Somalis FGM/C plays no role as a rite of passage, as it is practiced when girls are five to seven years old. The underlying cause of infibulation is enforcing cultural values of sexual purity in females before and within marriage.

Given the clear strength of feeling FGM/C is a critical component of Somali culture, efforts encouraging behavior change cannot focus solely on education about health and rights: Underlying reasons need to be discussed and debated so desire for change can emanate from the community itself. Belief that FGM/C is an obligatory practice for Muslims appeared predominant in determining the practice, so it was important to address this first, through discussions with scholars clarifying the proper Islamic position.

The study also found the health system is ill-equipped for serving ‘cut’ women and, particularly, pregnant and delivering infibulated women. In the literature, there is evidence antenatal care (ANC) attendance and skilled attendance at delivery are associated with lower maternal and perinatal morbidity and mortality, which are now among the highest in the region, and this low attendance could be improved by community mobilization and education on the importance of ANC early attendance, for de-infibulation prior to delivery, and for attended delivery organized through outreach activities of health facility staff. ANC consultations are also opportunities for discouraging mothers from having daughters cut.

This project seeks to foster community-wide abandonment of FGM/C by developing and testing feasibility of working closely with communities highly resistant to external influences concerning traditional practices such as FGM/C. Thus, this project contributes to achieving Millennium Development Goal 3, “to promote gender equality and empower women, as well as contributing to reducing maternal morbidity and mortality and infant mortality,” which are Millennium Development Goals 4 and 5.

Under the USAID-funded FRONTIERS program, Population Council led activities addressing FGM/C among the Somali community in North Eastern Province, employing community- and clinic-based interventions. These interventions aimed to reduce suffering caused by FGM/C

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among the Somali community, encouraging community abandonment and improving health system capacities for managing women who have undergone cutting.

Although each intervention had separate objectives, by implementing them in the same locations, some synergistic effect was expected.

The community-based intervention focused on clarifying erroneous beliefs FGM/C is supported by and promoted within Islam. Debates with a small number of scholars were held, facilitated by Muslim scholars from non-Somali communities in Kenya, to avoid any cultural “bias” influencing objective debate by Somali scholars. A total of 124 scholars were reached at district, provincial, and national levels, with emerging consensus among them there is no basis for the practice in Islam. Many individuals had a personal change of opinion, although many are not yet ready to speak out publicly and denounce the practice.

Similar discussions were held with groups of females, males, and youth leaders, primary school teachers, chiefs, assistant chiefs, youth groups, cutters, as well as traditional birth attendants (TBAs). These discussions explored religious, sexual, and other reasons for sustaining FGM/C as part of Somali gender relations, with intention of stimulating critical questioning of these reasons that may lead to a consensus on need to reconsider the necessity of the practice. Discussions included medical harms resulting from the practice, and clarified misinformation about female genitalia and female sexual functioning.

A summary of the process and achievements with the religious leader approach is available\(^2\). Community interactions and experiences elsewhere (for example, by Tostan in Senegal) have indicated abandoning religious support is essential, but not a sufficient condition, for community-wide abandonment. Empowering women, and to a certain extent husbands, to be able to argue in favor of abandonment publicly will also be necessary before public declaration against the practice is possible.

In 2008, Population Council received funding from Wallace Global Fund for a two-year project designed to extend community empowerment efforts, and under the project Population Council would complete a diagnostic study identifying, among other objectives, culturally appropriate empowerment strategies for women and youth in the Somali community, using evidence generated to develop and implement appropriate empowerment strategies. This report summarizes key achievements of the project for the two-year period.

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Project Goal

This two-year project attempted to reduce suffering caused by FGM/C among the Somali community in Kenya by encouraging its abandonment. The project pursued these specific objectives:

- Generating a common, publicly stated agreement among Islamic leaders and scholars that the practice is not a religious obligation for Somali Muslims, with continuing consensus-building group discussions and debates;
- Basic research determining empowerment needs of women and youth in the district; describing factors contributing to women’s disempowerment; identifying culturally appropriate empowerment strategies for communities; and incorporating messages encouraging abandonment of FGM/C within empowerment strategies;
- Implementing empowerment strategies appropriate for various community groups to mobilize a critical mass of individuals for declaring abandonment of FGM/C; and
- Evaluating progress achieved through a series of community activities for influencing understanding of, attitudes towards, and intentions for practicing FGM/C.

Population Council implemented activities constituting two themes during this project: community sensitization and education as basis for empowering women and youth; and research documenting and evaluating process and outcomes of this community level intervention.

Community Activities Encouraging Abandonment of FGM/C

In 2005, the Council’s FRONTIERS project supported a combined diagnostic and formative study and baseline assessment understanding how best to organize a community-based intervention encouraging FGM/C abandonment and measuring key indicators in Wajir District. The study sought to:

1. Assess practice and perceptions of FGM/C among Somali community in Wajir;
2. Assess whether perceptions differ among various groups within community;
3. Identify acceptable intervention strategies in Wajir leading to questioning of need for FGM/C from respondents' perspective.

Based on this formative study, a community level intervention was developed and implemented in Wajir district, initially with funding from USAID and with later support from Wallace Global Fund (WGF). This WGF project implemented a two-pronged strategy comprising continuation of community education activities with different groups, and engagement with teachers and the education sector at local and national levels.

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Continuation of community education activities with various groups: Through this project, Population Council sustained the approach initiated under FRONTIERS, organizing discussions with different community groups in Wajir addressing the erroneous belief FGM/C is an Islamic requirement. These forums also raised awareness about specific harmful aspects of the practice. These community sensitization meetings targeted different levels of community decision-makers, including women, religious scholars, parents, traditional birth attendants, and circumcisers. Youth, both married and unmarried, and staff from local community-based organizations, as well as chiefs and other local administrators, were also included; the range of participants was necessary for capturing different community views of FGM/C and encouraging wider acceptance of the idea of abandoning the practice from within the community. Other issues related to women and children were also discussed, including: breastfeeding, nutrition, family planning (FP) and other reproductive health (RH) issues, and education, especially for girls.

Written pre- and post-tests of participants before and after each discussion session gauged their understanding of FGM/C and whether or not it should continue. Those who could not read or write were asked to state what they understood about FGM/C and what they knew. Then they were asked whether they supported the practice by show of hands, before discussions. At the end of the session, they were asked, by show of hands, if they then supported the practice. There was always considerable change in every training session.

Consultations with religious leaders were especially important because of their role in divorcing FGM/C from Islam—clarifying Islamic stand on the practice was crucial because belief FGM is an Islamic requirement has been identified as key contributor to its continuation. Discussing the actual position of Islam on the practice with Islamic religious leaders and their communication of this position to their communities was, therefore, necessary. Personnel from local development agencies were also sensitized on the Islamic perspective of FGM/C to ensure they communicated the same messages.

A total of 13 community forums were hosted by this project, reaching 701 community members. To encourage wider debate, the project also used local radio to carry programs that featured interviews with session facilitators and participants. Two workshops for religious leaders
specifically included 67 participants. In addition, the project reached out to members of Kenya’s Parliament with multiple group meetings, sensitizing them to FGM/C and urging support for legislation against it. Legislators from pastoralist communities of the province were specifically targeted, because of their influence in their communities. This initiative was implemented jointly with other stakeholders in Kenya, including UNICEF.

### Summary of Community Meetings

<table>
<thead>
<tr>
<th>Community groups</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>NGO/CBO Personnel</td>
<td>31</td>
</tr>
<tr>
<td>Youth</td>
<td>60</td>
</tr>
<tr>
<td>Religious Scholars Consultative meeting</td>
<td>67</td>
</tr>
<tr>
<td>Parents to the youth</td>
<td>143</td>
</tr>
<tr>
<td>Traditional Birth Attendants (TBAs)</td>
<td>40</td>
</tr>
<tr>
<td>NEP Women’s Forum</td>
<td>36</td>
</tr>
<tr>
<td>Chiefs, Asst. Chiefs &amp; Councilors</td>
<td>41</td>
</tr>
<tr>
<td>Male Community leaders</td>
<td>40</td>
</tr>
<tr>
<td>Female Community leaders</td>
<td>40</td>
</tr>
<tr>
<td>Circumcisers</td>
<td>35</td>
</tr>
<tr>
<td>Youth Leaders (male &amp; female)</td>
<td>38</td>
</tr>
<tr>
<td>District heads</td>
<td>13</td>
</tr>
<tr>
<td>Police officers (regular &amp; administration)</td>
<td>117</td>
</tr>
</tbody>
</table>

In observance of International Women’s Day, March 2010, Population Council organized a special media and advocacy activity drawing national attention to FGM/C and eradication efforts. Key elements of the campaign were:

- Lobbying Wajir members of Parliament to actively support a draft Anti-FGM Bill currently under review by Parliament;
- Interviews and articles in local press and radio in English, Somali, and Kiswahili, with interviews and articles further distributed on the internet, YouTube, and Facebook, with five radio programs and articles also produced;
- Design and production of IEC material in English and Somali, with 1,000 calendars and 1,000 brochures produced and distributed at public events in Wajir;
- Public events celebrating International Women’s Day in Wajir included 207 women and other community members; and
- Use of Internet (blog space) for hosting moderated FGM/C dialogues.

In collaboration with UNICEF, the Council developed a 20-minute documentary on community education activities, as a learning tool and aid for other agencies implementing similar FGM/C activities. The documentary features different community opinions, as well as key eradication messages. Copies of the documentary have been made and distributed to several agencies.
**Engagement with teachers and education sector at local and national levels:** Teachers are a critical group of opinion formers and leaders who can accelerate social and community change, particularly for the long-term, spending significant amounts of time with the young who are future husbands, wives, fathers, and mothers. As educated, successful professionals teachers are also community role models and are often parents themselves. Many have been brought up in the same culture and may suffer from cultural prejudices and perceptions about women’s roles generally, and FGM/C specifically. This project attempted, therefore, to sensitize them about these issues and equip them with key messages for actively championing change in eradicating FGM/C among the Somali. After initial training sensitizing them to FGM/C’s harmful consequences and the Islamic perspective, the project planned to work with teachers for implementing activities in schools, including:

- Encouraging school-based creative productions (plays, songs, poems) on themes related to FGM/C, and encouraging its abandonment;
- Using girls’ forums and related clubs in schools to discuss FGM/C and other health issues; and
- Assisting Guidance and Counseling teachers in providing more information to students.

The project had proposed efforts with ethnic Somali teachers and students based in Nairobi, who were considered crucial in spreading and sustaining anti-FGM/C influence in North Eastern Province. To sustain school-based education, the project also aimed at lobbying the government and other stakeholders in the education sector for FGM/C education inclusion in school and college curricula. Interventions with teachers in the district were deferred, however, to allow staff to focus on national advocacy, including the Ministry of Education and other stakeholders, on school curricula. Several meetings with key stakeholders sensitized them and solicited leaders’ support—at the Ministry, the Kenya Institute of Education (curriculum development agency), and faculty from local universities as well as medical and police training colleges.
A national taskforce was formed for developing recommendations how FGM/C could be incorporated within educational curricula.

**Research Activities for Understanding Implementation**

A survey between December 2008 and January 2009 evaluated the effects of community level FGM/C abandonment activities in Wajir, by comparing findings from the 2004 baseline survey. This evaluation was intended to assess whether any changes in FGM/C perceptions and practice had occurred among the Somali community in Wajir in that period; as well as assessing extent to which decisions for abandoning FGM/C had been taken among different groups within the community, for informing future abandonment activities; as well as assessing feasibility and effectiveness of approaches used, for recommending (or not) applicability among similar communities.

Pre- and post-intervention surveys took place among the Somali community in Wajir, and participants were from six locations (Hodham, Barwaqo, Wagberi, Jogbaru, Township, Kulaaley). The study utilized qualitative and quantitative methods of data collection:

- In-depth interviews (IDIs) with influential community people including religious leaders, women group leaders, youth group leader, health care provider, provincial administrator (chief), and FGM/C practitioner (cutter); in total, six in depth interviews were conducted. Interviews were tape-recorded and later transcribed before analysis;

- Focus Group Discussions (FGDs), five of which were conducted with selected representatives of certain population categories, including female parents, male parents, teachers, and both male and female youth; each FGD comprised four to eight participants and were moderated by trained research assistants; discussions were tape-recorded and later transcribed, before analysis.

- Questionnaires were used to collect quantitative data from representative samples of the general population; there were four questionnaires, targeting youth, both male and female, and parents, also both male and female.

Numbers of respondents for each category in both surveys were fairly similar (see table). The vast majority of girls (65%) and boys (82%) interviewed had ever attended school, were between 18 and 25 (over 80% of the responses), and were Muslim.

**Reasons by Somali community justifying continuation of FGM/C:** Participants in FGDs and IDIs at baseline and endline surveys were asked why FGM/C continues among the Somali. Several reasons were given in both surveys, including lack of both knowledge and exposure to different cultures and norms. In the surveys, respondents primarily thought FGM/C was for preserving virginity, as well as a cultural or Islamic act, and means of reducing woman’s sexual desire and possibility of illicit sex.

> “They practice it because it is thought to be a good culture and girls' sexuality is reduced through FGM/C hence ladies become disciplined.”  

Health Care Provider
“If girls are not circumcised, they will run after men and they will be mad...to reduce the urge to have sex, or desire to have sex they are circumcised.”

Male Youth Leader

“To purify them or clean, some believe that if girls are not circumcised they will have a bad odor or smell.”

Male Youth Leader

### Why the Somali Community Practices FGM/C

<table>
<thead>
<tr>
<th></th>
<th>Baseline, % (n)</th>
<th>Endline, % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boy (n=57)</td>
<td>Girls (n=57)</td>
</tr>
<tr>
<td>Somali tradition</td>
<td>75</td>
<td>72</td>
</tr>
<tr>
<td>Islamic requirement</td>
<td>58</td>
<td>51</td>
</tr>
<tr>
<td>Limits women’s sexual desires</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>Good tradition</td>
<td>19</td>
<td>14</td>
</tr>
<tr>
<td>Prevents immorality</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Ensures woman’s cleanliness</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Preserve virginity</td>
<td>11</td>
<td>5</td>
</tr>
</tbody>
</table>

*Multiple response categories*

At endline, culture and tradition remain key reasons for continuation. In both baseline and endline studies, both boys and girls said Somali tradition and Islamic requirement were most common reasons for continuing the practice.

Over a third of female respondents at baseline and endline believed uncircumcised girls behave differently, compared to circumcised girls. The qualitative data show strong sentiments against Somali girls who are not circumcised—while some considered them prostitutes, others preferred to call them girls with loose morals, and non-Muslims, and there were also negative nicknames for uncircumcised girls, indicating high level of social stigmatization. Negative sentiments were more common among female respondents than males.

<table>
<thead>
<tr>
<th>Socio-demographic characteristics</th>
<th>Baseline, % (n)</th>
<th>Endline, % (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls</td>
<td>50 (57)</td>
<td>50 (139)</td>
</tr>
<tr>
<td>Boys</td>
<td>50 (57)</td>
<td>50 (141)</td>
</tr>
<tr>
<td>Female Parents</td>
<td>51 (202)</td>
<td>51 (150)</td>
</tr>
<tr>
<td>Male Parents</td>
<td>49 (196)</td>
<td>49 (146)</td>
</tr>
</tbody>
</table>
The study examined decision-making related to FGM/C within families, and mothers and grandmothers were reported as key decision-makers of whether girls are cut. At endline, increase in proportion reporting fathers as key decision-makers was observed.

**FGM/C decision-making:** The study found high levels of knowledge and awareness of complications and problems associated with FGM/C. Girls, more than any other group of respondents, were most knowledgeable (over 60% of responses in both baseline and endline) of health complications associated with FGM/C, compared to boys, and parents. Complications associated with bleeding or anemia, and painful menstruation, were the most frequently mentioned in all groups in both surveys.

**Table 2: Top 10 Health Complications Associated with FGM/C**

<table>
<thead>
<tr>
<th></th>
<th>Baseline Boys (n=31)</th>
<th>Baseline Girls (n=34)</th>
<th>Male Parents Baseline (n=107)</th>
<th>Female Parents Baseline (n=197)</th>
<th>Endline Boys (n=66)</th>
<th>Endline Girls (n=83)</th>
<th>Male Parents Endline (n=87)</th>
<th>Female Parents Endline (n=73)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleeding/anaemia</td>
<td>90%</td>
<td>85%</td>
<td>83%</td>
<td>81%</td>
<td>90%</td>
<td>82%</td>
<td>63%</td>
<td>89%</td>
</tr>
<tr>
<td>Painful menstruation</td>
<td>77%</td>
<td>74%</td>
<td>62%</td>
<td>67%</td>
<td>71%</td>
<td>93%</td>
<td>56%</td>
<td>89%</td>
</tr>
<tr>
<td>Still births</td>
<td>65%</td>
<td>44%</td>
<td>39%</td>
<td>26%</td>
<td>15%</td>
<td>10%</td>
<td>8%</td>
<td>22%</td>
</tr>
<tr>
<td>Fear of sexual penetration</td>
<td>55%</td>
<td>24%</td>
<td>34%</td>
<td>34%</td>
<td>12%</td>
<td>21%</td>
<td>33%</td>
<td>43%</td>
</tr>
<tr>
<td>Painful sexual relations/difficult penetration</td>
<td>52%</td>
<td>41%</td>
<td>62%</td>
<td>60%</td>
<td>18%</td>
<td>15%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Difficulty in urination/urine retention</td>
<td>29%</td>
<td>21%</td>
<td>19%</td>
<td>27%</td>
<td>21%</td>
<td>29%</td>
<td>15%</td>
<td>34%</td>
</tr>
<tr>
<td>Prolonged, obstructed labour/perineal tears</td>
<td>26%</td>
<td>24%</td>
<td>30%</td>
<td>42%</td>
<td>27%</td>
<td>33%</td>
<td>32%</td>
<td>51%</td>
</tr>
<tr>
<td>Scarring, keloids, adhesions</td>
<td>19%</td>
<td>18%</td>
<td>20%</td>
<td>15%</td>
<td>12%</td>
<td>9%</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Recurrent bladder, urinary infections</td>
<td>16%</td>
<td>9%</td>
<td>10%</td>
<td>10%</td>
<td>24%</td>
<td>28%</td>
<td>17%</td>
<td>25%</td>
</tr>
<tr>
<td>Gangrene, septicemia, tetanus</td>
<td>16%</td>
<td>3%</td>
<td>2%</td>
<td>7%</td>
<td>6%</td>
<td>5%</td>
<td>4%</td>
<td>11%</td>
</tr>
</tbody>
</table>
In the endline survey, additional responses were included, providing interesting highlights on the social problems associated with FGM/C. As illustrated below, commonly mentioned problems include early marriage, limiting girls' education, demeaning woman's dignity, and marital conflict due to partner frustration resulting from difficult penetration or lack of sexual satisfaction.

**Figure 2: Social Problems Associated with FGM/C**

![Figure 2: Social Problems Associated with FGM/C]

**Somali community’s perceptions of women’s and children’s rights related to bodily integrity, gender relations and sexuality:** Kenya introduced a Child Protection Act criminalizing FGM/C, and in the endline survey respondents were asked about their awareness of this law. Most respondents were not aware of it, with only 36 percent of boys, 26 percent of girls, 27 percent of male parents, and 13 percent of female parents knowing FGM/C is illegal in Kenya.

Among respondents who knew legislation outlawing FGM/C exists, some felt it is irrelevant:

> “The law does not allow FGM/C, but respects the freedom of worship, so it is Islamic culture.”
> 
> **Local Chief**
>
> “I don’t think it says anything against FGM...if there were laws which stand against FGM, then why have I not seen any mother prosecuted for doing FGM? Actually the doctor assists girls who develop complications.”
> 
> **Youth Leader**

Although still a minority, the evaluation found an increase since baseline in proportion of respondents recognizing FGM/C contravenes women’s and girls’ human rights. Twenty-five percent of male parents and 10 percent of 146 female parents felt FGM/C is against human rights, compared to 12 and seven percent, respectively, during baseline, but most respondents could not state what human rights are and how they apply to FGM/C.

One key outcome indicator the evaluation measured was respondent attitudes towards FGM/C’s continuation. As indicated below, while still high, there has been a decline in proportions of respondents supporting continuation, with most significant declines among boys and among girls.
When asked whether they would be willing to speak out against FGM/C, at baseline many female parents said they were willing to speak out against the practice, but most said only in private. This attitude has significantly changed, as illustrated below. Both women and men are more willing to speak publicly against FGM/C.

Parents Speaking Publicly or Privately Against FGM/C
Education seems to play a big role influencing willingness to speak against FGM/C. Those with only primary and secondary levels of education were least willing to speak out, while most post-secondary graduates were willing to speak out against the practice.

When asked whether they would cut their own daughter in the future, over half of girls and one third of boys said they would, with 15 to 18 percent were undecided. Over 80 percent of those in favor of cutting their daughters cited religious requirement as main reason.

**Acceptable intervention strategies in Wajir District:** Research also sought to identify strategies acceptable to the Somali community for encouraging community questioning of FGM/C’s relevance, for possible accelerated abandonment. Results show overwhelming support for education and sensitization activities for community members and leaders, including religious leaders:

> “If the religious leaders do not allow [it]...[if] the religious leaders are not understanding, then it becomes difficult [to continue].”  
> Woman Leader

Other recommendations included sensitization activities for communities involving mass media, education through public meetings, and education in mosques.

Feasibility of integrating anti-FGM/C interventions within broader female empowerment strategies developing economic activities for women and youth was also explored, but in discussions with participants this approach was not seen as feasible or effective; while some did not see the connection, others opposed the idea outright:

> “I told you that FGM is a very sensitive issue, and if you people don’t want to help us economically, stop mixing FGM/C and economic activities. I don’t see any connections.”  
> FGM/C Cutter

> “No. FGM/C has nothing to do with the economy. Islamically [sic], I should discuss issues with my wife. But if the empowerment has to take women out of the hands of men, this is not Islamic. If the empowerment is to take women or girls out of the supervision of their fathers and husbands, then it is a community destructive thing. Economic empowerment to reduce poverty is fine.”  
> Religious Leader
Challenges During Project Implementation

*Community activities:* Project activities started on schedule: By April 2008, community sensitization meetings had taken place, and continued as planned. As implementation progressed, new, unplanned activities were added, such as advocacy activities lobbying members of Parliament, as it became apparent they were necessary for securing successes achieved through other interventions. Although not planned originally, these were included in the Second Year work plan and successfully implemented. In addition, the Council implemented a multimedia campaign supporting community advocacy, with accelerated media exposure, taking advantage of local interest in International Women’s Day. This had also not been planned but was successfully incorporated into project activities.

The main challenge faced by the community engagement intervention, namely group discussion forums, was persistence of widespread misconceptions of FGM/C. In nearly every forum, it became clear, even though anti-FGM/C campaigns had been ongoing in some sites for quite some time, many community members continue to strongly support it, believing it is mandatory for one to be considered a Somali and a Muslim. Questioning whether it is Islamic requirement was totally new to most discussion participants, an indication that the community as a whole is still ill-informed.

Consequently, addressing religious beliefs related to the practice remains a key intervention among the Somali population, but will require longer engagement to produce substantive results for changing community beliefs and practices. In this project’s two years, good progress was made engaging with many community groups and religious leaders, and this needs to be continued, especially as some changes in key attitudes were found during endline survey. Many challenges occurred during this approach’s implementation, however, including: limited knowledge of the Koran, especially among women; differences of opinion among religious scholars; and belief anti-FGM/C campaigns are a Western conspiracy against Islam.

Despite many efforts made and progress achieved over the last four years divorcing FGM/C from Islam, both in Wajir and nationally, misconceptions still persist, and some community members continue to believe the practice is mandatory to be considered a Muslim.

*Engagement with teachers:* This project had proposed convening forums for teachers in North Eastern Province and sensitizing them to serve as change agents in communities. This component was not implemented, because it became clear national level efforts for engaging with the Ministry of Education and those responsible for developing curricula needed to be undertaken before teachers could be engaged and asked to include FGM/C issues in their teaching. Because of this, the project redirected energies and resources to national level advocacy, to secure school curriculum change and supportive legislation.

*Research implementation:* The project had originally proposed separately conducting a community assessment and endline survey. As activities progressed, it became apparent it would be preferable to merge these into one research activity combining qualitative research methods with a quantitative survey.
Other challenges: Throughout most of 2008 and 2009, North Eastern Province suffered a ravaging drought, and it became difficult for project staff to not only implement activities but also engage the community in FGM/C discussions, when confronted with more pressing needs such as food and water for survival. Moreover, communities in this area are largely nomadic, and so were often inaccessible for extended periods of time.

Conclusions

Key outcomes for this project, described in the proposal, were:

- Community assessment for empowerment needs completed;
- At least two meetings with 30 Islamic scholars;
- At least 10 meetings with 60 youths;
- At least 200 teachers sensitized;
- At least 30 circumcisers trained, for two days;
- At least 120 police officers sensitized;
- At least two meetings for community groups;
- Lobbying, to include FGM/C in education ministry curricula;
- Reference materials on Islam and FGM/C adapted for non-scholarly audience;
- Staff from local NGOs/CBOs trained; and
- Endline survey to evaluate impact of community activities.

Except for sensitizing teachers (for reason aforementioned) and combining the community assessment with the endline survey, all stated outcomes were achieved. Additional, unplanned outcomes are:

- Substantial engagement with Parliamentarians, nationally and within the province and district;
- Active participation in National Committee for Abandonment of FGM/C; and
- Capacity-building of Kenya Council of Imams and Ulamaa (KCIU), umbrella body of religious leaders involved in this project, for implementing sensitization and educational activities with religious leaders and community members, both nationally and within Wajir.

Population Council considers this project successfully implemented.

Among the Somali community, the religious approach appears viable and critical for mobilizing social change. Considering progress made and outcomes of activities to date, there is still need for continuing community interventions helping sustain progress. The community now understands and supports need for change.
Continuous activity follow up is needed for ensuring momentum is sustained. Given their key role in activities so far, supportive religious leaders are in a strong position to monitor and continue activities within communities. Other change agents in the project site are also seeking support to ensure continued sensitization, especially among the young.

KCIU now has capacity and a well-functioning administrative structure, from national to community levels. Capacity has been built over time, by a series of trainings, orientations, and mentoring, and they are now able to implement community interventions with minimal support. KCIU already receives support from other sources to run other community interventions related to issues of governance.

KCIU can continue to serve as focal organization for implementation, working closely with National Coordinating Agency for FGM/C and Population Council, ensuring continued support for interventions and convening other partners for undertaking the religious-oriented approach. Moreover, with some mentoring and support over a limited period of time, Population Council is confident KCIU will be able to sustain and expand activities with no further external technical assistance.

Two broad sets of activities are proposed:

1) Continuing community sensitization activities, implemented through a sub-award with KCIU:
   - Follow up meetings with District Heads—government 'gatekeepers' ensuring government policies and laws related to FGM are upheld
   - Follow up meetings with different community leaders—these community dialogues will help gauge level of change accomplished
   - Development of IEC materials—visual aids depicting harmful effects of FGM, distributed and used for community sensitization
   - National consensus-building meeting with other Islamic religious leaders groups, hosted by KCIU—other umbrella bodies represent different Islamic groups, and targeting them as well could help develop consensus on FGM/C issues.

2) Supporting KCIU's transition to responsibility for planning, implementing, and seeking funding for sustaining religious-oriented approach:
   - Technical assistance from Population Council staff to hand over initiative, for strategic planning and budgeting for religious-oriented approach
   - Bi-annual review meetings by KCIU with partners and stakeholders in Wajir South and at national level for reviewing, sharing progress, and preparing plans.