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## Trends in female genital mutilation in Kenya: Insights from further analysis of the Kenya Demographic and Health Surveys, 2003–2022

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# Trends in Female Genital Mutilation in Kenya: Insights from Further Analysis of the Kenya Demographic and Health Surveys, 2003-2022

## Highlights and recommendations

- From 2003 to 2022, Kenya has experienced a commendable reduction in FGM prevalence among women aged 15-49 years at the national level. However, this progress is not uniform: regional disparities exist, with counties such as Mandera, Wajir, Samburu and Isiolo consistently posting high FGM prevalence across the years.
- FGM prevalence has remained stubbornly high among women with no education, women in the poorest households, women of the Islamic faith and those from the Somali ethnic group.
- There is a concerning trend indicating a shift to younger ages at which FGM is performed, particularly with an observed increase in performing it at the ages of 5-9 years.
- Findings also show a disturbing trend, with an increase in the proportion of health professionals conducting FGM (medicalisation), particularly in Nyamira and Kisii counties.
- The data underscores the necessity of targeted and nuanced interventions, stringent enforcement of Anti-FGM laws, and increased community and health professional engagement to eliminate this harmful practice across all demographics and regions within the country.

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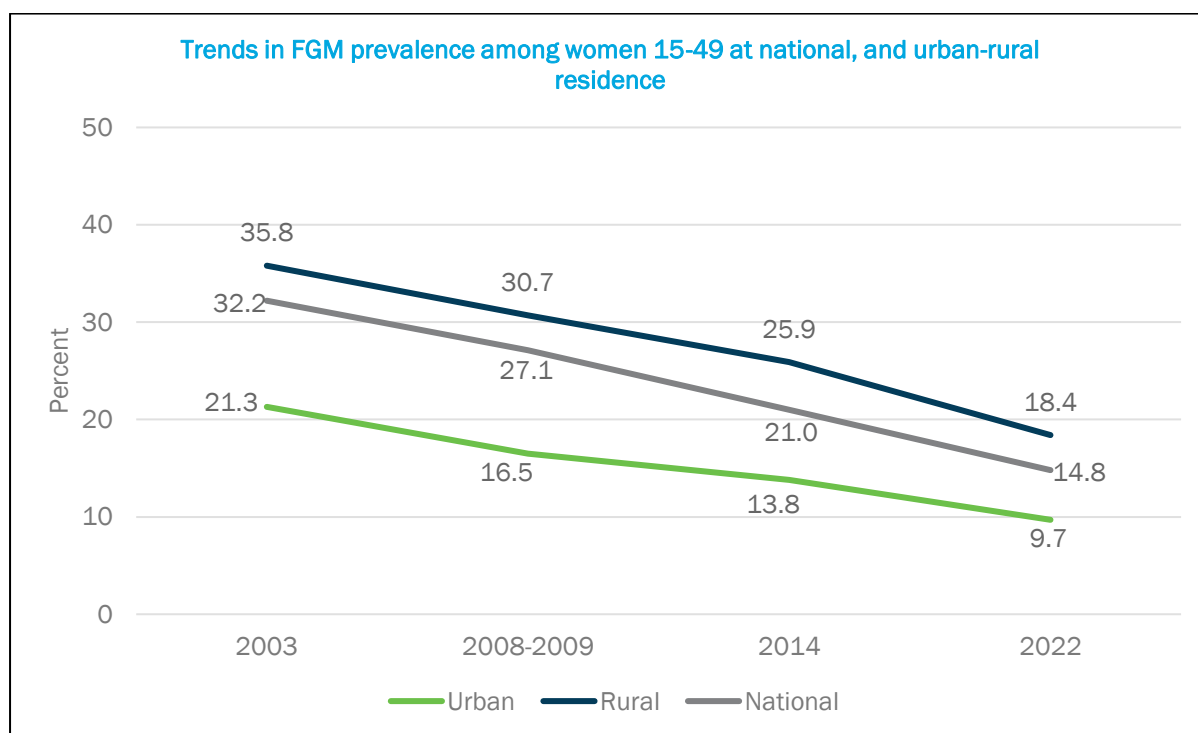
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## Trends in FGM prevalence among women 15-49 years by selected background characteristics

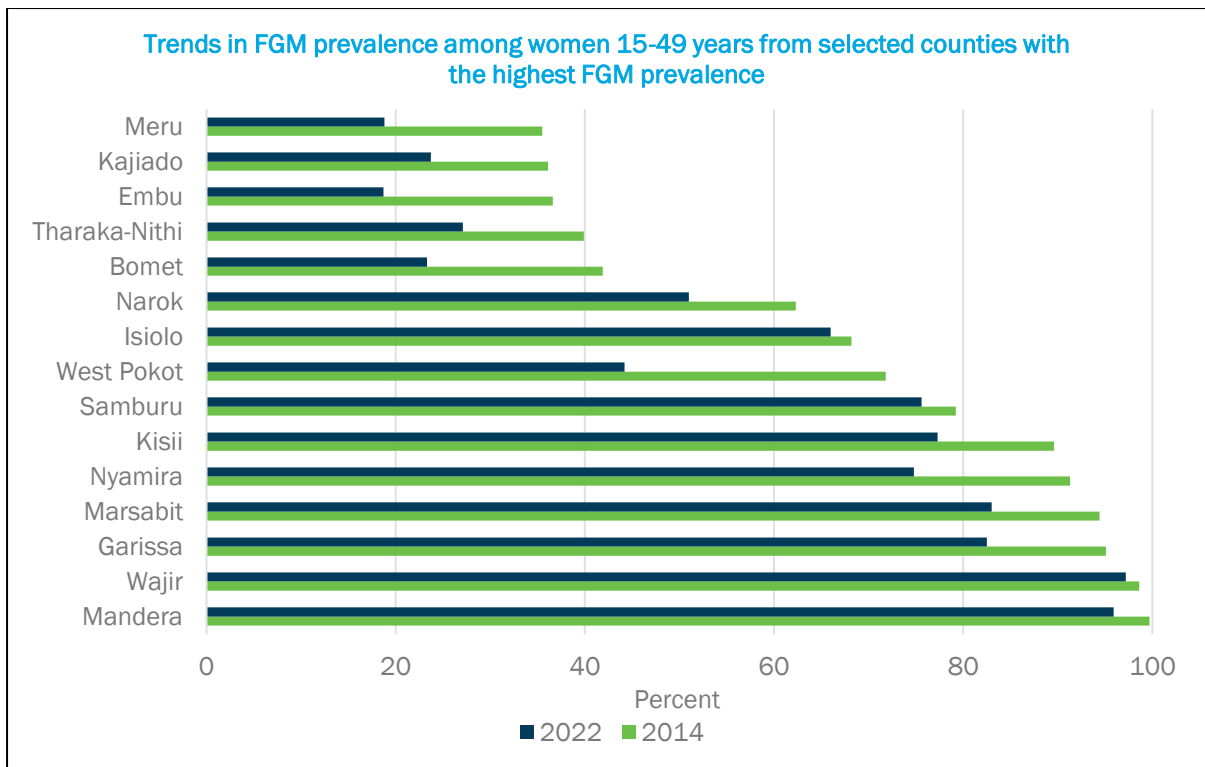
The FGM Data Hub – an FCDO-funded project led by the Population Council – conducted a detailed analysis of several waves of Kenya Demographic and Health Survey (KDHS) data, spanning close to two decades (2003, 2008, 2014 and 2022), to assess trends in FGM. Findings from the analysis show that Kenya has experienced a commendable reduction in FGM prevalence among women aged 15-49 years at the national level (from 32% in 2003 to 15% in 2022) and in both urban (from 21% in 2003 to 10% in 2022) and rural (from 36% in 2003 to 18% in 2022) areas. However, this progress is not uniform across all demographic groups. For example, for close to 20 years, FGM prevalence has remained stubbornly high among women with no education (58% in 2003, 54% in 2008, 58% in 2014 and 56% in 2022), women in the poorest households (40% in 2003, 2008 and 2014, and 32% in 2022), women of the Islamic faith (50% in 2003, 51% in 2008 and 2014, and 46% in 2022) and those from the Somali ethnic group (97% in 2003, 94% in 2008 and 2014, and 86% in 2022).

These findings imply that progress in ending FGM is unlikely if certain sub-groups within the country are not experiencing the same levels of decline observed nationally. Concerted efforts are therefore needed, with specific interventions tailored to support these sub-groups that are lagging behind.



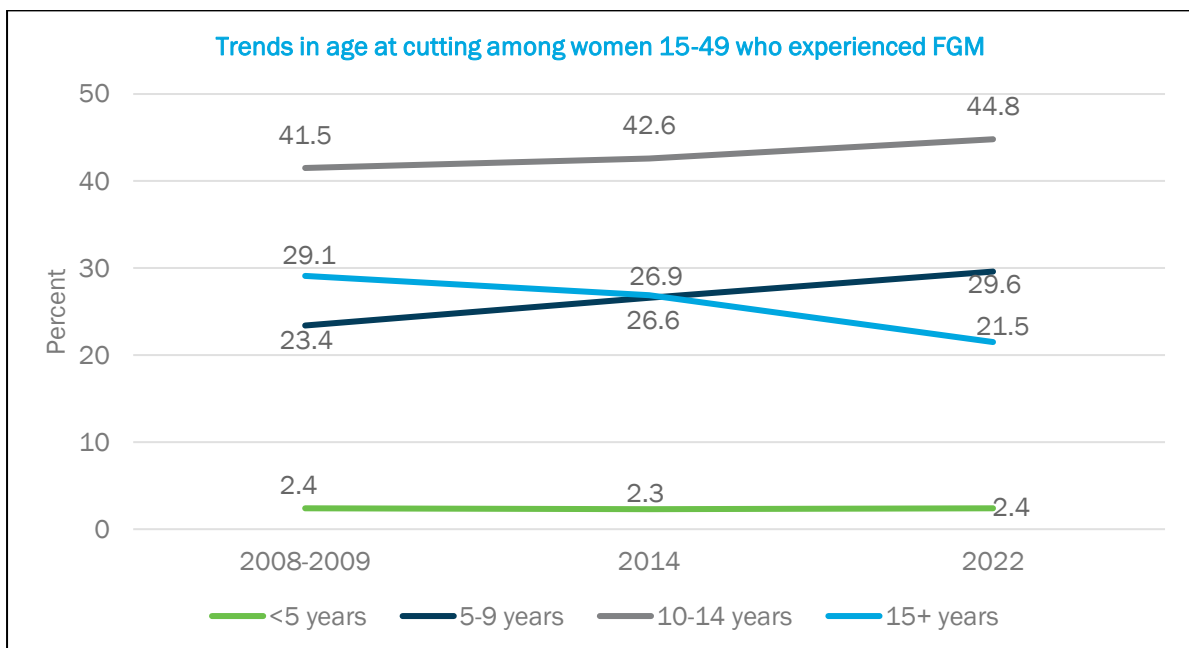
## Disparities across counties with regard to progress in ending FGM

Equally important are the regional disparities with regard to trends in FGM. While some counties, like West Pokot, Bomet, Tharaka-Nithi, Embu, Kajiado, and Meru, have experienced significant declines in FGM prevalence, attention is required in counties like Mandera (100% in 2014 and 96% in 2022), Wajir (99% in 2014 and 97% in 2022), Samburu (79% in 2014 and 76% in 2022), and Isiolo (68% in 2014 and 66% in 2022), where the prevalence remains high and progress has been limited. Tailored, context-specific interventions are necessary in these regions to address the underlying drivers of FGM.



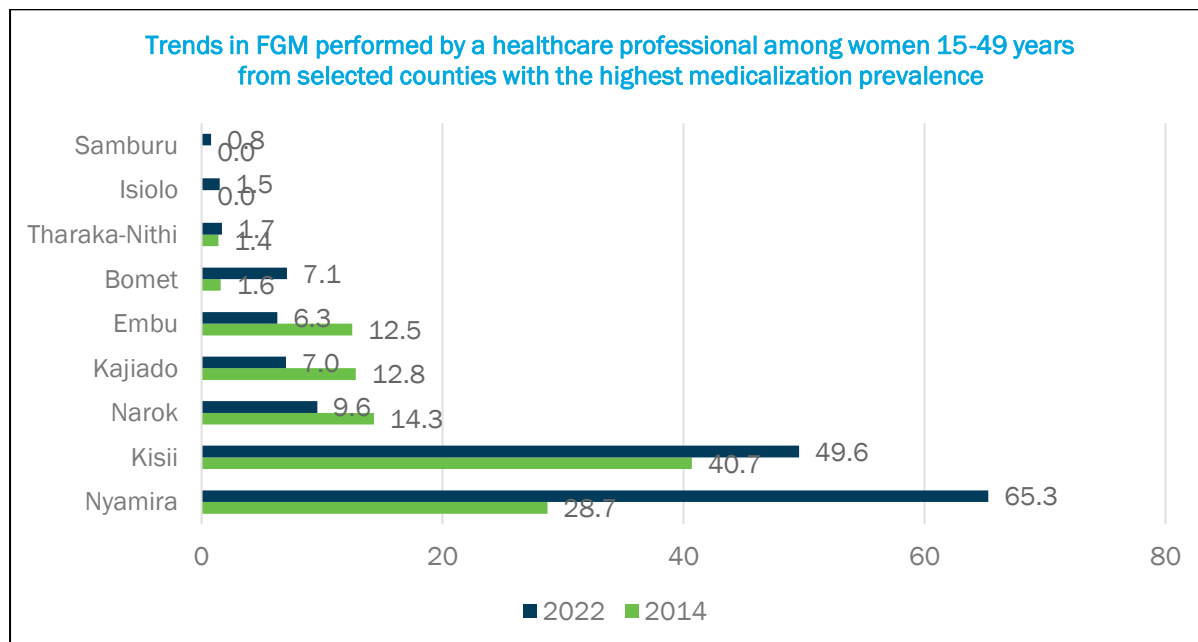
## A shift in the age at which FGM is performed

There is a concerning trend indicating a shift in the age at which FGM is performed, particularly with an observed decrease in performing FGM on girls at ages 15 years and above and an increase in performing it at ages 5-9 years. This suggests that communities might be resorting to performing FGM on younger girls, possibly to circumvent anti-FGM laws. It highlights the need for increased vigilance and enforcement of legal measures against FGM practices.



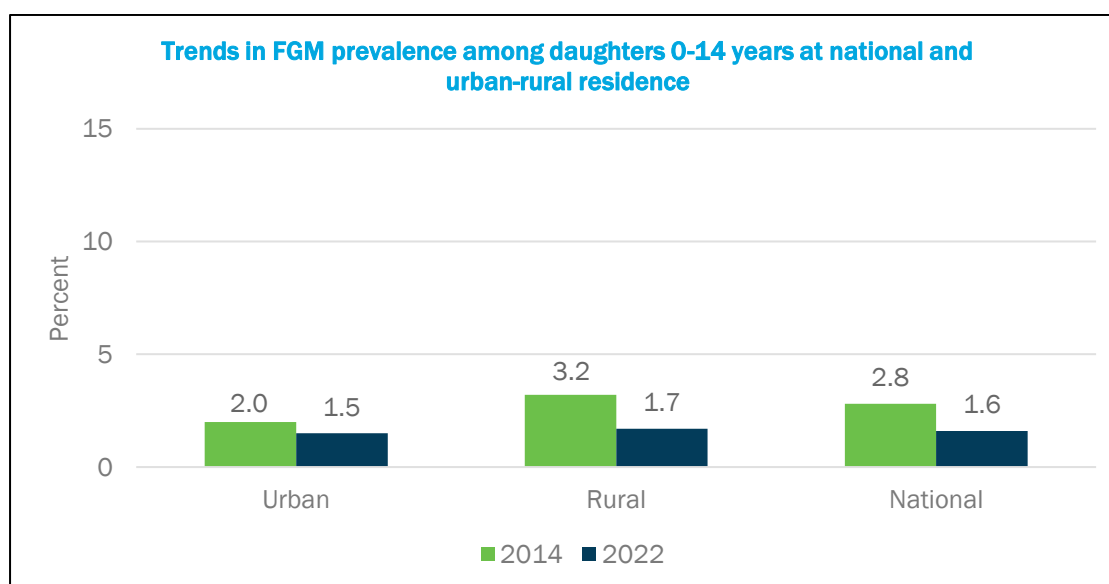
## Medicalisation of FGM among women 15-49 years

Findings also show a disturbing trend with an increase in the medicalisation of FGM (FGM performed by a health professional), particularly in Nyamira (29% in 2014 and 65% in 2022) and Kisii (41% in 2014 and 50% in 2022) counties. Efforts to combat FGM must address this issue by targeting healthcare providers and raising awareness about the legal and health risks associated with this practice, emphasising the ethical responsibilities of medical professionals.



## FGM prevalence among daughters aged 0-14 years

Encouragingly, there has been a decline in FGM prevalence among daughters aged 0-14 years at the national level and in both urban and rural areas. However, it is important to note that the FGM status of girls aged 0-14 years does not represent their final status, as younger girls are still at risk of being cut. Importantly, the noted decline is not uniform across all demographics, as data shows that daughters of women with no education, those from the poorest households, and those whose mothers have undergone FGM, are more likely to undergo FGM themselves.



## Conclusion

While there have been positive strides in reducing FGM prevalence in Kenya, accelerated efforts are needed to meet the country's global target of zero cases of FGM by 2030. The data underscores the necessity of targeted and nuanced interventions, stringent enforcement of anti-FGM laws, and increased community and health professional engagement to eliminate this harmful practice across all demographics and regions within the country.



The Population Council is implementing the FGM Data Hub— the data and measurement arm of the United Kingdom's Foreign, Commonwealth & Development Office (FCDO) flagship programme, 'Support to the Africa-Led Movement (ALM) to End Female Genital Mutilation.' Working closely with the larger technical support arm of FCDO's flagship programme, the Data Hub is providing the ALM and the global community with evidence to inform the design, implementation, adaptation, and scaling of effective strategies to end FGM.