
2002

Kenya: Community sensitization must precede alternative coming-of-age rite

Frontiers in Reproductive Health

Follow this and additional works at: https://knowledgecommons.popcouncil.org/departments_sbsr-rh



Part of the [Demography, Population, and Ecology Commons](#), [Family, Life Course, and Society Commons](#), [Gender and Sexuality Commons](#), and the [Public Health Education and Promotion Commons](#)

How does access to this work benefit you? Let us know!

Recommended Citation

"Kenya: Community sensitization must precede alternative coming-of-age rite," FRONTIERS OR Summary. Washington, DC: Population Council, 2002.

This Brief is brought to you for free and open access by the Population Council.

Kenya Female Genital Cutting

OR Summary 27

Community Sensitization Must Precede Alternative Coming-of-Age Rite

Where cultural support for female circumcision is weakening, communities are more likely to accept sensitization messages encouraging abandonment of the practice and to participate in an alternative coming-of-age ceremony for girls that does not involve genital cutting. However, such alternative ceremonies must be preceded by extensive sensitization that changes attitudes and must be tailored to fit cultural norms for rite of passage.

Background

Female genital cutting (FGC) is practiced as a rite of passage in over half of the districts of Kenya. The Kenyan nongovernmental agency Maendeleo Ya Wanawake (MYWO) has long conducted community sensitization focused on discouraging this practice. Beginning in 1996, MYWO began implementing the “alternative rite” (AR) intervention in sensitized communities. Girls participating in AR receive family life education (FLE) in seclusion, followed by a public graduation ceremony recognizing them as adults. Most importantly, they are not cut as part of the ceremony.

In 2000 the Population Council carried out an assessment of the AR program. The assessment sought to identify the impact of MYWO’s activities on knowledge and attitudes regarding FGC, reproductive health, and gender equity by comparing families that have and have not participated in the AR. Researchers worked in three of the five districts where MYWO works, investigating differences among the four predominant ethnic groups. Data were collected through: 37 focus group discussions; interviews with 53 key informants; household surveys of 1,201 families with daughters between 8 and 20 years; and nine case studies of AR-participating families.



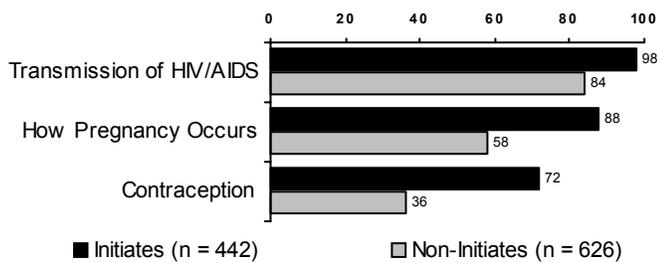
Findings

- ◆ MYWO’s work (both sensitization and the AR) did influence attitudes and actions regarding FGC, but this influence did not occur in isolation from other cultural factors and trends. The AR approach is probably most influential among families who have already decided not to cut their daughters.
- ◆ Among those families who have decided the practice should be discontinued, AR parents were significantly more likely than non-AR parents to cite MYWO (81% versus 35%, respectively) and the church (84% versus 62%) as influences in this behavioral change.

◆ Parents of AR girls were two to four times as likely as non-AR parents to know about health or psychological consequences of circumcision.

◆ AR initiates who were trained in seclusion in family life skills, community values and reproductive health showed a much higher awareness and general understanding of many important reproductive health issues. Their knowledge of HIV/AIDS was nearly universal (98%, compared to 84% for non-initiates). They also exceeded non-initiates in knowledge of transmission of sexually transmitted infections or STIs (92% versus 69%), and how pregnancy occurs (88% versus 58%).

Knowledge of Reproductive Health among AR Initiates and Non-Initiates



◆ Girls' knowledge of specific RH issues was poor, though slightly better among AR initiates. Both AR and non-AR girls received low scores in understanding of fertility cycles. A higher proportion of AR initiates than non-AR girls (44% versus 17%) thought that they understood the woman's fertile period but had incorrect knowledge.

◆ Approval of contraceptive use was generally low among all girls surveyed, but AR girls

showed lower rates of approval than non-initiates. This suggests that the FLE training is not affecting these negative attitudes and should be modified.

◆ Ethnicity influenced attitudes and practices surrounding FGC and coming-of-age rites. Among non-AR families, parents from the Maasai and Abagusii ethnic groups were more likely to favor the continuation of FGC. The Maasai mark girls' coming of age through family celebrations, rather than public ceremonies. Also, while the AR initiative reaches girls aged 16 years on average, circumcision takes place much earlier in some communities—at an average of nine years, and before the coming-of-age ceremony, among the Abagusii.

Policy Implications

◆ The contribution of the AR intervention to the abandonment of FGC depends on the sociocultural context in which FGC takes place. To support the trends that lead individuals and communities to change their behavior regarding FGC, policies and interventions must fit the local context and must adapt (or be adaptable) to cultural norms regarding rites of passage.

◆ The AR approach seems to be most effective where: (1) other institutions or cultural trends support a change of attitude toward FGC; and (2) sensitization activities precede the AR intervention. Organizations implementing AR programs need to incorporate the influence of supporting factors in their sensitization efforts and work with local institutions to increase the impact of their work.

May 2002

Chege, Jane Nieri, Ian Askew, and Jennifer Liku. 2001. An Assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya. Nairobi: Population Council. For more information, contact: Population Council, P.O. Box 17643, Nairobi, Kenya. Tel. 254-2-713-480; Fax: 254-2-713-479; E-mail: publications@popcouncil.or.ke.

This project was conducted with funds from the U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT under Cooperative Agreement Number HRN-A-00-98-00012-00.



FRONTIERS IN REPRODUCTIVE HEALTH

4301 Connecticut Avenue, N.W., Suite 280, Washington, D.C. 20008 USA

TEL: 202-237-9400 FAX: 202-237-8410 E-MAIL: frontiers@pcdc.org WEBSITE: www.popcouncil.org