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Kenya: The practice of female genital mutilation (FGM); state protection available to victims and to ethnic groups among which the practice is prevalent (2002-February 2005)

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Practice and prevalence

Three types of female genital mutilation (FGM) are practised in Kenya: clitoridectomy, excision and infibulation, the first two forms being the most common (Njue and Askew Dec. 2004, 6; NPWJ 18 Sept. 2004).

The Kenya Demographic and Health Survey (KDHS) revealed that approximately 32 per cent of Kenyan women between the ages of 15 and 49 had been circumcised (Kenya July 2004, 251). From 1998 to 2003, the KDHS recorded a seven per cent decline in these cases (ibid., 250). However, the survey showed that the prevalence of FGM varied according to certain factors, such as age, education and ethnicity (ibid., 250-251).

According to the survey, 20 per cent of women between the ages of 15 and 19 had been circumcised, compared with 48 per cent of women between the ages of 45 and 49; 36 per cent of women who lived in rural areas had been circumcised, compared with 21 per cent in urban centres; approximately 50 per cent of Muslim women had been circumcised, compared with 33 per cent of non-Muslim women (ibid., 250). Moreover, the KDHS noted a strong negative correlation between FGM and a woman's level of education: 58 per cent of women with no education had been circumcised, while only 21 per cent of women who had graduated from high school had been circumcised (ibid.).

The following statistics show the percentage of women circumcised among the various ethnic groups.

Embu (43.6)	Kalenjin (48.1)	Kamba (26.5)
Kikuyu (34.0)	Kisii (95.9)	Luhya (0.7)
Luo (0.7)	Maasai (93.4)	Meru (42.4)
Mijikenda/Swahili (5.8)	Somali (97.0)	Taita/Taveta (62.1)
Turkana (12,2)	Kuria (95.9)	Others (17.6) (ibid., 51)

Note that Kisiis are also known as Abagusii, Gisiis, Guziis, Kissiis, Kisis, Kosovos and Ekegusiis (Finke 2003).

Jane Kamau, coordinator of a project launched by the Kenyan Ministry of Health and the German organization for technical cooperation (Gesellschaft für Technische Zusammenarbeit, GTZ), indicated that elders are responsible for making decisions regarding FGM, particularly determining the time and place for circumcision and the person who should perform it (Kamau 17 Sept. 2004).

However, other sources indicated that the practice of FGM is becoming increasingly medicalized and that health professionals (doctors and nurses) often perform these mutilations for economic gain (Njue and Askew Dec. 2004, iv; IRIN 10 Mar. 2004; WeNews 12 Feb. 2004).

Attitudes and beliefs

A study of Abagusii (Kisiis) indicated that the rate of FGM had reached close to 96 per cent (Kenya July 2004, 251; Njue and Askew Dec. 2004, 1), and that the desire to fulfil cultural obligations and the concern about a girl's social well-being are the main justifications for FGM (ibid.). The study explained that, in the minds of Kisiis, FGM limits a woman's sexual desire, confers respect on girls and improves their chances of finding a husband (ibid.). The practice "also enables the girl's family to negotiate a better bride price" (ibid.).

In a 2005 article, Gemma Richardson, a graduate of journalism and human rights at Carleton University (Ottawa) who currently works with the Planned Parenthood Federation of America, wrote that, among Kikuyus, "FGM is aimed at making women sexually subservient." Jane Kamau explained that, in addition to being a rite of passage (17 Sept. 2004; see also IRIN 10 Mar. 2004), FGM is believed to improve a girl's "cleanliness," to increase marriage prospects, and to make childbirth less painful (Kamau 17 Sept. 2004).

State protection available

In 2001 (*The Nation* Sept. 2004; Njue and Askew Dec. 2004, 3; BBC 7 Feb. 2003), Kenya outlawed FGM among girls under the age of 18 (ibid.; *The Nation* 22 Sept. 2004; Kibaki 16 Sept. 2004). Known as the Children's Act (ibid.; IRIN 10 Mar. 2004; Njue and Askew Dec. 2004, 3), this law stipulates, in section 18, that "any conviction for [FGM]-related offences carries a penalty of 12 months imprisonment or a fine of Kshs 50,000 (approximately US\$670), or both" (ibid., 4).

Also in 2001, the Ministry of Health "circulated a policy directive making [FGM] illegal in all health facilities" (ibid., 3). In December 2003, the country signed the Maputo protocol, "which in Article 5 stipulates that FGM should be prohibited and condemned" (Kibaki 16 Sept. 2004).

The Kenyan government has also implemented a National Plan of Action for the Elimination of FGM in Kenya, 1999-2019 (Jillo 17 Sept. 2004). This plan aims to increase the number of "communities supporting the elimination of FGM," as well as the number of health facilities providing support services to victims (ibid.). Moreover, *The Nation* reported on 13 October 2004 that the government of Kenya was going to launch a toll-free helpline for children in distress-Childline Kenya-in November 2004 that would enable children to report any acts of

violence against them, including FGM.

Some sources noted that, in practice, the Children's Act is not being enforced (IRIN 10 Mar. 2004; Richardson 2005). According to a representative of the women's group Maendeleo ya Wanawake (MYWO), judges often hand down light sentences to those who commit offences under this act (IRIN 10 Mar. 2004). Moreover, Kenya's Minister of State for Home Affairs stated that the structures required to fully implement the provisions of the Act are not yet all in place (Kilimo 16 Sept. 2004). The Minister added that "Kenya Parliamentarians have showed reluctance to discuss FGM" out of fear of losing votes (ibid.).

The press continues to report incidents of FGM. In a 3 February 2005 article, the Chinese Xinhua News Agency indicated that the Austrian Embassy in Nairobi and a Kenyan church intervened to rescue 500 school girls from undergoing forced circumcision in November and December 2004. According to Global Feminist News, some 100 students, most between the ages of 10 and 18, were forced to undergo circumcision in the West Pokot district in August 2004 (30 Aug. 2004). A 7 February 2003 BBC report indicated that "100 Kenyan girls are in hiding from their parents as they seek to escape forced [FGM]." The same source added that approximately 700 more children in the southwest alone were being pressured by their parents to undergo FGM (BBC 7 Feb. 2003).

Gemma Richardson provided data from the Kenyan women's group MYWO, and stated that the majority of the 38 per cent of circumcised women in Kenya said that they would circumcise their own daughters (2005). Moreover, the age for undergoing the procedure (7 to 14 years) is lowering "to prevent girls from running away before it is done" (Richardson 2005).

Organizations and non-governmental actions

A report from the Integrated Regional Information Networks (IRIN) indicated that a local non-governmental organization (NGO), called the Kenya National Focal Point for FGM, coordinates nationwide anti-FGM activities by non-governmental groups throughout the country (10 Mar. 2004). The same report explained that, "[f]ollowing various seminars conducted by NGOs . . . 200 female circumcisers from Kenya's Rift Valley Province have abandoned their tools of trade and vowed to fight the deeply rooted custom" (IRIN 10 Mar. 2004). However, in Kenya's northeast, 98 per cent of girls are circumcised between the ages of 5 and 9 because "little work had been done there to discourage the practice, due to the harsh security situation in the banditry prone region" (IRIN 10 May 2004).

Also, a thematic report from the international conference on FGM, held in Nairobi, praised the MYWO (NPWJ 18 Sept. 2004). This organization suggested replacing FGM with alternative rites of passage that have been somewhat successful in various communities (ibid.).

An article published by Women's eNews (WeNews) indicated that three NGOs are focusing their efforts on fighting FGM performed by health professionals: the Child Rights Advisory Documentation and Legal Centre (CRADLE); the Building Eastern Africa Community Network (BEACON); and Julikei International, Women and Youth (12 May 2004).

As for promoting awareness among girls, a 7 February 2003 BBC report

indicated that the Centre for Human Rights and Democracy had visited "various primary schools to educate young girls against the dangers of the rite and encouraging the formation of anti-FGM clubs in schools."

Some sources also noted the role of churches in the fight against FGM (Njue and Askew Dec. 2004, 1; BBC 7 Feb. 2003).

The authors of *Medicalization of Female Genital Cutting Among the Abagusii in Nyanza Province, Kenya*, published in December 2004, wrote about the significant role of various NGOs in the fight against FGM in the three districts inhabited by the Kisii (Abagusii); among these NGOs are the Program for Appropriate Technology in Health (PATH), the MYWO, the Seventh Day Adventist Church, the Female Guild Organization, the Federation of Women's Groups, the Pan African Christian Women's Organization, Julikei International, and the Coalition on Violence Against Women (Njue and Askew Dec. 2004, 4).

This Response was prepared after researching publicly accessible information currently available to the Research Directorate within time constraints. This Response is not, and does not purport to be, conclusive as to the merit of any particular claim for refugee protection.

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