



**A Handbook for Religious and Cultural
Leaders Engaging Communities to End
Female Genital Mutilation**

About FEMNET

The African Women's Development and Communications Network (FEMNET) is a pan-African membership-based organisation which works through a Secretariat based in Nairobi, Kenya and through country-based focal points. Since its inception in 1988, FEMNET has played a leadership role for African women's NGOs at regional and international decision and policy-making fora, and has worked continuously on monitoring and advocating for the implementation of government and global commitments to women's rights and gender equality in Africa.

In 2001, FEMNET pioneered male involvement in ending violence against women through the Men to Men consultative meeting on gender-based violence (GBV), held in Kenya. The meeting culminated in the development of a plan of action, at regional and national levels. FEMNET is the host of the Men to Men Regional Network with membership in Kenya, Malawi, Zambia, Tanzania, Democratic Republic of Congo and Mali. Globally, FEMNET's role is recognized by other existing global initiatives that work with men in to end all forms of violence against women. The Men to Men strategy empowers men and boys to become advocates for gender equality and defenders of women's rights.

This publication is part a behaviour change communication tool intended to expand the engagement of men in religious and cultural institutions to reach out to their communities to eradicate Female Genital Mutilation – FGM in Meru and Tharaka. The publication clarifies some of the common myths and misconceptions that perpetuate FGM. It opens space for dialogue between religious, cultural leaders and members of the community and promotes alternative rite of passage.

The project offers important lessons which will be documented and used to expand and inform interventions that seek to end FGM. We hope to contribute to the body of knowledge in by developing materials and tools that will be translated and used in targeting religious and cultural leaders.

Local Implementing PARTNERS

The Anglican Development Services of Mt Kenya East (ADSMKE) is the development arm of the Anglican Church of Kenya, serving communities living within Mt. Kenya East Region. It is a non-profit making organization and was incorporated as a company limited by guarantee in 1982. Its mission is to 'empower the poor, marginalized and destitute communities regardless of gender, creed or race within Mt. Kenya East region to be in control of their own development in a holistic and sustainable way. ADSMKE has been working with these communities in relief and development whilst embracing an integral mission approach in its activities.

ADSMKE uses a non-discriminative approach in its work and serves people of diverse ethnic, socio-cultural and religious backgrounds. The organization deliberately targets the marginalized areas with poor indicators of development and where other change actors have not intervened or are very few. In this partnership, ADSMKE is committed to empower communities in Tharaka and Meru to end all forms of violation of human rights. These include child labour, early marriages for girls in Tharaka and Meru that is brought about by FGM and other forms of violence that demean women. The organization is therefore involved in promoting gender equality and women's rights. Other church institutions and organizations involved in the project include Anglican, Methodist, Seventh Day Adventist - SDA and National Council of Churches of Kenya - NCCCK
Njuri Ncheke Council of Elders:

Njuri Ncheke was established 1700 or 1730 to serve the Ameeru community who include Chuka, Tharaka, Muthambi, Mwimbi, Imenti, Tigania and Igembe. The main role of Njuri Ncheke at the time of formation was to govern the people of Meru and including determining cases of social injustices like theft, witchcraft, land disputes, family matters, marriage rights, peace, environmental issues, security and relationships with foreigners. Njuri Ncheke was also in charge of formulating laws which governed the land of Ameeru. In 1956, Njuri Ncheke passed a declaration to stop FGM at Nchiru and reiterated the same in 2009 at Kinoru Stadium during the Kinoru declaration outlawing FGM. Njuri Ncheke has a devolved structure in the entire Meru and Tharaka Region that they will use to support the implementation of this project in Meru and Tharaka. Our major programmes are Sustainable Livelihoods that include, Food security, Health, Environmental conservation and economic empowerment. However these cannot be successful if women's rights are not respected.



What is FGM?

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Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury or alteration of the female genital organs for non-medical reasons. The practice is mostly carried out by traditional circumcisers, who often play other roles such as attending childbirths in their communities. FGM is recognized internationally as a violation of the human rights of girls and women. It is always carried out on minors below the age of consent and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

How it is done:

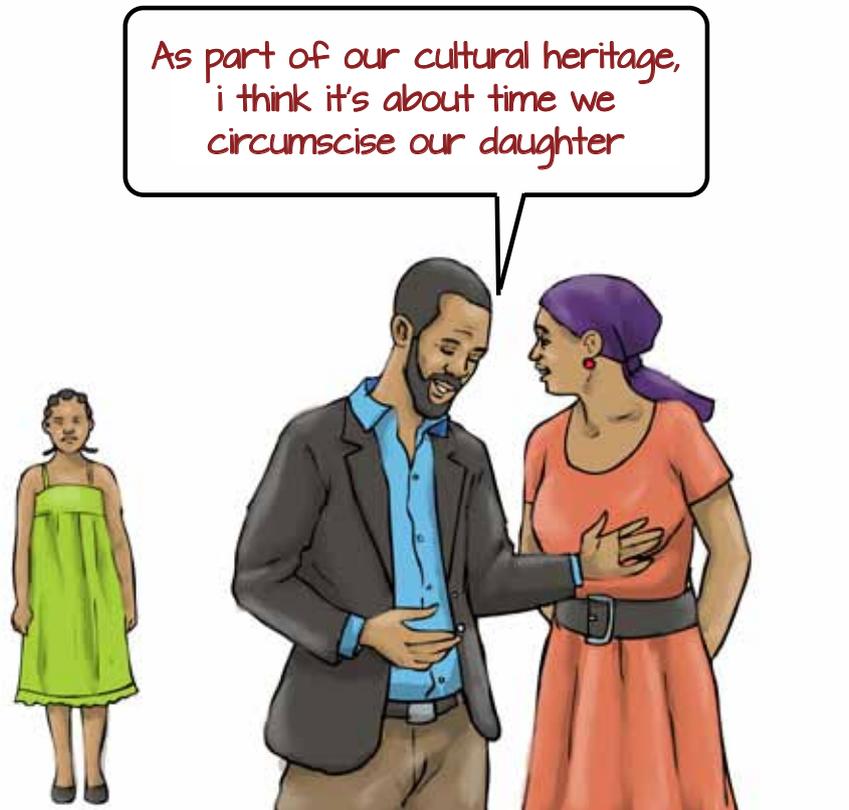
Female genital mutilation is classified into four major types.

- **Clitoridectomy:** partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- **Excision:** partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina). This is the practice among the Meru and Tharaka communities in Kenya
- **Infibulation:** narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris. This is common among the Somali and Kuria communities in Kenya.
- **Other:** all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Myths and Misconceptions about FGM:

1. **Preserving sexual morality:** in communities where FGM is a practice, people are made to think that women are more promiscuous than men yet sexual activity is often between men and women. The fact is that in every society men and women can be promiscuous but men are often not harshly judged. However, due to the low status accorded to women, they are forced to

undergo FGM at a tender age when they cannot make decisions about their body. Myths, scary tales, threats and sanctions are used to lure women and girls into the FGM. Girls and women are not given the right information about FGM until the irreversible consequences of the vice begin to take effect.



2. **Curtailling sexual urge in women:** it is perceived that women should stay for long periods of time without having sex if their husbands went out to graze the animals or raid the neighboring communities for a prolonged period. Circumcision was therefore thought to be necessary to curtail women's desire for sex.
3. **Upholding cultural tradition:** among the Meru and Tharaka communities, it is believed that female circumcision is part of cultural heritage. As a result, efforts to stop the practice are perceived as diluting or "killing" the culture.

4. **Gives identity:** FGM is perceived as an identity as a true Meru or Tharaka woman and family failure to which they are profiled and discriminated during community activities and events.
5. **Social pressure:** the Meru community has strong sanctions to discourage women's refusal to be circumcised. Fear of ridicule and social stigma, as well as name - calling, has forced many families into FGM.
6. **What the Kenyan Law Say on FGM:** The "Prohibition of Female Genital Mutilation Act was passed in 2011, it prohibit the practice of female genital mutilation. It is safeguards against violation of a person's mental or physical integrity caused by the practice of female genital mutilation and for connected purposes including cultural practices. The law commits the Government to take necessary steps to protect women and girls from female genital mutilation.

The following FGM activities are illegal in Kenya:

1. A medical practitioner or midwife is prohibited from performing any act of FGM even when it is sanctioned by the community or guardians;
2. A person who takes another person from Kenya to another country with the intention of having that other person subjected to female genital mutilation;
3. A person who knowingly allows his premises to be used for purposes of performing female genital mutilation;
4. A person who is found in possession of a tool or equipment for a purpose connected with the performance of female genital mutilation;
5. Being aware that female genital mutilation has been, is in the process of being, or intends to be, committed and fails to report accordingly to a law enforcement officer;
6. Use of derogatory or abusive language that is intended to ridicule, embarrass or otherwise harm a woman for having not undergone female genital mutilation, or a man for marrying or otherwise supporting a woman who has not undergone female genital mutilation, commits an offence and shall be liable to imprisonment for a term not less than six months, or to a fine of not less than fifty thousand shillings, or both.

Consequences of FGM

*This prolonged
labour may be fatal
to me and my baby*



Consequences of FGM:

In Meru and Tharaka, the consequences of FGM on women and girls include:

Consequences:

- Shock from bleeding, pain and stress resulting from cutting of the blood vessels in the vulva (clitoral artery) of the genitalia without the use of anaesthetic.
- Urinary retention from fear of pain, tissue swelling or injury of the urethra cause pain and discomfort which could easily lead to bladder and urinary tract infections.
- Infection due to use of unsterilized instruments in unhygienic environment may lead to other complications and even to death. Infections can also cause pelvic inflammation. It could result directly in blood poisoning and in having tetanus, and if untreated finally death may follow. There is also high risk of HIV transmission through the use of one instrument for multiple operations.
- Damage to organs such as the anus, urethra and the bladder from inexperienced circumcisers.
- Extremely painful menstruation due to the build up of urine and blood in the uterus leading to inflammation of the bladder and internal sexual organs.
- Severe pain during intercourse which may consist of physical discomfort and psychological traumatisation.

Sexual, gynaecological and child delivery consequences of FGM:

- FGM is the mutilation of the sexually sensitive organ of women, resulting in the loss of woman's natural sexual sensitivity. This can affect marital relationship, child birth and create fear and suppression of interest and feelings during sexual intercourse. The nerve ending of the clitoris is sensitive and serves the purpose of pleasure.

- The vaginal canal loses its elasticity due to cut. This needs a cut to get the child out of a wall of flesh, which if done improperly will lead to bleeding, infection, fistula formation (inability to control urine). If the vaginal opening is narrow, the mother's labour will be prolonged and delayed which may be fatal to both mother and baby. In the obstructed delivery the head is forced to press on the scar which may lead to arrest labour, rupture of the scar or uterine rupture, tearing of the vulva and perineum.

Social consequences:

Some of the social consequences of FGM include:

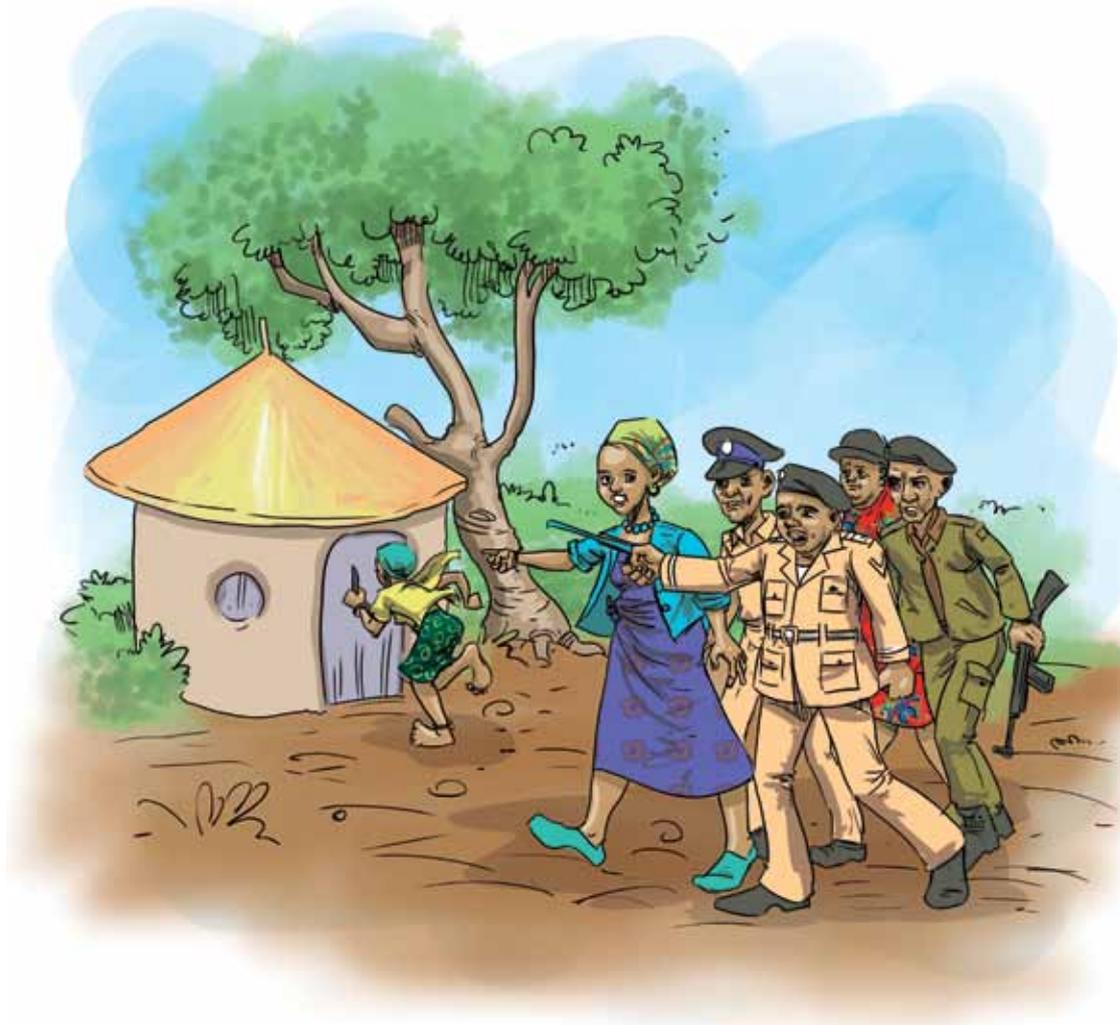
- Early pregnancies and marriage among girls who have undergone the cut;
- High rate of school dropout among girls who have secured FGM;
- Poverty as there are limited economic options for women due to lack of education;
- Defiance to school rules and teachers;
- Drug, substance abuse and trading in illicit brew;

What Action can you take to ADDRESS FGM?



The Njuri Ncheke: as the custodians of the Ameru Culture should openly talk against FGM, reach out to their peers and community members to abolish the practice and support the church in promoting alternative rite of passage. Further they can engage with women in the community to better understand the how FGM impact on them.

The Church: the leading churches in Meru and Tharaka should come together and establish a joint response to FGM. The use of ARP in the community is accepted and can be scaled up through the church members and other church projects. The church should continuously engage with members of the Njuri Ncheke on FGM in order to create harmony and improve their relationship without antagonism;



The community members: people in the know at the community must be informed about the dangers of FGM and the existence of the new law banning FGM. They should be mobilized to support the efforts to completely eradicate FGM. They should be able to report any incidences of FGM to law enforcement agents to arrest the perpetrators and their supporters;

Men and Boys: Men should openly say not to women who are not circumcised and accept to marry women who have not undergone FGM. They should also be at the front to reach out to their peers and influence them to change their attitudes on accepting FGM;

Women and girls: should be empowered to reject FGM and report anybody who is undertaking the practice. Women who mutilate girls should also be identified and discouraged from perpetuating this vice;

Government Departments: are already aware of the existence of the law against FGM. They include the children's department, the police and chiefs and the Kenya Anti FGM Commission.

Reporting FGM cases to the Police, Chiefs and their Assistants

The law allows any law enforcement officer (Police both administration and General Police, Chiefs and Assistant Chiefs) to enter any premises for the purposes of ascertaining whether there is or has been, on or in connection with such premises any FGM related activity is taking place.

1. Call the Police, to report a case of FGM, call the police Kenya Police emergency no 999 (landline) or 112 (mobile phone) or call the National GBV hotline on 1195. All these calls are offered free of charge;
2. Report at nearest police station, Police Post, Chiefs' Camp or office;
3. Make a statement about the incident;
4. Follow up on the case with the police and other stakeholders;
5. Attend court session whenever called upon;

Alternative Rites of Passage:

Alternative Rite of Passage is a process of initiating girls into adulthood by replacing outdated cultural practices in this case, FGM with human rights centred approach. This symbolic initiation process is used to move girls from childhood into adulthood without undergoing FGM. This is done through a process which is highlighted in the steps below:

Step 1: Training, awareness and sensitization of various community groups and structures

ARP begins with awareness and sensitization with a view to influencing four critical levels namely;

- Individual level where individuals / persons that are strategically positioned to influence female circumcision such as grandparents, parents, relatives, peers, traditional child caretakers and circumcisers among others are trained to acquire knowledge and skills for empowering them to acquire positive attitudes towards womanhood
- Relational level The training at relational level focuses on the way people relate with each other:
- Structural level The training here is done to attain and sustain a supportive structural system for ARP):
- Cultural level the training, awareness and sensitization seeks to demystify Female Circumcision.

Step 2: Mobilization of parents and relatives to select girls who will attend seclusion

This involves organizing of meetings with parents, relatives, teachers in various Parishes who will undergo seclusion

Step 3: Girls' seclusion

A 7-day seclusion period is organized for the girls. While in the seclusion, girls are taught, guided and counselled. The teaching builds on the knowledge that was traditionally imparted to girls prior to and during seclusion. The ARP employs a comprehensive strategy that prepares the Girl-child with necessary skills. During seclusion, girls cover a number of topics geared towards change at personal level including self-awareness; social relations and human rights and female circumcision. Topics covered to influence change at community and cultural level include effects of female circumcision; Ameru cultural rites, traditional beliefs and practices.

Step 4: ARP Graduation:

ARP graduation forms the climax of the girls' seclusion. Girls are issued with certificates as a sign that they have become of age. The occasion is blessed by all leaders including Njuri Ncheke, Religious leaders, leaders from the public and private sector, parents and relatives. During the graduation, girls give speeches, sing, and dance, recite poems, present skits and are finally issued with certificates.



