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Using research to understand and accelerate abandonment of FGM/C

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End of Programme Webinar Series: Using Research to Understand and Accelerate Abandonment of FGM/C

Webinar 1: Improving the Health System and Legal Frameworks' Response to FGM/C



Bettina Shell-Duncan, Ph.D. - Moderator
University of Washington

Improving the Health System and Legal Frameworks' Response to FGM/C

Speakers:

- ❑ Bettina Shell-Duncan, Moderator
- ❑ Jacinta Muteshi-Strachan – Population Council Kenya
- ❑ Agnes Meroka-Mutua – University of Nairobi
- ❑ Samuel Kimani – University of Nairobi
- ❑ Flavia Mwangovya – Equality Now

What did we set out to do and what have we accomplished?



Jacinta Muteshi-Strachan, Ph.D.
Senior Associate & Programme Director – FGM/C
Population Council

Introduction

- ❖ **The Project:** DFID funded (2015-2020). Build a body of ethical and rigorous evidence to inform programs, policies, investments in support of abandonment.
 - ❑ **Vision:** End FGM/C in One Generation
 - ❑ **Approach:** A research consortium across 8 African countries led by Population Council.
- ❖ **Understanding of the Issue:** FGM/C: Gendered & socially endorsed harmful practice; form of gender-based violence, violation of rights of women and girls.
- ❖ **Presentation Outline:** Research themes, some highlights from emerging evidence and moving forward.

Four research themes



Emerging Evidence: Some highlights

- ❖ Provided rigorous evidence on how FGM/C is practiced and how the practice has evolved and is evolving specific to:
 - 1) *Changes in the **age of cutting**;*
 - 2) *Increasing significance of **medicalized FGM/C**;*
 - 3) *Shifting FGM/C **narratives and norms** and,*
 - 4) *Complex nature of **power and decision-making** around the practice;*
 - 5) *Historical and continuing **absence of men and boys** in planned abandonment interventions*
 - 6) ***Structural** responses.*

Emerging Evidence: Some highlights

- ❖ Illuminated variations and complexities of local realities both within and between countries-- means strategies can't be standard.

Examples:

- ❑ *Rural/poor south Senegal families worry about securing the future of their daughters & ensuring entry into social support systems in a context of economic and climatic instability among other concerns.*
- ❑ *Burkina Faso: Best practice example of law implementation since 1996 but practicing families cross into Mali where there is no law.*

Emerging Evidence: Some highlights

- ❖ Strengthened understanding of prevalence and risk factors for FGMC in three priority countries (Kenya, Nigeria, Senegal):
 - Sub-national level data hotspots/areas where populations are at a higher risk.
 - *With this data, health practitioners and policy makers are now able to have a deeper understanding of **the geography and pattern of FGM/C**, enabling them to better target investment and efforts where most needed.*

Moving Forward

- ❖ FGM/C practices serve “valued” societal behaviors & access to social assets.
 - ❑ Consequently upheld by multiple & diverse social and gender norms

Thus: Social & behaviour change interventions must address:

- *Whole schemas of cultural values & norms,*
- *Inequalities in contextual/community settings*
- *Community ownership of change*

While Utilizing:

- 1) **Data** to shed light on complexities that underpin the practices of FGM/C
- 2) High quality **evidence** as basis of our responses
- 3) Collaborative, **multi-sectoral approaches** beyond targeting isolated behaviors and isolated individuals”.

FGM/C and the Law in Burkina Faso, Mali and Kenya



Agnes Meroka-Mutua, Ph.D.

University of Nairobi, School of Law

Africa Coordinating Centre for the Abandonment of FGM/C
(ACCAF), Kenya

The Role of Law in Reducing FGM/C in Kenya, Mali and Burkina Faso

Dr. Agnes K. Meroka-Mutua,

University of Nairobi, School of Law

Africa Coordinating Centre for the Abandonment of FGM/C

Acknowledgements: Joséphine Wouango, Ph.D and Susan

Ostermann Ph.D who led the work in Burkina Faso and Mali

Overview

- Background
- Objectives
- Research questions
- Methodology
- Findings
- Recommendations

Background

- ❑ Multi-country study conducted in Kenya, Burkina Faso and Mali.
- ❑ Kenya and Burkina Faso have laws prohibiting FGM/C; Mali has no law.
- ❑ FGM/C prevalence in Kenya is 21%; in Burkina Faso it is 42%; and in Mali it is 91%.
- ❑ The three countries provide an interesting basis for comparative analyses of how law is used towards abandonment in plural legal settings.

Objectives

- ❑ To find out how much people obey or disobey the law in general;
- ❑ To investigate the motivations that prompt people either to obey or disobey the law in general and the anti-FGM law specifically;
- ❑ To use the study findings to inform policy and programme approaches to FGM/C law.

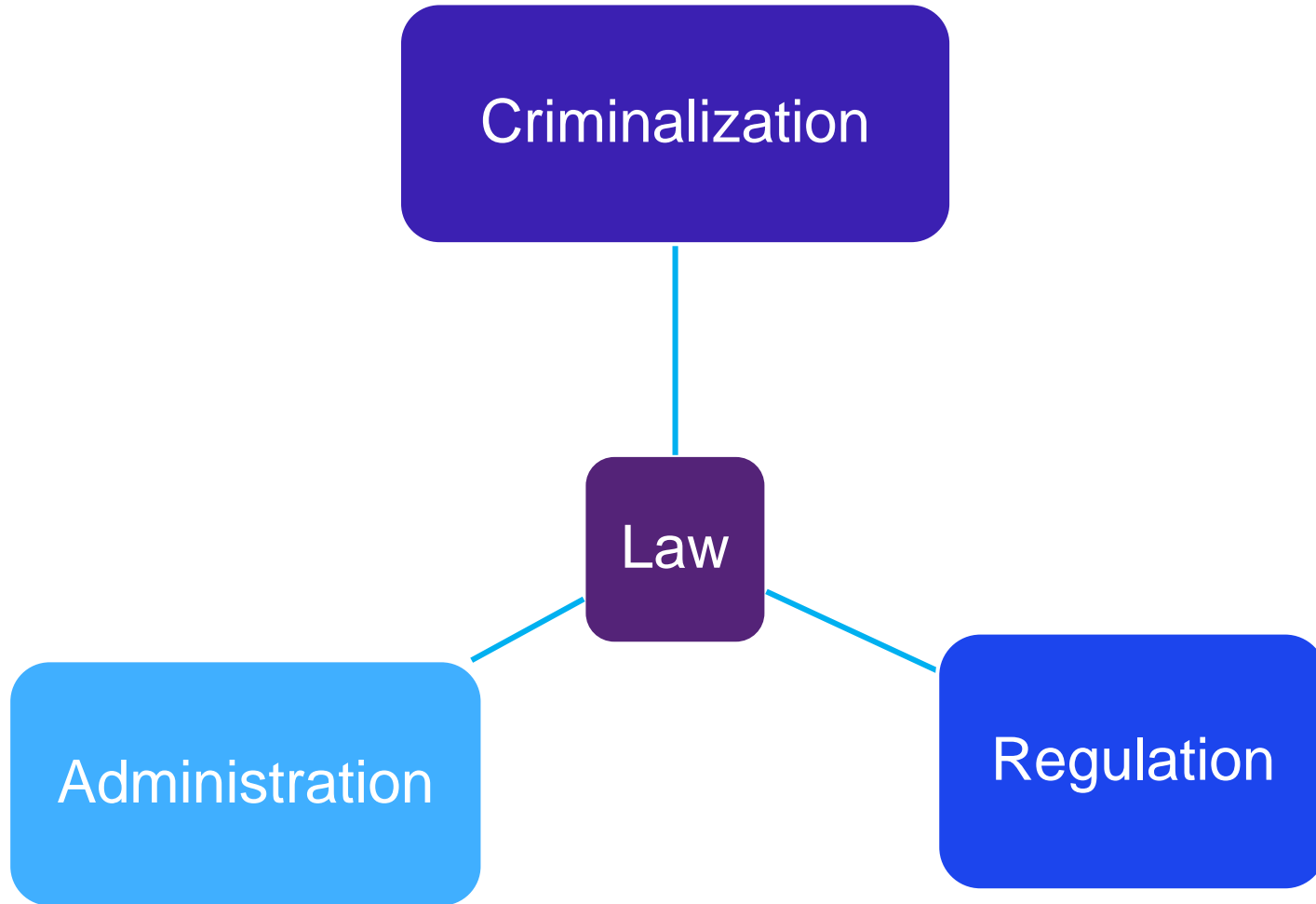
Research Questions

- ❑ How much do citizens obey FGM/C laws?
- ❑ Among people who do FGM/C, what are the reasons and causes that motivate them to obey or not the FGM/C law?
 - Moral, social, and punitive reasons to obey FGM/C law and comparator rules of conduct (e.g., rape, stealing from neighbor).
 - Local experience with police and courts.

Methodology

- ❑ Mixed methods research
- ❑ Use of indirect methods of probing (Vignettes and list experiments)
- ❑ Analysis of the laws in Kenya and Burkina Faso and modes of their implementation
- ❑ Comparative analysis of the way law is used in Kenya and in Burkina Faso

How Law is used to Prevent FGM/C



Findings

Law is important

- But in plural legal settings, the plurality of law should be appreciated.

The nature of law affects behavioral responses to it

- Conflict between formal law and customary/religious law can limit compliance

The way law is administered can promote acceptance of the law at community level

- Coercive vs Persuasive use of law

Regulation can strengthen other anti-FGM interventions

Recommendations

Prohibition of FGM/C through criminal law should be complemented through other legal provisions that are not necessarily penal in nature. These could include clearly specified roles for community health workers and schools.

Involvement of multiple actors, such as community leaders and religious leaders within the legal framework for prohibition of FGM/C is important so as to ensure cultural acceptability of the law

Public awareness campaigns about FGM/C and the law are more likely to promote behavioral change if they do not instill fear of the law in individuals

Continuous generation of data and evidence on how law works to promote abandonment of FGM/C is necessary. Lessons from different countries are necessary for formulating best practice approaches

Summary

- ❑ Law is important in promoting abandonment of FGM/C.
- ❑ Effectiveness of law in protecting women and girls from FGM/C can be limited by the nature and content of the law, as well as the process of administration and implementation of the law.
- ❑ Law can be strengthened to contribute more effectively towards abandonment if it is implemented in a manner that does not seem to attack the cultures of practicing communities.

Health System Strengthening in Kenya & Nigeria



Samuel Kimani, Ph.D.

University of Nairobi, School of Nursing
Africa Coordinating Centre for the Abandonment of
FGM/C (ACCAF), Kenya

Evidence to
End FGM/C



Health System Strengthening to Respond to Female Genital Mutilation in Kenya and Nigeria

Samuel Kimani, PhD;

University of Nairobi, School of Nursing

ACCAF, Kenya

Acknowledgment: Otibho Obianwu, Ph.D. & the Population Council Nigeria Team



Introduction

Health sector FGM/C response is through prevention and provision of curative services as anchored in the legal/policy documents;

The legal/policies guiding health in both countries are nation-wide or sector specific;

Despite critical role of health sector, existence of policies, FGM/C including medicalization persist in Kenya & Nigeria.

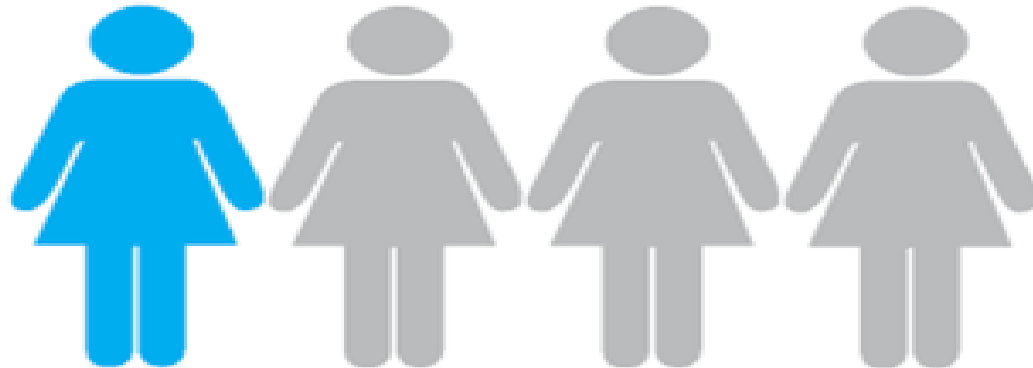
National & Sector anti-FGM laws/policies exist

Kenya	Nigeria
<ul style="list-style-type: none">❑ Prohibition of FGM Act, 2011❑ National policy for the eradication of female genital mutilation 2019❑ National Adolescent Sexual and Reproductive Health Policy 2015❑ National School Health Policy 2019❑ Manual for Health Care Providers (2007)	<ul style="list-style-type: none">❑ Violence Against Persons Prohibition Act 2015❑ National Gender Policy Strategic Framework (Implementation Plan) 2008 – 2013❑ National Policy and Plan of Action for the Elimination of Female Genital Mutilation in Nigeria 2013 – 2017

Prevalence: 1 in 5 Kenyan women have FGM



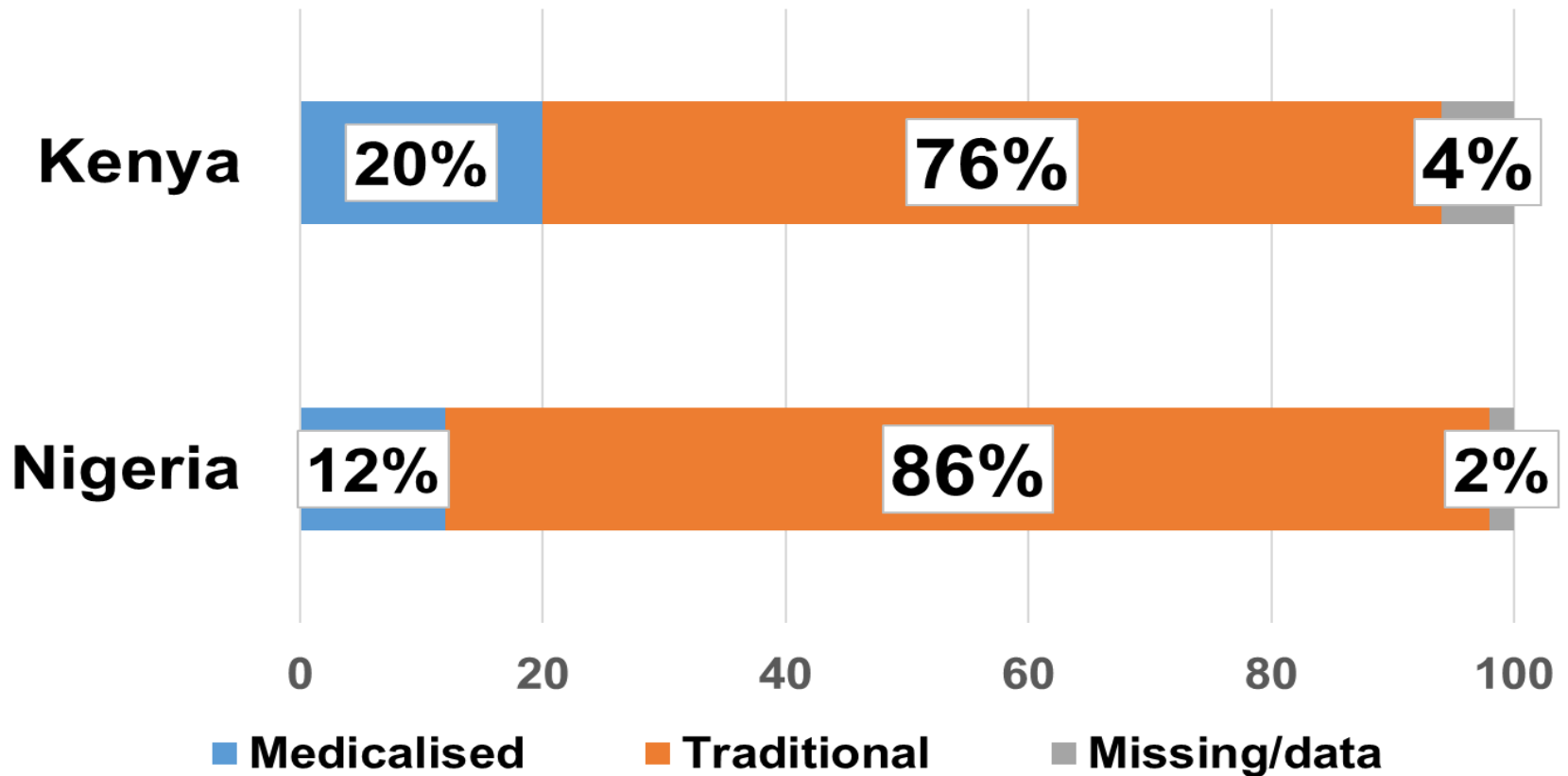
1 in 4 Nigerian women have undergone FGM



Source: Kenya Demographic and Health Survey 2014; Nigeria Demographic and Health Survey 2013

Medicalization of FGM

Health workers cut girls (0-14yrs)



Source: Nigeria DHS 2013; Kenya DHS 2014

Health workers are critical to FGM response

- ❑ Respected as opinion leaders & role models
- ❑ Ethically bound to the “do no harm” principle
- ❑ Knowledgeable & skillful to manage FGM/C complications & sensitize on abandonment



Source: guardian.ng

Objectives

Examine how the health sector supports the prevention of FGM;

Determine the role of the health care sector in the management of FGM complications & quality of care offered to clients;

Identify possible solutions for strengthening the health care system's capacity to manage & prevent FGM.

Methodology

Mixed-methods,
cross-sectional,
exploratory design

Policy analysis &
situational analysis
methodology

Sites – West Pokot
County, Kenya &
Imo state, Nigeria

Fieldwork: May
2018 → February
2019

Findings – Kenya & Nigeria

Limited knowledge & awareness of FGM/C legal/policies

Lack of guidelines/protocols for FGM/C management

Lack of data capture/documentation

Limited skills to respond to FGM/C complications

Women with FGM/C complications had challenges getting obstetric, Psychological, sexual interventions

Limited health sector-related FGM/C prevention due to inadequate resources

Recommendations

Strengthen
policy
dissemination
&
implementation
-Action
plans

Integrate
FGM/C
interventions
into existing
health
systems
platforms

Targeted
training of
HCPs to build
knowledge
and skills

Incorporate
FGM/C
indicators in
HMIS &
develop data
tools

Anchor &
strengthen
FGM/C
content into
health training
curricula

Summary

- ❑ Health systems in Kenya & Nigeria are responding to FGM/C albeit unstructured & some challenges.
- ❑ The challenges include gaps in policy, capacity, resources, and documentation.
- ❑ Strengthening response to FGM/C should involve integration and leveraging on existing health and other sector programs.

Applying research to improve programmes, policies and investments?



Flavia Mwangovya,
Global Lead – End Harmful Practices
Equality Now

Related Technical Reports and Briefs Include:

- ❑ [Reflections from Five Years of Research on FGM/C](#)
- ❑ Burkina Faso and Mali
 - [When and how does law effectively reduce the practice of FGM/C?](#)
- ❑ Kenya
 - [Brief: A diagnostic assessment of the health system's response to FGM/C management and prevention in Kenya: A case study of West Pokot County](#)
 - [A diagnostic assessment of the health system's response to FGM/C management and prevention in Kenya.](#)
 - [Assessing the role of law in reducing the practice of FGM/C in Kenya.](#)
- ❑ Nigeria
 - [Brief: A diagnostic assessment of the health system's response to FGM/C management and prevention in Nigeria](#)
 - A diagnostic assessment of the health system's response to FGM/C management and prevention in Nigeria (*forthcoming*)



The Evidence to End FGM/C programme consortium generates evidence to inform and influence investments, policies, and programs for ending female genital mutilation/cutting in different contexts.

Evidence to End FGM/C is led by the Population Council in partnership with the Africa Coordination Centre for Abandonment of Female Genital Mutilation/Cutting (Kenya); Gender and Reproductive Health & Rights Centre (Sudan); MannionDaniels, Ltd.; Population Reference Bureau; University of California, San Diego; and University of Washington. Evidence to End FGM/C is funded by UK aid by the UK Government.



MannionDaniels

