



CASE STUDY YWCA Kenya

# YWCA advocacy towards the eradication of Female Genital Mutilation in Kenya

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## Box 1

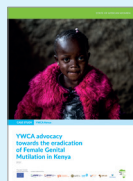
Overview of case studies and synthesis briefs (SoAW action learning process)

## Case studies



*The value of civil society alliances in realising women and girls' Sexual and Reproductive Health and Rights*

IPPF Africa Region



*YWCA advocacy towards the eradication of Female Genital Mutilation in Kenya*

YWCA Kenya



*Journalists networked across Africa for increased SRHR coverage in the media*

IPPF Africa Region



*Faith leadership of civil society collaboration towards adoption of the EAC SRHR Bill*

Faith to Action Network



*How African First Ladies spearheaded the successful launch of a continent-wide campaign to prevent HIV and AIDS in childhood*

OAFIAD



*Institutional change towards the integration of population and development issues in the All Africa Conference of Churches (AACC)*

All Africa Conference of Churches (AACC) and Faith to Action Network

## Synthesis briefs



*Progressing on the unfinished business*

KIT Royal Tropical Institute



*Coalition-building and multilevel connections*

KIT Royal Tropical Institute

# YWCA advocacy towards the eradication of Female Genital Mutilation in Kenya

“It is unfortunate that my sister succumbed to FGM complications and died in 2018. If it had not been for a post-mortem that was done to confirm that she died from severe pneumonia after an infection on the FGM wound, the case would just go unmentioned and assumed to be a ‘normal’ death. In my case I was forced to get married at the age of 15 and had my first child with an obstructed labor at birth, which eventually led to fistula, a condition that isolates me from community participation... I am unable to seek for medical attention for lack of finances as my husband has abandoned me with my two daughters, currently married with a second wife and moved to town with her to seek for employment.”

A 19-year-old teenager from Kuria-Kenya with four brothers and a sister, who like her was mutilated (Type III) at an age of 12 years across the border in Tanzania:

This case illustrates the complex interlinkages between child marriage, early pregnancy, female genital mutilation (FGM) and the underlying gender inequality that contributes to sustaining harmful practices and women and girls' exposure to poor health, discrimination, social stigma, and exclusion. Female genital mutilation / cutting (FGM/C) is still performed throughout Africa, affecting over 100 million women and girls' worldwide. It includes procedures that intentionally cut, injure or change female external genital organs for non-medical reasons, which has deleterious consequences for the physical, psychological and sexual lives of its victims.

Kenya has made some progress towards the elimination of FGM, but the legal prohibition of the practice is constantly challenged, and social norms change slowly. The YWCA of Kenya addresses the sustained prevalence rates of FGM among Kenyan communities. It does so through a **multilevel advocacy strategy** that focuses on building capacities of young women champions to increase awareness on harmful gender norms and practices, create a shift in FGM beliefs and attitudes upheld by individuals, families and communities, and, simultaneously, by establishing strong linkages with the national anti-FGM civil society movement to impact on policy adoption and societal change.

## Female Genital Mutilation

(FGM) concerns ‘the practice of partially or wholly removing the external female genitalia or otherwise injuring the female genital organs for non-medical and non-health related reasons’. (Committees on CEDAW and CRC (2014) *Joint General Recommendation No. 31/General Comment No. 18 on harmful practices*, point 19 (Part VI.A.19, page 6)

## 1. FGM practices and efforts to elimination in Kenya

Reported prevalence rates of FGM/C in Kenya vary. The 2014 Kenya Demographic and Health Survey estimates that approximately 21% of girls and women aged 15-49 years have been cut, while a 2018 [report](#)<sup>1</sup> estimates that 40- 50% of girls and women aged 15-49 years have undergone FGM and faced adverse effects.<sup>1</sup> National-level data, however, can mask differences between regions. It is observed that, in certain regions, there has been a steady and marked decline in the prevalence of FGM/C, while in others it has remained high among certain ethnic groups such as Somali 94% Samburu 86%, Kisii 84%, and the Maasai 78%. Also, a [report](#) tabled by the anti-FGM board and UNICEF in 2017<sup>2</sup>, mentions an alarming rise in FGM cases, particularly cases of medicalized FGM. The report claims that it has risen up to as much as 41% in some areas, and that medical professionals are performing FGM in homes, hospitals or temporary 'clinics' during school holidays. The medicalization of FGM undermines the progress made so far towards elimination, as it actually tends to institutionalize FGM.<sup>3</sup>

Recent research on the [State of African Women](#),<sup>4</sup> indicates that FGM in Kenya is strongly affected by cultural, religious and social norms of gender unequal relations and female subordination. These norms affect the position of a person in the community and defying them can imply facing social stigma, isolation, dishonor and ostracism.

In 2012, the United Nations General Assembly unanimously adopted the first-ever resolution against female genital mutilation, calling for intensified global efforts to eliminate the practice. In 2015, FGM was included in the Sustainable Development Goals under Target 5.3, which calls for the elimination of all harmful practices. The African Union Maputo Protocol, ratified by Kenya, also prohibits 'all forms of female genital mutilation, scarification, medicalization and para-medicalization of female genital cutting' (Art. 5a). In 2011, the Kenyan Government adopted the [Prohibition of Female Genital Mutilation Act](#)<sup>5</sup> which criminalized all forms of FGM, regardless of the age or status of a girl or a woman. Following the enactment of the Act, the [Anti-FGM Board](#)<sup>6</sup> was established in 2013; a semi-autonomous government agency responsible for the design, supervision and coordination of awareness campaigns against FGM and it advises government on FGM related matters.

CSO advocacy efforts in Kenya have contributed to an increasing recognition of FGM as a national agenda item, with the government's commitment to abandon FGM. Political commitment is demonstrated by an increase of resource allocation to the Anti-FGM Board from Ksh.42 million in 2014 to Ksh.92 million in 2016/2017. A review of the National FGM Policy of 2010 was started in 2015 to bring it in line with the FGM Act 2011. A new [National Policy for the Eradication of Female Genital Mutilation was launched](#)<sup>7</sup> in September 2019.

As partners continue implementing the National FGM Policy and the commitments of the Maputo protocol, there are glaring gaps that prohibit women and girls' advancement. First, the FGM Act is not comprehensively binding, contains loopholes and there is weak law enforcement. Second, survivors of GVAW and harmful practices have limited access to justice, leading to low levels of reporting and prosecution. Patriarchal and gender norms constitute barriers to access to justice and support for GVAW survivors and rehabilitation services are limited. Third, awareness of the FGM Act 2011 remains very low in many rural communities and there is inadequate protection of girls and women at risk. A recent drawback further challenges the implementation of the FGM policy. In 2018, pro-FGM movements have emerged who advocate for the legalization of FGM and the abandonment of the anti-FGM legislation. A petition by Dr. Tatu in court is currently challenging governmental anti-FGM actions. The first hearing took place in October 2019 and the second in March 2020. The case was to resume for oral submissions and legal arguments to be made before the Court on 12 June 2020 but has been postponed due to the Covid-19 crisis. The content of the petition and the March 2020 witness proceedings are presented in box 2.

<sup>1</sup> The practice can cause short- and long-term health complications, including chronic pain, infections, increased risk of HIV transmission, anxiety and depression, birth complications, infertility and, in the worst cases, death. It is internationally recognized as an extreme violation of the rights of women and girls.

**Box 2. Content of the petition (May 2019). Dr. Tatu's arguments are as follows:**

- The Prohibition of the FGM Act is discriminatory against women because men are allowed to practice circumcision whilst women are not allowed to practice FGM.
- The Act prohibits doctors from undergoing proper training to carry out FGM and violates people's rights to the highest attainable standards of health as per the Constitution.
- The Act infringes on people's right to culture by stopping people from practicing certain components of their culture, enshrined in Article 44 of the Constitution citing the right to culture.
- The petition challenges the validity and constitutionality of the Anti-FGM Board and wants it disbanded because there was no public participation in the enactment of the anti-FGM law which in turn established the board.
- The petition wants women above the age of 18 to be allowed to consent to FGM. Consent also relates to the question of whether by being born into a community constitutes an automatic consent to the cultural practices of the community, including FGM. She believes that if one can consent to Type 4, which includes elongating of the Labia, piercing among others, then they should also be allowed to consent to type 1, 2, and 3.<sup>2</sup>
- Plastic surgery on the genitalia is allowed and yet FGM is not, arguing that this is discriminatory. Dr. Tatu further questioned the extent to which women could enjoy bodily autonomy on non-therapeutic procedures on the female genitalia.

In March 2020, the High Court in Nairobi heard the testimonies of witnesses who testified on the importance of criminalizing FGM. The first witness who is a human rights activist refuted the claim of the complainant that "FGM is practiced for cultural reasons and to control women and girls' sexuality". His testimony has been crucial in the process because it has enabled awareness on the harmful effects of FGM. He told the court how the Kikuyu community started practicing FGM as a form of sacrifice to their god but that the Kikuyu women have progressively been abandoning FGM since 1925. Further, the PCEA church abandoned the practice of FGM in 1915 in an effort to prevent causing harm to young women.

The second witness was a Maasai Moran, a cultural chief, who testified on the efforts of the Maasai community to eradicate FGM. He told the court that the efforts undertaken by the Anti-FGM Board have given legitimacy to the awareness campaign against FGM that is undertaken by the cultural elders of the Maasai community.

On 17th March 2021, judgement was handed down by a three-judge bench who voted against the petition by Dr. Tatu Kamau. It said revoking the constitution to uphold the petition challenging the constitutional validity of the Prohibition of Female Genital Mutilation Act (Anti-FGM Act) would be detrimental to women and that after observing the survivors' testimonies, it was not convinced that any woman or girl would consciously and freely consent to FGM. The ruling by the three High Court Justices – Lydia Achode, Kanyi Kimono and Margaret Muigai – said: "We are not persuaded that one can choose to undergo a harmful practice from the medical anecdotal evidence presented by the respondents, we find that limiting this right is reasonable in an open and democratic society based on the dignity of women." This move by Kenya's High Court goes a long way to uphold a ban on female genital mutilation and gets the Country closer to attaining the pledge by President Uhuru Kenyatta to end FGM by 2022.

<sup>2</sup> WHO, 2008: Type I: partial or total removal of the clitoris and/or prepuce (clitoridectomy); Type II (excision) – partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora; Type III (infibulation) – narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or the labia majora, with or without excision of the clitoris; Type IV – all other harmful procedures to the female genitalia for non-medical purposes (e.g., pricking, piercing, incising, scraping and cauterisation).

## 2. YWCA Kenya's anti-FGM advocacy programme

YWCA Kenya<sup>8</sup> has implemented strategies towards the eradication of FGM. Since 2017, it has intensified its efforts through the SOAWC project and the [Right By Her](#)<sup>9</sup> campaign. The campaign focuses on increasing civil society's contribution to the implementation of the African commitments on women and girls' rights in sexual and reproductive health and rights (SRHR), including harmful practices such as FGM.

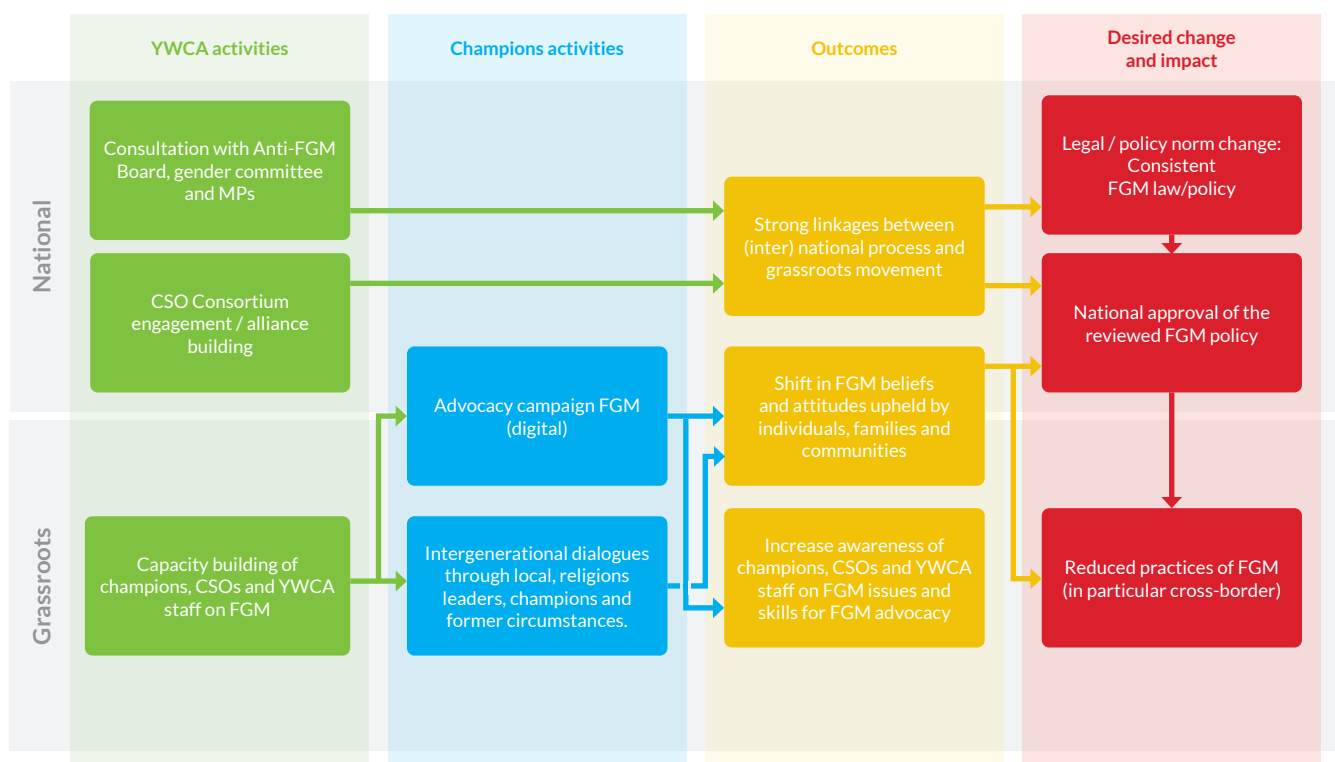
YWCA uses a multilevel approach to contribute to the eradication of FGM in Kenya where it intends to reduce FGM practices in families and communities, achieve the adoption of a more consistent FGM Act and the implementation of the national FGM policy. It does so through advocacy activities at the national level and through the engagement of YWCA champions at the local level (see figure 1).

At the **grassroots level**, YWCA strengthens young women champions' awareness on FGM issues and skills to effectively advocate for social norm change at the community level targeting custodians of culture. The training of 28 young women champions aimed to build awareness of the legal framework of FGM (Maputo Protocol, Anti-FGM Act 2011), and to influence social and cultural norms promoting the harmful practice. It was expected that this awareness would enhance champions' advocacy work and their engagement with local leaders through intergenerational dialogue (see box 3). During the Champions' training, their skills were strengthened to craft advocacy messages, conduct digital advocacy and engage with media.

### Box 3. Intergenerational dialogues as a tool for change

Intergenerational dialogues are co-organized at the community level by YWCAs, champions and community leaders. It is a forum that YWCA has been using to bring together two different generations. It uses dialogue across generations as a way to decrease the level of misunderstanding by building on the knowledge and experience of previous generations. It aims to create awareness, mutual understanding and to promote long-term solutions for the risks faced by the community. In the case of sexual and reproductive health and rights, including harmful practices, both generations gain a better understanding of each other and address cultural, social and religious barriers that youth are facing related to their access to reproductive health information, services and rights.

**Figure 1.**  
Theory of change of YWCAs FGM advocacy programme.



In order for the champions and YWCA branches to effectively implement their advocacy work, YWCA also invested in strengthening a conducive organisational environment. It trained YWCA staffs (15) and board members (7) to support the advocacy actions of YWCA champions in Tana River, Meru, Kisii through data collection, report writing and advocacy campaigns to better document the progress and influence of their advocacy actions.

At the **national level**, YWCA organised a training of CSOs on effective advocacy, to initiate anti-FGM actions and to raise a unified voice by developing an action plan addressing legal and policy gaps in a more coordinated way.

### Outcome 1. Increased awareness of YWCA branches on FGM issues.

In order to mainstream anti-FGM work across the organisation, YWCA strengthened board members' and branch managers' knowledge and capacity to understand, and act upon, harmful practices. YWCA takes a comprehensive approach to position harmful practices such as FGM in the broader context of Sexual and Reproductive Health and Rights (FGM, Teenage pregnancy, Early marriage, HIV/AIDS, Unsafe abortion and Sexual Gender Violence) as they are closely interrelated. YWCA further encouraged branches to be actively involved in national and county level anti-FGM networks such as the Gender Technical Working Groups at county level to work on SGBV and Harmful Practices. For example Kisii YWCA branch joined the technical group to raise a campaign called "1 million

Voices for our girls and boys" to end SGBV cases. Further tailor-made support to branches was offered depending on specific rights issues in their counties. For example, the branch of Tana River engaged peer educators and youth to carry out educative talks in schools on SRHR issues focusing on teenage pregnancy and harmful practices, while local advocacy in Mombasa focused on teenage pregnancy, HIV, and safe abortion. In Kisii, Tana River and Meru, the branches received specific training and relevant materials on FGM and developed action plans for campaigns in communities. This support at intermediate level facilitated champions' actions and supported the national advocacy efforts.

### Outcome 2. Shift in FGM beliefs and attitudes upheld by individuals, families and communities.

At the grassroots level, the young women champions facilitated intergenerational dialogues with community leaders, as a way to create an enabling environment for changes in individual beliefs and attitudes and social norms regarding FGM. The dialogues sparked a shift in FGM beliefs and the need for action among local leaders, which subsequently influenced political commitment and decision-making at the county level.

In Kisii county, for example, the intergenerational dialogue generated concerted advocacy actions towards the elimination of violence against women and harmful practices. The champions together with the wider YWCA membership discussed the need to create policies based on the common perspectives of young and old members of the community. This led to the development of an intergenerational statement to the Women Representative of Kisii county with recommendations to the County government of Kisii to develop a bill that will ensure increased resource allocation to fight FGM.

Another example is a joint position paper, based on intergenerational dialogues led by young women champions of Tana-River. The paper advocates for the County Assembly to implement measures to raise awareness, prohibit all forms of FGM and harmful practices and support survivors of harmful practices and GVAW through health services, legal support, counselling, and vocational training. It also asks for the enforcement measures to ensure that no marriage takes place without the free and full consent of both parties and that no girl marries before the age of 18. A Member of the County Assembly (MCA), present in the dialogue and a member of YWCA, presented the paper in Tana River County.

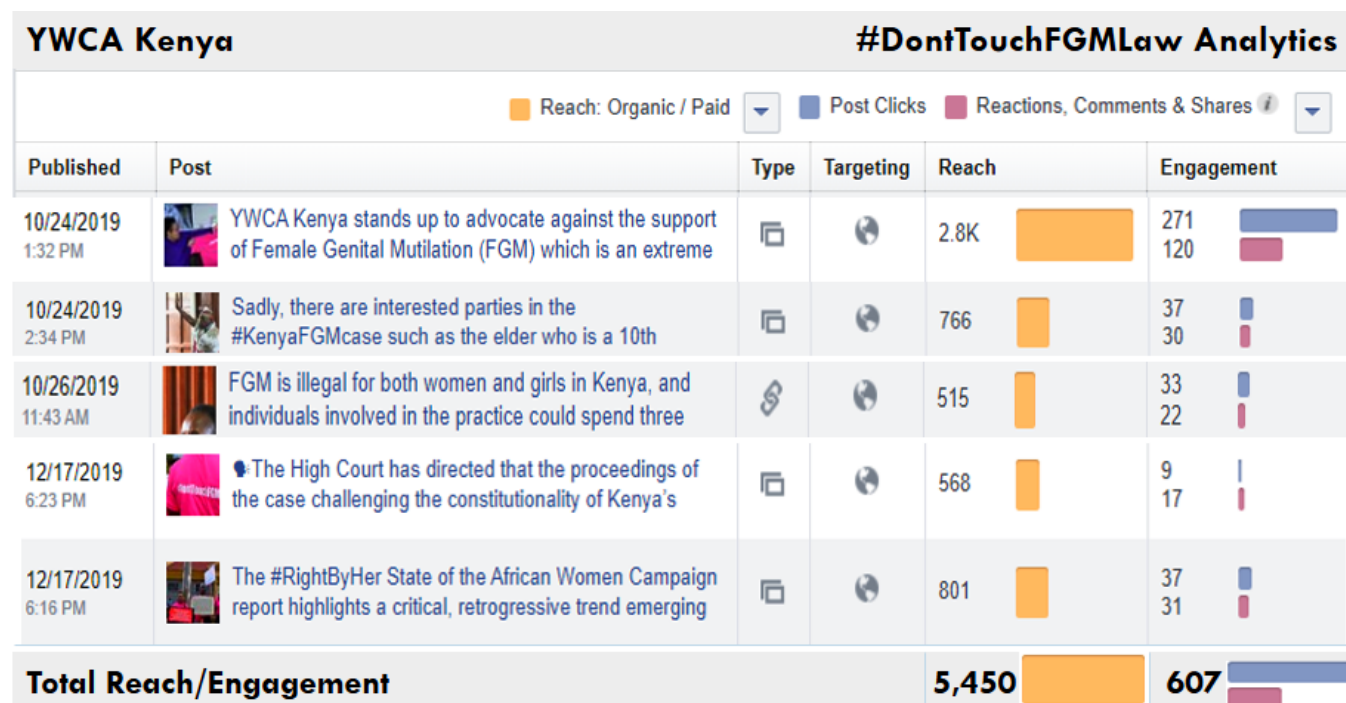
In Kuria, the champions focused on the dissemination of clear, easy-to-understand and accurate information around the Anti-FGM law school environments. The program motivated parents and traditional leaders to question and review their responsibilities to protect girls and women in their communities. A teacher in one of the schools that the champions engaged with stated:

“The school visits by the champions has really changed our pupils’ perspective together with their parents, they now feel they can talk and express their opinions and challenge FGM without fear. The parents are very confident when addressing the teachers to join hands in eradicating FGM”.

The young women champions’ engagement with custodians of culture (community leaders, elders, and circumcisers) has led community elders to declare the abandonment of FGM/C in the community through a local radio show.

The formation of the YWCA Champions network on social media (twitter/facebook/WhatsApp) has led to an amplified voice and created advocates across the country who push for the abandonment of FGM through hashtags such as #DontTouchFGMLaw #EndFGM, leveraging influencers and opinion shapers, and reach policy makers. For example, the #DontTouchFGMLaw campaign on social media (see figure 2) mobilized the large network of YWCA champions; reactions generated fed into continuous dialogues at the grassroots level and into national-level advocacy with the anti-FGM coalition.

**Figure 2.**  
Social media analytics



### Outcome 3.

**Stronger anti-FGM network through effective linkages between national level and grassroots level to push for policy change, implementation and adoption.**

The FGM case petitioned by Dr. Tatu revealed the loopholes in the law in her contestations. This helped to prepare a counter response through the anti-FGM coalition to support policy advocacy against Dr. Tatu's case. YWCA advocacy actions around the case have been the mobilization of CSO's, champions and community leaders to lobby for the approval of the amended Act of 2011 that will inhibit Dr. Tatu's petition.

The YWCA continues to provide input into the work of the anti-FGM coalition to support policy advocacy, collect narrative stories of change and subsequently develop a proper Monitoring and Reporting framework for FGM issues in Kenya.

#### The role of YWCA in the coalition

YWCA- Kenya as a membership organization was well positioned to act as intermediary between grassroots social norms change initiatives and national level CSO advocacy efforts for legal and policy change. As an intermediary, YWCA channelled evidence from the grassroots to the coalition and translated the legal process into accessible language for use at the grassroots level. YWCA was an important partner in developing campaign materials with legal advocacy experts (Equality Now, FIDA) to raise the CSO and champions' awareness about legal processes and messaging. Leveraging influential YWCA members, YWCA invited Hon. Denittah Ghati (the current nominated senator from Migori County) who is an anti-FGM activist in Kuria to support the court process. Again, this process was amplified through the use of social media.



## Lessons learned

The pro-FGM case provided a boost to the CSOs working on FGM and led to the expansion of the anti-FGM coalition to mobilize more evidence against FGM and to bring forward a unified voice in advocacy. Initially led by a core group of legal organizations (FIDA Kenya, Equality Now and the Anti-FGM Board), allies from NGOs and CSOs joined the group (Samburu Girls Foundation, KEWOPA, AMREF, Msichana Empowerment Kuria, Men for the Equality of Men and Women, CREAM, and YWCA). Strategic partners were the National Gender and Equality Commission (NGEC), Katiba Institute and KELIN/ISLA. New members brought in complementary resources, skills and contacts which improved the quality of evidence, and enhanced the reach of the campaign at grassroots level and the public in general. The coalition-building around the court case also inspired new partnerships to emerge and to develop campaigns beyond the court case in response to emerging challenges and windows of opportunity. For example, Men for the Equality of Men and Women joined hands with YWCA and the Gender department to run a podcast discussion on FGM in Kissi where FGM has been rampant during the Covid-19 pandemic.

### Alliances with traditional and political leaders

During the engagement on social norms in communities, we learnt that individuals are likely to abandon a shared social norm only if they believe that others are changing too. In this case, clan elders set the example and multiplied norms change. They are tasked with preserving traditional cultural norms by certifying women to perform FGM/C, but they influenced individuals through a radio declaration to abandon FGM/C. The readiness of the elders to declare abandonment of FGM/C was a great opportunity to influence the community to accept change. The champions took advantage of this to push for shifts in attitudes in the broader community. The participation of a sitting Member of Parliament (MP) and nominated senator to the #DontTouchFGMLaw court process is an important indication of commitment of women political leaders to end FGM/C. The collective action among CSOs and with influential leaders led to the president of Kenya, Uhuru Kenyatta, vowing to put a nationwide end to Female Genital Mutilation, FGM, by 2022 during ICPD25. This is the strongest condemnation of the practice to date at such a high political level since the practice was banned in 2011.

### Implement anti-FGM laws progressively

The pro-FGM case revealed the continuous threat of backlash on progressive reforms relating to violence against women and harmful practices. Women's rights organisations and CSOs resist the attempt to repeal women's rights and they seek to protect the earlier gains. This, however, does not only happen in court. Incentives to take action against FGM are shaped by potential legal sanctions but maybe more so by social norm enforcement. In order to preserve all that has been gained on the policy level in the past and also to prepare for potential changes in the political environment, there is need to build a broad support base and to influence and sustain social norms that support the elimination of FGM. Advocacy campaigns should be comprehensive and address this interplay between social norms change, legal reforms and law enforcement. The increased public attitudinal changes will accelerate the legal and policy response.

### Use social media creatively

The sheer number of shared videos, Facebook pages and Twitter feeds on ending FGM/C suggest that social media can be an important tool for advocacy campaigns. The young women champions, for instance, started a WhatsApp group to support each other on the advocacy issues, compare notes and experiences even during the FGM/C court case. However, in the remote-rural regions, the champions continue using physical contacts and safe spaces.

## Endnotes

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### COLOPHON

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