

# Addressing FGM/C Among the Somali Community Living in Kenya

Ian Askew  
Nairobi, Kenya



# Presentation Overview

- The situation among the Somali in Kenya
- Two-pronged response
- Clarify the religious position on FGM/C
  - Positive messages
  - Lessons learned
  - Next steps
- Strengthening the role of the health sector in managing and preventing FGM/C

# Situation in North Eastern Province, Kenya

- High mortality
  - Infant mortality: 91 per 1,000 live births
  - Maternal mortality: 1,000 – 1,300 per 100,000 live births
- Poor access and use of safe motherhood services:
  - 8% deliver in health facilities (41% countrywide)
- Universal practice of FGM/C
- Infibulation / type III most commonly practised

# Reasons for the practice: Findings from diagnostic and baseline studies

Two major reasons given:

- it is an Islamic religious requirement (63%)
- it is a Somali custom and tradition (76%)

Other reasons given:

- it prevents immorality (17%);
- it limits a woman's sexual desire (15%);
- it ensures a woman's cleanliness (12%);
- it preserves virginity (8%)



# Two-pronged response developed

## Strengthen health system capacity to manage complications

- Develop training to:
  - Strengthen ANC, delivery and postpartum care
  - Manage health complications associated with FGM/C
- Provide training to all staff providing ANC and delivery
- Encourage health staff to advocate against practice

## Initiate community-based activities to encourage abandonment of FGM/C

- Diagnostic study to understand practice
- Baseline survey to measure key indicators
- Engagement with religious leaders
- Community mobilization with range of social groups

# Initiating community-based activities to encourage abandonment

- Removing religious support would greatly reduce the practice:
  - *“One who is not circumcised is not a Muslim, and even her parents are seen as not being in the religion, that is how we see it as Somalis”, (Married men, Wajir, 2005)*
  - *“People before us like Prophet Adam (PBUH) and Eve have been doing it, so whether good or bad we will continue with it” (Married women, Wajir, 2005)*

# Addressing religious perspective is critical for influencing change

- Health and rights based arguments on their own are unlikely to be influential:

*“...there is nobody who does not get a tear, only the severity matters...No, it is not because of circumcision, it is God’s will and it can happen to any one” (Circumcisers, Wajir, 2005)*

- National laws are deemed irrelevant:

*“ We will follow our religion...we will not stop sunnah but anything more than what is mentioned in the Quran we can stop. We are ready to discuss with sheikhs but we will not stop because the radio or the government has said...we are governed by our religion and we don’t care about other laws” (Married men, Wajir, 2005)*

# Strategy to engage with religious scholars



- Identify influential and knowledgeable religious scholars and leaders to form team of resource persons; mainly non-Somali to avoid perceived cultural prejudice
- Hold series of discussions for approximately 15 scholars in Wajir district and NEP generally

# Strategy to engage with religious scholars

- Critically examine basis for FGM/C in Islam: Is it an Islamic practice?
- Develop arguments from Islamic teachings that are contradicted by the practice in order to question rationale for the practice
- Compile materials that discuss Islamic position on FGM/C

Report available at:

[http://www.popcouncil.org/pdfs/frontiers/reports/Kenya\\_Somali\\_FGC.pdf](http://www.popcouncil.org/pdfs/frontiers/reports/Kenya_Somali_FGC.pdf)

# Overall strategy for discussions

- Clarify the correct position of Islam on the practice
  - Review and critically assess status of evidence used by proponents, which mainly are *ahadith*
  - Demonstrate non-Islamic origin of practice
  - Discuss the extent of the so-called *sunnah* circumcision
  - Discuss which religious or social benefits are thought to accompany FGM/C
  - Discuss harms arising from FGM/C and show that these violate basic Shariah principles and guidelines

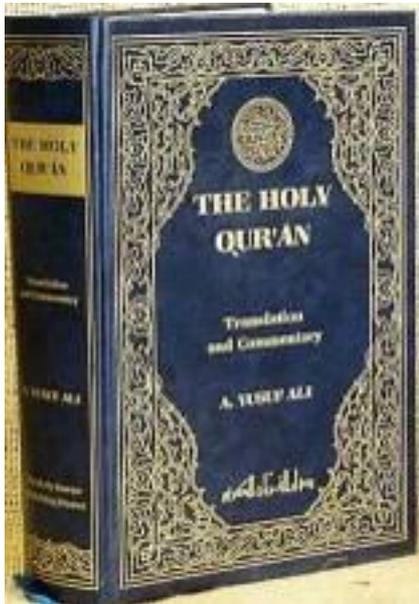
# Overall strategy for discussions

- Come up with a list of other topics that help show the un-Islamic nature of the practice
- Hold a plenary session after each discussion to ask questions, raise issues and clarify misconceptions
- Bring in a circumciser to tell the participants how she does her work
- Bring in a medical expert to describe health issues, including visual evidence
- Bring in a woman to give her personal experience of FGM/C

# Misconceptions about Islamic guidance and FGM/C

- That it was one of the practices of Prophet Ibrahim (Abraham)
- That it is supported by the traditions of Prophet Mohammad - hence a *sunnah*
- It ensures chastity by controlling the sexual desires of women (contains the burning fire in the women...*ghilma*)
- Arguments based on the views of different schools of thought

# Counter arguments: FGM/C is not an Islamic practice



- The verse (Quran: 4: 125) is only applicable to male circumcision
- Nothing in the *sunnah*
  - No authentic or applicable *ahadith*
  - Nothing from the deeds of the Prophet
- There is no consensus (*ijma*) on FGM/C from scholars
- *Qiyas* (analogy) is not applicable between female and male:
  - male circumcision is a religious requirement
  - Difference in what is cut

# Positive messages from Islam

- Islam emphasizes the importance of taking expert advice e.g. from medical doctors (Quran: 16: 43)
- Cutting healthy organs and causing any physical harm is unlawful (Quran: 2: 195).
- Allah condemns those who change His creation (Quran: 4: 119)
- Women have a right to a healthy body and enjoyment of matrimonial sexual relations

# Positive messages from Islam

- Islam lays emphasis on good upbringing (*tarbiya*) and moral teachings to ensure chastity
- Nobody should be punished in advance for the possibility that they could potentially have unlawful sex



# Positive messages from Islam

- Nothing should be done to the body that would prevent purity for the purposes of worship (Infibulation makes genital hygiene impossible)
- Islam condemns harmful cultural practices e.g. female infanticide (Quran: 81: 8-9)
- Individuals should not succumb to community pressure if it means disobeying Allah
- *Mubaah* (allowed) acts are prohibited if they result in harm

# Positive messages from Islam

- A harm cannot be too old (old practices cannot be justified if they are harmful)
- Trusting in God does not mean you do nothing; entails doing what is humanly possible (Quran: 13: 11)
- Every Muslim, and especially those in positions of authority, have an obligation to correct bad practices (Quran: 3: 110)

# Questions posed to proponents of FGM/C

- What exactly is the extent of the so-called *sunnah* circumcision?
- What is the status of a Muslim who does not practice FGM/C?
- Has FGM/C achieved the ‘alleged’ benefit, i.e. control of women’s sexual desires?

# Challenges to working with the religious scholars

- Reluctant to publicly declare FGM/C non-Islamic through fear of losing credibility and respect
- Fear of an non-Islamic agenda underlying FGM/C activities
- FGM/C not considered a priority problem - seen as a woman's issue
- Poor understanding of Arabic terms leads to gross misinterpretations of religious texts
- Insistence on gradual shift from pharaonic to *sunnah*, and then to no cut



# Next steps in NEP, Kenya

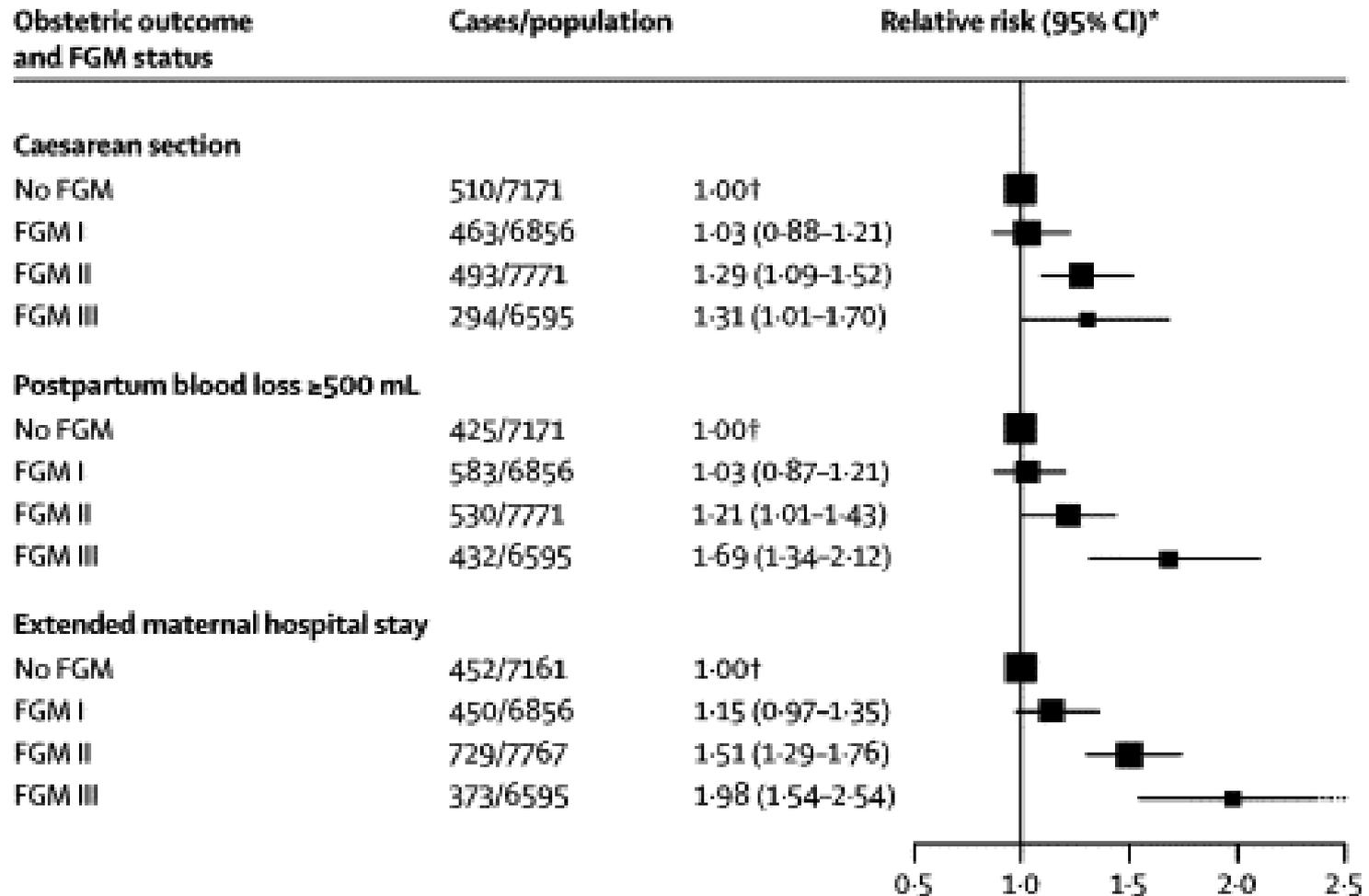
- Consensus building continues among religious leaders so they can become change makers
- Provincial and national seminars to raise awareness and gain support from non-practising Islamic communities
- Sustained community education using appropriate strategies that can help them question the religious rationale for the practice
- Now work with other community groups, drawing support from religious leaders, health workers, government officials

**Strengthening the role of the  
health sector in managing and  
preventing FGM/C**

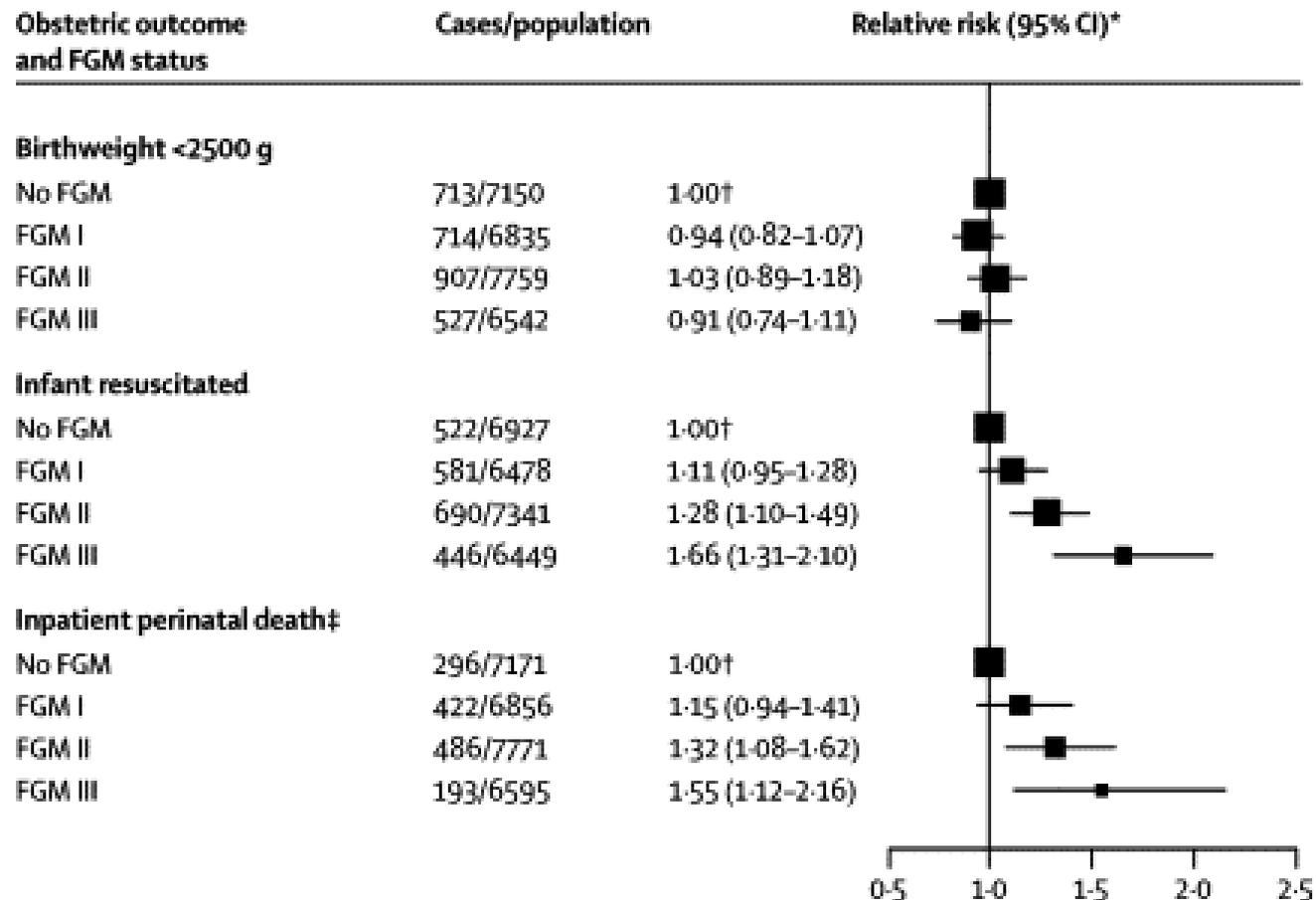
# Background

- Initiative from joint USAID/Kenya-MOH visit to NEP
- Need for services strengthening established with MOH at national, provincial and district levels
- Critical to integrate FGM/C issues within safe motherhood services more widely
- Evidence from WHO of adverse obstetric and infant health outcomes associated with FGM/C

# Relative risk of adverse obstetric outcomes in women with type I, II, or III compared with women without FGM/C



# Relative risk of adverse infant outcomes in women with type I, II, or III compared with women without FGM/C



# Overall strategy

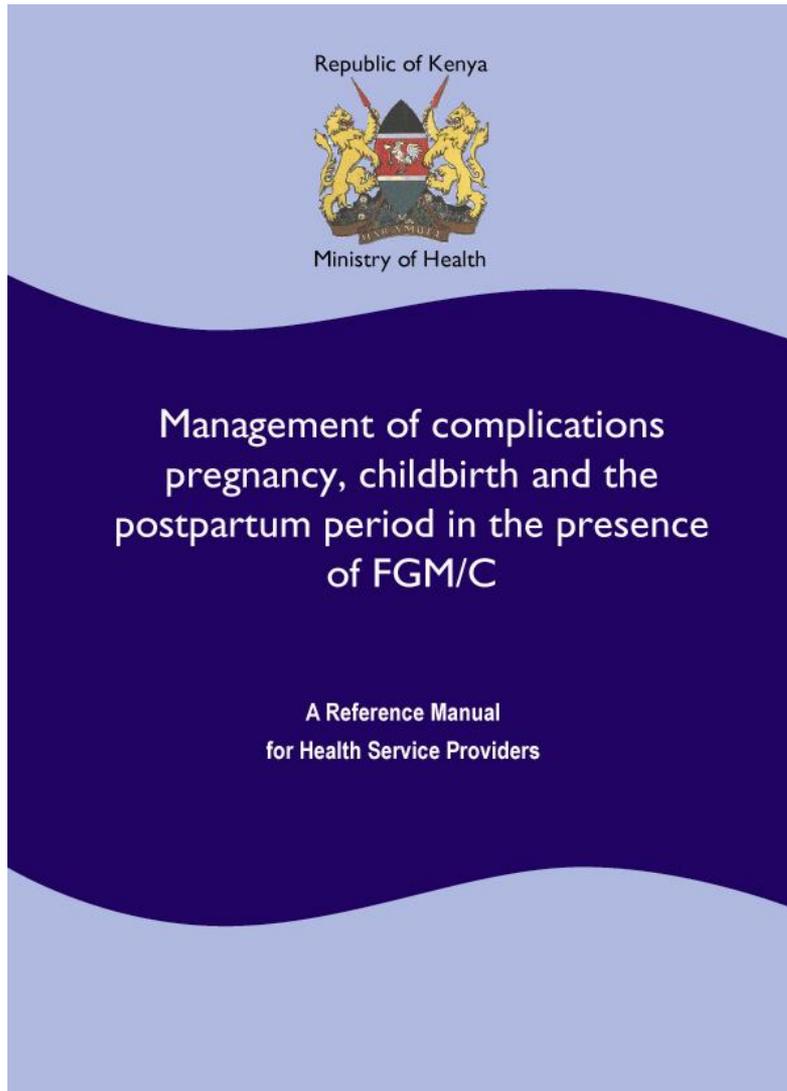
- Partnership with UNICEF and DANIDA established for supporting training and facility upgrading
- Baseline surveys of facility readiness to provide basic ANC and obstetric care undertaken in representative sample of clinics (FRONTIERS, DANIDA, UNICEF)
- Joint planning with PHMT and DHMTs
- Identify and train all staff providing ANC and obstetric services in province (n=145)
- Establish team of resource persons from districts, with Nairobi-based experts
- Hold series of five training workshops at provincial hospital (co-funded by three partners)

# Training approach

- Seven-day curriculum on managing ANC and delivery, with reference to FGM/C
- Mixture of teaching methods: lectures, reading, discussions, films, and practical sessions
- Guest presentations by DRH, PMO and Imam
- Pre-post knowledge test; participants suggestions
- Follow-up action and district-level supervisory plans
- Clinical skills development workshop for midwives



# MOH-approved reference manual developed and used



- Introduction to FGM/C
- FGM/C and its complications
- Managing immediate and short-term complications of FGM/C
- Managing long-term physical complications
- Management of psychosocial and sexual complications of FGM/C
- Management of pregnancy, childbirth and the postpartum period
- The role of health care providers in preventing FGM/C
- Policy statements regarding the prevention of FGM/C
- FGM/C violates human rights

# Next steps

- Seek collaboration with others working in NEP and neighboring provinces to sustain in-service training capacity
- Currently working with UNHCR and GTZ to strengthen services for Somali refugees in Nairobi
- With CIDA support, integrate into VAW strategy for NEP
- Advocate for and provide TA for integrating into pre-service training
- Work with regional professional associations to support dissemination of reference manual
- Seek support for research on association between FGM/C and fistula

# Summary

- Critical need to address FGM/C from both prevention and management perspectives
- Seem to be making progress on reducing religious support for sustaining the practice – need to integrate into broader community dialogues
- Management of FGM/C integral with need to strengthen access to and quality of safe motherhood services generally
- Need to engage health sector into community level efforts
- Move to disseminating products internationally
- Seek support for research on association between FGM/C and sexuality