

# A Profile of Female Genital Mutilation in Kenya



# Female genital mutilation in the global development agenda

Female genital mutilation (FGM) is a violation of human rights. Every girl and woman has the right to be protected from this harmful practice, a manifestation of entrenched gender inequality with devastating consequences. FGM is now firmly on the global development agenda, most prominently through its inclusion in Sustainable Development Goal (SDG) target 5.3, which aims to eliminate the practice by 2030.



**SDG 5**



**Achieve gender equality and empower all women and girls**

## **TARGET 5.3**

Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

## **INDICATOR 5.3.2**

Proportion of girls and women aged 15 to 49 years who have undergone female genital mutilation

# KEY FACTS

## about FGM



In Kenya, **4 million** girls and women have undergone FGM



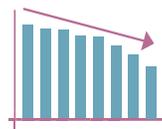
Overall, **21 per cent** of girls and women aged 15 to 49 years have been subjected to the practice



Nearly all people in Kenya think **FGM should stop**, though opposition is most common among ethnic groups that do not practice FGM



The risk of FGM depends on certain background characteristics. Girls and women from **rural areas**, living in **poor households**, with **less education** or who **identify as Muslim** are at greater risk. The practice is highly concentrated in the **North Eastern** region and in certain ethnic groups



FGM is **less common today** than in previous generations. This progress has been achieved over the last three decades

Most FGM is performed by **traditional practitioners**, except in the Kisii community, where health personnel are responsible for two in three instances of FGM. **Removing flesh** is the most common form of the practice in the country



Cutting is performed at different ages around the country, including **after age 15** in some ethnic groups



Kenya's **progress towards abandoning FGM is strong** compared to other countries in Eastern and Southern Africa. Nonetheless, eliminating FGM by 2030 across the country requires additional efforts

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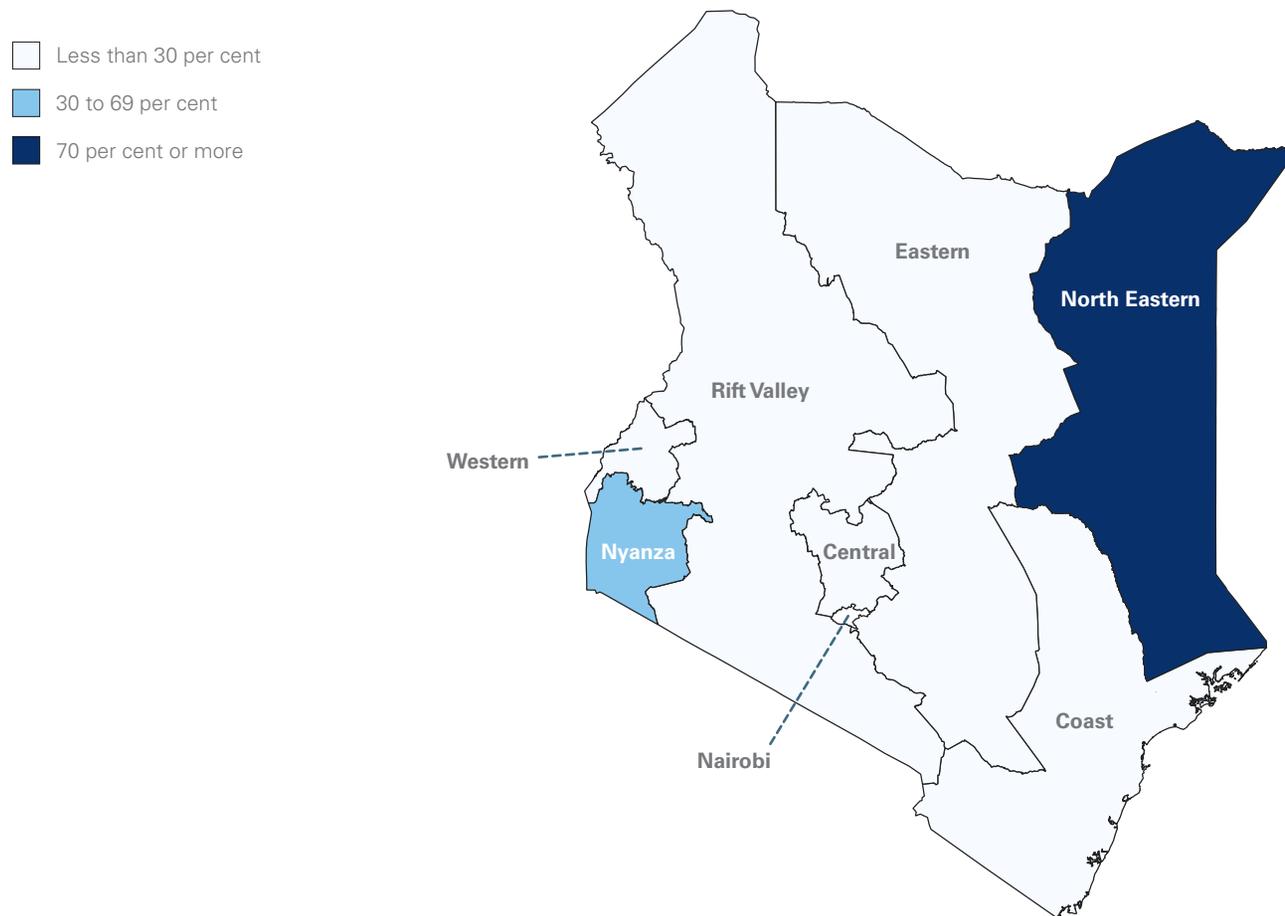
Anti-FGM activist Susan Boke Magige and her husband Jason Magige with their daughter Joyce, 16, who has not undergone FGM. Kuria East, Kenya.



# Current levels of FGM

Kenya is home to **4 million** girls and women who have experienced FGM. Overall, **21 per cent** of girls and women aged 15 to 49 years have undergone the practice, varying from 98 per cent in the North Eastern region to 1 per cent in the Western region

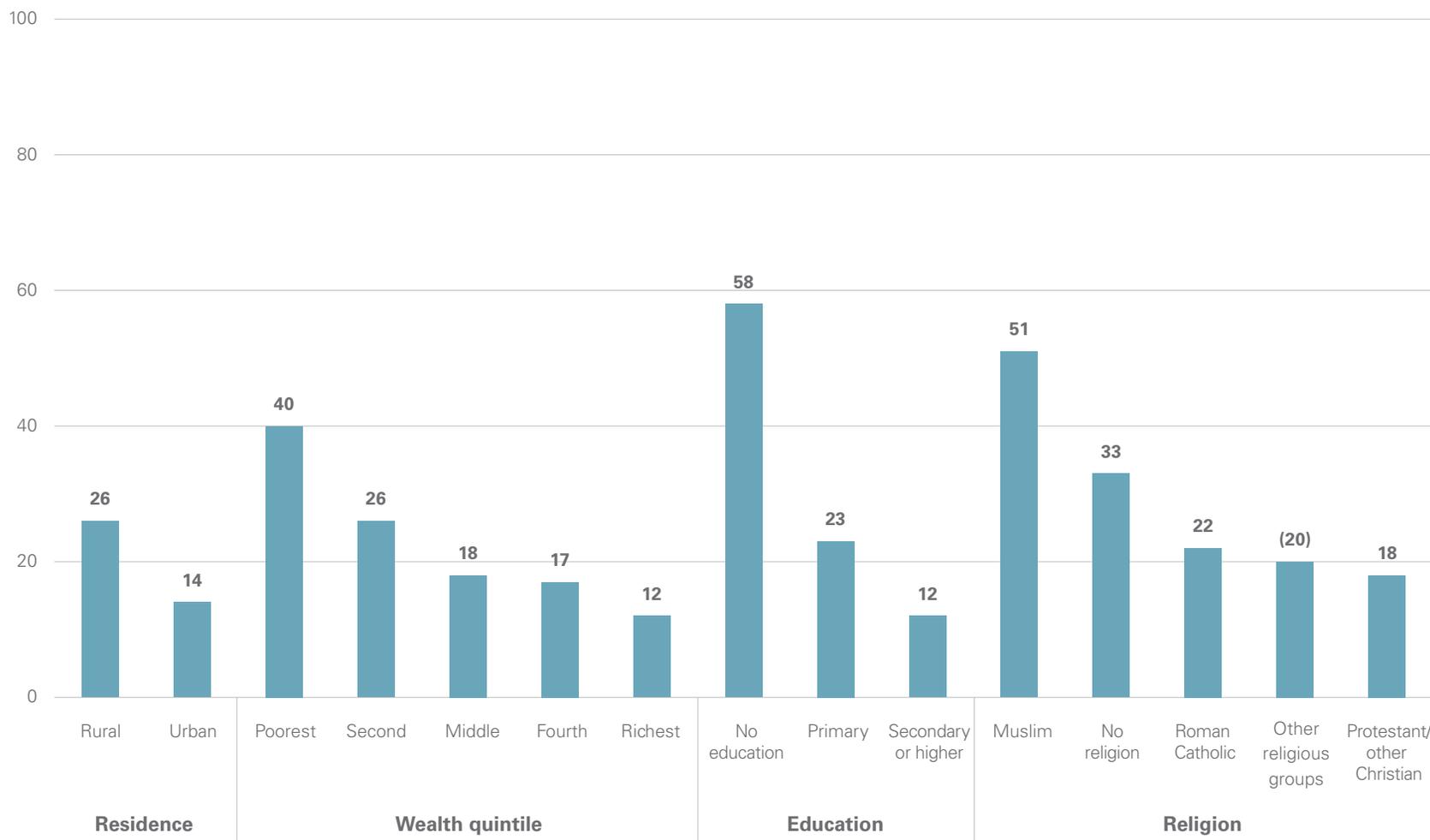
**FIG. 1** Percentage of girls and women aged 15 to 49 years who have undergone FGM, by region



Note: The boundaries, names and designations used on the map do not imply official endorsement or acceptance by the United Nations.

## Girls and women from **rural areas**, living in **poor households**, with **less education** or who **identify as Muslim** are more likely to have undergone FGM

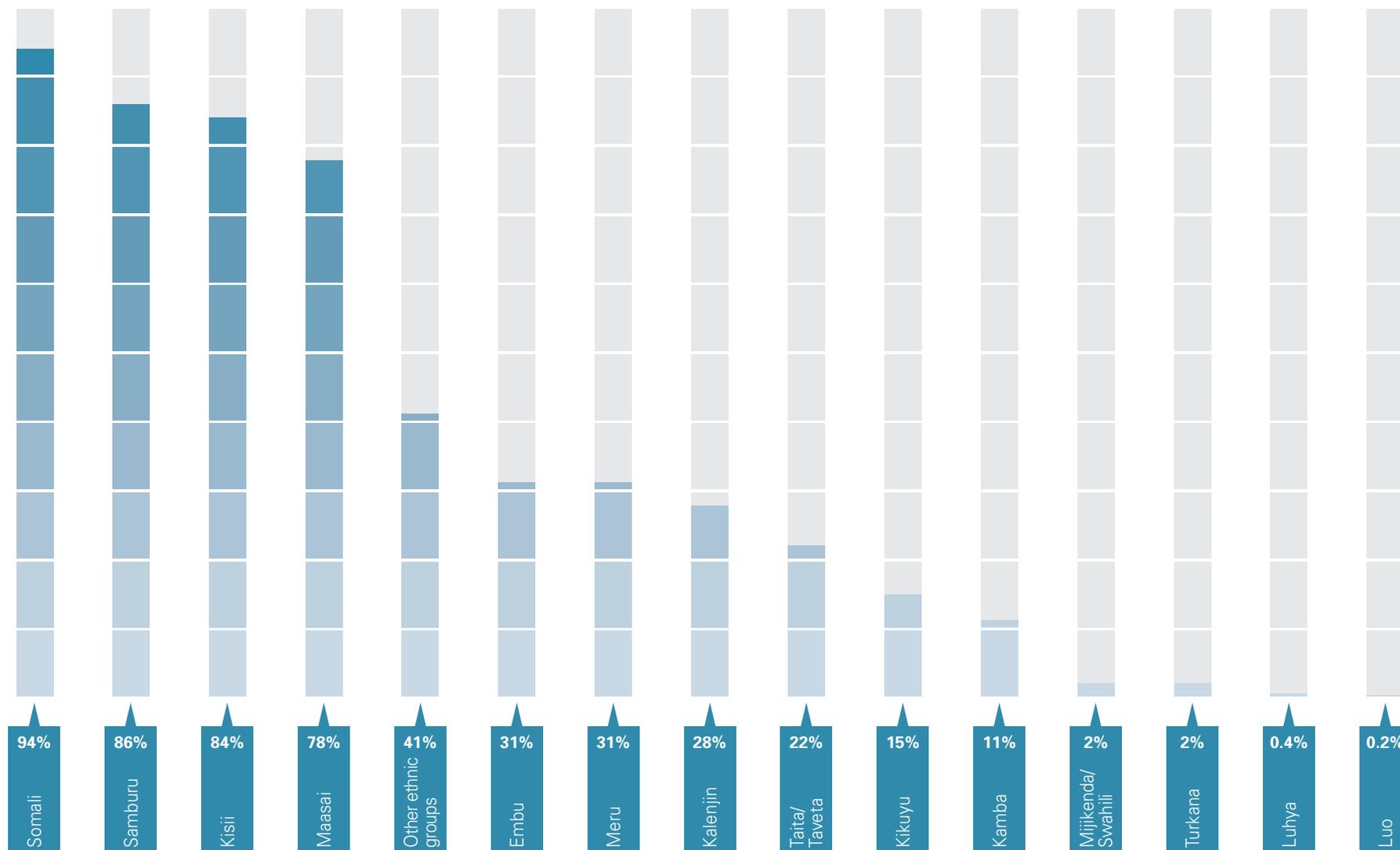
**FIG. 2** Percentage of girls and women aged 15 to 49 years who have undergone FGM, by residence, wealth quintile, education and religion



Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses.

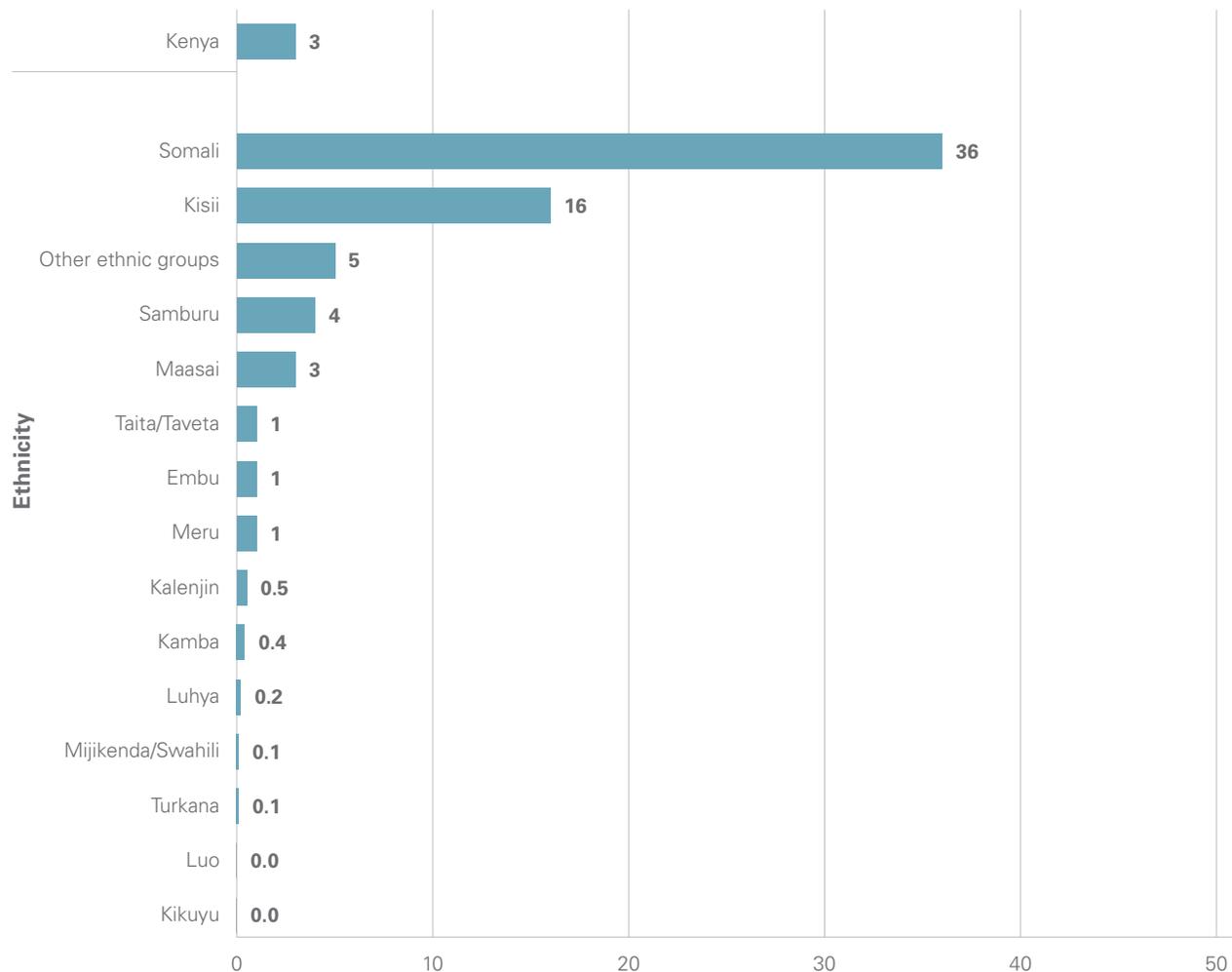
## Variation across ethnic groups is dramatic; the practice is a universal phenomenon among some ethnicities and non-existent among others

FIG. 3 Percentage of girls and women aged 15 to 49 years who have undergone FGM, by ethnicity



## In Kenya, 3 per cent of girls under age 15 have undergone FGM

FIG. 4 Percentage of girls aged 0 to 14 years who have undergone FGM, by ethnicity



Information collected on FGM among girls under age 15 reflects their current but not final FGM status. Some girls who have not been cut may still be at risk once they reach the customary age for cutting. Therefore, the prevalence for girls under age 15 is an underestimation of the true extent of the practice. Since age at cutting varies among settings, the amount of underestimation also varies (see Figure 7). This should be kept in mind when interpreting all FGM prevalence data for this age group.

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Girls in secondary school in West Pokot taking notes on the dangers of FGM.

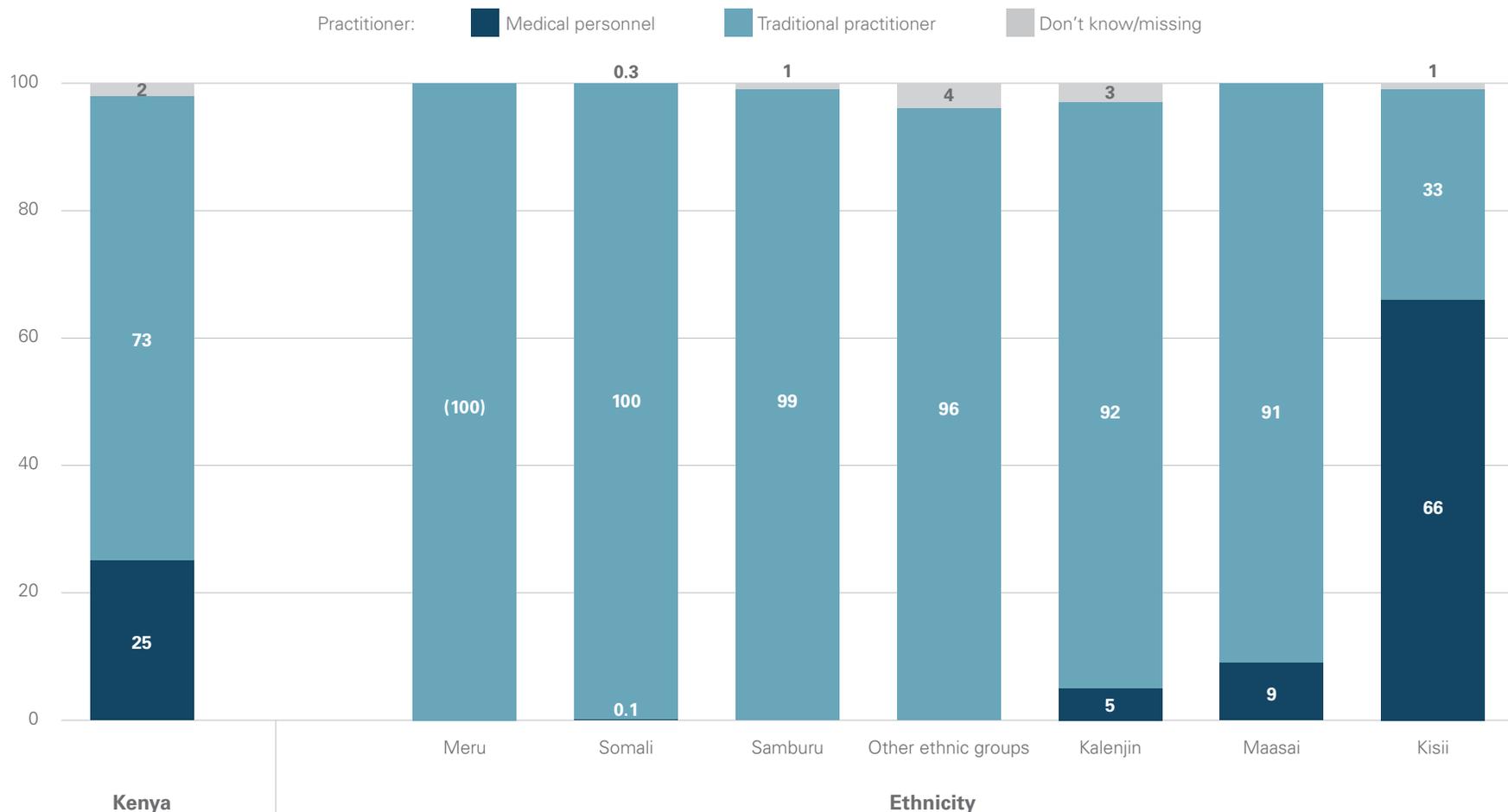


# Circumstances around FGM

## Practitioners, types of FGM and age at cutting

**Traditional practitioners** usually perform FGM in Kenya, 7 times out of 10. Medical personnel are also sometimes responsible for the practice, however, especially among the Kisii

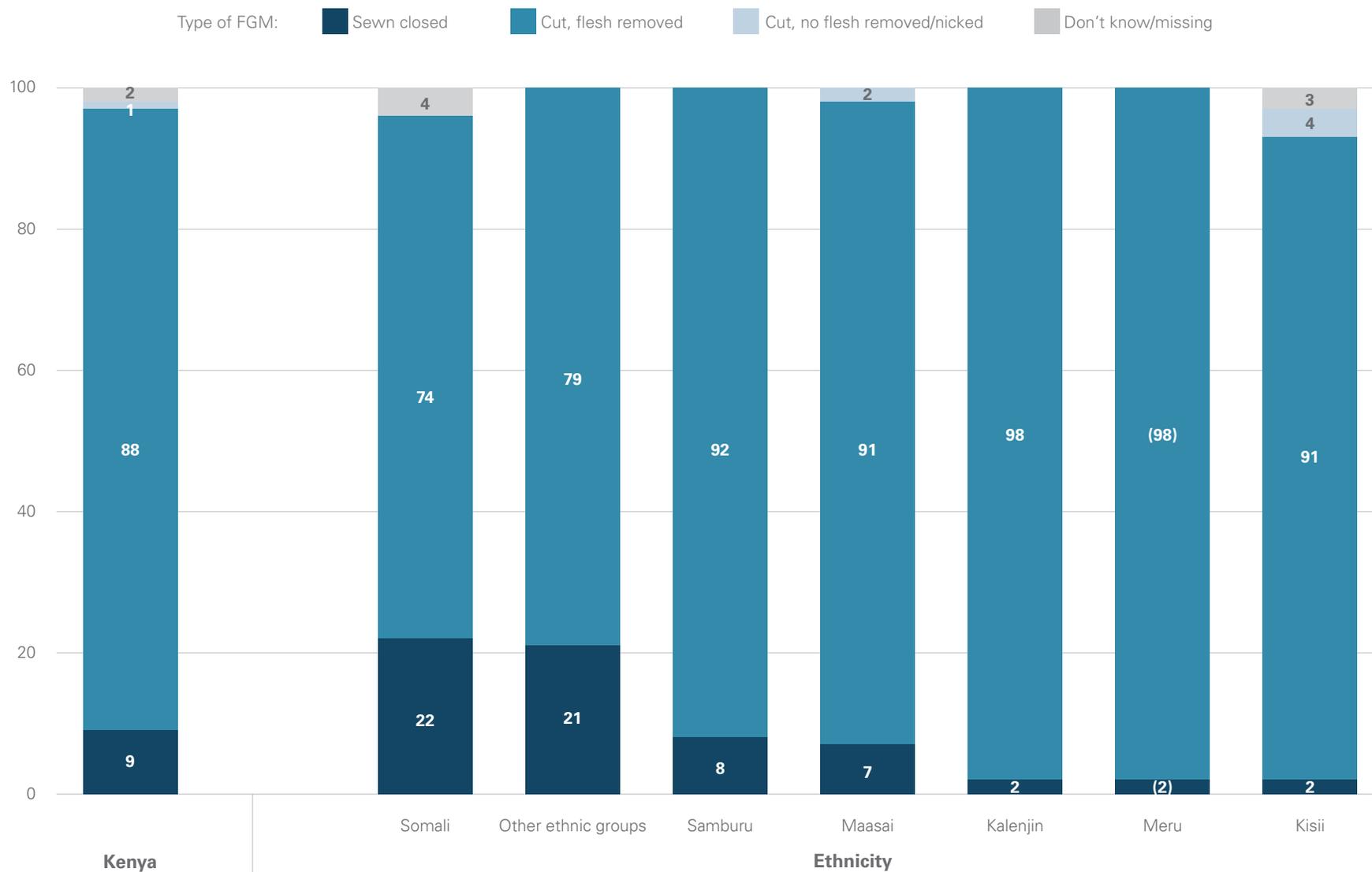
**FIG. 5** Percentage distribution of women aged 20 to 24 years who have undergone FGM by practitioner, by ethnicity



Notes: Figures may not add up to 100 per cent due to rounding. Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses. Data for some ethnic groups are suppressed due to insufficient numbers of cases to perform the analysis.

Almost **9 in 10 cut women experienced flesh removal**, the most common type of FGM in Kenya. The most severe form of FGM, in which the vaginal opening is sewn closed, is practised among certain ethnic groups

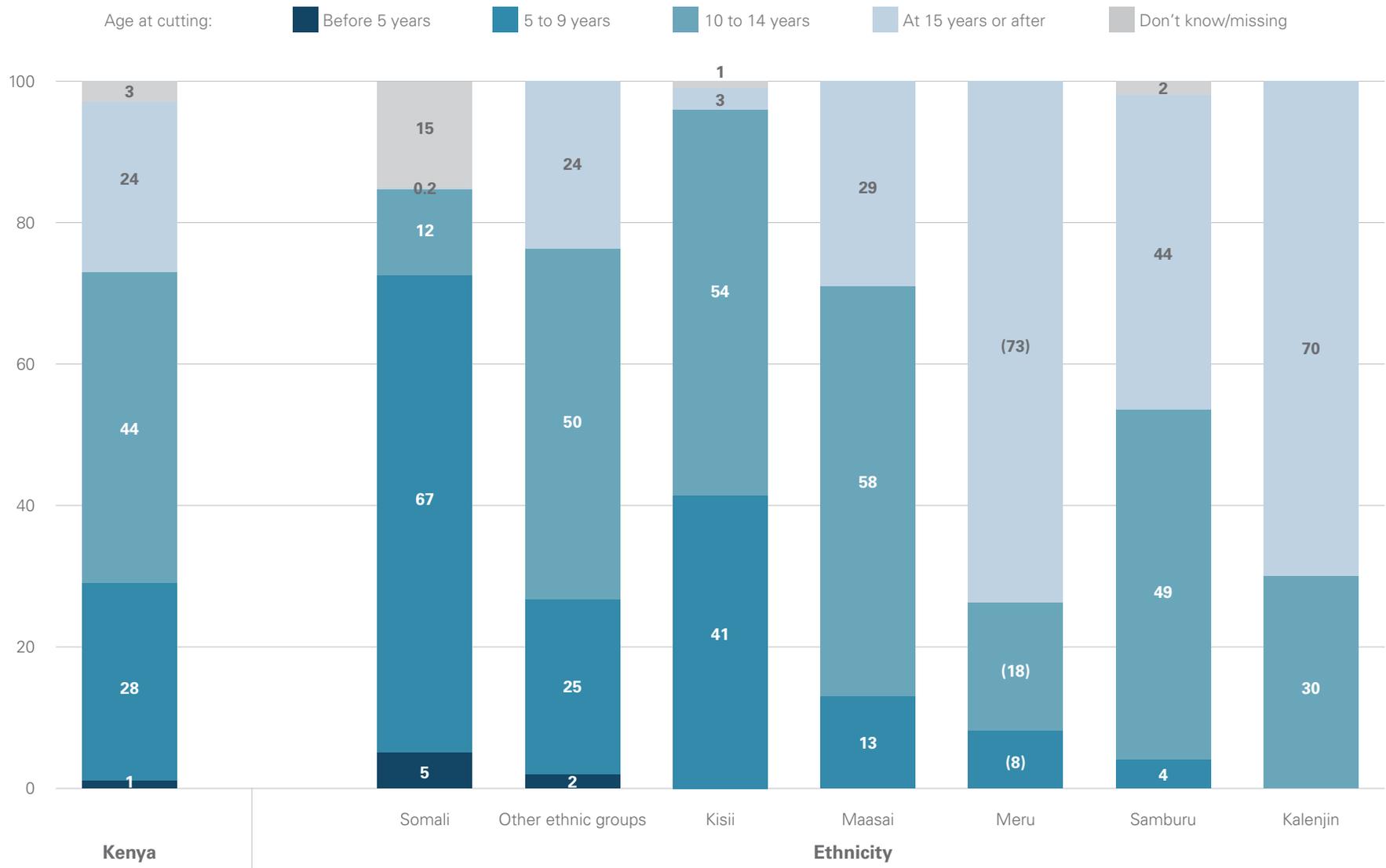
**FIG. 6** Percentage distribution of women aged 20 to 24 years who have undergone FGM by type of FGM performed, by ethnicity



Notes: Figures may not add up to 100 per cent due to rounding. Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses. Data for some ethnic groups are suppressed due to insufficient numbers of cases to perform the analysis.

**Most FGM occurs during adolescence, with substantial variations in age at cutting across ethnic groups: The majority of cases occur before age 10 among the Somali, while in other groups, the practice is mainly performed at age 10 or later**

**FIG. 7** Percentage distribution of women aged 20 to 24 years who have undergone FGM by age at cutting, by ethnicity

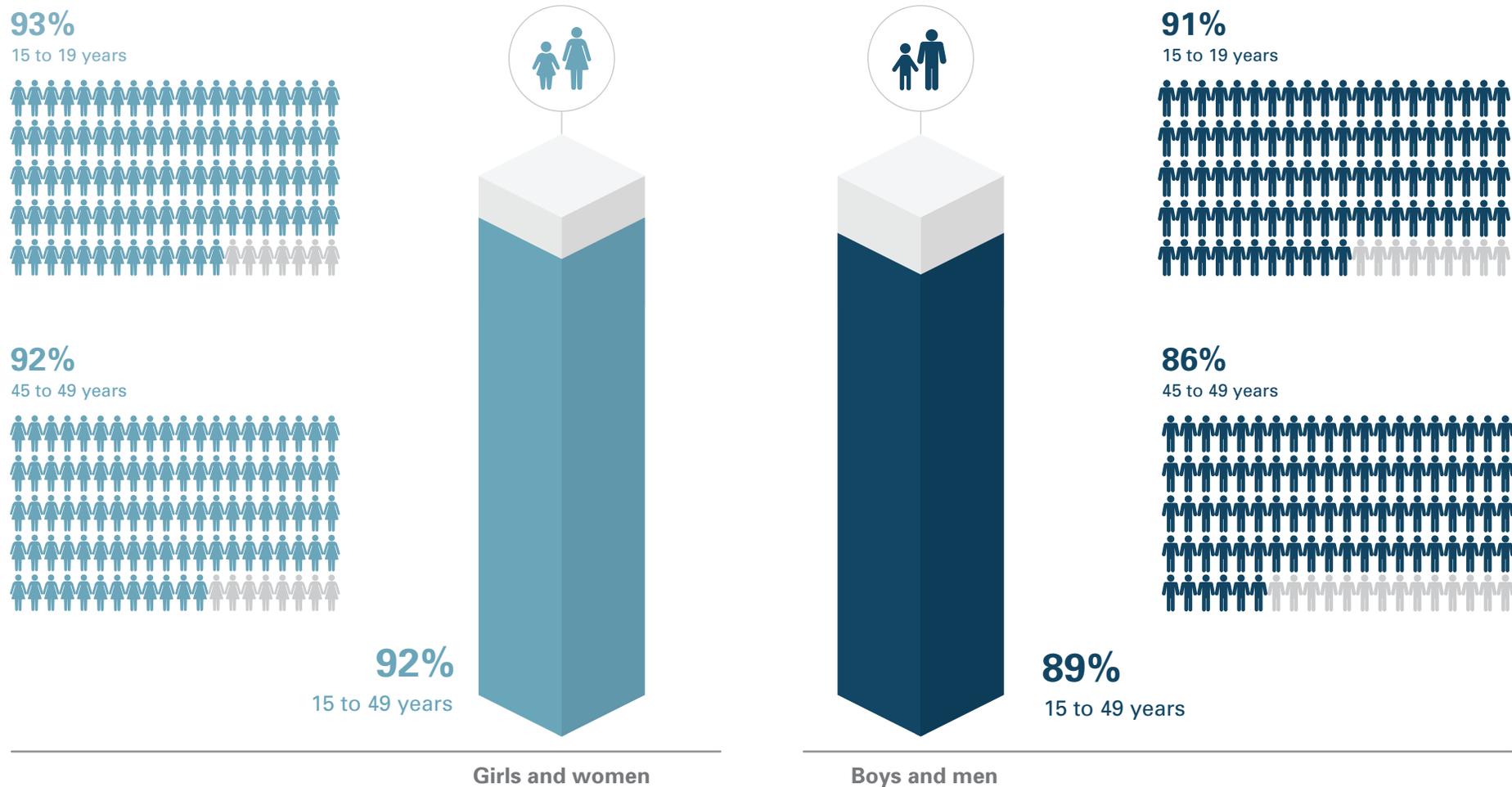


Notes: Figures may not add up to 100 per cent due to rounding. Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses. Data for some ethnic groups are suppressed due to insufficient numbers of cases to perform the analysis.

# Opinions on FGM

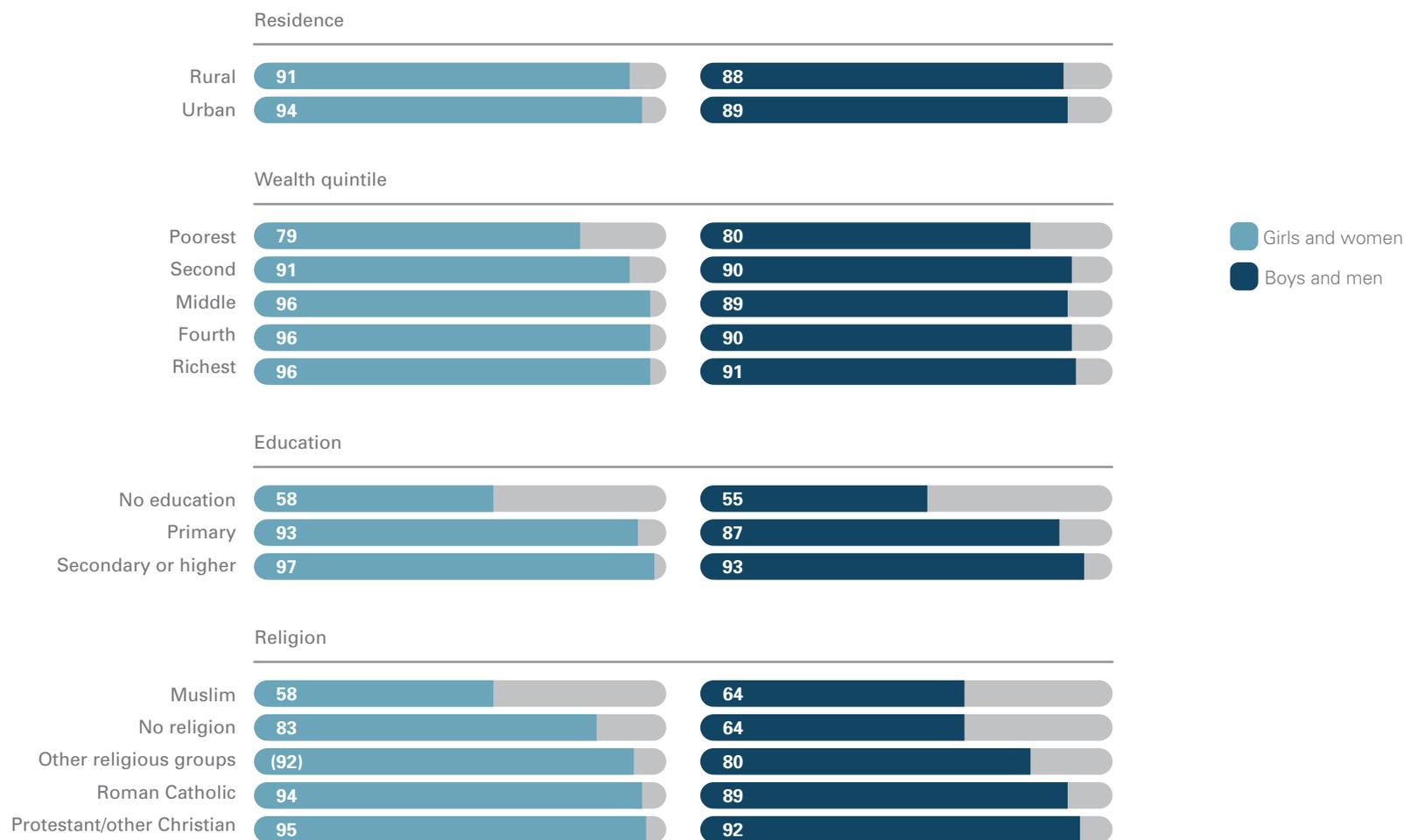
**Nine in 10** people in Kenya think **FGM should stop**; opposition is high among both adolescents and older Kenyans

FIG. 8 Percentage of girls, boys, women and men aged 15 to 49 years who have heard of FGM and think the practice should stop, by age



## Opposition to FGM is common, but people from **poor households**, with **less education** or who **identify as Muslim** are less likely to think the practice should stop

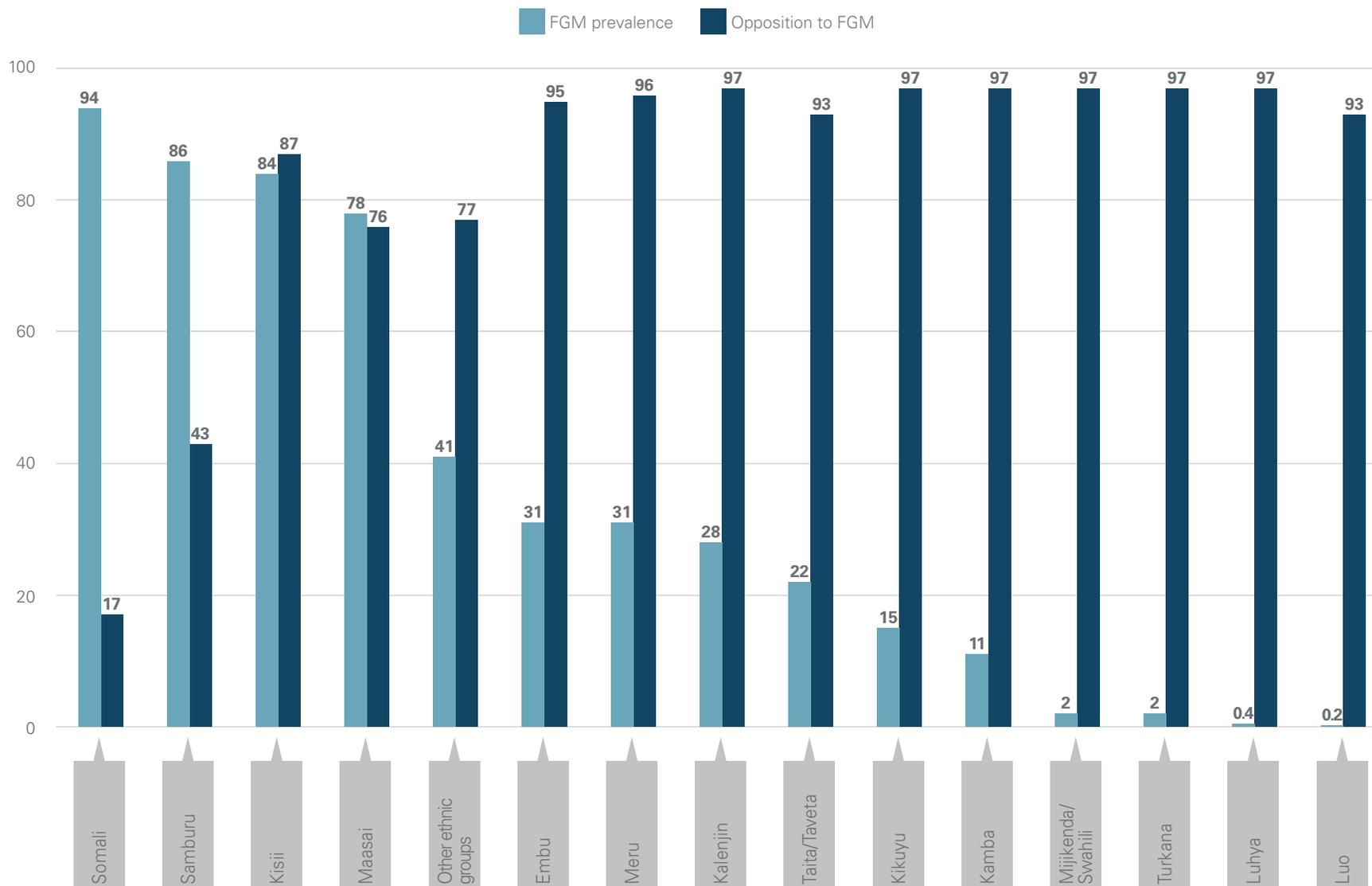
**FIG. 9** Percentage of girls, women, boys and men aged 15 to 49 years who have heard of FGM and think the practice should stop, by residence, wealth quintile, education and religion



Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses.

## Opposition to FGM is most common among ethnic groups that do not practise it, though the **Maasai and Kisii** oppose the practice despite most girls and women being cut

**FIG. 10** Percentage of girls and women aged 15 to 49 years who have undergone FGM (prevalence), and percentage of girls and women aged 15 to 49 years who have heard of FGM and think the practice should stop (opposition), by ethnicity

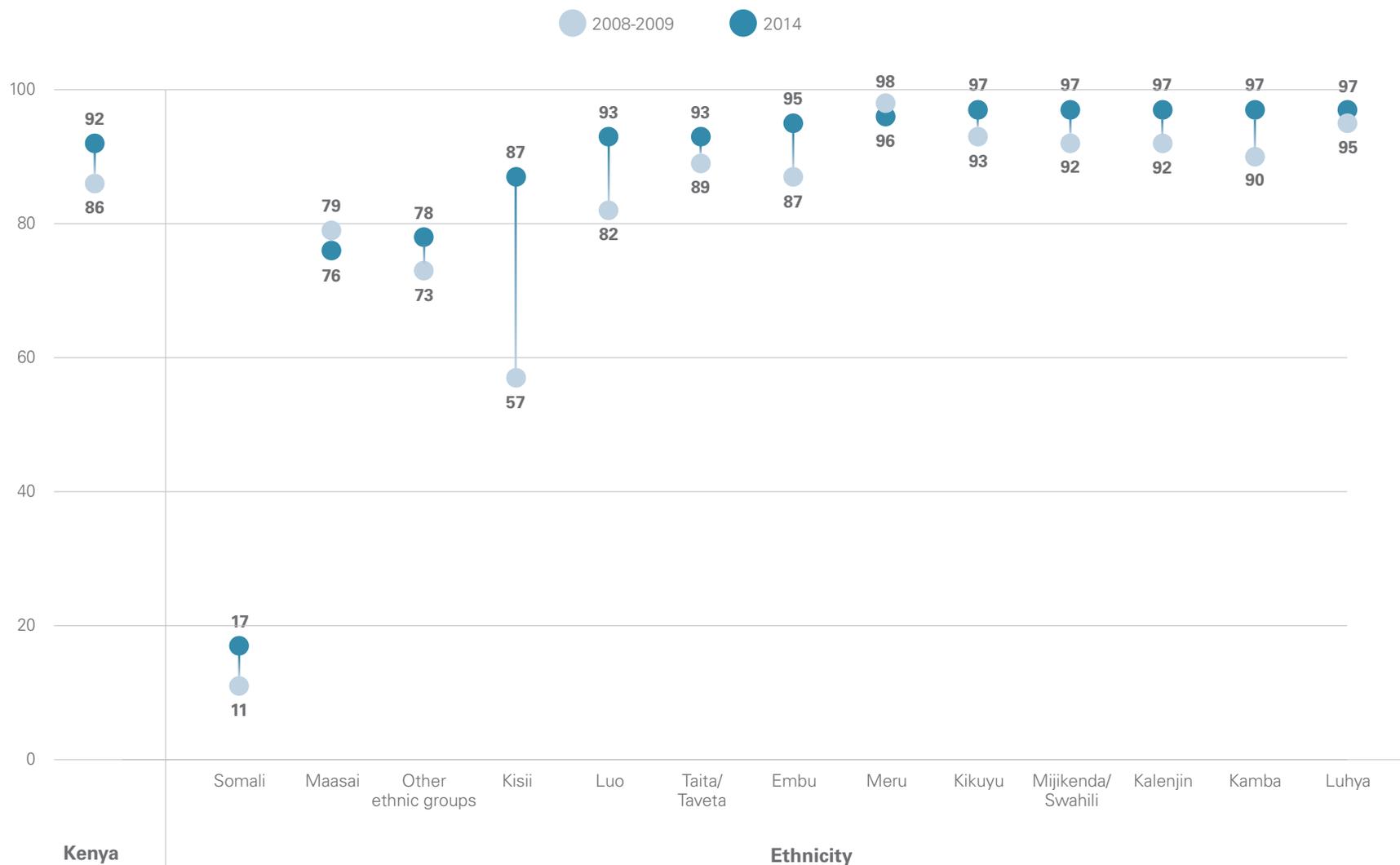


A young girl, Peninah Boke, is the central focus of the image. She is wearing a dark blue V-neck sweater over a white collared shirt. She has a serious expression and is looking directly at the camera. In the background, there is a school building with a corrugated metal roof. A group of other students in blue uniforms are gathered near the building. To the left, there is a concrete building with a window. The setting is an outdoor area with grass and trees under a cloudy sky.

Peninah Boke, 14, attends Maeta Primary School in Migori Country, Western Kenya. She is the chair of the health club and has stood up against FGM.

## Opposition to the practice has risen, with the largest increase among the Kisii

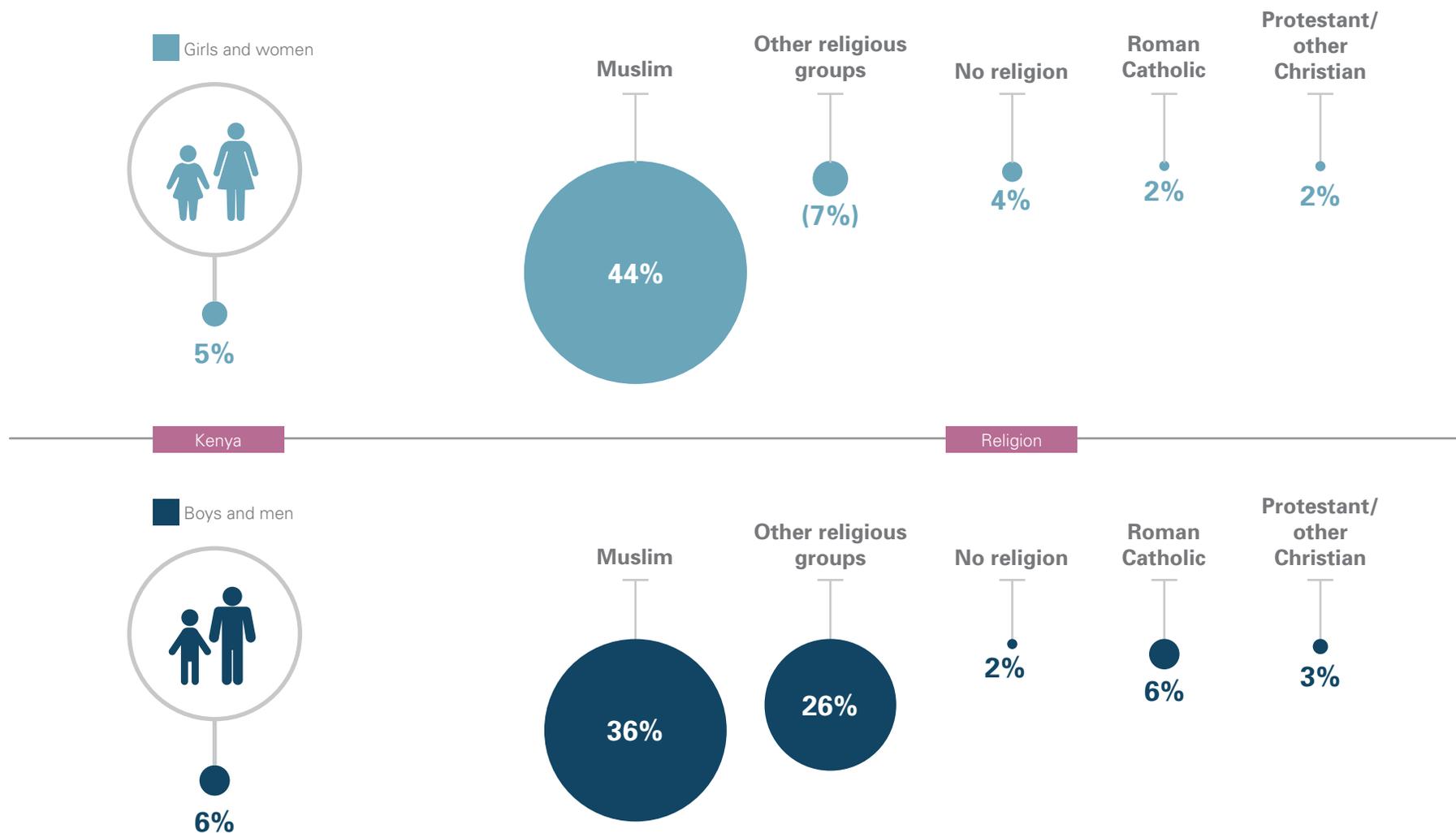
FIG. 11 Percentage of girls and women aged 15 to 49 years who have heard of FGM and think the practice should stop, by ethnicity



Notes: The 1998 Demographic and Health Survey is not included because the sample excluded the North Eastern region. The 2003 Demographic and Health Survey is not included because it did not collect data on attitudes. Some ethnic groups in the 2014 Demographic and Health Survey are recategorized as 'other ethnic groups' for comparability with the 2008-2009 Demographic and Health Survey, thus the values for this category may not match those presented elsewhere in the publication, and some ethnic groups which appear in other charts are not presented here. Data on attitudes towards FGM among boys and men were not collected in the 2008-2009 survey.

## Around 4 in 10 Muslims in Kenya believe **the practice is required by religion**

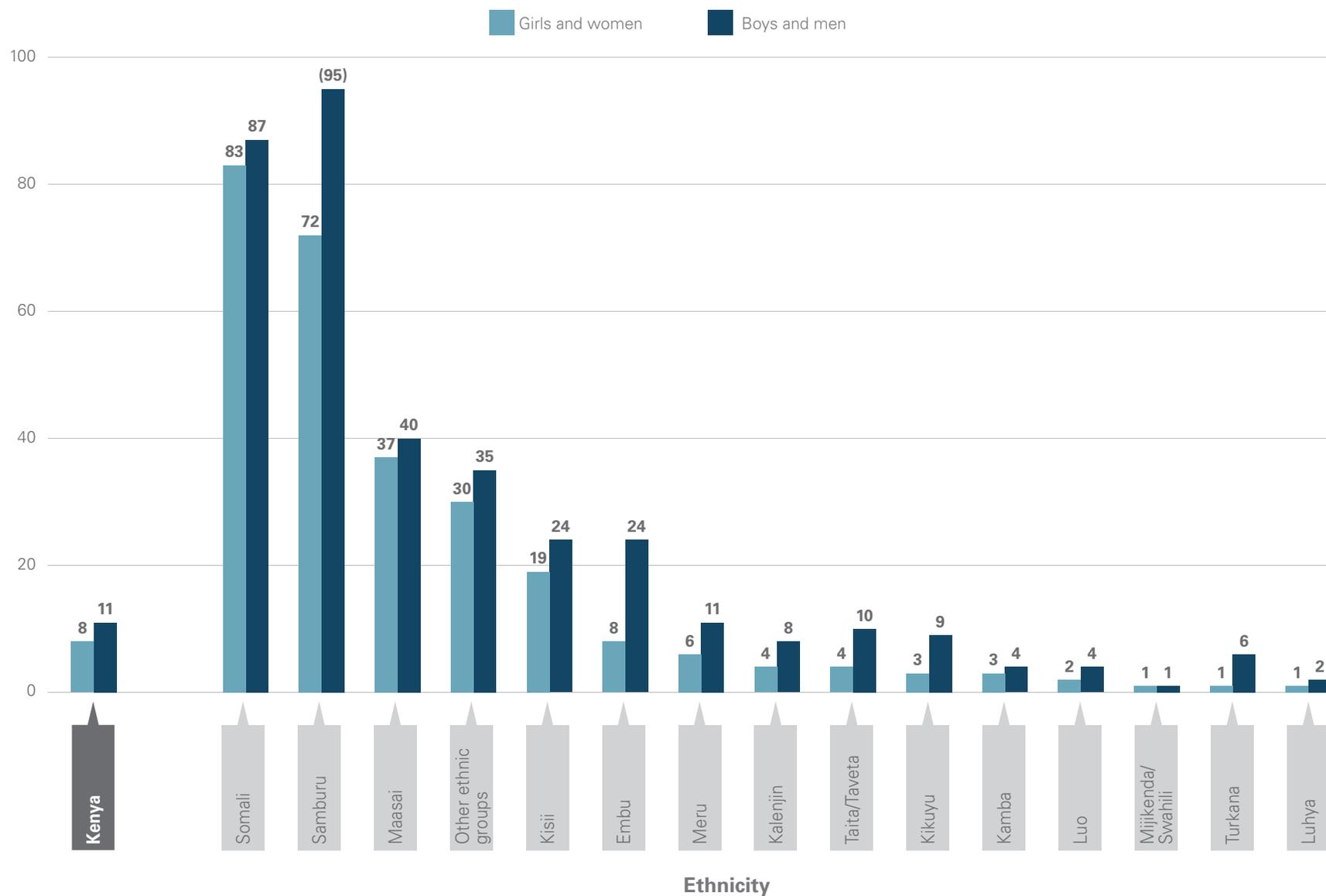
**FIG. 12** Percentage of girls, women, boys and men aged 15 to 49 years who have heard of FGM and believe that the practice is required by religion, by religion



Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses.

## Among some ethnicities, it is a common belief that **FGM is required by the community**

**FIG. 13** Percentage of girls, women, boys and men aged 15 to 49 years who have heard of FGM and believe that the practice is required by the community, by ethnicity

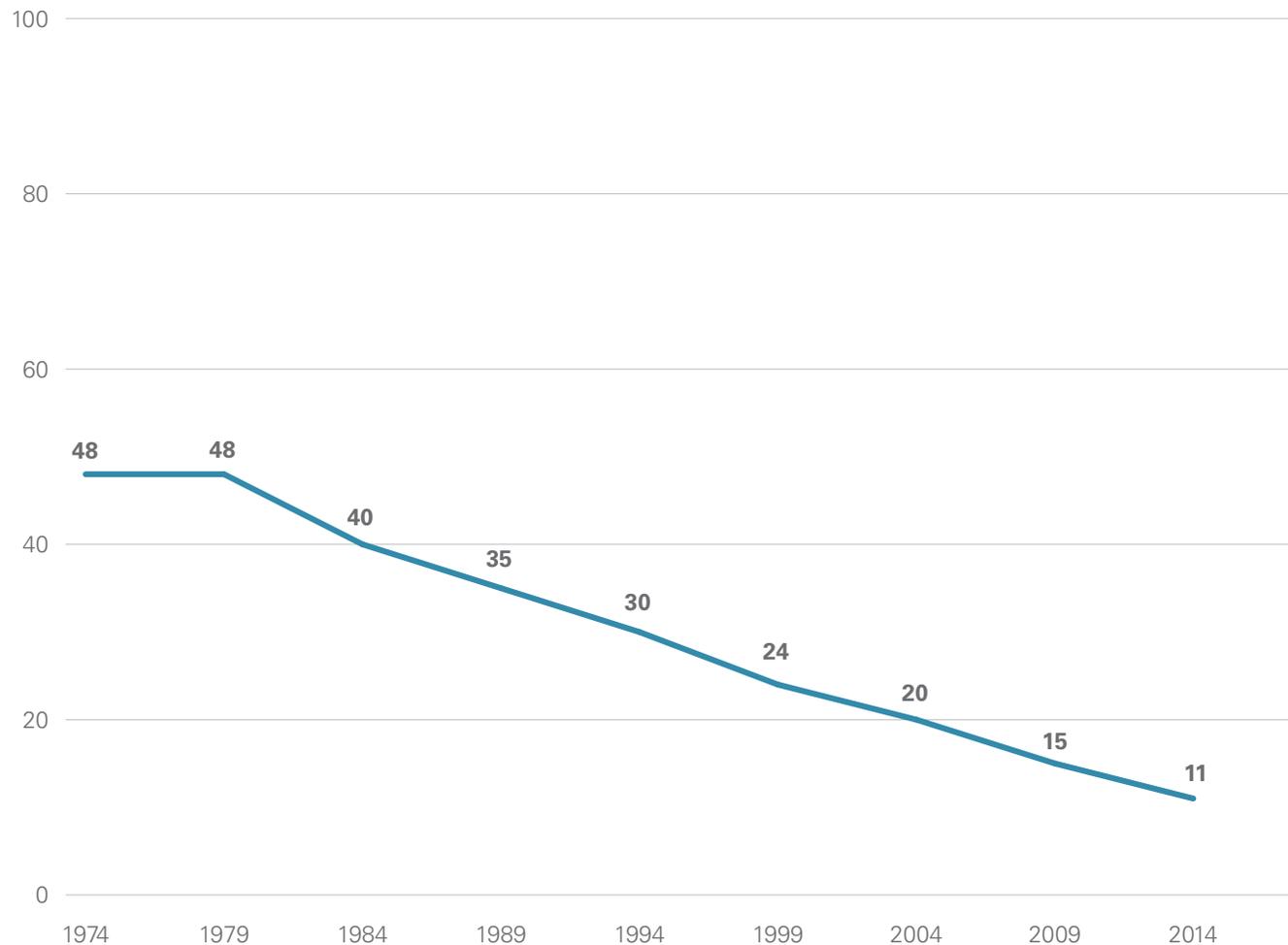


Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses.

# Generational trends in reducing FGM

The prevalence of FGM among adolescent girls has **dropped from 5 in 10 to 1 in 10** over the last three decades

FIG. 14 Percentage of adolescent girls aged 15 to 19 years who have undergone FGM



As shown in Figure 7, 24 per cent of cutting occurs at or after age 15.

Thus the percentage of adolescent girls aged 15 to 19 years who have undergone FGM is unlikely to reflect the complete prevalence of the practice among this cohort, as some girls are still at risk of FGM.

Note: See technical notes for details.

## Kenya's progress towards abandoning FGM in the past three decades is strong compared to other countries in Eastern and Southern Africa

FIG. 15 Average annual rate of reduction and percentage of girls and women aged 15 to 49 years who have undergone FGM (current prevalence)

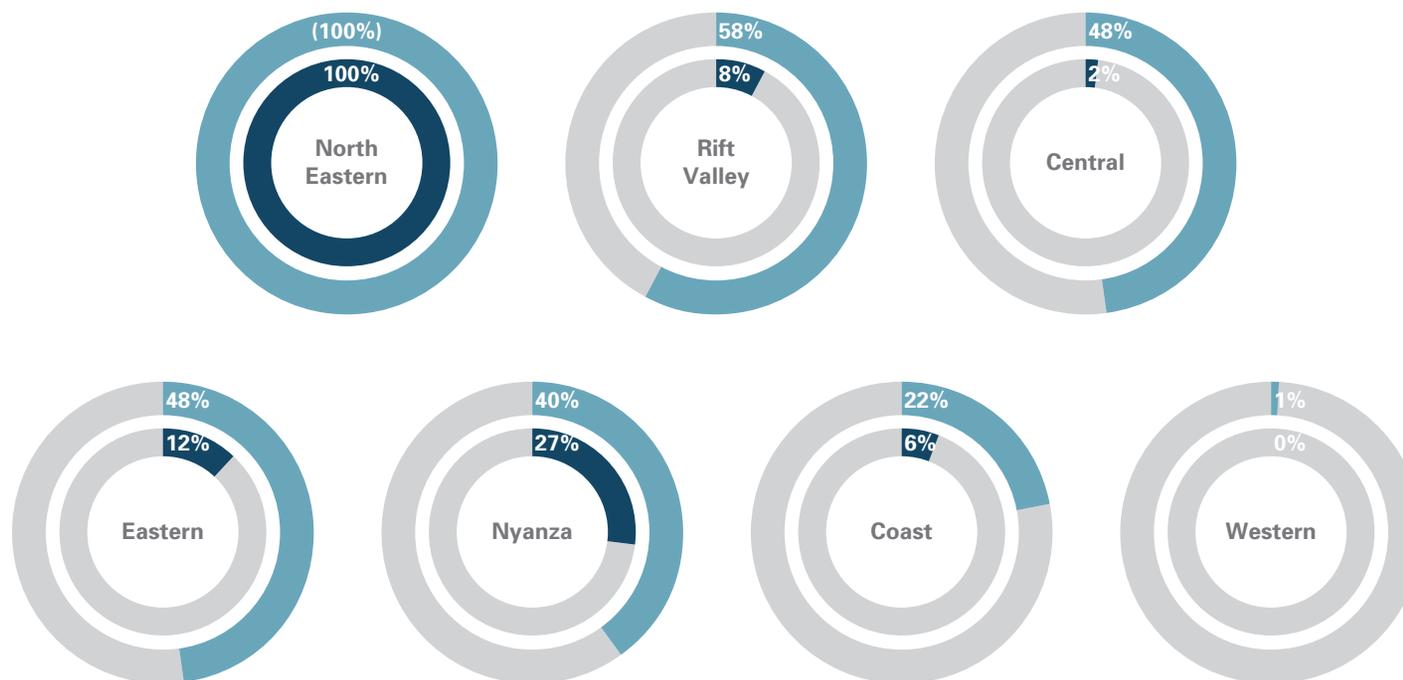
Country	Average annual rate of reduction of FGM (%)	Current prevalence of FGM (%)
Uganda	4.6	0.3
United Republic of Tanzania	4.6	10
Kenya	4.3	21
Ethiopia	1.7	65
Eritrea	1.0	83
Sudan	0.4	87
Djibouti	0.4	94
Somalia	0.1	98

Notes: This figure includes all countries in Eastern and Southern Africa with nationally representative data on the prevalence of FGM. Countries are ranked from highest to lowest according to the 30-year average annual rate of reduction.

**Most regions of Kenya have achieved progress** towards eliminating FGM; in the North Eastern region, however, the practice remains universal

**FIG. 16** Percentage of adolescent girls aged 15 to 19 years who have undergone FGM, by region

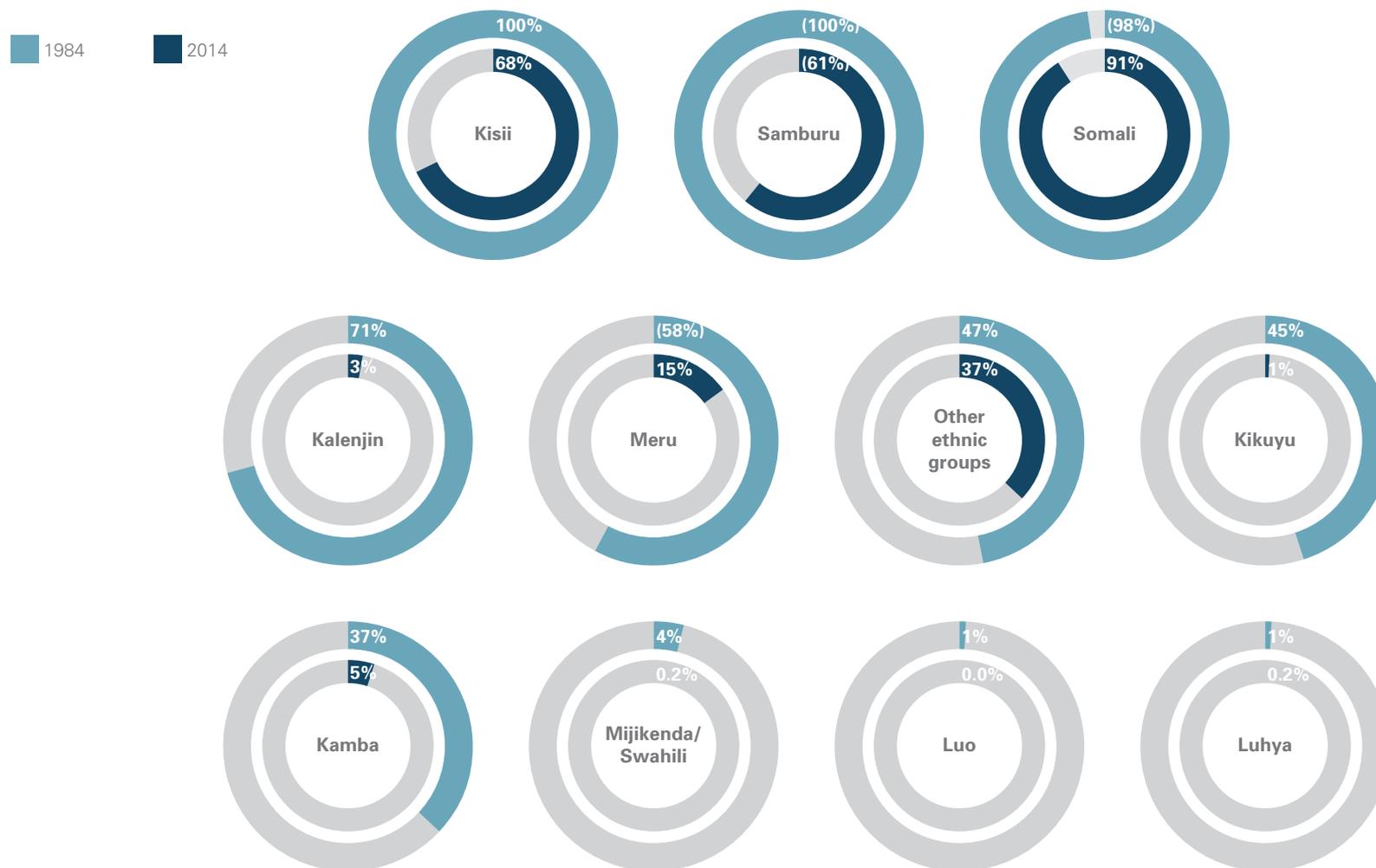
1984 2014



Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses. Data for Nairobi are suppressed due to an insufficient number of cases to perform the analysis for 1984.

## The greatest reduction in the prevalence of FGM has been in the **Kikuyu and Kalenjin** ethnic groups

**FIG. 17** Percentage of adolescent girls aged 15 to 19 years who have undergone FGM, by ethnicity

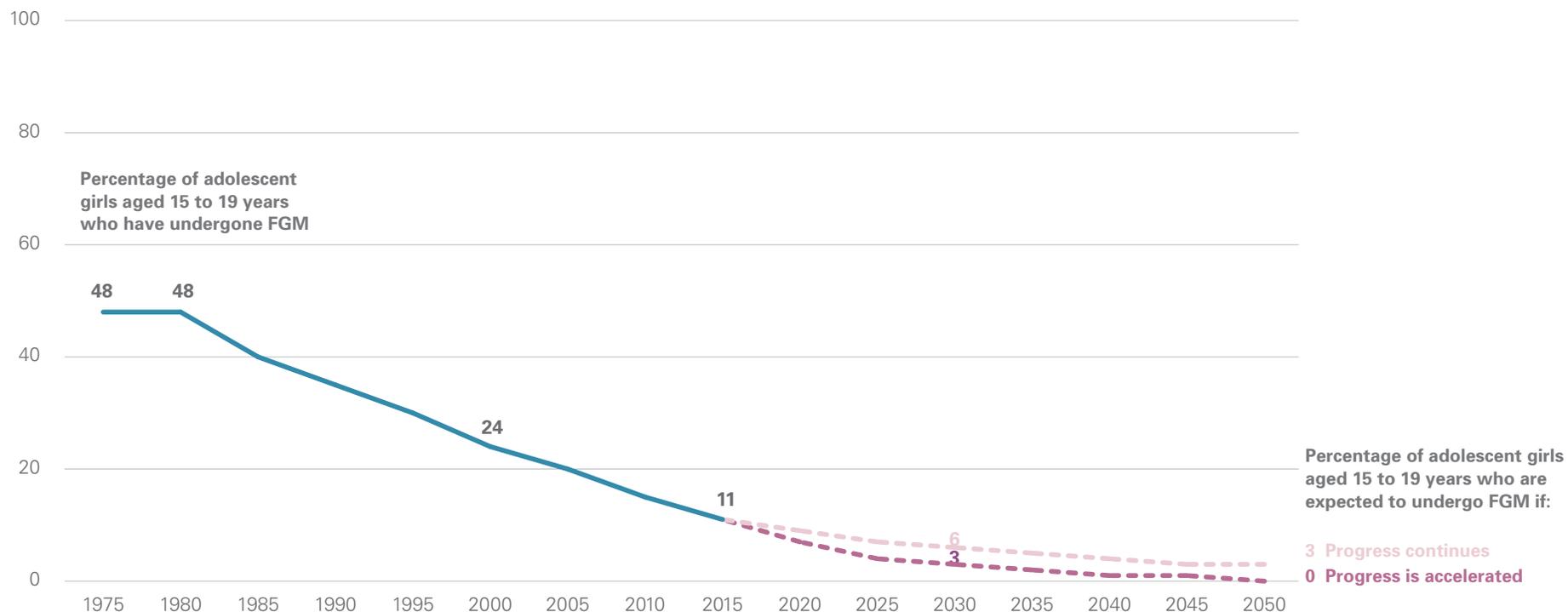


Notes: Values presented here are based on at least 25 unweighted cases. Those based on 25 to 49 unweighted cases are shown in parentheses. Ethnic groups with fewer than 25 unweighted cases at one or both points in time are suppressed.

# Looking ahead towards eliminating FGM

While substantial progress has been made, **additional efforts will be required** to eliminate FGM by 2030

FIG. 18 Observed and projected percentage of adolescent girls aged 15 to 19 years who have undergone FGM



## How to read the projections

The figures on this page and the following page show how the prevalence of FGM has changed since the 1970s, as well as scenarios that could occur in the future. Figure 18 highlights how the percentage of girls and women who have undergone FGM has changed and could continue to change through 2050. Figure 19 shows progress in observed rates of reduction and rates required to meet the SDG target of elimination.

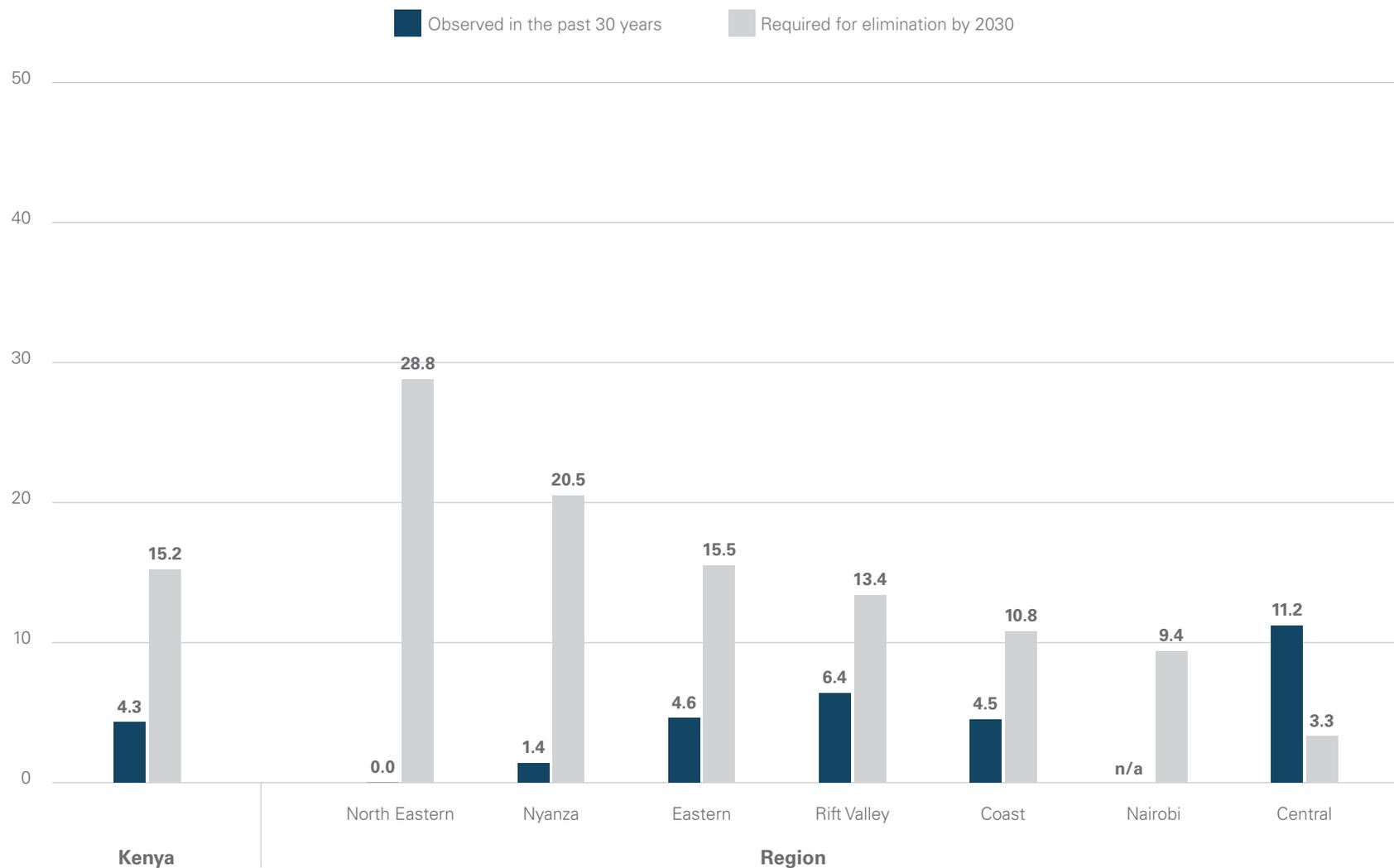
In Figure 18, the projections build on existing trends to show expected values if

progress from the past 30 years continues (in light pink). A more ambitious scenario (in magenta) projects an acceleration at twice the rate of observed progress.

In Figure 19, the observed average annual rates of reduction quantify the rate of progress over the past 30 years. A higher rate indicates faster progress. Required rates are calculated to illustrate what would be necessary to eliminate the practice by 2030.

To achieve the SDG target, **the most acceleration is required in the North Eastern and Nyanza regions**, while the Central region is on track for elimination

**FIG. 19** Average annual rate of reduction (per cent) in the percentage of adolescent girls aged 15 to 19 years who have undergone FGM, observed and required for elimination



Notes: The Western region is not shown since the prevalence of FGM is already below 1 per cent. Values based on fewer than 25 unweighted cases are suppressed. Data for Nairobi are suppressed due to an insufficient number of cases to perform the analysis, thus the 30-year rate is marked as not available (n/a).

# Kenya's programme to end FGM

Kenya's programme to end FGM seeks to respond to the multidimensional drivers and consequences of the practice, and contribute to the Government's target of ending it by 2022. The Ministry of Public Service and Gender leads the initiative, with contributions from line ministries; faith-based, community-based, civil society and non-governmental organizations; and UN agencies. Article 53 of the 2010 Kenya Constitution, which articulates the right of every child to be protected from harmful cultural practices, underpins the drive for elimination. Kenya enacted the Prohibition of Female Genital Mutilation Act 2011, and in 2019 adopted a revised National Policy for the Eradication of FGM that has shaped the national programme.

## The programme relies on the following evidence-based strategies:

- 1. Leadership and coordination:** Progress towards ending FGM by 2030 depends on strong coordination at the national, county and subcounty levels. The Anti-FGM Board, a semi-autonomous government agency under the Ministry of Public Service and Gender, coordinates an extensive network of stakeholders, provides leadership and holds partners accountable.
- 2. Comprehensive and innovative community engagement:** The voices, opinions and local knowledge of community members must be sought in all efforts to address FGM. Sustaining dialogue sessions with girls, women, boys and men to acknowledge the problem, discuss solutions and recognize the challenges is an important step. This process should conclude with a community action plan that encourages girls to undergo all culturally accepted rites of passage without having to endure FGM.
- 3. Girls' empowerment programmes:** These include alternative rites of passage and mentorship programmes imparting life skills. Mentorship involves training girls to reject FGM, and connecting them with local champions for the abandonment of FGM as well as with law enforcement. Both can serve as resources for girls in resisting the practice.
- 4. Faith-based partnerships:** In the North Eastern Region, where practising communities profess Islamic faith, and in Nyanza, where the Kuria Community has a Seventh Day Adventist following, taking a religious approach to ending FGM is crucial. Partnerships with faith-based agencies and associations foster anti-FGM messages in mosques and churches, and help delink the practice from any religion. When highly respected religious scholars take part in community dialogue sessions and other outreach programmes, they can exert a powerful influence in persuading communities to abandon FGM.
- 5. Interventions targeting practitioners:** Programmes aimed at both traditional excisors and medical professionals aim to break the link between supply and demand. For traditional excisors, interventions focus on education around FGM as a violation of human rights, and on opportunities for developing alternative skills. Among health-care providers and medical students, the emphasis is on existing codes of conduct and regulations that prohibit medicalized FGM.
- 6. Quality services:** FGM-related services must effectively meet the needs of girls, and be located in close proximity to the family and community. Girls and their families are encouraged to report incidents and seek quality professional support to better cope with and resolve experiences of the practice.

## Technical Notes

To assess the prevalence of FGM, this analysis used SDG indicator 5.3.2 – the proportion of girls and women aged 15 to 49 years who have undergone the practice.

The number of girls and women who have undergone FGM is calculated based on the population in 2018. Confidence intervals are not shown in this publication. Caution is therefore warranted in interpreting the results since apparent differences among groups may not be significant. Key message titles for figures were developed in light of the confidence intervals for all values. Where the title indicates that there is a difference among groups, it has been confirmed as statistically significant.

Data on the circumstances around FGM in Kenya are presented here as measured among women aged 20 to 24 years. Since cutting can occur well into adolescence, this allows the data to reflect circumstances around the country, including among populations that tend to perform FGM when girls are older.

Trends in the national prevalence of FGM in Figures 14 and 18 were calculated with data from the Kenya Demographic and Health Surveys in 2003, 2008-2009 and 2014. The Demographic and Health Survey 1998 was excluded from the analysis since it was not conducted in the North Eastern region and thus is not nationally representative. Calculations of the average annual rate of reduction over the last 30 years in Figure 19 as well as subnational trends in Figures 16 and 17 relied on an age-cohort analysis based on data from the latest available Demographic and Health Survey in 2014. Trends in opinions as shown in Figure 11 are based on results from the Demographic and Health Surveys in 2008-2009 and 2014.

Projected values based on a continuation of observed progress apply the average annual rate of reduction in the prevalence of FGM, or the percentage of girls aged 15 to 19 years who have undergone FGM, over the past 30 years. The acceleration scenario assumes a doubling of the observed annual rate of reduction. For statistical purposes, 'elimination' is defined as a prevalence of less than 1 per cent.

## Data Sources

FGM data are from the Demographic and Health Surveys in 2003, 2008-2009 and 2014. Demographic data are from the United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects 2019*, Online Edition, 2019.

## Acknowledgements

This data brief was prepared by the Data and Analytics Section of UNICEF (Claudia Cappa, Colleen Murray and Hyunju Park) with data analysis support from Zhuzhi Moore and with inputs from the UNICEF Kenya Country Office (Monika Sandvik-Nylund and Haithar Ahmed), the UNICEF Eastern and Southern Africa Regional Office (Mona Aika), the Ministry of Public Service and Gender of the Government of Kenya and Kenya's national Anti-FGM Board.



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Fridah Marabe, 12, has rejected FGM and is part of a new generation standing up against the practice in Kuria West, Kenya.

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For information on the data in this brochure:

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