Reporting on Female Genital Mutilation

A TOOLKIT FOR JOURNALISTS AND EDITORS

Guidelines for gender-sensitive reporting
This toolkit is for media professionals in Kenya and provides guidelines on how to report on Female Genital Mutilation (FGM) in a gender-sensitive, accurate, and constructive manner.

FGM is internationally recognized as a gross human rights violation, a form of violence against women and girls, and a manifestation of gender inequality and discrimination.

In the past, FGM was viewed as a private and cultural practice that was taboo to discuss openly. Today, the importance of eliminating FGM is publicly highlighted by the United Nations within Goal 5 of the Sustainable Development Goals (SDGs), which outlines a blueprint for achieving gender equality and empowerment for all women and girls. Target 5.3 under this goal requires all 193 countries that signed onto the SDGs— including Kenya—to take action to "eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation" by 2030.

FGM in Kenya occurs across various ethnic groups and religions, although to differing degrees, and prevalence rates vary considerably between regions. According to UNICEF, at least four million women and girls have undergone the practice, including 21 percent of women and girls aged 15 to 49. However, in a 2019 national address on the issue, President Kenyatta put the figure at approximately 9.3 million girls and women having undergone FGM in Kenya.

The Prohibition of Female Genital Mutilation Act (2011) criminalizes all forms of FGM in Kenya. Since its introduction, the overall rate of FGM has steadily declined in the country.

However, implementation and enforcement of the law has been a challenge, particularly in rural communities and some border areas.

The role of the media is pivotal in increasing public understanding about social issues, shaping public discourse, and influencing policy-makers' decisions. As such, media professionals—including journalists, editors, editors-in-chief, and photographers—all have a significant part to play in helping end FGM in Kenya by shining a public spotlight and framing it as a human rights and child abuse that needs to be urgently addressed.

FGM is a complex and emotive concern that can be challenging to report on. It requires a nuanced understanding of how best to educate and engage audiences, protect survivors and those at risk, and foster positive social change.

This toolkit was developed by international women's rights organization Equality Now in collaboration with the Association of Media Women in Kenya (AMWIK), and the Anti-FGM Board, Kenya, to support media professionals in their efforts to report on FGM.

Please feel free to share, reference, and reproduce the content.

We hope you find it useful.
ABOUT THE GENDER JUSTICE PROJECT

The Gender Justice Project is a three-year project that Equality Now began implementing in 2019 thanks to generous support from the Bill and Melinda Gates Foundation. It is focused on holding the Government of Kenya to account on its commitments to achieve gender equality as outlined in the United Nations Sustainable Development Goal 5 (SDG 5), and aims to ensure that sexual violence and harmful practices such as FGM and child marriage are effectively addressed by the Kenyan state at a national and local level.

The Gender Justice Project applies a Multi-Sectoral Approach (MSA) that incorporates working with civil society organizations and media professionals at both the local and national level. The objective is to build an active and cohesive movement that focuses public attention on the aims of SDG 5 and calls on the Kenyan government to fulfill its commitment to end FGM by 2022.

As part of this initiative, dozens of journalists across Kenya have benefitted from media training workshops on gender-sensitive reporting. This has included discussions about best practice for reporting on FGM and other forms of gender-based violence.

We are very grateful to media professionals for their coverage of FGM in news items, personal interest stories, and across television, radio, print, and online.

As part of the Gender Justice Project, a needs assessment was carried out in which media professionals were asked about the challenges they face when reporting about FGM in Kenya. In response to the issues raised, “Reporting on Female Genital Mutilation - a Toolkit for Journalists and Editors” has been designed to assist the media in gaining a deeper understanding about the complex nature of FGM, the legal and policy context, and the role they can play in ending the practice in all communities across the country.
Kenya has made commendable strides towards ending FGM and the gains achieved are partly due to considerable political goodwill. Through the Prohibition of FGM Act of 2011, the ratification of regional and international instruments such as the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (Maputo Protocol) and the 2019 Presidential commitment to end FGM by 2022, Kenya has outlined its intention to meet its national, regional, and international human rights obligations to end this harmful practice.

Nine in 10 people in Kenya think FGM should stop, and over the past three decades, progress towards abandoning the practice has been strong in comparison to other countries in Eastern and Southern Africa.

However, much more work is required to achieve zero tolerance throughout Kenya. The practice remains widespread within certain communities where some still view it as an important rite of passage into adulthood and a prerequisite to marriage for girls.

Eradicating FGM requires the full implementation of the law, and the way to achieve this is by applying a Multi-Sectoral Approach (MSA) which brings together state and non-state actors to act in collaboration. This includes media professionals who have a critical role to play in raising awareness and advocating for positive change.

Responsible reporting can improve public awareness, shift audiences’ perceptions, and promote remedies. The media is able to provide a voice for those who would otherwise be silenced, expose institutional gaps that allow women and girls to be harmed in the name of tradition, and help them access support. However, alongside drawing much needed attention to FGM, media professionals have a responsibility to ensure their reporting does not expose the vulnerable to further harm or risk.

This toolkit provides journalists and editors with useful, practical and ethical guidelines to assist them with reporting on FGM in a way that is sensitive and impactful. I encourage its widespread dissemination and use alongside other resources from trusted organizations that are available for use by journalists.

Last but not least, I would like to give thanks to Kenya’s media professionals for stepping up and using their skills and influence to help move the dial towards ending FGM in Kenya once and for all.

Faiza Mohamed,
Africa Director, Equality Now
In November 2019, Kenya made a national commitment to end Female Genital Mutilation (FGM) by 2022—eight years ahead of the 2030 global commitment to eliminate this harmful practice. In doing so, Kenya affirmed its desire to ensure that girls and women were protected from the cut and also demonstrated that it was devoted to ending FGM.

And while the country has made significant strides in ending FGM and built itself the reputation of being one of the countries in Africa that has the political backing needed to galvanize action towards eradicating this violation, more remains to be done.

At least one in five girls and women living in Kenya have been subjected to the cut. This is one too many and we must work towards a Kenya where there is zero FGM and zero girls and women at risk of FGM. However, in order to our country to achieve this and live up to its global standing, we require a multi-sectoral approach bringing together multiple stakeholders and agencies including the media who are critical to our goal of ending FGM.

Because of the role that the media play in educating; creating, and shaping public opinion; amplifying survivors’ voices and contributing to systemic change, we must join hands with the media and work together in illustrating the consequences of FGM at the individual and community level. Media personnel must not remain silent about FGM—they too are a part of the movement to end this violation. They should use their tools to contribute to Kenya’s agenda of ending FGM and to do so through a gender-sensitive lens.

I believe that this toolkit will be a useful guide to journalists practicing in Kenya and beyond and that it will go a long way in assisting them file their anti FGM reports responsibly and in a manner that helps the public to understand why the country needs to end FGM. Applying the principles of Do No Harm that this toolkit provides, will further go a long way in helping media professionals to be mindful of survivors and to protect them and their families from the re-violation of their rights.

The Anti-FGM Board looks forward to a Kenya that is free from FGM and to building and strengthening its partnership with the media so that all our girls and women are protected from this violation.

Here is to a Kenya that is free from FGM!

**Bernadette Loloju,**
**CEO, Anti FGM Board, Kenya**
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“A few years ago, we could not speak about FGM among FGM practising communities because it was seen as a taboo. But because the media gave us a voice through which to amplify these issues and highlight FGM matters, the voiceless now have an opportunity to be heard. We broke the culture of silence and are now working with the media to move to the next level where we shall break the cycle of poverty and promote girls’ right to education.”

Agnes Leina, Illaramatak
Community Concerns
What is FGM?

The World Health Organization (WHO) defines FGM as:

“all procedures that involve the partial or total removal of external female genitalia, or other injury to female genital organs for non-medical reasons. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies.”

FGM is a serious human rights violation, rooted in gender inequality, and can cause life-long physical and psychological trauma. It jeopardizes the health, wellbeing, and prosperity of millions of women and girls, and impacts entire communities, hampering the development agenda of nations, especially where prevalence rates are high. It is because of this that ending FGM has been included as a target within the United Nations Sustainable Development Goals.

What are the types of FGM?

The WHO has classified FGM into four categories:

**TYPE I - CLITORIDECTOMY:**
the partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals), and/or the prepuce (the fold of skin surrounding the clitoris).

**TYPE II - EXCISION:**
the partial or total removal of the clitoris and the labia minora (the inner folds of the vulva), with or without excision of the labia majora (the outer folds of skin of the vulva).

**TYPE III - INFIBULATION:**
the narrowing of the vaginal opening through the creation of a covering seal by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoris (clitoridectomy).

**TYPE IV - OTHER:**
all other harmful procedures to the female genitalia for non-medical purposes, including: pricking; piercing; incising; scraping; and cauterizing the genital area (burning the skin or flesh).
What are the health consequences of FGM?

**IMMEDIATE COMPLICATIONS CAN INCLUDE**

The most common immediate complications of FGM include: excessive bleeding (hemorrhaging); pain; genital tissue swelling; problems with wound healing; urine retention and other urinary problems; infections; and psychological trauma. In some instances, FGM can result in death.

**LONGER TERM EFFECTS CAN INCLUDE:**

- **Chronic repeated infections,** particularly when the urethra and/or vaginal opening has been blocked through FGM Types II and III. Immediate complications and infections in the reproductive system can occur but often are not medically treated. Such untreated infections can occur in the bladder and kidneys, and can ascend to the uterus and fallopian tubes causing scarring, inflammation, and infertility.

- **Urinary problems** affecting the bladder, uterus, and kidneys. Partial blockage to the vagina and urethra means the normal flow of urine is deflected and the area remains constantly wet and susceptible to bacterial growth, making infections more common. This can make urination painful, cause recurrent and chronic urinary tract infections, and lead to urinary incontinence. If not treated, such infections can spread to the kidneys, potentially resulting in renal failure, sepsis, and death.

- **Abscesses, cysts, and ulcers.** Abscesses typically originate as simple infections that develop in the vulvar skin or tissues underneath the skin. Neurinoma can develop when the dorsal nerve of the clitoris is cut or trapped in a stitch or in scar tissue. The surrounding area becomes hypersensitive and unbearably painful. Cysts vary in size, can be extremely painful, and can prevent sexual intercourse.

- **Excessive and painful scar tissue.** Keloid scars are the result of excess scar tissue at the site of the cut and are caused by slow and incomplete healing of the wound. These scars can obstruct the vaginal opening and in some cases, can be so extensive that they prevent penile penetration.

- **Vaginal infections,** including vaginosis and other infections, cause discharge, itching, and discomfort.

- **Infertility** arising from chronic, long-term infections, including damage caused to the fallopian tubes.

- **Back and pelvic pain,** including from chronic pelvic inflammation and chronic pelvic disease, which is caused by infection of the female upper genital tract, including the womb, fallopian tubes and ovaries.

- **Menstrual problems** caused by obstruction of the vaginal opening or by partial or total blockage or closing of a blood vessel. This can cause painful menstruation (dysmenorrhea), irregular periods, and difficulty in passing menstrual blood, including amenorrhea, which is the absence of menstruation or missed menstrual periods.
• **Complications during childbirth.** FGM is associated with a greater risk of complications during labor, some of which are life-threatening. Problems including prolonged and difficult labor; caesarean section; obstetric tearing and lacerations; obstetric fistula; and postpartum hemorrhage (bleeding). For Type III FGM, deinfibulation may be required. This is the practice of cutting open the sealed vaginal opening of a woman who has been infibulated, which is often necessary for facilitating childbirth.

Research by WHO examining the effects of FGM on childbirth in Africa found that women who had undergone Type III had a 30 percent higher risk for delivery by caesarean section and 70 percent higher risk of postpartum hemorrhage than women who had not had FGM.⁸

• **Sexual health problems.** FGM involves damaging or removing parts of the body that are directly involved in female sexual function, such as the clitoris and highly sensitive genital tissue. This may impact sexual sensitivity and cause sexual problems, including pain during intercourse; difficulties with penetration; decreased lubrication during sex; reduced sexual pleasure and desire; less frequent or no orgasm. Scar formation, pain, and trauma associated with being cut can also result in such problems.

It is important to note that while many FGM survivors experience physical discomfort during intercourse, some women are still able to enjoy sexual activity despite having undergone FGM.

• **Mental health problems.** FGM can result in post-traumatic stress disorder, depression, and anxiety.

> "I didn’t know about FGM before I was cut, I had never heard about it. Nobody explained anything to us, I didn’t understand the reasons, they just did the cutting and left. When I came to realize what I had been through, I hated myself, my family and those who had done it to me. I regretted that I didn’t know about cutting before because if I had known then maybe I would have run away. If I had a choice, I would like my body to be the way it was."

Beatrice, 14

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Reporting on Female Genital Mutilation - A Toolkit for Journalists and Editors
Social and cultural motivations behind FGM

FGM is carried out for a range of complex cultural, religious, and social reasons, but underpinning them all is deeply entrenched gender inequality and discrimination.

28 Too Many, an Anti-FGM advocacy group, explains that in Kenya:

“FGM is a deeply rooted cultural practice, although the reasons for it vary between ethnic groups. For some, such as the Meru, Embu and Maasai, it is an important rite of passage. FGM is closely tied to marriageability for some ethnic groups, such as the Maasai. For some ethnic groups, such as the Somali, FGM is linked to concepts of family honor and the need to preserve sexual purity. Among the Kisii, FGM is believed to be necessary to control women’s sexual desires and distinguishes them from their neighboring Luo ethnic group.”

DRIVERS FOR FGM INCLUDE:

- **Controlling women's and girls' sexuality:** Justifications for FGM are closely tied to set gender roles and the positioning of women and girls as gatekeepers of family honor. Myths prevail about how girls' sexual desires must be moderated early to preserve their virginity and “purity,” and therefore the honor of the family.

  FGM goes in tandem with cultural ideals relating to femininity, modesty, and “appropriate” female sexual behavior, and it is believed to help avert sex before marriage, prevent wives from being unfaithful, and reduce uncertainty relating to paternity.

  Many affected communities erroneously believe FGM reduces libido, discourages promiscuity, and curbs the spread of HIV/AIDS. In these communities, women and girls are cut with the aim of controlling their sexuality, and in some affected communities, women who have not undergone FGM are viewed as dishonorable.

  With Type III FGM, fear of pain from having the vaginal closing reopened and being discovered, are seen as ways to discourage females from having extramarital sex.

- **Rite of passage into womanhood:** FGM is seen as a rite of passage that adolescent girls must go through in order to transition into womanhood, and a girl cannot be considered an adult until she has been cut.
Prerequisite for marriage: FGM is often viewed as an essential part of raising a girl and preparing her for marriage and adulthood, and those who are cut are thought to have better marriage prospects.

In affected communities, men may refuse to marry a girl or woman who has not undergone FGM, and men who marry a partner who has not been cut risk being subjected to social stigma, exclusion, and ridicule.

In some communities, such as the Maasai, FGM ceremonies have traditionally been held as large community events involving celebrations and feasting. Girls also sometimes receive presents, including money. The outlawing of FGM in Kenya means that it is now commonly carried out in secret to avoid detection and prosecution.

Hygiene and aesthetic justifications: The clitoris is sometimes associated with maleness, while FGM is rooted in notions of femininity, cleanliness, and beauty, and the female genitalia are considered to be “ugly,” “unhygienic,” and “dirty.”

Social pressure: Social pressures to conform, the need to be socially accepted, and the fear of being rejected by the local community are strong motivators for the continuation of FGM. Myths and coercion are used to compel girls, women, and their families to agree to FGM and the “benefits” to individual and community are portrayed as outweighing possible harmful effects.

If a daughter remains uncut and her family is therefore unable to arrange her marriage, she may be cast out without support or means of survival. Alternatively, girls who resist are sometimes cut by force.

Women and girls lack autonomy. As girls are rarely given a choice, have few options available to them, and hold minimal negotiating power or influence within their family and community, many see FGM as a necessary part of life and accept the justifications given for its continuation.

When a girl under the age of 18 is subjected to FGM, it is considered to be a form of child abuse, and the practice violates children’s rights as defined in the United Nations Convention on the Rights of the Child (for details, see 30).

Economic dependence, patriarchal power dynamics, and repression of women’s rights all influence a woman’s acceptance of FGM.

Cultural identity, traditions, and power structures: Pro-FGM advocates argue in support of its continuation on the grounds of religious adherence, and religious and cultural freedom. For some communities, FGM is seen as an integral part of their cultural identity and something that distinguishes them from other non-practicing ethnic groups. Proponents may resist calls to end the practice because they equate it with abandoning the cultural heritage and traditions of their ancestors.

FGM is sometimes upheld by local structures of power and authority—including community leaders, religious leaders, and cutters who carry out FGM. One motivation is because these stakeholders often benefit financially. However, when local leadership is educated about the dangers of FGM and shift in support of abandoning the practice, they can be influential and effective advocates from positive change.

In patriarchal cultures where females lack status, influence, and access to resources, working as a cutter is a way for women to acquire personal, economic and social empowerment, and renouncing it risks losing prestige and income. Grassroots programs aiming to bring an end to FGM need to address this gendered power dynamic.
Religious justifications: Although FGM is not required by either Islam or Christianity, religious adherence is sometimes used to justify and validate the practice. Amongst some Muslim groups, FGM is a rite of purification that enables girls to participate in religious prayers. However, the Quran does not require it.

Religious leaders take varying positions over FGM: some support and promote it, some do not comment, while others clarify that it is not a requirement and advocate for its elimination. Although FGM is associated with some forms of Islamic practice, it predates Islam in Africa.

In my community, women and girls are not allowed to make decisions. If your father or husband decides something is good or bad you must accept it, you have no voice. I was mutilated when I was 12. Shortly after, my father arranged for me to marry a man who was around 40, and I had a baby when I was 13. I cried a lot but there was nobody to help.

When you are cut you are not allowed to complain, you are not allowed to cry, you must bear the pain. Before it happened, I wanted it because if you were not mutilated you would be isolated from society. We were blinded by our parents, now we know what they told us is not true. The most important thing is education, to teach young girls to stand up for their rights, to educate parents and teach the cutters the problems of FGM.

Esta, 61
What age is FGM carried out?

FGM is most commonly performed on girls between infancy and adolescence. However, adult women are also sometime subjected, especially when they marry into FGM-affected communities. A 2020 UNICEF report says: 44 percent are cut between age 10 to 14; 28 percent are age 5 to 9; 24 percent are 15 or over; 1 percent are cut before age 5; and in 3 percent of cases, the age is unknown.

Research has found that in response to the outlawing of FGM, some girls are being cut earlier, including as babies, in order to avoid detection.

On a positive note, the percentage of women who have undergone FGM is declining with age and the proportion of girls in younger generations being cut is reducing, demonstrating declining popularity of the procedure.

The psychological, sexual, reproductive, physical, and aesthetic detriments of FGM are unquantifiable. The distress faced by girls and women lingers way beyond the heinous act has occurred. If FGM is not eliminated we face having a society with not only major reproductive health challenges but severe psychological problems that will hinder a woman being a significant building block in the architecture of her family and society in general.

Dr. Kristina Sule
Consultant Obstetrician, General and Cosmetic Gynecologist and Kenya Obstetrical and Gynaecological Society (KOGs) Sexual and Reproductive Health Rights Committee Member.
UNICEF reports that traditional practitioners perform FGM in 73 percent of cases, medical personnel are responsible for 25 percent, and details are unknown in the remaining 2 percent²¹.

- **Traditional practitioners**: In addition to performing FGM, traditional practitioners often play other critical roles within their communities, including as birth attendants. Most cutters are women, and they are selected based on their standing within their community, clan lineage, and how much they charge for procedure²².

  Traditional practitioners commonly use unsterilized razor blades and knives and girls and women are usually cut without any form of anesthesia and may be sewn with a needle and thread. Infections, excessive bleeding, and other complications are common.

- **Medical professionals**: Medical professionals including doctors, nurses, midwives and clinical officers also subject women and girls to FGM under the false belief that it is safe when performed by healthcare workers. [See page 21 for more details]
Where does FGM happen?

FGM occurs on every continent and is practiced by a range of cultural, religious and socio-economic groups. Whilst most instances of FGM occur in Africa, Asia, and the Middle East, FGM is also practiced in Australasia, Europe, Latin America, New Zealand, and North America.

In Africa, FGM is widely acknowledged to be practiced in:


There have also been media reports and anecdotal evidence of FGM occurring in the Democratic Republic of Congo, Libya, Malawi, South Africa, South Sudan, and Zimbabwe.

Members of affected communities will sometimes cross borders to carry out FGM. A recent study by UNFPA on cross border FGM in East Africa cites that it is one of the strategies used to help ensure FGM is done in secret and without risks of prosecution.
Global prevalence of FGM

According to official UNICEF figures (2020), FGM affects at least 200 million women and girls in 31 countries worldwide. This figure only includes countries where there is available data from large-scale representative surveys, which consist of 27 countries from the African continent (including Kenya), as well as Iraq, Yemen, the Maldives, and Indonesia. It is widely acknowledged that this presents an incomplete picture of this global phenomenon. The current, already worrying numbers are a woeful under-representation since they do not take into account numerous countries where nationwide data on FGM prevalence is not available.

As part of achieving the SDGs, all countries are duty-bound to measure the extent to which FGM occurs amongst their own populations. It is vital that information is both gathered and made publically available. Such data is invaluable in the effort to end this harmful practice because it pushes governments to take action, and provides a baseline from which we can measure the scale and effectiveness of interventions.

The COVID-19 pandemic has put Kenya’s progress towards ending FGM in jeopardy and the government has expressed grave concerns over the rise of recorded cases. School closures introduced to slow the spread of the coronavirus have been accompanied by reports of hundreds of girls subjected to FGM, with some subsequently forcibly being married.

Schools provide a channel via which violation or threats can be reported and action taken. The pandemic shut down this key source of safeguarding, reducing protection for girls and accountability for perpetrators. In addition, FGM response plans were previously based on physical engagement with communities, which quarantine restrictions hampered.

FGM is occurs in every continent apart from Antartica.
Prevalence of FGM in Kenya

In Kenya, 21 percent of girls and women between the ages of 15 and 49 have undergone FGM, according to the most recent Kenya Demographic and Health Survey (2014). However, the practice is almost universal among some communities, such as the Somali. Kenya has considerable cultural and ethnic diversity, and this is reflected in the varying rates of FGM between different ethnic groups, and variations in the types of FGM performed and justifications given.

According to the 2014 Demographic and Health Survey, the prevalence of FGM amongst females between ages 15 to 49 varied considerably in different parts of the country. The North Eastern region had the highest concentration with 97.5 percent; next was Nyanza with 32.4 percent; Rift Valley 26.9 percent; Eastern 26.4 percent; Central 16.5 percent; Coast 10.2 percent; Nairobi 8 percent; and only 0.8 percent in the Western region.

In regards to background characteristics, the highest FGM prevalence rate was found amongst the Somali community with 93.6 percent. This was followed by the Samburu at 86 percent, the Kisii at 84.4 percent, and the Maasai at 77.9 percent. The lowest proportion according to ethnic grouping was among the Luhya at 0.4 percent, and Luo at 0.2 percent.

In regards to prevalence rates amongst religious denominations, 51.1 percent of Muslim women aged 15 to 49 reported having undergone FGM; 21.5 percent of those identifying as Roman Catholic; and 17.9 percent amongst Protestant or other Christian communities.

In rural areas, 25.9 percent of girls and women aged 15 to 49 years had undergone FGM, compared to 13.8 percent in urban areas. Those from low-income households and with lower levels of education were also more at risk.

The next Kenya Demographic and Health Survey is due for release in 2021.
Economic impact of FGM

National healthcare costs: FGM causes immediate and long-term health problems that can require medical attention, including expensive hospital stays. The direct financial expense of treating health complications associated with FGM can impact all ages, and the harm can last a lifetime. This places a significant pressure on Kenya’s healthcare system and an economic burden on the nation’s budget.

Reduced life opportunities for survivors: FGM hinders the economic development of nations by using up vital economic resources, preventing women and girls from reaching their full potential, and entrenching poverty at an individual and community level.

Girls who have undergone FGM are less likely to complete their education. They may have to miss school to recuperate after being cut, and many suffer longer-term medical complications, infections, and pain which impacts their class attendance and can damage their academic performance.

FGM is also often a forerunner to child marriage, which in turn, is accompanied by increased vulnerability to other human rights violations including physical and psychological coercion, domestic abuse, social isolation, and subordination.

Girls are often excluded from decision making regarding the choice of spouse or timing of marriage, and they can face an abrupt and often violent initiation into sexual relations. Those who become pregnant before they are biologically ready are at further risk of harm, including from medical complications such as obstructed labor, post-partum hemorrhaging, and obstetric fistula — all of which FGM increases the risk of.

When a girl becomes a wife she is unlikely to continue her education. This loss of schooling denies girls the opportunity to amass skills required to secure well-paid employment, upon which financial independence and social mobility are built. This deficit is passed onto the next generation and traps families in an intergenerational cycle of poverty.

On the flip side, international studies have found that women with higher levels of education and economic status are more likely to support the discontinuation of FGM, and are less likely to allow their daughters to be subjected to FGM. Education provides access to a range of information, new concepts, and exchanges of ideas, and fosters critical thinking and personal relationships. It also provides the opportunity to learn about social and legal rights, and welfare services.

Education enables women and girls to challenge inequality, advocate for their rights, and articulate calls for change, both within the family and wider community. It also empowers them to make decisions about their own lives, which is key to ending FGM.

““We must understand the politics of FGM in order to accelerate the elimination of this harmful cultural practice because there has to be political goodwill. I also believe that journalists are critical to ending FGM because of the role we play in setting the agenda. These guidelines will go a long way in facilitating responsible journalism on FGM.””

Francis Gachuri - Political Editor, Citizen TV
Cross-border FGM

This refers to the practice of moving girls, women, and cutters across national borders to avoid detection and criminal prosecution for performing FGM.

It often occurs when a country with more stringent anti-FGM legislation borders a country where laws are weaker or poorly applied, and where law enforcement do little to address the problem. Cutters sometimes travel across borders to perform FGM and then return to their own country to avoid prosecution.

Article 21 of Kenya’s Prohibition of FGM Act (2011) prohibits this practice and states that, “A person commits an offence if the person takes another person from Kenya to another country, or arranges for another person to be brought into Kenya from another country, with the intention of having that other person subjected to female genital mutilation.”

Cross-border FGM is common in the West Africa region as well as the East Africa Region, including between Kenya and its neighbors: Ethiopia, Somalia, Tanzania and Uganda. These countries not only share borders but in some areas, the same communities and ethnic groups that have traditionally practiced FGM live on both sides of national boundaries, such as the Maasai, who reside in both Kenya and Tanzania.

In East Africa, only two countries Kenya and Uganda have national laws that address cross border FGM. It is one of the strategies that is used by communities to ensure FGM is done in secret and without risks of prosecution. The absence of strong regional monitoring mechanisms makes it difficult to address the cross-border practice.

In 2016, the East African Community developed the East Africa Community Prohibition of FGM Bill (2016), which defines and calls for prosecution of FGM cross border offences and calls for establishing a sub-regional coordination mechanism and for catalysing efforts to eliminate FGM. Once passed, the bill will obligate the member states to strengthen collaboration and coordination in prosecuting FGM cases.

Member states also adopted a five-year sub-regional action plan to end cross border FGM in Ethiopia, Kenya, Somalia, Tanzania, and Uganda 2019-2024.
Medicalization of FGM

This refers to instances where medical professionals perform FGM. It can be within a hospital setting, clinic, or private home and is performed under the false belief that FGM is safe when conducted by medical professionals.

Since Kenya outlawed FGM in 2011, it has witnessed a steady rise in the medicalization of FGM and is listed among African countries that have a high national prevalence rate of medicalized FGM with rates above 16 percent.32

Kenya’s Prohibition of FGM Act (2011) specifically states:

- A person, including a person undergoing a course of training while under supervision by a medical practitioner or midwife with a view to becoming a medical practitioner or midwife, who performs female genital mutilation on another person commits an offence.

- If in the process of committing FGM, a person causes the death of another, that person shall, on conviction, be liable to imprisonment for life.

Families that opt for medicalized FGM do so because they perceive it to have fewer health risks and a shorter healing time, and the likelihood of it being detected by authorities is reduced because it is performed by health care workers in secret33. This trend towards medicalization is found in both urban and rural areas in Kenya.

Justifications given by medical professionals for performing FGM include that they are respecting the cultural rights of patients and meeting the cultural demands of communities; the risk of medical complications is reduced by carrying out FGM in sanitary conditions; and the “value” of the girl or woman is enhanced34. However, a major motivating factor is the high fees that can be charged, particularly in Kenya where FGM is illegal35.

There is no medical justification for FGM, and when performed in a clinical setting, this violates medical ethics and contravenes the fundamental medical mandate to “do no harm.” Even when FGM is performed in a sterile environment by a health care professional, there is risk of health consequences immediately and later in life. It can also erroneously provide false legitimacy to FGM or give the impression that it is without health consequences, which undermines efforts to eliminate the practice.

Media coverage should make clear that medicalized FGM is a grave human rights violation and should be condemned at local, national and international levels.

FGM in humanitarian crises

Humanitarian crises such as political conflict, insecurity, armed conflict, pandemics and natural disasters put women and girls at increased risk of SGBV including FGM. These situations expose women and girls to increased violence and exacerbate their vulnerability by limiting and restricting access to the existing protective channels. Similarly, the failure to include women in conflict resolution processes compounds these violations further.

For instance, many girls living in Kenya are believed to have been subjected to FGM during the prolonged mass closure of schools that was designed to curb the spread of the COVID-19 pandemic in the country36. It is therefore important for journalists to consider the increased risk of FGM that such crises pose on women and girls.
Having a law that criminalizes FGM is a powerful tool when it comes to eradicating this harmful practice. It communicates that FGM is a human rights violation and defines the obligations that a government has committed to in providing protection and support. It gives a mechanism by which perpetrators can be held to account and punished, and this also functions as a deterrent for others because people are less likely to act if they know there are legal consequences.

A legal framework which clearly states that FGM is unacceptable and unlawful is a necessary component of promoting the cultural, attitudinal and behavioral change required to encourage people at the community level to abandon the practice. It enables women and girls to recognize and assert their human rights, it provides protection for those at risk, and gives survivors the means to access assistance and justice.

In 2011, Kenya passed a law that prohibits FGM and imposes tough penalties on perpetrators, those abetting the practice, and individuals who use abusive or derogatory language with the intent of embarrassing, ridiculing or otherwise harming women and girls who have not undergone FGM, and men who support them.

Although a medical professional filed a constitutional petition challenging the constitutionality of this law in 2017, the Kenya High Court dismissed this petition in 2021 on grounds that it would be detrimental to the rights of women and girls. The Court upheld and validated the constitutionality of this Act.

You will find below a series of key laws against FGM that protect women and girls from the practice that you can reference in your work.

### National anti-FGM frameworks in Kenya


Article 44 (3) prohibits any person from compelling another person to perform, observe or undergo any cultural practice or rite.

Article 53 (d) states that every child has the right to be protected from abuse, neglect, harmful cultural practices, and all forms of violence.

Article 55 (d) calls on the government of Kenya to take measures, including affirmative action programs, to ensure that young people are protected from harmful cultural practices and exploitation.

#### The Prohibition of Female Genital Mutilation Act (2011)

This law criminalizes FGM in Kenya and advocates for various penalties for perpetrators. It led to the establishment of the Anti-FGM Board which is tasked with implementing the Act and designing, supervising, and coordinating public awareness programs against FGM. The Board also advises the Kenyan government on matters related to the elimination of FGM.

The main features include:

- Proscribes all forms of FGM including by medical professionals.
- Provides penalties including imprisonment for performing FGM.
- Not only bans FGM in Kenya but also prohibits cross-border FGM and bars medical care givers from carrying out the practice.
Holds that consent cannot be cited as an excuse for conducting FGM.

Prohibits social stigmatization of women and girls who have not been cut.

Among some of the issues that the Prohibition of Female Genital Mutilation Act, 2011, covers are:

- **Obligations of the State**: Article 27 of the Act clearly spells out the obligations of the State to end FGM by stipulating: “The Government shall take necessary steps within its available resources to— (a) protect women and girls from female genital mutilation; (b) provide support services to victims of female genital mutilation, and (c) undertake public education and sensitize the people of Kenya on the dangers and adverse effects of female genital mutilation”.

- **FGM offence penalties**: Article 29 provides that, “A person who commits an offence under this Act is liable, on conviction, to imprisonment for a term of not less than three years, or to a fine of not less than two hundred thousand shillings, or both”.

- **Performance of FGM by medical personnel or trainees**, Article 19 (2) provides that “if in the process of committing an offence under subsection 19 (1) a person causes the death of another, that person shall, on conviction, be liable to imprisonment for life.”

- **Ridiculing uncut women and girls**, Article 25 provides that: “any person who uses 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, upon conviction, to imprisonment for a term not less than six months, or to a fine of not less than fifty thousand shillings, or both”.

The Children Act (2001)⁴¹

The Children Act prohibits the practice of FGM from being carried out on children by criminalizing and penalizing it (alongside other harmful cultural practices such as child marriage).

Article 14 of the Children Act 2001 provides that: “No person shall subject a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child’s life, health, social welfare, dignity or physical or psychological development.”

The Place of International Law in the Legal System of Kenya⁴²

Article 2(5) and Article 2(6) of the Constitution of Kenya (2010) allow for the general rules of international law and any treaty or convention that is ratified by Kenya to form part of the laws of Kenya.

Several treaties, General Comments/Recommendations of treaty monitoring bodies, and consensus documents explicitly condemn FGM as a human rights violation. Many of the sources of international law that are most frequently referenced regarding ending FGM are listed below.

**International legal frameworks that speak to FGM**

**African Charter on the Rights and Welfare of the Child (ACERWC)⁴³**

ACERWC is a comprehensive instrument adopted by the African Union and sets out rights and defines universal principles and norms for the status of children.

Article 20 calls on States to: “Take all appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child. FGM is internationally recognized as a
violation of the human rights of girls and women, particularly their rights to health, physical integrity and life.”

Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (commonly known as the United Nations Convention against Torture (UNCAT)) 44

UNCAT is an international human rights treaty, under the review of the United Nations, that aims to prevent torture and other acts of cruel, inhuman, or degrading treatment or punishment, including FGM. It calls on each Party to take effective legislative, administrative, judicial or other measures to prevent acts of torture in any territory under its jurisdiction.

Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) 45

CEDAW is an international treaty adopted by the United Nations General Assembly in 1979, and is described as an international bill of rights for women. CEDAW includes legally binding obligations that relate to the elimination of FGM as a form of gender-based discrimination. Kenya has an obligation under CEDAW to take steps to ensure that human rights violations such as FGM (and other harmful cultural practices) are prevented and eliminated by adopting appropriate legislation, alongside other measures and sanctions.

Declaration on the Elimination of Violence against Women 46

The Declaration on the Elimination of Violence Against Women (DEVAW) was adopted by the United Nations General Assembly in 1993, and recognizes “the urgent need for the universal application to women of the rights and principles with regard to equality, security, liberty, integrity and dignity of all human beings.” General Assembly Resolution 48/10420, Article 2 (a) of DEVAW defines FGM as violence against women and urges State Parties to recognize it as such.

International Covenant on Civil and Political Rights (ICCPR) 47

The ICCPR is a multilateral treaty adopted by the United Nations General Assembly in 1966. It commits its parties to respect the civil and political rights of individuals, and reinforces the right to be free from cruel, inhuman and degrading treatment. Given its debilitating effects both physically and psychologically, FGM constitutes cruel, inhuman and degrading treatment devoid of ‘free consent’ under Article 7.

Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (Maputo Protocol) 48

The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (Maputo Protocol) is a binding legal instrument that Kenya ratified in 2010. It explicitly prohibits FGM and compels African states that are party to it - including Kenya - to take all appropriate measures (legislative and otherwise) to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child. This includes legal prohibition (backed by legislative sanctions) of all forms of FGM.

The Protocol specifically prohibits FGM under Article 5, and further recognizes the right of women to live in a positive cultural context in Article 17. It similarly acknowledges FGM as an internationally recognized violation of the human rights of girls and women, particularly their rights to health, physical integrity and life.

Because Kenya ratified the Maputo Protocol, it is obligated to “prohibit and condemn all forms of harmful practices which negatively affect the
human rights of women and which are contrary to recognised international standards."

**Sustainable Development Goals (SDGs)**

The SDGs are a collection of 17 interlinked global goals designed to be a “blueprint to achieve a better and more sustainable future for all”. They were set by the United Nations General Assembly in 2015 and are intended to be achieved by 2030.

The SDGs (outlined in Resolution A/69/15) set Goal 5 to “achieve gender equality and empower all women and girls”, and 5.3 to “eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation”.

FGM hampers the attainment of the SDGs as it affects gender equality; the promotion of maternal health; the fight against HIV/AIDS; eradication of poverty and attainment of universal primary education.

**United Nations Convention on the Rights of the Child (UNCRC or CRC)**

The UNCRC is a legally-binding international agreement setting out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. As FGM primarily affects girls under the age of 18, the issue is integral to the protection of the rights of the girl child. The Convention makes explicit reference to FGM as a harmful traditional practice that is a violation of human rights. It recognizes the role of parents and family in making decisions for children, but the ultimate responsibility for protecting the rights of a child is placed with the government (Article 5) and mandates governments to abolish “traditional practices prejudicial to the health of children.”

**United Nations resolutions on ending FGM**

The United Nations has passed several resolutions on ending FGM. Some of these resolutions include:

- Resolution 44/16 on the elimination of FGM. It was adopted by the UN Human Rights Council on July 17, 2020 and urged States to take “comprehensive, multi-sectoral and rights-based measures to prevent and eliminate FGM.”

- Resolution 67/146 on “intensifying global efforts for the elimination of female genital mutilations”. Its adoption by the United Nations General Assembly in December 2012 demonstrated universal agreement that FGM constitutes a violation of human rights that all countries should address through “all necessary measures, including enacting and enforcing legislation to prohibit FGM and to protect women and girls from this form of violence, and to end impunity”.

- Resolution 54/7 on ending FGM was adopted in 2010 as part of the Commission on the Status of Women. It urges States to condemn FGM and take all measures necessary to protect women and girls from this harmful practice.

- Resolution 52/2 of 2008 further calls on States to allocate sufficient resources towards ending FGM in addition to developing harmonized data collection methods and indicators on all forms of violence against women and girls, including FGM.

- Resolution 51/3 of 2007 urges States to address forced marriage of the girl child.
“When I was cut, I didn’t realize it would be the end of my schooling. It took around two months for me to heal and my mother said she had no money for me to pay for my education so instead I had to take care of the cows. Then my mother told me that because she had no income it was time to get someone to take me as their wife. At first, I didn’t realize but then I made the connection between the two things. Thinking about it still pains me - my mother cut me so I could be married to an old man.”

Caroline, 13

“The media is critical in advancing girls’ and women’s rights and has the potential to revolutionize the goal of ending FGM. This is why the media must exercise responsible journalism that will not only drive discussions aimed at ending this violation but that will also uphold the rights and dignity of the women and girls affected by this practice.”

Dorcus Parit - Executive Director, Hope Beyond Foundation

“For change to happen we all need to take a hard look at ourselves, question existing cultural barriers and include men as allies. Sensitising the next generation of men is important, so that as young boys, they understand and stand against FGM carried out on the girls who are their peers.”

Janet Mbugua - Founder, Inua Dada Foundation, Media Personality and Author

“In June 2020, a young woman died in Pokot Central. She was buried, then something very strange happened; her body was exhumed because she had not been subjected to FGM. A cutter subjected her to FGM in death and then she was reburied. She was violated and humiliated in death; I do not want to imagine the ridicule she faced while she was alive. We must end it and to end it we must be equipped with adequate information.”

Yegon Emmanuel - Independent Journalist
REPORTING ON FGM: THE CRITICAL ROLE OF MEDIA IN ENDING FGM

This section contains practical tips for journalists in accordance with best practices on reporting on FGM and other forms of gender based violence, and the Media Council of Kenya’s Code of Conduct for the Practice of Journalism as incorporated in the Second Schedule of the Media Act 2013.

These tips are guided by gender and human rights principles regarding the role of journalists in shaping opinions, bringing systemic change, amplifying survivor voices, and enhancing state accountability as society’s watchdog.
Setting agendas, shaping public opinion, and holding duty bearers to account

The media helps to determine what topics become the focus of public attention and interest, and it influences what issues are perceived as a priority. The media also directs attention to specific aspects of an issue, providing audiences with information and opinions that people use to understand and form views.

In this way, the media has an essential role to play in holding the government and other duty bearers to account on their obligations to end FGM, and protect women and girls. Media professionals can help reduce the prevalence of FGM in Kenya by opening up discussion and debate, promoting zero tolerance, and showcasing the experiences and insights of survivors and activists.

As the government endeavours to reach its target to end FGM in 2022, and public consciousness aligns, national and local media attention can fulfill its part by:

- increasing public understanding about why and how FGM is a human rights violation;
- shedding light on the nature and scale of the problem, including reporting on violations, and prosecutions of cases;
- driving conversations on the topic and encouraging public engagement;
- giving a public platform to survivors, activists, and those at risk;
- increasing state accountability by putting FGM on the media and political agenda;
- calling for prompt investigations and prosecutions of crimes;
- highlighting the need for women and girls to get support, and access to justice if their rights have been violated;
- showcasing the progress made to abandon FGM in affected communities.
- changing the narrative and telling stories that illustrate that FGM is a human rights violation;
- reporting FGM stories authoritatively, factually and sensitively.
- flagging gaps within Kenya’s legal systems that allow FGM to thrive.
- highlighting the national, regional and international obligations that the government of Kenya has on ending FGM.
- amplifying stories that illustrate the need to ensure that perpetrators are held accountable for FGM.
- conducting in-depth stories that are survivor-centred and that allow them to tell their stories while casting a spotlight on the trends and dynamics of FGM.
- using powerful photographs and ensuring that the identities of survivors are protected.
- amplifying the voices of stakeholders supporting the anti FGM movement on the ground.

FGM is a violation of the human rights of women and girls and impacts negatively on their sexual and reproductive health. If we are to change attitudes and behaviours to end this harmful practice, we must work hand in hand with the messenger - the fourth estate. If we don’t speak the same language within our medical facilities, communities and newsrooms, interventions to end it will be ineffective.

Professor Guyo Waqo Jaldesa - Associate Professor of Obstetrics and Gynaecology and Kenya Obstetrical and Gynaecological Society (KOGs)
Do No Harm

The principles of Do No Harm call on journalists not to “cause damage or bring suffering” to those who have been affected by FGM or slight the culture of practising communities through their media reports. How journalists use photographs, headlines and words to frame and weave together a story on FGM has an impact on how that information is processed and interpreted by audiences. For example, a headline reading “Cut women more fertile, don't demand sex — Doctor,” misleads audiences and validates the practice to some extent. Such a headline affirms the misconceived notion that FGM promotes fertility at first glance.

Media practitioners are therefore advised to promote messages that advance the need to protect women and girls from FGM by reminding audiences of the consequences of the violation and grounding their reports on it being a human rights violation. Journalists should put survivors of FGM at the heart of their stories and consider the following Dos and Don’ts.

**Do’s and don’ts of reporting on FGM**

<table>
<thead>
<tr>
<th>Do’s:</th>
<th>Don’ts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Do always frame FGM as a human rights issue, and a form of gender-based violence, and child abuse. Remember that some vernacular terms glorify FGM while ridiculing women and girls who are uncut.</td>
<td>✗ Don’t sideline FGM as a “women’s issue”. The effects of FGM are wide reaching and impact everyone within affected communities, alongside having significant ramifications for the country as a whole.</td>
</tr>
<tr>
<td>✔ Do portray all types of FGM as harmful, and challenge cultural assumptions that portray FGM as necessary or the norm.</td>
<td>✗ Don’t depict FGM as an individual woman or girl’s choice, or place the blame on them.</td>
</tr>
<tr>
<td>✔ Do challenge harmful stereotypes, misinformation, and disinformation. If for instance you are hosting a talk show and a caller says that uncut women are unclean, challenge this assertion and correct the misconception. Challenge misinformation whenever it occurs</td>
<td>✗ Don’t frame FGM within the context of cultural relativism. Avoid justifying FGM as having value by virtue of it being a tradition that has been practiced over a long period of time, and although viewed as wrong by western standards, it is permissible according to the values of communities that practice FGM.</td>
</tr>
<tr>
<td>✔ Don’t promote a hierarchy within FGM, with Type III being portrayed as the most harmful, thereby minimizing the pain and the trauma caused by other Types of FGM.</td>
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### Do's:

**Using the right terminology**

- **Do** use the term Female Genital Mutilation/FGM as this is the internationally agreed upon description. You can also use the term ‘ukeketaji’ while using Kiswahili to report on FGM.

- **Do** use accurate language when reporting on FGM and avoid euphemisms and clichés. Challenge these whenever interviewees use them. For instance, avoid statements such as ‘walimtengeza’ when making reference to FGM.

- **Do** use the term “affected communities” instead of “practicing communities” because it incorporates those who support the abandonment of FGM.

### Don’ts:

- **Don’t** use the term “circumcision” when you describe or refer to FGM as it incorrectly implies a parallel between FGM and male circumcision.

- **Don’t** use specific terms, such as “infibulation”, to refer to all forms of FGM.

- **Journalists should be aware of vernacular terms that glorify FGM while ridiculing women and girls who are uncut. Journalists are advised to use the term ‘FGM’ while reporting in English or vernacular languages or ‘ukeketaji’ while reporting in Kiswahili. Below are some vernacular words that are used to mock uncut women and girls and their meanings:**

  - **Chemnyakorya, chepchawurai or monung** – which are used by the Pokot community to ridicule girls and women who have not undergone FGM meaning coward, ‘the one with the clitoris’ or childish.

  - **Entito** – which is used by the Maasai community to ridicule girls and women who are uncut and are therefore still a child.

  - **Egesagane** – which is used by the Kisii community to scorn girls and women who are uncut. It implies that one is still a child because they have not undergone FGM.

  - **Msagane** – which is a derogatory term that is used to ridicule uncut girls or women in the Kuria community and means someone who is dirty or childish.

  - **Mukenyeye** – which is used by the Meru community to ridicule or scorn girls and women who have not undergone FGM. It implies that they are not ‘complete.’

  - **Sharmut** – a derogatory term that is also used by the Borana and Gabra communities and given to women who are uncut. It means dirty, unclean or ill-behaved women or girls.

  - **Wokhi** – a derogatory term that is used by the Borana and Gabra communities to refer to uncut girls. It means dirty and unworthy.
### Do's:

Be accurate, factual and include survivor voices

- **Do** ensure stories are well researched, accurate, and fact checked. This is particularly important as FGM is a crime and reporting on FGM cases has legal implications.
- **Do** make a clear distinction between opinion and fact.
- **Do** avoid ‘single source’ journalism and add authority to your reporting by featuring a range of sources. Use the expertise of activists and experts to set the agenda about how to better hold duty bearers to account in order to end FGM.
- **Do** feature relevant, accessible and in-depth information which enables the general public to gain a better understanding about FGM, and equip them to voice their concerns, and hold duty bearers to account. Include useful links to sources for editorial featured online.
- **Do** help to increase public understanding about FGM by including comments from survivors, experts, activists, and duty-bearers such as politicians, community leaders, and law enforcement.
- **Do** build relationships and network with activists and civil society organizations, who are a good source of information, newsworthy stories, and expert comment. They can assist with access to communities with high prevalence rates, and arrange interviews with survivors. Collaborating on awareness raising campaigns.
- **Do** forge links with the police and other law enforcement officials who can assist with reporting on stories when there are potential safety concerns for media professionals who might encounter hostility in affected communities.
- **Do** include reliable data and statistics in your reporting, and reference the source material. This type of information fosters a culture of transparency and accountability; helps increase public understanding; can be used to hold duty bearers to account and highlight both gaps and advancements in the protection of women and girls.
- **Do** feature data and statistics in ways that audiences can relate to. For example, in some communities in Kenya, nine out of 10 girls and women have been subjected to the cut. Media personnel can get credible data from the organizations listed in the directory section of this toolkit.

### Don'ts:

- **Don’t** focus just on the physical aspects of the procedure, or include salacious or graphic details, images, or insensitive comments that compromise the dignity of women and girls.
- **Don’t** assume that everyone in a community where FGM occurs holds the same views about the practice.
- **Don’t** expose individuals who you feature to the risk of reprisals.
- **Don’t** oversimplify complex issues, or promote superficial solutions.
- **Don’t** reinforce harmful gender, cultural, ethnic or religious stereotypes and misunderstandings.
- **Don’t** use sensational or misleading headlines. Emotive headlines capture public attention and can add to the commercial value of a news article by attracting more people to read a story or click on a link. However, this must be weighed up against the possible damage that harmful headlines may cause with respect to public reactions to FGM, and to the individuals and communities being reported about.
Do’s:

Photography & filming

✓ Do get informed consent and a signed release form granting permission for an individual to be quoted in a story and have their image featured publicly.

✓ Do prioritize the safety and best interests of survivors and featured community members when taking photographs or filming for the media. The purpose of taking photographs should be clearly explained and images should uphold the dignity of the survivor.

✓ Do use images that illustrate a general situation, rather than a specific incident of FGM.

✓ Do make it clear when using stock photographs or footage that the persons featured are not the same as those being reported on.

✓ Do be careful when using pixelated images, scrambling voices, or other forms of anonymous shots that it is not possible for people to potentially be able to identify the featured individual.

Don’ts:

✗ Don’t photograph or film survivors without their informed consent.

✗ Don’t feature survivors under 18 years of age face-to-camera. Children who have undergone FGM should always be anonymous as they are too young to consent to being identified.

✗ Don’t feature anything that could give away the identity of a survivor or other featured individuals if they want to remain anonymous. For example, a shot that identifies the name of a school could be used to locate a child.

✗ Don’t use graphic or gory images that feature blood, rusty blades, or individuals undergoing FGM. This type of content can re-traumatize survivors, alienate community members, and stigmatize groups that perform FGM.

If pictures are taken by photographers, it is important to obtain written consent from the survivor and to stay in contact with photographers to review and select images, clarify any information, and discuss possible uses.
I was selected to work as a cutter by the older women because I was seen as being bold. Our community valued the cutters, especially the ones who did the cutting well and the girls did not get sick afterwards. Thanks to training, I have stopped cutting and have come to hate FGM. Now, when we meet as women I talk about the consequences. I use whatever opportunities I have to give out the message that many dangerous things can happen - girls do not heal quickly; some girls who are not cut properly have problems giving birth; there can be lots of bleeding; they may have to be rushed to hospital and could die or lose their baby.

Martha, 59, ex-cutter

Do’s:

And do play your part in helping to change hearts and minds

✓ Do report on the legal consequences of FGM, and cover stories about offenders who are being held to account by Kenya’s criminal justice system.

✓ Do raise awareness about how and where women and girls can access help if they are at risk of FGM or need assistance after being cut.

✓ Do tell success stories — such as about women and girls who abandon FGM and stories of female empowerment that demonstrate how positive change is possible and FGM prevalence in Kenya is declining.

✓ Do include solutions in stories to promote a better understanding within communities where FGM is prevalent about what remedies are available.
Informed consent:

‘Informed consent’ is when a person freely consents to being featured in a media item, and they fully understand the consequences of their decision to appear, have agreed with the way they will be portrayed, and where the content will appear.

Informed consent is not possible when agreement is obtained through deception, misinterpretation or if the survivor’s right to decline the interview is limited.

Journalists must obtain written or filmed oral consent from interviewees.

Informed consent allows interviewees to withdraw from the interview and also offers them a chance to register any discomfort they may have regarding the interview process. In instances when an interviewee cannot read or write, the consent form should be read to them and explained to ensure they understand what is contained and what they are being asked to agree to.

Securing informed consent entails:

- Ensuring interviewees understand the implications of having their comments, story, or image featured in the media.
- Being transparent with interviewees and providing appropriate information about the potential benefits and risks so they are able to make an informed decision about giving their consent. They should understand the objective of the media item, why you are speaking to them, and how their comments or story might be used.
- Informing individuals about the potential consequences and risks of appearing in the media, including the possibility of experiencing backlash from community members.
- Being mindful about what potential repercussions people might face as a consequence of speaking out against FGM, or sharing their stories publically.
- Discussing what level of identification they would be comfortable with. For instance, what pseudonym would they like?
- Agreeing on what information they want to remain confidential, and what are they comfortable with being shared publicly. Being clear and reaching agreement about what is on and off the record.
- Being mindful of what is in someone’s best interest.
- Weighing up the public’s right to know against the individual’s right to privacy. Respecting the privacy of both FGM survivors and bereaved families if they have not given consent.
Anonymity:

Journalists should ensure that they do not publish any information that would reveal the identity of their interviewees if anonymity is requested. Journalists should always protect their sources and ensure that their safety is upheld. Use anonymous names and make sure that private details about their lives are not revealed.

Be wary of ‘jigsaw identification’ when granting anonymity. This happens where audiences work out the identity of a survivor or victim based on individual pieces of information provided in media reports (such as location and clothing).

Interviewing minors:

In addition to the guidelines above, these additional recommendations when dealing with minors under the age of 18:

- Obtain informed consent from a parent or guardian.
- Explain to the child and trusted adult why you would like to feature them, how you would like to use the content, and where it will appear.
- The parent, guardian or other responsible adult must be present at all times during the interview. Never be left alone with a minor.
- In stories featuring children, avoid giving specific details about location, school or club names. Use names of larger towns or counties instead.

Interviewing vulnerable adults:

This includes any person aged 18 years or over who is in need of assistance due to age, illness or a mental or physical disability, or unable to take care of themself, or unable to protect themself against significant harm or exploitation. Consider their ability to understand what is being asked of them. Don’t have unaccompanied access to vulnerable people.

“Why am I in the forefront to end FGM? Because it exists in our communities. The rising cases of vacation cutting - where families living abroad bring their daughters back home to be subjected to the cut, is catastrophic. If there something we can do as journalists, is to contribute to change - to end FGM.”

Ali Manzu, anchor and journalist KTN.
GLOSSARY OF TERMS ASSOCIATED WITH FGM

Alternative Rites of Passage (ARP): This is when girls are able to celebrate their transition to womanhood, experience ceremonies with their peers, and learn about their cultural and community values—without being cut. ARPs have been successful in contexts where FGM is part of initiation practices, when accompanied by community awareness raising, and when girls are supported to continue their education.

Clitoridectomy: Also referred to as Type I FGM, it involves the partial or total removal of the external part of the clitoris and/or its prepuce (clitoral hood).

Cross-border FGM: This refers to the practice of moving girls, women, and cutters across national borders to avoid detection and criminal prosecution for performing FGM.

Cutter: A person who performs FGM.

Cutting season: A period—often during school holidays—when girls are subjected to FGM en masse.

Deinfibulation: The practice of cutting open the sealed vaginal opening of a woman who has gone through FGM and had her vaginal opening sealed (infibulation). Deinfibulation is often performed to improve the health and wellbeing of FGM survivors in order to allow intercourse or to facilitate childbirth.
Excision: Also referred to as Type II FGM. It involves the partial or total removal of the clitoris and the inner labia, or inner skin folds surrounding the vagina, with or without excision of the outer labia (the labia are skin folds that surround the opening of the vagina).

Female genital cutting/FGC: An alternative term used to describe FGM. The term “cutting” is viewed as less judgmental and value-laden than mutilation, and some think it is more effective for engaging groups in dialog around ending the practice.

FGM survivor: A girl or a woman who has been subjected to FGM.

FGM victim: A girl or a woman who has died as a result of medical complications arising from FGM.

Harmful cultural practice: According to UNICEF, a harmful cultural practice is a discriminatory practice committed regularly over such long periods of time that communities begin to consider it acceptable. It may have become culturally normalized. FGM is a harmful practice.

Human rights: Defined as rights, standards or principles that are inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination.

Human rights violation: Refers to various forms of human rights abuses. FGM has been defined as a form of violence and discrimination against girls and women, so is a human rights violation.

Infibulation: Also known as Type III FGM or pharaonic type. The procedure consists of narrowing the vaginal opening with creation of a covering seal by cutting and repositioning the labia minora and/or labia majora, with or without removal of the external part of clitoris. The edges of the wound are stitched or otherwise held together for a period of time (for example, girls’ legs are bound together), to create the covering seal. Only a small opening is left for urine and menstrual blood to exit. Often, infibulated women are cut open on their first night of marriage for sexual intercourse. Many women also have to be cut again for childbirth because the vaginal opening is too small to allow for a baby to pass through.

Medicalized FGM: Instances where medical caregivers perform FGM. This can be in a hospital setting, clinic, or private homes.

Perpetrator: An individual who carries out, aids, abets, counsels or procures FGM as stipulated in Article 20 of the Anti-FGM Act.

Social norm: A standard of behavior that members of a community are expected to follow and are motivated to adhere to through a set of rewards and sanctions. Kenya’s Anti-FGM law underscores the social norms associated with FGM where social pressure is exerted on girls and women. It is important to note that the social and economic pressures to undergo FGM do not negate the violation of human rights or violence inherent within the practice.

Vacation cutting: A phrase commonly used to describe the practice of bringing a girl from overseas to her family’s country of origin during school holidays to be subjected to FGM.
RESOURCES

1st National Conference to End FGM Report. This report by the Anti-FGM Board, Kenya, was published in 2018 following the country’s first national conference on FGM. It highlights commitments made by various stakeholders at the time. It is available here: http://www.antifgmboard.go.ke/download/1st-national-conference-to-end-fgm-report/


Conclusions and Resolutions on Violence Against Women. Published by UN Women and available here: https://www.un.org/womenwatch/daw/vaw/v-esc-csw.htm


Female Genital Mutilation/Cutting: A call for a global response. This report by Equality Now, End FGM European Network and the US End FGM/C Network covers the presence of FGM/C in over 90 countries including Kenya. Available here: https://www.equalitynow.org/fgmc_a_call_for_a_global_response_report

FGM Cost Calculator by WHO. Provides the current and projected financial healthcare costs associated with FGM. Available here: https://www.who.int/westernpacific/news/q-a-detail/fgm-cost-calculator


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<th>Name of organization</th>
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About the Anti FGM Board: The Anti-Female Genital Mutilation Board is a semi-autonomous government agency that was established in December 2013 following the enactment of the Prohibition of Female Genital Mutilation Act, 2011 in Kenya. The board’s mission is to uphold the dignity and empowerment of girls and women in Kenya through the coordination of initiatives, awareness creation, and advocacy against FGM.

www.antifgmboard.go.ke/background

About Equality Now: Founded in 1992, Equality Now is an international human rights organization that works to protect and promote the rights of all women and girls around the world. Our campaigns are centered on four program areas: Legal Equality, End Sexual Violence, End Harmful Practices, and End Sex Trafficking, with a cross-cutting focus on the unique needs of adolescent girls.

Equality Now combines grassroots activism with international, regional and national legal advocacy to achieve legal and systemic change to benefit all women and girls, and works to ensure that governments enact and enforce laws and policies that uphold their rights. As a global organization, Equality Now has offices in the USA (New York), Africa (Nairobi), Europe (London), and MENA (Beirut), and partners and members all around the world.

For more information: equalitynow.org

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Endnotes

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Reporting on Female Genital Mutilation

A TOOLKIT FOR JOURNALISTS AND EDITORS

If you would like any additional information regarding how to best report on FGM or to arrange a media interview please contact us at press@equalitynow.org