Technology - and community - empowered programming to eliminate FGM:

PROMISING FINDINGS FROM A PROGRAM IN KURIA, KENYA

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BACKGROUND

Female genital mutilation (FGM), the intentional altering or injuring of the female genitals for non-medical reasons, has been performed on more than 200 million women and girls worldwide (UNICEF, 2016). In western Kenya, 30 to 69 percent of girls and women have undergone FGM (UNICEF, 2020). In some communities, FGM is a prerequisite to marriage. School-aged girls who are cut generally leave school when married, truncating their education and reducing their chances for socioeconomic improvement. By reducing FGM, we may be able to also reduce childhood marriage and reduce poverty associated with the practice.

Despite Kenya's national policy and intervention leadership in East Africa to curb FGM, barriers to its elimination, such as cultural practices among parents, have not been successfully addressed for remote ("last mile") communities. Community-based advocacy and education to eliminate FGM is needed to improve knowledge that FGM causes physical and psychological harm, and to educate community members that it is neither mandated nor endorsed in Islam or other local religions. However, studies show that improved knowledge alone is not sufficient to eliminate FGM at the community level (Waigwa 2018, Denison 2009). Similarly, targeted interventions to prevent individual girls from being cut may provide short-term protection to that girl, but such programming may be too costly over the course of her adolescence and may not provide her with lifelong advantages if there is still a community expectation that marriageable girls and young women have been circumcised. Therefore, effective elimination of FGM requires a combination approach to interrupt the community-level cycle of expectation and individual-level FGM among school-age girls.

PROGRAM DESCRIPTION

LastMile4D staff conducted a novel pilot program that combined three main components: 1) education to motivate targeted communities to eradicate FGM, 2) periodic, real-time monitoring by trained field workers of a cohort of schoolgirls at risk of FGM, and 3) crisis intervention including a hotline, law enforcement point of contact and alternate housing for girls who were facing imminent cutting. LastMile4D staff developed education modules focused on the short- and long-term effects of FGM and rolled them out to the communities. The educational material covered myths and truths about FGM, the physical and psychological harms of FGM, national and international laws prohibiting FGM and the role of government in keeping girls safe. The program also focused on developing new rites of passage for the girls. LastMile4D staff hosted several educational forums with community members from key constituencies, including tribal and religious leaders, law enforcement, heads of schools, parents, girls and boys. These meetings were intended to open channels of communication, educate individuals on the drawbacks of FGM, get buy-in from the community and allow them to create a plan to eliminate FGM from the region. LastMile4D staff organized a central hotline to alert the police and community members to girls at imminent risk of cutting. As

part of this effort, LastMile4D staff broadcast a series of STOP FGM radio ads in the local Kuria dialect. In June and July of 2019, a total of 1,096 girls between the ages of 9 and 17 years were contacted for participation in this program. During the initial program period, outreach organizers held a series of community workshops in villages and towns reaching greater than 4,400 stakeholders with FGM eradication messages. For those girls not able to return home due to risk of being cut, emergency shelter, including room and board, was secured. Field workers continued to canvas the region, checking on the girls who reported being frightened about the prospects of being cut. They received anecdotal reports of an uptick in the incidence of FGM and early marriage with women circumcisers moving more easily, earlier, and faster among the villages that practice FGM. The cutting "season" that ordinarily begins mid-November had instead started in September 2020 as a result of COVID-19. Eight hundred ninety-six of the girls met at home or school during this lockdown period reported they were safe and knew what to do in case their situation changed. However, LastMile4D staff learned that the other 104 girls in the outreach program needed some form of intervention. In response and in collaboration with authorities, LastMile4D staff created a shelter in a boarding school, where girls in imminent danger of being cut were housed and fed. As word spread that LastMile4D staff had set up a rescue camp, girls arrived from villages and towns where LastMile4D staff had conducted community meetings.

PROGRAM MONITORING AND EVALUATION

LastMile4D staff trained field workers on data collection techniques and used LastMile4D's VPack Technology, a proprietary secure online platform. VPack includes a mobile solar-powered backpack, laptop and software that allows users to gather and transmit information immediately. This capability enabled field workers to monitor girls in a variety of settings, particularly during COVID-19 (e.g. school, home). Field workers asked a series of monitoring questions of 1,090 schoolgirls ages 9-17 years enrolled in ten schools in Kuria. This facilitated centralized contact and oversight by outreach workers and school faculty.

Consistently high confidence she will not be cut in the near term

Low/wavering confidence that she will not be cut in the near term

Has already experienced FGM

Program monitoring information was collected three times in 2020, using the same basic forms, with additional questions around the impact of COVID-19 added to the last two timepoints.

The International Center for Research on Women (ICRW) researchers conducted preliminary analyses of monitoring and evaluation data from the project. Girls were categorized using a series of questions to determine their level of risk of near-term FGM using data from the three timepoints ("green" girls had high confidence at all three timepoints that they would not be cut anytime soon; "red" girls expressed fear of being cut soon in one or more of the three timepoints; "white" girls had already undergone FGM before the program began). Girls' responses to baseline questions on FGM knowledge and ability to avoid FGM (e.g., how to be safe) were compared across the three risk groups using chi-square tests. Generalized estimating equations (GEE) with robust variance were used to create models of the likelihood of knowledge, confidence, and ability over the course of the program, and comparisons were between the red and green group girls. In these models, researchers controlled for demographic factors including age, which school the girl attended, whether she was abused at home, and whether she had a sister who had been cut.

RESULTS

In the first program meetings, community attendees reported that FGM did not occur in their region and that it was not a concern. However, nearly 9% (95/1096) of the girls in the program had already been cut, and of the remainder 60% (599/1001), feared they would be cut. This information surprised community groups, including key stakeholders, and energized them to take action. Parents, government officials and opinion leaders signed declaration forms stating their opposition to FGM. Of the over 4,000 parents reached by the FGM eradication campaign, 97% signed declaration forms not to cut their daughters, and 92% of parents agreed to act as advocates for eradication of FGM in their communities.

Most of the girls seeking refuge at the boarding school came alone (64%, 67/104). Eighteen percent (18/104) of girls were brought by a mother or aunt, 13% (14/104) by other girls, and 5% (5/104) by a grandparent. All stated that their reason for coming to the shelter was to escape FGM cutting by relatives or neighbors. In an unforeseen development, another 36 girls, not part of our cohort, were brought to the rescue camp by parents, the police and the Kuria Children's Department.

Over the course of the program, no participating girls experienced FGM. Table 1 shows that the monitoring questions used to determine which girls were most at risk for FGM were effective. On average, the girls who had already been cut ("white") were about two years older than the uncut girls. Girls in the red group had lower knowledge about FGM, did not know what to do to be safe, and were more likely to have a sister who had previously been cut than did girls in the green group.

Table 1: Description of 1,090 participating girls ages 9-16

	Green (241)	Red (756)	White (93)	p
Average Age (Standard deviation)	12.5 (1.6)	12.4 (1.6)	14.3 (1.4)	<0.001
Do you know about FGM?	222 (92.1%)	669 (88.5%)	93 (100%)	0.001
Have you heard information about FGM on the radio?	192 (79.7%)	621 (82.1%)	87 (93.6%)	0.010
Do you know FGM is illegal?	220 (91.2%)	655 (86.6%)	79 (85.0%)	0.121
Do you have a sister that has been cut?	28 (11.6%)	304 (40.2%)	60 (64.5%)	<0.001
Do you know what to do to be safe?	180 (74.7%)	216 (28.6%)	--	<0.001
Do you want us to intervene on your behalf?	92 (38.2%)	668 (88.4%)	--	<0.001

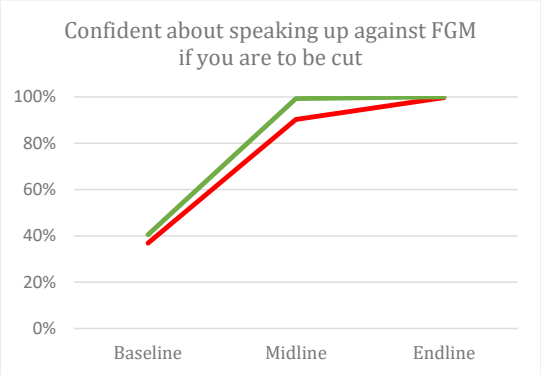
In the longitudinal models that controlled for individual factors, girls who were in the red group were about half as likely to report that they were confident in speaking up about FGM if they were to be cut than the girls who were in the green group (see Table 2). Girls in the green group were four times more likely to believe they could convince their parents not to cut them than girls in the red group, and were over twice as likely to believe that they knew what to do to avoid FGM if they couldn't convince their parents not to cut them. By the end of the study, almost all of the girls reported confidence across these three main empowerment outcomes.

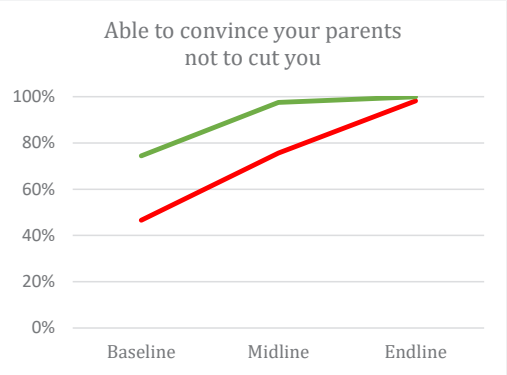
Table 2: Odds ratios of attitudes at endline of high-risk girls ("red") vs low-risk girls ("green")

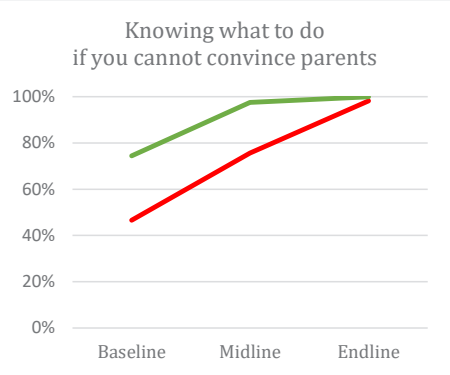
	Crude odds ratio	p	Adjusted odds ratio*	p
Confident about speaking up against FGM if you are to be cut	0.249 (0.189, 0.329)	<0.001	0.489 (0.370, 0.645)	<0.001
Able to convince your parents not to cut you	0.200 (0.151, 0.263)	<0.001	0.260 (0.199, 0.341)	<0.001
Knowing what to do if you cannot convince parents	0.282 (0.219, 0.364)	<0.001	0.436 (0.456, 0.727)	<0.001

**adjusted for age (continuous), school (10 schools), if a sister had been cut, confidence that she would not be cut soon at endline (4 categories from not confident to very confident), whether she is experiencing any form of abuse at home, and "Do you know what to do to be safe?". This table reports odds ratios, or likelihood, that girls in the red group reported that they were confident about each of the three empowerment objectives versus girls in the green group while accounting for each girl's answers to the questions at previous time points.*

Figures: Percentage of girls reporting confidence with the three key outcomes at each data collection point (point prevalence)







CONCLUSION

Results from this pilot program indicate that it is a promising way to identify girls at risk for FGM and mitigate the risk. This pilot program demonstrated the strength of merging technology, community-centered programs, constant outreach and monitoring and evaluation to eliminate FGM. LastMile4D staff found that efficient data collection using VPack, coupled with constant contact with girls at-risk of FGM, allowed for intervention at critical points. Sheltering girls during the season when FGM risk is the highest delayed their exposure to FGM; this likely allowed most girls who otherwise would have been cut to remain in school for another year. The promising results from this FGM program indicate that community engaged FGM programs with real-time monitoring benefit young girls and should be replicated elsewhere.

ACKNOWLEDGEMENTS

The authors would like to thank the dedicated staff of ChildsLife Kenya, GOCESO Women Network along with all the Field Officers.

FUNDING SOURCES

The work in Kenya was supported by the Grand Challenges Canada, funding number ST-POC-1908-25909 to the ChildsLife Kenya: subawarded to Last Mile4D.

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Suggested Citation: Harrison M, Frech S, Hassanzadegan M, Kuodi P, Anderson EJ, Marlow H, Izugbara C. Technology- and community-powered programming to eliminate FGM: promising findings from a program in Kuria, Kenya. Washington, D.C.: LastMile4D.

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Brief design by: Studio98.nl