



Working with refugees to change the harmful practice of FGC: Findings from operations research in Dadaab, Kenya

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# Acknowledgements

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- Saida Ali, FGC Project Officer, Refugee Assistance Program, CARE-Kenya
- Jane Chege, Frontiers Program Associate, Population Council, South Africa

# Why CARE got involved

- 1998 CARE regional conference on maternal mortality led to country level staff interest and eventual development of project
- Experiences from PLA applications in RH - FGC a big women's issue in Sudan, Somalia
- Epidemiology / DHS modules
- Rights and gender & diversity movement in CARE
- Anecdotal evidence in some refugee camps that FGC was being adopted by new ethnic groups

# Financial support from various sources

- CARE 'Net Assets' Africa Fund
- USAID-Washington / Special Initiatives
- Population Council / Frontiers Program
- Private individual donors to CARE

# Improving impact & sustainability through partnerships

- Population Council Frontiers Program
- PATH
- National Council of Churches of Kenya
- Collaborating service agencies in Dadaab-  
MSF, UNHCR (Kenya)

# Project areas and people reached

Operating in semi-arid, rural communities in:

- Ethiopia - Afar people - isolated, pastoralist communities
- Kenya - Somali people - long-standing refugee camp community
- Sudan - Northern Arabic people - remote, mostly sedentary communities

Islam is the universal religion

Infibulation is almost universally practiced

Very strong association of FC with Islam

# PROJECT ACTIVITIES

## Pre-FGC component

RH / PHC projects with

- Community health education outreach using volunteer network
- Work/coordination with community leaders
- Limited RH clinical interventions
- In inter-agency partnerships – NCKK and the MOH /MSF/B

## *Additional FGC activities integrated into projects*

- Expanded education outreach to include social, rights issues
- Community debate and discussion
- Community-level advocacy with religious/other leaders
- Expanded clinical interventions
- Support for community-led actions combating FGC

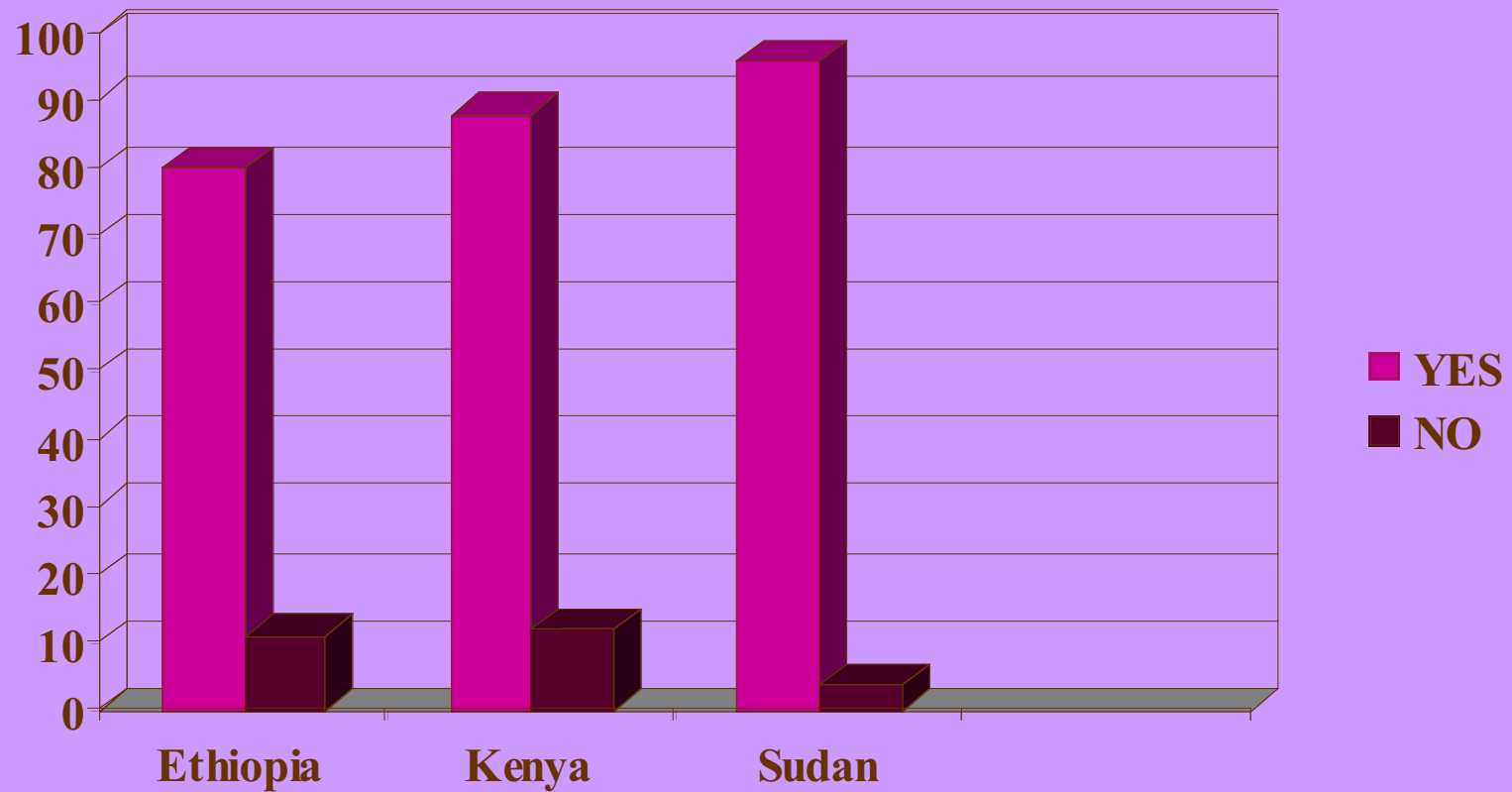
# Operations research component

- 18-month intervention period
- Semi-experimental research design, testing strategies to incorporate FGC interventions into existing community-based health/RH projects
- Qualitative, participatory analyses of FGC practices, social context, rights
- Population-based studies to measure levels of existing knowledge, attitudes & beliefs, practice of FGC, health, social & human rights aspects

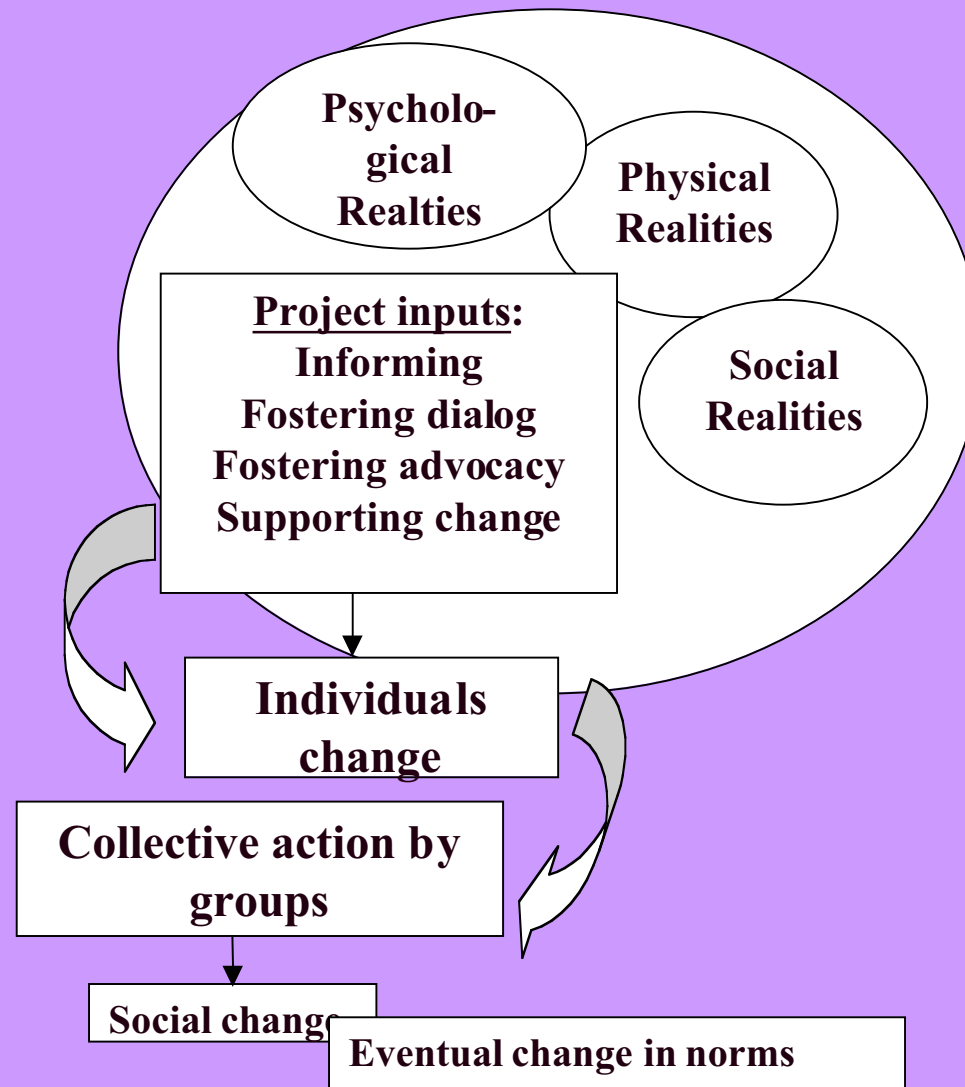
## Baseline findings from focus group discussions & PLA exercises (2001)

- Mothers influential in FC decisions
- No public ceremonies occur, a family affair
- Religious leaders divided on requirement of FC
- Men and women consider each other as important reason for continuing practice
- Community norm is already changing
- Relation of rights and FGC very rarely mentioned
- Some people were against the practice; those who speak against FGC fear community reprisals

# Baseline Survey Findings: Intent To Cut



# Project's Operational Framework

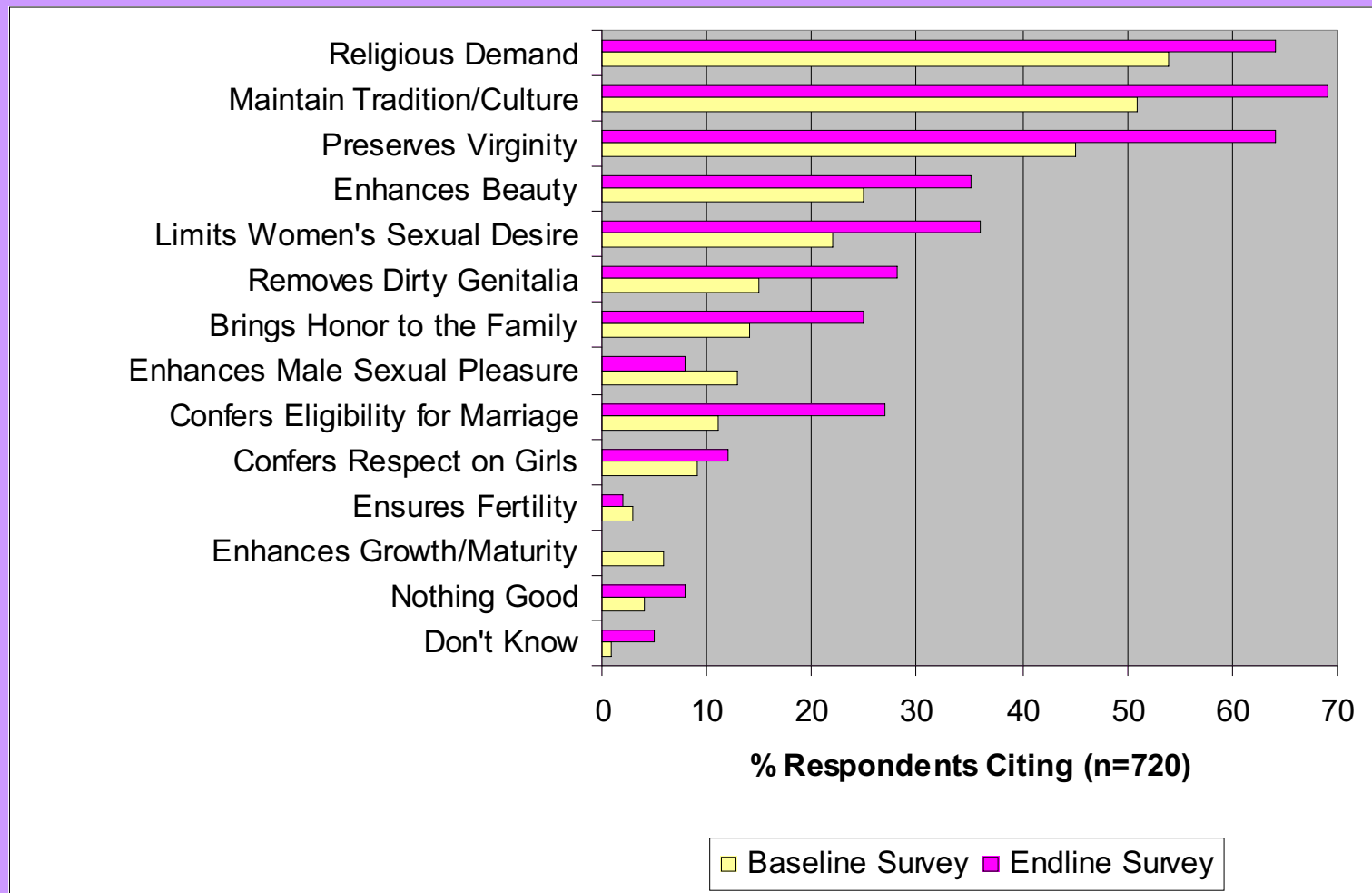


*Project approach has been open-ended  
and reflective in nature -WHY?*

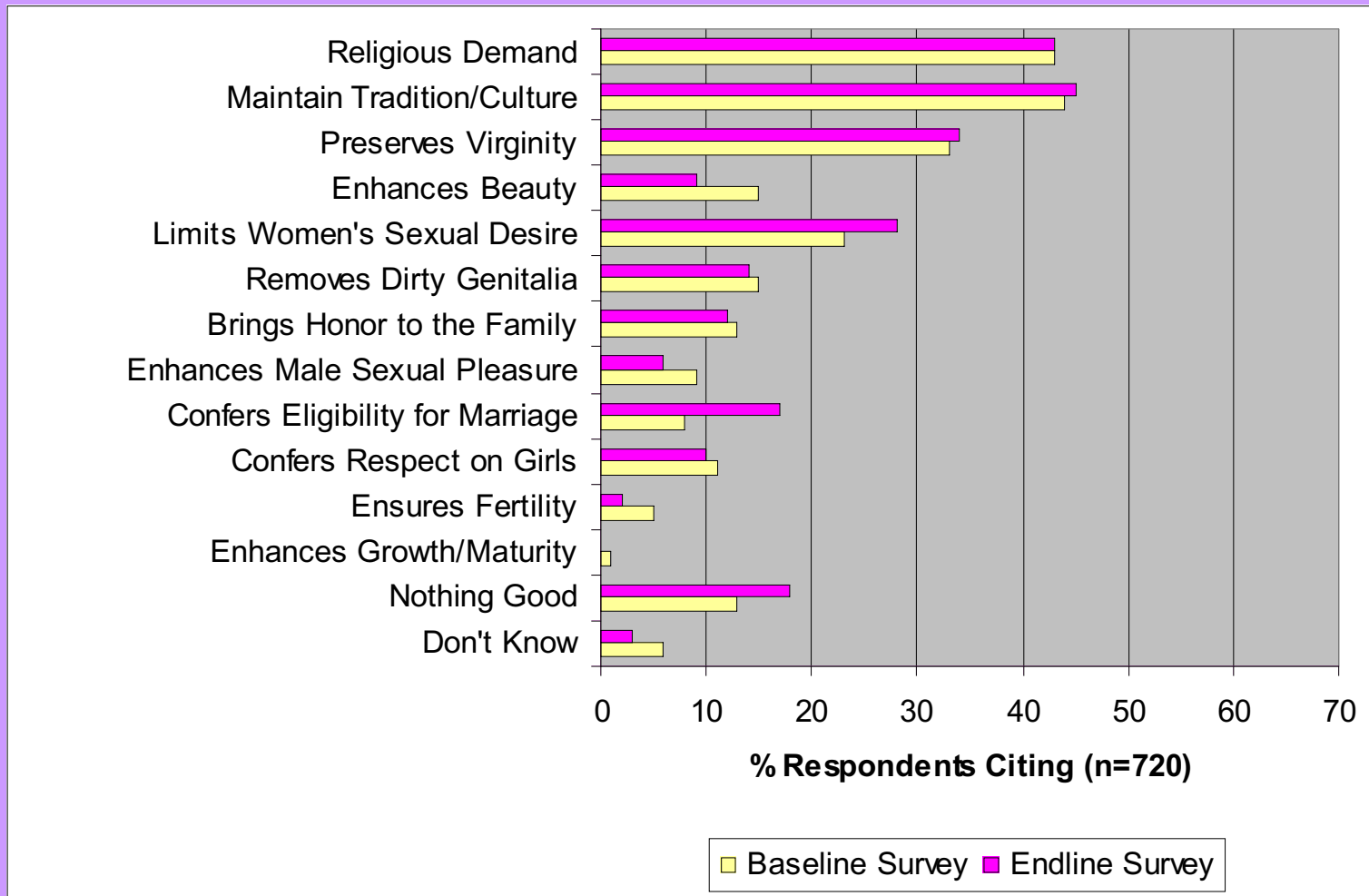
*Community cohesion...social safety networks...the  
need to reaffirm & respect ones role in society..the  
community's decision.*



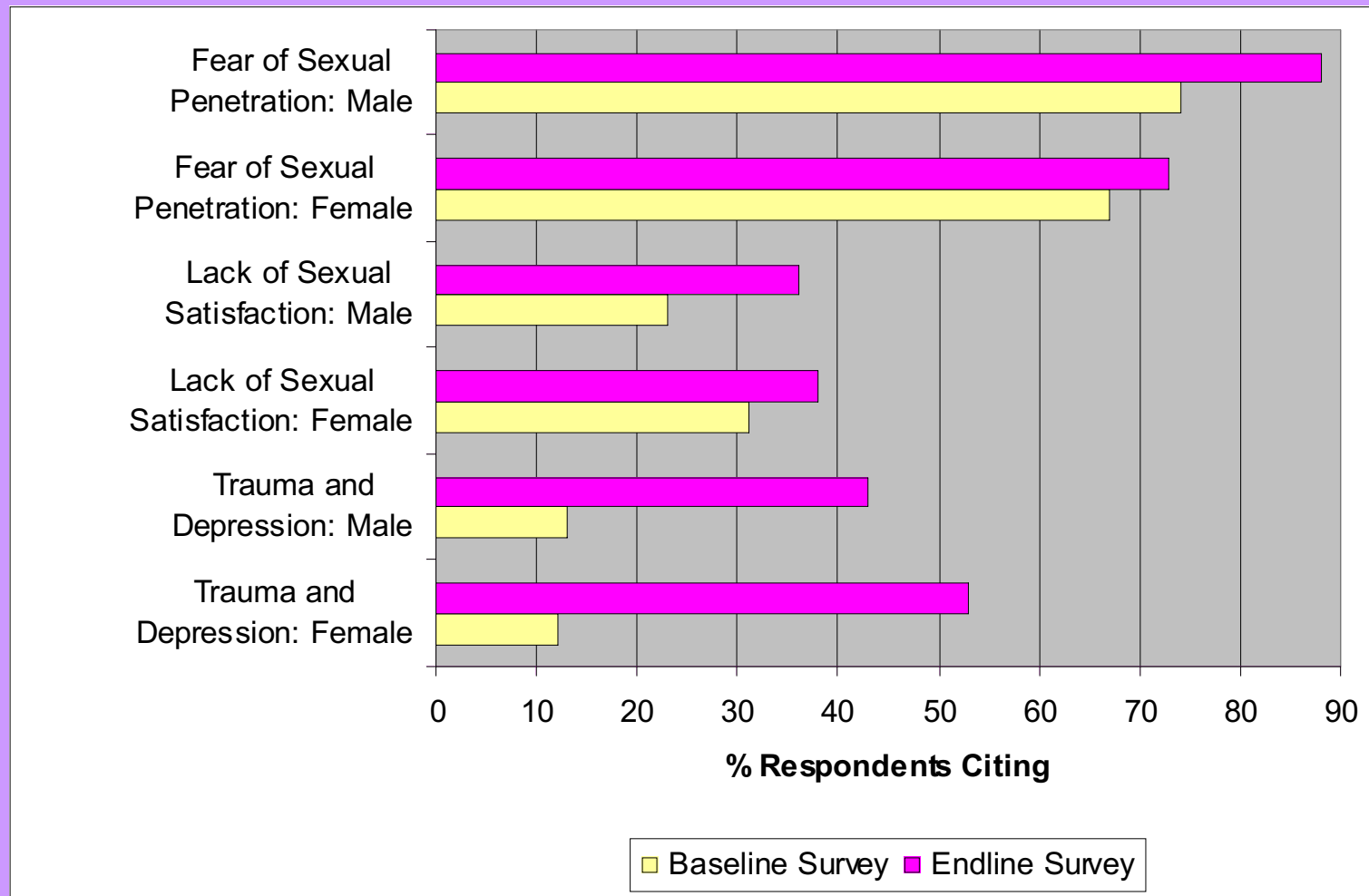
# Benefits of Practicing FGC: Female Respondents in Kenya (2001, 2003)



# Benefits of Practicing FGC: Male Respondents in Kenya (2001, 2003)



# Knowledge of the Negative Psychological Effects of FGC, Men vs Women, Kenya (2001,2003)



# Knowledge of the Negative Social Effects of FGC, Men vs Women, Kenya (2001, 2003)



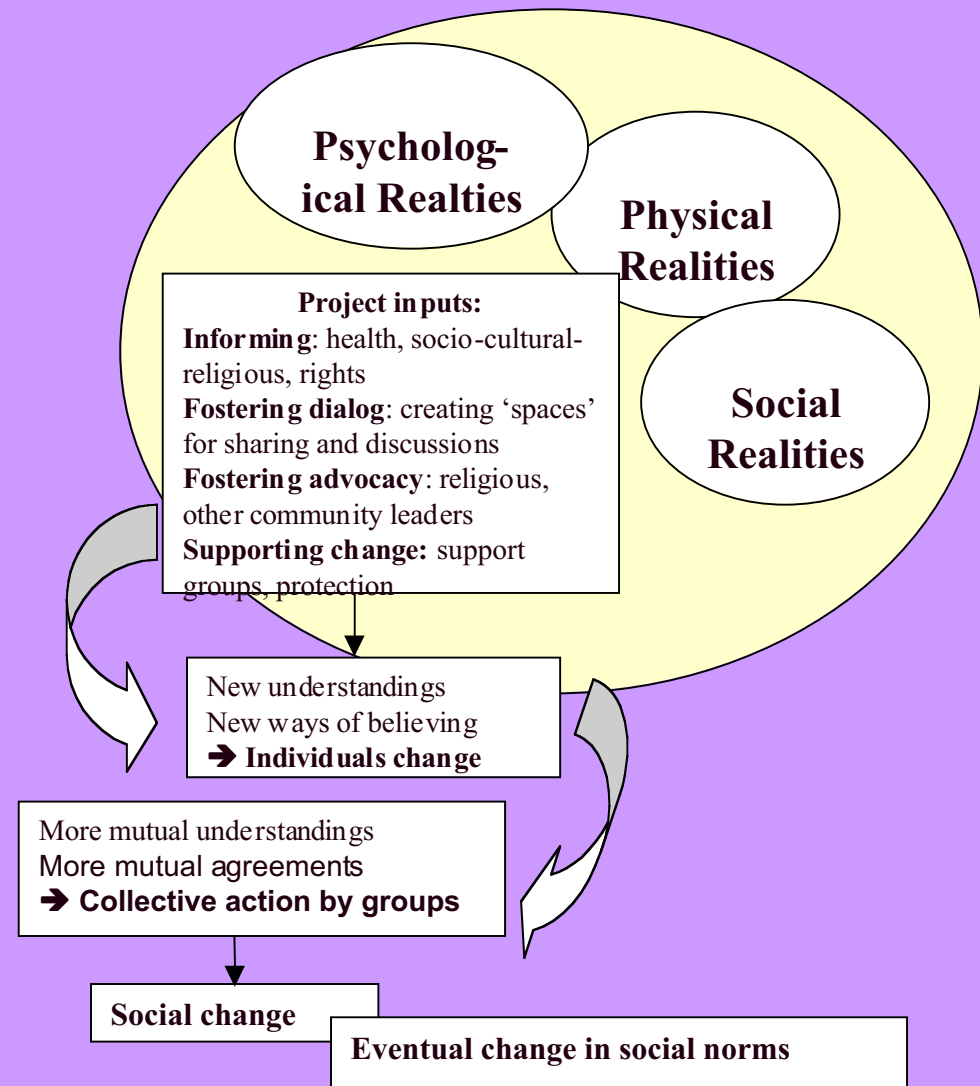
## Overall results (18m intervention period):

- Significant changes ( $p < .001$ ) in knowledge: health, social, psychological, rights violations
- Changes in beliefs – both positive and negative
- Attitude changes less pronounced: 1/3 of respondents stated they had changed attitude (Why? FC no longer necessary/religious or was harmful)
- Attitude changes largely due to the CARE/NCCCK activities (women) and religious mtgs (men)
- Intention to *not* circumcise in the future remained unchanged, but,
- Thinking that FC should end in their communities increased slightly ( $p < .01$ )

# But, has social change begun?

After 18 months, seeing:

- Public debate (no longer taboo or only a women's issue),
- Public declarations,
- Ostracism of those publicly wanting to change,
- Creation of support groups,
- Religious and other leaders' support to end practice.



# Conclusions

- Addressing harmful traditional practices in displaced population settings can lead to positive outcomes.

(If study period had been longer, could have looked at social change measures.)

- Suggest engaging in social change processes with displaced populations *only* in long-term settings. Not supporting the change process over time could lead to more harm than benefit.