



SUCCESSFULLY ADDRESSING FGM/C AND CHILD MARRIAGE

THE CASE OF MSICHANA EMPOWERMENT KURIA, KENYA

Girls Not Brides member organisation: Msichana Empowerment Kuria (MEK)

Country: Kenya

Programme start and end date: 2015 to present

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Summary

This case study highlights the importance of a comprehensive response to preventing child marriage and female genital mutilation/cutting (FGM/C) in the context of Kuria, Kenya. It examines the complexity of addressing these issues, highlights successful approaches and shares key insights provided by Msichana Empowerment Kuria (MEK). Successful approaches include **supporting girls to stay in school, supporting access to justice, empowering girls, engaging communities and building effective partnerships**. These interventions have been made possible by strong partnerships between a number of community-based organisations (CBO) working together locally against both child marriage and FGM/C.

This case study should inspire others and contribute to debate and learning between *Girls Not Brides* member organisations.

It also highlights the importance of long-term funding for CBOs to support social change, as they understand best the local context and the needs of the girls they serve.



MAP: Location of Migori county in Western Kenya, East Africa. By NordNordWest, licensed under [CC BY-SA 3.0 DE](https://creativecommons.org/licenses/by-sa/3.0/de/).

Background to FGM/C and child marriage in Kuria

Both FGM/C and child marriage are illegal in Kenya: FGM/C under the 2011 Prohibition of Female Genital Mutilation Act and child marriage under the 2014 Marriage Act, which sets the age of marriage at 18 years with no exceptions. Despite this, 23% of girls in Kenya marry

before the age of 18, and 15% of girls aged 20 to 24 have already undergone FGM/C.¹ However, there is wide variation in prevalence of both practices within Kenya.

The Kuria are a marginalised ethnic community in Migori County, Western Kenya. In Kurian tradition, FGM/C² is a rite of passage preceding marriage, typically occurring when a girl is 13 to 14 years old, but more recently when they are as young as eight. As FGM/C is seen as a precursor to child marriage, the majority of girls who undergo the cut get married shortly after healing. At 84%,³ the Kuria community has one of the highest FGM/C prevalence rates in Kenya. Migori County also has the lowest median age at first marriage⁴ of any county in Kenya, with girls and women marrying on average at 17.1 years.⁵

As in many contexts, FGM/C is believed to ensure premarital virginity and marital fidelity – thus increasing the marriageability of girls – because it lowers their sexual pleasure and libido. However, FGM/C is also associated with longstanding Kurian beliefs, and is used in witchcraft and to appease their gods. FGM/C – and the rituals surrounding it – are carried out in secret, led by community elders. The latter are key influencers and decision makers. They are perceived to have the power to curse those who challenge them and therefore encounter little resistance from community members.

Before declaring the cutting season open, they perform rituals to placate the gods

Harmful social norms

- FGM/C is a precursor to child marriage.
- FGM/C is used to appease the gods and is underpinned by harmful gender norms.
- Witchcraft is a powerful social sanction, as elders threaten to curse people who challenge them.
- FGM/C plays a role in being a “proper Kuria.” Those who go against it are seen to threaten the way of life of the entire community.
- Uncut girls face severe social sanctions and exclusion.
- Girls with lower educational levels are more likely to undergo FGM/C and child marriage.

Economic

- Parents receive a dowry (10 to 15 cows) for marrying their daughters.
- Circumcisers receive KSh 1,000 (over US\$9) for every girl they cut.
- There is widespread poverty in the region.

The challenges in responding to them

- Interventions addressing FGM/C historically ignore younger girls, leading to girls being cut as young as eight.
- Programme staff can experience threats and trauma, which affect their physical and mental wellbeing.
- Short funding cycles make sustainable change difficult to achieve.
- There are very few “rescue centres,” which are also only temporary.
- Negative perceptions of uncut girls makes it difficult to build community trust and respect.

¹ Kenya National Bureau of Statistics, [Kenya Demographic and Health Survey 2014, 2015](#)

² The WHO defines FGM/C as “a traditional harmful practice that involves the partial or total removal of external female genitalia or other injury to female genital organs for non-medical reasons.”

³ Kenya National Bureau of Statistics, Op. Cit.

⁴ Disaggregated data on child marriage prevalence, that is the percentage of girls marrying before age 18, is not available for the Kurian community or Migori County. The overall prevalence of child marriage in Kenya is 23% and prevalence of FGM is 21%.

⁵ WHO, [Female genital mutilation](#), n.d.

and guard against death. Rites of passage – ceremonies when cutting usually occurs – take place in remote areas away from the rest of the community, and can go on for several days. Deaths do occur, but the exact numbers are unknown due to the secrecy of the rituals and the unwillingness of elders to report them. Dying during FGM/C is seen as a bad omen, so girls' bodies are disposed of in remote areas away from community lands and parents are strictly forbidden from sharing their loss with the rest of the community.

After FGM/C, girls are given a month to heal, during which time they are encouraged to have sex with the circumcised boys, which frequently results in unintended pregnancies. Parents who can afford to will help their daughters get abortions, but those who cannot may offer their daughter to an older woman who is unable to have children. She will find the girl a husband, with whom she will be expected to have as many children as possible. She and her children will likely be mistreated and will not inherit any property from the woman and her family. This practice is referred to as “Nyumba mboke.”

Uncut girls face social sanctions which perpetuate the practice and even encourage girls to undergo FGM/C if they are not offered timely support. These sanctions comprise exclusion from fetching water at communal watering points, harvesting from farms, speaking and playing with cut girls, and community ceremonies such as weddings, as well as denial of care by parents, verbal abuse and bullying.

MEK's approach

[Msichana Empowerment Kuria](#) (MEK) is a young women-led, community-based organisation (CBO) in Kuria East, Migori County, Kenya. Their mission is to empower girls through girl-centred approaches and programmes to end FGM/C and child marriage. “Msichana” is the Swahili word for “girl.”

MEK believe that to end FGM/C and child marriage, uncut girls need to be empowered to say no, and that those who have experienced either practice should be able to choose not to put their own children through the same process.

In the long term, MEK hope to support the community in ending FGM/C and child marriage. In the short term, they hope to reduce the risk of girls undergoing either practice by:

1. Building girls' agency through life skills and empowerment sessions.
2. Supporting access to education, healthcare and justice.
3. Using community dialogues to increase community awareness of the harmful effects of FGM/C and child marriage.

MEK programme activities cover three of the four strategic pillars in the *Girls Not Brides Theory of Change*: empowering girls, increasing access to services, and mobilising families and communities.



PICTURED: Natalie Robi Tingo and her MEK colleagues in Migori county, Western Kenya. Photo: Natalie Robi Tingo.

MEK's partners

MEK mainly work with school-going girls aged eight to 14, filling the gap left by previous targeted responses which did not address the FGM/C of younger girls. MEK also engage with girls' parents and boys.

They appreciate that FGM/C and child marriage – whether taken separately or together – are far too complex for any one organisation to end alone. They therefore rely on a network of local organisations working in different areas and/or offering different interventions to complement their efforts and ensure the response is comprehensive.

Key partners

- [Nyanza Initiative for Girls Education and Empowerment \(NIGEE\)](#) partner with MEK to provide safe spaces for girls during cutting seasons, and to offer them scholarships. They worked together during the last cutting season and were funded by the Anti-FGM Board, Kenya, to run a “rescue centre.”
- GOCESO Kuria Women Lobby Network are a group of older women who mentor cut and uncut girls who have dropped out of school, and support them in gaining vocational skills in catering and tailoring. MEK work with this group to offer girls legal aid, as GOCESO has a very effective referral network of 52 women.
- Zinduka – Swahili for “wake up “or “come out” – partner with MEK to offer psychosocial support for both cut and uncut girls, and help local community groups start income-generating activities by offering start-up capital and training.

MEK's activities

1. Building girls' agency through life skills and empowerment sessions

After-school skills-building programmes. MEK work with several schools in Kuria to deliver a child rights-based storytelling programme to increase literacy and build life skills, talents and knowledge of rights. The programme uses carefully developed messages on FGM/C, child marriage and sexual and reproductive health and rights (SRHR), and engages young mentors to speak to both cut and uncut girls. Approximately 300 children participate weekly through these clubs.

MEK also delivers a yearlong skills training programme – “Naweza” or “I can” – with a specific focus on FGM/C for girls who are about to leave school. They also offer socioeconomic empowerment training for girls' parents.

2. Supporting access to education, healthcare and justice

Providing school uniforms for girls. Girls within the clubs run by MEK are often seen wearing old uniforms, and some girls are afraid to wash them in case they tear. This affects girls' self-esteem and may push them to undergo FGM/C and get married to avoid the humiliation of going to school in these uniforms. MEK fundraise and purchase uniforms

for these girls, motivating them to stay in school. They have kept over 1,000 girls in school through this program.

Supporting menstrual hygiene. Menstrual poverty affects all girls – and their school attendance – across Migori County. On average, school girls in Migori miss up to a week of school every month due to menstruation and lack of sanitary products. Frequent absenteeism often leads to poor academic performance, which in turn can lead to school dropout and increased risk of early marriage. MEK support girls to stay in school by providing them with sanitary towels and information about menstrual hygiene management.

Providing scholarships. MEK are currently sponsoring five girls who have avoided FGM/C to attend school.

3. Increasing community awareness of the harmful effects of FGM/C and child marriage through community dialogues

Community-led advocacy. MEK involve parents of girls and other key stakeholders – such as boys, men and older generations – in dialogue about FGM/C and child marriage, why it is practised and its harmful effects. This also provides an opportunity for intergenerational dialogue, especially with girls’ grandmothers who have undergone FGM/C and have a different perspective on the need to change. MEK have reached over 100 young men and 600 women through these dialogues.

Organising large-scale community events. Communities are also mobilised through large awareness-raising events, including annual marches and gatherings to celebrate End-FGM Community Champions. Champions are nominated by their own villages for taking a stand against FGM/C.

MEK’s achievements

- **Increased awareness of FGM/C and child marriage.** Continued voluntary participation in community dialogues, events, and after-school programmes is evidence of the growing interest in ending FGM/C and child marriage in the community.
- **More role models who are positive exceptions and community champions for ending FGM/C and child marriage.** Girls who were in the programmes and have completed their university education and remained uncut come back to mentor others as role models. They are proof that FGM/C and child marriage have no health or other benefit. The greater the number of identifiable role models in the community, the greater the awareness and social pressure to end FGM/C.

In numbers

- **100% retention** and progression of girls to the next class.
- **83 girls** graduated primary school without undergoing FGM/C.
- **300 girls** avoided FGM/C during the cutting season thanks to a temporary “rescue centre” provided in partnership with NIGEE.
- **30% fewer girls** in the villages MEK work in undergo FGM/C compared to 5 years ago.

- **Increased trust and visibility.** The network of organisations addressing FGM/C and child marriage has gained trust and visibility over the years. More parents respect their programmes, and a growing number escort their girls to the “rescue centres” and encourage them to join the school programmes. Local authorities, the judiciary and police recognise them and include them in key meetings.
- **Stronger partnerships and networking around FGM/C and child marriage,** and other related issues such as education and menstrual hygiene. “Rescue centres” run during cutting seasons highlight the strength of this partnership and the role of different organisations in such instances: boarding schools offer their facilities to host the centres, and the police and local authorities offer protection, as by taking in girls who have run away, centres can become a target for attacks by community members.

The challenges MEK has faced

- **Community backlash and threats are traumatic for staff.** MEK staff members have faced serious threats to their lives that have forced them to temporarily move out of the community for their own safety. Staff, mentors, girls and community members who take a stand against FGM/C and child marriage are also ostracised and rejected. These experiences are traumatic and can lead to burn out and depression.
- **Trauma and burn out resulting from being the first line of response whenever issues arise.** MEK staff’s role involves intense emotional work, including witnessing violations and even death. MEK has pioneered an emotional wellbeing self-care pack for people doing this work to help them de-stress and deal with the issues they encounter.
- **Short-term funding cycles make programming and sustainable impacts difficult to achieve.** FGM/C and child marriage are perpetuated by deep-rooted social norms and require long-term investment and patience if they are to be changed. Despite this, funding cycles usually only last one year, which is not enough time to drive sustainable change. International NGOs that previously supported MEK and other local organisations have left the area because of slow rates of change.
- **The small number and temporary nature of “rescue centres” makes it difficult to offer support to all the girls who need it.** All uncut girls are always at risk during cutting season, whatever their age or ethnic group. Women from non-practicing communities are also at risk during this time, and may be abducted and forced to undergo FGM/C. Young men

“Being segregated by the community for my stand against FGM is what makes me sad. I am not invited to any functions and they do not visit me. My children do not play with other neighbours’ children. No one turned up for my daughter’s school fees fundraiser. This is what makes me sad.”

Joseph, community member who has refused to allow his daughters to undergo FGM/C

often police their communities, and some girls undergo FGM/C outside the season when there is less scrutiny, lower enforcement of anti-FGM/C law and “rescue centres” are closed.

- **Community perception of cut girls who participate in the programmes can lead to loss of programme credibility.** In the “rescue centres,” girls participate in training and are issued with certificates upon completion. In retaliation, some girls were paraded in the community – displaying their certificates – in mockery of the “rescue centres.”

Six key insights that made **MEK’s** programme successful

1. **Work to address FGM/C and child marriage should be based on an understanding of their underlying causes.** FGM/C and child marriage are often underpinned by the same harmful social norms, including gender discrimination and the desire to control girls’ sexuality. Both can therefore be addressed with similar approaches, such as community conversations around girls’ rights. However, it is also important to understand the distinct drivers of both practices – and the sociocultural meanings associated with them – in order to develop effective communication to promote behavioural change.
2. **Building girls’ agency and knowledge of sexual and reproductive health and rights (SRHR) through life skills and empowerment programmes, supporting girls to stay in school, and engaging parents and communities are all effective strategies for reducing FGM/C and child marriage.** When used in combination they create a comprehensive approach that is better able to respond to the needs of girls and communities.
3. **Communities should be engaged in finding local and sustainable solutions.** While we can draw on approaches used elsewhere to address similar issues, learning needs to be driven by the community to ensure their support. MEK found that, although alternative rites of passage approaches have worked to reduce FGM/C and child marriage in other settings, they were not as effective in Kuria because they were not contextualised and owned by the community. Success in one community does not always mean success in another, so one-size-fits-all approaches must be avoided. They had greater success in using local mentors, role models and mentors from the Kuria community to improve engagement. These groups already have a sphere of influence within the community; they are known, speak the local language, understand their culture and local intricacies, including taboo terms and acceptable language.
4. **Integrating FGM/C and child marriage work, and framing them as interrelated SRHR issues can help broaden the funding base for initiatives that hope to address them.** As FGM/C almost always precedes child marriage in Kuria, they need to be addressed as interconnected issues. By framing these harmful gender norms as SRHR issues, MEK and their partners have attracted funding from donors who support SRHR but do not address FGM/C or child marriage on their own.
5. **Strategic partnerships can broaden the support offered to girls.** Since their programmes are mostly school-based, MEK partnered with other organisations – schools, local authorities and other CBOs – to provide girls with safe spaces during cutting season. Partnerships have also helped them to attract funding – for example, from the Anti-FGM

Board, Kenya – to run the “rescue centre” with NIGEE. Mapping stakeholders prior to beginning an initiative can help to understand which organisations are best-placed to engage with different stakeholders. In mapping out the power dynamics and critical stakeholders, MEK identified school-going girls aged eight to 14, their parents and boys as the groups they were most able to engage. Being made up of young women, they realised they were not well-positioned to engage with traditional leaders, and therefore partnered with GOCESO who had a greater capacity to reach this group. This understanding has helped MEK focus their programmes and promote girls’ agency.

- 6. School programmes should include cut and uncut girls.** Given the stigma, sanctions and ongoing risks associated with not undergoing FGM/C, it is important to support all girls in processing their experiences and resisting the pressures to conform.

Looking forward

Subject to the availability of funds, MEK intend to build a shelter that will run throughout the year to avoid girls being cut outside the traditional season. You can support them through their omprakash [funding page](#).

This case study is built on field-based interviews with MEK and partner organisation staff, and conversations with local community members who we would like to thank for all their time and insights. Interviews were conducted by independent consultant Liza Akinyi.