



**A guide for Community Members  
Volunteering as Community Change  
Agents (CCAs) Hand Book  
Module 1**

**ENGAGING MEN AND BOYS IN ENDING  
FEMALE GENITAL MUTILATION (FGM)  
IN SOUTH NYANZA**



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## ABOUT MARGARET WANZU FOUNDATION ORGANIZATION (MWFO)

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MWFO was founded in 1997 as a non-profit non-partisan organization that aims to promote and advocate for the rights of girls and women to live free fair lives without fear of gender based violence or discrimination. Formed in the aftermath of a tragic domestic violence incident in local Nyanza where a woman, Margaret Wanzuu, lost her life at the hands of her husband, the foundation is grassroots located and takes particular exception to focus on culturally imposed and socially accepted types of violence such as Domestic Violence (DV) and Female Genital Mutilation (FGM). These traditional practices relegate girls and women to second class citizens without basic human rights, adversely affects their health and wellbeing and impediments their personal and socio-economic development.

### **VISION:**

The Margaret Wanzuu Foundation envisions a society where people (i.e. women and men, girls and boys) live harmoniously together each respecting and nurturing one another's freedom and well-being.

### **MISSION STATEMENT:**

Margaret Wanzuu Foundation sees its purpose as that of helping individuals and communities to re-discover their power within, in achieving peace within themselves and hence being at peace with others.

### **STRATEGIES:**

The foundation strategizes to put in place mechanisms that can help individuals, families and communities prevent gender based and culturally imposed violence in their lives and to promote peaceful co-existence in the spirit of interdependency with one another and with the environment as a whole.

## **GIRLS EMPOWERMENT PROGRAM**

One crucial aspect of MWFO work is Girls Empowerment. This is about improving and protecting the Girl-Child, with emphasis that education is one proven element that can determine one's ability to move out of a culturally imposed harmful practice. Although even the economically self-dependent woman, married or unmarried encounters violence, lack of education and personal empowerment underpins girls' and young women's vulnerability and their difficulty in extracting or protecting themselves from harmful traditional practices such as FGM. Again without economic independence girls and women can do little to escape from abusive situations/relationships. Education will equip them with knowledge, build their self-confidence, raise their self-esteem, equip them with basic survival skills and enable them to be self-reliant. Once a considerable ratio of female population of a country gets proper education and awareness about their human rights, the miseries of womenfolk including all manner of culturally imposed violence will in all likelihood be reduced if not eliminated.

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## ACKNOWLEDGMENTS

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The Margaret Wanzuu Foundation Organization would first and foremost like to express and extend our extreme appreciation to all of our numerous supporters, partners and collaborators who assisted us in various capacities during this endeavor. Central to all, our deepest gratitude goes to the organization that made this particular work to *engage men and boys in ending female genital mutilation in South Nyanza* possible, our key partner and funder, namely The Girl Generation (TGG).

TGG, is an organization of global collective of members and partners brought together by a shared vision that FGM can – and must – end in this generation. Towards this vision, they are committed to catalyze and amplify the voices of the African movement to end FGM, to celebrate the generation of girls who can be free from FGM, who are valued, respected and empowered. TGG strategizes to use the power of communication to positively influence the beliefs which hold FGM in place, and to inspire a global movement to connect those who are ready to speak out

To TGG, we say *Asante sana tena sana* for facilitating the resources to begin this end FGM project and especially for their patience and untiring guidance, valuable insights and encouragement throughout the start and end of this work.

Much thanks to the Kuria Girl Child Development Centre (KGCDC) organization led by veteran anti-FGM activist Ms. Robi Marua assisted by her coordinator Chepchumba Otieno. For hosting our team, providing an operational base and who wisely complimented our activities in South Nyanza, *tunasema asante sana Mama Robi na mungu awabariki sana*.

We acknowledge also the various Kuria Sub-county officials who took active part in our consultations, interviews, forums and assorted activities. Led by Chief Lucas Tarus of Bikira East, their

opinions, perceptions and general participation was much appreciated.

MWFO would not have been able to do this crucial work of engaging men and boys in ending FGM without the cooperation of various and varied local leaders, community based organizations and groups, churches and schools etc. who believe in safeguarding human rights. To these our partners on the ground, we say *Asante sana*.

Kudos to our MWFO team, Charles Magero, Bobson Ogada, Steve Boy Omondi, Amos Makori and Samuel Ogembo.

And finally our appreciations to Dr. Angelina Dawa, the founding director of MWFO, although no longer able to be directly involved in the day to day activities of the organization, her unwavering support and guidance is well appreciated.

To all we say, thank you very much.

Respecting and Nurturing Each Other's Freedom and wellbeing is our Vision

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# FOREWORD

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## **A Community Change Agents Guide**

This manual is an endeavor between two organizations, The Girl Generation organization (TGG) which incorporates a communications programme that aims to inspire and amplify a global movement to end Female Genital Mutilation (FGM) in this generation in Africa, and the Margaret Wanzuu Foundation Organization (MWFO) a non-profit, non-partisan grassroots organization dedicated and committed to promote the wellbeing of girls and women by advocating and working to end all manner of harmful cultural practices and gender based violence (GBV).

Kenya, just like all the other East African countries has signed and/or ratified a number of major international instruments that promote gender equality, however practices such as FGM continue to be deeply entrenched in some communities. While there is evidence of change happening in some communities, the rate is low and currently this practice affects nearly ..... million women and girls in Kenya. FGM is also a precursor to child marriage, a practice which impacts adversely on the personal health and socio-economic wellbeing of girls and women.

## **Point to note and extremely Important**

*“FGM is a sensitive, taboo and sometimes highly political and perceived religious issue that goes to the heart of gender identity and gender relations. Insensitive approaches and implementation could risk driving the practice underground, undermining existing efforts to end the practice, contributing to a backlash, adding to other political/conflict tensions, etc.”*

To address the issue of FGM in the South Nyanza of Kenya, TGG has supported and has funded MWFO to implement a project towards ending FGM which will make special effort to towards

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effectively involving men and boys in actions towards ending FGM. Dubbed *Engaging Men and Boys in Ending FGM in South Nyanza*, the idea is to reach out positively and appeal to men and boys as fellow human beings who have a stake in ending FGM.

As we begin however, it must also be said too, and acknowledged, that many girls and women face physical, emotional, socio-cultural, sexual and political violence at different times of their lives in both private and public spheres. Regrettably, men and boys are the major perpetrators of these violence.

### **So why Engage Men and Boys?**

Evidence shows that engaging men and boys in gender equality is essential to challenge gender norms and unequal power relations that exist in our society. While in most cases men are perceived perpetrators of gender based violence, recognizing that they are able to change and influence others positively – not to mention have a vested interest in challenging detrimental gender norms – is critical in ensuring that men become equal partners in ending harmful cultural practices and all manner of gender based violence.

Other reasons why engaging men and boys is important are listed below:

- A Matter of Morality: men and boys need to be engaged in gender equality and ending GBV because they have a moral obligation to advocate for justice and equality in society.
- The Legal Imperative; Men hold and have access to positions of power, they can influence constitutions and protocol which can be utilized to bring about desired change.
- Economic Necessity: Men make up 50% of the population, and hold disproportionately high percentage of wealth and power in comparison to women. As such, engaging men, especially in powerful positions can have a huge impact on the resources available to ensure the health, rights and wellbeing of girls and women are being addressed. This in

turn can have a positive impact on GDP through paving way for healthier, better educated and more productive populations.

- A Matter of Justice: Gender is relational and perpetration of detrimental gender and cultural roles involves both women and men. Therefore, working with women only or men only limits the possibilities of broader and more long term positive change towards gender equality for all.
- Men's Own Liberation: Gender inequality and negative masculinity infringe on the freedom and liberty of men and boys. Thus engaging them is not only beneficial to women but also to them.
- Working with Boys: There is compelling reason to believe that styles of interaction in intimate relationships, viewing girls and women as sexual objects or as lesser persons, use of coercion to obtain sex etc. are rehearsed by boys during adolescence. Also boys who were raised up witnessing violence in their homes or who are raised to believe that violence against women is normal may be more likely to repeat/use this violence. Work with boys then, is crucial in order to disconnect the transgenerational transmission of violence because how young men interact with their partners in early relationships may set the tone for styles of interaction with girls and women in the future.

In regards to the above, MWFO work in cultural and gender based violence prevention with men and boys is still in its initial stages, nonetheless at the community level it has proven important in identifying and supporting the voices of men and boys who already sought to be and were, to some extent at least, more gender-sensitive and opposed to violence towards girls and women.

Our experiences suggest we continue to engage the various individuals, entities and organizations in the community by using the power of communication to challenge the beliefs and values which

hold detrimental cultural practices such as FGM in place in the aim of inspiring a movement to connect those who are ready to speak out against the practice.

If it is true that many men in various settings support GBV and subjugate girls and women, then it is also true that there are in as many settings at least some exceptions. And it is in these exceptions that we will be able to acquire insights on how to deconstruct negative and violent aspects of masculinity and reconstruct or emphasize the positive aspects towards ending all GBV.

**MWFO END FGM  
PROJECT TEAM**

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## 1.0 INTRODUCTION

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This Community Change Agents manual/guide is designed to assist a wide range of volunteer community members in South Nyanza tackle the issue of Female Genital Mutilation. Some of these individuals have been identified, recruited and received some training as persons who are able to inspire, galvanize and facilitate positive social change within their community. Hence the term, Community Change Agents, aka CCAs.

The idea here is that community members as bona fide members of a particular community possess the right and are strategically placed to talk about, agitate against or advocate for issues within their own social sphere which they live. The issues may range broadly from day to day ordinary matters such as cattle rustling in their area or the current ineffective school headmaster in their sub-location or as in this case, it may be a sensitive taboo subject, a social norm or a cultural practice that many within that community would not dare broach or challenge. It therefore follows that working with, and through CCAs is one of the best strategies that organization aiming to affect social change can utilize to initiate and catalyze discussions towards eradicating beliefs, customs or social norms that violate the fundamental rights of people in communities.

In this regard, the organization giving support to the CCAs initiative would host the project thereby providing vision and leadership, a distinct and easily identifiable public image, finances, materials resources, information and other inputs for building and maintaining the movement. Of utmost importance would be the provision of training and capacity building of the CCAs to supplement their volunteering of personal time, motivation and emotional enthusiasm with technical knowledge and skills.

CCAs work within communities pose no great complicated task for there would be no re-inventing the wheel but they would simply rely on existing structures such as chief's barazas (weekly Chief's meetings), group meetings, schools, churches, clan meetings, health facilitation centres etc. Other inductive approaches would use of theatre and drama to animate discussion and enable community to debate issues with ease while localizing it to their context.

- A CCA can be a community member who is interested and passionate about helping their community end Female Genital Mutilation
- A person working with a group or a grassroots organization etc.
- An activist who wants to help people talk about and take action against FGM or GBV
- A police officer, community leader, health care worker, teacher, religious leader or a professional who wants to help your colleagues, clients or fellow community members to end FGM
- A member of a group of women, men or youth interested in promoting girls and women's rights
- Anyone who is interested in girls and women's right to safety who wants to work with others to end harmful cultural practices such as FGM
- You do not need to be an expert! The most important qualities you need are a passion, enthusiasm and a commitment to end FGM

**CCAs work would include: -**

- Gathering news on attitudes and beliefs about violence and building relationships with community members.
- Raising awareness about domestic violence within the general community and various professional sectors
- Building networks within the community, encouraging and

- supporting general community members and various actors to begin considering action and changes that uphold women's right to safety.
- Facilitating communities to make actions against violence as part of everyday life and institutions' policies and practices.
- Consolidating efforts to strengthen actions and activities for prevention of violence and ensure their sustainability, continued growth and progress

### **In Summary**

Effective projects aimed at changing harmful beliefs and practices in a community must engage and be lead by members of that community. Organizations can play an important facilitative and supportive role, yet the change must occur in the hearts and minds of the community members themselves. Organizations can work closely with individuals, groups, and institutions to strengthen their capacity to be used as agents of change in their community. In this way, activism will live long after the projects end.

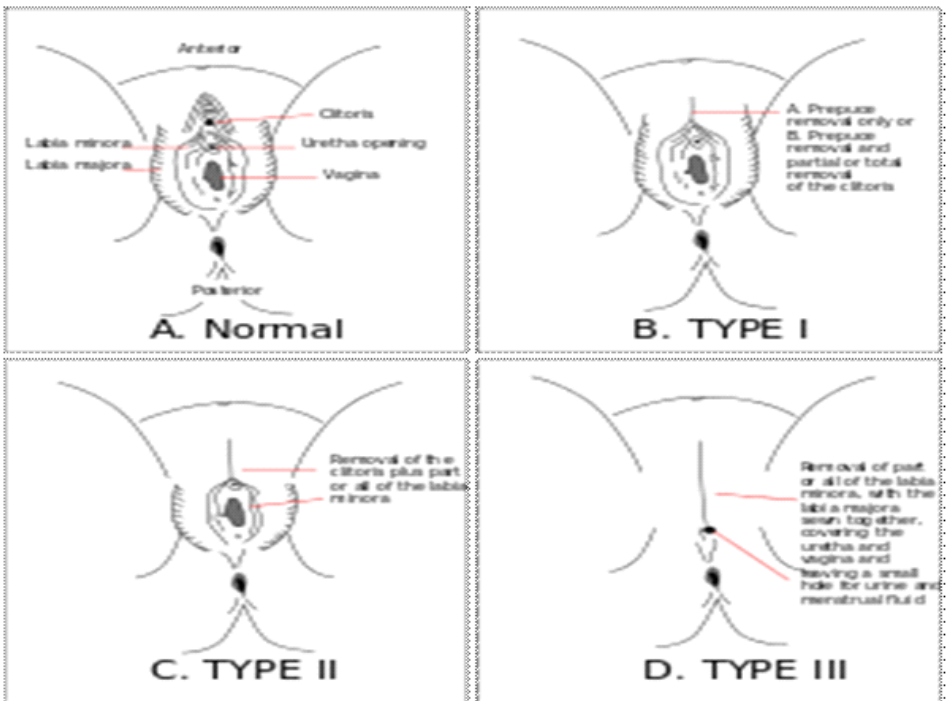
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## 2.0 FEMALE GENITAL MUTILATION (FGM)

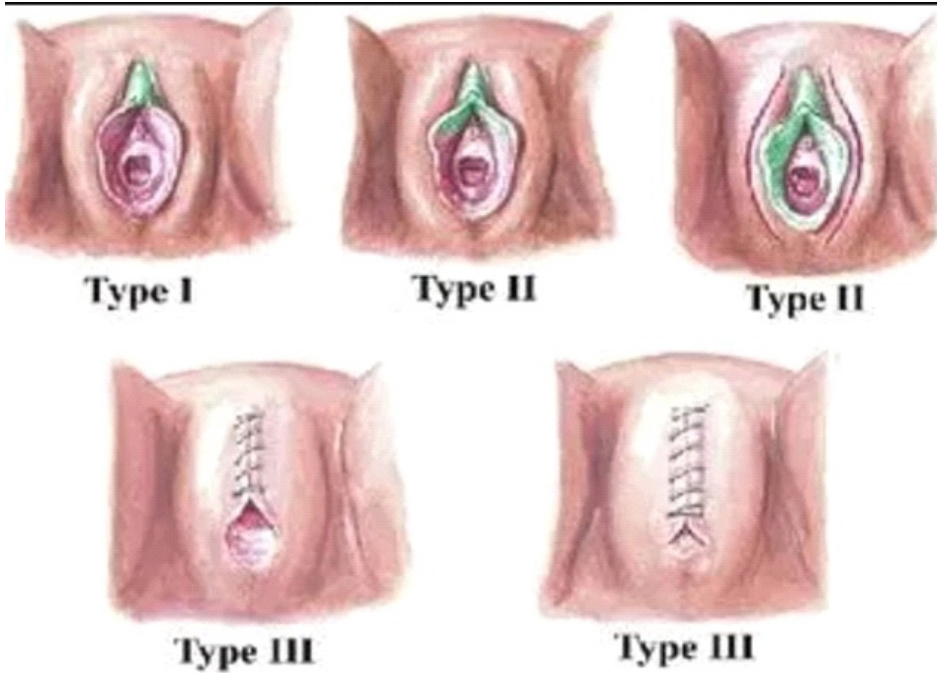
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### What is FGM?

Female Genital Mutilation also known as Female Genital Cutting or Women Circumcision and in Kiswahili language “Ukeketaji”, “comprises of all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.” An estimated 100 to 140 million girls and women worldwide are currently living with the consequences of FGM. Young girls who undergo the procedure range from infants to 18 years of age. It is estimated that 92 million girls from 10 years of age and above have undergone circumcision. At least two million women a year are at risk of undergoing some form of the procedure.



The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalized.



**There are four different types of FGM:**

**Type 1 FGM: Clitoridectomy:** Consists of partial or total removal of the clitoris (a small sensitive and erectile part of the female genitalia) and sometimes only the prepuce (the fold of skin surrounding the clitoris). This practice is extremely painful and distressing, damages sensitive skin and is an infectious risk.

**Type 2 FGM: Excision:** Partial and total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vaginal opening). This practice is extremely painful and distressing, damages sensitized skin and is an infectious risk.

**TYPE 3: Infibulation:** narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and sewing over the outer, labia, with or without the removal of the clitoris or the inner labia. This practice is extremely painful and distressing, damages sensitized skin and is an infectious risk. The closing over of the vagina and the urethra leaves girls and women only with a very small opening in which to pass urine and menstrual fluid. The opening can be so small that it needs to be cut open to be able to have sexual intercourse. Cutting is also needed to give birth and can cause complications which harm both mother and baby.

**Type 4 of FGM** is an unclassified form of FGM, which involves pricking, piercing or incision of the clitoris and/or labia, burning of the clitoris and surrounding tissue, scraping or cutting of the vagina or surrounding tissues, and introduction of corrosive substances or herbs into the vagina. It can also involve pulling of the labia minora or smaller lips to make them long.

### **What is the origin of FGM?**

This is not known exactly, but according to speculation it started in ancient Egypt. Some also believe that it started during the slave trade when black slaves entered ancient Arab societies or during the arrival of Islam in some parts of Sub Saharan Africa. Others claim it started independently while some believe it started as part of puberty rites among ethnic groups in Sub Saharan Africa.

### **Why is FGM practiced?**

FGM is practiced for varying reasons across the world. In Kenya the following examples have been cited.

- Preservation for girls' virginity, which is necessary for marriage and family honor.
- FGM is a rite of passage into womanhood and is accompanied by ceremonies and festivities to mark it. Girls are pressurized by peers and family members to do it otherwise face rejection and humiliation.
- FGM is a source of income for the one who performs the operation.
- FGM is connected to cleanliness, and linked to spiritual purity.
- Tightens the vaginal opening which is said to enhance male sexual pleasure.

### **Cultural and social factors for performing FGM**

- ▶ The reasons why female genital mutilations are performed vary from one region to another as well as over time, and include a mix of sociocultural factors within families and communities. The most commonly cited reasons are:
  - ▶ Where FGM is a social convention (social norm), the social pressure to conform to what others do and have been doing, as well as the need to be accepted socially and the fear of being rejected by the community, are strong motivations to perpetuate the practice. In some communities, FGM is almost universally performed and unquestioned.
  - ▶ FGM is often considered a necessary part of raising a girl, and a way to prepare her for adulthood and marriage.
  - ▶ FGM is often motivated by beliefs about what is considered acceptable sexual behavior. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. When a vaginal opening is covered or narrowed (type 3), the fear of the pain of opening it, and the fear that this will be found out, is expected to further discourage extramarital sexual intercourse among women with this type of FGM.

- ▶ Where it is believed that being cut increases marriageability, FGM is more likely to be carried out.
- ▶ FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are clean and beautiful after removal of body parts that are considered unclean, unfeminine or male.
- ▶ Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.
- ▶ Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.
- ▶ In some societies, recent adoption of the practice is linked to copying the traditions of neighboring groups. Sometimes it has started as part of a wider religious or traditional revival movement
- ▶ ***Kuria, women are treated as children unless they have been cut. Under such restrictions and ridicule, they often willingly undergo FGM***
- ▶ ***According to a 2014 documentary, The Elite Also Cut (Kenya Citizens), there is a lack of comprehensive data on FGM among the Kuria, but prevalence is thought to be very high. An uncut Kurian woman is called a msagane. The name brings with it a lower status in the community and several restrictions on activities and movement. These women are not seen or treated as 'grown up' at family celebrations, and their husbands too may be subject to restrictions and ridicule. In the face of all this, Kuria girls willingly submit themselves to FGM, and the elders are not then allowed to refuse them.***

## Who/Where else is FGM practiced in Kenya?

### ETHNIC GROUPS

Embu, Kalenjin, Kamba, Kikuyu, Kisii, Kuria, Luhya, Luo, Maasai, Meru, Mijikenda/Swahili, Samburu,

Somali, Taita/Taveta, Turkana, other African, non-African (Asian, European, and Arab)

***(In certain ethnic groups, such as the Kuria, women are treated as children unless they have been cut. Under such restrictions and ridicule, they often willingly undergo FGM.*** Cross-border interactions between related ethnic groups have proven a challenge, both where conflict disrupts anti-FGM work and where girls are taken over the border to undergo FGM.)

### RELIGIONS

Christian – 83% (Protestant – 47.7%, Catholic – 23.4%, other Christian – 11.9%), Muslim – 11.2%, Traditionalists –

1.7%, other – 1.6%, none – 2.4%, unspecified – 0.2%

- **(Despite the lack of support from religious texts, some people still practice FGM and many religious leaders do not talk or ban the practice.** Looking at the Islamic religion there is no reference to it in Qur'an. For instance in the verse (Quran: 4: 125) is only applicable to male circumcision. Islam emphasizes the importance of taking expert advice e.g. from medical doctors (Quran 16: 43). Removing healthy organs and causing any physical harm is unlawful
- (Quran 2: 195) Allah condemns those who change his creation (Quran 4; 119) Women have a right to a healthy body and enjoyment of matrimonial sexual relations.)

### MARRIAGE

Girls aged 15-19 who are married, divorced, separated, or widowed.

Married girls or women who share their husband with at least one other wife

### AGE OF CUTTING

If FGM is carried out at a very young age, not all women may accurately recall the age at which they underwent it. However, there is some

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evidence to suggest that girls are undergoing FGM at a younger age and that the proportion of women cut after the age of 15 has declined. (the younger the woman, the less chance there is that she has had FGM)

### **Kenyan Laws Relating to FGM**

***The Prohibition of Female Genital Mutilation Act (2011; revised 2012)*** criminalizes FGM and the stigmatization (ridicule) of uncut women, and puts the onus on the Kenyan Government to protect women and girls from FGM. It also established the **Anti-Female Genital Mutilation Board**. **In 2014, the Anti-FGM and Child Marriage Prosecution Unit was established.** Subsequently, a 24/7 hotline was launched to rescue girls from FGM and child marriage, and to assist prosecutions. **The Protection Against Domestic Violence Act (2015) covers all violence, including FGM.** *The implementation and enforcement of laws remains a challenge.*

### **International Laws**

- ✓ 1948 United Nations Universal Declaration of Human Rights
- ✓ 1979 Convention on the Elimination of all forms of Discrimination Against Women
- ✓ 1989 Convention on the Rights of the Child
- ✓ African Charter on the Rights and Welfare of the Child (ACRWC)
- ✓ Protocol to the African Charter on Human and People's Rights on
- ✓ Convention Against Torture and other Cruel Inhuman or Degrading Treatment or Punishment 3.8.2 National Laws that prohibit FGM (1984)

### **Attitudes and Understanding:**

The majority of people across all ethnic groups have heard of FGM, although frequency of knowledge increases with better education and greater wealth. Those aged 15 to 19 are the least likely to have heard of it. For many, culture and tradition override the law when it comes to FGM and other Cultural and Traditional practices. **Recent work has shown the importance of including men and boys in anti-FGM campaigns.**

## **FGM Practitioners**

FGM in Kenya continues to be carried out predominantly by traditional practitioners, who often play other central roles in communities, such as attending childbirths. There have been concerns in recent years over the medicalization of FGM, (FGM done in health centres/hospitals) with claims that the rate of medicalized FGM has risen. **However, there are also suggestions that laws banning FGM are beginning to deter healthcare professionals.**

## **Education and FGM**

Kenya's education system is currently under reform. The gender gap in primary school is low, but there is a high dropout rate for girls in secondary school. The literacy rate has risen slowly, but large regional and wealth-quintile differences remain. **Girls born to mothers with a higher level of education are far less likely to undergo FGM than girls born to mothers with 'no education'.**

## **What are the health effects of FGM?**

The extent of damages done to the female sexual organs and functions as a result of FGM are extensive and many are tragically irreversible. **There are a number of short term and long term physical damages and complications, as well as psychological trauma that can affect the girls and women.**

**Immediate and Short term health complications to girls and women due to FGM can include:**

- Severe pain
- Shock and death
- Fever
- General blood poisoning (Septicemia)
- Excessive bleeding (hemorrhage)
- Genital tissue swelling
- Infections e.g., tetanus
- Urinary problems

- Wound healing problems
- Injury to surrounding genital tissue: urethra, vagina, perineum and rectum

**Long-term health consequences can include:**

- ▶ urinary problems (painful urination, recurring urinary tract infections);
- ▶ vaginal problems (discharge, itching, bacterial vaginosis and other infections);
- ▶ Menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.);
- ▶ scar tissue and keloid;
- ▶ Sexual problems (pain during intercourse, decreased satisfaction, etc.);
- ▶ increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths;
- ▶ Need for later surgeries: for example, the FGM procedure that seals or narrows a vaginal opening (type 3) needs to be cut open later to allow for sexual intercourse and childbirth (DE infibulation). Sometimes genital tissue is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing both immediate and long-term risks;
- ▶ Psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.)
- ▶ Vesical-vagina fistula/Recto vagina fistula
- ▶ HIV/AIDS
- ▶ Pelvic infection disease (infection in the reproductive system)

## Some myths that support FGM in Kenya

MYTHS	FACTS
<p>The clitoris will continue to grow as the girl gets older and so it must be removed.</p>	<p>The clitoris is a perfectly designed piece of female anatomy that assists in childbirth and sexual intercourse. Its removal is detrimental to girls' and women's health.</p>
<p>Girls who have never been cut will never get married and will be shunned by their communities.</p>	<p>Many of the girls who originally refused FGM, pursued their studies, qualified in their professions and secured good jobs. They got married and now have families of their own. Many of them now enjoy good status in the community and are role models to other girls who do not want to undergo FGM.</p>
<p>Girls and women who have not undergone FGM are unclean and habitually dirty.</p>	<p>There is no truth to this statement. Hygiene is a matter of an individual's personal practice and choice.</p>
<p>Some particular communities believed that FGM cures a disease called 'lawalawa'</p>	<p>A milky white vaginal discharge is normal in babies of 2-3 days old. It is caused by the withdrawal of the pregnancy hormones which the baby was exposed to while in the womb. This is normal and usually resolves itself within 1-2 weeks after baby's birth.</p>

<p>FGM lowers the libido so the girl or woman who's cut will be faithful.</p>	<p>On the contrary, FGM increases the need for satisfactory sex because the clitoris helps a woman reach orgasm. When it is removed she will more and more seek out other partners.</p>
<p>FGM makes a woman complete</p>	<p>A woman or girl is born complete as originally created by God. In fact removing some of her body parts makes her incomplete. (the Quran preaches against removing body parts for non-medical reasons.)</p>

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## 3.0 ENGAGING MEN AND BOYS TO END FGM

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### **The Culture of Masculinity, Human Rights and Violence towards Girls and Women**

*For the fulfilment of human rights, it is urgent that men as well as women strive to change those gender roles and relationships that define men as superior, entitled to use force, and women as inferior, for whom violence is to be expected. These have been identified as the root causes of violence and discrimination against girls and women – United Nations Commission on Human Rights 1994.*

The women's movement has put violence against women and girls on the human rights agenda, starting with the World Conference on Human Rights in 1993, and continuing its efforts through the Fourth World Conference on Women in Beijing and the follow-up. The world is now calling for responsibility by men as partners to end violence against women and girls, and for equality. **'Men's groups mobilizing against gender violence are necessary partners for change'**.

Working alone, women are not likely to be able to end the gender violence against them because it originates in the structure of men's and women's gender roles and relationship, and it is a mechanism to express and maintain that structure. Gender violence includes the expectation that boys and men will strive to be dominant and use force in doing so. Complimentary efforts of both women and men, then, are essential to **create a new 'gender order'** that benefits both.

This project distinguishes that not all men use violence but stresses that even among those who do not use violence; their lives are still deeply touched by the construction of the same **hegemonic masculinities** that at times entail the use of violence. The project contends that it is imperative to form spaces where men and boys can contemplate discourse on masculinities, where they can revisit

cultural and social assumptions which predispose to violence and where, they can attempt to construct alternative traits of manhood that are non-violent and egalitarian. The project endeavors to champion forms of Female-male relationships that are non-violent, based on affection, mutual respect and understanding.

### **Men's Initiatives to work with Women to End GBV in Kenya, Africa and other parts of the World**

The urgency to challenge violent masculinities and adopt non-violent masculinity that accepts girls and women as valuable human beings with equal rights, thus ending gender based violence and promoting gender equality is shown by some of the following examples throughout the world.

- In Kenya – the Kenya MenEngage Network (KEMEA) is a partnership of more than 15 organizations who actively involve men in their various work of ending GBV and promoting gender equality, addressing HIV and AIDS, Sexual Reproductive Health and Rights, Positive Parenting etc.
- Uganda MenEngage Network is one other such Network implementing a multi country program aimed at Building Solid Foundation for Gender Equality. its activities include Community Mobilization and Gender Based Awareness Creation through Existing Structures.
- In Tanzania, the Children's Dignity Forum (CDF) together with Tanzania MenEngage Network focuses on Child Protection and Participation, Men and Boys Engagement and Ending Female Genital Mutilation (FGM).
- South Africa; Sonke Gender Justice is an NGO working throughout Africa involving men and boys to promote gender equality and justice, address HIV/AIDS and Sexual Reproductive Health and Rights.
- In Canada, the White Ribbon Campaign – where men and

boys pin a white ribbon to show that they are against violence to girls and women.

- In Sweden, Goren Lindberg, a respected police chief is known as 'Captain Skirt' for his authority to challenge men to show manliness through strength of mind rather than beating women,
- In Africa, MenEngage Network is now a partnership of over 30 country national networks that involve men and boys in ending violence towards girls and women.
- In Brazil, Instituto Promundo which engages young men in gender based violence prevention initiatives.
- In South Africa, Agisanang Domestic Abuse Prevention (ADAPT) – providing mentorship for young men and boys in local schools and youth groups to deter them from domestic violence.
- The list is too long. Here in Kenya, besides the author, there are also various and varied organizations such as Men for Gender Equality (MENGEN), Masculinity Institute, FEMNET, HOPE WORLDWIDE etc. who are now working with men and boys to end all types of GBV.

### **What is in this for Men?**

Why should men want to give up their 'power and entitlement' in which violence against girls and women plays such a significant part?

- To have loving relationships in families.
- As fathers, uncles, brothers, grandfathers who are guided by the need to develop and protect their loved ones.
- To show their own strength of character and mind.
- To protect the possibilities for their own children to have healthy minds and bodies.
- To leave in peace with other men, without anxiety.

- To help save the heavy costs to society from VAWAG
- To maintain human rights and ensure human future
- Etc.

### **Working Men-To-Men**

***Men to Men: This is a strategy whereby men and boys reach out to fellow men and boys to attempt and influence them towards a specific goal. E. g. Such as in activities towards addressing and preventing HIV/AIDS, combating and ending Female Genital Mutilation or participating in sexual and Reproductive Health Interventions etc. The strategy is based on the belief and understanding that men and boys will pay more attention to other men and boys than to members of the opposite sex. The strategy therefore seeks to capitalize on this affinity to build bridges in order to mobilize men into a common movement.***

As we go forth to work, there is need for clarity of intent and approach when working with men to avoid marginalizing women, especially on an issue(s) where they need to be central protagonists. The work needs to be approached carefully with clear parameters that men are, and remain responsible for their violence. Yet bridges need to be built using the benefits-based approaches that reach men in constructive, non-confrontational ways. Often, men working with other men (MEN-TO-MEN) is an effective strategy but women's concern, safety and rights need to remain at the fore.

### **How to do it**

- Begin from the starting point that most men are good people. Don't be too harsh or judge them, don't put on an attitude as these are likely to create hostility and antagonize potential allies.
- Use a **benefits-based approach**, show them the positive aspects of living free from violence.
- Hold men accountable for violence while avoiding blaming

them.

- **Collaborations** between groups and between men can bring stronger and more innovative approaches and solutions.
- **Men's involvement** can encourage other men to deny violence and reclaim their dignity.
- Work with individual men as well as the broader community so new concepts of masculinity can be practiced and supported.
- Rely on **existing structures**: e.g. men's religious associations to reach out to men.
- **Volunteer** personal time, finances, material resources, information and other inputs to build the movement.
- Where possible identify **Male Individual champions** of gender equality who are willing to provide vision and leadership.

### **Practical Concerns**

- Coordinating and planning efforts with women's organizations in the area.
- Finding out (research) what is underway to know what works with men in that particular area.
- Work Identity – to provide the project with a distinct and easily identifiable public image.
- **Capacity building** of the members to supplement emotional enthusiasm with technical knowledge and skills.
- Etc.

### **Some successes in Engaging Men and Boys to End FGM**

- ✓ **Male End FGM Ambassadors** have been appointed to represent key projects in high-prevalence communities to

show that men are involved and concerned about the issue.  
(Initiative supported by The Girl Generation)

- ✓ The **Kenya Anti-FGM Youth Network** was set up in late 2015 (another Girl Generation initiative). The Network demonstrates gender equality in its structure, with equal numbers of men and women holding key positions. A recent study of young (18-25 years) **men's perceptions of FGM** and the demand for FGM among future spouses in a small town in West Pokot, where FGM is reported to be between 85% and 96%, found: The majority of young men who viewed themselves as having a 'modern' outlook and with aspirations to marry 'educated' women were more likely not to support FGM. The young men viewed themselves as valuable allies in ending FGM though voicing their opposition to the practice was often difficult.
- ✓ The importance of engaging men and boys in ending FGM in Kenya is recognized in the film **Warriors**. Maasai Warrior Sonyanga Oleng'ais said, In our society, the women or the girls are treated as inferior, and it's no good. That is something we have to change. . . It is very hard to go against the elders, but cricket is giving us that courage, and that confidence. **In the film, when the Warriors meet with their elders to discuss FGM, one of the elders' main concerns is that young Maasai men will not marry girls who have not undergone FGM. An important step towards the abandonment of FGM occurs when the Warriors assure the elders that this is no longer the case.**
- ✓ Increasingly, men in high-prevalence Kenyan communities are becoming **Agents of Change** as they find the courage to share their stories of standing up to their families' expectations and holding fast to their beliefs in the rights of women and girls. By declaring that they will marry or have

already married uncut women, their voices translate into action – teaching other males in their families and communities about the harms of the practice and the benefits of educating girls and protecting their health.

### **Engaging Men and Boys to End FGM**

It is important to shift the dialogue on preventing and ending FGM as women's and girl's problem to a community and society as a whole problem. Hence it is important to conceptualize FGM as a form of GBV and as resulting from the way we socialize men and women. FGM then, is a result of the community's definition of how a woman should behave and how she should submit to a man. Therefore, the whole community must be involved in redefining new gender roles. Men are often leaders in the community, they are heads of families, traditional leaders, religious leaders, most police and other law enforcers are men, they head the judiciary etc. Encouraging and involving men to speak out against GBV such as FGM has been a highly successful approach in persuading other men to also take a stand and speak out and they can be instrumental in shifting the community's opinion. Only in this way can we be able to have a generation of young women who live free from the fear and consequences of FGM, who are empowered to speak up, inspire change in their families and communities, and able to realize their true and utmost potential.

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## 4.0 COMMUNITY MOBILIZATION THROUGH CHANGE AGENTS (CCAS)

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### **A Process of Social Change**

Changing community norms is a process, not a single event. Projects based on an understanding of how individuals naturally go through a process of change can be more effective than haphazard messages thrust into the community. Thus, efforts to try and influence social change must be approached systematically. Organizations that attempt this work must guide, facilitate and support the community along a journey of change.

### **Repeated Exposure to Ideas**

In this regard, community members need to be engaged with regular and mutually reinforcing messages from a variety of sources over a sustained period of time. This contributes to changing the climate in the community and building momentum for change. For example, in one week a man may hear a sermon about family unity in church, see a poster questioning domestic violence on his walk to work, hear a radio programme about human rights, or be invited by a neighbor to join a men's group to discuss parenting skills. Repeated exposure to ideas from a variety of sources can significantly influence perception and reinforce practice.

### **Human Rights Framework**

A rights-based approach to preventing GBV such as FGM or domestic violence is empowering to women and the community. It uses the broader framework of human rights to create a legitimate channel for discussing women's needs and prioritises and holds the community accountable for treating women as valuable and equal human beings. It challenges community members to examine and assess their value system and empowers them to make meaningful and systematic change. Without this 'foundation', projects tend to appeal to the goodwill or benevolence of others to keep women and girls safe.

## **Community Ownership**

Effective projects aimed at changing harmful beliefs and practices in a community must 'engage' and be led by members of that community. Organizations can play an important facilitative and supportive role only. They can help individuals to identify the problem, consider its importance, evaluate their own behavior and then begin making changes. Yet change must occur in the hearts and minds of the community members themselves albeit with a little nudge from allied organizations.

Behaviour is a result of individual experience, attitudes, and beliefs, and thus it is deeply linked to the prevailing belief system in the community. The attitude and actions of neighbours, friends, relatives, co-workers, religious leaders, police, health-care providers, etc. can greatly influence an individual's behavior choices and thus collectively create the climate of change in the community.

With this in mind, organizations have an opportunity where they can work closely with individuals, groups, and institutions to strengthen their capacity to be '**agents of change**' in their community. In this way, their activism will live long after other specific projects end.

### **Enter the Community Change Agents**

An even better strategy would be this – Working through a grassroots organization within the target community such as a Non-Governmental Organization (NGO), Community Based Organization, Church or even Welfare or women/youth groups, partner to identify certain individuals within the community who are willing to work with you. The criteria for selecting these persons may be varied – open mindedness, gender sensitivity, Christian values, leadership abilities, exemplary personal conduct, survivors of FGM or other GBV etc. Certain abilities would also help such as minimum literacy levels and language reach to facilitate easier training and information comprehension. But some of these criteria may not be very important, what is crucial, is the individuals desire/inclination to help their community become a better one through endeavors to eliminate harmful practices. The rest will be shaped by long time

exposure to the correct information and proper training/education. Having identified, recruited, trained and established these individuals, dubbed Community Change Agents – Aka CCAs within the community, another very simple strategy would be this; facilitate and support them to use the existing structures within the community such as Chief's meetings, clan meetings, market days, school/churches meetings, even funerals, political platforms etc. to propagate their message; as in this case ending FGM. In conjunction with these, would be included other strategies such as door-to-door campaigns, ambush theatres, media engagement (preferably vernacular radio), rallies (especially during designated activism days: 16 days of activism) etc.

With the CCAs in place, organizations that attempt work to assist communities address detrimental social issues can become skilled facilitators of individual and collective change by working with, guiding, facilitating and supporting the community along a journey of change.

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## 5.0 ACTION POINTS WITHIN COMMUNITIES FOR CCAS TO ADDRESS FGM

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Ending FGM in Kenya and the world requires a united approach from the whole community, from the government to police, Teachers, and Parents, Traditional leaders, Religious Leaders and others to reinforce the End FGM message. This CCA guide module has information relating to negative health consequences and below are some resources advocates can use in relaying the message. This can be shared by all people including friends, parents, police, traditional leaders and professionals such as teachers and doctors.

### **Two very important points to note**

1. At this particular point, this CCAs booklet guide (Module 1) is simply able to capacitate the CCA with basic information about the problem and how to negotiate discussions around the problem of FGM. This is to enable the CCAs to begin reflecting on their mission and to a certain extent engage the community in End FGM dialogue. This module 1 of Community Agents Guide to End FGM does not equip the CCAs to plan and execute their own activities or facilitate forums towards ending FGM in their community, this will come later in the form of more capacity building.
2. “FGM is a sensitive, taboo and sometimes highly political and perceived religious issue that goes to the heart of gender identity and gender relations. Insensitive approaches and implementation could risk driving the practice underground, undermining existing efforts to end the practice, contributing to a backlash, adding to other political/conflict tensions, etc.”

## Action points for Community Change Agents

- ✓ As a CCA use each and every opportunity to talk to people in the community to begin planting the seeds of change. Instigate conversation around FGM and adverse its adverse consequences, FGM and the law, the benefits of girls' education etc.
  
- ✓ Raise ideas, ideas on alternatives to the practice, ideas on what girls can do if the fear and do not want FGM. Many young girls have no information on where to go to who to approach of they are afraid of FGM or if they fear someone they know will undergo FGM. This guide aims to show some of the options they can follow:
  - Visit the Police Gender and Children desk for assistance
  - Go and see the Sub-County Children's Officer for assistance.
  -
  
- Go to their area chief for assistance.
- Approach and talk to their headmaster in school about the problem.
- Approach trusted people like parents, aunts, uncles and other relatives who they know are anti-FGM. Not all parents or relatives want to force girls to undergo FGM.
- Visit or call any nearby anti-FGM organization or group in the area. In Kuria organizations such as **NURU KENYA, KURIA GIRL CHILD DEVELOPMENT CENTRE (KGDCD), Migori Community Negative Traditional Practices Mitigation (MICONTRAP), Action Aid, Kiburanga women self-help group etc.** offer safe houses, referrals, psychological support, legal aid etc.
- Visit nearby health centre or local hospital if they have health problems incurred during the FGM procedure like severe bleeding etc.

- Contact the police or anti-FGM organizations in the area for temporal shelter during popular cutting periods such as the December.
- Clandestinely report cases of forced or intended force cutting to the police
- Etc.
- ✓ For discussions aimed at raising anti-FGM awareness and creating rapport and partnerships towards ending FGM – CCAs should target the following individuals:
  - The stakeholders – girls, women, boys and men.
  - Religious and political leaders
  - Traditional and cultural leaders
  - Police, Community Chief or other statutory professionals.
  - Medical personnel – doctors, nurses, clinical officers etc.
  - Social and welfare officers
  - Media people – journalists etc.
  - Anti-FGM organizations and groups
  - Women and youth groups
  - Colleges, village polytechnics, schools etc.
  - Chief's meetings (barazas), clan meetings, funeral meetings, markets days etc.
  - Etc.
- ✓ Community Change Agents in an area must work as a team to incorporate activities during their planning meetings so that they reach individual men and the broader community.
- ✓ Attempt to meet men and boys in their own spaces because that makes it useful non-threatening for them e.g. men's religious associations or youth and football clubs for boys.
- ✓ Parents who are CCAs should educate girls by ensuring adolescent girls have access to quality education and complete their schooling and protect them from FGM

- ✓ Community Health Workers and Volunteers who are CCAs should encourage girls' access to age appropriate health services and ensure they acquire correct health attention including provision of life skills, sexuality education, HIV prevention and sexual reproductive health services.
- ✓ Community members who are CCAs should help keep girls free from FGM and all other forms of gender based violence, abuse and exploitation. They should assist and ensure that girls who experience violence receive prompt protection, services and access justice.
- ✓ Community leaders who are CCAs should promote adolescent girl leaders by ensuring that girls gain essential economic and social skills and are supported by community members and resources to participate in community life.
- ✓ Decision makers who are CCAs should count on adolescent girl welfare by developing and monitoring evidence based policies and programmers that advance their well-being and realize their human rights.

### **Possible difficult questions to prepare for...**

**Q: This had been a tradition for so long, why should we change? How can it be bad?**

A: This tradition has been around for a long time, but not everything that had been a tradition in the past is necessarily right for our future.

**Q: who is going to marry girls who are not circumcised?**

A: Men and boys who refuse to marry girls who are not circumcised and wish to continue the practice in their family may not know that they are putting their potential wives and daughters at numerous health complications and even death. If they want their wives and daughters to have less health complications and childbirth issues they will wish to stop the practice too.

**Q: what if my family is dishonored because I do not want FGM?**

A: we are telling people that the risks to girls and women's health are many and that although right now it may not be popular, there are many communities that have decided that this practice is not serving their interests anymore and have initiated change for the safety and health of their girls and women. Family honor is important but so is health, the community needs to find a way to have both.

**Q: How else are we to transition into womanhood? What alternative social rites are there?**

A: communities have tried numerous different approaches to celebrate a girl's transition into womanhood without FGM. Some have contributed with all of the festivities and have simply excluded FGM, while others have opted for painting flour on the girl's face to mark the occasion.

**Q: why would my family want to hurt me?**

A: Your family thinks that participating in this practice will protect your marriage prospects, the family name and will not hurt you. Unfortunately, there are numerous health complications around FGM including difficulty in passing urine, infertility, HIV? AIDS, painful intercourse and infection in the pelvis, in the urinary tract and problems in childbirth including the death of infants and women. It is important to talk with your family about the potential health complication as they may not know.

**Q: How will the circumcisers and traditional leaders gain income if they can no longer perform this practice?**

A: Although this activity generates income for circumcisers and traditional leaders, those who perform this rite of passage can substitute a different cultural practice but without FGM. Also, this practice only happens once every few years. How they support themselves in between the ceremonies should be continued.

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*Respecting and nurturing each other's freedom and wellbeing.*

**Kisumu County -Nyakach Sub-County**

Kisumu City

