Peponi House
Preparatory School
Nairobi, Kenya

FGM Policy

Female Genital Mutilation (FGM)

1. Introduction

This policy provides information about female genital mutilation (FGM) and what action should be taken to safeguard girls who may be at risk of being, or have already been, harmed. FGM is extremely traumatic, can be fatal, and has significant short and long term medical and psychological implications. It is illegal in Kenya, and therefore is a child protection issue.

FGM has been a criminal offence in Kenya since the Prohibition of Female Genital Mutilation Act 2011 was passed.

The 2011 Act not only criminalized FGM for underage girls but for everyone and also banned the stigmatization of women who had not undergone FGM. The 2011 Act extended the powers of previous legislation, providing for the prosecution of those who perform FGM and anyone who aids such a person or who knowingly fails to report knowledge of such acts or pending acts in Kenya or abroad.

2. Policy Statement

As a school we recognise that whilst there is no intent to harm a girl through FGM, this illegal practice directly causes serious short and long term medical and psychological complications. Consequently it is a physically abusive act.

It is our aim to prevent the practice of FGM in a way that is culturally sensitive and with the fullest consultations with all members of our school community.

All staff should be alert to the possibility of FGM. This policy represents a preventative strategy that focuses upon education, as well as the protection of girls at risk of significant harm. The following principles should be adhered to:

- The safety and welfare of the girl is paramount;
- All agencies and staff, including volunteers, will act in the interest of the rights of the girl, as stated in the UN Convention on the Rights of the Child (1989);
- All decisions or plans for the girl should be based on thorough assessments which are sensitive to the issues of age, race, culture, gender, religion. Stigmatisation of the girl or their specific community should be avoided;

3. Female Genital Mutilation

3.1 Definition

Prohibition of Female Genital Mutilation Act 2011 states that female genital mutilation (FGM) comprises all procedures involving partial or total removal of the female genitalia or other injury to the female genital organs, or any harmful procedure to the female genitalia, for non-medical reasons, and includes—

(a) clitoridectomy, which is the partial or total removal of the clitoris or the prepuce;

(b) excision, which is the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora;

(c) infibulation, which is the narrowing of the vaginal orifice with the creation of a covering seal by cutting and appositioning the labia minora or the labia majora, with or without excision of the clitoris, but does not include a sexual reassignment procedure or a medical procedure that has a genuine therapeutic purpose;

FGM is also known as female circumcision, but this is incorrect as circumcision means 'to cut' and 'around' (Latin), and it is quite dissimilar to the male procedure. It can also be known as female genital cutting. In Kiswahili FGM is called 'ukeketaji'; the Somali term is 'gudnin' and in Sudanese it is 'tahur'. FGM is not like male circumcision. It is very harmful and can cause long-term mental and physical suffering, menstrual and sexual problems, difficulty in giving birth, infertility and even death. The average age for FGM to be carried out is about 14 years old. However it can vary from soon after birth, up until adulthood.

3.2 Prevalence

FGM is much more common than most people realise. There are various studies, but in Kenya around 20% of girls have undergone FGM, while in Somalia some studies suggest this could be as high as 98%.

3.3 Cultural context

The issue of FGM is very complex. Despite the obvious harm and distress it can cause, many parents from communities who practice FGM believe it important in order to protect their cultural identity.

FGM is often practiced within a religious context. However, neither the Koran nor the Bible supports the practice of FGM. As well as religious reasons, parents may also say that undergoing FGM is in their daughter's best interests because it:

- Gives her status and respect within the community;
- Keeps her virginity / chastity;
- Is a rite of passage within the custom and tradition in their culture;
- Makes her socially acceptable to others, especially to men for the purposes of marriage;
- Ensures the family are seen as honourable;
- Helps girls and women to be clean and hygienic.

3.4 The FGM procedure

The procedure is usually carried out by an older woman in the community, who may see conducting FGM as a prestigious act as well as a source of income.

The procedure usually involves the girl being held down on the floor by several women. It is carried out without medical expertise, attention to hygiene or an anaesthetic. Instruments used include un-sterilised household knives, razor blades, broken glass and stones. The girl may undergo the procedure unexpectedly,

or it may be planned in advance.

3.5 Consequences of FGM

Many people may not be aware of the relation between FGM and its health consequences; in particular the complications affecting sexual intercourse and childbirth which occur many years after the mutilation has taken place.

Short term health implications include:

a. Severe pain and shock;
b. Infections;
c. Urine retention;
d. Injury to adjacent tissues;
e. Fracture or dislocation as a result of restraint;
f. Damage to other organs;
g. Death.

Depending on the degree of mutilation, it can cause severe haemorrhaging and result in the death of the girl through loss of blood.

Long term health implications include:

a. Excessive damage to the reproductive system;
b. Uterus, vaginal and pelvic infections;
c. Infertility;
d. Cysts;
e. Complications in pregnancy and childbirth;
f. Psychological damage;
g. Sexual dysfunction;
h. Difficulties in menstruation;
i. Difficulties in passing urine;
j. Increased risk of HIV transmission.

3.6 Signs and Indicators

Some indications that FGM may have taken place include:

- The family comes from a community that is known to practice FGM, especially if there are elderly women present in the extended family;
- A girl may spend time out of the classroom or from other activities, with bladder or menstrual problems;
- A long absence from school or in the school holidays could be an indication that a girl has recently undergone an FGM procedure, particularly if there are behavioural changes on her return;
- A girl requiring to be excused from physical exercise lessons without the support of her doctor;
- A girl may ask for help, either directly or indirectly;
- A girl who is suffering emotional / psychological effects of undergoing FGM, for example withdrawal or depression;

- Some indications that FGM may be about to take place include:
- A conversation with a girl where they may refer to FGM, either in relation to themselves or another female family member or friend;
- A girl requesting help to prevent it happening;
- A girl expressing anxiety about a 'special procedure' or a 'special occasion' which may include discussion of a holiday to their country of origin;
- A boy may also indicate some concern about his sister or other female relative.

4. Action to take if you believe a Child is at Risk of FGM

Any information or concern that a girl is at risk of, or has undergone FGM should result in an immediate referral to either the School Counsellor or the Designated Safeguarding Lead, (Deputy Head Pastoral).
If a girl is thought to be at risk of FGM, you should be aware of the need to act quickly - before she is abused by undergoing FGM in Kenya, or taken abroad to undergo the procedure.

5. Strategy

Once a referral has been received for either a girl who is at risk or has undergone FGM, a meeting must be convened within two working days. This should involve the girls' parents, the School Counsellor and, if deemed appropriate, a member of the medical community, such as gynaecologist or paediatrician.
The meeting must first establish if the parents and / or girl have had access to information about the harmful aspects of FGM. If not, the parents / girl should be offered the opportunity of educational / preventative programmes before any further action is considered.
Every attempt should be made to work with parents on a voluntary basis to prevent abuse of FGM occurring. The investigating team should ensure that parental co-operation is achieved wherever possible, including the use of community organisations and / or community leaders to facilitate the work with parents / family. However, if it is not possible to reach an agreement, the first priority is protection of the girl.

6. Girls in Immediate Danger

If the parents cannot satisfactorily guarantee that they will not proceed with the mutilation and the meeting decides that as such the child is in immediate danger, then the member of the Board of Directors with responsibility for child protection will be contacted.
The primary focus is to prevent the child undergoing any form of FGM, rather than removal from the family. If the girl has already undergone FGM, the meeting will need to consider whether to continue enquiries or whether to assess the need for support and / or legal services. Consideration should be given to establish if there are any younger sisters, and an assessment may be needed to determine if there are any risks to younger siblings. If any legal action is being considered, legal advice must be sought.

7. If a Girl Has Already Undergone FGM

Where FGM has been practised, a meeting with the School Counsellor and Safeguarding Lead, with referral to the member of the Board of Directors with responsibility for child protection, should consider how, where and when the procedure was performed and its implications for the girl.

A girl who has undergone FGM should be seen as a child in need of support and offered services as appropriate. The meeting should consider the need for medical assessment and / or therapeutic services for her.

The risk to other female children in the family and extended family must be considered at the meeting and a referral made to the appropriate services.