



POLICY BRIEF

INTEGRATION OF FEMALE GENITAL MUTILATION PREVENTION AND RESPONSE INTO HEALTH PROGRAMS: EVIDENCE FROM NURSING AND MIDWIFERY TRAINING AND PRACTICE



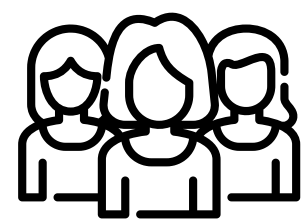
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1. INTRODUCTION

This policy brief presents evidence from the integration of FGM prevention and response into existing health programs as a sustainable model for its elimination and wellbeing of women and girls as well as to stimulate scale up into Nursing and midwifery training programmes. Female Genital Mutilation (FGM) – the partial or complete removal of female external genitalia for non-medical reasons is associated with health consequences, violation of rights and wellbeing of women and girls.

To date 230 million women have been subjected to FGM and annually 4.3 million girls at risk, globally. Kenyan rates have declined from 37.6% in 1998 to 15% in 2022 with uneven county proportions of between 0.1% to a high of 97% in women 15-49 years old. The decline is attributed to conducive legal-policy environment that supports FGM prevention and response interventions.



230 million globally & 4.3 million annually



FGM declined between 37.6%-15% from 1998 -2022

Despite the progress, there exist challenges affecting health sector led and FGM interventions including lack of comprehensive training resources and inadequate integration of FGM prevention and care in service delivery structures. Moreover, most nurses and midwives graduate with inadequate knowledge and skills affecting early identification, management, counselling and referral for FGM survivors.

Moreover, there is inadequate skills to resist requests for medicalization (FGM performed by healthcare workers) as an emerging shift in FGM. An integration model of FGM prevention and care into medical/health training programs, health services delivery structures, and community level services with the ultimate goal of protection and wellbeing of women and girls has been tested.

2. KEY ISSUES

FGM Prevalence: The national FGM prevalence is 15% with uneven rates across counties ranging from 0.1 to 97 percent. Twenty-two of these counties have a prevalence above the national average (hotspot)

Emerging trends in FGM: FGM is increasingly evolving characterized by cross border FGM, changes in how it referred, shifts in cutting age and being performed by health care workers also known as medicalization.

Medicalization in FGM: Increasingly girls and women are subjected to medicalization which is currently at 17% among those aged 15 to 49 years.

Nature of end FGM interventions: Existing end FGM interventions have been implemented as a standalone affecting their effectiveness and sustainability calling for an integrated approach.

Legal and policy framework: Kenya has a conducive legal - policy environment and political goodwill supporting elimination of FGM, but a concerning suboptimal enforcement and implementation.

Integration of End FGM training: Existing curriculum has inadequate FGM prevention and response content for supporting pre-service healthcare training programs

Multisectoral collaboration: Stakeholders' collaboration and partnership is key in supporting FGM prevention and response for the well-being of girls and women.

3. PURPOSE

This policy brief communicates evidence from the integration of FGM prevention and response into existing health programs as a sustainable model for its elimination and wellbeing of women and girls as well as to stimulate scale up into Nursing and midwifery programmes.

4. TARGET GROUP

The brief targets a number of key stakeholders as outlined in the table:

1. Ministry of Health	9. Judiciary
2. Health Professional Regulatory Bodies	10. Community-based organizations
3. Professional Associations	11. Development partners
4. Training Institutions (Universities and Colleges)	12. UN Agencies
5. Law enforcement	13. Civil society organizations
6. Office of the director of public prosecution (ODPP)	14. Council of Governors
7. State Department for Gender and Affirmative Action	15. County governments
8. Anti-FGM Board	16. Religious Leaders- Faith organizations

5. RECOMMENDATIONS

1. Leverage continuous professional development for in-service training on FGM prevention and response to enhance quality, survivor-centred FGM prevention and care.
2. Strengthen multi-sectoral collaboration and partnerships among MOH, regulatory bodies, professional associations, and training institutions to accelerate elimination of FGM and its medicalization through coordinated implementation and accountability.
3. Strengthen the integration of FGM prevention and response content and services into existing health service delivery structures to institutionalize survivor-centred care and improve access for sustainable and scale-up of the interventions.

6. CONCLUSION



This policy brief presents evidence demonstrating that integrating FGM prevention and response into existing health programmes is a sustainable and effective approach to eliminating the practice and improving health and wellbeing of women and girls. It calls for the scaling of the integration model into nursing and midwifery education programmes to strengthen the capacity of the future and current health workforce to prevent and respond to FGM.

7. REFERENCES

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