

FEMALE GENITAL MUTILATION PREVENTION AND CARE CONTENT IN HEALTH-RELATED COURSES IN UNIVERSITIES IN NAIROBI: CURRENT STATE AND WAY FORWARD

**A report by Africa Coordinating Centre for the Abandonment of Female Genital
Mutilation/Cutting (ACCAF)**

1. Dr. Jacqueline Chesang
2. Prof. Patrick Muia Ndavi
3. Dr. Samuel Kimani
4. Dr. Joyce Jebet
5. Dr. Agnes Meroka-Mutua

FUNDING AGENCY: Foreign, Commonwealth and Development Office (FCDO) through support to the Africa-Led Movement (ALM) to end female genital mutilation (FGM) in one generation

1. BACKGROUND

Female genital mutilation (FGM) comprises all procedures that involve the partial or total removal of the external genitalia or other injury to the female genital organs for non-medical reasons. FGM is a harmful practice recognized internationally as a violation of human rights, including the right to the highest attainable standard of health. Despite concerted efforts to eradicate the practice in affected communities, decline in the rates of FGM has been slower than anticipated. Globally, there are 200 million women living with FGM and, each year, about 3.6 million girls are at risk of undergoing FGM. Most girls and women who have undergone FGM live in Africa, Middle East and Asia. The prevalence of FGM in Kenya among women of reproductive age (15 to 49 years) recorded in the KDHS 2014 was 21%, a decline from the 38% recorded in the 1998 KDHS. However, there are communities including the Maasai, Kisii, Samburu and Somali with prevalences ranging from 78% to 94%. Efforts to end FGM must continue in addition to supporting girls and women living with FGM. The importance of eliminating FGM is reflected in Sustainable Development Goal (SDG) 5 Target 3: "Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation."

FGM is a violation of the human rights of women and girls, which are recognized under International and Regional Human Rights treaties and conventions. In line with her obligation under International Law, Kenya has passed legislation that expressly prohibits FGM. The Government of Kenya enacted the Prohibition of FGM Act 2011, an Act of Parliament to prohibit the practice of FGM, to safeguard against violation of a person's mental or physical integrity through the practice of FGM and for connected purposes. Where the victim of FGM dies, the law establishes the offence of aggravated FGM whereby the sentence upon conviction is life imprisonment. In addition, the Government of Kenya has ratified all treaties that are relevant to the elimination of FGM, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of Children (CRC) and the Maputo Protocol. All these instruments form part of Kenya's domestic law by dint of Articles 2(5)&(6) of the Constitution, which explicitly recognize International Law as part of Kenya's laws. Furthermore, during the second International Conference on Population and Development (ICPD25, November, 2019) the president of Kenya made a commitment to end FGM by the year 2022 and the Ministry of Health has a policy against medicalization of FGM (cutting being performed by health care providers).

FGM has no known health benefits and may cause severe health consequences. Unfortunately, the positioning of FGM as a health matter has led to medicalization of FGM with the false belief that this will lead to less complications and in case any arises, they will be managed on time.

Given the complexity of FGM, a multidisciplinary approach is used that involves many professionals including law enforcers, teachers, health professionals, social workers, media practitioners and children officers. Health care providers have the dual role of prevention and response to FGM by providing care to those who have undergone FGM, sensitization of the community, educating the public about its health consequence, accurately documenting FGM, and advocacy against FGM. Health care providers have the advantage of being respected by the community; they have legitimacy as health professionals and are also care providers to families. Any contact with a girl/woman living with FGM presents an opportunity for the health care provider to provide FGM prevention messages and offer appropriate care.

There is need to train health care providers on the detection and clinical management of FGM complications in order to ensure that girls and women living with FGM have access to quality services. It is also imperative that they are knowledgeable on the drivers of FGM in the communities that they

serve in order to have a better chance of success in prevention. In addition, health professionals are key prosecution witnesses in FGM related offenses. To promote successful prosecution, there is need for capacity building of health professionals to collect and store required information as well as present evidence in court. In addition, training of health care providers on the risks and complications associated with FGM, the human rights and legal aspects of FGM, and the principles of 'do no harm' is one way of addressing medicalization of FGM. It is therefore necessary to build the knowledge and skills of health care providers in the prevention, detection and response to FGM. This is best done in the pre-service period to ensure that newly qualified health care providers are well equipped to address FGM and to address the challenge of staff movement.

This is a report of an assessment of the current state of delivery of FGM content in health-related courses in Universities within Nairobi and a guide on future direction in delivering FGM content with the ultimate goal of integrating FGM into the curricular of health-related programmes.

2. THE CONTEXT

Africa Coordinating Centre for Abandonment of Female Genital Mutilation/Cutting (ACCAF) is a Centre based at the Department of Obstetrics and Gynaecology, Faculty of Health Sciences, University of Nairobi, Kenya. ACCAF was established in 2012 with the aim of strengthening research capacity and coordination, and implementation of evidence-based practices and strategies that inform policy and programmes for the abandonment of FGM in Africa and beyond within one generation. ACCAF provides a trans-disciplinary approach to champion efforts and address gaps in the abandonment of FGM with a view towards sustaining women's health and dignity. The centre aims to contribute to the abandonment of FGM and preservation of girls and women rights and dignity. Some of the objectives of ACCAF are to improve health care provision for women and girls who have undergone FGM, and to advocate, educate and create a supportive environment for cultural change.

The Government of the United Kingdom (UK) (Foreign, Commonwealth and Development Office, FCDO) has a vision of a world free from FGM by 2030, in line with the SDGs. A programme has been established entitled 'Support to the Africa-led movement (ALM) to end FGM/C' to contribute to global efforts to achieve that vision. ACCAF is a member of this consortium. The movement is a campaign supported by The Girl Generation, the world's largest Africa-led global collective of partners brought together by the shared vision that FGM can, and must, end in this generation. One of the ACCAF-led interventions is to mainstream end FGM content into medical/health trainees' curricula in universities and middle level colleges in Kenya, Somaliland and Senegal, through a health systems approach. The outcomes of this intervention are that institutions offering health-related programmes incorporate FGM content into their pre-service training, newly qualifying health professionals are empowered to prevent FGM (including its medicalization) and to respond to FGM, and are advocates of positive social norms change to end FGM within their communities.

3. APPROACHES USED FOR THE SITUATIONAL ANALYSIS AND IN BUILDING CONSENSUS ON WAY FORWARD

A situational analysis was undertaken using a self-administered questionnaire that was sent via email to curriculum managers of universities within Nairobi. The institutions included are University of Nairobi (UoN), Kenyatta University (KU), Jomo Kenyatta University of Agriculture and Technology (JKUAT), Catholic University of East Africa (CUEA), Day Star University, St. Paul's University, Presbyterian

University of East Africa (PUEA), Mount Kenya University (MKU), and AMREF International University (AMIU). The questionnaires were sent to at least one faculty member of university departments that offer health-related programmes. Completed questionnaires were also sent to ACCAF via email. Relevant university departments and appropriate faculty members to contact were identified on the basis of prior knowledge of ACCAF members and through snowballing.

Participants were asked about types of health-related training programmes that they offer, average number of students per programme per academic year, duration of training, whether the curricula contains FGM content, FGM content delivery characteristics, and source of knowledge and skills the faculty uses to deliver FGM teaching. Participants were also invited to suggest strategies to build the capacity of faculty to deliver FGM content and to ensure integration of FGM content into the curricula of health-related programmes.

Subsequently, a workshop was held on 16th March 2022 with curriculum managers from universities in Nairobi. Invitations for the workshop were sent to relevant departments and they were requested to send representatives to the workshop. The objectives of the workshop were to:

1. Share findings of the situational analysis on FGM prevention and care content in the curricular for health trainees in universities within Nairobi.
2. Sensitize the curriculum managers on support tools for integration of FGM prevention and care content into health trainees curricular in universities.
3. Build consensus on the best approaches for integration of FGM prevention and care content into the health trainees curricular in universities

During the workshop, the findings of the situational analysis of FGM prevention and care content in health-related university training programmes were presented. This was followed by a presentation of the E-training manual (A Female Genital Mutilation Training Manual for Health Care Providers: E-training Resource) developed by ACCAF with the support of the United Nations Population Fund (UNFPA). After these presentations, a plenary discussion was conducted to build consensus on the best approaches for integration of FGM prevention and care content into the health trainees curricular in universities.

4. FINDINGS FROM THE SITUATIONAL ANALYSIS

The management authorities of the universities assessed were almost equally distributed between faith based, private and public (Table 1). The public institutions included UoN, KU and JKUAT; the faith based institutions included CUEA, Day Star University, St. Paul's University and PUEA; whereas the private institutions included MKU and AMIU. The average number of students per academic year for undergraduate and postgraduate programmes was 242 and 49, respectively. The duration of the programmes was four (10/13) or six years for undergraduate training, and two (5/6) or four years for postgraduate training (MChB and medical doctors specialist programmes took six and four years, respectively). Not all respondents stated the duration of their programmes.

Table 1: Characteristics of universities within Nairobi with health-related programmes and programme characteristics

Characteristics		Number	Percentage (%)
Management authority			
	Public	3	33.3
	Private	4	44.4
	Faith based	2	22.2
Type of Training programmes			
	Undergraduate	17	63.0
	Postgraduate	10	37.0
Training programme beneficiaries			
	Medicine	5	18.5
	Nursing	13	48.1
	Clinical medicine	2	7.4
	Public health	3	11.1
	Other (physiotherapy, radiology, laboratory studies and pharmacy)	4	14.8
Average number of students per course per academic year			
	Undergraduate		
		<100	2
		100-200	4
		>200	6
		Average	242
	Postgraduate		
		< 50	4
		≥ 50	2
		Average	39
Duration of training programme in years			
	Undergraduate		
		4	10
		6	3
	Postgraduate-years		
		2	5
		4	1

As shown in Table 2, there are a total of 27 health-related courses in the nine universities surveyed. Most of the courses are undergraduate (63% [17/27]) and the most common course offered by the training institutions is nursing/midwifery at both undergraduate and postgraduate levels (52.9% [9/17] and 40% [4/10], respectively).

Table 2: Distribution of health-related programmes in universities within Nairobi

Institution		Medicine	Nursing/Midwifery	Clinical Medicine	Public Health	Other*
University of Nairobi						
	Undergraduate	1	1	-	-	-
	Postgraduate	1	1	-	1	-
Kenyatta University						
	Undergraduate	1	1	-	1	1
	Postgraduate	-	1	-	1	1
Jomo Kenyatta University of Agriculture and Technology						
	Undergraduate	1	1	1	1	1
	Postgraduate	-	1	1	1	1
AMREF International University						
	Undergraduate	-	1	-	-	-
	Postgraduate	-	-	-	-	-
Mount Kenya University						
	Undergraduate	1	1	-	-	-
	Postgraduate	-	1	-	-	-
Daystar University						
	Undergraduate	-	1	-	-	-
	Postgraduate	-	-	-	-	-
St. Paul's University						
	Undergraduate	-	1	-	-	-
	Postgraduate	-	-	-	-	-
Catholic University of East Africa						
	Undergraduate	-	1	-	-	-
	Postgraduate	-	-	-	-	-
Presbyterian University of East Africa						
	Undergraduate	-	1			-
	Postgraduate	-	-			-
TOTAL						
	Undergraduate	4	9	1	1	2
	Postgraduate	1	4	1	2	2

*Other includes physiotherapy, radiology, laboratory studies and pharmacy.

FGM content was integrated in all health-related courses of both undergraduate and postgraduate programmes. As shown in Table 3, the year in which FGM content is taught differed between universities, and programmes that are undertaken for a longer duration (specifically, MBChB) tended to deliver FGM content in the later years of the programme. Similarly, the course under which FGM is taught, the duration FGM is taught and the mode of delivery varied. However, it is notable that FGM content is mainly offered under gender and reproductive health courses/units. In addition, the most common method of delivery of FGM content is through lectures (37.0% [10/27]), followed by discussion and case study (22.2% [6/27] for each). Of importance is that only two of the 27 courses (7.4%) included practical sessions.

In Table 3, it can also be seen that the components of FGM content varied from one course to another. Similarly, there was variation in content examined. None of the programmes reported examining all the components. In any case, while more components were reportedly covered, fewer components were examined.

Table 3: FGM content delivery characteristics

Characteristic		Number of undergraduate programmes	Number of postgraduate programmes
Year of study FGM content taught			
	First	-	1
	Second	3	1
	Third	3	4
	Fourth	3	-
	Fifth	2	-
	Not stated	2	-
Course under which FGM content is taught			
	Gender, sexual and reproductive health	6	2
	Obstetrics & Gynaecology	3	1
	Midwifery	-	1
	Maternal and child health	1	-
	Gender and health	1	-
	Not stated	1	1
Duration in hours that FGM/C content is taught			
	1 - 2	2	2
	3	4	1
	4 – 10	3	-
	> 10	2	-
	Not stated	2	2
Mode of Delivery			
	Lecture	9	1
	Discussion	5	1
	Case study	5	1
	Demonstration	2	-
	Video	3	-
	Online module	2	-
	Practical session	2	-
FGM content taught			
	Definition and types of FGM	10	1
	Definition/description of medicalisation of FGM	9	1
	Epidemiology of FGM	8	1
	Drivers of FGM	8	1
	Legal, professional and ethical issues in regard to FGM	8	1
	Complications of FGM and management	7	2
	Strategies of prevention of FGM	8	2
	Other	1	-
FGM content examined			
	Definition and types of FGM	8	4
	Definition/description of medicalisation of FGM	5	3
	Epidemiology of FGM	5	3
	Drivers of FGM	5	3
	Legal, professional and ethical issues in regard to FGM	4	3
	Complications of FGM and management	8	4
	Strategies of prevention of FGM	6	3
	Not stated	4	1

It is evident in Table 4 that knowledge and skills for faculty to deliver FGM content were obtained from different sources. The most reported resources were formal professional training, online modules and World Health Organization (WHO) resource materials.

Table 4: Source of knowledge and skills for faculty to deliver FGM content

Source of knowledge	Number of programmes
Knowledge obtained from formal professional training (undergraduate & specialisation)	10
Online modules on FGM	10
WHO resource materials on FGM	10
Training workshops on FGM	8
MoH resource materials on FGM	8
Gained through research in FGM	7
Continuous professional development	5
Expert resource materials on FGM	5

Participants also suggested strategies to build capacity of faculty to deliver FGM content and to ensure integration of FGM content into the curricular of health-related programmes. These are summarised in Table 5.

Table 5: Strategies to promote the enhancement of FGM content in medical / health related university programmes

Strategies to build capacity of faculty to be better deliver FGM curricular content

- a. Continuous professional development workshops /seminars for capacity building of faculty on delivery of FGM prevention and care training to preservice students.
- b. Involvement in research to provide evidence-based resource materials including guidelines and or manuals on FGM prevention.
- c. Digitisation of FGM resource materials to facilitate asynchronous learning
- d. Availing a model with forms of FGM.
- e. Dialogue with legal /policy makers stakeholders to gain buy-in
- f. Involving faculty in development, review and implementation of FGM policies in the country.
- g. In-service training on FGM including imparting practical skills.

Strategies to enable institutions integrate FGM content into the curricular of medical/health related programmes

- a. FGM curriculum audit and review with stakeholders to include more theoretical and practical content and time offered for both undergraduate and postgraduate programmes.
- b. Immediate improvement of FGM content in the current curriculum and delivery as a standalone course as we wait for the next cycle of curriculum review.
- c. Sensitization and capacity building of faculty/subject matter experts on FGM
- d. Avail training resources to academic staff members/the university.
- e. Involving faculty in development, review and implementation of FGM policies in the country
- f. Integration of FGM into reproductive health courses/units
- g. FGM should be one of the compulsory university units

5. CONSENSUS ON WAY FORWARD

In the workshop with curriculum managers, challenges to integration of FGM content were discussed and the best approaches to ensuring that students undertaking health-related programmes receive comprehensive training before graduation agreed on. The following are the outcomes of the discussion:

1. *Standardization of FGM Content:* Currently, the content taught and examined and the mode of delivery is not uniform. ACCAF developed a curriculum package for FGM, with the support of UNFPA which will be used in integration of FGM into the curricular of health-related programmes. The content is in line with that in the manual presented during the workshop (A

Female Genital Mutilation Training Manual for Health Care Providers: E-training Resource). To further ensure standardization, the manual will be used in training of students.

2. *Mode of Delivery:* Universities undertake curriculum review at different times and the cycle of review takes years. To ensure that current students receive training on FGM, it was agreed that in the interim FGM content should be offered as a standalone module to be delivered in three days face-to-face training. Students will access online material to prepare for the workshop.
3. *Practical Training:* In the situational analysis, it was noted that in most programmes FGM content does not include a practical component. There was general consensus that this is an important component of training and competency. Considering the peculiarities of each programme, practical training will be dependent on the programme/course and will be examinable. Importantly, for courses that include physical examination of women and girls, the presence or absence of FGM should be a reportable finding.
4. *Timing of Delivery of FGM Content:* Courses in universities have codes which are given after approval by the senate following a curriculum review process. It has earlier been stated that curriculum review may take long. Considering these, it was agreed that FGM content should be offered and examined as part of existing relevant courses/units. This has the disadvantage of leaving out students graduating this year, if the course is usually undertaken in earlier years of the programme. To overcome this, a workshop will be organized for the final year students by the relevant departments with the content delivered examined at the end of the workshop.
5. *Examination of FGM Content:* This should be examined as part of the relevant course/unit including examination of practical skills.
6. *Capacity building of Subject Matter Experts:* There is need for training of faculty to build their capacity in delivering FGM content. This will be undertaken by ACCAF between May and August of this year (2022). The training will be conducted in a three days face-to face workshop. Before the workshop, participants will be sent relevant training material in adequate time to prepare for the workshop.
7. *Facilitation of FGM Content Delivery:* To ease the work of facilitators, ACCAF has developed an E-tool for training on FGM prevention and care, power points for each chapter of the training manual, and is developing posters to support teaching. This will be made freely available to the universities.
8. *Integration of FGM Content into the Curricular of Health Trainees:* ACCAF, with the support of curriculum managers from the universities within Nairobi, will watch-out for curricular that are due for review to support integration of FGM content.
9. *Other Suggestions:* It was observed that there is need for in-service training of health care providers because majority had no formal training on FGM. This could be done through an online self-paced course, webinars, pre-conference workshops of professional associations, and through a mandatory course prior to professional registration. The implementation of these suggestions will be considered.

ACCAF, with the support of the universities offering health-related programmes, will monitor the end FGM curriculum implementation. Course content and mode of delivery will be updated based on new evidence on prevention and management of FGM, as well as feedback received from stakeholders, facilitators and graduates of the course.

6. ACKNOWLEDGEMENT

We are grateful to FCDO for funding this project, to participating universities, and to all those who took part in completing the questionnaire and in the workshop.