

THE KENYA OBSTETRICAL AND GYNAECOLOGICAL SOCIETY

Mobile: +254 726 639621
Email: kogs@kogs.or.ke
Website: www.kogs.or.ke



P.O. Box 19459-00202
Nairobi, Kenya

17TH FEBRUARY 2023

THE KENYA OBSTETRICAL AND GYNAECOLOGICAL SOCIETY (KOGS) STATEMENT OF COMMITMENT TO END MEDICALIZATION OF FEMALE GENITAL MUTILATION IN KENYA

Female genital mutilation (FGM) involves altering or injuring the female external genitalia for non-medical reasons. The term encompasses a broad range of practices that are classified into four main types, based on anatomical structures affected. FGM poses serious risks to the health and wellbeing of girls and women. It is also a violation of the human rights of women and girls, which are recognized under International and Regional Human Rights treaties and conventions. Despite these, it is estimated that at least 200 million girls and women have undergone FGM and 4.2 million girls are at risk annually.

The prevalence of FGM in Kenya among women 15-49 years is 15%; which translates to one in every seven girls or women. This number is much too high, but progress is being made. In 2014, the prevalence was 21%, and in 1998 it was 38%.

The 2010 Constitution of Kenya protects children and women from abuse, harmful cultural practices, and all forms of violence. The Government of Kenya has enacted legislation prohibiting FGM, including the Prohibition of Female Genital Mutilation Act, 2011 and the Children's Act, 2022. Furthermore, Sessional Paper No. 3 of 2019 on the National Policy for the Eradication of Female Genital Mutilation and the National Policy on Gender Based Violence 2019 guide the regulation of FGM in Kenya.

Recently, there has been a growing trend towards the medicalization of FGM. Medicalization refers to the involvement of a health professional in the practice of FGM, whether at home, in a public or private clinic, or elsewhere. It also includes the procedure of re-infibulation (re-closure of female external genitalia following de-infibulation). UNFPA, UNICEF, The Girl Generation among other agencies, have characterized medicalization as one of the greatest threats to the elimination of FGM.

In Kenya, among women 15-49 years living with FGM, 15% of those aged 15-49 years and 19.7% of those aged 0-14 years were cut by a health professional (KDHS, 2014). Without urgent action, any progress made towards the eradication of FGM could be lost. The World Health Organization (WHO) notes that medicalization of FGM perpetuates the belief that it is a safer alternative. The Kenya Obstetrics and Gynaecology Society (KOGS) joins WHO in strongly opposing medicalization of FGM.

25 years ago, during the International Federation of Gynecology and Obstetrics (FIGO's) 1994 Montreal General Assembly, a Resolution on FGM was made. It is as true and relevant today as it was then. KOGS, a member of FIGO, reiterates its' firm stand against the practice and encourages its 337 members to **denounce the medicalization of FGM in all its forms.**

KOGS upholds that, FGM can never be “safe,” and there is no medical justification for the practice. FGM violates the right to health, to be free from violence, to life and physical integrity, to non-discrimination, and to be free from violence and cruel, inhuman or degrading treatment. Furthermore, no health care worker is trained to perform FGM and when performed in a clinical setting, FGM violates medical ethics.

KOGS COMMITS TO:

1. **PROVIDE** its members with information on FGM including its negative sexual, reproductive, and psychological health consequences.
2. **LIAISE** with medical schools to establish a systematic means of training all health professionals on FGM prevention and care.
3. **CAPITALIZE** on the respected social roles of obstetricians and gynecologists to act as agents of change to end FGM.
4. **SUPPORT** health care workers to engage and discuss with communities the health consequences of FGM.
5. **STRENGTHEN** curricular amendments and reform to ensure inclusion of anti-FGM content in medical schools and other settings of health worker training.
6. **STRENGTHEN** the capacity of health institutions, associations and professional bodies to provide technical support to their members on FGM prevention, response and care..
7. **PROVIDE** training and mentorship to young doctors and other healthcare workers to end FGM.
8. **EMBRACE** the use of evidence to inform FGM prevention and response interventions.

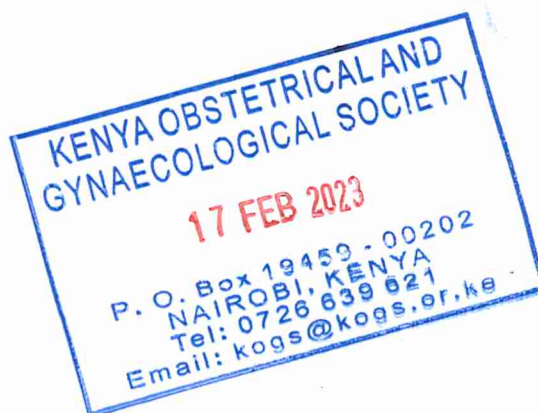
In view of the foregoing, KOGS strongly recommends that obstetricians and gynaecologists:

1. **EXPLAIN** the immediate dangers and long-term consequences of FGM to religious leaders, legislators and other decision makers.
2. **EDUCATE** health professionals, community workers and teachers about this harmful practice.
3. **SUPPORT** those who want to end the practice in their families or communities.
4. **ASSIST** in research on FGM trends and its harmful consequences.
5. **DENOUNCE** any attempts to medicalize FGM.
6. **PROVIDE** quality care to survivors of FGM.



Dr.Kireki Omanwa

President KOGS



President
Dr. Kireki Omanwa

Hon. Secretary
Prof. Moses Obimbo

Hon. Treasurer
Dr. Ruth Wamae

Registered Office:

KMA Centre (Corner Chyulu Road/Mara Road, 4th Floor, Suite 407, Upperhill, Nairobi | Email: kogs@kogs.or.ke | Web: www.kogs.or.ke