

## **P.E.A.C.E: Peace through Education, Advocacy, and Community Empowerment**

**Background:** Female Genital Mutilation (FGM) is defined as “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons” and as an “irreparable and irreversible abuse.”<sup>1</sup> In Kenya, FGM has been widely practiced for hundreds of years by many different communities for social reasons and the practice has been acculturated as a rite of passage. Although this rite of passage initiates girls into womanhood, the very painful practice forces women into a restrictive mindset; it leads to lifelong trauma and creates mental and physical disabilities that diminish a woman's personal self-worth. Thus, FGM is a form of oppression that removes the choices that women have over their body and subsequently the choices they have in the social, economic, and personal aspects of their lives.

Aside from the individual issues associated with FGM, some of the health risks posed by this practice include HIV/AIDS infection from non-sterilized blades, hemorrhaging during the procedure or childbirth, and small benign tumors of the nerve that result from clitoridectomy and excision.<sup>2</sup> Other parts of the girls' lives, particularly their educational pursuits, are also adversely affected by this practice. After the cutting ceremony, girls are socially declared to achieve “womanhood”. This means they are forced to discontinue their education immediately and are married off to the wealthiest suitor. This is because the extreme poverty in the region causes families to rely on the financial income from marriage dowries. In regions like Kisii, Kenya, which has a prevalence rate of FGM above 90%, there is currently a 35% secondary school enrollment rate for females, one of the lowest in the world.<sup>3</sup> Lack of proper education amongst the Kisii women creates further issues as many develop dependency syndrome, which subordinates them and makes them vulnerable to domestic violence.<sup>4</sup>

Abstaining from the practice can prevent health threats, but can create prolonged social and even economic problems for the girl and her family through stigmatization, shunning and boycott. Condescending and biased opinions about FGM from various foreign NGOs and political agencies are ill-conceived as they clash with the socio-cultural fabric of these communities. Therefore, FGM is a cruel social practice that must be eliminated in the same way it was created: at the grassroots level

**Project Objectives:** The project is focused on eliminating the incidence of female genital mutilation in the Kisii region of Kenya. Through this endeavor we are advocating for gender equity and enhancement of the socio-economic status of women to enable them to exercise control over their lives, starting with reproductive health. In order to achieve these objectives, we will focus on (1) increasing the community's knowledge and awareness of the dangers of female circumcision through education, (2) empowering females economically to increase their independence and eliminate socially constructed necessities of FGM. Through the union of the voices in opposition to the practice, communities can achieve a collective product that will manifest itself in peaceful and positive social, economic, and political dynamics for the country as a whole.

**Project Description Overview:** The project utilizes a community participatory approach that is divided into two parts, Education and Economic Empowerment. The education component will be guided by the following strategies: information, education and communication (IEC), advocacy, research, training, facilitation and discussion forums. The strategy includes: 1) building awareness about the negative effects of FGM, 2) training community leaders as advocates, and 3) organizing women into collectives. Furthermore, the second project component involves female empowerment by employing women to work on sustainable agricultural projects.

**Project Leadership and Partnerships:** The Board of Directors will oversee the management of the entire project in three Kisii villages (Enki, Lemongo, and Olosoitok) and their surrounding rural areas. The Board will be formed from ourselves and committed members from several diverse institutions, such as Rachael Paulson of HOW Global, Nailantei Leng'ete of AMREF (and TedTalks), and Katoo Ole Metito, a member of Kenyan parliament, are committed to forming the project Board. The support of these locally based organizations will materialize in forms of financial resources and local insight to approach the topic in a politically, culturally and socially sound manner. In addition, while the Board travels between each village, Peter Katua, the project's Field Officer, will be recruited to update progress on the project in the other two villages.

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<sup>1</sup> "Female Genital Mutilation." *WHO*. World Health Organization, n.d. Web. 02 Jan. 2014.

<sup>2</sup> "United Nations Bans Female Genital Mutilation." *UN Women*. United Nations, n.d. Web. 05 Jan. 2014.

<sup>3</sup> "Kenya District Primary Education Profile in Kisii." *Education Policy and Data Center*. EPDC, n.d. Web. 26 Dec. 2013.

<sup>4</sup> "Violence Against Women." *WHO*. Intimate Partner and Sexual VAW, n.d. Web. 08 Jan. 2014.

**Education and Advocacy:** With our assistance, the other Board members will establish local leadership groups formally called Advisory Committees that will be composed of influential and respected community leaders in each of the three individual villages. Once they are formed, we will organize several orientation workshops to define the roles of all individuals in the project. This will primarily involve learning about the social, economic, and health issues related to female circumcision along with issues associated with family planning and HIV/AIDS. These topics will be covered in an interactive form of a democratic and pedagogical classroom discussion. During the orientation workshops, we will also discuss with leaders their specialized implementation plan against FGM by using advocacy strategies to support female empowerment.

The Advisory Committee's main goal will be to lead a 3-day workshop while we help facilitate it. The workshop will create peaceful, open dialogue on the dangers of female circumcision by targeting youth, FGM victims, and various other community cohorts. There will be several different methods and forms of presentation used by the Advocacy Committees, such as the use of factual powerpoints, cutting videos, and victim confessions. There will also be alternative and more interactive mediums of education like song and dance to reach illiterate sectors of the community. The Board and Advocacy Committees will also help develop peer clubs in the local schools in order to provide girls with a space to cope with outside pressures, form prevention strategies, and mediate conflicts between parents and young girls. Financial resources will go to aiding churches, provincial administrations, and other organizations to create and manage these support groups.

**Community Empowerment:** Education and advocacy is important for liberating women by providing them with intellectual independence, but it does not address the root of the problem. Women should be provided an opportunity to be employed to support their families to substitute financial support from marriage dowries. Almost all of other projects dealing with FGM overlook this critical detail, which ultimately leads to their failure. We will collaborate with Amiran Kenya to set up a comprehensive Farmers Kit in each village with a greenhouse, seeds, and fertilizer to train and employ women to harvest crops. Not only will Amiran Ltd. provide all the materials and necessary training, but it will also mediate selling of the harvest to ensure a stable and alternate income. In addition, Amiran and the Board are already in talks with the three village schools to create a program to allow women to continue their education while working. Therefore, through the financial support of women's leadership in sustainable agriculture initiatives, we can further prevent women from succumbing to the economic benefits of FGM.

**Project Outcomes:** Through elevating the voices of the oppressed and engaging in open dialogue within the community, we can address and end the problems associated with FGM through peaceful and innovative methods. We are fighting to end the mentally, emotionally, and physically debilitating effects of this violence against women by empowering them educationally and economically. We will measure outcomes by tracking community involvement, incidence rates of FGM, economic progress, and educational enrollment. As a concrete agenda is established and the agriculture pilot implemented, we will focus closely on detailed metrics. Daniel will officially document and publish these results in a research report with the assistance of the Center for Undergraduate Research and Fellowship at Penn. Developing peaceful relationships and partnerships between the various local, national, and international organizations come at a critically important time. We hope to re-establish a sense of trust and peace between the United States and Kenya and within the human rights sphere of our global community.

**Sustainability and Future Plans:** To continue educational awareness in the three villages and surrounding areas, approximately 1000 pamphlets and posters will be created to explain the dangers and consequences of female circumcision. Once they are finalized and printed, Jacob Saruni of the Pamoja clinic has agreed to distribute them to local hospitals, clinics, government agencies and woman centers. In addition, we plan to have an annual awareness festival to remind residents of Kisii of the dangers of FGM and to encourage peaceful sociocultural dialogue within the community. In order to support economic empowerment through Amiran in the future, we have started talks with Kenya Women Finance Trust, a local microfinance organization. Based on project success, they are willing to sustain agricultural growth with the three village greenhouses.

**Timeline-Summer 2014:**

*Week 1:* Arrive in Kenya and meet with Board of Directors for the pre-orientation educational meeting

*Week 2 and 3:* Set up Advisory Committee and initiate FGM workshop in Enki

*Week 4 and 5:* Set up Advisory Committee and initiate FGM workshop in Lemongo; contact Amiran to start setting up green houses in each of the three villages

*Week 6 and 7:* Set up Advisory Committee and initiate FGM in Olosoitok; print pamphlets and have them distributed by Pamoja clinic

*Week 8 and 9:* Collect results for research project and contact microfinance organizations to continue financial support for the Amiran agricultural project