

Prof. Jaldesa, the director of ACCAF informed participants that although no one has been taught on how to perform FGM, medical providers practice it and they are not any better than the traditional circumcisers. He informed the team that when the practice is conducted by medical providers, it is termed as medicalization which was the basis of the meeting for the day, aimed at urging the medical professionals to stop their roles as medical practitioners assisting the persistence of the practice.

"We are here to invite and encourage you to be partners in ending FGM hence I thank all of you for making time to attend today's forum and wish that those who are staying at the hotel will have a fruitful time. At a personal level, I am pleased as we are here because we share the same purpose from as far as West Pokot county to Narok. The practice is rife in this counties especially in Pokot although they have been often classified together with kalenjins who have a low prevalence, hence hiding the true picture among the Pokot. We will share our experiences, knowledge and success stories to reach the policy makers. This team should not be regarded as health care workers but health care providers and hence as people of Kenya, midwives of Kenya, and other care givers, we should say no to FGM. The Nursing Council of Kenya (NCK) and the Kenya Medical Practitioners and Dentist Board (KMPDB) should make it known, the kind of punishment they have, as regulatory bodies on healthcare practitioners who perform FGM. What is the position of these professional bodies? The outcome of attending International conferences on FGM need to be seen by the abandoning medicalization of FGM which has not been seen."

Professor Jaldesa gave an overview of the practice of FGM in Kenya and in the five counties. He reported that the prevalence of FGM in the five counties represented is well over 90% except Baringo. He reported that in Narok county, three girls out of four, have undergone FGM, in Elgeyo Marakwet County the prevalence is about 50%, while in Samburu and West Pokot counties he reported that the practice is almost universal. He went further to highlight that the prevalence of the younger women is going down nationally, although there are regional variations pegged on the type of place of residence, either rural or urban as the prevalence is high in the rural areas, wealth quintile of a family, meaning the richer a family is the less likely a girl is to be cut among other factors. He also reported that medicalization of FGM practice globally is 18%, hence in Kenya 19.7% is above the global incidences and is third in medicalization of FGM, after Egypt and Sudan. He informed the health care providers that re-infibulation is categorised as a form of FGM and is largely carried out by health care providers. He urged the health care providers to discourage people from performing clitoral reconstruction surgery due to the complications that arise while there are no documented benefits.