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# Guidance document on the use of the Confidante tool to track new or recent cases of female genital mutilation

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FGM DATA HUB

# GUIDANCE DOCUMENT ON THE USE OF THE CONFIDANTE TOOL TO TRACK NEW OR RECENT CASES OF FEMALE GENITAL MUTILATION

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The Population Council is implementing the FGM Data Hub— the Data and Measurement arm of the United Kingdom's Foreign, Commonwealth & Development Office (FCDO) flagship programme, 'Support to the Africa-Led Movement (ALM) to End Female Genital Mutilation.' Working closely with the larger technical support arm of FCDO's flagship programme, the Data Hub is providing the ALM and the global community with evidence to inform the design, implementation, adaptation, and scaling of effective strategies to end FGM.

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# Acknowledgement

This guidance document benefitted from valuable inputs from a diverse group of experts with experience in measurement of sensitive or hidden behaviours as well as in statistics. It further benefitted from inputs from implementers of end-FGM interventions across Kenya, including from The Girl Generation – Africa-Led Movement (TGG-ALM) to End FGM. The document was also informed by findings from a pilot of the tool in Narok County of Kenya. The pilot study, stakeholder engagements and preparation of this guidance document were led by the FGM Data Hub, which is funded by the United Kingdom's Foreign, Commonwealth & Development Office (FCDO) to provide TGG-ALM and the global community with evidence to inform the design, implementation, adaptation, and scaling of effective strategies to end FGM. The views expressed in this document are, however, those of the authors and do not necessarily reflect the opinions of FCDO, the experts, programme implementers or the FGM Data Hub.

# List of acronyms

| | |
|---|---|
| FCDO | Foreign, Commonwealth & Development Office |
| FGM | Female Genital Mutilation |
| ODK | Open Data Kit |
| TGG-ALM | The Girl Generation-Africa-Led Movement to End FGM |

# Background

Female genital mutilation (FGM) is internationally recognised as a violation of human rights that is rooted in social norms including harmful gender norms. In countries where it is prevalent, FGM contributes to bottlenecks that curtail realisation of full potential by girls and women. In settings where FGM is illegal, practising communities may adopt strategies such as cutting girls at very young ages, performing supposedly less severe cuts, or conducting FGM in secret, and thus underreport the occurrence of the practice due to fear of legal consequences. This may hamper tracking and/or measuring the effectiveness and/or impact of interventions and actions to end the practice.

Adopting methods from other related fields used to measure sensitive or hidden behaviours may provide an innovative approach to more accurately capturing new or recent cases of FGM, which are a powerful indicator of ongoing violations of human rights. Such data can support advocacy activities as well as strengthen the evaluation of legal frameworks and health systems approaches to address FGM. To this end, the FGM Data Hub developed and piloted a tool that involved the use of the Confidante Method to document new or recent cases of FGM.

The evidence generated from piloting the tool was shared with a team of experts (Annex 1) in measurement of sensitive or hidden behaviours during a half-day virtual convening to provide feedback on the application of the tool. The evidence and the tool were further reviewed by end-FGM programme implementers from The Girl Generation-Africa-led Movement to End FGM (TGG-ALM) and other partners across Kenya during a three-day workshop held in Nairobi in June 2023. The tool and this accompanying guide were finalised based on feedback obtained from those engagements.

# About the Confidante method

The Confidante method is an indirect approach to gathering information on sensitive or hidden behaviours that may be affected by under-reporting due to fear of stigma or legal repercussions. The approach entails collecting information on the behaviour of interest on up to three confidantes. Confidantes in this case are defined as those with whom an individual would share private information and who would also share their private information with the individual, trusting that the information will not be shared with a third party. The approach allows for reporting of sensitive or hidden behaviours in a less stigmatised way, in addition to addressing biases associated with social desirability in reporting personal experiences of such behaviours. A drawback of the method is that individuals may project their own behaviours on their confidantes.

# Purpose of the tool

The tool was primarily designed for use by implementing/service delivery organisations to track new or recent cases of FGM in order to assess the extent to which their interventions are contributing to reductions in the occurrence of FGM. The tool is therefore deliberately brief and straightforward for ease of deployment by programme implementers. The tool can equally be adapted for research purposes, with the addition of questions that are tailored towards answering specific research questions which go beyond assessing the extent to which new or recent cases of FGM are occurring in particular settings.

# Organization of the tool

The tool is organised in three broad sections:

- Metadata
- Respondent's background characteristics
- Questions on female genital mutilation

## Metadata

This section of the tool captures basic information about the context in which the information is collected, including location, date of collecting information, the outcome of the interview, language used to capture information, and an identifier for the person who captures the information. A system for creating a unique identifier for information pertaining to a particular respondent should also be developed so that such information can be uniquely identified once combined with information collected from other respondents. This could, for instance, include a combination of codes generated to represent interview location, the person collecting the information, and the respondent, based on sequencing of interviews conducted by the same individual. For instance, suppose location X is represented by code 100, interviewer Y is represented by code 01, and the first respondent that Y interviews is represented by code 001. The unique identifier for the interview can then be generated as 10001001.

## Respondent's background characteristics

This section captures the basic characteristics of the individual providing information, including age, education level, marital status, duration of residence at the location of interview (to provide an indication of exposure to prevailing cultural practices), and number of children (sons and daughters) born alive (to provide an indication of the number of girls who are likely to be at risk of experiencing FGM). The section further captures information on the disability status of the respondent based on the Washington Group Questions on Disability[1]. Disability is increasingly recognised as important issue to pinpoint, as it can exacerbate the vulnerability of women and girls to various risks, such as FGM. The information captured in this section is important for generating the profile of individuals whose confidantes are at risk (or who are at risk themselves), or had specific experiences relating to FGM.

## Questions on female genital mutilation

This section is in two parts:

- The first part captures information on the background characteristics and FGM experiences of the respondent's confidantes, defined as individuals with whom the respondent shares her private information and who also share their private information with the respondent, trusting that the information will not be shared with a third party. This part begins by asking the respondent if she has confidantes, and if not, it will be skipped for such a respondent.

[1]Washington Group on Disability Statistics. 2022. The Washington Group Short Set on Functioning (WG-SS). https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Washington_Group_Questionnaire__1_-_WG_Short_Set_on_Functioning__October_2022_.pdf

For respondents who have confidantes, this part also includes questions on the FGM experiences of the confidantes' daughters, if they have daughters.

- The second part captures information on the respondents' own FGM experiences and the experiences of their daughters, if they have daughters.

# Methodological considerations

## Target respondents

The tool is primarily targeted at female respondents who are within the age range permitted to participate in research by the prevailing laws in a particular setting. In most cases, these are individuals aged 15 years or older, while laws in some settings allow individuals as young as 12 years to be included as research participants. In order to capture FGM experiences of younger individuals, the tool includes questions on daughters of confidantes and respondents. The focus on female respondents is also informed by the fact that the occurrence of an event is best measured among those who are at risk of experiencing the event, which in the case of FGM are women and girls.

## Sampling and sample sizes

Given that the tool is intended to be applied in programme settings, implementers can target to recruit respondents from among the beneficiaries participating in their programmes. It may be resource intensive to administer the tool to all beneficiaries participating in a programme. Implementers can therefore target subsets of respondents representing various sub-groups from among the beneficiaries, based on such characteristics as age, marital status, economic background, religious/cultural affiliation, and disability status. There is general consensus among statisticians that in quantitative studies, a minimum sample size of 100 respondents is needed to achieve meaningful results, although a sample size as low as 30 respondents is also common and acceptable.

## Data capture

The tool is in English and should be translated into the language that is most commonly spoken in the setting where it is applied. If resources allow, back-translation into English should be done by an individual who has not seen the original English version in order to determine if any meanings were lost in the process of translating the tool. The tool should be administered by individuals who have been taken through training on the methodology (the Confidante Method) and on how to administer the tool. Such training can take around three to four days. The training should cover data collection procedures, ethical considerations, qualities of good interviewers, question-by-question review of the data collection tool, mock interviews, and a field test. For ease of administration, the tool should be programmed in specialised survey software such as Open data Kit (ODK) or SurveyCTO for use in mobile devices such as phones or tablet with Android operating system. This saves on resources that would be spent on printing the tool and entering the data in a database once it is collected. It also allows for skip pattern programming, consistency checks programming, and validation of entered data. The frequency of data capture can be at least once every year to capture cases that occurred in the past year.

## Data management

For efficient data management, it is recommended that data is collected electronically (such as through phones or tablets). For such data, a dedicated secure server should be set up, to which interviewers transmit collected data at the end of each day. Interviewers should be provided with allowances for purchasing airtime to enable them set up hotspots for connection to the server to avoid using public Wi-Fi, which can expose the information to privacy breaches. If data is captured on paper, a system should be put in place to review the entries for consistency before data entry. In that case, a database for entering the data needs to be set up, and a sample of the data needs to be entered twice by different individuals to check for accuracy of the entered data.

## Data analysis

To determine new or recent FGM cases, analysis should focus on cases of FGM that occurred in the past 12 months among the following groups:

| Group | Indicator |
|---|---|
| Respondents | Number/proportion of respondents who experienced FGM in the past 12 months |
| | |
| Respondents' confidantes | Number/proportion of confidantes who experienced FGM in the past 12 months |
| | |
| Respondents' youngest daughters | Number/proportion of respondents' daughters who experienced FGM in the past 12 months |
| | |
| Confidantes' youngest daughters | Number/proportion of confidantes' daughters who experienced FGM in the past 12 months |

Estimates FGM cases occurring in the past 12 months preceding one point in time give an indication of the occurrence of new or recent cases of FGM among the various groups. For tracking progress in eliminating the practice, the indicators should be compared over time depending on the frequency of data capture. The expectation is that as interventions are being implemented, there should be reductions in new or recent cases of FGM among the various groups over time. Within each group, analysis should be further disaggregated by background characteristics such as age, level of education, marital status and disability status, where available.

In addition to new or recent cases of FGM, other indicators that can be generated include:

- **Prevalence of FGM** among the different groups (respondents and their youngest daughters as well as confidantes and their youngest daughters): Number/proportion of respondents, confidantes or daughters who have undergone FGM.
- **Type of FGM** performed on respondents and their daughters.
- **Person who performed FGM** on respondents and their daughters.

- **Age at which FGM** was performed on respondents, confidantes and their daughters.

- **Intention to cut daughters in future:** Number/proportion of respondents and their confidantes who intend to cut their youngest daughters in future among those whose youngest daughters had not undergone FGM.

- **Attitude toward FGM continuation/discontinuation:** Number/proportion of respondents who feel that FGM should continue/ stop.

# Ethical considerations and safeguarding

Ethical issues to consider when applying this tool primarily revolve around confidentiality, consent, and the potential for psychological trauma among those that have experienced FGM.

In contexts where FGM is illegal (and, therefore, practised secretly) and/or a rigid social norm, interviewees risk being exposed to physical and other forms of harm from their communities for participating in an interview on the subject. Important safeguarding measures for mitigating this possibility include training interviewers to refer to the project/initiative as a "women and girls' health" project/initiative, rather than as an "FGM" project/initiative. This discreet approach is justified for sensitive work related to women's health and rights. Only the actual interviewees should be provided with detailed information about the contents of the tool.

A process of obtaining informed consent also needs to be built into the data-gathering exercise. Interviewees' willingness to participate in responding to the tool's questions should not be taken for granted. Rather, a clear process for ensuring that interviewees understand what participating in the data-gathering exercise involves – and are willing to participate (while understanding that they can change their mind about this at any time) – must be in place in advance. Interviewees who are minors (and not 'emancipated' due to already being married, or being the head of their household, for example) are not in a position to provide actual consent. Their parents or guardians must give permission for them to participate. Following this, they also must give their own assent to participate; otherwise, they are ineligible to do so.

The tool's questions on FGM may also seem sensitive to interviewees who have experienced FGM and have unpleasant memories associated with this experience. These memories have the potential to lead to psychological trauma. The selection and training of interviewers is a key safeguarding measure in this case. Interviewers administering the tool should be of the same gender as interviewees. They should also, ideally, be experienced in conducting interviews within the study site, and with the target populations. In preparation for using the tool, the training of the interviewers should include how to listen intently without judgement; how to end interviews at the first sign of interviewees becoming upset or distressed; and how to refer interviewees in need of psychosocial support to specific community-based services. These services should be mapped out in advance of the interviews by programme implementers in collaboration with community leaders.

# Resource considerations

## Human resources

The number of interviewers needed to administer the tool depends on the target sample size and the daily anticipated output of each interviewer. Where respondents are not sparsely distributed, interviewers can be given a daily target of 4 to 5 completed interviews. In sparsely populated settings with long distances between respondents to be covered, interviewers can be given a daily target of 3 interviews a day. Interviewers who administer the tool should also be taken through training on the Confidante approach and how to administer the tool. There should also be a dedicated data manager to oversee consistency and validity checks during data collection, clean the data, and conduct the analysis. Considerations should also be made with respect to human resources needed to prepare the study report.

## Software

Managing and analysing the data generated by the tool can be performed using non-commercial statistical analysis software such as ODK, Excel or R. Where resources allow, commercial software such as SurveyCTO, SPSS, Stata® or any software with similar capabilities can be used.

## Financial resources

The financial resources needed to administer the tool, manage and process the data depend on the target sample size, personnel needed (interviewers, data manager and report writer), and whether non-commercial or commercial software is used. Where implementing partners lack these resources, they can outsource the functions to a consulting research firm with proven record of delivering quality work.

# Key strengths and assumptions

## Key strengths of the tool

The tool is useful for generating evidence on the extent of FGM in settings where the practice is illegal or conducted in secrecy and respondents may be reluctant to report that they have undergone the practice due to fear of stigma or legal repercussions. The Confidante Method has been used to study similar sensitive or hidden behaviours such as abortion.

## Key assumptions of the tool

The key assumptions when applying the tool include:

- Starting by first asking respondents about the experiences of their confidantes before asking about their own experiences regarding a sensitive or hidden behaviour mitigates the effect of stigma on reporting such behaviour. This should lead to better reporting and a more realistic picture of the behaviour.

- The approach further assumes that confidantes make up a representative sample of the target population, and their experiences reflect a realistic picture of the occurrence of the behaviour in the population. However, respondents sharing confidantes could be reporting on the experiences of the same individual thereby leading to an overestimate of the occurrence of the phenomenon.

- A third assumption of the approach is that respondents are willing and able to accurately report on sensitive behaviours of confidantes. To the extent that respondents do not have accurate knowledge of the experiences of sensitive behaviours of their confidantes, this can lead to under- or over-estimate of the phenomenon. There are statistical techniques for adjusting for over- or under-estimate[2], but applying these require a qualified statistician.

- Applied in the context of an end-FGM programme, the tool captures information that provides an indication of the occurrence and trends in the practice in the course of the programme. It, however, does not capture information that allows for the attribution of any change, or lack thereof, to the programme.

[2]See, for example, Owolabi, Onikepe O., Margaret Giorgion, Ellie Leong and Elizabeth Sully. 2023. "The confidante method to measure abortion: implementing a standardized comparative analysis approach across seven contexts." *Population Health Metrics* 21(9):1-16.

# Confidante tool

## Confidante Tool for Capturing New or Recent FGM Cases

| METADATA | |
|---|---|
| PARTICIPANT'S UNIQUE IDENTIFICATION | [____\|____\|____\|____\|____\|____\|____] |
| LOCATION (E.G. WARD/SUB-COUNTY] | _____ |
| INTERVIEW DATE | [____\|____/____\|____/____\|____] |
| INTERVIEW RESULT* | [_____\|_____] |
| LANGUAGE(S) USED TO CONDUCT INTERVIEW** | [____\|____]<br>[____\|____]<br>[____\|____] |
| INTERVIEWER'S CODE | [____\|____] |
| *RESULT CODES: 01=COMPLETED; 02=PARTLY COMPLETED; 03=REFUSED; 04=INCAPACITATED; 05=NOT IN LOCALITY/NOT TRACED; 06=INELIGIBLE; 07=OTHER (SPECIFY)_____ | |
| **LANGUAGE CODES: 01=ENGLISH; 02=NATIONAL LANGUAGE (SPECIFY)_____; 03=LOCAL LANGUAGE (SPECIFY)_____; 04=OTHER (SPECIFY)_____ | |

### Introduction

My name is _____. I work with [NAME OF IMPLEMENTING PARTNER] that implements programmes aimed at preventing or responding to [FEMALE GENITAL MUTILATION] [**Note: use appropriate terminology for female genital mutilation as used in the community]** in this community. We are interested in learning about the practice of [FEMALE GENITAL MUTILATION]. This will help us improve our programmes to prevent or respond to the practice. You may find discomfort with some of the questions on female circumcision. You are free not to respond to questions that you are not comfortable with or to participate in discussions on the topic.

TIME INTERVIEW STARTED: [___|___:___|___]
[RECORD TIME IN 24-HOUR CLOCK]

| SECTION 1: PARTICIPANT'S BACKGROUND CHARACTERISTICS<br>To begin, I'm going to ask you some background information. This will help us to describe the types of people with different health experiences | | | | |
|---|---|---|---|---|
| **NO.** | **QUESTION** | **RESPONSE OPTIONS** | **CODES** | **SKIP** |
| Q100 | In what month and year were you born? | Month | [_____] | |
| | | Don't know month | 98 | |
| | | Year | [_____] | |
| | | Don't know year | 9998 | |
| Q101 | How old are you now?<br>[AGE IN COMPLETED YEARS] | Age (years) | [_____] | |
| | | Don't know | 98 | |
| Q102 | What is the highest level of schooling you attended?<br>[DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE] | No schooling/ pre-unit | 1 | |
| | | Primary incomplete | 2 | |
| | | Primary complete | 3 | |
| | | Secondary incomplete | 4 | |
| | | Secondary complete | 5 | |
| | | College/university incomplete | 6 | |
| | | College/university complete | 7 | |
| | | Other (specify) _____ | 88 | |
| Q103 | What is your marital status now?<br>[DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE] | Never married | 1 | |
| | | Married/living together | 2 | |
| | | Divorced/separated | 3 | |
| | | Widowed | 4 | |
| Q104 | How long have you been living continuously in your current place of residence?<br>[RECORD '00' IF LESS THAN ONE YEAR] | Years | [_____] | |
| | | Always | 95 | |
| | | Visitor | 96 | |
| Q105 | How many children have you given birth to alive in your life time?<br>[RECORD '00' IF 'NONE'] | Number of sons | [_____] | |
| | | Number of daughters | [_____] | |
| | | Total number of children | [_____] | |
| Now I am going to ask you some questions about your ability to do things that people do in everyday life. Please, tell me whether you cannot do them at all, you have some or a lot of difficulty doing them, or you have no difficulty at all | | | | |
| Q106 | Are you blind, or do you have serious difficulty seeing, even when wearing glasses? | Yes, cannot do at all | 1 | |
| | | Yes, a lot of difficulty | 2 | |
| | | Yes, some difficulty | 3 | |
| | | No, no difficulty | 4 | |
| | | Don't know | 98 | |

| | | | | |
|---|---|---|---|---|
| Q107 | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | Yes, cannot do at all | 1 | |
| | | Yes, a lot of difficulty | 2 | |
| | | Yes, some difficulty | 3 | |
| | | No, no difficulty | 4 | |
| | | Don't know | 98 | |
| Q108 | Do you have serious difficulty walking or climbing stairs? | Yes, cannot do at all | 1 | |
| | | Yes, a lot of difficulty | 2 | |
| | | Yes, some difficulty | 3 | |
| | | No, no difficulty | 4 | |
| | | Don't know | 98 | |
| Q109 | Do you have difficulty dressing or bathing? | Yes, cannot do at all | 1 | |
| | | Yes, a lot of difficulty | 2 | |
| | | Yes, some difficulty | 3 | |
| | | No, no difficulty | 4 | |
| | | Don't know | 98 | |
| Q110 | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as collecting firewood, collecting water or shopping? | Yes, cannot do at all | 1 | |
| | | Yes, a lot of difficulty | 2 | |
| | | Yes, some difficulty | 3 | |
| | | No, no difficulty | 4 | |
| | | Don't know | 98 | |
| Q111 | Using your usual (customary) language, do you have difficulty communicating, for example understanding or being understood? | Yes, cannot do at all | 1 | |
| | | Yes, a lot of difficulty | 2 | |
| | | Yes, some difficulty | 3 | |
| | | No, no difficulty | 4 | |
| | | Don't know | 98 | |

## SECTION 2: FEMALE GENITAL CUTTING

Now I would like to ask you some questions about people with whom you share your private information and who also share their private information with you

| | | | | |
|---|---|---|---|---|
| Q200 | Do you have friends with whom you share your private information and who also share their private information with you? | Yes | 1 | |
| | | No | 2 | →Q220 |
| Q201 | Please give me the nicknames of up to <u>three women/ girls</u> with whom you share your private information and who also share their private information with you. As I said earlier, this information will be completely confidential.<br><br>**[WRITE THE NICKNAMES GIVEN, AND START ASKING THE QUESTIONS BELOW FOR EACH CONFIDANTE NAMED ON THE RIGHT]** | Nickname #1 | _____ | |
| | | Nickname #2 | _____ | |
| | | Nickname #3 | _____ | |

**[INTERVIEWER: STARTING WITH THE FIRST CONFIDANTE (CFD#1), <u>COLUMN BY COLUMN</u>, ASK QUESTIONS Q202 TO Q216 FOR THE PERSONS LISTED UNDER CFD#1, CFD#2, AND CFD#3]**

| | | | | | |
|---|---|---|---|---|---|
| Q202 | | | CFD#1 | CFD#2 | CFD#3 |

| | | | | | |
|---|---|---|---|---|---|
| | What is [NICKNAME's] relationship to you?<br><br>**[DO NOT READ LIST. SELECT ONLY ONE RESPONSE]** | Mother | 1 | 1 | 1 |
| | | Sister | 2 | 2 | 2 |
| | | Mother-in-law | 3 | 3 | 3 |
| | | Sister-in-law | 4 | 4 | 4 |
| | | Co-wife | 5 | 5 | 5 |
| | | Aunt | 6 | 6 | 6 |
| | | Daughter | 7 | 7 | 7 |
| | | Friend | 8 | 8 | 8 |
| | | Neighbour | 9 | 9 | 9 |
| | | Other (specify)_____ | 88 | 88 | 88 |
| **Q203** | What is [NICKNAME's] age?<br><br>**[IN COMPLETED YEARS]** | Age (years) | [_____] | [_____] | [_____] |
| | | Don't know | 98 | 98 | 98 |
| **Q204** | What is the highest level of schooling that [NICKNAME] attended?<br><br>**[DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE]** | No schooling/pre-unit | 1 | 1 | 1 |
| | | Primary incomplete | 2 | 2 | 2 |
| | | Primary complete | 3 | 3 | 3 |
| | | Secondary incomplete | 4 | 4 | 4 |
| | | Secondary complete | 5 | 5 | 5 |
| | | College/university incomplete | 6 | 6 | 6 |
| | | College/university complete | 7 | 7 | 7 |
| | | Other (specify) _____ | 88 | 88 | 88 |
| | | Don't know | 98 | 98 | 98 |
| **Q205** | What is [NICKNAME's] marital status now?<br><br>**[DO NOT READ LIST. SELECT ONLY ONE RESPONSE]** | Never married | 1 | 1 | 1 |
| | | Married/living together | 2 | 2 | 2 |
| | | Divorced/separated | 3 | 3 | 3 |
| | | Widowed | 4 | 4 | 4 |
| | | Don't know | 98 | 98 | 98 |
| **Q206** | How many children has [NICKNAME] ever given birth to alive? | Number of sons | [_____] | [_____] | [_____] |
| | | Number of daughters | [_____] | [_____] | [_____] |
| | | Total number of children | [_____] | [_____] | [_____] |
| | | Don't know | 98 | 98 | 98 |
| **Q207** | In some communities, there is a practice in which a woman or girl may be circumcised or have part of her genitals cut. Has [NICKNAME] been circumcised? | Yes | 1 → **Q209** | 1 → **Q209** | 1 → **Q209** |
| | | No | 2 | 2 | 2 |
| | | Don't know | 98 | 98 | 98 |
| **Q208** | Has [NICKNAME] undergone [Sunna/ traditional practice of interfering with female genitalia]? | Yes | 1 | 1 | 1 |
| | | No | 2 → **Q213** | 2 → **Q213** | 2 → **Q213** |
| | | Don't know | 98→**Q213** | 98→ **Q213** | 98 → **Q213** |

| | | | | | |
|---|---|---|---|---|---|
| **Q209** | Did [NICKNAME] discuss this with you? | Yes, discussed | 1 | 1 | 1 |
| | | No, heard from others | 2 | 2 | 2 |
| **Q210** | Did this happen in the past 12 months? | Yes | 1 → **Q212** | 1 → **Q212** | 1 → **Q212** |
| | | No | 2 | 2 | 2 |
| | | Don't know | 98 | 98 | 98 |
| **Q211** | How old was [NICKNAME] when she was circumcised?<br><br>**[IN COMPLETED YEARS]** | Age (years) | [_____] | [_____] | [_____] |
| | | Don't know | 98 | 98 | 98 |
| **Q212** | Who performed the circumcision on [NICKNAME]?<br><br>**[READ LIST & SELECT ONLY ONE RESPONSE]** | Doctor | 1 | 1 | 1 |
| | | Nurse/midwife | 2 | 2 | 2 |
| | | Other health professional | 3 | 3 | 3 |
| | | Traditional circumciser | 4 | 4 | 4 |
| | | Traditional birth attendant | 5 | 5 | 5 |
| | | Other (specify) _____ | 88 | 88 | 88 |
| | | Don't know | 98 | 98 | 98 |
| **Q213** | Is [NICKNAME's] youngest daughter circumcised? | Yes | 1 → **Q216** | 1 → **Q216** | 1 → **Q216** |
| | | No | 2 | 2 | 2 |
| | | [NICKNAME] has no daughter | 3 → **Q220** | 3 → **Q220** | 3 → **Q220** |
| | | Don't know | 98 | 98 | 98 |
| **Q214** | Has [NICKNAME's] youngest daughter undergone [Sunna/ traditional practice of interfering with female genitalia]? | Yes | 1 → **Q216** | 1 → **Q216** | 1 → **Q216** |
| | | No | 2 | 2 | 2 |
| | | Don't know | 98 | 98 | 98 |
| **Q215** | Does [NICKNAME] intend to have her daughter circumcised in future? | Yes | 1→ **CFD#2** | 1→ **CFD#3** | 1→ **Q220** |
| | | No | 2→ **CFD#2** | 2→ **CFD#3** | 2→ **Q220** |
| | | Daughter already circumcised | 3→ **CFD#2** | 3→ **CFD#3** | 3→ **Q220** |
| | | [NAME] Has no daughter | 4→**CFD#2** | 4→**CFD#3** | 4→ **Q220** |
| | | Don't know | 98→**CFD#2** | 98→**CFD#3** | 98→ **Q220** |
| **Q216** | Did [NICKNAME] discuss this with you? | Yes, discussed | 1 | 1 | 1 |
| | | No, heard from others | 2 | 2 | 2 |
| **Q217** | Did this happen in the past 12 months? | Yes | 1 | 1 | 1 |
| | | No | 2 | 2 | 2 |
| | | Don't know | 98 | 98 | 98 |
| **Q218** | | Age (years) | [_____] | [_____] | [_____] |

| | | | | | |
|---|---|---|---|---|---|
| | How old was [NICKNAME's] youngest daughter when she was circumcised? **[IN COMPLETED YEARS]** | Don't know | 98 | 98 | 98 |
| **Q219** | Who performed the circumcision on [NICKNAME's] youngest daughter?<br><br>**[READ LIST & SELECT ONLY ONE RESPONSE]** | Doctor | 1 → **CFD#2** | 1 → **CFD#3** | 1 → **Q220** |
| | | Nurse/midwife | 2 → **CFD#2** | 2 → **CFD#3** | 2 → **Q220** |
| | | Other health professional | 3 → **CFD#2** | 3 → **CFD#3** | 3 → **Q220** |
| | | Traditional circumciser | 4 → **CFD#2** | 4 → **CFD#3** | 4 → **Q220** |
| | | Traditional birth attendant | 5 → **CFD#2** | 5 → **CFD#3** | 5 → **Q220** |
| | | Other (specify) _____ | 88→**CFD#2** | 88 → **CFD#3** | 88 → **Q220** |
| | | Don't know | 98→**CFD#2** | 98 → **CFD#3** | 98 → **Q220** |
| Now I am going to ask you questions about yourself | | | | | |
| **Q220** | **[If Section 2 is skipped because the participant does not have a confidante, begin: In some communities, there is a practice in which a woman or girl may be circumcised or have part of her genitals cut]** Have you yourself been circumcised? | Yes | 1 | **→Q222** | |
| | | No | 2 | | |
| **Q221** | Have you undergone [Sunna/ traditional practice of interfering with female genitalia]? | Yes | 1 | | |
| | | No | 2 | **→Q227** | |
| **Q222** | Did this happen in the past 12 months? | Yes | 1 | **→Q224** | |
| | | No | 2 | | |
| **Q223** | How old were you when you were circumcised?<br><br>**[IN COMPLETED YEARS]** | Age (years) | [_____] | | |
| | | Don't know year | 98 | | |
| **Q224** | Who performed the circumcision?<br><br>**[READ LIST & SELECT ONLY ONE RESPONSE]** | Doctor | 1 | | |
| | | Nurse/midwife | 2 | | |
| | | Other health professional | 3 | | |
| | | Traditional circumciser | 4 | | |
| | | Traditional birth attendant | 5 | | |
| | | Other (specify) _____ | 88 | | |
| | | Don't know | 98 | | |
| **Q225** | Please, tell me what was done to you. | Flesh removed from the genital area | 1 | | |
| | | Genital area just nicked without removing any flesh | 2 | | |
| | | Genital area sewn closed | 3 | | |
| | | Sunna/other traditional practice (specify) _____ | 4 | | |
| **Q226** | Is your youngest daughter circumcised? | Yes | 1 | **→Q229** | |
| | | No | 2 | | |

| | | | | |
|---|---|---|---|---|
| | | Has no daughter | 3 | →Q233 |
| Q227 | Has your youngest daughter undergone [Sunna/ traditional practice of interfering with female genitalia]? | Yes | 1 | →Q229 |
| | | No | 2 | |
| | | Don't know | 98 | |
| Q228 | Do you intend to have your daughter circumcised in future? | Yes | 1 | →Q233 |
| | | No | 2 | →Q233 |
| | | Don't know | 98 | →Q233 |
| Q229 | Did this happen in the past 12 months? | Yes | 1 | |
| | | No | 2 | |
| Q230 | How old was your youngest daughter when she was circumcised?<br><br>[IN COMPLETED YEARS] | Age (years) | [_____] | |
| | | Don't know | 98 | |
| Q231 | Who performed the circumcision on your youngest daughter?<br><br>[READ LIST & SELECT ONLY ONE RESPONSE] | Doctor | 1 | |
| | | Nurse/midwife | 2 | |
| | | Other health professional | 3 | |
| | | Traditional circumciser | 4 | |
| | | Traditional birth attendant | 5 | |
| | | Other (specify) _____ | 88 | |
| | | Don't know | 98 | |
| Q232 | Please, tell me what was done to your youngest daughter | Flesh removed from the genital area | 1 | |
| | | Genital area just nicked without removing any flesh | 2 | |
| | | Genital area sewn closed | 3 | |
| | | Sunna/other traditional practice (specify) _____ | 4 | |
| | | Don't know | 98 | |
| Q233 | Do you think that female circumcision should be continued, or should it be stopped?<br><br>[READ LIST AND SELECT ONLY ONE RESPONSE] | Continued | 1 | |
| | | Stopped | 2 | |
| | | Depends | 3 | |
| | | Don't know | 98 | |
| Q234 | We have now come to the end of the interview. Please give me one or two comments/questions [if any], that you would like to raise regarding what we have talked about.<br>_____<br>_____ | | | |

TIME INTERVIEW ENDED: [___|___:___|___]
[RECORD TIME IN 24-HOUR CLOCK]

# List of participants

| # | Name | Organization |
|---|---|---|
| 1 | Herbert Wanyonyi | Amref Health Africa |
| 2 | Agnes Bange | Gender Dept., Mirogi County |
| 3 | Jacqueline Chesang | ACCAF |
| 4 | Mercy Wanderi | Samburu Girls Foundation |
| 5 | Thomas Kibet Koros | Assistant County Commissioner, Migori County |
| 6 | Dennis Matanda | Population Council |
| 7 | Nathaly Soumahoro | ActionAid Senegal |
| 8 | Fred Wafula | Men End FGM Foundation |
| 9 | Benard Walter Nayare | Umoja development Organization (UDO), West Pokot |
| 10 | Samuel Leadismo | Pastoralist Child Foundation, Samburu |
| 11 | Betty Samburu | CEC, Migori County |
| 12 | Jane Meme | Options Consultancy Services Ltd |
| 13 | Teresiah Warui | ActionAid Kenya |
| 14 | Francis Obare | Population Council |
| 15 | Agnes Rinyiru | Senior Research Officer, ICRHK |
| 16 | Donah Chilo | University of Portsmouth |
| 17 | Jeronine Obwer | Act Alliance Kenya Forum |
| 18 | Chi-Chi Undie | Population Council |
| 19 | Dickson Githinji | CREAW Kenya |
| 20 | Evalyn Kikuyu | UNODC |
| 21 | Zamzam Hassan | ActionAid Kenya |
| 22 | Biset Ndombi | Options Consultancy Services Ltd |
| 23 | Samuel Kimani | ACCAF |
| 24 | Magatte Diaw | ActionAid Senegal |
| 25 | Ndomo Diaw | ActionAid Senegal |
| 26 | Teresa Awili | ActionAid Kenya |
| 27 | Loise Giteru | Save The Children |
| 28 | Joy Melly | USAID-PMS |
| 29 | Dorothy Mulei | ActionAid Kenya |
| 30 | Sheila Odhiambo | Echo Network Africa |
| 31 | Esther Walgwe Lwanga | Population Council |
| 32 | Rose Patricia Oluoch | USAID-KEA |
| 33 | David Kawai | Amref Health Africa |
| 34 | Ottis Mubaiwa | University of Portsmouth, UK |
| 35 | Anne Njuguna | Options Consultancy Services Ltd |

| # | Name | Organization |
|---|---|---|
| 36 | Judy Manene | Echo Network Africa |
| 37 | Beatrice Jane | World Vision Kenya |
| 38 | Janet Munyasya | Population Council |
| 39 | Michaella Ngebeh | Population Council |
| 40 | Stella Etemesi | Independent Consultant |