

Challenges Faced in the Eradication of the Female Genital Mutilation Practice among Women: A Case Study of the Tugen Community in Baringo County, Kenya

Enos Barasa Mukadi

Department of Psychology, Counselling & Educational Foundations
Laikipia University, P.O. BOX 1100-20300, Nyahururu-Kenya
E-mail - bamukadi2008@yahoo.com

Abstract

Female Genital Mutilation (FGM) involves a set of procedures used to remove or cause injury to part or all of the external female genitals. Under the condition in which the procedures take place, it constitutes health hazards with short and long term physical complications as well as psychological effects. The practice of FGM has been hard to eliminate in many practicing communities like the Tugen community despite efforts by the church and the Kenya Government. The purpose of this study was to determine challenges faced in the eradication of the FGM practice among Tugen women in Baringo County. The study was conducted in three divisions, namely; Kisanana, Mogotio and Esageriin Koibatek district in Baringo County. The study adopted the *ex post facto*-causal comparative research design. Purposive and quota sampling methods were used in selecting participants in the area of study. The research data was collected using questionnaires and an interview schedule. The collected data were analyzed using descriptive and inferential statistics. Statistical Package for Social Sciences (SPSS) version 22 for windows was used to analyze the data. This study was significant in that the outcome might guide Non-Governmental Organizations (NGOs) such as World Vision International (WVI), Child Care Fund (CCF), communities and the Government of Kenya in understanding the challenges in the eradication of FGM as a rite of passage among women. The study might also assist in the fight against FGM practice among women in the Tugen community.

Keywords: Female Genital Mutilation, law enforcement officer, Maendeleo Ya Wanawake Organization, Alternative Rites of Passage, Marriageability, Preservation of Virginity, Social Acceptance and Community Identity

1. Introduction

Female Genital Mutilation (FGM) is a traditional practice that involves "the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons". FGM is a deeply rooted historical, cultural, religious and traditional practice in Kenya that has been the subject of considerable debate. Human rights groups deem it as an unsafe and unjustifiable practice that violates body integrity, and feminists argue that it is an inhumane form of gender-based discrimination that capitalizes on the subjugation of women, yet nations that endorse the practice define it as an integral feature of their culture (Olenja, 2000). Although FGM has been going on for a long time, it has recently attracted a lot of attention as a public health issue within the context of Reproductive Health. WHO (2006, 2000); Morison, et al. (2001); Toubia (1993) observed that FGM is a social problem that causes grave damage to women. The complications of FGM are both immediate and long term and vary according to the type and severity of the procedure used. The immediate complications include hemorrhage, infection, pain, fistulae, urine retention, stress and shock, and damage to urethra or anus (Rahman and Toubia 2000).

At the international level, FGM is viewed as a violation of human rights against women and the girl child. There are various international and regional conventions aimed at eliminating the practice. Many western countries have even enacted laws prohibiting FGM. However, the laws have been limited by inability to prohibit children being taken out of the countries for circumcision (UNICEF, 2005; Olenja&Kamau, 2001). In Kenya, there is an Act of Parliament to prohibit the practice of female genital mutilation, to safeguard against violation of a person's mental or physical integrity through the practice of female genital mutilation and for connected purposes (Prohibition of Female Genital Mutilation Act, 2011). Legislations such as the Children Act (2001) and Sexual Offences Act (2006) also seeks to address FGM as a human right violations. Advocates against FGM have expressed concern that criminalization might make the practice go underground and greatly inhibit elimination process. According to them, the answer to FGM eradication lies not in condemnation but appreciation, not in activism but advocacy, not in legislation but understanding, not in public pronouncement but education and not in emotion but pragmatism (National Focal Point Newsletter, 2001).

Female Genital Mutilation has proven to be an enduring tradition that is difficult to overcome given the deeply held cultural and sometimes political significance. A significant difficulty lies in the fact that FGM, as an identifying feature of indigenous culture, is intimately associated with the endogamous potential of young women. As a result of this, anti-"circumcision" activists increasingly recognize that to end FGM, it is necessary to work closely with concerned local communities (Prohibition of Female Genital Mutilation Act, 2011).

Given the difficulties in eradication of FGM, the Government of Kenya through the Ministry of Health in 1999 developed a National Plan of Action for the "Elimination of Female Genital Mutilation in Kenya". The essence was to accelerate the elimination of FGM in order to improve the health, quality of life and well being of women and the girl child. MOH/GTZ developed a pilot project in two districts – Transmara (2000) and Koibatek (2001). The Plan of Action indicates that FGM was practiced in 49 out of then 64 sub counties, and there were three common types including clitoridectomy, excision and infibulation. Excision was the most common while infibulation was the least. The KDHS (2003) estimated that 32 % of women aged 15–49 years had undergone FGM compared to 38 % in 1998, with differences across ethnic groups ranging between 12 % (among the MijiKenda) and 97 % (among the Kisiis). The practice was almost non-existent among the Luhyas and Luos where it had declined from 4 % to less than 1 % (Ball, 2008). Female Genital Mutilation is a complex and controversial traditional practice that takes place in many parts of Sub-Sahara Africa. Female Genital Mutilation is still a deeply rooted tradition in more than 28 African countries, some countries in Asia and the Middle East, and among certain immigrants in Europe, Australia, Canada and the U.S.A (Shaaban&Harbison, 2005; WHO, 2007). There are various international and regional conventions aimed at eliminating the practice. Many western countries have even enacted laws prohibiting FGM. However, the laws have been limited by inability to prohibit children being taken out of the countries for circumcision (UNICEF, 2005; Olenja&Kamau, 2001).

The purpose of this study was to determine challenges faced in the eradication of the FGM practice among Tugen women in Baringo County.

In order to achieve the purpose of this study, the following objective was used to guide the study:

- i. To determine the challenges faced in the eradication of the FGM practice among Tugen women in Baringo County.

2. Research Methodology

This study adopted the *ex post facto*– causal comparative research design. This is a research design, which looks into events that have already occurred and therefore cannot be manipulated by the researcher. *Ex post facto* research design is a method of teasing out antecedents of events that have happened and cannot, because of this fact, be engineered or manipulated by the researcher. This design is particularly suitable in social, educational and psychological contexts where the independent variable or variables lie outside the researcher's control (Mugenda and Mugenda, 2001). This study was conducted in Koibatek Sub County in Baringo County. The study was conducted in three divisions namely Kisanana, Mogotio and Esageri.

The target populations of this study were the 800 women from Tugen community in Baringo County. Purposive and quota sampling were used in selecting 125 women participants for the study. The research data was collected using questionnaires and interview schedule. The research instrument targeted specific information from the respondents. The women questionnaire sought information on challenges faced during eradication of FGM practice. Data collected from the questionnaires was analyzed by use of descriptive statistics. The descriptive statistics included percentages and frequencies.

3. Results and Discussion

The analysis was carried out using descriptive statistics and is presented according to the research objective. The objective of the study sought to determine information on challenges faced during eradication of FGM practice. The respondents gave their opinions by rating each item on a five point Likert type scale as follows: a rating value of 5 indicated with the statement Strongly Agree with the statement, 4 indicated Agreement, 3 indicated Not Sure about the statement, 2 indicated Disagreement and 1 indicated Strong Disagreement with the statement. Opinion on strongly agree and agree and strongly disagree and disagree were put together respectively for

easier data presentation. The data analysis involved getting percentage response score for each as shown by the table 1.

TABLE 1: Challenges for Eradication of FGM among Women in Tugen Community

STATEMENT	SA/A	NS	D/SD
1. Peer influence among Women	79 % (86)	2% (2)	19%(18)
2. Effect of FGM on Marriages	61% (62)	6%(6)	32%(35)
3. Preference of Circumcised Women	73% (76)	5% (5)	22%(23)
4 FGM brings Honor Women	76% (81)	3% (3)	21%(22)
5 Circumcised Girls Perception of Education	90%(76)	-	10%(10)

3.1 Peer influence among the Women

From table 1, the respondents gave their responses which indicated their opinion towards women’s participation in community activities. The women were required to indicate whether they generally agreed or disagreed to the fact that peers influenced women to be circumcised. The result was that 79% of the women generally agreed with the statement with the 19% generally disagreed and 2% were undecided. This implies that peers influenced greatly the Tugen women to undergo FGM. It was also implied that most women initiate FGM amongst themselves. Parents, whose girls went through the ARP without being informed, were provoked into circumcising their girls (Chegeet *al.*, 2001). This confirms Krimer’s (2003) observation that outside pressures and interventions only strengthen people’s determination to protect their special traditions, like FGM. The results of this study may help the implementers to be more cautious during recruitment.

3.2 Effect of FGM on Marriages

Women's responses on whether circumcision makes and prepares girls ready for marriages, were that 61% generally agreed to the statement 32% disagreed and 6% were undecided about the statement. Majority of the respondents indicated that circumcision makes girls to mature preparing them for marriage. Once girls have been circumcised, they are declared ready to be married. Its also the Ilchamus community's custom that young men should marry girls who have undergone FGM and have become mature 'women'. In Kenya over 50% of girls, go through FGM (Mbiti 2000). FGM is widely practiced in districts mainly inhabited by the Kisii, the Mau speaking communities, Kalenjin, Meru, Kikuyu, Kamba, and Somali. Female Genital Mutilation is practiced in about 30 sub counties of Kenya but the practice rituals differ from community to community. According to the Kenyan demography and health survey (1989) it was found out that FGM is wide spread in Kenya and is prevalent in most ethnic groups with more than 75% of ethnic groups. Few respondents disagreed with the statement because of the fact that circumcising girls of below 10 years do not make them mature. Changwony (1999) observed in a study on the role of women in Keiyo traditional religious rites that married women who do not know their duties are promptly returned to their parents for training, which is a shame to the parents. A training that takes three days in a hotel or school may be seen as mockery as compared with the traditional seclusion and training. According to USAID (1999)

3.3 Preference of Circumcised Women

The study also sought to establish whether circumcised girls are preferred for marriage by men. Majority of the respondents, 73% generally agreed with the statement, 22% generally disagrees while 5% were undecided. The majority of the respondents indicated that all girls who wish to get married should get circumcised. Any man who marries uncircumcised girl was also deemed as cursed. However few girls indicated that some men preferred uncircumcised girls for marriage. This is because circumcised girls are deemed as people who are not Christians hence can't be married by Christians. Other respondents indicated that some Tugen men never cared whether girls were circumcised or not for marriage. This implies that majority of Tugen girls still undergoes FGM as a rite of passage for them to get married. Female Circumcision has been practiced for centuries in parts of Africa as one element of a rite of passage (Rahman&Toubia

2000). Female Genital Mutilation is practiced by different communities for cultural, social and economic reasons. It is done at varied times in different communities some do at infancy, others at puberty, but most commonly girls experience FGM between 4 and 12 years of age, at a time when they can be made aware of the social role expected of them as women (Toubia 1993: 9) or wives to be. The Tugen community circumcises the girls when they have developed secondary characteristics like breast. They practice the excision type of FGM. They are circumcised and married off after a few days. In Kenya over 50% of girls, go through FGM (Mbiti 2000). FGM is widely practiced in counties mainly inhabited by the Kisii, the Mau speaking communities, Kalenjin, Meru, Kikuyu, Kamba, and Somali. It is practiced in about 30 districts of Kenya but the practice rituals differ from county to county. According to the Kenyan demography and health survey (1989) it was found out that FGM is wide spread in Kenya and is prevalent in most ethnic groups with more than 75% of ethnic groups.

3.4 FGM brings Honor Women

On whether fear of public ridicule and mockery causes women to undergo FGM, one hundred and five women were required to give opinion. Those women who generally agreed to the statements were 76% while 21% generally disagreed and 2% of the women were not decided about the statement. This implies that most women in Tugen community undergo FGM because of public demand on cultural status. It's believed that women who don't undergo FGM are "incomplete" and regarded as 'children'. Those who fail to undergo FGM are barred from addressing community public gathering, don't command respect in the society and also regarded as a curse in the community. Few girls disagreed that failure to undergo FGM led to public ridicule and mockery. This is because of the argument that girls were respected because of their discipline and behavior. Female genital mutilation is a girl's rite of passage into adulthood that is practiced by many communities in different parts of Kenya. According to Makabila, it is rampant in West Pokot and other North –Rift districts and over the years it has led to a high dropout rate among girls who end up in abusive and loveless marriages (Daily Nation, 2004). World Bank (1984) observed that medical and anthropological research demonstrates that in much of the developing world, especially in Asia, girls are less well cared for and less nourished than boys.

3.5 Circumcised Girls Perception of Education

The respondents were required to indicate their perception on marriage and education. On whether circumcised girls perceived marriage more important than education, 90% of the respondents indicated that girls preferred to get married than to continue with their education while 10% indicated that circumcised girls perceived education more important than marriage. Once the girls had been circumcised they are perceived as adult and ready to be marriage off. During the FGM ceremonies Ilchamus community members regard FGM as cultural passage of life and girls undergo FGM to get community respect and honor girl's participation in education has been and continues to be a thorny issue daunting education system in most developing countries. Except in South Africa, Namibia, Mauritius, Bostwana and Swaziland, which presented gross enrolment ration of 50% and more in 1992, amounted to less than 30% of the corresponding age population according to national population structure in most of the countries in Sub-Sahara Africa (UNESCO,1995). According to UNICEF (2003), the girls primary school completion rates lag way behind boys at 76% compared with 85%. General, girls are more disadvantaged in the arid districts, the urban slums and marginal rural areas where majority of the poor population are found (Abagi, 1997; Wamahiu, 1995; Odago and Heneveld, 1995).

Consequently, gender imbalance in education remains a major challenge to the Kenyan government. The Kenya National Development Plan 2002-2008 (in Republic of Kenya, 2001) notes that, low levels of education attainment by women coupled with retrogressive Scio-cultural practices have resulted in low participation and representation of women in decision- making positions and lack of access to economic opportunities. This way low participation in education by girls be determined by their enrolment, retention and completion in the respective cycles of education. The girls' participation in secondary school education is influenced among others by economic and social factors (Onyango, 2000).

4. Conclusion

Female Genital Mutilation is highly valued among the Tugen community. The value assigned to FGM makes all the girls develop a desire for circumcision because failure to be circumcised they may not get married in future. The parents, guardians peer groups and husbands to be exert pressure for girls to undergo FGM.

FGM is practiced in readiness for girl's marriage, cultural passage of life, get respect and honor, reduce sexual urge among women and participate in ritual rules. Any women who is not circumcised is regarded as a child and is not supposed to lead or partake ritual ceremony

5. Recommendations

Stern measures should be put in place to countercheck FGM practices. Big courts fines and term jails should be enacted in the law for those who still practices FGM. Government of Kenya and NGOs should participate on women empowerment in the Tugen community. Schools should strengthen guidance and counseling Anti-FGM and Advocacy and Affirmative clubs to carry out campaign against FGM. Rescue Centers should also be constructed to assists girls who are disowned by their parents or families for refusing to undergo FGM practice.

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