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Factors that Influence the Persistent Practice of Female Genital Mutilation. A Case of Tigania People, Meru County.

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Abstract

Female Genital Mutilation refers to the procedures alter or cause injury to the female genital organs in the form of circumcision or clitoridectomy for no known medical reasons. This study aimed to determine the factors that influence the persistent practice of Female Genital Mutilation in Kenya, a case study of Tigania East Sub-county, Meru County. This was done by determining the contribution of the cultural practices to the persistent practice of FGM, determining the influence of environmental factors to the practice of FGM, assessing the contribution of agencies towards the persistent practice of FGM, and determining the influence of awareness on the practice of FGM in the study area. The study employed the cross-sectional research design and used a sample size of 384 study participants. This study used both stratified random and purposive sampling to identify the participants. Both qualitative and quantitative methods of data collection were used in the study, with the use of questionnaires and focused group discussions. Quantitative data was analyzed using the SPSS version 22.0 where the data was subjected to scientific methods of calculations such as means, frequencies, standard deviations, and percentages, and then presented using frequency tables and pie charts in form of descriptive and inferential statistics using the Pearson's correlation. Qualitative data was analyzed and presented using the relevant themes. The study revealed that all the female respondents involved in the data collection process through the survey had undergone FGM. In the sample of women, 74.2% had circumcised their daughters whereas 25.8% had not. The persistence of FGM was attributed to cultural beliefs. The study found that 76.2% of girls and women interviewed had undergone FGM willingly compared to 23.8% who were forced. This was enhanced through socialization within the community that reinforces the stereotypes against uncircumcised girls or women. In regard to the effect of FGM the study found that of all the women and girls who had undergone FGM, 51.3% indicated excessive bleeding, 12.2% were obstructed labor, and 34.9% were sexual complications. The study draws the following recommendations: the girls should be empowered to refuse the practice of FGM and the community at large should join the efforts to fight the practice of FGM by abolishing harmful cultural beliefs and myths. In addition, the government should develop and enforce policies and frameworks to create awareness against FGM, the NGOs should empower the community through creating awareness against FGM and the health workers should educate the community on the harmful effects of FGM so as to promote the eradication of the practice.

Keywords: *Female Genital Mutilation, Cultural practices, Agencies, Awareness*

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1.0 Introduction

Female Genital Mutilation (FGM) includes procedures that intentionally alter or cause injury to female genital organs for non-medical reasons (WHO, 2001). This process does not have any health benefits to girls and women. The procedure can lead to bleeding problems, urinating difficulties, cysts, infection, further more complications in child birth and can also lead to the increased risk of deaths in new born babies. Over 200 million girls and women alive today have gone through FGM in about 30 countries in the regions of Africa, the Middle East and Asia. FGM is conducted on young girls from infancy to the age of 15 years, and it is a violation of human rights of women and girls (WHO/UNCEF/UNFA, 1997).

Communities that practiced FGM, considered it as a standard of culture and a conduct built on age, life stage, sexual category and socio-economic class. FGM is an ultimate defilement of a person's privileges. It is an undecorated practice of discrimination against women and a defilement of the privileges of girls, on whom it is most usually executed. FGM disrupts the right to health, the freedom from torment or unpleasant, cold-hearted or undignified handling, and, even the most basic, which is the right to life (UNICEF, 2010).

At the international level, building on work from previous decades, in 1997, WHO issued a joint statement against the practice of FGM together with the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). The UNFPA-UNICEF Joint Programme "Female Genital Mutilation (FGM): Accelerating Change" was developed in 2007 to protect girls and women by accelerating abandonment of FGM and providing care for its consequences.

It was implemented in 15 African countries from 2008 to 2013. In 2010, there was also focus and global strategy to enable the health-care providers to stop the practice of performing FGM (UN Joint Programme, 2010). On December 2012, the UN General Assembly adopted a resolution by 2/3 majority to ban FGM, Africa included.

At the African level, during the 1980's, the extensive quietness neighboring FGM was wrecked particularly after 1985, when United Nations Women's Decade conference was held in Nairobi and the African Women's Organization conference in Dakar.

Developing countries such as those in Africa, over the last decades have experienced unprecedented growth in social, economic and cultural aspects, but the development and the use of technologies that led to the increased access to education have changed the way individuals and groups interrelate with each other. Despite unprecedented development and growth in Africa, cultural malpractices stand in the way of achieving the Millennium Development Goals Number 4 and 5 and currently the Sustainable Millennium goals while disregarding progress that has already been achieved so far (Onuh et al., 2006; Oloo et al., 2011).

In Kenya, the Kenya Demographic and Health Survey (KDHS) 2008-2009 indicates that the general occurrence of FGM has greatly been declining over the years. In 2008/2009, 27% of ladies underwent FGM, a deterioration from 32% in the year 2003 and 38% in the year 1998. Though, the pervasiveness has persisted mostly amongst the Somali at 97%, Kisii at 96%, Kuria at 96%, Maasai at 93% and Meru at 42%, comparatively low amid the Kikuyu, Turkana and Kamba, and seldom accomplished midst the Luhya and Luo communities (less than 1%). The practice of FGM occurs mainly at the teenage and adolescent years. However, it can also be practiced at later ages.

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WHO (2006) identifies FGM into four classifications and their practice vary according to ethnic groups in Kenya. Type I: Fractional or entire amputation of the clitoris and/or the prepuce (clitoridectomy) being further prominent amongst the Gusii; Type II encompasses fractional or entire elimination of the clitoris and the labia minora, with or devoid of elimination of the labia majora (excision) which is more prevalent among the Maasai, Kalenjin, Meru, and the Kuria; Type III which is termed as tightening of the vaginal orifice with formation of a cover seal by slicing and relocating the labia minora and/or the labia majora, with or without cutting out of the clitoris (infibulation) is more collective amid the Somali ladies. Type IV embraces all of the injurious techniques to the female genitalia for non- health tenacities, for example: cauterization, piercing, pricking, scraping and incising.

Government efforts as well as those of NGOs, schools and churches cannot be said to be a success in Tigania. Their efforts to replace the existing traditions with an alternative rite of passage without "the cut" is an effective strategy but after being employed for many years, the results are not wholly successful. FGM is believed in this area to be a custom and social tradition, which is deeply embedded in the family honour, dignity and ancestral rites of worship, which have not been fully evaluated by the stakeholders in their effort to eliminate FGM.

In Tigania, an uncircumcised girl is referred to as ''Mukenye'' and supposedly, unhealthy, unclean/unhygienic and makes one lack the aesthetic value. Tiganians practiced farming and pastoralism, and the cut was supposed to tame women's libido while their husbands were away. Tiganians are known to be more conservative of the other Meru sub-tribes and FGM is widespread. It is deeply rooted and assumed as a way of life.

2.0 Methodology

This study embraced the cross-sectional research methodology employing both quantitative and qualitative methods of data collection. The study incorporated different methodologies which included Focused Group Discussions (FGD), Key Informant Interviews (KII), and survey questionnaires. The research was undertaken in Tigania-East Sub-County, Meru County. It is a zone allegedly where the custom is deeply rooted and is also amongst the zones with highest frequency amid the Meru community according to various demographic and health surveys.

This study used both stratified random and purposive sampling to identify the participants. The population of interest was divided into strata. The strata's used administrative boundaries of the five wards in the sub-county.

Purposive expert sampling was employed to identify the key informant groups. They included selected administrative officers, health professionals, religious leaders and Non-Governmental Organizations (NGO).

Focused Group Discussions were conducted among the girls and women of age 15-49 years.

Sample size determination used the formula according to Fisher et al in Mugenda and Mugenda (1999),

Sample size $\mathbf{n= \underline{(Z^2pq)}}$

$\mathbf{d^2}$

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Where **n** = the anticipated sample size (if the objected populace is more than 10,000)

Where; **Z** = Standard usual deviate tabulated at 95% confidence interlude that's 1.96

P = Quantity estimated to have a characteristic similar to what is being investigated

q =1-p

d = Statistical significance at 95% confidence level which is 0.05

Recommended by Fisher et al in Mugenda and Mugenda-50% of the target population used;

$$= \frac{(1.96^2 \times 0.50 \times 0.50)}{0.050^2} = \textbf{384 respondents.}$$

Population of Tigania East per the 5 Wards

Population of Tigania East per Wards

Total=156,762

Table 1: Sample distribution

Ward	Total Population	Sample distribution	Male	Female
Thangatha	40,141	98= (40,141/156,762_x 384	19,821	20,320
Mikinduri	33,685	83=(33,685/156762)x384	16,556	17,129
Kiguchwa	19,162	47=(19,162/156762)x384	9,278	9,884
Muthara	38,938	95=(38,938/156762)x384	18,068	20,870
Karama	24,836	61 =(24,836/156762)x384	12,075	12,761
Total	156,762	384		

Source; Kenya National Bureau of Statistics, 2013

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3.0 Results and Discussion

Demographic Characteristics

Table 2: Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
circumcised or not	384	1	2	1.26	.438
Gender	384	1	2	1.43	.496
Education level	384	1	4	2.65	.825
Religion	384	1	4	1.46	.692
Marital status	384	1	5	2.08	.685
Age	384	1	4	2.36	.954

From the findings, the means and standard deviations of the various demographic variables were calculated and highlighted in table 2 above.

Gender

Table 3: Gender of the respondents

Gender	**Frequency**	**Percentage**
Male	217	56.5
Female	167	43.5
Total	**384**	**100**

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Education Level

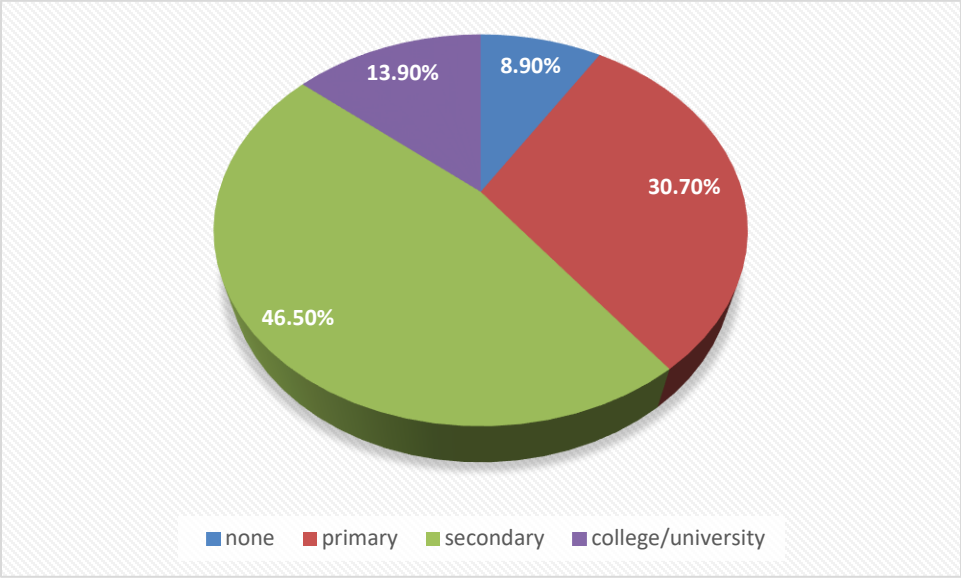

Figure 1: Education Level of Respondents

Based on the level of education, the study found that most of the respondents had the secondary level of education (46.50%), while 30.70% had primary education, 13.90% had the college/University education and only 8.90% had no education as shown in Figure 1 above. This illustrates that most of the community members have a minimum of a primary education and also have secondary education which are the basic levels of education as highlighted in the Millennium Development Goals.

Religion

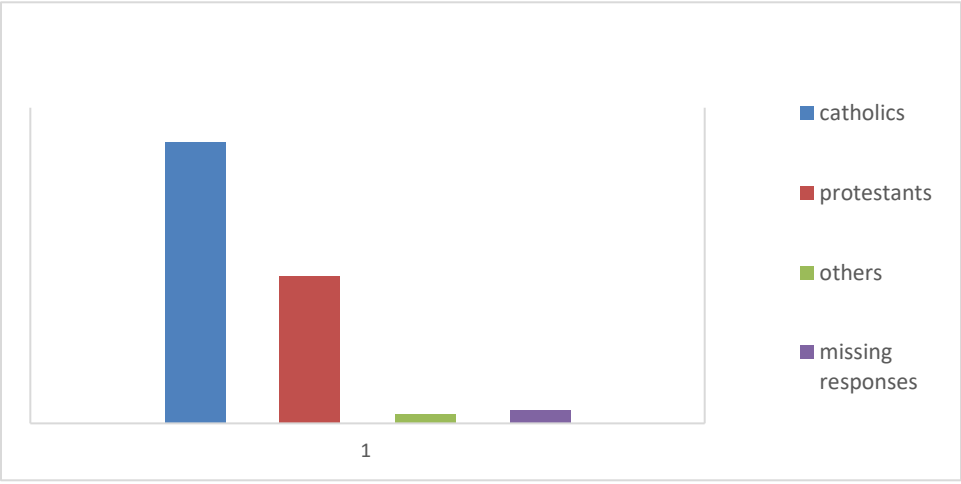

Figure 2: Religious Affiliation among Respondents

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In terms of religious affiliation, 62.3% were Catholics comprising a majority of the respondents, 32.7% Protestants, 2.0% were others and 3.0% were missing responses as indicated in Figure 4.2 above. This therefore indicates that Christianity is the most popular religion in the area of study. This agrees with most other studies that have been conducted in Kenya where most of the people are Christians apart from a few regions.

Marital Status

On marital status, majority of the respondents were married (81.20%), while 9.9% were single, 6.9% were widowed, 1.0% were separated and 1% were divorced as reflected in Figure 4.3 above. This finding is attributed to the cultural importance attached to the institution of marriage as a union for the reproduction of societal values and cultures. Divorce and separation were identified by 1.0% and this is attributed to the negative perception associated with separation and divorce by the Ameru culture.

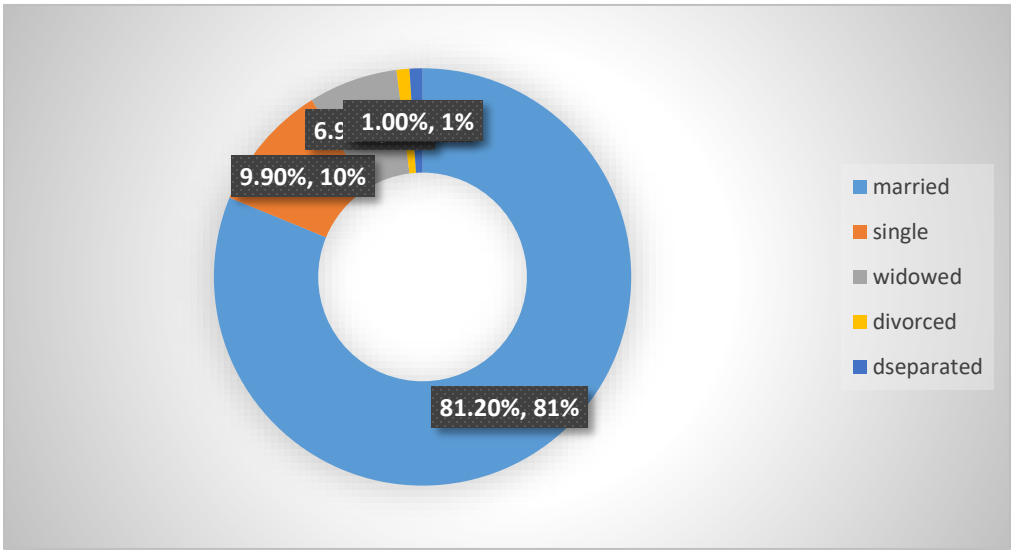

Figure 3: Marital Status of Respondents

Status of FGM in the Community

In the sample, majority of the respondents (74.2%) had circumcised their daughters while only 25.8% had not. The researcher asked respondents to indicate the number of daughters that had undergone FGM. As shown in Figure 4 below, majority had circumcised one daughter (45.5%), 27.7% indicated none, 18.8% were two, 5.9% indicated three and 2.1% were four.

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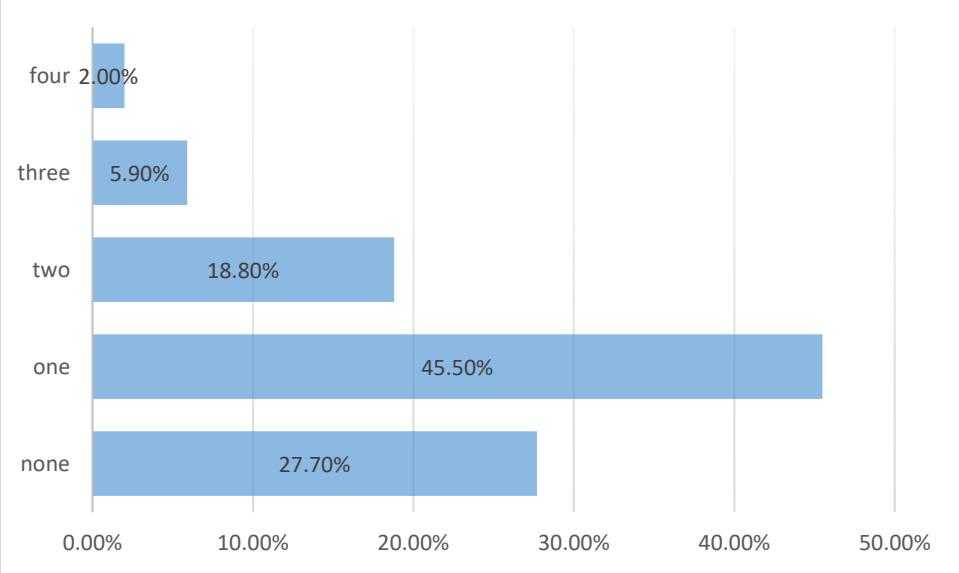

Figure 4: Number of Girls who have Undergone FGM

Contribution of cultural factors on FGM

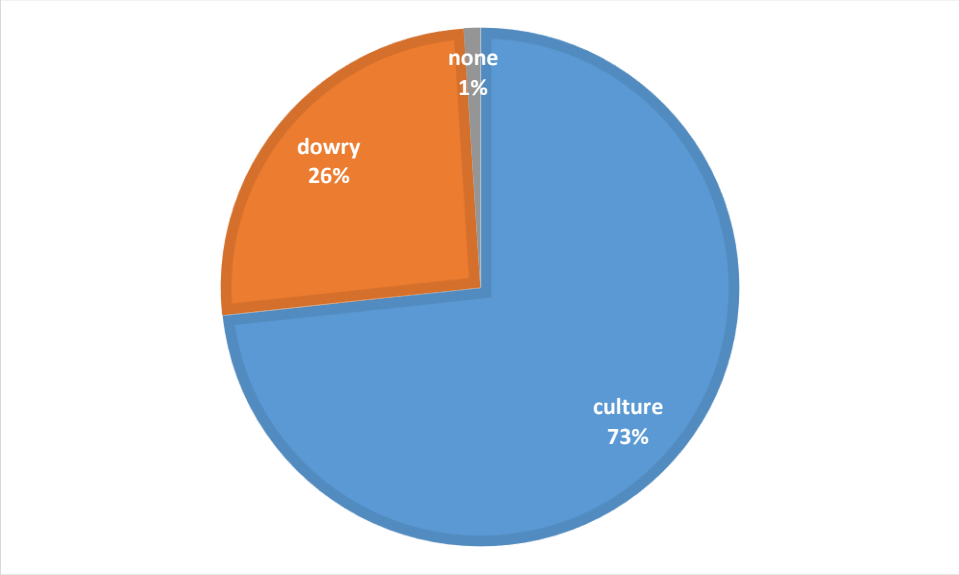

Figure 5: Reasons for Practicing FGM

The researcher sought to find out the reasons for practicing FGM among the Tigania. The study found that upholding cultural traditions was the most prominent reason for practicing FGM as indicated by 73.3%, while acquiring more dowry payment (25.7%) and 1.0% did not apply as shown in Figure 5 above. Female circumcision is considered an integral part of the Ameru peoples' way of life and culture, it is widely believed that circumcision reduces sexual urge in women. In

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continuing with the practice, the Ameru seek to ensure that their women do not become promiscuous. FGM continues because of tradition and a sense of community belonging.

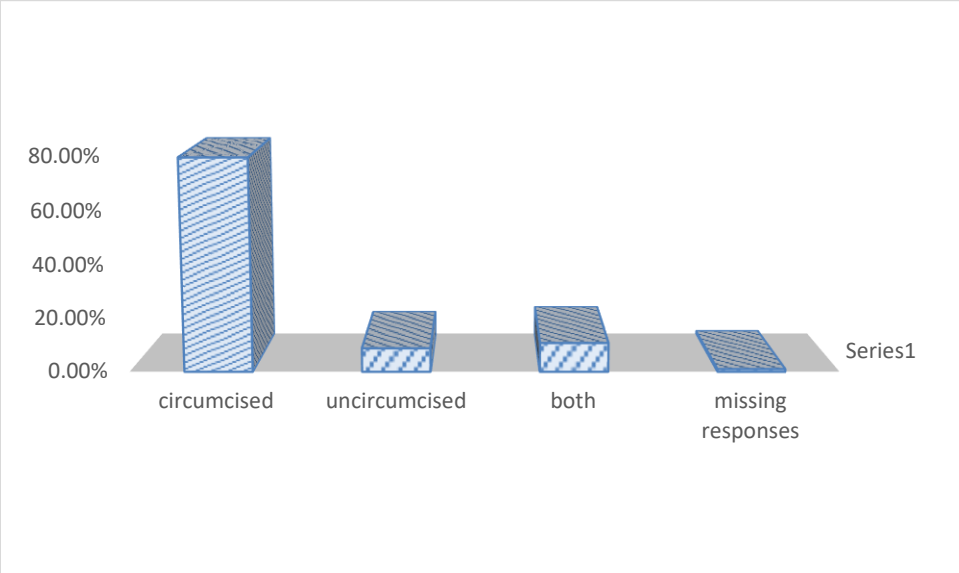

Figure 6: Preference for circumcised women in the community.

Influence of Environmental factors on FGM

Stereotypes against Uncircumcised Women

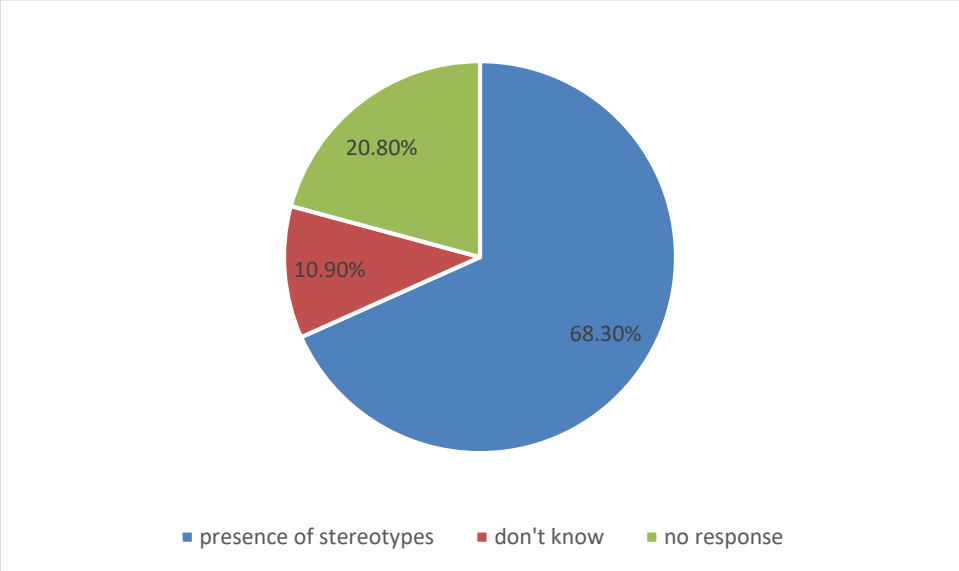

Figure 7: Presence of stereotypes in the community.

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The researcher sought to find out whether there was stereotyping against those who did not practice FGM in the community. Study findings show that majority of the respondents (68.3%) acknowledged that there were stereotypes against uncircumcised women, while 20.8% gave no responses, and 10.9% didn't know.

Age of Undergoing FGM

Table 3: Age at Which FGM is performed

Age	Frequency	Percentage
7 - 9 Years	85	22.1
10 - 15 Years	254	66.2
Not Applicable	45	11.7
Total	**384**	**100.0**

Contribution of Agencies

Anti – FGM Activities champions/facilitators

Table 4: Anti – FGM Facilitators in the Community

Facilitators	Frequency	Percentage
Government agencies	145	37.8
Religious Organization	170	44.3
Women Groups	32	8.3
NGOs	11	2.9
CBOs	10	2.6
Missing Responses	9	2.3
Radio Broadcasts	7	1.8
Total	**384**	**100.0**

Forms of Punishment

Table 5: Punishment to FGM Practitioners

Punishment	Frequency	Percen
Never heard of any punishment in the community	12	3.1
Imprisonment for Four months	15	3.9
Parents were ostracized from community	11	2.9
The verdict has never been passed	16	4.1
Punishments Not Applicable	330	86.0
Total	**384**	**100.0**

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Awareness on FGM

Source of information on FGM

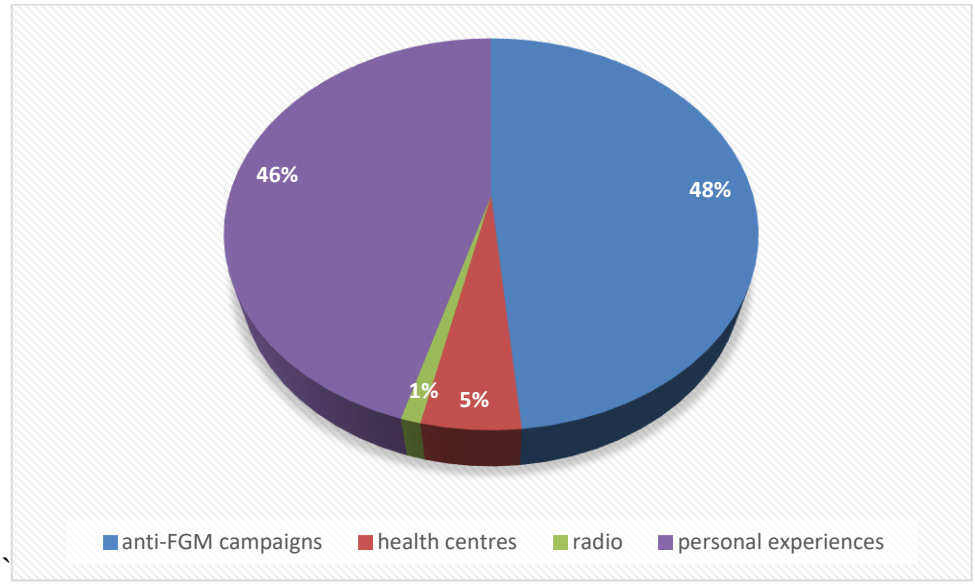

Figure 8: Respondents Source of Information on FGM Awareness

As shown in Figure 8 above, anti – FGM campaigns were the major source of information on FGM as indicated by 48.5%, health centers were 5.0%, radio announcements were 1.0% and personal experience was 45.5%. Despite the radio being one of the most accessible forms of mass communication in the rural areas it was not a major source of information on FGM.

Anti – FGM Activities in the Community

Table 6: Anti – FGM Activities in the Community

Anti – FGM Activities	Frequency	Percent
Education / Awareness on effects of FGM	350	91.1
Alternative Rites of Passage	20	5.2
Not Applicable	8	2.1
Missing Responses	6	1.6
Total	**384**	**100.0**

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Table 7: Organizations and Anti – FGM Activities in Community

Organizations' Activities	Frequency	Percen
Religious organizations educate / create awareness on FGM effects	156	40.6
Youth / women groups assist in community abandonment of FGM	31	7.8
Government agencies conduct seminars / education and awareness	50	13.0
None of the organizations are in the community	80	20.8
health centers provide sensitization on negative effects of FGM	23	6.0
NGO's educate on the impact of FGM on HIV/AIDS	15	3.9
Not Aware of these organizations	7	1.8
Missing Reponses	22	5.7
Total	**384**	**100.0**

4.0 Summary

In this study, majority of the respondents indicated that they had circumcised their daughters. The study found that most of the respondents had indeed undertaken their daughters through FGM. The persistence of FGM was attributed to traditional / cultural beliefs. These include; that circumcised women were less promiscuous compared to uncircumcised women. The income attained from circumcision was also identified as contributing to the persistence of the practice where it's a source of employment among the elderly women in the community. Environmental factors also contributed greatly to the practice of FGM in the study area. The age at which FGM was performed was found to be between the ages of 10-15 years indicating that prevalence of FGM increased with age. The study found that upholding cultural traditions as the most prominent reason for practicing FGM and acquiring more dowry payments. The stereotypes that were in the community were also some of the environmental factors associated with the increase in FGM cases in the study area.

The study found that most of respondents had undergone FGM willingly compared to those who were forced. This was enhanced through socialization within the community that reinforces the stereotypes against uncircumcised girls or women and thus a girl will choose to undergo the process so as to avoid mocking from the community and their peers. In regard to the effect of FGM the study found that majority experienced excessive bleeding, obstructed labor, and sexual complications as the health effects of FGM. The study sought to establish the facilitators of FGM where findings revealed that parents and elderly women were the major circumcisers.

The role of the father is to provide finances and resources for the ceremony as indicated by majority of the respondents, as well as giving permission for their daughters to get circumcised. The primary role of the mother was to take care of the circumcised girl and giving rules to the circumcised. The study found buying food as the most expensive activity of FGM rites and the average expenses for the food is Kshs.10, 000. Paying the circumciser was also a cost incurred by the initiates' family which could either be in cash or in kind. Circumcisers are paid Kshs 3,000-5,000 and could be paid by such a goat or chicken. Cultural occasions predominantly provide that there be drinking of the local beer and was identified as by 5.9 percent which could cost a family Kshs. 4,000-6,000.

Study findings indicate there is a high level of awareness on the law concerning the practice of FGM. There are several legal instruments which seek to address the practice of FGM which include

the Anti – FGM law, the Children's Act of 2001, and the Kenya Constitution 2010. Despite the existence and knowledge of anti-FGM legal instruments, majority of the respondents indicated that they were not aware of any person being punished or imprisoned. The study sought to identify how community members avoided penalization of practicing FGM, where study findings revealed that FGM is practiced at night as well as families inviting the circumciser to their homes so as to evade the government agencies. The influence of government agencies and other non-governmental organizations was explored and the study found that these agencies played an important role in the creation of awareness as well as in the enforcement of the laws against FGM.

5.0 Conclusion

The study concludes that the persistence of FGM is attributed to the socialization of the community. Its persistence among the Ameru is enhanced by the willingness of women and girls to undergo the practice in order to maintain the cultural integrity of the community. Culture therefore played a crucial role in the persistence of FGM practice among the community. Apart from culture, the community's attitude also played a big role in the perpetuation of FGM. FGM is perceived to be a cultural identification which is highly accepted in the community and entrenched to the following generations. The active participation of parents in FGM activities continuously enhances the practice. The practice of FGM has persisted due to the socialization of the community which has led to girls willingly accepting to undergo the practice. However, there was evidence to suggest that girls are also undertaken through the practice by force. The governmental agencies, together with NGOs, CBOs, and health centers have a great role to play in the community in terms of awareness creation as well as the enforcement of the Anti-FGM laws and regulations.

6.0 Recommendations

This study draws recommendations to the following: the community, the policy makers & implementers and the other members.

1. The community
    a) The girls should be empowered to refuse undergoing through the practice of FGM.
    b) The women should be educated on other forms of acceptable rites of passage.
    c) The community at large should join the efforts to fight the practice of FGM by abolishing harmful cultural beliefs and myths.
2. The Policy makers and Implementers
    a) The government should develop and enforce policies and frameworks to create awareness against FGM in the community.
    b) The NGOs should empower the community through creating awareness and sensitization against FGM.
    c) The health workers should educate the community on the harmful effects of FGM so as to promote the eradication of the practice.
3. The other members

a) The radio should empower community by creating awareness and sensitization on FGM.

b) The community members and leaders should work in collaboration with the government agencies in the fight against FGM

c) The members of the community should act as champions against FGM in the community.

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