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Research Article

Milestones towards FGM eradication among the Abagusii of Kenya

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Abstract
Despite Female genital mutilation (FGM) being a violation of human rights against girls and women, it has persisted for several centuries. Therefore, this study sought to find out the milestones covered towards its eradication. FGM entails the partial or total removal of external female genitalia or other injuries to the female genital organs for non-medical reasons. It does not only harm women physically, but also harms their emotional health with far reaching effects throughout their lives. The study was conducted in the greater Kisii (Kisii and Nyamira counties) utilising 252 participants and employed a mixed research design. Data were collected using questionnaires, and structured interview schedules. The study concluded that despite its persistence, FGM has generally shown a painfully low declining prevalence. In the greater Kisii and indeed elsewhere, the situation is complicated by studies employing outdated data. Also, the study found that eradication of FGM is possible through the use of a combination of multi-community level interventions and national legislative mechanisms. In addition, increased education and awareness as well as driving the process through community approaches can increase effectiveness. This is because education is a salient prime mover for behaviour change. This study suggests that developing an Alternative Rite of Passage (ARP) may be an easier way to eradicate FGM. In conclusion, ending FGM is a tricky matter that is intertwined and embedded in culture. However, the fact that most girls have not undergone FGM is a clear indication that FGM is headed towards its end.

Keywords: ARP, community, FGM, female, girls and women, prevalence

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Introduction

Despite the harmful effects of female genital mutilation (FGM); the practice, which is a form of culture and social norm has persisted probably since the 5th Century B.C. According to WHO (2020), the practice includes procedures that attempt partial or total removal of the female external genitalia or other injuries for non-medical reasons. While the practice is relatively spread across the globe, the bulk of it occurs in Africa and its effects underscore it as a threat to economic and social wellbeing of many societies (UNICEF, 2020a). FGM is practiced in 92 (47.2%) out of 195 countries in the world, compared to 28 (59.1%) out of 54 African countries, making Africa the epicentre of the practice. Mostly, the procedures are carried out on young girls between infancy and age fifteen and an estimated 200 million girls and women alive today have undergone some form of FGM or live with the consequences of the mutilation or cut. Researchers suspect that the number might be much higher except for the statistical inconsistencies associated with the cultural and social shifts of the nature of conducting FGM; such as medicalization and performing the practice in highly secretive ways.

In addition, the practice is usually associated with child marriage—two practices that constitute human rights violation; yet widely practiced forms of culture and social norms (WHO, 2020). Over time, the practice has undergone considerable metamorphosis in terms of form and context; some changes entailing abandoning performing severe forms (infibulations) and adopting less severe forms out of the four most common form of mutilation (WHO, 2020). Given that FGM and child marriage entrench violence and abuse of human rights against girls and women, the SDG No. 5.3 which aim to "eliminate all harmful practices, including child, early and forced marriages and female genital mutilation by the year 2030" (UNICEF, 2020b).

Notwithstanding, compelling reasons, efforts, and imperative to eradicate the practice, FGM has persisted resulting in a painfully slow decline. Eradication of FGM has proved to be an uphill task. According to UNICEF, (2020a), there is still a high prevalence of FGM among certain communities—for instance, as of 2014, FGM was practiced at the level of 94% among the Somali women, 86% among the Samburu, 84% among the Kisii and 78% among the Maasai women. Younger women are less likely than older women, to have undergone FGM, which may imply a declining prevalence. Seemingly, some ethnic groups like the Luo, Luhya and Kikuyu from western and central Kenya report very few cases, estimated at less than 1%. The persistence of this rite of passage for some tribes is endemic and ascribed to generational social norms which have been observed and adhered to from ages past across different communities that condone the practice.

Although, there has been progress, the rate of decline has been slow which is blamed on poor implementation of interventions. Instead, there has been remarkable shifts in FGM administration by involving health professionals (medicalization), less severe cutting, and performing the cut on girls who are of a much younger age than previously (Bedri, et al., 2019). Additionally, it entails utilising professionals who include midwifes, nurses, or doctors to perform FGM in safe and healthy facilities, often employing surgical tools, anaesthetics and antiseptics (Bedri, et al., 2019). It also includes re-infibulation—re-closing a woman's de-infibulated external genitalia to facilitate sexual intercourse, birth delivery, and/or other associated gynaecologic functions (Bedri, et al., 2019).

Although such changes attract community support in form of social norms, there seems to be other dynamics that may be playing some critical role. Emerging evidence from various surveys and qualitative research suggest that changes in the way FGM used to be practiced attracts the support of some communities and families, to sustain instead of abandoning it. Primarily, such changes are aimed at

reducing health risks, winning the approval of health providers in carrying out the procedure, providing an avenue for attracting financial incentive or social recognition (Kimani, et al., 2020) Countries that show the greatest burden of medicalized FGM include Sudan (67%), Egypt (38%), Guinea (15%), Kenya (15%) and Nigeria (13%). In some, nurses, trained midwives, or other lower-level health providers can perform FGM freely. Unlike all other countries, Egypt is the only exceptional case because, in most cases doctors are the ones who perform the procedure. Furthermore, girls aged 0–14 years are at a higher risk of medicalization compared to women aged 15–49 years. Hence, there is a high likelihood of this medicalization trend institutionalizing the practice and encouraging continuation instead of abandonment ((Bettina, et al., 2017).

In Kenya, the government has employed several approaches, specifically, they include enacting laws, legislation and alternative programs. The Children's Act, 2001; The FGM Act, 2011; and The Presidential Decree to end FGM by 2022 are among some of the laws that have been put in place. Despite these efforts, an estimated 4 million girls and women have undergone the rite. Furthermore, at least 21% of the women aged 15 – 49 years have experienced the cut; but, there has been a gradual decline in number of women aged 15-49 undergoing the cut. For example, the figures have declined from 38%, in 1999 to 21% in 2013. Evidence seems to suggest that, the number of girls and women undergoing the rite is declining fast in certain ethnicities (UNICEF, 2020a).

Methodology

This investigation was conducted in two sub counties within the greater Ksii comprising Kisii & Nyamira Counties. The two sub-counties were chosen because they are known to have high concentrations of anti-FGM campaigns and activities served by Non-governmental organizations & Community Based Organizations. Specifically, this study targeted the areas International Solidarity Foundation (ISF), and Adventist relief agency (ADRA) in conjunction with UNICEF had concentrated anti-FGM programs in Kisii The study utilized a mixed research design involving qualitative and quantitative paradigms. Data were collected using questionnaires, and structured interview schedules. A sample of 200 young, unmarried girls were selected by simple random sampling procedures to respond to questionnaires. In addition, two other groups consisting of 30 and 22 married men and women respectively were also picked to respond to a specifically designed interviews. Lastly, three (3) key informants were interviewed to provide further insights about the FGM. The tools were designed and pre-tested with a small population away from the study area for purposes of establishing validity and reliability prior to being employed for data collection.

The data was analysed using frequencies and percentages for quantitative data and the use of narratives and question and answer to the interviews for qualitative data. Generally, principles that guide ethical practice in research were followed. In particular, the ethical considerations observed included, respect for autonomy, justice and beneficence. In research, autonomy is the idea that study participants have the right of deciding about their involvement in the study and that their decision is final and unfettered. In this study, autonomy was actualised by participants providing written consent.

Secondly, the principle of Justice in research requires participants to be treated fairly, equally, and with respect throughout the course of the research. In this study justice in research was operationalised by providing transparent explanations on the study to enable participants decide whether the study bleaches any of their interests and therefore, whether to get involved or not. Lastly, the principle of beneficence calls for the evaluation of harms or risks that the research might expose participant to, especially in the disclosure of personal and confidential information. The study therefore, actualised this

principle by assuring participants that all information provided shall be kept confidential and will be used for no other purpose except education.

Findings

The study employed a sample of 255 participants to investigate FGM practice in Kisii and Nyamira Counties. The sample consisted of 200 girls aged between 8-20 years old; 22 women aged between 30-60 years old; 30 men, aged over 30 years old and 3 Key informants. Table 1 indicates the age range for each group of participants except for Key informants.

Table 1

Categories of participants per age range

Girls			Women			Men		
Age	**Population**	%	**Age**	**Population**	%	**Age**	**Population**	%
8 -10	15	7.5	30 -40	11	52.4	30 -40	3	10.0
11-13	5	2.5	41 -50	6	28.6	41 -50	9	30.0
14 -17	100	50.0	51 - 60	4	19.0	51 – 60	12	40.0
18-20	80	40.0	Above 60			Over 60	6	20.0
Total	200	100.0		21	100.0		30	100.0

Table 1 shows that majority of the girl-participants (90%) were age between 14 – 20 Years, 81% women participants were aged between 30 -50 years, while 70% men were aged between 41-60 years. Most participants agreed that FGM is an archaic practice that should be discarded because, the practice does not add value to the functioning of girls and women. In other words, the practice is worthless. In any event, the practice has more disadvantages than advantages. Among them, participants observed that FGM confers no benefits, but can lead to serious health impacts. It negatively affects feelings and emotions; thus putting girls and women at risk of health challenges such as HIV and STIs; and may cause birth complications.

Although, FGM is still practiced by some religions, the practice is not mentioned either in the Bible or Quran. To have an indication of how religious inclinations affect participants' view about the practice, the study asked participants to indicate their religious persuasions. Table 2 is a summary of the religious persuasion for the study participants.

Table 2

Participant' religious affiliation.

	Girls		Women		Men	
	No	%	**No**	%	**No**	%
Christianity	196	98%	20	90%	29	96%
Islam	0				1	4%
Hindu	1	0.5%				
Not Indicated	3	1.5%	2	10%		0
	200	100%	22	100%	30	100%

Table 2 shows that other than 2 participants, the rest (majority) of the study participants (97.2%) were Christians. Further analysis show that 176 (69.8%) participants were from the SDA faith, 58 (23.0%)

Catholics while the rest, 18(7.2%) did not indicate their religious persuasion. Considering that the FGM practice still persists, could imply that Christianity, but especially the SDA faith seems to condone the practice without condemning it strongly. It would appear that these faiths may be confusing circumcision of girls, similar to that of boys discussed in the both the old and New Testament. Religion is important in influencing the way an individual thinks, functions and acts. Therefore, beliefs are critical in shaping attitudes surrounding the FGM practice as well as behaviour. It is not surprising therefore, that most participants indicated some measure of hate towards the FGM practice. Both Christianity and Islam are pre-eminently quite about FGM. Instead, adherents of the faiths are opposed to the practice. In fact, where Christianity took a leading role in opposing the practice, like in the Mt. Kenya region, very few incidences of the cut are practiced. However, it is not clear why the practice has persisted among the Tharakas who also live around the mountain.

If the Mt. Kenya region example were to apply in the greater Kisii region, one would expect, the practice to have been abandoned a long time ago because majority of the Kisii's are Seventh Day Adventist Christians. But it seems the contrary may have held true. Like the Tharakas, the practice has persisted despite the more convincing evidence against it. The church seems to have taken a non-partisan role in the FGM debate and therefore, the church has not played a leading role in shaping the thinking and actions of their members about the practice. Influencing behavioural change is possible through awareness and education and awareness. How individuals will behave will depend on their education and awareness. For that reason, the study sought to find out the education status of the participants. Table 3 presents a summary of participants' educational status.

Table 3:

Type of Participants versus Educational Status

Level of education	Girls		Women		Men	
	No.	%	**No.**	%	**No.**	%
No schooling	10	5%	2	9.09%	1	3.3%
Primary	35	17.5%	2	9.09%	1	3.3%
Secondary	110	55%	6	27%	6	20%
Tertiary	30	15%	10	45%	22	73.3%
Others eg University	15	7.5%				
No response	0	0	2	9.09%	0	
Total	**200**	**100%**	**22**	**100%**	**30**	**100%**

Table 2 shows that majority (78.9%) or 199 out of 252, of the participants had attained secondary school level of education and above. Those with tertiary education numbered 77 out of 252 or 30.6%; while, 122 or 48.4% had obtained secondary school level of education. The table shows that majority of the participants had a good level of education and could be able to understand issues surrounding the FGM debate. The FGM practice is a violation of girls and women rights. In its worst form. The practice is likely to cause disability. The study therefore, sought to investigate the number that had undergone the cut, whether it was own choice and whether they are likely to recommend the practice to other girls and women. Table 4 presents a summary of the number of women and girls that have undergone FGM.

Table 4:

Participants and FGM

Participants	Women	Girls	Total
No. Undergone FGM	16 (72.7%)	30(15%)	46
No. Not undergone FGM	4 (18%)	170(85%)	174
No response	2(9%)	0	02
Total	22(100%)	200(100%)	222

Table 4 shows that 16 (72.7%) women participants reported having undergone FGM compare to 30 girls (15%). This result implies that a higher percentage of older women had undergone FGM compared to girls. However, more girls (85%) reported having not undergone FGM compared to women (18%). This is probably due to the fact that some of the respondents especially those of 8 - 10 years are still eligible for the cut, or are too young to give a reliable answer. As for women, the high number that have undergone FGM is most likely due to the fact that FGM was during their time regarded a rite of passage that was mandatory for all females. So, there was really no choice, plus the fact that no laws had been enacted to curb the practice.

Asked if they would recommend FGM for women and girls, 17(77.2%) of the women participants said they are unlikely to recommend FGM compared with 3(22.8%). It was instructive that thirteen (13) of those who were unlikely to recommend FGM, had themselves undergone the cut. Approximately, 80% of the participants said that FGM was performed at home, while, 20% said in the hospitals. This information is useful in designing interventions. For example, FGM can be successfully eradicated by involving community policing, clan elders, the medical practitioners and the circumcisers.

Discussion

Female genital mutilation (FGM) is a harmful tradition involving the cutting or removal of a woman's external genitalia. It is typically practice in traditional communities that have patriarchal social structures. Its origin is unclear while the reasons for its existence are complex to understand. What is clear, however, is the fact that FGM is a manifestation of a violation of the rights of girls and women. There is abundance of evidence globally that point to the fact that some communities have eradicated the practice using various means; yet others are struggling. Although UNICEFF (2020) has recognized religious communities as potential drivers to bring about FGM and child marriage practice; yet, this current study's findings reveal contrary evidence. otherwise. Whereas where Christianity took a leading role, FGM completely stopped. However, one wonders why Christianity is not taking a leading role in ending FGM in other communities such as among the Tharakas, and the Kisii's.

Many communities that have eradicated the practice by utilizing a combination of community level interventions and national legislative mechanisms. One needs to bring about increased education and awareness as well as driving the process through community approaches. This is because education is a salient prime mover for behaviour change. This study suggests that, eradication of FGM can be achieved by developing an evidence-based approach known as the Alternative Rite of Passage (ARP). The ARP approach, attempts to respond to key unanswered questions that require to be unearthed. For instance, why the harmful practices are still widespread, despite the often-significant efforts carried out to promote their abandonment. By use of this approach young girls are brought together in camps

during the crucial season dreaded for clitorectomy. The girls are secluded until the crucial season is past and the young girls are awarded gifts and certification to show that one has some stage in life. According to the respondent, "this approach has saved many girls from the cut. Many such girls use networks and premises provided by anti-FGM crusaders.

Lastly, one of the main problems in trying to understand the magnitude of the problem is the issue of using outdated information. For example, the figures being quoted relate to 2014 when the last survey was done. A period of about seven years is a long time that significant changes could have taken place. It is for this reason that it is difficult to find out the real status of the FGM practice. A look at the time laws were enacted prohibiting the practice, was around the time of the survey. We think, if new studies were carried out, the results won't be the same because there is much that has taken place.

Limitations

The results of the study may be affected by especially four limitations. These include:

- The sample population being highly biased towards a highly religious orientation. This implies that the views expressed will be biased towards what religions teaches.
- The sample population consists of majority of the respondents largely from among the Seventh day Adventists church. This may have given a biased view of the progress the community is making towards ending FGM
- The sample population having more girls than men and women, make it rather hard to generalize the responses even though the percentages show some relationships.
- The participants were picked from areas that ISF runs FGM programmes, the positive change could be due to the impact by the programme

Conclusion

From the findings of this study, ending FGM is a tricky matter as FGM is intertwined and embedded in culture but change of perceptions as noted in the study is a sign that some good progress is taking place. The fact that most girls have not undergone FGM is a clear indication that FGM will soon come to an end.

References

Bedri. N, Sherfi. H, Rudwan. G, Elhadi. S, Kabiru.C, & Amin. W (2019). Shifts in FGM practice in Sudan: Communities' perspectives and drivers. *BMC Women's Health* 19

Bettina, S. D., Zhuzhi, M., Njue, C., (2017). The medicalization of female genital mutilation/cutting: What do the data reveal? DOI: 10.13140/RG.2.2.17903.33442

Kimani. S, Kabiru. C., Muteshi, J., Guyo, J. (2020). Female genital mutilation/cutting: Emerging factors sustaining medicalization related changes in selected Kenyan communities. https://doi.org/10.1371/journal.pone.0228410

UNICEF, (2020a). Female genital mutilation in the global development agenda: A Profile of Female Genital Mutilation in Kenya

UNICEF (2020b) *Accelerating abandonment of Female Genital Mutilation (FGM) and Child Marriage in Kenya*

UNICEF (2010). legislative reform to support the abandonment of Female Genital Mutilation/Cutting.

WHO (2020). Female genital mutilation: At least 200 million girls and women alive today living in 31 countries have undergone FGM.

WHO (2020). unleashing youth power: a decade of accelerating actions towards zero female genital mutilation.