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Abstract

Purpose*:* Female Genital Mutilation (FGM), is the ritual removal of some or all of the external female genitalia. In Kenya, the practice of female mutilation is considered dangerous and the country has imposed laws to prevent the practice from continuation. The major purpose of this study is to identify factors influencing the practice of female genital mutilation among women in Kenya communities.

Methodology: The paper used a desk study review methodology where relevant empirical literature was reviewed to identify main themes and to extract knowledge gaps.

Findings*:* The study concluded that the practice of FGM is a social consequence that is affecting a number of women and young girls socially, psychological and physically. To eradicate the practice, there is a need for education campaigns in the communities that practice FGM.

Unique Contribution to Theory and Practice: Research on the knowledge and practice of female genital mutilation and other socio-demographic and economic variable must be done in order to figure out more factors that may influence and promote the practice in Kenyan communities.

Keywords*:* *Female Genital Mutilation, Gender, Stigmatization*

1.0 INTRODUCTION

Female Genital Mutilation (FGM), is the ritual removal of some or all of the external female genitalia. The procedures differ according to the ethnic group. They include removal of the clitoral hood and clitoral glans (the visible part of the clitoris), removal of the inner labia and, in the most severe form (known as infibulation), and removal of the inner and outer labia and closure of the vulva (Ikpeme, 2018).). The practice is rooted in gender inequality, attempts to control women's sexuality, and ideas about purity, modesty and aesthetics. It is usually initiated and carried out by women, who see it as a source of honor, and who fear that failing to have their daughters and granddaughters cut exposed the girls to social exclusion. Over 130 million women and girls have experienced FGM in the 29 countries in which it is concentrated (Liang, 2016). The United Nations Population Fund estimates that 20 percent of affected women have been infibulated, a practice found largely in northeast Africa, particularly Djibouti, Eritrea, Somalia and northern Sudan.

According to World Health Organization female genital cuttings area common problem in approximately 28 countries in Africa. In about 85% of these countries, female genital cutting takes the form: Clitoridectomy (where all or part of the clitoris is removed) or Excision (where all or part of the labia monorails cut) About 15% of the cases of this practice in Africa are of the most extreme form called infibulations in which all or parts of the external genitalia are removed followed by the stitching and narrowing of the vaginal opening. According to figures released by the World Health Organization, about 50% of Nigeria's female population is circumcised with the most common forms being Clitoridectomy (Yirga, 2015). Despite all influence of modernization, earnest and conscientious activity such as awareness programs, public orientations, funding of researches, publication by the governmental and non-governmental organization and also private individual both at the National and International level to eliminate this unfair practice, the practice is still in existence till date. In Nigeria, there are still cases in which children at infancy and childhood age are been circumcised in isolation as a result of their cultural and religious belief, norms and myths, and the likes. This study aims at putting light into the women knowledge and their practice of female genital cuttings, precisely among those women of reproductive age.

In Africa FGM has been practiced for other reasons than those that border on cultural, traditional and religion. The main reason being the social and cultural significance of the practice as opposed to the medical justification of the practice in Europe and North America in the last two centuries (Strauss, 2020). Advances in Science and medicine could easily disapprove such medical justification unlike social and cultural aspects in the African context. In the FGM practicing societies in Africa, uncircumcised women are recognized as unclean and are not allowed to handle food and water.

It is also believed the practice of FGM is be known to have existed in ancient Egypt, among ancient Arabs in the middle belt of Africa before written records were kept. It is therefore difficult to document the first operation or determine the country in which it took place. However, documentalists suggest that FGM dates back to 25 B.C. (Moranga, 2015). The most radical form, infibulation that the Somali community practices, is called pharaonic type. Although this might imply that the practice started in ancient Egypt, there is no certainty that it started in Egypt or some other African country then spread to Egypt. The pharaonic cut is more popular among the Muslim

population in Africa. Both Muslims and non-Muslims alike practice FGM. This practice is not known in many Muslim countries such as Iran, Saudi Arabia and Iraq to name but a few. In Kenya there are many non-Muslim communities practicing it while many other Muslim communities who do not practice FGM. Hence this means this practice has no known Islamic origin. Both Muslims and non-Muslims a like practice FGM. This practice is not known in many Muslim countries such as Iran, Saudi Arabia and Iraq to name but a few.

In Kenya, the practice of female mutilation is considered dangerous and the country has imposed laws to prevent the practice from continuation. Evidence from the recently launched Kenya Demographic and Health Survey (KDHS) 2008-2009 indicates that the overall prevalence of FGM has been decreasing over the last decade (Muhula, 2021). In 2008/9, 27% of women had undergone FGM, a decline from 32% in 2003 and 38% in 2008. Older women are more likely to have undergone FGM than younger women, further indicating the prevalence is decreasing. However, the reverence has remained highest among the Somali (97 percentages), Kisii (96%), Kuria (96%)) and the Maasai (93%)), relatively low among the Kikuyu, Kamba and Turkana, and rarely practiced among the Luo and Luhya (less than 1%). The practice of FGM occurs mainly at the teenage and adolescent years; however, it is also practiced at later ages. Kenya Demographic and Health Survey (2009) results show broad range of age at circumcision. One-third of circumcised women say they were 14-18 years old at the time of the operation, 19 percent were 12-13 years old, and 15 percent were 10-11 years old. Twelve percent of women were circumcised at 8-9 years of age, and an equal proportion was circumcised at 3-7 years of age. Only 2 percent of women were circumcised before 3 years of age.

Efforts to abandon the practice in Africa can be traced back to the beginning of the twentieth century when missionaries and colonial authorities emphasized the alleged adverse health effects and framed the practice as “uncivilized, barbaric, and unacceptable in the eye s of Christianity. In response, FGM became an instrument of war to the ethnic independence movement among the Kikuyu reacting against what they perceived as cultural imperialistic attacks by Europeans. Other ethnic groups like Meru, Kisii, Kuria & Kalenjin affected by the British prohibition of the procedure drummed help to strengthen Mau Mau movement against British colonial rule in the 1950s (FIDA Kenya, 2019)

1.2 Statement of the Problem

The issue about female genital cuttings has been an issue that needs intervention that is more urgent, the practice have caused several argument and disputation (Shell-Duncan, 2015). The following are the problems in question, which this study exposes. Although a female genital cutting has been a pervasive practice for thousands of years, recently there has been increasingly vehement opposition, even from members of the practicing cultures (Burrage, 2016). Revulsion from a physical perspective, the belief that the practice is degrading to women, and the knowledge that the practice often is carried out unnecessarily as a result of inaccurate and destroying beliefs and myths surrounding the operation, have all contributed to this opposition. The dominant and most widely based objection to the practice is the concern over the pain and physical damage, even death, that female genital cutting has caused so many women and children.

As a result of the above reasons, female genital cutting does not justify its horrible practice. The local leaders together with other stakeholders should enforce women and girls' rights through participatory/advocacy for education-in-culture and culture-in- education. Despite the fact that female genital cuttings are an illegal and unlawful practice in some part of the world, this practice is still very much common mostly in less developed country (Gruenbaum, 2015). This gender-based practice is terribly performed by a traditional practitioner or (quack) untrained person, usually an old woman in the particular family set up or in the community who use a several types of tools, such as a scalpel, piece of glass, to perform the practice harshly in an unhealthy, unsterile conditions which usually lead to hemorrhage and mostly the victim used to bleed to death.

1.3 Objective of the Study

The main objective of the study is to identify factors influencing the practice of female genital mutilation among women in Kenya.

1.4 Significance of the Study

The results of the study provide insights into the causes and persistence of FGM practice and its effects on the girl child, other serious long term health effects are also common. These include urinary and reproductive tract infections, caused by obstructed flow of urine and menstrual blood, various forms of caring and infertility. Epidermal inclusion cysts may form and expand, particularly in procedures affecting the clitoris. These cysts can grow over time and can become infected, requiring medical attention such as drainage. Moreover, FGC would expose women to greater risk of HIV. Clearly, stopping FGC reduced the above health problems. The study is an attempt to reveal the major responsible factors and their negative contribution to female genital mutilation and health problem of women so that governmental and non – governmental organizations could take intervention measures and set appropriate plans to tackle the existing female genital circumcision by identifying and giving priority to the areas where this kind of practice is performed.

2.0 LITERATURE REVIEW

2.1 Female Genital Mutilation

FGM is an internationally recognized term for operations that involve cutting away part or all of the female genitalia. The practice is erroneously termed as "female circumcision", which implies equivalence to male circumcision. Historical origins of female circumcision are unknown. Some reference estimated 2,000 years and stated during what Muslims call "algahiliyyah" the error of ignorance. The term to define the practice of female genital mutilation has undergone a number of changes. Boyle (2015) writes that WHO adopted to use the term female circumcision because this practice was referred to as a social and cultural issue as opposed to a medical issue.

According to Shell-Duncan (2015), the term female genital mutilation (FGM) was adopted at the Third Conference of the Inter African Committee on Traditional Practices Affecting the Health of Women and Children in 2000 and is now used in the World Health Organization and other United Nations documents to emphasis the violation of human rights involved. At the community level,

using the term mutilation can be viewed as being judgmental and condemnatory. Female Circumcision is used by practicing communities because it is a close literal translation from their own languages. In 2006, the Reproductive Educative and Community Health Program (REACH), a United Nations Population Fund program, opted to use female genital cutting (FGC) instead of female genital mutilation which was thought to imply excessive judgment by outsiders as well as insensitivity towards individuals who have undergone the procedure, (Shell-Duncan 2015)

In some African cultures, it is erroneously believed that a woman's genitals can grow and become wild, hanging down between her legs, unless the clitoris is excised (World Bank Report on FGM, 2015). Some groups believed that a woman's clitoris may damage the baby during child birth, and the baby will die (World Bank Report on FGM, 2015). This is contrary to what happens in other parts of the world where uncircumcised women give birth to healthy babies. However, with respect to the above, comes a question that lingers in the minds of many academics, including the researcher:" why has this cruel practice persisted despite the existing awareness of its dangers on the girl child and the many concerted efforts to eradicate it?" The response to this question is based on the resilience of the African traditional cultural norms and values

FGM is more than cutting a part of the body. A study done in Sudan in 300 polygamous Sudanese men identified that each of they had one wife who had been infibulated and one or more who had not (Fluehr-Lobban, 2016). 266 expressed a definite sexual preference for the uninfibulated wife; in addition, 60 said they had married a second, infibulated wife because of the penetration difficulties they experienced with their first wife (22). Under such conditions, marital dissolution may occur, especially if a woman's fertility is affected. The age at which the mutilation is carried out varies.

The practice may be carried out during infancy, childhood, at the time of marriage or during a first pregnancy. The most common age seems to be between four and ten, although it appears to be falling, indicating a weakening of the link to initiation into adulthood some groups believed that a woman's clitoris may damage the baby during child birth, and the baby will die (World Bank Report on FGM, 2015). This is contrary to what happens in other parts of the world where uncircumcised women give birth to healthy babies.

2.2 Cultural Lag Theory

The Cultural Lag theory will be used in this case. William Ogburn (1964) argues that within society as a whole, change takes place in the material culture, and that adaptive non-material culture changes extremely slowly in spite of changes elsewhere. Different rates of change in elements of non-material culture account for cultural lag. In this sense, Ogburn conceptualizes cultural lag as the failure of ideas, attitudes, aspects of institutions and practices to keep pace with changes in societal development. The Kajaido west girl child is therefore caught up in this web of non-adaptability of elements of non-material culture. There is therefore a need to provide information that emphasizes the need for alternative by providing such information that the individual will make socially responsible choices to move from a passive observational role to an active participant in social change.

2.3 Social Theory and Female Genital Mutilation

Female genital mutilation is a deeply rooted historical, cultural and religious tradition that has been the subject of considerable debate. Baron and Denmark (2006:339), argue that from a human rights point of view it is an unsafe and unjustifiable practice that violates bodily 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 the culture. In social theory, the intention to perform a particular act is seen as a consequence of the relative weight of attitudes and normative considerations. Packer (2005:224) argues that attitudes are determined by beliefs about the consequences of a particular behavior. Normative considerations consist of social pressure to perform or not to perform a particular behavior. The norms on which these considerations are based are communicated by important „others" through socialization and social interaction and the individual's motivation or desire to comply with these.

Similarly, Greenwood (2015) argues that human behavior is shaped by consciousness and purpose. It is explained by the utility of its consequences in terms of values held by the actor and the awareness on the part of the actor of the connection between an act and its specific results. The perception of other people in the community shapes one's behavior and way of life. Jenkins says that, "Individuals are unique and variable, but selfhood is thoroughly socially constructed: in the processes of primary and subsequent socialization, and in the ongoing processes of social interaction within which individuals define and redefine themselves and others throughout their lives". Socialization therefore plays an important role in the development of values and this affects the way people behave later in life.

Change and mutability are endemic in all social identities but they are more likely for some identities than others. In cases where locally perceived embodiments are a criterion of any social identity, fluidity maybe the exception rather than the rule. For the case of female genital mutilation, change is bound to be slow because of the fact that its justification is embedded in the culture of the people practicing it. Individuals seek to comply with the belief they perceive the significant leaders of their community hold, notably that girls should be circumcised. The theories referred to above explicitly incorporate the influence of the immediate social context on individual behavior. A web of socio-cultural norms where a person lives affects their behavior and decision making. In Africa social and cultural norms remain strongly in favor of female circumcision. The family and community are the most significant transmitters and guardians of norms. It is through the family that the practice of female circumcision is maintained and upheld as a tradition

2.4 Empirical Review

Mwangi (2019), conducted a study to investigate the role of men in ending female genital mutilation in Maparasha Location in Kajiado County. The major objective of the study was to determine the role of men in the effort towards ending Female Genital Mutilation/ Cutting. In order to achieve the objective, Maparasha Location in Kajiado County was selected as the area of study because of the high prevalence of Female Genital Mutilation cases by the community that resides in the area. The area is predominantly occupied by the Maasai community. The study selected 115 respondents. The sample was derived from a list of eligible households, obtained from the local

administration registration book. Data collection was conducted primarily through an interview schedule, which contained questions that were both open ended and closed ended. The study explored the views, experiences and beliefs of the respondents and thus the data collected was grouped and organized according to the research questions, for easier analysis. The results of the study showed that reasons for the difference between their attitude and the practice of FGM, relating it to perceived immense consequences and sanctions that they face if their daughters do not undergo FGM. Older men were found to be in support of the practice of FGM because they needed to protect their culture. Some of the reasons they cited for practicing FGM were; to control the sexuality of young girls as a sign of chastity. It was also established that men were not consulted on the decision for their daughters to undergo the cut, neither are such decisions discussed at the community level. Stigmatization of men being involved in FGM matters is predominant in FGM prevalent areas because FGM remains a woman's issue only. FGM, has overtime, evolved in its significance, and therefore the reasons for its practice have become complex. Moreover, the diversity underlying ethnic and cultural traditions and beliefs only serve to underpin the practice of FGM.

Sadia (2018), conducted a study on the knowledge and perceptions of complications associated with female genital mutilation among Somali Community in Wajir County. The practice of FGM is common in Wajir County with prevalence of over 80 percent with infibulation and excision being the commonest forms practiced. Despite the concerted efforts that have been made by various stakeholders such as the government, NGOs, CBOs and other organizations to discourage the practice, it persists among the Somali community thus making it necessary to consider knowledge and attitudes of the community members towards FGM. The study adopted cross sectional descriptive design. Mixed methods approach (Survey, FGDs and KIIs) was used to collect data for the study. In the quantitative survey the number of participants selected were 240, while there were 14 KII and 9 FGDs conducted in the qualitative study. Quantitative data collected was entered and cleaned using MS Excel spreadsheet package then imported into SPSS version 22 for analysis. Univariate analysis with basic frequencies, proportions and means was first conducted before bivariate analysis by cross tabulations was conducted. Chi square distribution was used to test for statistical significance which was calculated at $p< 0.05$. The results of the study showed that Age, sex, education level, occupation or the nature of the settlement area are important socio demographic parameters that affect the knowledge and perceptions towards FGM. Women (mothers and grandmothers) – who have undergone FGM/C are still at the fore front in advocating for it. Men as decision makers at the household level support FGM/C. Both men and women have sufficient knowledge regarding the FGM/C related complications (85.4 %). This knowledge is however more among women than it is in men. Women are also more aware of the complications during and after FGM/C compared to males. More married women compared to single, divorced or widowed just like women from rural areas compared to those from urban and peri-urban areas. Young people are ready and willing to have their daughters undergo the practice though type 2 most preferably. Culture and religion contribute more towards shaping the community's perception regarding FGM/C though the contribution of religion is still contestable. Religion (Islam) is quoted widely as advocating for the practice something that has no basis in the Quran, the prophetic saying, scholarly opinion and the analogical deduction. The practice persists partly

because it is believed to maintain the sexual purity of a girl by containing her sexual desires until marriage. About 72.1% of the members of the community not aware of any interventions or campaigns against FGM/C in the area.

Ouko (2014), conducted a study on the current and changing nature of female genital mutilation among the Abagusii: a study of Suneka division, Kisii County. The purpose of this research project was to determine why FGM had persisted among the Abagusii, a society characterized by fast changes both socially and economically. The practice had been discouraged in the past but some communities in Kenya have continued practicing it. One of the broad aims of this study was to examine the nature of current trends of FGM among the Abagusii. A sample size of 70 respondents was selected to represent both rural and urban Kisii. A field study was aimed at fulfilling the study objectives outlined above and was carried in Kisii municipality of Kisii district and Suneka division of Suneka district. Kisii district is among the category of the highest in prevalence. The study collected raw data based on a structured interview schedule. More primary data was generated using key informants and focus group discussions. An investigation into the current trends established that there were alternative rites of passages for initiates. The results of the study show that upholding cultural traditions was the main reason why FGM persisted in the Abagusii society despite the government ban. Female circumcision was considered an integral part of the Kisii people's way of life and culture as the study found out in interviews. As one respondent pointed out, Kisii community circumcises girls because that is the way it has always been and because it is considered an integral part of their heritage and culture. Preserving sexual morality was another reason given why FGM persisted. Interviews showed that it was widely believed that circumcision reduces sexual urge in women. In continuing with the practice, the Kisii seek to ensure that their women do not become promiscuous.

2.4 Research Gaps

A knowledge gap occurs when desired research findings provide a different perspective on the issue discussed. For instance, Mwangi (2019), conducted a study to investigate the role of men in ending female genital mutilation in Maparasha Location in Kajiado County. The major objective of the study was to determine the role of men in the effort towards ending Female Genital Mutilation/ Cutting. The study selected 115 respondents. The sample was derived from a list of eligible households, obtained from the local administration registration book. Data collection was conducted primarily through an interview schedule, which contained questions that were both open ended and closed ended. The study explored the views, experiences and beliefs of the respondents and thus the data collected was grouped and organized according to the research questions, for easier analysis. The results of the study showed that reasons for the difference between their attitude and the practice of FGM, relating it to perceived immense consequences and sanctions that they face if their daughters do not undergo FGM. Older men were found to be in support of the practice of FGM because they needed to protect their culture. Some of the reasons they cited for practicing FGM were; to control the sexuality of young girls as a sign of chastity. It was also established that men were not consulted on the decision for their daughters to undergo the cut, neither are such decisions discussed at the community level. On the other hand, our current study

focused on the factors influencing the practice of Female Genital Mutilation in Kenyan communities.

Secondly, a methodological gap can be identified as the above researchers for example Sadia (2018), conducted a study on the knowledge and perceptions of complications associated with female genital mutilation among Somali Community in Wajir County using the cross-sectional descriptive study design. The results of the study showed that Age, sex, education level, occupation or the nature of the settlement area are important socio demographic parameters that affect the knowledge and perceptions towards FGM. Women (mothers and grandmothers) – who have undergone FGM/C are still at the fore front in advocating for it. Men as decision makers at the household level support FGM/C. Both men and women have sufficient knowledge regarding the FGM/C related complications (85.4 %). This knowledge is however more among women than it is in men. Women are also more aware of the complications during and after FGM/C compared to males. More married women compared to single, divorced or widowed just like women from rural areas compared to those from urban and peri-urban areas. Young people are ready and willing to have their daughters undergo the practice though type 2 most preferably. Culture and religion contribute more towards shaping the community's perception regarding FGM/C though the contribution of religion is still contestable. Religion (Islam) is quoted widely as advocating for the practice something that has no basis in the Quran, the prophetic saying, scholarly opinion and the analogical deduction. The practice persists partly because it is believed to maintain the sexual purity of a girl by containing her sexual desires until marriage. About 72.1% of the members of the community not aware of any interventions or campaigns against FGM/C in the area. Our current study adopted a desk study literature review.

3.0 METHODOLOGY

The study adopted a desktop literature review method (desk study). This involved an in-depth review of studies related to factors influencing the practice of female genital mutilation in Kenya. Three sorting stages were implemented on the subject under study in order to determine the viability of the subject for research. This is the first stage that comprised the initial identification of all articles that were based factors influencing the practice of female genital mutilation in Kenya. The search was done generally by searching the articles in the article title, abstract, keywords. A second search involved fully available publications on the subject on factors influencing the practice of female genital mutilation in Kenya. The third step involved the selection of fully accessible publications. Reduction of the literature to only fully accessible publications yielded specificity and allowed the researcher to focus on the articles that related to factors influencing the practice of female genital mutilation in Kenya which was split into top key words. After an in-depth search into the top key words (Female Genital Mutilation, gender, stigmatization), the researcher arrived at 3 articles that were suitable for analysis.

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4.0 SUMMARY, CONCLUSION AND RECOMMENDATION

4.1 Conclusion

The study concluded that the practice of FGM is a social consequence that is affecting a number of women and young girls socially, psychological and physically. To eradicate the practice, there is a need for education campaigns in the communities that practice FGM. Although many African countries have criminalized the practice of FGM, this is not enough because the practice is deeply rooted in cultural and traditional practices. The campaigns needed to include topics on human rights violations and the harmful effects caused by FGM. Issues dealing with culture are so sensitive and therefore those planning to tackle the issue of female genital mutilation that is deeply rooted in culture and traditional beliefs, should have enough knowledge on other people's culture and should not generalize culture.

4.2 Recommendation

The local leaders should come together with other stakeholders should enforce women and girls' rights through participatory or advocacy for education-in-culture and culture-in-education. The Ministry of Education, Science and Technology needs to strengthen its facility level supervision mechanisms in both rural and urban areas in Kenya to stop its staff from performing the practice. The Ministry should develop guidelines for the local government supervisors on the appropriate actions to take to detect and deter the practice. Education on the existing policies and laws is needed so that providers and other community leaders and even religious leaders can understand

and discuss female genital mutilation issues competently, dissuade communities from continuation, support women and girls who oppose the practice and manage complications arising from it. More severe punishment should be taken against those that are caught practicing FGM. Local administration personnel, that is, police, chiefs, Children's Officers and social workers, should actively pursue those known to be involved and to close unregistered facilities and seasonal clinics and those that practice it in isolation. In addition to that, research on the knowledge and practice of female genital mutilation and other socio-demographic and economic variable must be done in order to figure out more factors that may influence and promote the practice in Kenyan communities.

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