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RESEARCH ARTICLE

IS THE APPROACH OF ELIMINATING FGM IN KENYA USING THE RIGHT APPROACH?

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Abstract

The purpose of this study is to evaluate the current approach by the people of Kenya on eliminating FGM among the locals.

Female Genital Mutilation is a social nonconformist which has existed in Kenya just like in other countries. This research was based on review of literature, authors own experiences about female genital mutilation in his own community in Rift valley in Kenya. This study will describe Female Genital Mutilation in Kenya and evaluate the various approaches used to encourage the society to abandon Female Genital mutilation in Kenya.

However, it is worth to note that the fight to eliminate the FGM has full support of the previous and the current Government but the one million question which this research will try to find out Is the approach of Eliminating FGM among the locals in Kenya the right approach?.

This study finds evidence that suggests that Kenya's performance in this vice is far below international expectation as the practice is still there though in hiding or behind public knowledge. Several deaths are met as a results of the same and there is a likelihood that many are not reported or some of the over bleeding victims are not take to hospitals for treatment and hence leading to several complication in the later part of life.

It is on the context that the research finds that there is a likelihood to change the approach of discouraging the practice instead of using punitive measures like police harassment, chief or Government administration threatening the people, a new social based and participatory approach should be used to seek the buy-in by the society on the need to eliminate FGM in the communities around them.

A primary data analysis which uses data gathered through interviews and secondary data analysis which involves the utilization of existing data collected from the existing documents, questionnaires and interviews shall be conducted within sampled and selected individuals which according to the researcher are likely to provide an objective view of the evaluation of the practices or common view by those who practice and those who understand their society needs.

The target population under study was 80 individual in 8 counties or regions in Kenya, the distribution is to cover at least 15 Government administrators from the 15 different locations where it is assumed that the practice is higher than other regions, 10 elders from the identified areas who are mature enough to give independent opinion on the evaluation of current Government directives, 15 Officers working in

Gender Department within the Ministry of Gender, Sports and Social Services, 40 Girls who have undergone the practice (FGM) recently or some years back and have an opinion on their views of the same, 20 of the girls who have been rescued by the Government or Church and secluded from the others to avoid any force full or influence towards going back to the practice.

The study used both quantitative and qualitative data, tables, charts and graphs are used to illustrate findings. A conclusion on approach and recommendations to the future expectation as per the research in Kenya and the need for potential donors to understand the happening and views from the common people in Kenya about FGM.

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What is Female Genital Mutilation (FGM):-

According to World Health Organization (2008). Female Genital Mutilation involves an elderly women from the community slicing off all or part of a woman's clitoris and labia as part of a ceremony that is often conducted around the time that the woman reaches puberty.

According to Kalenjin culture circumcision of girls (Female Genital Mutilation) is the practice that is widely believed to increase a girl's chances of marriage, prevent promiscuity and promote easy childbirth. According to Thomas, an elderly Kalenjin man, Women who did not circumcise their daughters ran the risk of being seen as irresponsible, immoral and should be secluded from the inner circle of women on the kalenjin community.

From the two explanations, it shows that there is a different understanding of the Female Genital Mutilation in its concept and this could be attributed to the difference too in understanding the need to eliminate it in the society.

In relation to WHO, FGM is a violation of the human rights of girls and women. Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

In African tradition understanding, Female Genital Mutilation is a rite of passage from childhood to adulthood and to an extent to be ready for marriage.

What are the Importance of Female Genital Mutilation is the Kenya context:-

Across all the 8 regions visited during this research demonstrated a common cultural understanding of the FGM, the reasons female genital mutilations are practice in their society are more of sociocultural factors which have been inherited from the previous generations and families in the communities. The following are some of the common cited background roots on the practice as stated or found by this research in Kenya:

It is a social acceptable norm with social pressure to practice based on the old practice in the community and the need to be accepted in social circle of friends and family, the fear of being rejected by the community in Kuria they called it “**Machoibere**”, in Kalenjin they called it “**Korket**”, in Kisii they called it **Irīgũ** and these are serious negative connotation used in the society against those who have not undergone FGM. In 6 of the 10 communities visited during this research, FGM is a universally performed and accepted practice in order to belong to the community of elders.

It is always considered necessary, the only way of raising a girl, and a way to prepare her to shift from childhood to adulthood, once the girl has been accepted in the community as an adult then it gives way for positive acceptance for marriage in the community.

Although there is No scientific proof, some communities' belief that FGM will reduce a woman's libido and that it helps resist extramarital sexual acts. This idea was upheld by some region strongly but some in the research did not put it as a genuine reason towards the practice.

Some of these views are supported by the previous research which stated that the other justifications offered for female genital mutilation are also linked to girls' marriageability and are consistent with the characteristics considered necessary for a woman to become a "proper" wife. It is often believed that the practice ensures and preserves a girl's or woman's virginity (Talle, 1993, 2007; Berggren et al., 2006; Gruenbaum, 2006).

WHO(2006) estimates that between 100 and 140 million girls and women worldwide have been subjected to one of the first three types of female genital mutilation (WHO, 2000a). Estimates based on the most recent prevalence data indicate that 91,5 million girls and women above 9 years old in Africa are currently living with the consequences of female genital mutilation (Yoder and Khan, 2007). There are an estimated 3 million girls in Africa at risk of undergoing female genital mutilation every year (Yoder et al., 2007).

Many girls and young women are still subjected to genital mutilation in the name of 'tradition.' According to Egypt's 2008 Demographic and Health Survey, at least 91% of Egyptian women between the ages of 15-49 have undergone genital mutilation and 72% of the practice is conducted by medical doctors. While the prevalence of FGM is down from 97% in 2000, combating it is a long-term endeavor that involves changing long-held beliefs. More than 200 million girls and women alive today have been cut in 30 countries in Africa. When the girls undergo FGM in the Igembi society, they make a vow with their blood that they will continue this tradition or bring down a curse upon their families and land.(Tanui 2006, 17.)

Global Approach towards eradicating FGM:-

In 2013, with UNDP support, a 5-year national strategy for FGM abandonment and family empowerment was developed, in partnership with local authorities, civil society organizations and several UN agencies. The initiative is implemented with contributions from the European Union, the Governments of Sweden, of the Netherlands and of Germany.

Sweden was the first country in the world to ban FGM in 1982, and in 1999 the ban was extended to include circumcision carried out in other countries. But police have struggled to apply the law, securing only two convictions in more than 30 years

The education campaigns have been greatly successful in many communities that have now understood the incomparable difference between the informal education and the formal one. (Creel & Ashford 2001).

The practice was outlawed in the US in 1996, but at least 228,000 women in the US are thought to be affected, according to research from Brigham and Women's hospital in Boston.

"The strongest advocates are the families themselves," notes Ignacio Artaza, UNDP in Egypt Country Director. The momentum continues with a national broadcast campaign that advocates putting an end to FGM and, for the first time in Egypt, features real testimonials from families who refused FGM, bravely faced community pressure and decided to protect their girls. Women who were mutilated and men talk about their own experiences and how FGM negatively influenced their marriage and life.

In Egypt, the programme has held awareness sessions targeting 20,000 men, women and youth. Awareness meetings were held in primary and secondary schools at risk of FGM, addressing students and teachers, social workers and parental board members.

A study in UK estimated that 66,000 mainly African women resident in England and Wales in 2001 had undergone female genital mutilation and 23,000 girls largely from African communities here under the age of 15 were at risk of FGM or may well have undergone FGM (Efua 2007)

Recognizing that FGM is part of a bigger package, the programme also integrates comprehensive health, social and education services. It supported the improvement of science labs in schools and nurseries. Vulnerable women were aided in acquiring national IDs so they could receive public services and were trained on developing home economics projects to improve their income. Medical professionals received training on counseling and closing gaps in service and medical caravans were created to benefit almost 3500 villagers.

The existing Female Genital Mutilation Act 2003 prevents British citizens and permanent residents from assisting or carrying out FGM abroad but cannot be used against others who live in this country but take children overseas for the procedure. (The guardian 2014)

Putting an end to FGM requires a cultural shift, and changing the mindset of families and individuals is necessary to move FGM from a tradition to a crime. Already, people are recognizing that it is illegal for doctors to circumcise and young girls in schools say that FGM is a crime. The National FGM Abandonment Programme, set to run through 2017, will continue to institutionalize the issue and work through families and individuals to change traditions.

UNDP Gender Equality Strategy is well placed to ensure that gender equality and the empowerment of women are integrated into every aspect of its work to support countries to eradicate poverty and reduce inequalities and exclusion.

Organizations such as the United Nations have campaigned against the practice, calling for its abolition as a matter of global health and human rights. But despite a decades-old movement against it, FGC rates in some countries haven't budged. According to a survey by the Population Reference Bureau, in Egypt more than 80 percent of teenagers still undergo the procedure.

The number of American women and girls affected or at risk is believed to have grown by 35 per cent to at least 228,000 between 1997 and 2000, according to the African women's health center of Brigham and Women's hospital in Boston, Massachusetts.

Kenya's Approach in eradicating FGM:-

The pre-independent Kenya regime enacted various legislations between 1926 and 1956, seeking to eradicate FGM practice by reducing the severity of the cut, defining the age for circumcision among other regulations. After much opposition to this form of regulation in 1958, the colonial government rescinded all the resolutions outlawing FGM on the basis that it was a deeply rooted and acceptable practice in the communities (Concellia 2010).

In Kenya, circumcision of girls under the age of 17 was outlawed in 2001 as measures contained in the Children's Bill passed by parliament. However, the practice is still going on in the rural areas despite imprisonment of those found to have broken the law. The law leaves room to girls above this age of 17 to make a choice on whether to undergo the practice or not.

In 2001, former President Daniel arap Moi gave a presidential degree that Circumcising of girls under the age of 17 was a crime punishable by at least a year in jail. But despite the order, the practice remains widespread in rural Kenya. The next question is why was it not possible to implement the presidential order and according to the findings of this research is that the Police and chiefs who are supposed to implement the order are part of the society which believe and have practice it since the time of their grand fathers. The small catch of the order was that girls under 16 years were circumcised but in the records they were stated as above 17 hence they were within the law.

The other loophole in the order was the choice of girls above the age of 16 years to 23 to be circumcised or not depends on individual. Although many might not have been of the idea to undergo FGM but the community pressure and the thought of being considered outcast force many to be circumcised although the then new law protect them.

The Question of "Are you for or against FGM practice in your tribe" yield the following, that more than half young girls in the tribes sampled in Kenya still practices FGM or are for FGM. The results vary from ethnic groups e.g the Kisii (79%), Maasai (72%), the Kalenjin (60%), TaitaTaveta (52%) and Meru,(47%), Embu (38%), the Kikuyu (33%) and The Kamba(24%), the Mijikenda(17%), Swahili/somali (10%).

S.No	Tribes	Percentage among the particular tribe	
		For It	Against It
1	The Kisii	79%	21%
2	The Maasai	72%	28%
3	The Kalenjin	60%,	40%
4	The Taita&Taveta	52%	48%
5	The Meru	47%	53%
6	The Embu	38%	62%
7	The Kikuyu	33%	67%
8	The Kamba	24%	76%
9	The Mijikenda	17%	83%
10	The Swahili/somali	10%	90%

Source: Author (2016)

There is a close link with the finding of the previous research such as the Kenyan Demographic and Health Survey in terms of the trends but there is too a lot of reduction in numbers currently(2016) as compared to the research period then(1998). From the result, it demonstrated that among Kisii a large number of those interviewed strongly are for the FGM to continue and closely followed by The Massai. The research combined the Taita&Taveta together, the Swahili and Somali together based on their close cultural practice and nearness to each other. There was a differing opinion from some independent observers during the interview that the practice is high or prevalent in the Somali community but they are not open to talk about it hence not easy to figure out the actual figures. Similar to Swahili which according to socialist within their society, the practice is still high though they closing guard any information from getting out of the immediate family:

The Question of “Do you think the Kenya Government is using the right Approach to eradicate FGM”, shows the following responses from each tribe sampled in the research.

S.no	Tribe	Percentage among the particular tribe	
		Yes	No
1	The Kisii	23%	77%
2	The Maasai	32%	68%
3	The Kalenjin	50%,	50%
4	The Taita&Taveta	47%	63%
5	The Meru	42%	58%
6	The Embu	46%	54%
7	The Kikuyu	58%	42%
8	The Kamba	50%	50%
9	The Mijikenda	70%	30%
10	The Swahili/somali	72%	28%

Source: Author (2016)

Although there are similar responses on the opposite direction,t the trend is closing following the negativity from the tribes which practice FGMe.g The Kisii find out not proper as according to them, this should be an individual choice if they like but not to force the tribe to follow a general Government directive. Swahili/Somali though they were the least in those who practice were strongly supportive of the Government approach as to have punitive measures against those who practice FGM, It is on this context that Most of them who still practice includes locals who reside outside Kenya but bring home their girls during holidays to undergo FGM within confines of their homes.

The Question of “who is doing a better role in eradication FGM among the 3 agents”, shows the following responses from each tribe sampled in the research.

S.No	Tribe	Percentage among the particular tribe		
		Government	NGO	Local Community
1	The Kisii	10	53	37
2	The Maasai	25	62	13
3	The Kalenjin	17	57	26
4	The Taita&Taveta	32	53	15
5	The Meru	30	56	14
6	The Embu	31	52	17
7	The Kikuyu	34	54	12
8	The Kamba	35	46	19
9	The Mijikenda	35	42	23
10	The Swahili/somali	45	20	35

Source: Author (2016)

There is a common trends among all the tribes that NGO is doing far much better than the Government and Local community combined. It was fully acknowledged from the research that The Government is contributing a lot in the fight against FGM in the Society as shown by the statistics in the table above. Although the local community plays a role but their contribution is so low when compared with the NGO and the Government whereas in the real life practice they should be the leading in fight against FGM.

FGM behind the Government's back:-

According to one senior nurse who is familiar with the practice, many young girls goes to dispensary the day before and they request for antibiotics and an anti-tetanus injection, request for a clean disposable razor or even buy from shops, this was supported by a shopkeeper in 7 areas visited during this research that disposable razor are in high demand during school holidays and more so during December holidays. Some of the learned ladies who happened to came from well-educated families but have undergone the FGM provided the research with a new view on approach behind the Government back, this is done in collaboration with Medical practitioners on a mutual personal understanding where young girls go to healthcare providers and have the circumcision performed there, stay in the hospital for some days in the pretext on a certain ailment, their semi modern group thinking is, if it is done by a doctor, it make it safer.

Some of the Success approach in Kenya:-

Mostly formal education from the locally recognize women and leaders within the community have yield positive results. The appointment of Hon MrsChebiiKilimo who had demonstration a real need for eradication of the practice shows a serious commitment by the Government of the day (2013-2017). The formation of a full time Government body to deal with Anti- Female Genital Mutilation gives a strong views and direction towards those who still have the desire or practice it behind the Government's back.

According to a common view which came from this research was that there is need for a multi-sectoral approach whereby the government, non-governmental organizations, religion, and the elite in the communities have a joint effort in the fight against this tradition by launching heavy education campaigns in the communities.

It was also found out by this research that Mothers are not solely in charge of the decisions for their daughters. There is need to target people who are in the extended family, and who have authority in these families, and who have a certain level of influences on them in the community. An practical encounter during this research among Maasai community where there was a meeting between reformed elders on the matter, senior church elders in the community and the youth led to serious heated debate which demonstrated a high level of cultural commitment to practice the same among the youth whereas the few reformed community people are fighting the same, a similar encounter was found in Kisii, Meru, Embuetc, the most difficult communities to understand their real thinking towards the fights of FGM are the Kalenjins, Kikuyu and Taitas since although there are a lot of talk against the vice but practically on the ground the practice is still strong. The research therefore recommend a society based participatory approach, increase the funding to the newly form Government agencies, close working relation between Government, NGO and community, increase community based education through baraza, film etc, need have male elders buy in the idea of eradicating the FGM in their community.

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