

Female Genital Mutilation: From the Life Story of Girls in Remote Villages in Pokot County, Kenya

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Abstract

Objective: Female genital mutilation/cutting (FGM/C) has highest prevalence in African countries. The objective of this qualitative study was to describe the situation of FGM/C victims in Pokot County, located in a remote area of northwest Kenya.

Methods: In September 2009, the study team conducted key informant interviews, visited girls at communities and a rescue centre and, conducted group discussion with the girls at rescue centre.

Results: FGM/C was common and popular among the Pokot community mainly because the event brings the social recognition of an adolescent or adult female to become eligible for her marriage. Although the hazardous FGM/C practices encompassed many health dangers as witnessed by the Pokot community girls/women, the Pokot community fought to maintain the custom as because it represented prestige and identity, which was their duty and responsibility to maintain.

Conclusion: FGM/C was still common in Kenyan Pokot communities, although efforts from the development agencies and government acts kept working against those harmful practices. The Kenyan government's act of prohibition against FGM/C was not being enforced.

Keywords: Female genital mutilation/cutting (FGM/C); Pokot; Kenya

Introduction

The procedure of female genital mutilation/cutting (FGM/C) comprises the involvement of partial or total removal of the external female genitalia [1,2]. There are some risks associated with FGM/C including both short term and long term consequences. The short term consequences are severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue. The long term consequences including recurrent bladder and urinary tract infections, cysts, infertility, an increased risk of childbirth complications and newborn death [1-5] There were other consequences as well including death, life-long physical disability, life-long disability in sexual life, hindering natural physical movements, absence of erogenous feelings in sexual intercourse, severe pain and bleeding during and/or immediately after sexual intercourse, and cases of maternal death during delivery [1-5].

In many setting where FGM/C is practiced, it is justified because there is a social consensus that if households or individuals do not perform FGM/C on their girls/women, they risk being excluded, criticized, ridiculed, stigmatized or the household would unable to find a suitable partner to marriage for their daughters [6,7]. Coyne and Coyne speak of the 'identity economics' perpetuating FGM/C, and point out the role of older, circumcised females as being key players in perpetuating FGM/C [6]. Although the government of Kenya has made this practice illegal with laws passed long ago, the people of Pokot regularly disobey the laws and continue practicing FGM/C,

sometimes secretly and sometimes openly. As a result, by August 2009 close to 80% of Pokot girls took part in FGM/C in order to become eligible for marriage in the traditional society. Because of continued practices of FGM/C, the international community has continued support to abolish or eradicate the harmful and risky practice [1,7].

One hundred and forty (140) million girls and women are living with the consequences of FGM/C and most of them reside in 28 African countries [8,9]. A UNICEF study covering 70 countries over a 20-year period revealed that in Somalia, Guinea, Djibouti, Egypt, Eritrea, Mali, Sierra Leone and Sudan, over 88% of girls and women were victims of FGM/C and the total number of victims was 125 million [10]. Owing to concern among the international community about the harmful traditional practice of FGM/C, the situation is improving [1]. FGM/C in Kenya is common mainly in remote rural areas. Demographic and Health Surveys conducted on national samples in Kenya demonstrate a decrease in FGM/C to 27% in 2009 from 32% in 2003 and from 38-40% in 1998 [11]. The prevalence FGM/C varies by ethnic group in Kenya; high prevalence was found in the Somali (97%), Kili (96%), Kuria (96%) and Maasai (93%) tribes, while low prevalence was found in the Kikuyu, Kamba, Turkana, Luo and Luhya tribes [8]. West Pokot is a Kenyan county where the Pokot people live and where FGM/C was found as a common practice (85%) among girls and women [11]. In accordance with the support from the international community, human rights organizations continue campaigning and advocating against FGM/C by educating people about its negative consequences, which have been recorded through discussions and observations. Being part of human right promotion organization, an international humanitarian development organization for which the senior author was working continued support to the

people in Pokot community in collaboration with international donor communities. In fact the mentioned humanitarian development organization provides supports to the communities through integrated promotion of interventions in healthcare, livelihood, education and psychosocial supports to the people in communities. In 2009, the humanitarian development organization conducted a baseline study for it's a newly started program. The baseline study included social issues related to healthcare, nutrition, livelihood, education for children and psychosocial support through addressing gender issues. Although the baseline study was a quantitative study, this particular qualitative study was part of senior author's special interest, (was not included into the baseline study design). Data were collected together with the baseline study and from the same baseline community. The qualitative study described the situation of girls among the Pokot tribe in Pokot County of Kenya regarding the traditional harmful practices FGM/C.

Methods

The Pokot tribe is the dominant ethnic group in West Pokot County and in Baringo County located in northwest Kenya in the Rift Valley Province, and in the Pokot District of the eastern Karamoja region in Uganda [12-14]. The county is situated in Rift Valley, over 500 km away from the capital city of Nairobi, Kenya. The common economic activities among the Pokot people are nomadic pastoralism, mining, and commercial businesses. Because of the remote and mountainous geographic conditions of the area and high elevation (2000 meters above sea level) the major challenges to their livelihoods and daily lives are year round water scarcity and lack of education [12-15]. Health problems among the Pokot include infectious diseases such as cholera, malaria, trachoma and visceral leishmaniasis [16-19], malnutrition [15], high fertility rates [20], and maternal health problems including obstetric fistula [21]. The popularity of traditional healing practices, and preference for traditional over modern prevention and treatments, has long been documented [12,13,22].

Throughout the year, the Pokot people are totally dependent on rainwater for drinking, cooking, cleaning and for other livelihood requirements. In Pokot County the typical rainy season lies between March and August (six months). During the other six months of the year, people depend on stored water preserved during the rainy season. In some years the rainy season ends early, lasting only 4-5 months.

A team of two members led by the senior author travelled to Pokot County, Kenya during September 2009 for six days and gathered data. An international humanitarian organization based on Pokot, its local officials volunteered to assist in visits to different locations, including visiting the girls at shelters or rescue centres/schools (Figure 1) run by the international humanitarian organization. The team chose Pokot County because FGM/C was common among the people there [16]. In Pokot, the team visited over 10 villages, spot-checked the geographic conditions, and interviewed key informants including five (5) teachers and three (3) local leaders. The team conducted group discussions with 31 girls (Figure 1) at the girls rescue centre and also conducted group discussions with 4 local officials of Area Development Program at Pokot of the international humanitarian organization. The selection of informants was done purposively considering that the informants had information and agreed to respond to questions related to FGM/C. The interview followed a structured checklist that included items about people's general feelings and opinions about FGM/C, feelings from the girls, perceived advantages and disadvantages of FGM/C, societal norms influenced

the girls and their guardian in terms of their beliefs and behavior regarding FGM/C, association of resources/wealth with FGM/C, association of societal status with FGM/C, perceived government opinion and people's knowledge of government rules regarding FGM/C, as well as any additional comments and recommendations.



Figure 1: Pokot girls at a rescue centre-cum-school, Pokot, Kenya, 2009.

Human subject protection

Although the study was added with the broader baseline study related to the international humanitarian organization's internal intervention strategies where the senior author was part of the organization. However, this particular objective was the senior author's individual interest outside the organization's baseline study. Since the study was not funded research protocol hence IRB approval was not obtained. Before collecting data from the participants, the interviewers clarified study objectives, purpose of data collection, and explained that there was no individual benefit or compensation for participation and no loss in case of non-participation, and that participation was completely voluntary. During data collection respondents' individual consent was checked and ensured that there was no individual harm or disclosure of respondents' identity.

Results

The community visits and informant interviews revealed that the road networks and infrastructure of the Pokot community are poor and as a result transportation between localities and outside the Pokot tribal regions was difficult and time consuming. The majority of the people in remote Pokot localities did not have much access to education regarding to traditional harmful practices. Men were dominant in household decision-making, with women assigned responsibility for entertaining their husbands, child care and domestic duties. Traditionally, the Pokot community is a polygamous culture where early marriages to girls, having multiple wives, and fathering large numbers of children were indicators that brought social dignity to men. The other indicators of social dignity for men were, owning a larger number of cows and buffaloes compared to others.

As reported by the respondents during the consultations that FGM/C among adolescent girls was a type of conventional festival at

Pokot households. During the festival of FGM/C, the household of the girl invites local elites, neighbours, relatives, friends, and family well-wishers. The girl's parents arrange food and drinks, alcohol and local brews, and traditional dancing along with varieties of local recreational activities which last throughout the night.

The FGM/C became the most attractive and popular event among all the events in Pokot community because it brings the social recognition of an adolescent girl or adult female to become eligible for her marriage. While discussing with local leaders the field team was told that in order to protect and promote the traditional culture, the male-dominated traditional society was continuously taking part and standing against the banning of FGM/C system. The key informant participants also reported that significance of FGM/C for status and identity in the community was inculcated in Pokot girls by the family members and by the people in neighbouring community and relatives since early childhood. Specifically, the girls are oriented like this --"As long as FGM ceremony is not done and celebrated, irrespective of age factor, the girl would never be recognized or designated as an adult enough to be married. Alternatively, no Pokot man would show interest to marry a girl unless her FGM/C ceremony has been done."

The consultation meeting with by the respondents also found that the incidences of early/child marriage and/or forced marriage of female children or girls with elderly men remained a common practice across Pokot community. There have been number of case stories like this - "father of a girl received animals (cow/buffalo/goat) from an old man of age 60 years or more who had ample animals and resources with the condition that the girl would be married to him, the old man. Indeed the father of the girl started feeding his family with the revenues generated by selling those animals received from the old man. Besides this, the father managed FGM/C expenses as well with the revenues of selling animals.

The old man (fiancé) already had multiple wives and a good number of children at his home where some of those children were older than even the girl who the old man intended to marry. All of a sudden, two months after the girl's FGM/C, the old man rushed into the girl's house with his associates and took the girl off to his home against her will, however the girl's parents consented for her to be taken off. Then the old man started enjoying the girl as his wife."

The other example of a story of a FGM/C victim was - "father of a girl child brought animals from an old man. The agreement was that immediately after the FGM/C of his daughter, she would be handed over to him as his wife. By noticing the situation, the girl ran away from the home and took shelter at one of her relatives' house. Later on, after two days of staying at her relative's house, the mother of the girl came in to bring her back home. With the help of the relative, the mother tied up the girl on the back of a donkey to take her back home. On the way home, a human rights agency rescued her and sheltered her at a rescue centre."

As one respondent reported, "it has been a customary that if an elderly man who already has multiple wives, is ready to marry another girl, who is in fact a teenager, the value of the dowry (livestock) to the father of the teenage girl increases up to double or triple times compared to an ordinary situation of dowry to the father of a girl who gets marry in the society". As reported by the respondents, that there have even been instances where fathers of girls appointed brokers for their teenage girls in search of an old men who have ample resources along with multiple wives, and wanted to marry again to a teenage girl in exchange for cows and/or buffalos. The only objective of these

fathers was getting more and more animals in exchange of his daughter.

The respondents also reported that in order to discourage FGM/C, the human rights organizations in collaboration with the government hold occasional mass gatherings, weekly gatherings/ meetings through conducting sessions, changes in school curriculum that incorporate the issues of harmful practices of FGM/C, and they also arrange courtyard sessions at household in communities. Through these activities, they educate people about harmful FGM/C practices. The human rights organizations and NGOs have also established rescue centres for the FGM/C victims and are providing support including health treatment, schooling, and arrangement of marriages.

Discussion

In the Pokot communities where this consultation was conducted, societal recognition to become an eligible for her marriage of a girl/female was a strong motivator for carrying out FGM/C. In exchange for societal recognition, girls/females were willing to subject themselves to such a risky custom of FGM/C by accepting the situation irrespective of the result of mental and physical pressure. Even though, the other immediate consequences to health were known to them up to some level.

As we understand through this investigation that the traditional custom of FGM/C never was associated with health benefits for the girls/women, the benefits accrued to the invited guests and relatives attending the ceremony. Although the hazardous FGM/C practices encompass many health dangers as were witnessed by the Pokot community people and elsewhere, the tradition-respecting Pokot community still seeks to retain these practices/ They see them as emblematic of their culture, and symbols of prestige and identity; therefore, propagating these practices and passing them down to future generations is their duty and responsibility [6,8]. Hence, they are responsible for protecting and promoting the Pokot identity.

Although FGM/C is common across some other different ethnic groups in Kenya, the findings of this study were limited to the specific Pokot community. Therefore, the findings may not generalizable to the entire Kenyan population.

Conclusions

FGM/C was still common in Pokot Communities in Kenya. In order to abolish the harmful FGM/C practices, UN agencies implemented government-level advocacy initiatives and collaborative programmes with the Kenyan government and development organizations in Kenya [7]. These indicated that assistance through joint involvement of international communities along with government could be more effective in implementation of Kenyan FGM/C act.

Finally, the study concluded that the girls and women did not support FGM/C. Although the Kenyan government has strong laws prohibiting FGM/C, enforcement of such laws was taking time [2,8]. The study recommended that advocacy initiatives and integrated support from government, development agencies and international community to eliminate FGM/C to be continued.

Authors' contributions

SD initiated preparing the manuscript and led the manuscript; PJW reviewed critically and provided advisory support in arranging

the write up; MR reviewed and provided feedback; GDH reviewed and provided feedback; FAN reviewed and provided feedback; AKH was the supervisor of the study, initiated the study design, collected data and reviewed the write up. All authors read and approved the final manuscript.

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