

Bachelor`s thesis (AMK)

Degree programme in Nursing

2010

Sarah Cheserem

**FEMALE GENITAL MUTILATION  
IN KENYA  
- A LITERATURE REVIEW**



**TURUN AMMATTIKORKEAKOULU**  
TURKU UNIVERSITY OF APPLIED SCIENCES

BACHELOR 'S THESIS | ABSTRACT

TURKU UNIVERSITY OF APPLIED SCIENCES

Degree of Nursing

January 2011 | 30

Ellilä Heikki

## FEMALE GENITAL MUTILATION IN KENYA -A LITERATURE REVIEW

This thesis is based on literature review and the author`s own experiences about Female Genital Mutilation in her own community in Kenya. The author will also describe Female Genital Mutilation in Kenya. WHO 1997 defines Female genital mutilation as all procedures involving partial or total removal of the female external genitalia, or other injury to the female genital organs, for non medical reasons.

The studies were identified through the electronic database, OVID database (CINAHL, MEDLINE,EBSCO), Pubmed, Science Direct and Your Journals@Ovid using the following key words: FGM, FGC, Female Genital Mutilation in Kenya, Female Genital Mutilation in Africa, Role of education in eradicating FGM, Female circumcision and Alternative rites approach for FGM . My comprehensive search strategy included all articles published in English between the periods of 1993-2009.

The results in this final project answers the research questions in that there are other alternative rites approaches that substitute the practice of Female Genital Mutilation in local communities and also it gives the reasons why Female Genital Mutilation is not a safe practice to be practiced.

Keywords:

FGM, FGC, Female circumcision, Female Genital Mutilation in Africa, Female Genital mutilation in Kenya. Alternative rites approach for FGM, Role of education in eradicating FGM.

## **CONTENTS**

<b>1 INTRODUCTION</b> .....	<b>4</b>
<b>2 BACKGROUND</b> .....	<b>5</b>
2.1 The origin of Female Genital Mutilation (FGM) .....	5
2.2 General statistics of Female Genital Mutilation in Kenyan Communities.....	6
<b>3 THE PURPOSE, AIMS AND RESEARCH QUESTION</b> .....	<b>8</b>
<b>4 DEFINITIONS</b> .....	<b>9</b>
<b>5 LITERATURE REVIEW</b> .....	<b>11</b>
5.1 Data collection.....	11
5.2 Data analysis .....	11
<b>6 RESULTS</b> .....	<b>15</b>
6.1 FGM is not a safe practice.....	15
6.2 Alternative ways and approaches to substitute Female Genital Mutilation. ....	17
<b>7 ETHICAL CONSIDERATION</b> .....	<b>19</b>
<b>8 RELIABILITY AND VALIDITY</b> .....	<b>20</b>
<b>9 DISCUSSION</b> .....	<b>21</b>
<b>10 CONCLUSION</b> .....	<b>25</b>
<b>REFERENCES</b> .....	<b>26</b>
<b>APPENDICES</b> .....	<b>28</b>

# 1 INTRODUCTION

Having grown in an environment that female genital mutilation is still taken as a seriously as a bridge to maturity and womanhood makes you think twice about what should be done. I grew up in a village where female circumcision was and is still practised. I saw my friends and my elder sister after they had undergone the circumcision practice. It is pathetic seeing someone writhing in pain just because of fulfilment of tradition. They had to persevere as no one is allowed to cry lest she could become a laughing stalk, be yelled at, mocked, and even become a subject of discussion in the society is a nightmare.

The myth of how female genital mutilation (FGM) began among the Igembi people of Kenya is that many years ago, the Igembi went to war over their stolen cattle and goats, and all the men, except for the young boys, were gone from the village. When they came back, they found all the women pregnant. Men decided to punish the women for their mistake and prevent them from having further sexual desires, the practice of FGM then started. 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.)

Having worked as a nurse aid in the local dispensary where young girls with infections and bleeding cases were often brought in for treatment after genital cutting, I noticed that most of the women who had undergone Female Genital Mutilation, had a number of difficulties and risks due to some complications such as severe pain, shock, haemorrhage, tetanus, sepsis, urine retention, ulceration of the genital region and injury to adjacent genital tissue.

Due to what I saw, I realized that the young girls and the circumcisers lacked knowledge of the consequences and the side effects of Female Genital Mutilation and therefore, there is a need for finding an alternative way that will substitute these harmful cultural practices. There need to be a change in perception and assumption that Female Genital Mutilation is a cultural practice done to girls as a passage of rite and promotion

to womanhood marked by genital cutting, the removal of all or just part of the external parts of the female genitalia is risk.

This thesis was based on literature review and authors own experiences about female genital mutilation in her own community in Kenya. This study will describe Female Genital Mutilation in Kenya and alternative ways of encouraging abandonment of Female Genital mutilation in Kenya.

## **2 BACKGROUND**

### **2.1 The origin of Female Genital Mutilation (FGM)**

The practice of female genital mutilation/circumcision is dated back to ancient times. Female circumcision has existed for over 4,000-5,000 years originating in a period predating God's covenant with Abraham to circumcise his people. It began in Egypt and was frequently performed by the ancient cultures of the Phoenicians, Hittites, and the ancient Egyptians. Those people had the idea that was based on the belief that, the foreskin was the feminine part of the male and the clitoris the masculine part of a woman. (Tanui 2006, 20.)

Female Genital Mutilation in my community (Kalenjin) is the practice that is widely believed to increase a girl's chances of marriage, prevent promiscuity and promote easy childbirth. Women who did not circumcise their daughters ran the risk of being seen as irresponsible, immoral and imitators of Western culture. Single men of marrying age from all over the community accompanied by their parents and relatives freely visited a family known to have circumcised their daughter to try their luck in getting a future wife to their son. It did not matter in the past whether a man had a girlfriend amongst the initiates or not. Again, the bride was entirely the choice of the bridegroom's parents. Any bachelor guy could find himself a wife only and only if his parents and those of the girl were pleased to have their children get married. ([www.maendeleo-yawanawake.org](http://www.maendeleo-yawanawake.org)[referred 27. 4.2009]).

## 2.2 General statistics of Female Genital Mutilation in Kenyan Communities.

Circumcision afforded the initiate to officially belong to a community. They were and still are taught, expected and even demanded that the lessons learned be firmly cemented in the initiates mind for lifetime and to be passed onto the coming generations as the only way to preserve and ensure the survival of a community as a distinct factor on the face of the earth. The practicing communities looked at circumcision as a commandment passed down from ancestors and gods to be practiced without any question or alteration whatsoever and so the tradition is ultimately kept and fulfilled. (UNICEF, 2004.)

Female Genital Mutilation is predominant in Kenya, with 38 percent of women aged 15-49 years reporting being circumcised (KDHS, 1998). The practice is found in more than a half of the districts in Kenya. There are differences among ethnic groups. FGM is nearly universal among the Kisii (97%), Maasai (89%). It is also of a wide extent amongst the Kalenjin (62%), Taita Taveta (59%) and Meru / Embu ethnic groups (54%) and to lesser extent among the Kikuyu (43%). 33% The Kamba ethnic group is recorded to be 33% and Mijikenda/Swahili (12%). Although the Kenyan Demographic and Health Survey do not include data from the North Eastern province, it is believed that infibulation is nearly universal among the population. Clitoridectomy and excision are the most common types of female genital mutilation practised in the rest of the country. (KDHS, 1998.)

During the whole process of the rite, one got to know the deeper culture of the society and the society's rituals and secrets. Without circumcision, an individual was seen as a child no matter how old she could be. The female passage of rite (circumcision) was the only way the youth could be fully accepted, but the uncircumcised were seen innocent as children who were not supposed to know the deeper secrets of the society until circumcised. They could not even enter into a business deal with any party, as elders or parents could render this null and void on the spot. Where could uncircumcised lodge a case against a circumcised member of the society pertaining to the then common disciplinary issues usually punishable by good flocking? It could not matter even if the

master administering the disciplinary action was relatively younger than the complainant.

The only way in which one achieved respect as a member of a society and the entire community was through circumcision. No one could be crowned as; the chief village elder, a judge, a master of a ceremony or even addressed honourably if she was uncircumcised. Though women did not climb that high in the past, the patriarchs could sometimes be given a seat amongst elders who were usually old men of outstanding performance in the society. Every circumcised woman was and is still seen as knowledgeable in the ways of the community amongst the Kenyan FGM practicing communities. This locally enviable status obviously earns them the responsibility to oversee and inspect the uncircumcised girls and women anytime anywhere. (www.socyberty.com, [referred 29.4.2009]).

What counted was that the child (uncircumcised) had made a punishable mistake and that the master was circumcised. It could not even matter who was offended. Every elder (circumcised woman) had the responsibility bestowed upon graduating from circumcision rite to correct, advise, guide and even punish children if need be anytime, anywhere in the community. It was as well a great mistake and a betrayal of the society if an elder failed to carry on this important duty assigned to by the community. (Tanui 2006, 45-46.)

### **3 THE PURPOSE, AIMS AND RESEARCH QUESTION**

The purpose of this thesis is to describe the harmful effects of Female Genital Mutilation in Kenya and the aim is to find alternative ways and approaches that will substitute the practice of female genital mutilation in Kenya.

Research question was:

1. Is it safe to practice FGM?
2. What are the alternative ways and approaches to be implemented to substitute FGM?

## 4 DEFINITIONS

**FGM:** (Female genital mutilation) World Health Organization (1997) defines Female genital mutilation as all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons. The World Health Organization classified female genital mutilation into four types. (WHO, 2008.)

In type 1 : Partial or total removal of the clitoris or the prepuce (clitoridectomy), type 2: Partial or total removal of the clitoris and the labia minora with or without excision of the labia majora (excision), type 3:Narrowing of the vaginal orifice with creation of a covering seal by cutting and a positioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulation) and type 4 all other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization.(www.irinnews.org[referred 20.7.2009]).

**A Rite of Passage:** This is a ritual that marks a change in a person's social status. Usually ceremonies are always done during a rite of passage (Maligaye, 2007).

In my community Female Genital Mutilation is a passage of rite and it signifies a change or a transition from childhood to (womanhood) adulthood. The rite / rites are done during the initiation of both girls (women) and boys. (Tanui 2006, 30.)

Womensenews, Kenya (2005) reported that in Tharaka region of Kenya, the practice involves a ceremony to perform the cutting, followed by a month-long seclusion for the wounds to heal during which the girls are often beaten during the teaching process and then a big family and community celebration after the seclusion ends where abusive songs are often sung.

**Awareness/Education:** Educating people about disadvantages of Female Genital Mutilation is important. It helps people to examine their own beliefs and values related to the practice in a dynamic, open way that is not experienced or seen as threatening. Educating parents and girls about adverse effects of female genital mutilation has

helped in reducing the practice in our local communities. In early days, discussing or talking about female genital mutilation in public or telling those who had not undergone the practice about the effects and how it is done was a taboo but, nowadays, children are taught in schools and parents are taught during seminars or during parents meeting. These seminars are frequently held in Maasai and other territories in Kenya where tradition is still a way of life.([www.maendeleo-ya-wanawake.org](http://www.maendeleo-ya-wanawake.org)[Reffered 27<sup>th</sup> 4.2009]).

## **5 LITERATURE REVIEW**

### **5.1 Data collection**

The final project was based on Literature Review. The studies were identified through the electronic database, OVID database (CINAHL, MEDLINE, EBSCO), Pub-med, Science Direct and Your Journals Ovid using the following key words: FGM, FGC, Female Genital Mutilation in Kenya, Female Genital Mutilation in Africa, Role of education in eradicating FGM, Female circumcision and Alternative rites approach for FGM. Authors comprehensive search strategy included all articles published in English between the periods of 1993-2009.

The articles were screened by title, screened by abstract and screened by full-text. The articles that are relevant to the topic and those that can answer the research questions have been selected for inclusion and exclusion in the study.

### **5.2 Data analysis**

The articles were obtained from Ovid database searches, Pubmed and Manual search, the results were categorized according to the keywords used: In Ovid database search the keywords used were as follows; FGM, FGC which yielded a total of 18 articles in total, 7 of the articles contains the abstract and 4 of them contains a full text, 16 of them did not meet the criteria and the author was able to read and analyse an 2 of the articles were able to answer the research question.

The first keyword used was Female circumcision which yielded 30 articles in total and 13 of the articles contained only an abstract without a full text and 11 of them contained full text which the author was able to read and analyse and 29 of them did not meet the criteria for inclusion and the author was able to select 1 of the articles which was able to answer the research question

The keyword used was Alternative rites approach for FGM which yielded 17 articles in total and 6 of the articles contains abstract and 4 of them contained full text, 14 of them

did not answer the research question and the author was able to obtain 3 of the articles which were able to answer the research question.

The keyword used was, Female Genital mutilation in Africa and in Kenya which yielded 36 articles in total and 18 of the articles contained only an abstract without a full text and 8 of them contained full text, 30 of them did not meet the criteria for inclusion and the author was able to obtain 6 articles which were able to answer the research question.

The results obtained in PUBMED databases were as follows; the keyword used was Role of education in eradicating FGM. This search yielded 10 articles in total and 3 of the articles contained only an abstract without a full text and 4 of them contained full text, 8 of them did not meet the criteria for inclusion and the author was able to obtain 2 articles which were able to answer the research question.

Manual search was also used, the search yielded 4 articles in total and 4 articles contained only an abstract without a full text and 4 of them contained full text and the author was able to read, and 3 articles did not meet the criteria for inclusion and only 1 article answered the research question.

The articles selected for inclusion were

1. Written in English
2. Published in reviewed journals between 1993 and 2009
3. Contain a specific research method of data collection and analysis
4. Involve Female Genital Mutilation, Alternative rites approach, as main things that the author was going to research on.

Reasons for excluding articles are:

1. The articles did not answer the relevant study questions
2. The title did not relate to the research questions
3. The original text was not accessible i.e. only abstracts were available.
4. The articles were a duplicates and study based on other circumcisions instead of

## Female circumcision.

Database searches yielded 115 articles for possible inclusion in the review. The author read through the abstracts of the articles to determine whether to obtain the full-text of the studies. After evaluation, the author managed to obtain 15 articles that focus on the topics of Female Genital Mutilation, abandonment of female Genital mutilation, for further possible inclusion. The author read through the contents of all articles and studies including the data collection; data analysis; findings and conclusions.

Of the original 115 articles only 15 that met the review objective criteria and answered research questions were selected for this final project (see the table 1)

In table 2 there is a summary of 15 chosen articles (see Appendix 1). The articles contained the name of the author and the year of publication between the years 1993-2009. The articles have been arranged in alphabetical order containing title, the database search, keywords used, purpose and aim of each article and the summary of the findings.

Table 1: Criteria and data selection

<b>Database and search words</b>	<b>Screened by title</b>	<b>Screened by abstract</b>	<b>Screened by reading full text</b>	<b>Excluded (not meeting inclusion criteria)</b>	<b>Included (relevant to research questions)</b>
OVID (CINALH, MEDLINE, journal@OVID): FGM,FGC	18	7	4	16	2
OVID (CINALH, MEDLINE, Journals @OVID,EBESCO) Female circumcision	30	13	11	29	1
OVID (CINALH, MEDLINE, journal@OVID): Alternative rites approach for FGM,	17	6	4	14	3
OVID (CINALH, MEDLINE, journal@OVID): Female Genital mutilation in Africa, FGM in Kenya	36	18	8	30	6
PUBMED: Role of education in eradicating FGM	10	3	4	8	2
Manual search	4	4	4	3	1
<b>Total</b>	<b>115</b>	<b>51</b>	<b>34</b>	<b>100</b>	<b>15</b>

## 6 RESULTS

### 6.1 FGM is not a safe practice.

Many Kenyan communities in rural areas where knives, razors or whatever equipment used in the operation is shared by all the girls, the risk of infections due to the contaminated equipment, infection is very high especially now that HIV is one of the seriously infectious diseases. (Tinker & Epp 2000, 23-24.)

Toubia (1994) stated that because the specialized sensory tissue of the clitoris is concentrated in a rich neurovascular area of a few centimetres, the removal of a small amount of tissue is dangerous and has serious and irreversible effects. Common early complications of all types of circumcision are haemorrhage and severe pain, which can lead to shock and death. Prolonged lesser bleeding may lead to severe anaemia and can affect the growth of a poorly nourished child. Local and systemic infections are also common. Infection of the wound, abscesses, ulcers, delayed healing, septicaemia, tetanus, and gangrene have all been reported. (Althaus 1997, 130-133.)

Long-term complications are associated more often with infibulation than with clitoridectomy alone, because of interference with the drainage of urine and menstrual blood. Chronic pelvic infection causes pelvic and back pain, dysmenorrhea, and possibly infertility, (Toubia 1994,720). Chronic urinary tract infections can lead to urinary stones and kidney damage. The other long-term consequences include; increased risk of maternal morbidity, recurrent bladder and urinary tract infection, cysts, adverse psychological and sexual consequence, infertility and increased risk of neonatal death for babies born to mothers having undergone female genital mutilation. (Maligaye 2007, 43-49.)

The most common long-term complication is the formation of dermoid cysts in the line of the scar. These result from the embedding of keratinized epithelial cells and sebaceous glands in the stitched area. They can be as small as a pea or as large as a grapefruit. The formation of keloids is another disfiguring complication that, like

dermoid cysts, causes anxiety, shame, and fear in women who think that their genitals are regrowing in monstrous shapes or who fear they have cancer, (Boyle 2002,14). When painful stitch neuromas develop as a result of the entrapment of nerve endings in the scar, the result is severe dyspareunia and interference with sexual intercourse. (WHO, 1997).

Recurrent stitch abscesses and the splitting of poorly healed scars, particularly when they occur over the clitoral artery, can plague women for many years. Childbirth adds other risks for infibulated women, particularly where health services are limited. If deinfibulation is not performed, exit of the fetal head may be obstructed and strong contractions can lead to perineal tears. If contractions are weak and delivery of the head is delayed, fetal death can occur and necrosis of the septum between the vagina and bladder can cause vesicovaginal fistula, a distressing condition of urinary incontinence for which women are often ostracized by their communities. (Toubia 1994, 712-716.)

Another problem related to labour and delivery is emerging among immigrants in Europe and North America more cases have been reported in sub-Saharan countries where physicians are not trained to deal with infibulated women. Unnecessary caesarean section can be avoided with a simple deinfibulation performed with the woman under local anaesthesia. (Crowe & Melching 2005, 70-78.) In other local communities, the whole genital was digged and everything was removed, and women remained only with holes thus difficult to give birth, and after giving birth, the womb just comes out. (Hernlund & Shell 2007, 50).

Bleeding during this rite leads to death (Creel & Ashford 2001, 543). In September 1991, a 13-year-old girl bled to death after being mutilated by a traditional circumciser in Kitui District, Eastern Kenya. In Kericho District, - western Kenya, 18 years old bled to death after being circumcised by a traditional circumciser at a farmhouse. She bled profusely and died before she could be taken to the nearest health centre. Her three co-initiates were treated at a local clinic. In August 1991 another girl also died after being circumcised by two women in Meru District. Many young girls have died due to

bleeding but the majority of these cases are never reported since these actions are taking place in rural areas. (Karanja 2003, 66.)

FGM was also linked with many divorces as a result of sexual dissatisfaction. Many women have divorced their husbands, because the husbands claim that they are not satisfied sexually. Women blame their plight on FGM, saying it damaged them permanently. (Chege 1993, 550.)

## 6.2 Alternative ways and approaches to substitute Female Genital Mutilation.

The two weeks seclusion acts as the rite's (circumcision's) simulation. It brings willing young girls together for a two week in seclusion (camp) where they get traditional lessons about their future roles as women, parents and adults in the community.

The girls could also be taught about their personal health, reproduction, hygiene, communications skills, self-esteem and dealing with peer pressure. This practise is like the traditional ritual, except that there is no cutting of genitals. (Chege 2001, 120-129.)

During the Seclusion, the girls remain indoors and can only be visited by previous initiates who may have undergone the very original or the simulated one. These include female relatives' parents, neighbours and friends. A woman who is either an aunt or a friend is assigned the role of a supporter or "godmother." She ensures that the girl gets and understands family life education. The two week's ceremony ends with a "graduation" at a chosen day of "coming of age," where religious, political and government leaders are invited to give speeches. (Chege 2001, 90.)

During such a ceremony, the girls appeal to their elders to cease circumcision and let them complete their education after which they would decide whether to be circumcised or not. They protest through the market centres, where they dance and sing traditional songs that urge their mothers not give them out for marriage. The first Cutting through Words ceremony occurred in 1996, when 30 families from Gatunga village in Tharaka, about 200 miles east of Nairobi, initiated their daughters through words. Since then, the alternative rite has been progressively performed in three other communities- the

Maasai and Kalenjins of the Rift Valley Province and the Abagusii of Western Kenya. (WHO, 1997)

The months that traditionally rites are likely to occur are chosen to stage the alternative rite. Tharaka Women's Welfare Program (TWWP) has saved more than 2,400 girls from undergoing FGM, and since partnering with Women's Global in 2007, has saved an additional 260 girls through the Circumcision with Words ceremony. (Herlund & Shell 2001, 6-8, 23, 26-30.)

Formal education has tremendously helped change the perception of female circumcision. Many women are now educated, employed and parenting. (Hernlund & Shell 2006, 69-71). The elite groups have spearheaded campaigns against female circumcision. They too have not only taught about how to combat poverty by educating girls and female empowerment but, have also served as best examples in the communities as they have made a difference between their own families and those whose women (wives) are serving as housewives who yielded to tradition in their youthful past. (Adams, Kelly & Paula 2005, 490.)

## **7 ETHICAL CONSIDERATION**

The final project was based in literature review and, therefore its ethical considerations are based on the data. The articles that were selected have obtained the required permission and the participants in studies explained the purpose of the studies and assured confidentiality and anonymity. (Burns & Grove 2005, 380.)

The ethical considerations as regards to this literature review involved objectively analysing and reporting the content from referenced sources in a manner that did not change the information from the original source or favours so as to support the research problem in question.

To avoid bias all the studies containing relevant information were included accordingly. The source of information was only restricted to those that were offered for free access from the databases used.

## **8 RELIABILITY AND VALIDITY**

Validity is a tool in research used to assess the quality of the study and its findings.

Validity looks, whether the findings are convincing, well-grounded and not biased (Polit & Beck 2006, 489-497.) However, measuring validity can be a difficult task because biased can easily go unnoticed (Burns & Grove 2005, 383.)

The author has identified reliable articles from different databases which includes the following: Ovid database search (CINAHL, MEDLINE) these database contains an international health care and health science reference database containing references in health care sector. The databases also provide free access to various journals containing full-text articles. In each database search the same procedure was followed. The articles were read thoroughly in order to identify their relevance in terms of content and the results obtained. (Polit & Beck 2006, 489-497.)

After using the same keywords for different searches, several articles from different authors yielded the same result of Female Genital Mutilation in Kenya, and alternative ways that encourages abandonment of female Genital Mutilation. The author used this as a measure of criteria to obtain her study material. The author also considered the studies starting from the year 1993 and ending 2009. This approach was more reliable than phone calls to Kenya.

The method used in the data collection is limited to the studies that could be assessed for free and only full-text articles, in this case important studies may have been missed out. Due to this a volume of 15 articles may affect the reliability of the results. The articles were analysed by one author, which increases the risk of information being missed out in comparison to studies having been analysed by two authors. There is also a possibility of language bias, since the writer is not a native English speaker.

## 9 DISCUSSION

Finding an alternative rites approach for encouraging abandonment of Female Genital Mutilation in Kenya is an uphill task because many people living in rural areas cannot understand why this practise has to be stopped. Though education is wide spread in Kenya but still these people in rural areas like the Kalenjin, Maasai, and the Igembe will not understand why they are being taught to do other things apart from their tradition. Also organizations like the Maendeleo Ya Wanawake (MYWO), or (Women's Development Organizations) Amwik, Tharaka, Women's Welfare Program (and other organizations have tried hard to find alternative ways of approaching Female genital Mutilation in Kenya.

The arrival of formal education though it was resisted as a western culture served as unmatched superior substitute for the informal one. Formal education has come heavily with its own laid down procedures. The government, nongovernmental organizations, religion, and the elite in the communities have joint effort in the fight against this tradition by launching heavy education campaigns in the communities. These 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, 543-545.)

Introduction of early education has also enabled people to get rid of the complications associated with Female Genital Mutilation. As for promoting awareness among girls at their early age in their studies, as indicated in a report for the Human Rights and Democracy who have been visiting various primary schools to educate young girls against the dangers of the rite and encouraging the formation of anti-FGM clubs in schools and also in their communities where FGM is practice. (KDHS, 1998.)

Organizations for example Women's Global Educational Project and - Maendeleo Ya - Wanawake-Organization (women's development organization) have been formed to encourage education in local communities and to discourage female genital mutilation. Women's Global Educational Project for example founded a programme called a sister

to school Kenya programme in 2007, encouraged girls to finish their education after circumcision. Many girls left school in search of husbands or just because of the popular notion that after FGM follows marriage, hence a big full stop to education. (Hernlund & Shell 2001, 6-8, 23, 26-30.)

Success in promoting the abandonment of FGM/C depends on the commitment of government, at all levels, to introduce appropriate social measures and legislation, complemented by effective advocacy and awareness efforts. Civil society forms an integral part of this enabling environment. In particular, the media has a key role in facilitating the diffusion process the government of Kenya sought to wield its mild force against female circumcision from the mid 1980s. However some communities are still adamant and still manage to keep the tradition in spite of the mounting pressure applied to eradicate the practice. (Karanja 2003, 40-70.)

FGM is considered most significant rite of passage to adulthood, enhancing tribal cohesion, providing girls with important recognition from peers. The practice in spite of other reasons is widely believed to increase a girl's chances of marriage, prevent promiscuity and promote easy childbirth. Women who do not circumcise their daughters run the risk of being seen as irresponsible, immoral and imitators of Western culture. ([www.womensenews.org](http://www.womensenews.org) [referred 12.7 2009.]

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 practise or not. In 2001, former President Daniel Arap Moi said that circumcising of girls under the age of 17 was now a crime punishable by at least a year in jail. The practice remains widespread in much of rural Kenya, and President Moi has promised police protection for those at risk. He emphasized that anyone found circumcising a girl of 16 would go straight to jail. He said the prohibition of FGM on young girls was one of the measures contained in the 2001 Children's Bill passed by parliament recently. He added that it is the choice of girls above the age of 16 years to

be circumcised or not. That if they do not want to be circumcised, then new law should also protect them. ([www.bbcnews.co.uk](http://www.bbcnews.co.uk), [referred 20.12.2008]).

Communities raise the issue of FGM when they increase their awareness and understanding of human rights and make progress towards the realisation of the objectives they consider to be of immediate concern, such as health and education. Despite taboos regarding the discussion of FGM, the issue emerges because the group members are aware that the practice is harmful. Discussions in the societies and debate contribute to a new understanding that girls and women would be better off if everyone abandoned the practice. The impact of all types of FGM on girls and women is wide-ranging. The practice compromises the enjoyment of human rights including the right to life, the right to physical integrity, the right to the highest attainable standard of health (including maturity, reproductive and sexual health), as well as the right to freedom from physical or mental violence, injury or abuse. (WHO, 2008.)

The practice is also a violation of the rights of the child to development, protection and participation. FGM has often been raised as a matter of concern by the Committee on the Rights of the Child, which, in the light of the Committee on the Rights of the Child, has called upon States Parties to take all effective and appropriate measures with a view to abolishing such practices. (Hernlund & Shell 2006, 57-71.)

FGM irreversibly compromises a girl or woman's physical integrity. The damage caused by this procedure can pose a serious risk to health and well-being. In extreme cases, FGM can also violate a girl's or women right to life. Fatalities are often due to severe and uncontrolled bleeding or infection after the procedure. Moreover, FGM may be a contributory or causal factor in maternal death. The mortality rate of girls and women undergoing FGM is not known since few records are kept and deaths due to FGM are rarely reported as such. (Crowes & Melching 2005, 56-78.)

Medical records are of limited use in determining morbidity due to FGM because complications resulting from the practice, including subsequent difficulties in childbirth, are often not recognised or reported as such and may be attributed to other causes. In

some cases, these assigned causes may be medical in nature, but in others, they may reflect traditional beliefs or may as well be attributed to supernatural causes. As a result, many girls who experience complications are treated with traditional medicines or cures instead of being referred to health centres (Althaus 1997, 131.)

Female circumcision, or female genital mutilation, can no longer be seen as a traditional custom. It has come to be recognized as a problem in the modern African societies, countries, and the whole world at large. The unnecessary health problem and costs it afflicts on women, time spent in it, hospitalization costs, and the possible loss of life qualifies it as a customary health hazard. Thanks to the current campaigns made to stop it all together in Kenya. Though stopping female genital mutilation may take subtle to harsh measures, the practise has no more places in the present world and therefore every necessary effort should be made to stop it ultimately. (Adams, Kelly & Paula 2002, 490-494.)

## 10 CONCLUSION

The importance of this work is to give an insight into the FGM practice. It also describes the current situation in Kenya concerning the practice, discusses the need for an alternative practice acceptable to the modern societies. The value of this thesis is generally important to the societies. The research study will help find other solutions and warn of the dangers of FGM.

The thesis describes deeper about the traditional or customary ideologies, the reasons as to why some of the societies still stick to the FGM practice to this day, as well as provide information to the readers about what is happening in some places. The conclusion follows the suggestions and the description of what need to be done. If only the authorities and the societies implement the alternative solutions to FGM, the negative effects of the practice will be a thing of the past.

Many communities and particularly the African ones have been practicing FGM for centuries regardless of its dangerous effects on women. While someone can argue out that their method cause the least damage or much milder, others say that it is a measure of toughness of a woman and still others could be for it as a tradition, the practice brings much more harm and no good at all.

Female circumcision, or female genital mutilation, can no longer be seen as a traditional custom. It has come to be recognized as a problem in the modern African societies, countries, and the whole world at large. The unnecessary health problem and the pain it inflicts on women, time spent in it, hospitalization costs, and the possible loss of life qualifies it as a customary health hazard. Thanks to all who are involved in the current campaigns made to stop it all together in Kenya. Though stopping female genital mutilation may take subtle to harsh measures, the practise has no more places in the present world and therefore every necessary effort should be made to stop it ultimately.

## REFERENCES

Althaus, A. 1997. Female Circumcision. Rite of Passage or Violation of Rights. International Family Planning Perspectives. African journal of women health, Vol 23 No 3 September 1997, 130-133.

BBC world News 2001 [referred 20.12.2008] available at:  
[www.bbcnews.co.uk/uk/report/2001/2001122](http://www.bbcnews.co.uk/uk/report/2001/2001122)

Boyle, E. 2002. Female Genital Cutting: Cultural Conflict in the Global Community. 6-16.

Burns, N. & Grove, S. 2005. The practice of Nursing Research Conduct, Critique and utilization. USA: W.B. Saunders Company, 380-385.

Chege, J. 1993. The Politics of Gender and Fertility Regulation in Kenya: A Case Study of the Igembe. UK: Lancaster, 545-600.

Chege, J. 2001. An Assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya. Maseno University, 89-129,

Creel, L. & Ashford, L. 2001. Abandoning Female Genital Cutting, Prevalence, Attitudes, and Efforts to End the Practice. USA: Washington D.C. Vol 23 No 7 October 2001, 543-620.

Crowe, S. & Melching, M. 2005. Ending Female Genital Mutilation and Cutting in Senegal, 56-78.

Female Genital Mutilation 2008 [referred 29.04 2009] available at:  
[www.socyberty.com/ke/Female Issues/2008/200852](http://www.socyberty.com/ke/Female%20Issues/2008/200852)

Hernlund, Y. & Shell D-B. 2001. Female circumcision in Africa. Culture controversy and change. 6-8, 23, 26-30.

Hernlund, Y. & Shell D-B. 2006. Stages of change in the practice of female genital cutting in Senegal and Gambia. African journal of reproductive health, (2006) 10, 57-71.

Hernlund, Y. & Shell D-B. 2007. Contingency, context, and change. Negotiating female genital cutting in The Gambia and Senegal. *Africa today*, 2007, 53, 43-57.

Humanitarian news and analysis 2009 [referred 04.05.2009] available at:  
[Www.irinnews.org/ ke/reports/2007/200727](http://www.irinnews.org/ke/reports/2007/200727)

Karanja, N. 2003. Female Genital Mutilation in Africa. *Gender, Religion and pastoral care journal*, 2003, 51, 40-70.

KDHS, 1998. Kenya Demographic and Health Survey 1998. National Council for Population and Development, Central Bureau of Statistics, and Macro International Inc, Calverton, Maryland, USA

Kelly, E.; Hillard, P. & Adams, J. 2005. Adolescent and paediatric gynecology. 17, 490-494.

Maendeleo ya Wanawake Organization Kenya 2007 [referred 27 4.2009] available at  
[Www.maendeleo-ya-wanawake.org/ke/reports/2007/2007201](http://www.maendeleo-ya-wanawake.org/ke/reports/2007/2007201)

Maligaye, B. 2007. Continuing Professional Development. *Women's Health journal*, Vol 22 No 7 September 2007, 43-49.

Polit, F. & Beck, C. 2006. *Essentials of Nursing Research, Methods of appraisal, and utilization*. 6<sup>th</sup> edition. USA: N.Y. Publishing town company, 489-497.

Tanui, K. 2006. *Dying Voice*. Kitale Kenya, 16-46.

Tinker, A.; Kathleen, F. & Epp, J. 2000. *Improving Women's Health Issues and Interventions*. 23-35.

Toubia, N. 1994. Female Circumcision as a Public Health Issue. *The New England journal of Medicine*, Vol 33 No 1 June 1994, 712-734.

UNICEF, 2004. *Changing harmful social convention: female genital mutilation/cutting*. Innocent digest 2004. Switzerland.

WHO, 1997. *Classification and Definitions of Female Genital Cutting 1997*. Geneva, Switzerland.

WHO, 2008. *Eliminating Female Genital Mutilation. An interagency statement*, 2008. Geneva, Switzerland.

Womens health and issues 2005 [referred 12.7 2009] available at:  
[Www.womensenews.org/ke/analysis/2005/200518](http://www.womensenews.org/ke/analysis/2005/200518)

## APPENDICES

### APPENDIX 1-SUMMARY OF CHOSEN STUDIES

Authors Year	Title	Database	Purpose/Aim	Keywords	Findings
Althaus, A. 1997. African Journal of women health, Vol.23 (3) 130-133.	International Family Planning Perspectives	Ovid database	To identify ways of discouraging rite of passage that violates women rights	Fgm, passage of rite	The local communities should be made aware of the long-term complications associated with fgm
Boyle, E. 2002. Cultural Conflict in the Global Community, 6-16.	Female Genital Cutting	Science direct	To promote the practice of human rights and the right to the highest attainable standard of health	Female circumcision	Discussions in the societies and debate contribute to a new understanding that girls and women would be better off if everyone abandoned the practice of FGM
Chege, J. 2001. Alternative Rites Approach for FGM, in Kenya. Maseno university, 89-129.	Encouraging Abandonment of Female Genital Mutilation in Kenya.	EBSCO	To evaluate the role of education in promoting other passage of rites other than Female Genital Mutilation	Health promotion to eradicate Fgm	Formal education has tremendously helped change the perception of female circumcision. by educating girls and female empowerment
Chege, J. 1993. A Case Study of the Igembe community in Kenya. UK Lancaster, 545-600.	The Politics of Gender and Fertility Regulation in Kenya	Ovid	Find ways of educating the communities the harmful effects of FGM	Legislation and education on Fgm	Educating and encouraging communities to desist from the practice and instead to invest in education of their daughters rather than circumcising and marrying them off

Creel, L. & Ashford, L. 2001. Abandoning Female Genital Cutting Washington, D.C. vol 23 No7 543-620.	Prevalence, Attitudes, and Efforts to End the Practice	Science direct	To provide new knowledge and skills on a variety of issues in a way that can be accepted and applied	Abandonment of FGM,	Evaluations indicate that major abandonment occurs following a public pledge of the decision to abandon the practice
Crowe, S. & Melching, M. 2005. Female Genital Cutting, 56-78.	Cultural Conflict in the Global Community	Ovid	To encourage communities to raise issues and define solutions themselves without feeling coerced or judge	Empowerment,	The empowerment activities are most effective when they stimulate a discussion of basic community-held values and relate them to human rights principles
Hernlund, Y. & Shell D-B. 2001. Female circumcision in Africa, 6-30.	Culture controversy and change	Pubmed	To point out effective and appropriate measures to abolishing FGM	Culture/traditions/ Beliefs about Fgm	Increasing number of communities are shifting away from traditions hence abandoning FGM
Hernlund, Y. & Shell, D-B. 2006. African Journal of Reproductive Health, 10, 57-71.	Stages of change in the practice of female genital cutting	Ovid	To evaluate ways on how to promote change of perception on practice of fgm	Fgc, Female circumcision.	Education should be provided to women in order to change the perception of Fgm
Hernlund, Y. & Shell D-B, 2007. The Gambia and Senegal. Africa Today 53, 43-57.	Negotiating female genital cutting	Cinahl	To describe means of negotiating abandonment of female genital cutting	Alternative rites approach for Female Genital Mutilation	Alternative ways and approaches to that can be use to stop the practice of female circumcision
Karanja, N. 2003. Gender, Religion and pastoral care Journal, 2003, 51, 40-70.	Female Genital Mutilation in Africa	Pubmed	To highlight the role of religion in advocating the victims of fgm	Role of education in eradicating FGM	Religion education encourages girls and their families to stop practicing FGM

Kelly, E.; Hillard, P. & Adams, J. 2005. 17, 490–494	Adolescent and paediatric gynaecology.	Ovid	Applying appropriate measures with a view to abolishing abuse of girls/women rights	Female Genital Mutilation in Kenya,	Success in promoting the abandonment of FGM/C in the society depends on the commitment of government, at all levels, to introduce appropriate social measures and legislation
Maligaye , B. 2007. Journal for Women's Health Vol 22 No 7 43-49.	Continuing Professional Development	Ebsco	To identify traumatic and painful experience associated with female Genital Mutilation	Female circumcision in Africa, FGC	Education has promoted awareness among girls to get rid of the complications associated with Female Genital Mutilation.
Tinker, A.; Kathleen ,F. & Epp, J. 2000. Improving Women's Health Issues and Interventions. 23-35	Ending Female Genital Mutilation and Cutting	Ovid	To identify ways of ending the harmful practices of FGM through various interventions	Traditions/side effects and Fgm	Some communities are still adamant and still manage to keep the tradition in spite of the mounting pressure applied to eradicate the practice.
Toubia, N. 1994. Health Issue. The New England journal of Medicine Vol 33 No 1 712-734	Female Circumcision as a Public health issue	Medline	To figure out how FGM may contribute to morbidity and maternal death	Complications of Fgm	Unlike other gender issues, such as access to education, FGM is viewed as cultural practice, which endangers lives of many girls and women
WHO, 1997. Female Genital Cutting, 1997. Geneva, Switzerland.	Classification and Definitions of Female Genital Cutting,	Cinahl	To differentiate between the various types of Fgm used by different societies	Types of FGM/definitions	There are various types of FGM that are practiced in different communities

