



CORRELATE BETWEEN THE INFLUENCE OF FGM PRACTICE AND EARLY MARRIAGE: A CASE STUDY OF THE ILLCHAMUS COMMUNITY IN BARINGO COUNTY, KENYA

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Abstract:

Female Genital Mutilation (FGM) refers to all procedures involving the partial or total removal of all the external female genitalia or any other injury to the female genital organ for non-medical reasons. Many girls who have undergone FGM opt to get married early as they view education as meaningless. The main purpose of this study was to determine correlates between the effects of FGM practice and early marriage among Illchamus girls. The Illchamus are pastoralists whose livelihood depended on livestock. Despite the immense awareness of the dangers of FGM practice on the victims in many aspects in life, efforts to eradicate it, still persists and thrives. The study was premised on the social exchange theory and adopted a descriptive research design. Purposive and random sampling techniques were used to identify the respondents for the study. The study targeted a population of 100,000 and a sample size of 384 respondents. The research adopted both qualitative and quantitative approaches to data collection which included questionnaires, key informant interview and the focus group discussions. The Statistical Package for Social Sciences (SPSS) version 22 for windows was used to analyze the data.

Keywords: female genital mutilation, rite of passage, tradition values, female rescue centers

1. Introduction

Communities embrace various cultural practices which influences the quality of life and general well-being of its members. Some of the practices are deeply entrenched despite being retrogressive with associated dire consequences on health, education and wellbeing of women and the girl child. Despite the severe effects associated with FGM,

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most communities still embrace this culture. It's very important to understand what makes FGM to be so persistent (UNICEF, 2005). Most of circumcisions are still being carried out among the populace without anesthesia or antibiotics, with rudimentary, unsterile instruments such as razors, scissors or kitchen knives (Lightfoot-Klein, 1991). FGM has been adopted by human rights activists to clearly indicate the harm caused by the practice (Rahman & Toubia, 2000).

Female Genital Mutilation (FGM) consists of procedures performed for non-medical reasons (such as cultural, religious, or other reason), where the external female genitalia are partially or completely removed or injured (WHO, 2013). The term FGM was agreed upon as an appeal to use the term in the 6th general assembly for inter-African Committee (IAC) in 2005 in Bamako, Mali (WHO, 2008). FGM is therefore used in this study to cover the whole procedure in its various forms.

The procedure of FGM is practiced in many Countries all over the World with the highest prevalence in Africa. WHO estimates that between 100 and 140 Million women and girls have been subjected to FGM worldwide and each year a further 2 million are at risk (WHO, 2008). Most of them are in 28 African Countries, a few in Middle East and Asian Countries, and among immigrants in Europe, Australia, New Zealand, the United States of America and Canada (Yoder and Khan, 2007). It is also estimated that 100,000 women and teenagers die from complications related to FGM in child birth per annum (Abbas, 2006).

In Kenya FGM is practiced by many communities, according to Kenya demographic health survey (KDHS: 2009) the following communities have the highest prevalence's. It is almost universal among Somali 97%, Kisii 96%, Kuria 95% and Maasai 93%. It is also common among Taita Taveta (62%), Kalenjin (48%), Embu (44%) and Meru (42%). It is relatively lower among the Kikuyu (34%), Kamba (27%), Turkana (12%) and Mijikenda/Swahili (6%); Notably the Luo and Luhya rarely practice FGM (1%).

FGM has immediate, short and long term health consequences that are harmful to both girls and women. Apart from the pain and trauma of the procedure itself, the rite can cause immediate health issue including shock, bleeding infections and death. Long term associated health issues may include urinary infections and increased risks of child birth; mother and child deaths, chronic pains during sex, decreased sexual enjoyment and thick raised scars it can also cause long-term psychological effects such as post-traumatic stress disorder (WHO, 2008).

The girls and women who have not undergone FGM are considered sexually aggressive to an extent of asking for sex from men. They are viewed as "loose" women who are easily aroused when their clitoris does press on clothes. Such girls and women are perceived not to be virgins or faithful to their husbands. FGM is also performed to increase male sexual pleasure. Men claimed that they felt sexually satisfied with these women. A woman who has undergone FGM is viewed as aesthetically more pleasing as the external Female Genitalia are removed. When a woman's genitals are tight, her spouse gets more pleasure. There are reports that women who have undergone FGM

have reduced sexual desire, pain during intercourse and less sexual satisfaction (Berg & Denison, 2011).

Chastity is a very important attribute in Islam and Muslims are required to be chaste and morally upright. Proponents of FGM believed that women have a burning desire *ghilma* and if their genitalia are not cut, they will be sexually uncontrollable. They believe that the clitoris and the labia minora will grow long and make the woman sexually over-active. Partial or total removal of these organs is therefore done to ensure women remain chaste throughout their lives, (Sheikh Ali Hashim as-Siraj, 2002).

External Female Genitalia are considered dirty and hence need to be removed to make women clean. Fear of the Genitalia looking ugly or emitting nauseating odour are the major reasons. It is believed that the clitoris can grow long and form folds of skins which can harbor dirt that cannot be removed (Norman, 2009). All these are influenced by family honors, need to control the sexuality and to ensure and maintain a girl's virginity and chastity of girls. FGM is believed to make a girl more beautiful. Uncircumcised girls are considered physically dirty and may be barred from doing such daily activities such as cooking and community decision-making roles.

In some African culture it is erroneously believed that a woman's genital can grow and become wild hanging down between her legs unless the clitoris is excised. The ancient Egyptians had a belief that the foreskin was the feminine part of the male and the clitoris the masculine part of a woman therefore the clitoris had to be cut off to make the woman feminine (Tanii, 2006). It is a belief that FGM enhances fertility and child survival (UNEFPA, 2007). The purpose of this study was to determine the relationship between the effects of FGM practice and early marriage life among the Illchamus community in Baringo County, Kenya.

2. Research Methodology

This study adopted the *ex post facto* – causal comparative research design. This is a research design, which looks into events that have already occurred and therefore cannot be manipulated by the researcher. *Ex post facto* research design is a method of teasing out antecedents of events that have happened and cannot, because of this fact, be engineered or manipulated by the researcher. This design is particularly suitable in social, educational and psychological contexts where the independent variable or variables lie outside the researcher's control (Mugenda and Mugenda, 2001). This study was conducted among the Illchamus community of Baringo County in Kenya. The study was conducted in Marigat and Mukutani sub county.

The target populations of this study were the Illchamus girls and community leaders of Illchamus in Baringo County. The study focused on the analysis of the relationship between FGM practice and early marriages. Purposive and quota sampling were used in selecting participants for the study. The research data was collected using questionnaires and interview schedule. The research instrument targeted specific information from the respondents. The community leader's interview schedule sought to

obtain information on the relationship between FGM practice and early marriages as it was perceived by community members.

3. Results and Discussion

Table 1: Influence of FGM Practice on Early Marriages of Illchamus Girls

Influence of FGM practice on Early Marriages among Illchamus Girls	Percentage (%)		
	Disagreement	Not Sure	Agreement
Social acceptance	49.2	4.1	56.8
Marriage preparation	76.2	0.0	23.6
Cultural requirement	44.2	11.1	45.7
Fetch more dowry	64.8	9.3	25.8
Bring honour to family	28.9	14.2	57
Command more respect	15.3	19.3	65.4

The study established that majority (56.8%) of the respondents indicated that girls who have undertaken FGM are socially accepted in their community. They are seen as social and cultural conformist hence highly esteemed. This shows that the practice is highly regarded in the community making many undertake it despite its negativity so that they can be socially accepted in their community.

FGM is a highly regarded practice in the Illchamus community as the majority of the respondents (65.4%) indicated that girls who have been circumcised are respected and brings honour to the family respectively as indicated by (57%) of the respondents. This implies that the value attached to the FGM practice contributes greatly to its persistence since members of the community are compelled to practicing it so as to avoid stigma from others. The girls who don't support or fail to undergo FGM are ostracized and become community rejects.

Many respondents (45.7%) who participated in the study indicated that FGM is a cultural requirement among girls in the Illchamus community of Baringo County. This shows that Illchamus community is conservative and still holds on to cultural beliefs in their way of life. This makes most of the members in the community engage in the practice in compliance with the cultural requirement. However, despite FGM being a cultural requirement, the study found out that the study the community members do not attach more value to it with regard to marriage issues as majority of the respondents, 76.2% disputed that FGM practices prepares girls for marriage neither does it fetch more dowry. This is in contrary to the findings of Ondiwo (2002) who postulated that communities who practice FGM force the circumcised girls to get married at a very tender age. This is a good sign for the community since early marriages could have cut short the dreams for girls by denying them the opportunities to pursue their education and future careers.

3.1 Psychosexual Factors Associated with FGM

The respondents were required to give their opinions on their level of agreement on the following psychosexual factors considered to be the reasons for the persistence of FGM. Their response was categorized into a Likert Scale of five as indicated in Table 2.

Table 2: Perceived Psychosexual Factors Associated with FGM Persistence

Psychosexual reasons considered why FGM is conducted	Percentage (%)				
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
Completeness	35.1	12.2	33.7	19.0	0.0
Attractiveness to men	32.3	56.8	7.3	3.3	0.3
Promotes sexual hygiene	17.9	55.7	8.7	17.7	0.0
Self confidence	18.8	48.6	18.8	13.9	0.0
Taming libido	29.3	31.8	9.8	25.3	3.8
Preserve virginity	14.5	29.8	29.2	26.2	0.3
Superiority	13.9	58.4	18.8	9.0	0.0
Sexual appeal	31.5	59.8	6.3	2.4	0.0
Pleasant to men	47.4	29.2	23.4	0.0	0.0
Self-control against sexual pressure	17.1	48.6	16.3	3.8	14.1
External female genitalia dirty	40.2	34.0	12.2	13.6	0.0
Chastity before marriage	16.3	44.8	2.4	25.3	11.1
Clitoris removal to make them more feminine	16.3	63.5	2.5	17.7	0.0
Promotes marital faithfulness	20.4	49.7	13.9	16.0	0.0

The study found out that majority of the respondents, 47.3%, 57.4% and 72.3%, stated that FGM practices do make girls become more complete, gain self-confidence neither does it make someone superior to others respectively. This implies that the community members value other attributes. Human beings being social have the necessity of being loved as well as being in love. Especially for young girls, as they grow and develop psychologically and physically, most of them are very sensitive on how they are perceived by others most importantly by young men who are their potential husbands. With regard to this, the researcher found out that majority of the respondents, 89.1%, 91.3% and 76.6% believe that FGM do determine a girl's attractiveness, sexual appeal neither their being pleasant to men. This implies that even without FGM, girls in the community can still enjoy their lives.

As for the reproductive health of the girls, majority of the respondents, 73.6%, 74.2% and 79.8%, disputed FGM being a way of promoting sexual hygiene, getting rid of external genitalia considered to be dirty and removal of clitoris perceived done to make girls more feminine respectively. The researcher established that majority of the respondents, 61.1%, 44.3%, 65.7% and 61.1% disputed FGM being a means of taming libido, preserving virginity, self-control against sexual pressures or maintaining chastity before marriage respectively.

4. Conclusion

The community leaders were found to encourage FGM practice as stated by majority of the respondents (56.8%). However, the study found out that majority of the community leaders (65.4%) indicates that FGM is practiced so as to command more respect among peers. Female Genital Mutilation is a highly regarded practice in the community as the majority of the respondents (65.4% and 57%) indicated that it commands respect and brings honors to the family respectively. Majority (45.7%) of the respondents consider FGM to be a cultural requirement. With regard to marriage issues as majority of the respondents, 76.4% and 64.8%, indicated that FGM practices prepares girls for marriage and also encourages circumcised girls to fetch more dowry.

There are some psycho-socio factors that the study found out to be the perceived causes of FGM persistence. Among them, it is considered to be socially acceptable among members of the community, commanding respect as well as bringing honour to families. The Illchamus community was found to associate marriage rites with FGM practice. With the social value attached to FGM, the practice remains to be a common practice among Illchamus Community living in Baringo County. The act involves the interference with female sexual organs making it be associated with psycho-sexual factors. Notably, the study found out that completeness, self-confidence, superiority, attractiveness, sexual appeal, sexual hygiene, being more feminine as perceived psychosexual factors were found not to contribute to the persistence of FGM.

4.1 Recommendations

Based on the research findings, the following are the recommendations:

- 1) Intensive and aggressive peer education and outreach should be encouraged among the youth as well as elders of the community to mitigate against stigmatisation of women who have not undergone FGM and promote social acceptance of alternative rites of passage
- 2) The anti-FGM laws should be properly enforced so as to ensure that the perpetrators of the act are punished.
- 3) Concerted and deliberate Anti-FGM social mobilization and awareness activities should involve all participatory stakeholders to improve the receptiveness of adopting alternative rites of passage.

Conflict of interests statement

The author declares no conflicts of interest.

References

- Government of Kenya (2007). *Contributing Towards Efforts to Abandon Female Genital Mutilation/Cutting in Kenya. A Situation Analysis*. Ministry of Gender, Sports, Culture and Social Services. UNFPA Population Council. Nairobi.
- Kenya Demographic and Health Survey. <http://www.measuredhs.com/pubs/pdf/FRI51/FRI51.pdf>.
- Kenya National Bureau of Statistics (2010). *Kenya Health and Demographic Survey 2008-2009*, Nairobi, Kenya.
- Kenya National Commission on Human Rights (2012). *Realizing Sexual and Reproductive Health Rights in Kenya. A myth or a Reality. A Report of the Public Inquiry into Violations of Sexual and Reproductive Health Rights in Kenya*.
- Njue C, & Askewi (2004). *Medicalization of female genital cutting among the Abagusii in Nyanza province, Kenya* Frontiers, Population Council.
- Rezaee F., A. (2012). *Theories on female Genital Mutilation/Cut; Department of Cultural Anthropology; Uppsala University*.
- Shell-Duncan, B., & Hennlund Y. (2000). *Female Circumcision in Africa: Culture, Controversy and Change*. Boulder, CO: Lynne Rienner Publishers, Inc.
- The Children's Act (2001). *Principles of the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child*, Kenya.
- Toubia N. (1993). *Female Genital Mutilation in Women's Rights, Human Rights: International Feminists Perspective*. J. S. Peters and A. Wolper, (eds.) New York, Routledge.
- UNICEF (2013). *Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change'*, New York: United Nations Children's Fund, UNICEF.
- UNFPA – UNICEF *Joint Programme on Female Genital Mutilation/Cutting*. (2011). Annual Report: Accelerating Change.
- United Nations Children's Fund (2005). *Female Genital Mutilation/Female Genital Cutting: A Statistical Report*. New York: United Nations.

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