

Female Genital Mutilation: Its Physical-Social Effects on Individuals and Reasons for Its Persistence among Communities

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Abstract

Over the years, women have experienced discrimination in many parts of the world. Besides being regarded as the weaker sex, women have endured workplace discrimination, sexual harassment and even domestic violence. Among some communities, wife battering which is perpetrated by their husbands is considered to be an art. Other discriminatory practices include pornification of women in advertisements, victim-blaming, where women rape victims are accused of dressing provocatively, and general marginalization and misogynistic practices. Other undesirable practices include forced marriages and child marriages where underage girls are married off to old men who pay bride price. When bride price is viewed from this angle, it acquires a different significance as it commercializes women and the marriage institution. Female Genital Mutilation (FGM) is another practice that demeans and dehumanizes women depending on the reasons advanced for its practice. FGM is one of the major human violations meted against women. This paper looks at female genital mutilation (FGM) and attempts to outline some of the reasons for the persistence of the practice in many parts of the world despite concerted efforts to eradicate the practice. Although the practice is criminalized in many countries, the perpetrators receive low sentences for the crime thus failing to act as a deterrent. This paper is significant in that it gives an insight into the socio-cultural justification and hence perpetuation of FGM.

Keywords: Female Genital Mutilation, women's rights, human rights, cultural practices, Alternative rite of passage

1. Introduction

Female circumcision means the cutting and removal of part or all of the female genitalia through clitoridectomy, excision, infibulations and such other practices. The World Health Organization describes female genital mutilation as all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons (WHO, 1999). In communities where FGM is practiced, it is culturally accepted and girls who fail to undergo the rite are stigmatized. Indeed they are regarded as children and may not get marriage suitors. This is one of the major reasons for the perpetuation of the practice since no woman wants to be regarded as an outcast shunned by marriage suitors.

In the Meru community of Kenya, female circumcision was not a mere ritual. It was viewed as the test of the initiate's courage and endurance of pain. Those who underwent circumcision without exhibiting any signs of fear were held in high esteem (Nyaga, 1997). Circumcision transformed the candidate into a new mature and respected person. Other proponents of FGM hail it as a means of reducing promiscuity among women. This justification is gender insensitive since it only seeks to reduce women's but not men's libido. Detractors of FGM view it as an abuse and a violation of women's rights designed to control women's sexuality. It is, therefore, regarded as a gender based violence perpetrated by women on other women but at the behest of men in patriarchal communities. In these communities, men marry women who have undergone the rite for the women, are virgins, and therefore, pure.

According to the practitioners, and its advocates, FGM makes the woman clean, obedient, mature, faithful and marriageable (

Kitiony, G. J., Kariuki, M.W., & Kathuri, N. 2012). Indeed all societies that practice female circumcision believe that uncircumcised women are promiscuous. To them, FGM is not the mere physical operation as those opposed to the practice believe. It is a socio-cultural norm that a member of the particular society must undergo if she has to gain societal acceptance. The practice is regarded in the Western world as an extreme form of oppression of women. It is considered a form of child abuse and a criminal activity that is illegal.

This paper set out to explain the practice of FGM, its effects and the reasons for its persistence despite concerted efforts to curb it.

2. The Practice

Before 1990 the term female circumcision was mostly used to refer to Female Genital Mutilation (FGM). This term seemed to equate female circumcision with male circumcision where the prepuce is removed. Among the Kalenjin community, for example, virtually all men are initiated into manhood through circumcision. All women too were circumcised until recently when some members of the community have started frowning on the practice (Sambu, 2007).

(FGM) is a cultural practice where parts of the female genitalia such as the clitoris and the labia are cut off. In 1990 the World Health Organisation (WHO) recommended to the UN the use of the term FGM which seems to describe the practice better. While in some cases the operation is done forcefully, there are many cases where girls request to be circumcised (Nyaga, 1997).

The procedure for FGM varies from place to place and it ranges from clitoridectomy (the total removal of the clitoris) and the labia minora and sometimes the labia majora. Excision, the other form of FGM is the partial or total removal of the clitoris and labia minora with or without excision of the labia majora.

Infibulation is one of the severest types of FGM. In this type of operation, the clitoris and the labia are cut off and the vagina is sewn up to ensure that girls remain virgins until they get married. When the girl heals, a small opening is left to allow the girl to pass urine and menstrual blood. The operation is done by women traditional circumcisers using razor blades, knives or other sharp objects. There is an emerging trend where 18 percent of all FGM is being provided by health care providers (WHO, 1999).

3. Where FGM is Practised

FGM and forced marriages are harmful practices that are widespread in many countries. The World Health Organisation (WHO) estimates that more than 140 million women in the world have undergone FGM. The practice is common in Africa, southern Asia in countries like Yemen, and in the Middle East. The practice is also common among migrant communities in USA, Australia, Canada, France and Britain. So it is not just an African problem but a global issue.

In Africa alone, 101 million girls and women have undergone the procedure. FGM is widely practised in Ethiopia, Somalia, Kenya, Chad, Guinea Bissau, Cote d'Ivoire, Senegal, the Gambia, Eritrea, Djibouti, Liberia and Burkina Faso. It is estimated that between 25 to 85 percent of women in these countries undergo FGM. Other African countries where FGM is practiced but to a lesser extent are Cameroon, Central African Republic, Benin, Nigeria, Tanzania, Uganda, Ghana, Togo and Congo. At the instigation of African Union, whose member countries are the main practitioners of FGM, the United Nations General Assembly has officially banned FGM, early and forced marriages worldwide as they are considered as impediments to the health and general wellbeing of girls and women. It is in the same vein that the African

Union member states have committed themselves to the elimination of FGM and the promotion of gender equality and development.

4. Reasons for the Persistence of FGM

FGM is an important cultural practice that is equated to male circumcision. According to a study done on the Marakwet of Kenya, "Female circumcision defines reproduction, sexuality, adulthood, womanhood, power, religion and diverse kinds of identity" (Kitiony, Kariuki & Kathuri, 2012). Among the Meru, circumcision made the candidate a complete, acceptable and respectable member of society. Such a person was accorded rights and obligations by the community (Nyaga, 1997). It is, therefore, a valued cultural rite of passage that enhances recognition and prestige within the community. In his book, *Facing Mount Kenya*, Kenyatta (1947), describes female circumcision as an important institution. He says that among the Kikuyu, besides the physical operation, the institution had enormous social, moral, educational and religious implications. For the Kikuyu, abandoning FGM would, therefore, be abandoning an important cultural institution. Circumcision ushered those who underwent the rite at the same time into an age set of peers (Mwaniki, 1974). Thus giving members of the age set a strong bond and a sense of belonging. FGM is an entrenched cultural practice that has lasted for centuries (Sambu, 2007). This explains why the practice is so hard to eradicate. For instance, when in 1956 *Njuri Ncheke*, the Meru male council of elders banned female circumcision, over two thousand girls in the area performed the procedure on each other using razor blades. This cultural entrenchment also explains why despite the fact that FGM is outlawed in many countries including Senegal, Kenya and Uganda, the practice remains rampant. After being outlawed, the practice has, in many cases, gone underground and goes on secretly, sometimes being performed by medical personnel.

Practitioners of FGM aim at curbing women's sexuality by blunting their natural desire, sexual satisfaction and feelings. It is also a form of birth control as it ensures abstinence till marriage. Circumcised girls, unlike their uncircumcised counterparts are regarded as being clean. The explanation for this is that since the clitoris, labia majora and labia minora have been removed there is no accumulation of smegma that forms from women's natural discharge from the vagina. Those who practice FGM argue that uncircumcised girls are dirty and stink due to the natural discharge from their genitals. However, this really depends on individual personal hygiene.

All communities that practise FGM believe circumcision prevents prostitution. They believe that uncircumcised girls are promiscuous. However, promiscuity is not dependent on whether a girl is circumcised or not. It boils down to the individual woman's character. Whether a woman is faithful to her husband or not is a question of morality. Some circumcised women have been involved in infidelity. Circumcision is, therefore, not

a panacea to immorality.

In Meru County of Kenya where the practice is still rampant in some areas, women and men support the practice and view it as a necessary rite. The women demand it as it makes them acceptable and more marriageable. The women see it as a source of honour and transition which they have to undergo as they mature into adulthood. In this community where the rite is practised, the uninitiated are not respected. They are regarded as “children” for as long as they do not go through the rite. In earlier days, the girl being courted for marriage would be circumcised once the prospective groom has declared his interest in the girl (Nyaga, 1997).

The argument that uncircumcised girls cannot mature mentally and physically is a fallacy. Maturity comes naturally whether a girl is circumcised or not.

During the operation, the girl undergoing the rite has to sit astride so that her genitals are exposed to the circumciser. A caretaker then sits behind the girl and entangles her legs with those of the girl from inside of the thighs and shins in a vicious grip that ensures the girl cannot disengage. After the operation, the girls are secluded during the healing period. Just like in male circumcision, the seclusion is a school during which the girls are advised on their wifely and motherly duties and obligations. The practice is a cultural rite that ushers the girl from childhood to adulthood, hence the teaching on adulthood roles.

5. Problems Associated with FGM

FGM is a human rights issue and the WHO recognizes it as a violation of women and girls’ rights. It infringes on the rights and freedoms of women and children, especially when it is forced on them. It is for this reason that on 20th December, 2012, in its 67th session, the United Nations General Assembly passed a resolution to eliminate FGM worldwide. The resolution calls for a multifaceted approach at the international, sub-regional and national levels in the fight against this socio-cultural practice.

FGM can expose women to serious health complications. Some of the long-term complications of FGM include epidermoid cysts. Obstetric complications arising from the genital wounds may lead to prolonged labour, anal and spincter damage may develop into vesicovaginal or rectalvaginal fistulae. These complications may necessitate caesarean sections due to obstructed labour, and severe bleeding. The wound inflicted during FGM leaves a scar that narrows the birth canal and may lead to tears during childbirth. Such health complications strain the meagre health resources of the mothers and their families. Majority of people who practise FGM are in third world countries. These states are poor thus putting a strain on their already inadequate health systems. Other complications include severe infections, urine retention or incontinence, ulcers in the genitals and infertility. The procedure may also result in, dysmenorrhea, and pain during sexual intercourse. The wound may be infested with germs, including tetanus. The operation is painful as it is done without anaesthesia. It may also lead to severe loss of blood and in some cases death. Girls who undergo FGM regard themselves as mature and ready for marriage. This may lead to early sexual intercourse and teenage pregnancies, with girls becoming mothers before their bodies are fully developed. Sometimes the same tool is used to operate on several girls. When this happens without sterilization, there is the danger of spreading HIV and hepatitis B through contamination.

6. Interventions

A study conducted on the Marakwet of Kenya (Kiptiony, Kariuki & Kathuri, 2012) revealed that female circumcision is a deep rooted and widely accepted cultural rite of passage. They add that the African Inland Mission (AIM) started campaigning against female circumcision at Kijabe as early as 1895. This led to serious conflicts between the missionaries and the Kikuyu - who were ardent practitioners of the practice.

Quoting Amnesty International, Kiptiony et al (2012) say that campaigns to eradicate female circumcision should not aim at eliminating the rite of passage, for this would create a cultural vacuum. They should aim at replacing the practice with other positive traditional values that remove the physical and psychological harm on the woman. In this regard, the first Alternative Rite of Passage (ARP) in Kenya was done in Tharaka Nithi County in Meru in August 1996. The initiates underwent a week long training where they obtained information, feasting and all the festivities that accompany the actual rite. However, the ARP is not foolproof and may be rejected by the concerned communities. Kiptiony et al (2012) report that in 2003, 23 Marakwet ARP graduates were forcibly circumcised by their parents. This is a clear indication that deep seated cultural beliefs, norms and practices cannot be changed overnight. They require long, concerted and multifaceted efforts of informing, communicating and giving factual education to the practitioners. This is the only way to make the communities change their viewpoints. Threats of jail terms and intimidation will only drive the practice underground, as has happened in many parts where legislation has outlawed the practice.

7. Conclusion

FGM has serious physical and mental consequences for the woman who undergoes it. The fight against FGM is now a human rights cause. Those who campaign against it aim at protecting the rights of women and ensuring

their sexual and reproductive health. The campaign against FGM has acquired global prominence with the United Nations and World Health Organization condemning it. Law enforcement agents have also made an impact through advocacy.

In Kenya, for example, the law protects children from harmful cultural rites such as FGM. It states that no child should be subjected to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development (GOK, 2001).

In order to eliminate the practice, there is need for concerted efforts to advocate against the practice with a stress on its harmful effects by supporting programmes and activities aimed at eradicating FGM. The girl child should be educated with a view to liberating her and sensitizing her on her rights and the dangers of FGM. Parents should be discouraged from the practice through Information, Education and Communication (IEC). Support should be given to girls who refuse to undergo the rite. This can be done through offering them shelter and protection. The girls should be encouraged not to succumb to peer pressure.

Among the strategies adopted to fight FGM is the involvement of agencies and media advocacy; community leaders should condemn the practice by explaining its dangers to their communities, girls should be empowered to speak out whenever they are threatened with FGM so that the practice does not go underground; offenders should be punished as a deterrent measure. Governments can also finance programmes aimed at eradicating FGM; politico-social approaches should be employed in the campaigns so as to bring out a paradigm shift and political goodwill in the campaign. The approach should aim at creating a positive influence in the minds of the practising communities regarding the harmful effects of FGM. NGOs and CBOs can provide counsellors and therapists to spearhead the campaign.

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