

Today, the world marks the International Day of Zero Tolerance to FGM (female genital mutilation) to highlight the dangers this traditional rite is causing to millions of girls worldwide. But do we really care? Should the welfare of Kenya's girls and women be our collective responsibility? **NJOKI CHEGE** explores.

In many cultures, including those that no longer practise the rite, female circumcision was considered the 'gate' to womanhood and an inevitable prerequisite for marriage.

The indelible marks left on the vagina (and on the lives of the girls and women) may be seen as ugly and traumatic by those agitating against the practise, but what about those who seek the cut?

For individuals and communities that don't practise female circumcision, their overriding question is: Why should we care or bother about other people's culture? It is their problem, or prerogative, and they should be allowed to do as they wish.

This attitude would greatly explain the apathy that many people, including leaders, feel when the topic of female circumcision, or female genital mutilation as it is referred in many quarters, comes up. While others call it an age-old cultural practise, others see it as a barbaric rite that should have left in history.

Sample this: Last month, more than 100 girls set to face the knife in Mt Elgon were rescued by Maendeleo ya Wanawake officials. The girls, who had been threatened with death if they harboured the thought of escape, underwent guidance and counselling. Worse still, some parents of the rescued girls disowned their daughters.

CREEPING BACK

Today, female genital mutilation (FGM) is practised among the Maasai, Abagusii, Ameru, Kuria, Somali, Rendille, Pokot, Marakwet, Samburu and Borana communities among others.

In recent years, the rite has gradually crept back among the Kikuyu community courtesy of the Mungiki sect, who also use it as a form of intimidation or coercion.

Each of the practising communities attaches a different significance to the rite. Among the outlawed Mungiki sect, for instance, the practice signifies a return to pre-colonial traditions. Just last week, a man in Muranga was arrested for trying to circumcise his wife.

For the Abagusii, the practice grants social standing and prestige. Among the Somalis, Boranas and Rendilles who practise the severest form of genital mutilation on young girls, the practice is associated with religion, chastity, hygiene, beautification, tradition and honour.

Uncircumcised women from practising communities are generally looked down upon. When Marakwet East MP Lina Jebii Killimo decided to run for the parliamentary seat, many constituents did not take her bid seriously.

To them, she was unfit to be a leader because she was not "a real woman". Reason? She had refused to be circumcised and had already established a



How safe is the gate to womanhood?



MAIN ABOVE: Traditional circumcisers prepare to 'cut' a girl. LEFT: MYWO chairperson Rukia Subow. RIGHT: Marakwet MP Lina Jebii Killimo. (PHOTO: FILE)

reputation for urging young girls not to succumb to societal pressure to be 'cut'.

Surprisingly, to her detractors, Jebii won the seat and has continued to be their MP for two terms (eight years so

far), and a strong crusader against female genital mutilation.

"Because of me, girls in my constituency and beyond can see that they can be uncut and even become a Member of Parliament," says Jebii.

According to the latest Kenya Demographic and Health Survey 2008/09, the prevalence of FGM, which involves the partial or total removal of the external female genitalia by traditional circumcisers, lies at 27.1 per cent, with 48.8 per cent of circumcised women falling between the ages of 45-49 years, and 14.6 per cent being girls aged between 15-19 years.

IMPROVED RECORD

The most affected region is North Eastern with a staggering 97.5 per cent of its women being circumcised, and this can be attributed to the fact that the rite is conducted on girls below eight years old.

According to Rukia Subow, chairperson of Maendeleo ya Wanawake Organisation (MYWO), Kenya's record on

TYPES OF FGM

- **Clitoridectomy:** Partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- **Excision:** Partial or total removal of the clitoris and the labia minora (the lips that surround the vagina) with or without excision of the labia majora.
- **Infibulation:** Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner or outer labia, with or without removal of the clitoris.
- **Other methods** include all other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping and cauterising the genital area.

Adverse health effects

The immediate effects include severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue.

Long-term consequences can include recurrent bladder and urinary tract infections, cysts, infertility, an increased risk of childbirth complications and newborn deaths, and the need for later surgeries for purposes of sexual intercourse and/or childbirth, especially in cases where the FGM procedure has sealed or severely narrowed the vaginal opening.

According to a health journal published by World Health Organisation (WHO) in 2006 dubbed 'Female Genital Mutilation and Obstetric Outcome: WHO collaborative prospective study in six African Countries', FGM imposes more health consequences on childbirth than we could imagine.

In the survey carried out in Burkina Faso, Kenya, Somali, Ghana, Nigeria and Senegal, it was discovered that women with FGM are more likely to experience adverse obstetric outcomes compared to their unexcised counterparts.

Results from this study indicate that deliveries to women who have undergone FGM are significantly more likely to be complicated by caesarean section, postpartum haemorrhage, episiotomy, extended maternal hospital stay, resuscitation of the infant and inpatient/perinatal death, than women who have not had FGM.

The situation gets worse when the women who have undergone FGM live in countries with limited infrastructure and health amenities.

Medicalisation of FGM

Medicalisation of FGM is on the increase in Kenya.

"Several studies indicate more girls are reporting being cut by medical professionals rather than by traditional practitioners. Trends are changing in certain areas in the practice. Some communities have modernised the practice by engaging medics to undertake the procedure," says Christine.

According to 1998 Kenya Demographic and Health Survey, one third of all women who had undergone FGM were reportedly 'circumcised' by a health worker.

Further, a Population Council study in 2001 found that 70 per cent of circumcised Abagusii girls in Nyanza Province reported having been 'circumcised' by a nurse or doctor.



CLOCKWISE FROM TOP LEFT: Graduands of the Alternative Rite of Passage in Transmara receive blessings and certificates; Girls in Kisii light candles during an anti-FGM campaign; A rescued young girl in Nyeri recuperates in hospital from the effects of FGM. Villagers prepare for a traditional circumcision ceremony. [PHOTOS:



Unifem, UNAids and WHO among others, who all fight the brutal traditional rite in their own way.

Rukia also commends the work of community FM radio stations that have helped in the fight against FGM by running programmes to educate and sensitise the listeners. During the National Committee for the Abandonment of FGM (NACAF) held in August last year, it emerged that Kenya has made noteworthy progress in fighting FGM.

According to Christine Ochieng, the national coordinator of the UNFPA-Unicef Joint Programme on FGM/C,

Kenya has recorded milestones in fighting the traditional rite, including passing and implementing legal instruments such as the National Policy for the Abandonment of FGM/C, The Children's Act of 2001 (Section 14 where FGM/C on children is outlawed) and the Sexual Offences Act of 2006.

"The joint programme on FGM/C in Kenya was rolled out in 2008 by the Government through the Ministry of Gender, Children and Social Development and it oversees the implementation of abandonment campaigns," explains Christine.

The Prohibition of FGM Bill 2010

was approved by Speaker Kenneth Marende for publication by the Government Printer and will soon be fixed in Parliament for debate.

FGM BILL

Says Christine: "If this Bill is approved by Parliament and made into law, then it could be the biggest milestone yet, as anyone found guilty of performing this outlawed act could attract imprisonment of between three and seven years, or a fine of between Sh100,000 and Sh500,000.

Further, if in the process of committing female genital mutilation a person causes the death of another, that person is liable to imprisonment for life."

Jebii is optimistic the Government will pass the Bill. "The chances of the Bill being successful are very high," Jebii says.

"The Bill is being moved by Mt Elgon MP Fred Kapondi and he has the support of all women parliamentarians and other male MPs. We are also urging each county to improve their infrastructure to increase accessibility to communities that do not know the adverse effects of FGM."

eradicating FGM has improved. Jebii concurs.

"There has been a marked reduction in FGM by nine per cent. However, the practise is still common among pastoralist communities in the remote areas, and it is hard for anti-FGM campaigners to reach them," Jebii says.

"The percentage of girls cut in practising communities has gone down largely due to education of girls and the sensitisation campaigns we and other partners and stakeholders have been carrying out throughout the country," says Rukia.

According to her, the main message by MYWO, especially to Muslim communities that practise FGM, is that the traditional rite is not religious but cultural.

Both Jebii and Rukia attribute the improved status of FGM to the combined efforts between the government, particularly the ministries of Gender, Health, Education, and Population, non-governmental organisations such as Fida Kenya, Creaw and Covaw among others, and international organisations such as Unicef, UNFPA,

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