

## EFFECTS OF FEMALE GENITAL MUTILATION ON THE GIRL CHILD'S SOCIAL LIFE AMONG THE AMERU COMMUNITY OF KENYA

Susan Muthoni Kinyua

Department of Education, Chuka University, P.O. Box 109 – 60400, Chuka, Kenya.

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**ABSTRACT:** *Since the ban of Female Genital Mutilation (FGM) in Kenya, the Ameru community continues the practice in spite of the associated stigma and adverse effects on the initiates. Basically, FGM involves the partial removal, total removal or alteration of girls' or women's genitalia which in effect disorients the initiates' social lives in terms of marriage; relationships; social Interactions; personal advancement and denial of essential rights such as education. To this end, this study sought to determine the effects of FGM on the girl child's social life among the Ameru community of Kenya. The study adapted the descriptive survey research design on a sample size of 481 respondents comprising of 408 initiated girls, 48 health workers, 3 social workers and 30 Focus Group Discussion members selected by use of snow ball sampling and purposive sampling techniques. Data were collected using questionnaires, interview schedules and Focus Group Discussion schedules. The data were analyzed using Statistical Package for Social Sciences version 17.0. Descriptive statistics including means, frequencies, percentages and standard deviations were used to analyze the data. The findings indicated that FGM hindered the initiated girls from exploiting their full potential and competencies due to social withdrawal, limited interactions and lack of involvement in many career opportunities occasioned by early marriages. Thus, it was recommended that the government, nongovernmental organizations as well as other stakeholders should advocate for community activities that foster an enabling environment for collective social change towards FGM social convention shift and contribute to an improvement in the wellbeing of initiated girls and women in the Ameru community.*

**KEYWORDS:** Female Genital Mutilation, Girl Child, Social wellbeing

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### INTRODUCTION

The traditional feminine roles in most societies exemplified by house chores, child rearing, nurturing and homemakers tend to moderate women's aspirations and options for self-actualization. Therefore, the manner in which an adolescent girl is socialized into womanhood shapes their future life in terms of attitudes, motivation, interests, ambitions, fears and achievements. For instance, African American women discuss with their daughters the truths about sexual knowledge while building on self-esteem as well as spiritual and cultural values in pursuit of developing strong women (Shambley-Ebron, Dole & Karikari, 2014). Thus, the African American girls are likely to develop into strong willed independent women who uphold both spiritual and cultural values related to womanhood within the African American social context. Essentially, Erickson's theory on stages of psychosocial development among women emphasizes that girls be socialized into developing a hardy personality, forming identity as an achiever, building skills in self-esteem, developing strategies for financial as well as emotional competence and finally acquiring satisfaction in work and love life (Huitt, 2008). However, development of such qualities and competencies in girls reared within traditional feminine

norms dominated societies may require facilitation by mentors and a secure social support system.

Generally, influence of the mass media, peer pressure, societal stereotypes, parenting styles, religious expectations and the education system is paramount on a girl child's social life. Therefore, girls who are left on their own to negotiate life into womanhood through trial and error module get baffled by the many distracters due to lack of proper guidance, role modelling and a clear vision for the future (Waitley, 1996). Fortunately, in response to the neglected girl child's predicament, alternative initiation programmes by religious communities and nongovernmental organizations have been organized to assist girls through the journey to womanhood. These programmes serve to inculcate general knowledge, life skills and social values among the female initiates in order to generate responsible female adults. However, the Ameru community of Kenya continue to practice FGM as a rite of passage from childhood to womanhood in an attempt to prepare the girl child for adult roles of a wife and mother. The practice was deemed to control female sexual behaviour, change attitude from childhood to adulthood and prepare initiates for adult roles (Chebet, 2009). Nevertheless, FGM involved irrevocable consequences such as ulceration of the genital region, alteration of sexual responses, vows made by initiates' blood to continue the practice else invoke a curse of one's family, painful coitus, urine retention and psychological trauma (Cheserem, 2010). Thus, this study sought to explore the effects of FGM on the girl child's social life with respect to marriage, relationships, competence in social interaction, personal advancement and rights violation among the Ameru community of Kenya.

### **Objective of the Study**

The main objective of this study was to determine the effects of FGM on the girl child's social life among Ameru community of Kenya.

### **METHODOLOGY**

This study adapted the descriptive survey research design on a target population of 137,044 respondents. A sample comprising of 408 girls who had undergone FGM were selected using snow ball sampling technique while 48 health workers, 3 social workers and 30 Focus Group Discussion members were purposively selected for the study. The desired data were collected using questionnaires, interview schedules and Focus Group Discussion schedules. Qualitative data were coded and entered into the computer for analysis using Statistical Package for Social Sciences version 17.0 while qualitative data from interviews and focus group discussion were grouped into main themes and then analyzed according to the study objective. Descriptive statistics including frequencies, percentages, means, and standard deviation as well as themes and excerpts were used to analyze the data. The study findings were presented on tables and as prose narrations.

### **RESULTS**

This section presents the results of the study and it is divided into two subsections; the demographic characteristics of the respondents and effects of FGM on the girl child's social life.

### **Demographic Characteristics of the Respondents**

The demographic characteristics of the respondents were determined in order to provide an overview of the nature of the study respondents. The demographic analysis of the initiated girls was done based on age, residence settings, level of education as well as religious affiliations. The number of initiated girls who participated in the study was 407 of whom 41 girls were aged between 14 years and 19 years, 244 girls between 20 years and 24 years while 122 girls were aged between 25 years and 30 years. Regarding the residence settings, 90.7% of the initiated girls lived in rural areas as opposed to only 9.3% who resided in urban centers. This observation reflects the general trend where FGM is widely practiced among the rural population (Kanake, 2001). This may be attributed to the fact that most remote rural areas are less exposed to formal government services and administrators who fight against the FGM practice. Besides, DOM-CPJC (2008) suggests that the Ameru girl's rural home is the main place where FGM is carried out. With respect to religious affiliation, majority of the initiated girls constituting 51.8% were Protestants; 42.3% were Catholics and 2.7% were Muslims. The high percentage of the Christians that is Protestants and Catholics may be attributed to the contribution of the early church missionaries to social development projects such as building of schools, hospitals and churches in most parts of the Ameru community (DOM-CJPC, 2008). Nevertheless, the small percentage comprising 2.7% of girls affiliated to Muslim religion is perhaps a reflection of the presence of Muslim faithfulls among the Ameru people.

The number of health workers involved in the study was 46 whose distribution by gender was almost proportional with female health workers constituting 54.3% among 45.7% male health workers. This distribution trend is common in Kenyan health sector where the majority of the medical staff are female. These findings may be attributed to the traditional perception that provision of medical services is a females' occupation. The age distribution of the health workers indicated that 54.3% of the respondents were between ages 25 years and 34 years; 21.7% were between ages 35 years and 34 years while 17.4% were at least 45 years. Regarding work experience, a large proportion constituting 32.6% of the respondents had an experience of between 5 years and 10 years; 26.1% of the health workers had work experience of at least 15 years while 28.3% had worked for less than 5 years.

There were three female social workers involved in the study each from Igembe South District, Tharaka District and Meru South District. Two of the social workers were above 45 years of age while the third one was aged between 35 years and 44 years. It may be inferred that the social workers were energetic and mature enough to handle community activities efficiently and also had adequate community service experiences on FGM issues necessary for this study. In addition, all the social workers had college or university education meaning that these respondents were professionally competent to determine the effects of FGM on girl child's social life among the Ameru community in Kenya.

### **Effects of FGM on the Girl Child's Social Life**

This section provides insight into the views of the various respondents on the effects of FGM on the girl child's social life in the areas of marriage and relationships; competence in social interactions; personal advancement and rights violation.

### Initiated Girls' Opinions about Effects of FGM on the Girl Child's Social Life

The initiated girls' opinions about the effects of FGM on a girl child's social life were analyzed by determining the mean and the standard deviation of 20 items on a 5 point Likert Scale where Strongly Disagree = 1, Disagree = 2, Undecided = 3, Agree = 4, Strongly Agree = 5. The information on Table 1 represents the data analysis results.

**Table 1: Initiated Girls' Opinions on Effects of FGM on the Girl Child's Social life**

<b>FGM and Marriage and Relationships</b>	<b>N</b>	<b>M</b>	<b>SD</b>
FGM may make me suffer from marital conflict and divorce later in life.	407	3.3563	1.26076
I fear marriage because of having undergone FGM practice.	407	3.1057	1.23222
Practice of FGM contribute to a severely depressed self-image as a wife	407	3.6634	1.6696
Lack of FGM means a girl is isolated and may not find a husband	407	3.7740	1.34201
Overall Mean and Standard Deviation on marriage and relationships		<b>3.4748</b>	<b>0.77809</b>
<b>FGM and Competence in Social Interaction</b>	<b>N</b>	<b>M</b>	<b>SD</b>
With FGM practice I feel isolated and discriminated	407	2.5577	1.26568
Having undergone FGM I feel like a criminal	407	2.8403	1.45424
I feel inadequate to hold responsibilities in the society because of FGM	407	2.2260	1.48158
FGM has made me experience community rejection	407	2.5356	1.27232
I feel shy in relating freely with others due to FGM	407	3.3735	1.30104
FGM has made me an outcast of modern religion	407	3.3587	1.36243
I conflicts with family members due to my FGM status	407	3.3120	1.15900
I engage in sexual promiscuity as a result of FGM practice	407	1.5184	1.31832
Lack of FGM brings shame and stigmatization upon the girl-child	407	3.5430	1.5430
Without FGM am not a fully recognized community member	407	3.6192	1.47221
FGM has led to severely disabling social complications for a normal life	407	3.2015	1.2015
Overall Mean and Standard Deviation on competence in social interaction		<b>3.0078</b>	<b>0.61677</b>
<b>FGM and Personal Advancement</b>	<b>N</b>	<b>M</b>	<b>SD</b>
FGM has limited my progress in education and training	407	3.5111	1.32213
Forced FGM has denied me a chance to pursue my career	407	3.9386	1.16967
Overall Mean and Standard Deviation on personal advancement		<b>3.7248</b>	<b>0.96959</b>
<b>FGM and Rights Violation</b>	<b>N</b>	<b>M</b>	<b>SD</b>
Forced FGM practice has denied me the right to life and dignity of human person	407	4.1622	1.05897
Being coerced into FGM has denied me right to privacy	407	4.2359	1.00412
Having been forced to undergo FGM has denied me right to protection and freedom from discrimination	407	3.9853	1.17225
Overall Mean and Standard Deviation on rights violation	<b>Mean</b>	<b>4.1278</b>	<b>0.88071</b>

Key: M – Mean      SD – Standard Deviation      N – Number of respondents

The overall mean and standard deviation of initiated girls' opinions about the effects of FGM on marriage and relationships was 3.4748 with SD of 0.77809, out of the maximum mean score of 5 points. This suggests that the girls were of the opinion that FGM practice moderately affected their marriage and relationships. This view contradicted the cultural expectation that

FGM prepares girls for marriage. The lowest item mean was 3.1057 with SD of 1.23222 implying that the girls were fairly undecided on whether fear of marriage was as a result of FGM experience or not. At the time of this study, majority of the girls were young, between 14 – 30 years, and had not been married as yet hence, knowing little of what a marriage relationship entailed. The highest item mean was 3.7740 with SD of 1.34201 suggesting that most of the girls agreed that in the Ameru community, lack of FGM meant a girl was isolated and could get difficulties in finding a husband. Perhaps this opinion was based on what they have been culturally made to believe in relation to cultural norms.

The overall mean score obtained from the initiated girls' opinions on the effects of FGM on the girl child's competence in social interactions was 3.0078 with SD of 0.61677 out of the maximum mean score of 5 points. This reveals that most of the girls were undecided on whether or not FGM experience affected their competence in social interaction. This view may be attributed to the cultural perception that FGM was supposed to minimize social interaction in an attempt to avoid over indulging which could later lead to sexual attraction with the aim of reducing sexual promiscuity. The lowest response item mean was 1.5184 with SD of 1.31832 revealing that the girls disagreed that engagement in sexual promiscuity is as a result of FGM practice, because FGM is culturally meant to reduce sexual promiscuity. The highest response item mean was 3.6192 with SD of 1.4722 suggesting that avoidance of FGM meant that one was not a full and recognized member of the community. This is strengthened by the Kiswahili saying "*Asiyena mila ni mtumwa*" (one without his/her culture is a slave). In real terms, among the Ameru compliance to FGM is largely a social tradition and pressures are exerted to all to conform and follow others in perpetuating the practice.

The overall mean from the analysis of initiated girls' opinions about the effect of FGM on the girl child's personal advancement was 3.7248 with SD of 0.96959 out of a maximum mean score of 5 points. This suggests that the girls' personal advancement was moderately affected by the FGM practice perhaps because no concerted effort was made to empower these girls to improve on their educational prospects as a way of effectively competing academically and professionally on the same level as uncircumcised girls and the boys.

The overall mean on the initiated girl's opinions about the effects of FGM on the girl child's rights violation was 4.1278 with SD of 0.88071 out of the maximum mean score of 5 points. This suggests that initiated girls' rights were highly violated as a result of going through FGM process. The highest mean on the response items was 4.2359 with SD of 1.00412 indicating that the right to privacy was denied possibly because the girls' genitals were mutilated publicly without consent. The high mean on this response item also indicates that most girls were coerced into the FGM process.

### **Health Workers' Opinions about Effects of FGM on the Girl Child's Social Life**

The health workers' opinions about the effects of FGM on a girl child's social life were analyzed by determining the mean and the standard deviation of 20 items on a 5 point Likert Scale where Strongly Disagree = 1, Disagree = 2, Undecided = 3, Agree = 4, Strongly Agree = 5. The information on Table 2 represents the data analysis results.

**Table 2: Health Workers' Opinion on Effects of FGM on the Girl Child's Social Life**

<b>FGM and Marriage and Relationships</b>	<b>N</b>	<b>M</b>	<b>SD</b>
FGM leads to marital conflict and divorce later in life	46	3.1522	1.22868
FGM leads to fear of marriage among the girls involved	46	3.2391	1.15825
FGM contributes to severely depressed self-image as a wife	46	3.5870	1.29230
Lack of FGM means a girl is isolated and may not find a husband	46	4.1087	1.26891
Overall Mean and Standard Deviation on marriage and relationships		<b>3.5054</b>	<b>0.88739</b>
<b>FGM and Competence in Social Relations</b>	<b>N</b>	<b>M</b>	<b>SD</b>
Girls who have undergone FGM are isolated discriminated	46	3.1739	1.33840
The practice of FGM make a girl to be a criminal	46	2.2391	1.21445
FGM initiates are inadequate to hold responsibilities in the society	46	1.8261	.94996
FGM leads to the girls experiencing community rejection	46	2.6084	1.29062
FGM practice leads to the girls experiencing sexual promiscuity	46	3.5870	1.6573
Girls who have undergone FGM are shy in relating freely with others	46	3.2609	1.32388
FGM makes a girl-child to be an outcast of modern religion	46	3.0870	1.31362
FGM practice is a source of conflict between a girl and family members	46	2.7174	1.32771
FGM brings shame and stigmatization upon the girl-child	46	3.9565	1.29883
Lack of FGM means a girl is not a fully recognized community member	46	4.1522	1.21046
FGM causes severely disabling social complication to a girl's normal life	46	3.6522	1.26872
Overall Mean and Standard Deviation on competence in social interaction		<b>3.1206</b>	<b>0.68489</b>
<b>FGM and Personal Advancement</b>	<b>N</b>	<b>M</b>	<b>SD</b>
FGM limits girl's progress in education	46	3.8261	1.19823
Forced FGM has denied girls a chance to pursue their career	46	4.2609	.97604
Overall Mean and Standard Deviation on personal advancement		<b>4.0435</b>	<b>0.85522</b>
<b>FGM and Rights Violation</b>	<b>N</b>	<b>M</b>	<b>SD</b>
Forced FGM denies girls the right to life and dignity of human person	46	4.1622	0.05897
Girls coerced into FGM are denied their right to privacy	46	4.4783	.91261
Girls coerced to undergo FGM are denied their right to protection and freedom from discrimination	46	4.2391	1.01510
Overall Mean and Standard Deviation on rights violation		<b>4.3986</b>	<b>0.74906</b>

Key: M – Mean      SD – Standard Deviation      N – Number of respondents

The overall mean on the health workers opinions about effects of FGM on marriage and relationship experienced by the initiated girls was 3.5054 with SD of 0.88739 out of the maximum mean score of 5 points. This suggests that FGM may impact on girls' marriages and relationships. The lowest item mean was 3.1522 with SD of 1.22868 suggesting that the health

workers were fairly undecided as to whether the FGM led to marital conflicts and divorce later in life probably because marriage break-ups were not associated with the FGM process. The highest item mean was 4.1087 with SD of 1.26891 positing that uninitiated Ameru girls risked being socially isolated and having difficulties finding a husband. This finding may have been based on the fact that FGM as a traditional practice and belief system was intended for cultural identity and graduation of a girl into womanhood in preparation for marriage in the Ameru community.

The overall mean on the health workers opinions about effects of FGM on social interaction experienced by the girls was 3.1206 with SD of 0.68489 out of a maximum mean score of 5 points. This suggests that the health workers were fairly undecided whether FGM practice was a source of incompetence in social interactions among the girls possibly because other numerous factors such as level of education, age, developmental milestones and social exposure may have contributed to the same problem. The lowest item mean was 1.8261 with SD of 0.94996 indicating that the health workers disagreed with the fact that girls who had undergone FGM were inadequate to hold responsibilities in the society. The highest item mean was 4.1522 with SD of 1.21046 suggesting that avoidance of FGM meant a girl was not fully recognized as a member of the Ameru community.

The health workers views on effects of FGM on personal advancement experienced by initiated girls was 4.0435 with SD of 0.85522 out of a maximum mean score of 5 points. These responses reveal that the girls' personal advancement was stalled after undergoing the FGM process. The health workers blamed this on attitudinal changes that the girls acquired during the FGM seclusion sessions making them reject formal education perceiving themselves as adults and schools as institutions for "children".

The overall mean on the health workers views about effects of FGM on violation of rights experienced by the initiated girls was 4.3986 with SD of 0.74906 out of a maximum mean score of 5 points. This means that the rights of the girls were highly violated as a result of FGM practice. The health workers purported that the initiated girls' right to life was violated especially when the girls die as a result of FGM complications such as excessive bleeding and infections. The right to privacy and human dignity was also interfered with since every FGM process involved public exposure and disfiguring of the genital's anatomy.

### **Social Workers' Views about Effects of FGM on the Girl Child's Social Life**

Finding from interviews conducted with the social workers revealed that FGM was practiced by the Ameru community to maintain customs and traditions; control women sexuality; due to the social pressure to keep to social norms; to enhance cleanliness since uncircumcised women were seen as unclean and thus not allowed to grind uji, handle food and water; and for the beauty of the female external genitals since the African perception was that women with un mutilated genitals were ugly, dirty and bulky. Other reasons for FGM practice among the Ameru were reported as: health purposes because some members of the community argued that if the clitoris was not excised then it may damage the baby to death during child birth; to preserve virginity among girls; to confer respect to the girls; for economic gains because excised girls fetched more bride wealth to the family; to prepare for marriage where excised girls were said to make better wives; to gain social honour for the girl's family; religious purposes especially for the Muslims to be "clean"; and to achieve pride and identity. A particular participant noted that, "Some village male elders demand that women and girls needed to be cut to be taught a lesson because if left uncut, they would grow horns and no

longer respected their men-folk particularly their husbands. FGM practice is therefore seen at best as an antidote for returning women and girls to their roots and also as a punitive measure to keep them in checks”.

The social workers listed social effects of FGM experienced by the initiated girls as: being always isolated particularly in school and church to avoid interaction with uncircumcised girls; initiated girls regarding themselves as grown-ups and becoming so ignorant leading to isolation as well as engagement in sexual relationships so early with adult men; and rejection by the uncut girls resulting into experiencing shame and low self-esteem.

Regarding the initiated girls’ rights violation, the social workers sighted the right to protection and Freedom from discrimination; right to privacy and family life; right to life and dignity of the Human person; right to peace and common Heritage of mankind and right to sound health and physical integrity. A certain participant retorted, “Their right to privacy is violated when their genitals are mutilated with or without their consent. Also their right to personal freedom is violated because the girls have a right to remain untampered with and be left alone. The FGM practice deprives these Ameru girls of their rights to sound and physical well-being which also reduces their level of skills and education. The right to life gets violated when the initiated girls die due to too much bleeding after the FGM process. At the same time, these Ameru girls get deprived of their right to work opportunities and participation in development due to lack of education, after dropping out of school”.

The social workers highlighted a few of the legislations against FGM practice including: the constitution of Kenya, 2001:51 which states, “No person shall be subjected to any torture or human degrading punishment or other treatment”; article 231 of the Kenya Penal Code Act Cap 63 (1970:86) which states that: “Any person who, with intend to maim, disfigure or disable any person is guilty of a felony and is liable to imprisonment for life, with or without corporal punishment” the children’s Act (2001) enacted by parliament outlawing FGM whose section 14 states, “No persons shall subject a child 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 and psychological development” and “Any connection of FGM related offences carries penalties of 12 months imprisonment or fine of Ksh. 50,000 or both. The connection here includes a person who takes or forces the girl to be circumcised, the circumciser and those involved in the ceremonies”.

The social workers also elaborated their role in curbing the FGM practice. This role was twofold: holding sensitization seminars and workshops which were generally ignored by majority of the residents and advocating for the Alternative Rite of Passage whose effectiveness was weakened due to the fact that it focused more on girls in schools and main stream churches instead of reaching out to the most vulnerable girls in the remote areas. However, those families and girls who had embraced education, economic progress and Christianity shunned FGM amidst severe rejection from the general traditional Ameru community members.

### **Focus Group Discussion about Effects of FGM on the Girl Child’s Social Life**

Focus group discussions were held in the three districts each involving 10 opinion leaders from the communities including village elders, chiefs, church representatives and mothers. The findings indicated that after the FGM experience, initiated girls alienated themselves from the uninitiated peers who were perceived as children. This led to formation of small cliques of initiated girls who relied on each other’s limited knowledge and exposure for emotional, social,

personal and psychological support. As a result, the clique members regarded themselves as adults and focused more on emotional and social relations with older men leading to early marriages. This meant lost educational and related career opportunities for these girls. This scenario is summed up in the following excerpt, “I have witnessed that immediately after the practice, the Ameru girls perceive themselves as old enough to engage in sexual intercourse quite often, thus resulting into premarital pregnancy, early enforced marriages and finally school dropouts. This later leads these girls suffering a lot of shame and shyness”. Unfortunately, early marriages never offered any solace for the initiated girls who had to daily struggle with unsatisfying sexual relations, painful coitus, endless house chores, marital conflicts and bringing up children under restrained financial resources. Ultimately, these initiated girls felt isolated, dejected, ashamed, lonely and withdrawn from general social interactions.

Particularly, the initiated girls who continued with education found it difficult to freely interact with fellow students and teachers at school. This is exemplified by the following remarks from one of the participant, “After the FGM practice, these Ameru girls become ‘Big-Headed’ and are unable to mix freely with the teachers and peers at school”. In addition, another participant reflected, “I remember talking to some girls who had undergone FGM who confessed of experiencing a lowered dignity as a result of their FGM status. They further explained that they never felt like mixing freely with their peers, who had not gone through the FGM practice”. It was also discovered that this socialization gap extended outside the educational institutions and continued widening up into adulthood. Thus, FGM practice caused impaired competence in social interactions among initiated Ameru girls who became isolated and withdrawn into an internal world of loneliness.

The focus group discussion members also deliberated on issues pertaining personal advancement among the initiated Ameru girls. Participants agreed that most initiated Ameru girls suffered educational, social, economic and spiritual draw backs mainly because of their inability to socially interact in society. The lack of educational and economic empowerment was regarded as the main reason for majority of the initiated girls languishing in poverty and low social status. Essentially, those initiated girls who were able to achieve above average educational, social, economic and professional status were reported as lacking in confidence to execute the powers espoused on them by these status generally due to FGM related anxiety and embarrassment.

Regarding rights violation, the focus group discussions revealed that FGM practice denied an initiated Ameru girl the freedom of natural sexual expression; personal dignity, peace and privacy; opportunities for happy marriages; right to physical, social and psychological health; as well as how it feels like to be a complete woman. There is a participant who noted, “Although mothers often support the FGM practice because without it their daughters would not get married, it also leads to marital conflicts. This is because vaginal sexual intercourse becomes precluded resulting to problematic sexual expressions which are a source of these marriage relationship conflicts”. Many girls were also reported as having been indirectly denied the opportunities to study and advance due to persistent anxiety emanating from their FGM status. Basically, the initiated woman lived the rest of their lives wondering how it would have been like if they never encountered the FGM perpetrators, an experience that cannot be reversed.

## DISCUSSION OF THE RESULTS

The findings of this study revealed that FGM had a moderate effect on the girl child's social life with respect to marriage, relationships, competence in social interaction and personal advancement. However, most respondents agreed that FGM violated the rights of Ameru girls but most Ameru girls opted for FGM because this made it easier for them to get a husband and be accepted in the community. In line with this finding, young (2007) purports that a woman's social status and eligibility for marriage in societies that practice FGM is positively associated with FGM encounter. In support, Abusharaf (2001) asserts that failure to conform to FGM practice leads to difficulties in finding a husband, shame, stigmatization, as well as loss of social position, honour and protection, resulting in the girl's family being socially excluded from the community. Likewise, Boyle (2005) points out that unless a girl's clitoris is removed, the girl will not have matured to a woman or a full member of a society in which FGM is a norm. In agreement, Chege (1993) asserts that failure to conform to the FGM tradition brings shame and stigmatization upon the entire family and prevents girls from becoming full and recognized members of the community.

However, according to the study findings, the honour and ease of marriage accorded to the initiated girls was confounded by estranged social relations, marital conflicts, school dropout, self-stigma, isolation, loneliness and regret. In relation to this finding, Otieno (2011) explains that many Kuria men prefer marrying the uninitiated Luo or Luhya women who are perceived to be more enthusiastic about sex compared to the initiated Kuria women. In this regard, FGM is purported to negatively affect a woman's sexual response with the effect of causing marital and relational conflicts. In addition, the initiated girls were reported as having difficulties interacting with the uninitiated peers and teachers at school. This problem may be attributed to the change in attitude perpetuated by the FGM process which causes the initiates to regard themselves as adults who are ready for marriage and child rearing thus viewing school as institutions for children (Chebet, 2009). As a result, the initiated girls focus more on sexual relations with older men eventually opting out of school in favour of marriage (Mwaniki, 1985).

Generally, a lack of competence in social interactions especially at school may be blamed in part for the inability by initiated Ameru girls to advance academically. Consequently, the initiated girls' inability to complete school and their academic under achievement as well as early marriages culminated in economic adversity among the initiated Ameru girls who struggled to raise families with meager resources (Ondieki, 2010). In retrospect, although most initiated girls felt that FGM did not affect uptake of responsibilities in society, the focus group discussions pointed out that initiated women lacked confidence in executing such responsibilities. According to Rushwan (2000) internalized shame and embarrassment may result in anxiety and inferiority complex especially in social situations. Such anxiety and complexes may lead to deficits in self confidence among the initiated girls who take up leadership positions in society.

The findings indicated that the rights of the initiated Ameru girls were violated with regard to life, privacy, protection and freedom from discrimination. In line with these sentiments, Ondieki (2010) explains that FGM was identified as a basic human right violation and a life-long threat to women and girls. Specifically, those Ameru girls who died due to FGM complications were denied the right to life and protection from harm which are fundamental rights for all human beings (Sohn, 1982). In addition, FGM among the Ameru was conducted openly within homesteads; a practice that invaded the initiates right to privacy. Eventually,

rumors spread and sooner than later the entire village was aware of those girls who were initiated and how each braved through the entire process. As a result, the initiated girls lost their privacy and had to contend with emanating feelings of embarrassment and low self esteem based on how they braved the initiation process.

## RECOMMENDATIONS

- i. The government, nongovernmental organizations as well as other stakeholders should advocate for community activities that foster an enabling environment for collective social change towards FGM social convention shift and contribute to an improvement in the wellbeing of initiated girls and women in the Ameru community.
- ii. Those initiated girls who dropped out of school due to early marriage should be encouraged to join the adult classes in order to complete the basic secondary school education and possibly pursue careers of choice at colleges or university.
- iii. Counselling programmes targeting initiated girls should be started in schools to assist the girls to cope and interact freely with the uninitiated colleagues and teachers so as to curb school dropout and enhance academic excellence.
- iv. Marriages that involve initiated girls should be attached to mentors whose obligation is to offer guidance, direction and support especially in times of sexual difficulties, emotional turmoil and social differences.
- v. There is need for reproductive health education among the Ameru community in order to counter the misconceptions or superstitions underlying FGM in relation to child birth, sexual relations, promiscuity and the woman's physical health.

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