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IMPLICATIONS ON FEMALE GENITAL CUTTING AND PROMOTIONAL STRATEGIES BY THE POKOT COMMUNITY IN THE CONTEXT OF FGC

Benadette C. Kaprom[1]*, Omar Egesah[2] and Joyce Baliddawa[3]

[1]School of Science and Technology, University of Kabianga, Eldoret, Kenya
[2]Moi University, Department of Anthropology, School of Arts and Social Sciences
[3]Moi University, Department of Behavioural sciences, School of Medicine

ABSTRACT: *According to FORWARD (2005), data presented in a Female Genital Fact Sheet indicated that Female Genital Cutting (FGC) is traditionally carried out by elderly women 'specialized' in this task and Traditional Birth Attendants (TBA) - usually without anaesthetics and with crude instruments such as razor blades, knives and broken shards of glass. This paper looks into the health implications of female genital cutting in west Pokot community and further identifies the promotional health strategies adopted by the community during the process. The study was carried out in Sook location of West Pokot District of West Pokot County. This area was randomly selected out of the four locations in the District. A descriptive cross-sectional, qualitative research design was used for the study. Interviews and focus group discussions were used to collect data. The study considered 63 participants for interviews, all above 18 years, 9 key informants and 54 members of 7 Focus Group Discussions (FGDs) with between 6-10 participants of each group. The study identified demerits of the FGC practice as predisposition of girls to infections like HIV/AIDS, bleeding, though most participants said this could result from other reasons like witchcraft. Incompletion of education was also said to be one of the demerits of the FGC. Affirmation of community identity and promotion of positive aspects of culture which boosts self-esteem in the community while preventing physical and psychological harm to women and girls should be advocated for through alternative rituals and Cultural day initiatives.*

KEYWORDS: Detrimental, Female Genital Cutting (FGC), Health, Implications, Promotion, Strategies.

INTRODUCTION

Female Genital Cutting (FGC) is a tradition that is observed and has been practiced among the Pokot of Kenya over years. Female circumcision worldwide, is commonly referred to as female genital mutilation and sometimes female genital cutting or modification depending on whether one lays their emphasis of its benefits mostly embedded in the rationale offered by the practicing communities or whether one is speaking about the demerits. Its reference to Female Genital Mutilation (FGM) has always taken the position due to the public health demerits.

Worldwide, it is estimated that between 100 and 140 million girls and women have undergone FGC procedures (WHO, 2008). In African countries, more than 90 million girls and women over the age of 10 years have undergone the practice with 3 million being at risk of undergoing the procedure each year (WHO, 2010). In Kenya, the KDHS 2008-2009, shows that FGC prevalence stands at 27.1% among women aged 15-49 years, whereas in West Pokot District of Kenya the prevalence stands at 96% (Lauds, 2010).

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According to WHO's criteria, all forms of FGC pose various health problems which include, intense pain and haemorrhage that can lead to shock during and after the procedure. A study carried out in Sierra Leone where 97% of the 269 interviewed women who had undergone FGC, experienced intense pain and more than 13% went into shock (Koso-Thomas, 1987). Studies done on 28,393 circumcised women attending delivery wards at 28 obstetric centres in Sub Saharan African countries confirmed that 29% experienced obstructed labor while 24% required episiotomies. Haemorrhages occurred in almost quarter of all cases of FGC and their newborns required resuscitation or were still births (Diaye, Diongue, Faye, Ouedraogo & Dia, 2010). Estimates done basing on the above studies suggest that 10-20 per 1000 babies in the region die during delivery as a result of the mother having undergone Female genital cutting. In Kenya, a 1991 survey of 1,222 women indicated 48.5% of the women experienced bleeding, 23.9% infection and 19.4% urine retention at the time of FGC operation (MYWO, 1993). In West Pokot District, it was reported that 80% of VVF patients in a study carried out in two rural hospitals in the District were due to FGC (Mohamed, Boctor & Abdala, 2008).

According to WHO (2010) Female Genital Cutting has no health benefits and it harms girls and women in many ways since it involves removing and damaging healthy and normal female genital tissues and interferes with the natural functioning of girls and women bodies. The range of health complications associated with this operation is wide and some are severely disabling, they vary according to the; type of FGC procedure performed, extent of cutting, skill of the circumciser, cleanliness of the tools and the environment, physical condition of the girl or woman concerned (WHO, 2001).

Immediate complications can include; severe pain, shock, hemorrhages (bleeding), Tetanus or sepsis (infection), urine retention, open sores in the genital region and injury to nearby genital tissues. Long-term consequences can include recurrent bladder and urinary tract infections, cysts, infertility and newborn deaths, the need for later surgeries in the case of FGC procedure that seals or narrows a vaginal opening such as Type 3 or infibulations kind of FGC which requires the female genital region to be cut open later to allow for sexual intercourse and childbirth, (FORWARD, 2010). Report by Doctors of the World (2006) indicates that in West Pokot District, obstructed labour causes high proportion of maternal deaths because of the extremely high rate of Type 3 (infibulation) kind of female genital cutting among the Pokot women, this type of FGC (infibulations) also increases chances of long-term health risks such as vesico- vaginal and/ or recto-vaginal fistula. This study was important as it, found out the understanding of the Pokot community on the implications of Female Genital Cutting on the health of young girls and women.

MATERIALS AND METHODS

A descriptive cross-sectional research design was adopted for the study. Focus Group Discussions (FGDs) and individual interviews of key informants using semi-structured questions were conducted among selected respondents in the division.

The study was conducted in West Pokot District of West Pokot County, Kenya. It is situated in the North Rift and borders Trans Nzoia to the south; Central Pokot District to the East and Pokot North to the North. It is divided into four (4) administrative divisions, 23 locations and 82 sub- locations. Its administrative headquarters is situated in Kapenguria town while

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Makutano town centre, acts as a commercial centre. The four divisions in the district are Kapenguria, Chepareria, Sook, and Kongelai Division, with Sook being the target study area.

The target population consisted the Pokot community in Sook Division of West Pokot District. The respondents included: Ordinary women above 18 years from the general population within the community, women above 18 years who are campaigning against the practice of FGC, community leaders (men and women), young men over 18 years who are not married, married men over the age of 18, older men above 50 years and older women above 50years with whom the Focused Group Discussions were conducted; local administrators, manager from local agencies implementing FGC activities, a traditional circumciser, traditional birth attendants (TBA), a young woman over 18 years who underwent ARP and later underwent traditional female circumcision (FGC), School teacher, a village elder and a church leader (Pastor) who were key informants for interviews. Parents were included as they are among the key decision makers about whether a girl undergoes FGC.

Community leaders including men and women who are influential in upholding cultural traditions in the areas were also involved. The Council of elders decides on the timing of the FGC season. A traditional circumciser was included because of their direct involvement in perpetuating FGC, but can also because they can be powerful agents for encouraging its abandonment. The school teacher was included as a potentially influential person in the lives of young people. Among them was also a young woman (over 18 years), who participated in ARP and later underwent FGC, she was chosen because of her experience in both the rituals; ARP and FGC, she shed light on why some women even after deciding not to undergo FGC later resort to the cultural practice. A Health professional on the other hand was included because of his work that involves treating those with health problems associated with FGC and also so as to find out what they are doing to address FGC.

RESULTS AND DISCUSSION

From the public health point of view, the practice of FGC is one of the cultural practices that adversely affect the health of girls and women with both immediate and long term effects some of which are irreversible. When the study participants were asked what they think are best strategies that can be employed in the context of FGC practice to ensure good health of their girls and women, they suggested several ways which formed the following themes:

Health Promotion Strategies in the context of FGC

The figure below portrays themes formed from the suggestions by the Key Informant Interview (KII) respondents.

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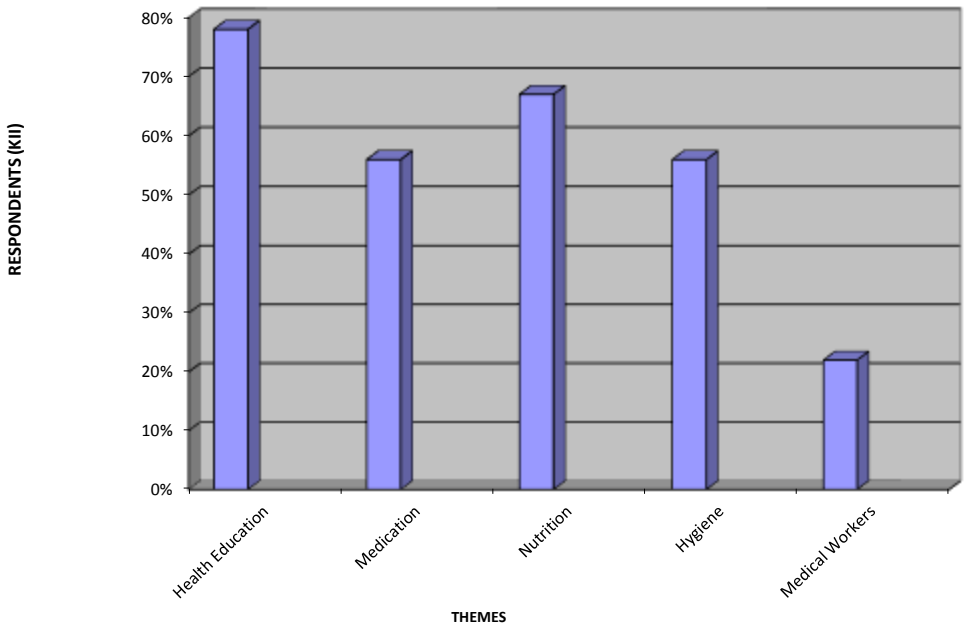

Figure 1: Health promotion strategies in FGC

Health Education

Majority (7 out of 9) of the respondents from the KII endorsed the use of health education as the most appropriate health promotion strategy that will help the community members become aware of the dangers FGC poses on the health of their girls and women. The KII Respondents said, health education especially on the side effects of the cultural practice of FGC should be emphasized and to be conducted more frequently in the region.

Participants saw health education strategy as the only way to drive away myths and beliefs which the community members have on medical conditions brought about by FGC. Health hazards like excessive bleeding, obstructed labour and disease infections that are accrued to FGC are perceived differently by the community members, believing such problems to result from witchcraft, wrong doing and being bad hearted, as claimed by participants in groups; 6 and 1:

> *There is no disadvantage of female circumcision- we do not see any badness with our tradition. We are not aware of any problems associated with FGC. Issues like excessive bleeding and difficult in child delivery may be due to witchcraft (group 6).*
>
> *The woman might have wronged somebody or have been mean to somebody or children during her pregnancy and in such cases an elder is called upon and the woman will confess her wrong doing, then she will be blessed or the people whom she wronged will be called upon so that she can ask them to forgive her, that is how we deal with such cases but they are very rare.*

Similar statements were echoed by participants from the other FGDs (group 3 and 5), that there is a need for the community members to be given health education on how FGC may contribute

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to health related problems. These Participants mentioned this strategy as very suitable in enlightening people concerning issues of FGC and health of their girls and women. A key informant (health worker) said that consistent health education will eventually help community members make healthy choices without being coerced or cajoled to abandon FGC. In his words:

> *Health education on the negative effects of this practice should be carried out consistently to our people because even upto now they do not believe that female circumcision only harms girls and does no much good to them. At this point gorvernment , NGOs , CBOs and all other agencies working to stem FGC in this region should collaborate together towards ensuring this is done (health worker).*

Use of Medication

Slightly more than half (5 out of 9) of the respondents in the KII stated the use of medication either to reduce pain, prevent or treat infections that intiates are predisposed to after undergoing FGC, this point was reinforced by similar statements from FGDs participants . The respondents said people should be encouraged to abandon the practice, however those who still insist on girls undergoing FGC should be advised to use medication to prevent diseases like Tetanus , drugs to prevent infections and the use of pain killers to reduce pain.

such suggestions are among others one made by KII (Traditional circumciser) and participants from focuss group discussions 1 and 4, who suggested:

> *We should call health workers so that they can bring their medicines and give to initiates after the operation to prevent any form of infection; Use of those drugs that reduce pain during the operation of FGC and Use of medication to prevent diseases such as Tetanus and antibiotics to prevent infections.*

Good Nutrition

Majority of the participants both in the FGDs (all the seven groups) and KII (6 out of 9 respondents) suggested good nutrition as one of the best strategy the Pokot do apply to promote health of girls after undergoing FGC. They reported that after initiation girls lose a lot of blood and therefore will be prone to developing anemic complications that may include; malnutrition, poor growth and development hence the need for provision of good nutrition to the initiates. One of the participants from FGD group 3 (Community leaders) said: The initiates are normally given balance diet so as to boost their immunity and to prevent malnutrition, since they lose a lot of blood.

Similar statement was voiced out by Key informant (Traditional Birth Attendant):

> *During seclusion we provide initiates with good diet which mainly includes meat and milk for a period of almost a month or so just like the male initiates are treated while in their seclusion, in fact girls looks very healthy when they are coming out of their seclusion.*

Most participants in the study expressed the provision of good nutrition to initiated girls and said the same treatment is done to male initiates during their seclusion after undergoing circumcision so as to improve their health after losing lots of blood in the operation process.

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Hygiene

Participants from all the seven Focused group discussions and five out of nine respondents of the key informant interviews expressed the need for those who still continue with the practice of FGC to observe hygiene noting that it is very essential especially for the traditional circumciser to be taught how to observe hygiene so as not to cause infection to the initiates. They suggested that traditional circumcisers should be washing their hands with soap before operating a girl or put on gloves after attending to every initiate. A participant in group 2 (Women above 18 years who are campaigning against FGC) remarked:

> *For those who still insist on practicing FGC, we advice that the circumciser should us gloves while performing the operation'. She should wash her hands before and after performing each operation because as of now they do not even wash their hands while circumcising the girls.*

A participant from group 1 (Women above 18 years from the general community) was in agreement with the idea of ensuring hygiene as a strategy to promote health among the FGC practicing community, pointing out that people should avoid circumcising girls in groups and emphasized that instead girls should be cut individually to prevent transmission of diseases. She said:

> *Mothers should be advised to be calling their own circumcisers for their daughters so as to avoid several girls going for the operation in a group; this may help in preventing disease transmission from one person to another.*

Involving health professionals

This strategy was mainly suggested by participants who obviously seemed to support the practice of FGC, and said that it is better if health professionals were involved in the practice so as to do away with the problems that are said to occur as a result of the practice of FGC. Most participants from groups 1, 4, 6, 7 gave statements that supported this idea of medicalizing the outlawed practice one statement that was very loud on this was that from a Key informant (a village elder) who said:

> *We will always wish our daughters undergo circumcision, no one is happy when she remains uncircumcised, mmm…, what should be done is that a medically trained person be found who specialises in that area of female genital cutting, because for sure no Pokot wishes her daughter to remain uncircumcised, such a person should be allowed to be carrying out FGC in the Pokot land and be provided with the necessary medicine for the initiated girls, because it may not be easy for our people to just abandon FGC so easily like that. Am telling you our people will be very happy with such an idea, ooh that at least somebody is there who goes round performing FGC for their daughters and bad diseases like HIV/AIDS shall be done away with, I tell you, every Pokot in the whole world will support this idea.*

CONCLUSION

Human behaviours and cultural values, however senseless or destructive they may appear from the personal and cultural standpoint of others, they may have meaning and fulfils a function for

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those who practice them. However, culture is not static but it is in constant flux adapting and reforming. People will change their behaviour when they understand the hazards of harmful practices and realize that it is possible to give up harmful practices without giving up meaningful aspects of their culture (Gruenbaum 2001, p. 198).

RECOMMENDATIONS

The alternative rituals and Cultural days are initiatives aimed at affirming community identity and positive aspects of culture which boosts self esteem in the community while preventing physical and psychological harm to women and girls. For these ceremonies to have an impact the study recommends the full participation of the community, so as to create a sense of ownership and belonging by them, for example in ARP ceremonies; the old women in the community should participate fully and provide the community teachings/ secrets to the initiates. Study participants especially the old women reported not knowing what their daughters are taught in the ARP ceremonies because they are not involved.The study recommends that as much as the practice of FGC has been outlawed, those affected should be encouraged to seek medical care and be provided with health education on the same problem.

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