

Interventions by Government and Non Governmental Organizations towards Female Genital Mutilation (FGM) and the attitude Portrayed by the Pokot Community on Repressing FGM

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Abstract

In the efforts to terminate Female Genital Mutilation globally, in the recent years some religious authorities have openly opposed the continued practice of Female Genital Mutilation, at least the most radical operations. The paper aims at identifying some of the interventions by the government and non- governmental organizations undertaken to reduce the practice of Female Genital Mutilation (FGM) in Kenya. It also seeks to examine the attitude of the West Pokot Community towards the measures taken by these organizations in stopping FGM. Focus was made in Sook Division of West Pokot County which was selected randomly out of the four locations in the District. A descriptive cross-sectional, qualitative research design was used due to the nature of the study as it inquired about people's attitudes and feelings on FGM practice and interventions against it. 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. Interviews and focus group discussions were used to collect data. The study revealed divided opinions about Female Genital Mutilation among the Pokot. Most of the community members seem to be in favour of the practice, while others are against it. Government and the World Vision Organization are intervening against the practice in the region and most participants seem to have negative perception on the anti FGM measures laid down by the Government and the Non-Governmental Organization (NGOs). To help the community understand and change these cultural practices, there is need to involve other stake holders concerned with the FGM, these include the girls, parents, old women, men, traditional circumcisers with whom the government and Non- governmental organizations should work with.

Keywords: Attitude, Community, Female Genital Mutilation, Government, Non-governmental Organization

1. Introduction

Female genital mutilation comprises all procedures involving partial or total removal of the external female genitalia or other injuries to the female genital organs for non-medical reasons (WHO, UNICEF, UNFPA, 1997). From the public health point of view, the practice has no known health benefits and brings harm and grave pain to girls and women; it damages normal female genital tissues and interferes with its natural functioning. (Ambassador Amina Salum Ali, April 2010).

Legislation in almost the whole of Europe as well as many countries where the practice of Female genital mutilation is widely spread, forbid the act. Moreover, in Europe and Africa several campaigns and projects against Female genital mutilation, both on the national and international levels have been conducted (UNFPA, 2009).

The government and non-governmental organizations have been carrying out campaigns against FGM practice in West Pokot and other parts of the country since colonial period. These agencies campaigning against FGM are emphasizing on the negative effects that FGM poses on the health of girls and women, yet this practice seems to have traditional rationale embedded in initiation of the female and a feeling of community membership and therefore its continuation.

1.1 Intervention Efforts Mounted to Eradicate Female Genital Mutilation

The first effort to eliminate the practice of Female genital mutilation in Kenya was made by Christian missionaries of Protestant churches such as the Church of Scotland Mission (C.S.M) as early as the 1920's. In those days, the missionaries were seen to be closer to people (Kenyans) and the British government proposed the change condemning the practice as immoral because it exposed the genitals, was painful and done in unhygienic manner. FGM was also condemned on medical grounds (Gachiri, 2007).

Since Independence, the government of Kenya has been fighting against the Female genital mutilation practice but without specific laws enforced. However in 1982, following the deaths of 14 girls as a result of genital mutilation, the former President, Hon. Daniel Arap Moi ordered that murder charges be brought against practitioners who carried out circumcision which resulted in death of the victims. Also in November 1999,

Kenya launched a national plan of action to eliminate female circumcision/female genital mutilation which emphasized education and outreach over criminal prosecution (Pan African News Agency, Nov 18 1999).

In 2001, Kenya passed the Children's Act, No. 8 of 2001 which protects children from harmful cultural rites and which specifically states:

No person 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 or psychological development (Kenyan Laws, 2001, Sec 14).

In West Pokot County, government intervention efforts against the practice is being supplemented by non-governmental organizations like the World Vision, Red Cross Kenya, Faith-based organizations like the Evangelical Lutheran Churches of Kenya, Anglican Churches of Kenya, local community-based organization like Kiletat Women Group, Setat and Sentinels among others. However, despite all their efforts to eradicate FGM in this district, it is still highly practiced.

Interventions have been mounted to address FGM among the Pokot since 1980's while highlighting public health implications to the community members. Governmental and non-governmental organizations in the recent times have tried to institute interventions aimed at controlling and even eradicating the practice in engaging communities in Africa. Among the intervention strategies used by non-governmental organizations in West Pokot County include; educating and creating awareness among the Pokot community like the use of electronic and folk media by Health right International to educate and create awareness on the negative implications of FGM (Health right International Report, 2010). Others include offering ARP by World Vision International to the Pokot girls and use of advocacy to discourage the practice. However, it has been reported that, some girls even after undergoing the Alternative Rite of Passage (ARP), afterwards undergo the genital mutilation as indicated by Setat Women group report 2010. This is why determining the attitudes of the Pokot people towards some of the interventions carried out against the practice of FGM in West Pokot District is of great significance.

The achievements of these organizations are considerable. They have succeeded in breaking the silence on FGM, and in placing the subject firmly on the human rights agenda (Dorette & Ragnar, 2007). However, the reactions of the community members had not been analyzed and documented to find out their attitudes towards these intervention efforts, hence the relevance of this study.

Despite these campaign efforts mounted against FGM, the practice is still far from being won. For example prominent family lawyer and former chairperson of Kenya's Federation of Women Lawyers (FIDA), an organization that provides free legal service, Judy Thongori, says that the rural Pokot communities still practice FGM more than any other Kenyan community (Women News Network, 2010).

2. Materials and Methods

A descriptive cross-sectional research design was adopted for the study. The author used a qualitative approach which helped explore feelings, attitudes and opinions of the Pokot community members and their social practices in order to understand the factors which influence decision-making in relation to FGM. Focus Group Discussions (FGDs) and individual interviews of key informants using semi-structured questions were conducted with selected respondents in the division.

The study was conducted in Sook Division, West Pokot Sub-County, 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 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 were members of 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 FGM, 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 50 years with whom the Focused Group Discussions were conducted; local administrators, manager from local agencies implementing FGM activities, a traditional circumciser, traditional birth attendants (TBA), a young woman over 18 years who underwent Alternative Rite of Passage and later underwent traditional female circumcision (FGM), School teacher, a village elder and a church leader (Pastor) who were key informants for interviews. Parents were included as they were among the key decision makers

about whether a girl undergoes FGM. Even in cases where girls make the decision themselves, parents often influence their daughters' opinion, and are likely to arrange for the ceremony.

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 FGM season. Mixing of men and women in this group did not disadvantage the study instead it enriched the study as they normally work together serving the community and have authority concerning matters affecting the community. A traditional circumciser was included because of their direct involvement in perpetuating FGM, but also because they can be powerful agents for encouraging its abandonment. School teacher was included as potentially influential person in the lives of young people. World Vision has been working with schools to establish student clubs to discuss and question issues like early marriage and FGM. Among them was also a young woman (over 18 years), who participated in ARP and later underwent FGM, she was chosen because of her experience in both the rituals; ARP and FGM, she shed light on why some women even after deciding not to undergo FGM 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 FGM and also so as to find out what they are doing to address FGM.

Seven (7) Focus-Group Discussions (FGDs) and nine (9) Key Informant Interviews were conducted over a period of 14 days. Each FGD had between 6- 10 participants. Respondents were recruited by the author with the help of the local leaders (Village elders) and the research assistants from the study area who were well conversant with the area.

Purposive and convenient sampling was applied in selecting members of the Focus Group Discussion as well as the key informants.

3. Results

3.1 Interventions carried out against FGM

From the study, participants mentioned various measures which the Governmental and Non Governmental Organizations in the region were using to reduce the practice of FGM. The following measures by the Government were stated: Creation of awareness/ sensitization about the illegal status of FGM, threats of arrests and prosecution of anyone found practicing the tradition, sensitization about its adverse effects on the health of women and girls and negative effect of the practice on girl child education in the region.

The intervention methods pointed out by the participants to be used by the NGOs in the region (i.e. The World Vision organization), are the use of Alternative Rite of Passage, Rescue camps and awareness creation during seminars for the youths, Traditional circumcisers and Traditional birth attendance within the region. The author found out that some of the measures against FGM practice seemed popular than the others.

The table below describes the various themes that formed the category; Interventions carried out against FGM Practice. This also describes the interventions in relation to their popularity in the region.

Table 1. Themes in Interventions carried out against FGM

| Respondents in FGDs | Interventions | | | | |
|---------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------|----------------|
| | Creation of awareness/ sensitization | Threats of arrests and prosecution | Alternative rite of passage | Rite of passage | Rescue camps |
| Group 1 | Very popular | Very popular | Popular | Popular | Not popular |
| Group 2 | Very popular | Very popular | Popular | Popular | Not popular |
| Group 3 | Very popular | Very popular | Popular | Popular | Not popular |
| Group 4 | Very popular | Very popular | Not popular | Not popular | Have not heard |
| Group 5 | Very popular | Very popular | Not popular | Not popular | Have not heard |
| Group 6 | Popular | Popular | Have heard but not popular | Not popular | Have not heard |
| Group 7 | Popular | Popular | Have heard but not popular | Not popular | Have not heard |

Most respondents reported knowing that the government have outlawed the practice of FGM in the country and that chiefs have been sensitizing people in their *baraza* and warning them of arrests and prosecution if found committing the act. On this, a participant in FGD group 3 put it this way: “The government educates the community on the bad effects of FGM and this is mainly done by the chiefs during their *baraza*.”

Despite being aware of possible arrests and prosecutions, the community members seem not to care much of these steps taken by the government against FGM. This was expressed by a key informant (Village elder) as follows: “We just listen to them to cover their eyes but later we continue with our custom.”

The other interventions carried out against FGM in the study region were those by the World Vision Organization of Kenya and they included ARP and Rescue camps. Among these interventions, it seemed that ARP is very popular in the region, and that some few girls have participated in ARP as reported by a participant from FGD- group 3 (Community leaders): “Some girls from this region have participated in ARP but not many but just a few”.

Concerning Rescue camps as an intervention against FGM, discussion with most participants revealed the idea that this intervention is not very popular in this region, they reported that they have heard of the camps but none of their girls have attended such camps and they do not see the need for such camps because in the community girls are not forced to undergo FGM to require the rescue camp, a participant in group 1 (Women above 18 years from the general members of the community) said:

We have heard of such camps, but our girls have not gone there, in fact here we do not force girls to undergo circumcision, they themselves decide so none of our girls has gone to those camps for rescue.

Similar sentiments were shared by key informants (village elder, TBA, and Traditional circumciser), all whose statements concerning rescue camps suggested no need for rescue camps for girls who seek refuge or run away from FGM, because the community does not force girls to undergo FGM. Girls are left to decide for themselves.

3.2 Attitudes of the Community Members towards Interventions against FGM

The study established that the Pokot community members have different attitudes towards the various measures undertaken by the government and non-governmental organizations against the practice of FGM in the region. At some point the participants revealed a positive attitude towards some of the interventions and at some point negative attitude towards some of the interventions. Some participants perceived some of the interventions to be cruel to the community’s traditions, for example concerning the intervention of sensitizations and threats of arrests and prosecution a participant in group 6 (Elderly men above 50 years) complained that:

We have heard that the government prosecutes people if found circumcising girls, why can’t the government also ban circumcision for boys, why stop that for women, they want our daughters to remain like who? eehhhh’... They want our daughters to be laughed at and their husbands ridiculed by other men that they have married children; this is not fair at all.

Most participants especially the elderly, further complained about the government trying to erode their culture and replacing it with their own, a group 7 (elderly women 50 years and above) had this to say:

Yeah, the government is against the practice of female genital mutilation, we know that, but they have forgotten that this is our long time ago culture, why stop it now? We have heard that even they prosecute people and even jail them who are found practicing female circumcision.

Remarks by participants such as above, reveal the attitudes of the community members towards the measures the Government has put in place to control the practice of FGM. In addition to this, the study also found out that some of the interventions by the World Vision of Kenya organization such as the Rescue camps and Alternative Rite of Passage revealed both positive and negative attitude towards such interventions, for example the ARP participants perceived it positively to some extent as they saw it assisting their daughters complete their education without any disruption of studies, this was as commented by participants in FGDs groups 1, 3, 5 (Women above 18 years from the general community, Community leaders and unmarried men above 18 years) respectively, narrated similar sentiments like this:

The most positive aspect of ARP is that it ensures education because a girl will continue with her education without any disturbance when they go through the ARP, and another advantage is that World Vision pays school fees for girls who undergo ARP and so continue with their education. ARP prevents early marriage because when girls participate in the ARP they are taught on the importance of education and so are likely to continue with their education. It may be advantageous to our girls, because at least

it will delay their marriages and girls will be able to complete their education, so it is advantageous to the girls.

However, some comments (as quoted below) from the same participants revealed that though they perceive ARP positively because of ensuring education for girls, they also have some negative perception of this intervention. Because ARP is a rite of passage from childhood to adulthood but which does not involve genital mutilation of the initiates, the participants see this to possibly interfere with the girls later getting married within the community. Also some comments revealed that people in the region did not value ARP as they did to FGM, because they are not willing to give gifts in ARP ceremonies as in FGM ceremonies. These concerns were revealed by statements from participants from FGDs Groups 5, 1, 3 (Unmarried men above 18 years, Women above 18 years from the general community and community leaders) respectively who revealed that:

Yes, but the girls may risk not getting married especially to the Pokot men, may be they can be married to people in other communities who do not practice female genital mutilation. But here in Pokot, no! no! No one is willing to marry a woman who has not undergone circumcision (FGM). The problem in ARP is that the girls will not actually be circumcised (genital mutilation), so many people do not recognize such a girl as a grown up woman who can be married. People are not willing to give the same gifts and rewards during ARP as during traditional circumcision (FGM) ceremonies.

Concerning formation of Rescue camps by the World Vision Organization, a discussion with participants revealed that this intervention is not popular in the region as shown in Table 1. However, when participants were asked about their feelings concerning whether rescue camps can help the community members abandon FGM, their statements showed that they do not believe rescue camps as an intervention that can change the Pokot behavior to abandon or reduce FGM practice. Some even said that they do not see the need for a rescue camp since they do not force girls to undergo FGM. Similar statements were said by key informants; traditional circumciser, TBA, the village elder, a post ARP woman and later FGM participants.

4. Discussion

Government and non-governmental organizations have been widely involved in repressing female genital mutilation a practice that remains stuck among the West Pokot community in Kenya. World Vision Organization of Kenya has been majorly the entity involved especially in the study area. Apart from creation of awareness by educating the community through chiefs' *baraza*, the government is also imposing threats to arrest anyone found practicing the outlawed ritual. This seems to have resulted to varied reactions by the community. On one hand, they seem to have become aware that the government has outlawed female circumcision, but resulted to the practice being performed secretly as mentioned by a participant in group 3 FGD (Community leaders); that they know that FGM has been outlawed by the government but they still practice it secretly. The participants decried that a Pokot cannot withstand her daughter remaining uncircumcised.

Secret practice of FGM has also been reported by various studies following government banning of the practice for example in central Kenya (Gachiri. 2007), in Kisii and Kuria where girls are circumcised at night and the ceremonies disguised as birthday parties (Oloo, Wanjiru, Newell 2011). This shows that such interventions may become dangerous and discourage the community members from seeking treatment by skilled health care providers for those who may develop complications due to the outlawed operation. Such people may not be willing to come to health facilities for fear of being arrested and prosecuted; hence caution has to be taken with this intervention. Another direction FGM practice has taken as a result of banning the practice, this research found out is change of age at which girls undergo the genital mutilation.

The participants reported that long time ago people circumcised their daughters at older ages of about 18 and 20 years when they were ready for marriage, but now because of the governments threats of arrests and prosecution of any one found subjecting his/ her daughter to genital mutilation, people have decided to circumcise girls at a very young age. The participants reported young girls, as young as class three pupils are nowadays circumcised for fear of the girls remaining uncircumcised.

Alternative Rite of Passage (ARP) and Rescue camps are some of the interventions the study identified to be used by the World Vision Kenya organization in the region. The participants however report these interventions as not popular because the organizations started in the recent 2 to 3 years ago and many people are not so much familiar with the interventions especially rescue camps.

On ARP participants reported that, some few girls from the region have participated and some later resorted back to FGM after being mocked by friends, and indirectly compelled by their parents to undergo the traditional cut. Reports of girls undergoing FGM after undergoing ARP have also been mentioned to have happened in the

Pokot neighbouring community like the Marakwet community, where it was reported by a news paper (Daily Nation, Dec 6th 2010); Marakwet girls some of who had fled to rescue centres and undergone ARP in 2006 resorted back to FGM on December 2010 after completing their forth form education with the reason of pleasing their parents and curiosity to graduate into womanhood. However in some other places like in the Mosocho Division of Kisii it is reported that ARP has shown some substantial results in reducing incidences of FGM practice in the area (Igdal, Umbima & Tysse 2008).

Study participants expressed varied reactions on the measures carried out against the practice of FGM. To some measures they seemed to have some positive attitude and others negative attitude. To intervention such as creation of awareness on the outlawing of FGM by the government, discussants at the various FGDs, showed negative attitude for they reported just listening to them (Government officials like the chiefs), then later continue with their cultural practice. Studies conducted by Oloo, Wanjiru and Jones (2011), cites men from the Abagusii community showing similar reluctance to the government's call to stop FGM complaining that the Government has not explained to them enough reasons to stop their longtime cultural practice.

Negative reactions have been reported by various articles where people are wondering why the government all of a sudden has decided to condemn FGM practice. (Women News Network, 2010). As for the case of the government outlawing FGM practice, the research participants mentioned that such decree has driven the practice to be done secretly so as to avoid arrests and prosecutions while continuing their "good" practice decrying that they will not withstand their daughters remaining "children forever" (remaining uncut).

These are comments from participants other than those who are campaigning against the practice of FGM who include women campaigning against FGM in the study region, key informants: government official (the chief), health worker and the program manager World Vision who were all for the government support on outlawing FGM.

On ARP and Rescue camps the participants seemed to have negative perception on these measures complaining that ARP is not a ritual enough to make their daughters become mature women in the community and for them it is like cheating their daughters that they have undergone a rite of passage yet in real sense they have not. Participants, especially elderly women expressed bitterness that their daughters are taken by the World Vision and are taught by 'a white woman' what they themselves do not know and nobody informs them what the girls are taught while in the ARP ceremonies. Another complain the participants raised about the ARP, is the fact that girls undergoing ARP are not actually cut.

For the rescue camps as an intervention most participants reported none of their girls have run to a rescue camp to be protected against forced FGM. They also added that they don't need the camps since they do not force their girls to undergo FGM. While ARP has been reported to have been accepted by other Pokot neighbouring communities like the Keiyo community where Tumto Ne Leel a form of ARP designed by Chebet is reported to have been embraced by the community and said to have worked in reducing FGM in Keiyo (Walsh, 2010).

5. Conclusion

It is quite evident that the Female Genital Mutilation is still an upheld practice among the West Pokot community; even though with the increased interventions it is carried out secretly. The study concludes that most Pokot community members have negative attitudes towards the interventions by government and non-governmental organizations. An example of this is ARP by the World Vision organization in the region. The members of the community insist that ARP is not a ritual enough to make their daughters mature. The study also concludes that rescue camps as an intervention may not be necessary as the community members do not force their daughters to undergo FGM.

6. Recommendations

For the community to change and abandon the cultural practice of FGM, there is need to involve all the stake holders concerned with the FGM; these include the girls, parents, old women, men, traditional circumcisers and the intervening groups like, World Vision and the government.

World vision has played a big role in sensitizing the community about FGM and its adverse effects. They are also involved in other activities like education to eliminate the practice. However, because FGM is deeply engraved in the culture of the people, change is bound to be slow especially in rural areas, like West Pokot, because of problems of accessibility. It is therefore recommended that intensive sensitization programmes, by

the intervening groups like government through the ministry of health and ministry of education be made consistently in a bid to encourage behaviour change.

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