EVALUATING THE IMPACT OF FEMALE GENITAL MUTILATION ON WOMEN'S HEALTH: A CASE STUDY OF MARAGUA DIVISION.

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DECLARATION

I **KAGIRI IRENE**, declare that this work evolved as a results of my original independent investigation and has never been submitted to any University or institution for any academic award.

Signature.....

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Date.....1/9/08.....

APPROVAL

This research report has been submitted for examination with my approval as a university supervisor.

Signature.....

SUPERVISOR: MADAM SIDONIA

1/09/08

.....

Date

DEDICATION

I would like to dedicate my work to my dad **Bernard Kagiri,** mum **Jane Kagiri,** my dear siblings Jacob, Charles and Lydia and to my friends **Miriam Mbithe, Jackie, Julius, Justin and Anne**. Thanks for your support and encouragement may God bless you all.

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TABLE OF CONTENT

LIST OF ABBREVATION

AIDS	Acquired Immunodeficiency Syndrome
FGM	Female Genital Mutilation
HIV	Human Immunodeficiency Virus
ICN	International Council Nurses
MOH	Ministry Of Health
PID	Pelvic Inflammatory Diseases
STD	Sexually Transmitted Diseases
WHO	World Health Organization

LIST OF TABLES

ABSTRACT

Female Genital Mutilation is a ritual that is carried out to the young girls mostly during their puberty age as a passage to maturity. In Maragua Division it has been performed not only to these young girls but even to women. During this era of HIV/AIDS the practice has exposed women to acquire this epidemic disease since the equipment which are used tend to be shared. Due to lack of information and concern about this form of violation of women right. This research conist of various definition by different authors on the female genital mutilation, beliefs and practice that are attached to the practice and forms of Female genital Mutilation which have been well elaborated in the literature review.

The data collection of this study consist of both secondary and primary data. The data analysis used were simple quantitive techniques such as percentage, which were used to generate the picture of impact of female genital muitilation. Tables and descriptive statistics have also being used to answer research questions. Simple and clear questionnaires were used to acquire information basing on research questions, which has enabled the respondent to have clear concept of what the researcher requires from them.

The recommendation of this of this study was based on three stake holders, who are the government, Non Governmental Organization and the community. The recommendation were fight for women's right, empowerment of the women, law enforcement, encouraging both formal and informal education among women and sensitizing the community on dangers of the female genital mutilation. This can be well enhanced through creating awareness on various community gatherings, holding of seminars, workshops and also on political meetings such as community Barazas. Introduction of peer counseling can also be a great weapon of this practice in the area.

CHAPTER ONE

1.1 BACK GROUND

FGM is defined as a rite to passage carried out as a part of initiation to adulthood among females. As we enter 21st century, traditional ritual of FGM is performed on estimated 6,000girls a day around the world, despite the effort of some government to stamp it out .The WHO estimated that between 85 million and 110 million women have their genital mutilated.

According to the report of UN(in African Woman Magazine issue 13 2007 Uganda) an estimate of 37% of women between 15-19 years and half of women above 50 years of age have been subjected to the practice. It was reported that the practice is among 30 of the 40 ethic groups. In 2001, FGM in Kenya was banned of girls under 18. Although legal step was important in effort to eradicate FGM, It was not sufficient because there was no enough support from the population. It was also unlikely that many will choose to fight against their family and community in the court.

1.2 STATEMENT OF THE PROBLEM

Female Genital Mutilation practice has exposed women to a significant risk especially on the health. The reason being, it is performed by a local barber without anesthesia or sanitary precaution. Some of the cutting instruments used during the practice are broken glass, a tin lid, scissors or razor blades. This has led to increases risk of various infection among women. For rich individual mutilation may be performed qualified doctors in hospital under local or general anesthetic. More recently, concern has arisen about possible transmission of HIV/AIDS, which has been facilitated by use of unsterilized equipment.

Female Genital Mutilation complications can be identified into two groups major immediate complications which include; severe pain, hemorrhaged from dorsal artery, shock, and then affecting urinary retention and tetanus, which can led to mortality rate .Long term complication urinary inconsistence, cysts, Urigenital track infections, severe dyspareunia, pelvic inflammatory disease, infertility, obstetrical problems and possible transmission of HIV/AIDS.

1.3 OBJECTIVES OF THE STUDY

1.3.1 General Objective

The general objective was to analyze the impact of Female Genital Mutilation on women's health.

1.3.2 Specific Objective.

The study had the following specific objectives.

i Find types or forms of FGM.

ii Examine the beliefs and practices attached to the practice.

iii Examine the impact of FGM on women's health.

1.4 SCOPE OF THE STUDY

This study was carried out in Maragua Division, which is in the South of Murang"a District. The area is in the Central part of Kenya and the community is involved in agriculture farming. The community also has various groups which involve in income generating project. There is also less individuals who are educated in the area with this illiteracy level is high.

1.5 JUSTIFICATION OF THE STUDY

This study was focused on elaborating different forms of FGM and risks which women are exposed to after the practice. Since the study was to emphases' on health, it was significant to the community health workers in their campaign against the practice. Also in this era of HIV/AIDS, FGM may have negative effect in promotion of sustainable development. This study was to assist in mitigating the spread of the disease through advocating use of sterilized instruments.

1.6 RESEARCH QUESTIONS

The question were to assist the researcher in carrying out the study. This include the following:-

1. What are various types of FGM?
2. What is society perception of FGM practice?
3. What is the impact of FGM on women's health?

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

Female Genital Muitilation was defined as rite of passage to adulthood among women. Genital mutilation is a surgical procedure performed on young girls or women as a method of social control (Nielsen, 1990). The mutilation involves cutting of all or part of female clitoris, labia and in some cases stitching her vagina close until marriage (Simons, 1936). ICN(International Council of Nurses) viewed FGM as a form of violence against women and girls and constitute of violation of basic human rights. Mimi Ramsey an FGM activist also said it was meant to "Reinforce power over women" to enable men to control them.

In that women are circumsed by having their genitals cut off. According to some estimate approximately 6,000 girls have their genitals cut in many countries of Africa, Asia, as well as in Newzealand. The culture consider it is important, sacred ritual, but culture that condemns it view it as an inhuman act of violence and have a vigorously called a world wide ban.

According to WHO and UNICEF definition of FGM often referred as female circumcision, comprises all procedure involving partial or total removal of female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons.

2.1 Types of FGM

According to Westerner the custom of Female Genitals Mutilation is divided into the following:-as clitoral excision, clitodectomy, infibulations and labia dectonomy depending largely on how much of tissue is performed.

There are four different types of FGM known to be practiced today. According to (Dr Naid Toubia, 1994) who has researched and have written extensively on this topic, has indentify two types. He combines type I and II and divides infibulation into type III and IV. According to WHO clinical topography for types of FGM have been indentified. They include

Type i: Clitoridectomy is the removal of prepuce and all part of clitoris. It is also referred as Sunna Circumcision. It is least mutilating one.

not possible for a woman to marry if she has not undergone mutilation.

In case of infibulation, a woman is "sewn up" and "opened " only for her husband. Society that practice infibulations are strongly in partrichal preventing women from indulging in 'illigemate' sex and protect them from unwilling sexual relation, are vital because the honour of the same family is seen dependant on it. Infibulations does not however provide a guarantee against "illegimate" sex as a woman can be 'opened' and 'closed'.

However according to Mimi Ramsey an anti-FGM activist who was mutilated in her native land Ethiopia said that it was meant to "reinforce power over women" to enable men to control them and make them good wives, which was viewed as a form of violence against women.

In traditional societies that offer women few options beyond being a wife and a mother there is great pressure to conform. Women who lack the education to seek other opportunities are doubly constrained in terms of the choices open to them. These women also typically come from communities that do not have alternatives to the traditional economy and modes of production, such as farming fishing or pastoralist.

Even educated women from such communities are often faced with the FGM dilemma for themselves and their daughters. In Kenya, a female member of parliament (MP) had to face her earlier decision not to be circumcised when she made the choice many years later to run for public office. Her opponents used the fact that she was not circumcised to challenge her eligibility to hold a position that "only adults" could occupy. The MP's name is Linah Kilimo and today she is a minister in Kenya's National Rainbow Coalition government.

Religious beliefs have also been attached to this practice. Among Islam, majority do not support the practice, and it is said Koran doesn't call for FGM. However few Hadith(sayings attributed to prophet Mohammed) refer to it. In one case, in answer put to him by "Um'Attiyah (a practioner of FGM) prophet was quoted saying 'reduce but do not destroy". Few Christians also practice it with justification of cultural influence, traditions and social acceptance within the community.

In ideas to about health benefits of FGM are not frequently cited in Africa. However it is viewed as a part of initiation where women are taught to be strong and uncomplaining about illness. In some society it is believed to promote fertility. unmutilated women are perceived that they cannot conceive. Clitoridectomy is also believed that it makes child birth safer.

2.3 Impact of FGM on women's health.

In various origin of FGM practice there is a rapid increase that FGM exact heavy toll in damage of the health. In most countries FGM is performed by traditional practioners including:- traditional midwives and barbers, who may use scissors, razor blade or knives. Today health personals have been used in some areas. Specific impact of FGM on girl's or women's health depend on among other factors on the extent and type of mutilation, the skills of the operator, the cleanliness of the tools and setting used and physical condition of the victim in this case the woman or the girl.

Complications or impact of FGM can be classified into two immediate complications and long term complication. The major immediate complications are;-hemorrhage from dorsal artery, shock, infections, urinary infection and tetanus, which can led to high mortality rate. Late or long-term complications seen includes:- urinary incontinence, cysts, urogenital tract infections, severe dyspareunia, PDI, infertility and obstetrical problems such as delayed or obstructed second stage labor, trauma and hemorrhage. Hemorrhage was also seen as late complications especially in the newly married girl who was tightly infibulated and was subjected to forcible sex by a husband or who the husband defibulated using various instrument such as scissors, blades or knives.

Table 1

AGE OCCURENCE OF LATE COMPLICATION AFTER CIRCUMSCION

Age (years) apt Circumciscion

Reported complications	**15**	**16**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**Total**
Pain at menstruation	0	7	10	10	12	7	0	8	0	8	**57**
Clitoral cyst	11	0	14	0	3	0	4	0	4	0	**36**
Poor Urinary flow	0	3	2	4	0	2	0	4	0	0	**15**
Total											**108**

Source:- Somali in 1992,

Five women reported severe shock and two of the required blood transfusions. Those women with urinary retention were treated by splitting the infibulations scar and were reinfibulated a few weeks later. The late complication which 108 women complained were as follows: 57 had pain during their menstruation, 36 with clitoral cysts, 57 with pain on menstruation and 15 subjected had poor inner flow.(see in Table 2)

Hemorrhage is an immediate as well as a late complication. For hemostatisis the girls legs are tied together and sometimes poultice of crushed medicinal herbs is applied. The urinary infection reported by women in the Dirie and Lindamark study occurred within the first 3 days after operation and the reason given by author was that girls tried to avoid passing urine, because of the pain that urine causes when it irritates the raw surface. The retention was also due to skin flaps, blood clot or in several cases the urinary meatus was sutured while closing the vulva.

Recurrent urinary track infections and urinary problems were numerous, and according Dirie and Lindmirk, these were caused because the meatus was covered by infibulation, causing vaginal discharge to accumulate and favor the growth of bacteria. Women reported that antibiotic given to the m by doctors assisted them. (DeSilva,1989) reported that urinary track infection with Escherichia Coli was common in these women. Vulva swelling was also reported which was due to epidermal cyst formation that developed along the scar tissue and in the clitoral region.

2.3.1 STDS, PID(PELVIC INFLAMATORY DISEASE) AND INFERTILITY

PID, a common complication of Sexually Transmitted Disease(STD) is accompanied by abdominal pain, infertility, and entopic pregnancy. Research indicate that Pelvic Inflamatory Disease (PID) is a major problem world wide and in some African countries, 22 to 44% of women admitted in hospital for gynecological problems had PID. In 20-29 years old, women 7-25% of them were childless (Rowe.P, 1985).The most prevalence organisms were Neisseria gonorrhea and Chlamydia Trachomatis. However it is now believed that FGM plays a significant role in development of PID. For women who have been infibulated there are added risks of infection resulting infertility. It has been reported by (Sami,1986) and (El Dareer,1938) that chronic pelvic disease was three times more prevalent in the infibulated women. Chronic retention of urine, menstrual flow and repeated urinary tract infection with Ecoli are consequence of poor drainage, which result from space formed behind the vulva skin. This then becomes an excellent reservoir for growth of pathogen organism such as El Coli.

Shandall (1976) reported a high incidence of candisis, which was more frequent with infibulation's, and urine cultures showed the presence of mixed organisms, specifically Ecoli. Shandall has suggested 3 main causes of PID in infibulated women namely:-infection at times of infibulation's, interference with drainage and infection from splitting the infibulations and resulting restructure after labour. The infection then spread to the inner productive organs causing infertility

Table 2

AQUIRED GYNETRESIA CAUSED BY INFIBULATION

Etiology	No of patients
Circumscion	**59(76)**
Birth Injuries	**6(8)**
Postoperative Injuries	**5(6)**
Pelvic Infection	**2(3)**
Vesico vaginal Fistula Repair	**4(5)**
Chemical Vaginitis	**2(3)**
Total	**78(100)**

Source:- Eastern Nigeri 1992.

In a study which he carried out in Eastern Nigeria on 78 women (Table 3), 59 patients (76%) had acquire gynetresia caused by infibulations. Sexual intercourse is generally difficult and process of de-infibulations painful and can take 2-12weeks to complete or even up to 2 years during which time the women seek medical help for infertility. The table above explains other causes of infertility as the acquired gynetresia caused by infibulations according to Ozumba.

It is estimated that 2-25% of case of infertility in Sudan are due to infibulations, either as a result of chronic pelvic infection or because of difficulties in having sexual intercourse and lack of penetration, In this society the psychological and social impact of being sterile must be profound because a woman worth is frequently measured by her fertility and being sterile can be cause of divorce.

2.3.2 Transmission of HIV/AIDS

It has been postulated that Female Genital Mutilation play a major role in the transmission of HIV/AIDS. One recent Article which, was presented at International Conference on AIDS 1998, was a study performed on 7350 young girls less than 16 years old in Dar Salaam. In addition to other aspects of research, it was revealed that 97% of the time, the same equipment could be used on 15-20 girls. The conclusion of the study was the use of the same equipment facilitated HIV/AIDS/STDS transmission.

At the same conference, a research study performed at Nairobi indicated that FGM predispose women into HIV/AIDS in many ways for example increase of blood transfusion due to hemorrhage either when the procedure is performed, child birth or as a result of vaginal tearing during defibulation and intercourse and use of the same instrument to initiate. This is because FGM raise the social status of parent, the dowry demand is high and there for young girls can be married off to older men who are already infected. Contact with blood during intercourse is believed to be responsible for the transmission of HIV/AIDS infection among homosexuals.

Women who have had FGM done, have a small opening, just large enough for passage of urine and blood. Penetration or intercourse is difficult, often resulting in tissues damage, lesion, and post clitoris bleeding. These tears would tend to make squamous vaginal epithelium similar in permeability to the columnar mucosa of rectum, thus creating possible transmission of HIV/AIDS.

2.3.3 Significant Risks during child birth.

According to GENEVA/2 JUNE 2006 Study shows that women who have had FGM are likely to encounter difficulties during child birth and their babies are likely to die as a result of this practice. Serious complications during child birth include the need of caesarean section, dangerously heavy bleeding after the birth of the baby and prolonged hospitalization following the birth.

In case of caesarean section, women who have been subjected severe for form of FGM will have an average of 30% more caesarean section compared with those who had not undergone FGM. Women affected by severe FGM are 70% more likely to suffer from postpartum hemorrhage after birth.

The researcher also found that there was an increase of resuscitated babies whose mothers had experienced FGM, and death rate among babies during and immediately after birth was higher. It was found that there was an increased need to resuscitate babies whose mother had FGM (66% higher in women with FGM III). The death rate among babies during and immediately after birth is higher among the women with FGM.15% higher in those with FGM I, 32% higher in those with FGM II, and 55% higher with those with FGM III. It was estimated that in Africa context an

addition of 10-20 babies die per 1000 deliveries as a result of this practice.

Although FGM practices vary from country to country, it leads to varying amount of scar formation. It is not clear why it leads to increase of complication during child birth. But one possible explanation is that this scar tissues is relatively inelastic and can led to prolonged labor which lead to risk of caesarean section, heavy bleeding, distress in the infant and still birth, Women with FGM are also more likely to undergo episiotomy (Surgical cutting during delivery to prevent vaginal tearing).

According to Associate professor Emily Bank of Australian National University. This study shows that where around 5.0% of the babies were still born or died shortly after birth, this figure increased 6.4% in babies born to women with FGM.

2.3.4 Psychological Impact

Despite of lack of scientific evidence, personal account of mutilation reveal feeling of anxiety, terror, humiliation and betrayal, all of which would likely to have negative effects. Some expert suggest that shock and trauma of the operation may contribute to the behavior described as a "calmer" and "docile" considered positive in the societies that practice FGM. A well known crusader for eradication of FGM, who herself had this done, Merserak (Mimi) Ramsey, spoke for all women when she said "This pain does not go away. It is a life time wound.

CHAPTER THREE

METHODOLOGY

3.1 Methodology

The researcher methodology consist of :-research design, sampling, data collection methods which involves both primary and secondary data, data analysis and lastly limitation of the study and how they can be minimized,

3.2 Research Design

In this study exploration research design was used. This was to help in analyzing the impact of FGM among women's health.

3.3 Sampling

These involved sample population, sampling technique and sampling procedure,

The researcher selected sample from target population at random, which presented the entire population.

This study concentrated on the target population who are women, community health workers and other health workers. This assisted the researcher in analyzing the impact of FGM on women's health.

The researcher used simple random sampling method. This method was to give the target population equal probability of being selected. With these 10 individuals from the four Maragua location will be selected from each.

3.4 Data Collection

This study employs both primary and secondary data collection. The primary method used were interviews and questionnaires,

3.4.1 Questionnaires

For this case the researcher provided a set of well typed to be answered through writing by a selected group of people. The question were clear, easier to understand and simple language . This type of data collection gave the respondent freedom to express their views on subject at hand.

3.4.2 Interviews

The researcher were also used interviews especially with the community health workers and other representatives of the health department, this will provide a wider knowledge on the impact of FGM on women's health since the have dealt with some of the victims. It will be face to face.

3.4.3 Secondary Data

The researcher used secondary data that was l be both descriptive and quantitative in nature. This includes:- WHO Report

- Library
- Internet
- Ministry Of Health(MOH).

With assistance from these materials the researcher was able to obtain the required information related to the study.

3.5 Data Analysis

Simple quantitative techniques such as percentages were used to generate the picture of the impact of female genital mutilation on women's health. Tables and descriptive statistics will also be used to answer the research questions.

3,6 Limitation of the Study

Social stigma where by the many respondent failed to give the appropriate or needed information. This was reduced through creation of conducive environment of data collection.

Financial constrains was another limitation, to reduce it the researcher can receive funds from friends or parent,

Time is also a limitation; however the researcher opted to use a work plan.

CHAPTER FOUR

PRESENTATION, INTERPRTATIONS AND DISCUSSION OF FINDINGS

4.0 INTRODUCTION

This chapter aims to explain researchers findings. The information was gathered by use of questionnaires, interview, observation and secondary method. Personal identifications such as names and address were removed, since most of respondent were not ready to expose them.

The questionnaires collected information on:-

- Knowledge about Female Genital Mutilation
- Beliefs attached to this practice
- Experience of Female Genital Mutilation
- Impact of FGM on women's health.

Face to face interview was used with all respondent.

Table 1: INTRODUCTION OF CATEGORIES OF THE RESPONDENT

Category of women	Actual Number of respondents	Percentage %
Married women	25	55.6%
Unmarried Women	20	44.4%
Total	45	100%

Source: Primary Data.

The table above explains the number of respondent who participated in the research of Female Genital Mutilation. In which the turn up was recommendable. That is 90% of the expected population participated to the research which was relevant in the data collection. While 10% did not participate giving the reasons such as their religious doctrine does not allow then to expose any information about the FGM practice, Cultural factors while others personnel reasons. The married women were 55.6%, while the unmarried women were 44.5%.

TABLE 2: SHOWING THE AGE DISTRIBUTION

AGE RANGE	FREQUENCY	PERCTAGE
15-20	15	33.3%
20-30	24	53.3%
30-45	6	13.4%
TOTAL	45	100%

Source: primary data

This table explains the age distribution of the respondent 33.3% of the respondent were between 15-20 years , 53.3% were between 20-30 years which seem to have the greatest percentage. The two range of years consist both married and unmarried women. While 13.4% of the participant were ranging between 30-45. In this few were not married while other had divorced. The female Genital Mutilation was more on the first and second age range that is 15-20 and 20-30. This is because the community does not allow older women to undergo the practice unless where their spouse insist.

TABLE 3: SHOWING THE LEVEL OF EDUCATION

LEVEL OF EDUCATION	FREQUENCY	PERCENTAGES%
PRIMARY LEVEL	32	71.1%
SECONDARY LEVEL	9	20%
TERTIARY LEVEL	4	8.8
TOTALS	45	100%

Source: Primary Data

This table explained the level of education of the respondent. 71.1% of the respondent had acquired education to the level of primary, 20% secondary level while 8.8% had acquired to tertiary level which include college and university. This explains the literacy level of the community. The reasons that had contributed to this were ignorance, poverty level and also highly rate of school drop out especially among girls, due to practice like female genital mutilation. According to the respondent interviewed they said that sometimes back this practice was common in this area. However due to decline of illiteracy level of this are especially among the youth, the practice is taking it root and incase the stakeholder who they referred as government do not take precautions the practice was likely to get out of hand.

TABLE 4: SHOWING THE KNOWLEDGE OF FGM.

Scale	Frequency	Percentage%
Yes	21	46.7%
No	24	53.3%
Totals	45	100.0%

Source: primary Data

The table above explains the percentage of the individuals who have knowledge about female genital mutilation. 46.7% said that they had knowledge about the practice this knowledge include definition of FGM, how it is performed and the reason or beliefs attached. While 53.3% of the population no knowledge about the practice. The difference of this knowledge was caused by lack of awareness, ignorance and fear that was imposed to those who practice it FGM since it is against the government policies.

TABLE 5: SHOWING FORMS OF FGM PRACTICED IN THE AREA.

TYPES	FREQUENCY	PERCENTAGE
TYPE I	35	78%
TYPE II	6	14%
TYPE III	3	6%
TYPE IV	1	2%
TOTALS	45	100

Source: primary Data

In this presentation the people did not have the exact forms although according to the information they provided the researcher was able to know the type of forms they were explaining about. The table above explains the common forms of Female Genitals mutilation in the area. The result of the research were as follow :- type I 78%, type ii 14%, type iii 6% and type iv 2%. In this the result express that type iii and type iv were less practiced in the area, in which the researchers argue that they can led to dangerous effect on women who perform it. In the issues of forms the researcher had to be explained what they meant on various types of

Female Genital Mutilation since the respondent could not be able to differentiate that is Type i: Clitoridectomy is the removal of prepuce and all part of clitoris. It is also referred as Sunna Circumcision. It is least mutilating one. Type ii: In this type the clitoris and labia minora are excised which can be partially or total Removal. Type iii: Infibulation (pharanonic) is most extreme. Here the clitoris, labia minora are excised and incision made to labia minora to create raw surface that have been stitched together or kept into close contact until they seal and form a cover for urethral meatus. A very small orifice is left for passage of urine and menstrual flow because this type is most mutilating, the medical, obstetrical and psychological complications are more profound. Type iv: This consists of other types of operation such as cutting of vagina, pricking, Incising or piercing of clitoris cauterization by burning of clitoris and surrounding, tissues and insertion of corrosive substance into vagina.

TABLE 6: SHOWING BELIEFS AND PRACTICE ATTACHED TO THE PRACTICE

Beliefs	**Frequency**	**Percentage**
Cutural Beliefs	**23**	**51.1%**
Religious Beliefs	**19**	**42.2%**
Other Beliefs	**3**	**6.7%**
Totals	**45**	**100%**

Source: primary Data

The result were 51.1% of the respondent said that the practice was based on religious beliefs. That is there was support from religious sect of young group coming up from the areas, who view the practice as a form of purification and also Christians such as Catholics. In cultural beliefs 42.2% of the respondent said that cultural beliefs such as promote maturity to among young girls, control morals and help the girls to maintain virginity were also attached as a reasons for the practice. While 6.7% of the respondent attached other belief like political influence and also family linage influenced the practice.

TABLE 7 EXPERIENCE OF FEMALE GENITAL MUITILATION

Category Women	frequency	percentage
Married women	12	60%
Unmarried Women	8	40%
Total	20	100

Source: primary Data

This table explains the impact of female genital mutilation on women's health in both married and unmarried. The 60% married individuals, interviewed mention the impact of the female genital mutilation such as hemorrhage, trauma, infections, fear of acquiring HIV/AIDS and also there were two case of divorce in which the respondent said that their partners were not comfortable with them in the period after child birth. The 40% unmarried on the other hand mentioned psychological torture, hemorrhage and fear to get married. In that they expressed anxiety whether they will satisfy their marriage partners. Trauma and psychological disturbance was common in many of the victim. In that they said that the pain and torture that they experienced during the practice were not worth. They also confess not to force them daughters to under go the same as they had been a victim before.

TABLE 8 SHOWING THE IMPACT OF FEMALE GENITAL MUTILATION ON WOMEN'S HEALTH.

SCALE	FREQUENCY	PERCENTAGE
Yes	25	56%
No	16	34%
Not Sure	4	10%
Totals	45	100%

Source: Primary Data

The table above explains the community view on effect of female genital mutilation on women's health. 56% of the respondent believed that FGM has an effect on female health. Some of the opinions they had on this issue include:- the practice can led to hemorrhage, trauma, infections, increases the risks HIV/AIDS and others said it is a form of violation against women. 34% of the

respondent said that the practice has no effect on female health. , due to religious and cultural factors attached to the practice, other opinions given include:-the impact the practice had on other related fields such as in morals and education of the victim. In the issue of education many girls tend to drop out of school and engage in early marriages and in morals some are docile which was explained by researchers as a result of anxiety, humiliation and terror in relation to this practice. While 10% were not sure whether to the practice affect the female's health or not. This was mainly some were not aware about the information or were ignorant about the effect or impact of Female Genital Mutilation.

TABLE 9 SHOWING THE SOCIO-ECOMOMIC IMPACT OF THE INDIVIDUAL PRACTICING FGM.

	Yes	No	Total
Face problems as a result of FGM	**78%**	**22%**	**100%**
Income Problems	**91%**	**9%**	**100%**
Absentism at Working place	**85%**	**15%**	**100%**

Source: Primary Data

The table above explain the social economic factor of the female genital mutilation practice. 78% of the respondent face problem as a result of this practice. Some of the problems mentioned include social problem such as stigmatization, educational problems and health problems. 91% of the respondent face income problem due to expences incurred to cater for the practice and also in the ceremonies carried out. 85% of the respondent also encounter abentism in the work place due to problems like over breeding, death, complications and infections.

TABLE 10 SHOWING THE SUPPORT OF THE FEMALE GENITAL MUTILATION PRACTICE

Scale	Frequency	percentage
Yes	31	68%
No	12	27%
Not Sure	2	5%
Total	45	100

Source: Primary Data

The table above explains the community support of the Female Genital Mutilation practice. The result was as follows 68% support the practice. In that they base their argument in cultural and religious beliefs which include:- it is a form of purification, create moral integrity on women and girls who undergo the practice and also make them to submissive to their husband, 27% did not support the practice and said that is illegal and should be discouraged. In this some individual said that it is a form of torture to the women who under go the practice and also violate their rights. They also complained about the complications that women face during child birth which include still birth and caesarean. while 5% were not sure whether to support it or not in fear of it being said as illegal practice and on the other hand being supported by the religious beliefs and cultural beliefs. This table explains also the difficulties that the stake holders are exposed to in their efforts to eliminate this practice in this area.

CHAPTER FIVE

Summary, Conclusion and Recommendation

Summary

Female Genital Mutilation is a practice that is carried out in Maragua Division. The communities in this area according to the research carried out people have less knowledge about the practice although they are involved in it. This has been well expressed in the issue about the forms of Female Genitals Mutilation. The community was not able to differentiate the forms, which were Type I, Type ii, Type iii and Type iv. According to the research Type I with 78% was the most common with type ii 14%.

Beliefs which were mostly attached to the practice were religious and cultural beliefs. According to the research 51.1% support the practice basing their arguments under cultural beliefs while 42.2% under religious practices. This explains the difficulties of eliminating this practice since the strong social systems are highly involved. The belief about control of moral was mentioned by the respondents; however to the contrary girls who underwent these practice were among the most arrogant and mis-behaved in schools. This is the tendency to feel that they were mature and required no guidance from any body. In addition due to low illiteracy level, the community members have less knowledge about their rights and dangers of practicing rituals that violates the rights of the other people such as Female Genital Mutilation.

The research also exposed some of the dangers in which women were exposed to after the practice. The dangers based on the health, married women expressed their health problems they encounter during child delivery. Still birth, pain and hemorrhage were the mentioned by many respondents. Among the unmarried women the health problem that they experienced were trauma, psychological torture, fear of being married and hemorrhage. The impact of this practice was based on the negative part of women health. Both married and unmarried were exposed to risk of HIV/AIDS. The community also seem not to be aware whether the practice affect the victim the health. Through this the community can be seniti sized about the dangers they expose women to.

Conclusion

FGM is a practice that violates the basic human rights of women and girls and seriously compromises their health. Nevertheless, among communities that practice FGM it is a highly valued tradition, making eradication difficult. This is in consideration that the major cause of this practice is the core values of the community, which are the religion beliefs and cultural beliefs. Nevertheless, there are also success stories. As individuals become better informed about the negative impacts of FGM, there has been a reduction in the practice and today there are few communities in which 100 percent of girls and women are circumcised. Local organizations are working to eradicate the custom in many communities, and are achieving a higher level of success because they are able to communicate more easily with the people, whereas foreigners may appear to be ignorantly judging their traditions.

Over the last two decades, many countries have designed legal frameworks that criminalize Female Genital Muitilation and protect women and girls who challenge the status quo, forcing those who continue to advocate it to reconsider their position and actions. In many cases, communities have fully or partially abandoned the practice in favour of non-FGM initiation ceremonies. A part from the major root cause of female Genital Muitilation which have been mentioned as the religious beliefs and cultural beliefs, illiteracy has also influenced our cultures in elimination of this practice. This is because lack of awareness, ignorance, and lack of sensitization is rare in areas where elites are few. Also during the campaigns of elimination of the practice the elites are able to learn easily the dangers and disadvantages of the phenomena that violate the rights of the people and also the adapt to changes easily. Maragua Division is as a community can reduce the impact of the impact of this practice through girl child education and awareness. This is because the community is the major cause of the continuation or discontinuation of this practice.

Recommendations

According to the research that was carried out there are 3 major stakeholders who should reduce the illegal practice of Female Genital Mutilation. These are government, Non Governmental Organization and community. Eliminating the female genital mutilation is difficult since the backbone of the practice is cultural and religious practice. However the effort of the three stalk holders can reduce the impact.

Government

The government should involve itself in organizing paralegal systems where the community should be educate about the laws and the punishment attached to the law breakers. There should also be law enforcement to those breaking it. In this the government should educate the community the law concerning female genital mutilation and the punishment to those that practice it. In this punishment should be difficult and the fines can be high. This will discourage those who try to force their daughters to undergo the practice or perform it.

Collaboration of the government ministries. This can be for example the ministries of gender and social service can combine with health ministry and youth ministry. This will assist in sensitizing the community with information about FGM at all levels. Through this many will have the knowledge of dangers involve in practice, how it is performed and how the victim can escape or avoid the practice.

The political leaders should also take the initiative of them being at the fore front in advocating terminating of this practice. This can be implemented through their political meetings or the community barazas. They should seniti sizing the community about the legal measures that should be law breakers will face such as punishment or fine

Non Governmental Organization

These are organization that are not funded in by the government they should engage in activities like fighting for human right, empowerment of women and training the community through educating them about the practice.

There are various Non Governmental Organization in the community such as world vision, who should engage in fighting for human right. This can be effective through supporting the girls or

women who are not for the practice. They should act like an umbrella for the victims. Also they should show the community that the practice is a form of violation of women right.

The Non Governmental Organization should educate the community on forms and dangers of female Genital Mutilation. This can include not only health problems but other like education, fertility rate and social effect. Through this awareness the community will be able to resist it and empower others in campaigns. The educating process can be done through holding seminars, campaigns workshops and schools.

In this both government and NGO"s should ensure that women are empowered. This can be implemented through emphasizing girl child education, educating women about their right, empowering women groups in the community and also creating better ways of providing intervention. The women should also be equipped knowledge about FGM that is forms dangers effect and it impact on the victims life. Through this empowerment they will be to defect from the practice.

More recently, an 'alternative rites' strategy is being used by NGOs in FGM-practicing communities. This strategy is intended to retain the rites of passage or initiation that the girls would traditionally undergo, with the exception of FGM. The girls are still encouraged to learn what it means to be a woman in their respective communities, but do not have to endure the agony of the cut. This procedure is being tested in several communities around the world and has registered some success.

However, alternative rites have also faced serious opposition, and even led to lowering of the age at which FGM is practiced in certain communities. The Maasai of Kenya, for example, responded to aggressive anti-FGM campaigns by cutting girls as young as four, rather than teenage girls.

Community

Community is the main stake holders, despite the government and non governmental organization playing their role the community has the greatest part to play. Community is the major base whether the practice will continue or not. In that they should support the other stake holder through provision of conducive environment, being ready to be empowered and expose the individuals who involve in the practice.

Through various communities gathering such as religious gathering, women groups and even youth groups can be used to reduce the impact of Female Genital Mutilation in their society.

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APPENDICES
APPENDIX 1

QUESTIONNAIRE

Dear respondent

I am a student of Kampala International University, Uganda, pursuing Bachelors Social Work and Social Administration. The purpose of this questionnaire is to gather information regarding the impact of female genital mutilation among women; in Marugua, Murang'a South District, Central Province, Kenya. Please answer the following questions, for open ended questions, write in the spaces provided but for closed/guided questions tick [√] the appropriate answer. Any information given will be treated with utmost confidentiality.

PERSONAL INFORMATION

1) **AGE**

a) Between 15-20 [ ]

b) Between 20-30 [ ]

c) Between 30-45 [ ]

2) **GENDER**

a) Male [ ]

b) Female [ ]

3) **MARITAL STATUS**

a) Single [ ]

b) Married [ ]

c) Unmarried [ ]

4) **LEVEL OF EDUCATION**

a) Primary [ ]

b) Secondary [ ]

c) Tertiary [ ]

QUESTIONS

5) Do you have any knowledge about female genital mutilation(FGM)

YES [ ] NO [ ]

If YES explain

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6) Are you aware of different forms of FGM?

YES [ ] NO [ ]

If YES, list them:-

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7) What beliefs are attached to the practice of Female Genital Mutilation(FGM)

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8) Do you have any personal experience with Female Genital Mutilation (FGM)?

YES [ ] NO [ ]

9) In your own opinion, does the practice have any negative or positive impact on health?

If Positive, List them

If Negative, list them

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10) In your own opinion, do you support the practice?

YES [ ] NO [ ]

11) In your own opinion, what do you think the community should do towards the practice of Female Genital Mutilation?

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12) What would do you suggest the government or Non Govermental organization to reduce the impact?

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FACULTY OF SOCIAL SCIENCES

To...Whom It may concern.....

.....

.....

This is to introduce to you Mr/Miss KAGIRI IRENE NJOKI who is a bonafide student of Kampala International University. He/She is working on a research project for a dissertation, which is a partial requirement for the award of a degree. I here by request you, in the name of the University to accord him/her all the necessary assistance he/she may require for thi ork.

I have the pleasure of thanking you in advance for your cooperation!

Yours sincerely,

Dr. Ongora J. Bio
Associate Dean

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