

# THE POTENTIAL OF FAITH IN ENDING FEMALE GENITAL MUTILATION/CUTTING

## CASE STUDY WITH THE KISII AND MAASAI COMMUNITIES OF KENYA

### 1. FEMALE GENITAL MUTILATION/CUTTING IN KENYA

#### 1.1 Introduction

Female genital mutilation/cutting (FGM/C) is a harmful traditional cultural practice involving the 'injury, partial or total removal of the external female genitalia for non-medical reasons'.<sup>1</sup>

FGM/C is associated with a number of significant short-term health effects including pain, bleeding and risk of infection. FGM/C also results in many long-term consequences which may include chronic pain, infections, decreased sexual enjoyment, psychological problems and a significant increased risk of complications during childbirth (WHO, 2008).<sup>2</sup>

#### WHO definitions for types of FGM/C

- **Type I:** partial or total removal of the clitoris and, in very rare cases, only the prepuce (clitoridectomy).
- **Type II:** partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).
- **Type III:** narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris
- **Type IV:** all other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterisation.

#### 1.2 Kenya country context

Kenya's 'Prohibition of Female Genital Mutilation Act' which prohibits all forms of female genital mutilation or cutting, was signed into law in October 2011.

However, in both the Kisii and Maasai communities, people were not aware of the law and that practising FGM/C was illegal and could lead to convictions.

### 2. RESEARCH OVERVIEW

#### 2.1 Location

This is a preliminary report from a baseline study that examined trends, barriers and opportunities to eliminating FGM/C among the Kisii and Maasai peoples of South-western Kenya. The study's focus was on the villages within the Nyamagwa, Igare, Kilgoris and Poroko areas. It was conducted by *Mpanzi*, a Kenyan NGO, in collaboration with the University of Nairobi and Tearfund, a UK based Christian international NGO. Data was collected from women, men and girls using interview guides, questionnaires, focus group discussions and storytelling.

#### Map showing areas involved in the research



#### 2.2 Objectives

The goal of the study was to identify practical actions to engage survivors, men and children, as well as identify and deploy religious resources in efforts to eliminate the practice.

The aims of the research were to:

- Establish baseline data
- Establish perceptions regarding the benefits and significance of FGM/C in south-western Kenya
- Describe changing trends in the practice of FGM/C in the study area
- Determine understanding of the legal status of FGM/C in Kenya
- Examine obstacles to eliminating FGM/C in the study area
- Map out the potential of faith communities to end the practice.

#### 2.3 Partners

*Mpanzi*, a Kenyan non-profit organisation conducted this research in partnership with the University of Nairobi and Tearfund, a Christian UK based, international NGO.

*Mpanzi* is dedicated to promoting education and eliminating violence against women and girls in the rural villages of South-western Kenya.

Staff from the University of Nairobi contributed their extensive knowledge regarding research methods.

Tearfund works extensively with faith groups and communities to end sexual violence across sub-Saharan Africa.<sup>3</sup>

<sup>1</sup> WHO definition, 2014

<sup>2</sup> WHO (2008) *Eliminating female genital mutilation: an interagency statement*, by OCHR, UNAIDS, UNDP, UNECA, Unesco, UNFPA, UNHCR, Unicef, Unifem and WHO

<sup>3</sup> www.tearfund.org

### 3. Summary of research findings

The findings indicate that the practice of FGM/C is still highly regarded and favoured as part of the social and cultural way of life among the Maasai and Kisii ethnic communities in rural south-western Kenya.

Respondents suggested that religion is a way of life, and hence the social and cultural practice of FGM/C is woven into their faith, such that religious practices such as prayer and worship, are embedded into FGM/C activities.

There is almost no knowledge and awareness regarding the implementation of the Kenyan government's 'Prohibition of Female Genital Mutilation (FGM) Act' which was signed into law in October 2011.

#### Key points

- FGM/C in both the Kisii and Maasai communities is perceived as a rite of passage, with some girls voluntarily undergoing FGM/C.
- There have been some changes in the practise of FGM/C over time but social beliefs about the benefit of the practise, still sustain it.
- A legal framework opposing FGM/C exists, but communities are not aware of it.
- Faith plays an important role in Kisii communities and is often part of FGM/C activities.
- There is considerable potential to make use of faith as a tool to prevent and eliminate FGM/C.

#### 3.1 Key Perceptions about FGM/C

73% of respondents suggested that FGM/C was a significant practice for both the Kisii and Maasai communities. Of these, 94% of the female respondents reported that they had voluntarily undergone FGM/C between the ages of 10-19 as a rite of passage. There were a number of key perceptions that emerged:

##### a) Respect for girls and a rite of passage

- Both male and female respondents suggested that traditionally, FGM/C brought respect for the girls involved, who would then be considered mature, responsible and ready for marriage.
- Most respondents said that FGM/C was a significant rite of passage from childhood to adulthood. During the seclusion period, young women received training to introduce them to the required duties of married women. The Maasai did not consider FGM/C as 'harmful' but as a valued indigenous practise that brought blessing and honour for young girls as they grew into adulthood.
- Often girls who underwent the practice still attended school and were too young for marriage, but it was considered a stage in life to be proud of and girls were eager to take part.

"When we 'circumcise' Maasai girls, we train them to be good women. And when we circumcise Maasai boys, we train them to be good moran warriors who are blessed by the Laibon (A spiritual prophet)."

Respondent from Maasai community

##### b) Prevention of promiscuity

- FGM/C was believed to control sexual desire thus preventing promiscuity and maintaining self-control for married women.
- 'Uncut' women are segregated and stigmatised as a result.

##### c) Cultural identity

- FGM/C is significant as a cultural identity marker for both Kisii and Maasai girls and women. The Kisii neighbours – the Luo ethnic community – does not practice FGM/C, and so the practice is considered an essential identity marker for Kisii girls.
- Most respondents were concerned about derogatory terms used for 'uncut' girls. Some likened them to the Luo (Omogere bosa), and they were considered an insult to the notion of girlhood and womanhood, and a major threat to being a full family and community member.

"I don't want my daughter to grow up like Omogere bosa and be insulted all the time."

Respondent during focus group discussions

#### 3.2 Changes in FGM/C trends



Women talking about trends in FGM/C. Photo: Mpanzi.

Respondents suggested that the practice of FGM/C had changed over time:

- There was a considerable reduction of girls undergoing the practice because of the increased knowledge of its health risks. Over 98% all of female adults interviewed had undergone the practice, while only 60% of the girls had undergone it.
- In recent years, most girls underwent the practice much earlier (between the age of 7 to 12) and it was often carried out during school breaks.
- Women and girls who had undergone the practice said it brought them respect and made them fit in to their communities.
- Most girls underwent the practice as a family (with siblings, cousins or extended family members), rather than within community groups.
- Increasingly, the cutting was done by a medical practitioner within a homestead or in a health clinic.
- Public festivities such as beer parties, the sharing of food and public singing and processions were no longer common. But village parties were held with close family members and friends especially after the healing period.
- Following FGM/C, girls continued with their education, although some would leave before, or soon after, completing grade 8 to get married.

Some cultural and social activities had continued with the practice. Of those interviewed, 89% of respondents said religious practices such as prayer, thanksgiving and worship continued to be a central part of FGM/C activities. Spiritual and religious leaders offered blessings to the initiates when requested by family or community members. However, FGM/C was never discussed or debated. Often FGM/C was practiced alongside male circumcision for children of the same age-set.

## 4. Kenyan law regarding FGM/C



Girls who undergo FGM/C will sometimes leave school prematurely to get married. Photo: Mpanzi.

Over 85% of the respondents were unaware of Kenya's 'Prohibition of Female Genital Mutilation Act,' which prohibits all forms of female genital mutilation or cutting and was signed into law in October 2011. About 14% of the respondents said that they knew that there was a law that criminalized FGM/C but were unaware of its details. They had learned about the law through public meetings called *barazas* that were organised by local chiefs, but they thought this was information about the national government's stand and would not have serious implications on local people's culture.

Most participants did not understand that according to Kenyan law, the practice of FGM/C was illegal, and they were not aware of any convictions. Respondents were unaware that it was criminal to solicit services for the purposes of FGM/C, or to use derogatory remarks against a woman or girl who had not undergone the practice.

## 5. Challenges to eliminating FGM/C

Some major obstacles to eliminating FGM/C in rural villages emerged from this study:

- FGM/C is still significant within the social and spiritual practices of rural villages and is not considered harmful.
- FGM/C is perceived as essential to gaining adulthood to a woman or girl. It is seen as conveying gender identity; creating and maintaining bonding for women.
- Although the practice has changed over time, it is sustained by emotional attachments, deep-rooted attitudes and beliefs about its benefits.
- Individuals and community leaders are unaware of the existing national laws that prohibit FGM/C. The law has not been enforced or adapted to local contexts.
- FGM/C is normalised and embedded into religious life and activities. As a result, religion, like culture and institutions such as the family, is a socialising and enabling agent.
- Religious leaders and congregations rarely discuss matters relating to FGM/C in churches or religious gatherings.

## 6. Recommendations for action

Eliminating FGM/C in rural villages among the Kisii and Maasai of Southwestern Kenya is a challenging task for government or religious institutions to achieve alone. However faith groups have considerable potential to help prevent and end FGM/C by using their resources effectively and appropriately. The study highlights the resources that could be used towards this:

### Spiritual texts

Over 58% respondents noted that FGM/C was not part of their religious texts and that there was therefore no religious mandate to continue the practice.

Respondents who were against the practice of FGM/C, suggested that the Church and Mosques were institutions that could play a significant part in eliminating the practice. One respondent recited a biblical text asserting that in the book of Romans 2:29, it states that: *"Real circumcision is in the heart, a thing not of the letter, but of the spirit."*

### Religious explanations

Respondents suggested that religious leaders such as pastors, priests and Imams could make religious arguments about preventing FGM/C that were linked to the Kenyan law which made it illegal – through the use of homilies, fatwas, preaching, teaching and prayer.

### Religious groups

Respondents identified religious groups including youth groups, Catholic Women Associations (Mama Mkatoliki), Dorcas (Seventh Day Adventist women's groups), Quakers, and the Anglican Mothers Union, which could help provide structures and networking for campaigning messaging to eliminate FGM/C. These groups usually meet each week and have links with national and international networks. They would provide useful avenues for discussion and for sharing information.

### Health Centres

Respondents suggested that village health centres run by religious groups were well trusted, even by the government. They could be used to provide education, training and knowledge particularly on the health implications of FGM/C. The health centres had skilled employees and facilities that would provide support and training for prevention. They were also able to respond in the event of an emergency following FGM/C such as bleeding.

### Large potential for impact

Respondents suggested that because faith was such an integral part of village life, any efforts to eliminate FGM/C that involved all congregations would effectively reach many people. The right messages needed to be developed to resonate with the spiritual and cultural values of the people in order to bring about organised change.

## 7. Next steps

*Mpanzi*, Tearfund and the University of Nairobi will share these research findings with a wide range of stakeholders, including faith leaders, government and other organisations committed to ending FGM/C. This will be the first step in building collaboration and commitment towards developing an effective response that brings the practice of FGM/C to an end in these communities in Kenya.

Tearfund is a Christian relief and development agency building a global network of local churches to help eradicate poverty.

Tearfund has 10 years' experience working through church-based partners in the response to sexual violence.

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Dr Jacqueline Ogega, Prof. Simiyu Wandibba, Catherine Kerubo, Jane Mandina, Pamela Mokuia and Marcella Moraa Ogega



Website: [www.mpanzi.org](http://www.mpanzi.org)

Email: [info@mpanzi.org](mailto:info@mpanzi.org)

### In partnership with:

Tearfund: Veena O'Sullivan, Head of sexual violence unit

Email: [veena.osullivan@tearfund.org](mailto:veena.osullivan@tearfund.org)

Editor: Isabel Carter



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**[www.tearfund.org](http://www.tearfund.org)**

100 Church Road, Teddington TW11 8QE

Challenge House, 29 Canal Street, Glasgow G4 0AD

Tŷ Catherine, Capel Cildwrn, Llangefni, Ynys Môn LL77 7NN

241 Newtownards Road, Belfast BT4 1AF

[enquiries@tearfund.org](mailto:enquiries@tearfund.org) 0845 355 8355