

# Correlate between the Effects of FGM Practice and Women's Sexual Life A Case Study of the Tugen Community in Baringo County, Kenya

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**Abstract:** Female Genital Mutilation (FGM), which is the partial or total cutting away of the female genitalia, has been practiced for centuries in parts of Africa and other regions of the world as an element of the rite of passage. As a result of cultural dynamism, FGM has been evolving with time to cope with challenges of modernity. Traditionally, it was performed by a traditional practitioner with crude instruments and without anesthetic. The practice of FGM has been hard to eliminate in many practicing communities like the Tugen community despite efforts by the church and the Kenya Government. The purpose of this study was to determine the relationship between the effects of FGM practice and women's sexual life among the Tugen of Baringo County in Kenya. The study was conducted in three divisions, namely; Kisanana, Mogotio and Esageriof Koibatek sub county in Baringo county. The study adopted the ex post facto-causal comparative research design. Purposive and quota sampling methods were used in selecting participants in the area of study. The research data was collected using questionnaires and an interview schedule. Piloting of the instruments was done in Marigat sub county in Baringo county to provide the required reliability of the instruments. The collected data were analyzed using descriptive and inferential statistics. Statistical Package for Social Sciences (SPSS) version 22.0 for windows was used to analyze the data. The study generated information regarding the creation of an enabling environment that supports cultural behaviour change. The success in promoting the abandonment of FGM will depend on the commitment of the government, at all levels, to introduce appropriate social measures and legislations, implemented by effective advocacy and awareness efforts. The findings from the study might also help Ministry of Gender and Social services and Ministry of Health in the Government of Kenya and local community leaders to take serious the fight against FGM practice.

**Key words:** Female Genital Mutilation, Focused Group Discussion, Alternative Rite of Passage, Gender Based Violence, Traditional Birth Attendants.



## Introduction

Communities embrace various cultural practices which influences the quality of life and general well-being of its members. Some of the practices are deeply entrenched despite being retrogressive with associated dire consequences on health, education and wellbeing of women and the girl child. According to conservative estimate, at least 84 million women and girls are currently mutilated in Africa and similar operations are practiced along the Persian Gulf and the southern part of the Arab Peninsula (WHO, 2008). One of such cultural practice with strong traditional attachment is circumcision, especially Female Circumcision (FC), also known as female genital mutilation (FGM). Despite efforts to curtail its practice, FGM - defined by World

Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) as "the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons" - is still a deeply rooted tradition in more than 28 African countries, in some countries in Asia and the Middle East, and among immigrants in Europe, Australia, Canada and the USA (Shaaban&Harbison, 2005; WHO, 2007).

Human rights groups deem FGM as an unsafe and unjustifiable practice that violates body integrity, and feminists argue that it is an inhumane form of gender-based discrimination that capitalizes on the subjugation of women, yet nations that endorse the practice define it as an integral feature of their culture (Olenja, 2000). FGM is a deeply rooted historical, cultural, religious and traditional practice in Kenya that has been the subject of considerable debate (Ball, 2008).

Despite the severe effects associated with FGM, most communities still embrace this culture. It's very important to understand what makes FGM to be so persistent (UNICEF, 2005). Most of circumcisions are still being carried out among the populace without anesthesia or antibiotics, with rudimentary, unsterile instruments such as razors, scissors or kitchen knives (Lightfoot-Klein, 1991). FGM has been adopted by human rights activists to clearly indicate the harm caused by the practice (Rahman&Toubia, 2000).

Female genital cutting (FGC) is recognized as a violation of the human rights of girls and women (United Nations General Assembly Resolution 56/128, 2001). It is an act of violence that harms women and girls in many ways and limits their potential for full development. However, there is great variation in prevalence across countries, reflecting ethnicity, tradition, and socio demographic factors (Rahman&Toubia, 2000). FGM is associated with several health risks such as severe pain, bleeding, shock, infections, and difficulty in passing urine and faeces. Caesarean section, blood loss, and increased perinatal mortality are associated birth risks (Johnsdotter, 2007).

FGM is considered most significant rite of passage to adulthood, enhancing tribal cohesion and providing girls with important recognition from peers (Ogodo, 2005). Koibatek district lies within a fairly high FGM prevalence (62%) region and there is an opportunity for FGM to be persistence. It is of this great importance to establish the relationship between FGM practice and women sexual life among the Tugen of Baringo County (Olenja&Kamau, 2001).

The practice is widely believed to increase a girl's chances of marriage, prevent promiscuity and promote easy childbirth. Women who do not circumcise their daughters run the risk of being seen as irresponsible, immoral and imitators of western culture (Ochieng', 2005). FGM is a long-standing cultural practice of cutting away parts of the external female genitalia and is most commonly performed on girls between the ages of four and eight, though it can take place at any age from infancy to adolescence. Typically called female "circumcision" by those who practice it, FGM is not only traumatic but highly dangerous and often leads to life-long pain and suffering, or even death, for girls who are subjected to the procedure (Kenya Demographic and Health Survey, 2009).

Gemma (2008) reports that there are many negative health risks associated with FGM, including hemorrhage, cervical infections, urethral damage, urinary tract infections, dermatoid cysts, chronic pelvic infections, difficult and often dangerous childbirth, and a variety of other complications that can lead to death. While the health implications of FGM are very serious and form a key component of any campaign, many say that focusing almost entirely on the health aspects has not addressed the violation of rights or contributed to the elimination of the practice.

Kenya, like the rest of Sub-Saharan Africa continues to be plagued with high rates of AIDS/HIV. Research has shown that cultural practices such as FGM have serious implications for the spread of HIV/AIDS, as well as other communicable diseases. Despite efforts to eradicate the FGM practice, its prevalence in Kenya remains relatively high. Researchers have postulated that various forms of FGM may be associated with the spread of HIV/AIDS (Kinuthia, 2010).

The purpose of this study was to determine the relationship between the effects of FGM practice and women's sexual life among the Tugen community in Baringo County, Kenya. The research hypothesis was tested at 5% level of significance:  $H_0$  There is no statistical significant

relationship between effects of FGM practice and women's unhealthy sexual life in Baringo County,

### **Research Methodology**

This study adopted the *ex post facto*– causal comparative research design. This is a research design, which looks into events that have already occurred and therefore cannot be manipulated by the researcher. *Ex post facto* research design is a method of teasing out antecedents of events that have happened and cannot, because of this fact, be engineered or manipulated by the researcher. This design is particularly suitable in social, educational and psychological contexts where the independent variable or variables lie outside the researcher's control (Mugenda and Mugenda, 2001). This study was conducted in Koibatek district of Kenya in Baringo County. The study was conducted in three divisions namely Kisanana, Mogotio and Esageri.

The target populations of this study were the Tugen youths, elderly community members and Tugen community leaders in Baringo County. The study focused on the Tugen's (both male and female) analysis of the relationship between FGM practice and women sexual health. Purposive and quota sampling were used in selecting participants for the study. The research data was collected using questionnaires and interview schedule. The research instrument targeted specific information from the respondents. The community leader's interview schedule sought to obtain information on the relationship between FGM practice and women sexual health as it was perceived by community members.

### **Results and Discussion**

This section seeks to determine the relationship between the effects of FGM practice and women's unhealthy sexual life. Several effects of FGM would adversely impact on women's sexual life which definitely would affect their marriage life. One hundred (100) women from Tugen community indicated their opinions about relationship between the effects of FGM practice and women unhealthy sexual life in Baringo county. The analysis involved getting percentage response score for each theme on perceptions of FGM practice as shown in table 1.

**Table 1**

**Relationship between Effects of FGM Practice and Women’s Sexual Health**

Themes	SA/A	NS	SD/D
1. Marital sexual life	(61) 61%	(9) 9%	(30) 30%
2. Repeated de-infibulation and Re-infibulation	(45) 45%	(20) 20%	(35) 35%
3. Sexual Morbidity	(51) 51%	(8) 8%	(41) 41%
4. Sexual Infection and Complications	(95) 95%	(1) 1%	(4) 4%

**The influence of FGM practice on Marital Sexual Health**

As indicated in table 1, women gave their opinion about the impact of FGM on women unhealthy sexual life. Women were very crucial in the study because their opinions could be directly translated to the circumcision impacts they experienced after circumcision. The women were required to give their opinions on whether girls would get married immediately after circumcision. Out of the one hundred respondents, 61% generally agreed while 30% disagreed and 9% were not sure about the statement. This implied that FGM was mainly conducted as a preparatory stage to get married. In many regions women need to undergo FGM to get married. In those communities where women are economically dependent on men, the questioning of FGM is not a possibility. The economic disadvantages of FGM, such as medical costs or the loss of productivity because of illness, are often not recognized as being caused by FGM. Excisors themselves also gain a living through the performance of the “operations” and enjoy a certain status as guardians of tradition, two factors that have an influence on the resistance to abandon FGM (Powell et al, 2004).

Among psychoanalysts, Kulish (2009) has tied female circumcision to the fear of female sexuality. She suggests that it has two functions: “to attenuate and control women’s sexual desires and behaviors” and “[to remove] undesirable masculinity from a female and prepare her for her proper feminine role”. Similarly, the psychoanalyst Lax (2000) has argued strongly against FGM: “FGM is [the] most brutal form [of] socially sanctioned violence against women”. Lax opens her discussion of FGM by detailing the history of Clitoridectomy in nineteenth-century England, where they were employed to reduce female sexual impulses and

masturbation, considered a ‘‘medical problem’’ by the Victorian clergy and medical profession. She argues that the universality of the practice, although less ritualized in the west, is best understood as being driven by a fear of female sexuality, either conscious or unconscious, and thus represents an attempt to control female sexuality through physical means (Harden A, Garcia J, Oliver S, Rees R, Shepherd J, Brunton G, 2004).

### **Impact of Repeated de-infibulation and Re-infibulation on Women Sexual Health**

As indicated on table 1, statement 2 inquired whether FGM would be repeated again following an obstructed childbirth and again re- stitching done, respondents who generally agreed were 45% and 35% disagreed while 20% were not sure. This implied that those women who had sexual difficulty caused by improper circumcision would be circumcised again however, such incidents were not frequently witnessed in the Tugen community. Women whose vaginal opening was small would face the second cut following their husbands’ complaints. This cut would be repeated again following an obstructed childbirth and again re- stitched. This would happen in severaly again in consequent childbirths the woman would desire to have. Bleeding can occur sometime after the operation if the wound becomes infected. Repeated de-infibulation (opening up the vulva to allow sexual intercourse or childbirth) and re-infibulation (re-stitching following childbirth) may also cause the loss of blood which may, over the long-term, lead to anaemia (WHO, 2000).

A review of the health complications of FGM by Berlincioni and Rosani (2006) identified a range of obstetrical problems, the most common being prolonged labour and/or obstruction, episiotomies and perineal tears, post partumhaemorrhage, and maternal and foetal death. A large multi-centre study investigating more than 28,000 women attending obstetric centres in African countries concluded that women with FGM were significantly more likely than those without to have adverse obstetric outcomes such as a caesarean section, infant resuscitation, and inpatient perinatal death.

### **Impact of FGM on Sexual Morbidity**

As indicated by statement 3 on table 1, which sought to establish whether FGM makes women sexual activity painful, one hundred (100) respondents gave their opinion. Those who generally agreed were 51% and 41% disagreed while 8% were not sure. This implied that there were respondents who indicated that some circumcised women experienced pain during sexual intercourse. Okonofua *et al.* (2002) study of the association between genital cutting and sexual morbidity in Nigeria, which found that female circumcision, did appear to affect sexual functioning and enjoyment. The measures selected to represent sexual health - frequency of sexual activity, initiation of sex with partner, and self-reported enjoyment of sexual relations - all make assumptions about women's understandings and experiences, and also about the connection between sexual activity and sexual pleasure (Morison & Scherf, 2003). One study conducted by Defrawi *et al.* (2001) reports that circumcised women are significantly more likely to suffer adverse effects for sexual enjoyment, other studies that measure sexual activity and pleasure find no significant difference between circumcised and uncircumcised women (Morison *et al.* 2001, Okonofua *et al.* 2002, Nwajei & Otiono 2003). Urbanized and educated men exposed to uncircumcising countries are more adaptable to change. It is worth mentioning that as indicated in the section on FGM complications, men are silent sufferers of the effect of FGM. Many suffer trauma to the penis and sexual health (UNICEF, 2005). Literature reviewed earlier indicated that the nature of the procedure may increase discomfort for females during sexual intercourse, therefore women who are severely cut may not engage in sexual acts as often as those who have not undergone the procedure due to the increased discomfort associated with the act. "In theory, therefore, more severe FGM could reduce the frequency of sexual intercourse, and coital frequency is positively associated with HIV infection" (Yount & Abraham, 2007).

### **Sexual Diseases and Infections resulting from FGM Practice**

As indicated on table 1, women respondents were required to give their opinion on whether FGM practice contributed to sexual diseases and complications on the life of women. Those who generally agreed were 95% and 4% disagreed while 1% were not sure. This implied that FGM practice contributed to sexual diseases and complications on the life of women. Women could contract diseases during circumcision or as a result of it. These sexual diseases and



complications caused by FGM practice would later affect sexual life of women. The practice of FGM has been associated with girls' and women's health risks such as physical and psychological trauma, sterility, damage to the urethra and anus, tetanus, child and maternal mortality and more recently HIV infection (FIDA, 2009). According to MOH and GTZ (2000), in Maralal district, over 95% of the women who visit the hospital are circumcised. They come with FGM related complications including excessive bleeding, acute pain, trauma, retention of urine, painful menstruation, painful sexual intercourse and obstructed labour. Those experiencing difficulties in delivery often end up being operated on, which suffocates the hospital due to meager resources and few qualified staff. The hospital has also received inquiries from some survivors of FGM, on how their condition can be corrected. In countries where FGM is unknown, people often react with incredulity that in this day and age FGM is still practiced despite its negative impact on health, its disregard of human rights and its illegality in many countries. Most surprisingly, the practice often persists even among families who agree that it should be abandoned. Social scientists say FGM persists because its believed to endow girls with cultural identity as women, imparting a sense of pride and believed to preserve a girl's virginity, widely regarded as a prerequisite for marriage (Rahman and Toubia, 2000).

These observations are supported by excerpt one which was obtained through interviews conducted among Tugen community leaders on relationship between effects of FGM practice and women's sexual health in Baringo County.

### **Excerpt One: Comments from Tugen Women on relationship between Effects of FGM Practice and Sexual Health**

Researcher: FGM has several adverse effects on women's sexual health. If you agree, indicate them

Respondent 1: A hole may form between the vagina and the bladder or rectum during prolonged, obstructed labour. This harmful injury leaves victim incontinent – the inability to control flow of urine (and sometimes feaces) resulting in the emission of a foul smell. These women and girl are ostracized and disdained by their families and communities and live in shame, stigmatization and isolation.



Respondent 2: The couple lived blissfully afterwards but their times of intimacy often turned into agony because of the difficulty in having sex.

Respondent 3: Discrimination and violence against women and harmful practices such as FGM which mostly leads to child marriage are illegal in many countries yet they persist because they are deeply rooted within the culture.

Respondent 4: A circumcised woman is like a cell phone whose aerial has been removed. You have to go to the top of the mountain to get the network.

Respondent 5: Many women don't have authority over themselves. They depend on the husband. Hospitals may be far and busy and the husband absent. So they opt for Traditional Birth Attendants (TBAs) who are not skilled medically.

**Relationship between Effects of FGM Practice and Women's Sexual Health**  
**Hypothesis One: There is no statistical significant relationship between effects of FGM practice and women's unhealthy sexual life in Baringo County**

In order to test the hypothesis which stipulated that there is no statistical significant relationship between effects of FGM practice and women's sexual health in Baringo County, the study sought to establish the relationship between effects of FGM and Tugen women's sexual health. This was based on the assumption that effects of FGM influenced Tugen women's sexual health. Women who had undergone FGM would experience an impact on their sexual life. Person's product moment correlation co-efficient ( $r$ ) was used to determine this relationship and whether it was significant or not at  $P \leq .05$ . Correlation coefficient ( $r$ ) was the direction of the relationship between the two variables. Table 2 shows correlation coefficient matrix of effects of FGM and Tugen women's sexual health.

**Table 2**

**Pearson's Product Moment Correlation Coefficient between Effects of FGM and Tugen Women's Sexual health**

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Variable	Statistics	Marital sexual life	Repeated de-infubilation & re-infubilation	Sexual mobility	Sexual diseases and complications
Marital sexual life	Pearson Correlation Sig. (2-tailed)	1			
Repeated de-infubilation and re-infubilation	Pearson Correlation Sig. (2-tailed)	.317** .001	1		
Sexual mobility	Pearson Correlation Sig. (2-tailed)	-.178 <sup>ns</sup> .076	.016 .001	1	
Sexual infections and complications	Pearson Correlation Sig. (2-tailed)	.047** .040	.147 <sup>ns</sup> .146	.074 <sup>ns</sup> .465	1

\*\* . Correlation (r) is significant at  $P < 0.05$ ,

<sup>ns</sup> Correlation (r) is Not significant at  $P > 0.05$

Table 2 indicates that there was statistically significant relationship between FGM Practice which was highly considered as a preparatory stage for marital sexual life and repeated de-infubilation and re-infubilation of women ( $r=0.317$ ,  $p \{0.001\} < 0.05$ ). On the basis of  $p < .05$ , null hypothesis was rejected. It was concluded that FGM practice caused sexual intercourse to be

painful and this would make circumcised women to be re-infubilated due to frequent rapture of vaginal lining during childbirth. Married females who had undergone FGM were likely to experience sexual difficulty. This would follow de-infubilated to allow easy penetration during sexual intercourse. The issue of difficult home delivery as a result of circumcision is confirmed by WHO (2006) who have pointed out that postpartum haemorrhage and obstructed labour are likely to have more serious effects outside the hospital setting. This is in agreement with Kiptiony (2009) found that 75% of the respondents were aware that female circumcision is harmful to a woman's health and should be discouraged while those who knew that female circumcision could cause death were 62%. However, 25% were uncertain that female circumcision causes recurrent urinary tract infections. Women who have been subjected to FGM are also more likely to experience increased pain during intercourse, reduction in sexual satisfaction and reduction in sexual desire compared to women who have not been subjected to FGM. FGM is recognized as a harmful practice which abrogates human rights. It is prohibited by law in several African and Western countries. However, some countries have given priority to prevention strategies, such as awareness raising and education (Leye and Sabbe, 2009).

Table 2 also indicates a significant positive relationship between marital sexual health preparation through FGM practice and sexual infections and birth complications ( $r=0.047$ ,  $p\{0.040\} < 0.05$ ). On the basis of  $p < .05$ , null hypothesis was rejected and concluded that FGM practice which conducted as preparation for marriage caused sexual infections and birth complications. Women who had undergone FGM were not sexual active and this was caused by the rapture of vaginal epithelium lining which contributed to painful sexual intercourse. Long term effects are bleeding, difficult micturition, recurrent urinary tract infections, incontinence, chronic pelvic infections, infertility, vulvalabsesses, keloid formations, demoid cysts, neurinoma, calculus formation, fistulae, sexual dysfunction, difficulties in menstruation, problems in pregnancy and childbirth, and the risk of HIV transmission. Abor (2006) carried out a study in Ghana which revealed that FGM affects the physical wellbeing in that the female genitalia is deformed, and also psychological aspects as a result of mental torture due to pain and various reproductive health consequences.

FGM causes permanent, irreparable changes in the external female genitalia. Unlike male circumcision, which provides some protection from certain infections, such as urinary tract infections and human immunodeficiency virus, from a medical point of view, FGM offers no benefits (McGown, 2003). According to WHO (2007), girls exposed to FGM are at risk of immediate physical consequences such as severe pain, bleeding, shock, difficulty in passing urine and faeces, and infections. Long term consequences can include chronic pain and infections. In general, the consequences are similar for FGM/C type I, II, and III, but they are often more severe and more prevalent the more extensive the procedure.

As indicated by Table 2, there was a statistical significant relationship between FGM practice through de-infubilation and re-infubilation and women sexual morbidity ( $r=0.016$ ,  $p \{0.001\} < 0.05$ ). On the basis of  $p < .05$ , null hypothesis was rejected and concluded that there was a statistical significant relationship between FGM practice through de-infubilation and re-infubilation and women sexual morbidity. This implied that women who were sexually inactive were greatly desired to be married in the Tugen community. The relationship between the effects of FGM and women sexual morbidity could influence the persistence of FGM practice in Tugen Community. Tugen men believed that the only way to tame women sexual promiscuity was through female circumcision. They failed to understand that a person's desire for sex was in the mind and not the flesh. FGM also reduced women sexual urge making them less sexually receptive to men. Women from polygamous families would also be forced to undergo FGM due humiliation and dishonor that they were 'children' (Kloumanet. al. 2005).

Within the socio-cultural context, initiation of girls through circumcision marks the rite of passage from childhood to adulthood, enhances social acceptance, it is an induction on societal expectations and accords marriage-ability status. There are many myths and misconceptions associated with FGM. Traditionally, the practice was marked with ceremonies which enhanced social networks. The ceremonies were also used to provoke the uncircumcised girls using derogatory labeling to mock and lure them. The initiates were also given sacred traditional teachings which enhanced their social acceptability. As a result, the uncircumcised felt incomplete, despised and ostracized (Olenja&Kamau, 2001). The male and female participants were conscious of the consequences following FGM, both mentioning their own pain and

women's reduced sexual responsiveness in particular, and that they wished to avoid similar problems for their daughters. Also health workers expressed strong concern over the detrimental health issues following FGM (Johnsdotter, 2007).

### **Conclusions**

There is no statistical significant relationship between effects of FGM practice and women's sexual health in Baringo County. It was concluded that FGM caused sexual intercourse to be painful and this would make circumcised women to be prone to HIV/AIDS infection due to frequent rupture of vaginal lining during sexual intercourse. The findings indicated that although FGM had important gender implications in all its aspects, it deprived girls and women an essential part of their bodies, which impacted negatively on their sexuality. This may cause psychosexual and psychological challenges as the removed part of their bodies leave a lasting mark in the life and mind of the woman who has undergone it.

The study sought to determine the effects of FGM on Tugen women's sexual health. The various four different types of FGM would adversely impact on women's sexual life which definitely would affect their marriage life if the couple experienced harmonious sexual life. The study established that female circumcision caused sexual morbidity among Tugen girls and women, which eventually affect their sexual functioning and enjoyment. The measures selected to represent sexual health was a self-reported enjoyment of sexual relations which made assumptions about women's understandings and experiences, and also about the connection between sexual activity and sexual pleasure. FGM/FC may increase discomfort for females during sexual intercourse, therefore women who are severely cut may not engage in sexual acts as often as those who have not undergone the procedure due to the increased discomfort associated with the act. "In fact, therefore, more severe FGM could reduce the frequency of sexual intercourse.

### **Recommendations**

Kenyan Government should mark a national day of zero tolerance to FGM. This will enable practicing community a chance to evaluate themselves on their dreadful cultural practice. FGM should be declared national disaster in Kenya. Kenyan Government and partners need to identify

circumcisers and educate them about various issues related to FGM with a view of training them as change agents

More advocacy activities are needed to create a strong environment of social and political opposition to FMG in Kenya in particulars; media advocacy is paramount to strengthen public dialogue about the issue. Eradication of a deeply entrenched practice such FGM cannot be achieved through a single approach or a single organization.

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