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Knowledge, Experiences and Perceptions of Abagusii Community of Kisii County, Kenya on the Health Consequences of Female Genital Mutilation (FGM)

Roselyter Monchari Riang'a, Moses Mutua Mutiso

School of Arts and Social Sciences, Moi University, Eldoret, Kenya

***Corresponding Author:** Roselyter Monchari Riang'a, School of Arts and Social Sciences, Moi University, Eldoret, Kenya*

ABSTRACT

Background:

Health education is among the prominent forms of interventions that are used to advocate for eradication of the practice of FGM. However, little is known on affected communities' actual experiences, knowledge and perceptions on these health education messages hence need for this study.

Objective: *To understand Abagusii people's knowledge, experiences and perceptions on the health consequences of FGM.*

Methods: *Data was collected from Abagusii community of Kisii County in Kenya using interview schedules, focus group discussions, key informants and document analysis. The collected data were qualitatively and quantitatively analysed using SPSS and MAXQDA programs*

Results: *All female respondents interviewed reported that it is clitoridectomy (Partial or complete removal of the clitoris) that was performed on them and 86% of these operations were conducted by health practitioners. The majority of the respondents (82%) are aware that FGM can cause health complications to the initiate. The health effects they are informed of include: bleeding (63%), impaired sexuality (36%) psychological trauma (35%) pain (34%), problems when giving birth (29%) and infections (23%).Only less than half (42%) of the circumcised women have ever experienced health effects of FGM. Bleeding was the most experienced side effect (30%), followed by pain (28), impaired sexuality (9%), psychological trauma (2%) and obstetric complications (still births, miscarriages or barrenness) (2%). None of the circumcised woman reported scarring, keloid growths, infections or painful sexual penetration. These complications experienced by these women were associated with evil people, lack of adherence to FGM rituals and other cultural symbolic meanings that are contrary to health education messages.*

Conclusion: *While many people were aware of the health consequences of FGM, very few women actually experienced the purported the health consequences especially the long-term effects. Therefore, campaigning against FGM on the basis of these health effects leaves people indifferent and suspicious because, this information is not supported by their everyday lived experiences. On the other hand, ant-FGM efforts should zero in on perceptions and socio-symbolic meaning of these health effects rather than concentrating on awareness creation of the health consequences.*

Keywords: *FGM, Female Genital Mutilation, Female Circumcision, reproductive health, Cultural practices, Health Education Intervention*

List of Abbreviations: *FGM, Female Genital Mutilation; FGC, Female Genital Cutting; FC, Female Circumcision, MAXQDA, Max's Qualitative Data Analysis software; SPSS, Statistical Package for the Social Sciences; WHO, World Health Organization; NGOs,Non-Governmental Organizations, KDHS, Kenya Demographic Health Survey; UNICEF, United Nations Children's Fund;*

INTRODUCTION

Female Genital Mutilation (FGM) also known as Female Circumcision (FC) or Female Genital Cutting (FGC) is any surgical modification of female genitalia for cultural or non-therapeutic reasons [1]. The operation includes a range of practices involving the complete or partial removal or alteration of the external genitalia. It is estimated that more than 200 million girls and women have undergone Female Genital Mutilation in the countries where the practice is concentrated (31 countries) [2]. The FGM is practised across socio-economic classes and among many ethnic and cultural groups mainly in some countries in Africa, Asia, the Middle East and some communities in South America

[3]. While the majority of girls are operated before they turn 15 years old, others experience it within their first week of life [3].

Female genital cutting (FGC) is one of the most discussed issues among international agencies, international and local non-governmental organizations (NGOs) the world over, Kenya included. Most of the discussion centres on debate forwarded by feminist activists in NGOs. These activists believe that FGM is harmful both medically, sexually and psychologically, and they therefore advocate for total eradication of all forms of the practice not only through education but also by legislative interventions[1,3,4]. The call for intervention to stop Female genital cutting is based on the belief that female genital cutting is not only undesirable and disfiguring (thus the term "mutilation") but the practice also poses serious health consequences for the woman concern[5,6]. Health in this case, according to right-to-health argument integr-ates the issues of "physical, mental and sexual health as well as child development" [7]

Effects of FGM on women are both immediate and long term. The extent of the complications depend on the type of operation, the location of the operation-whether in rural community or hospital or in an urban setting, eyesight of the circumciser and the struggle put up by the initiate during the operation[8]. Although the incidence of mortality is not known and the extent of morbidity is sketchy at best, the complications of female genital operations have been described, if not quantified, with some consistency [5,9–11]. These effects of FGM are often divided into short-term, long-term, as well as obstetrical complications.

Short-term are the most immediate of these complications and they include pain from lack of anaesthesia, haemorrhage of major blood vessels, and fatal shock from loss of blood, infections and potential death[4]. Pain and fear associated to it can lead to acute urinary retention and post-trauma stress disorders [12]. Local infection, often accompanied by anaemia from blood loss, causes slow and incomplete healing, a condition which favours formation of scar tissue, or keloid [11]. Keloids can cause vaginal abstraction, pre disposing women to urinary and menstrual blockage even to the non-infibulated women[5,9–11,13] .

The long-term complications are said to be associated more often with in fibulation– Type III: removal of part or all the external genitalia and stitching/narrowing of the virginal opening than with excision – Type II: Partial or total removal of the clitoris and labia minora, with or without excision of the labia majora, and Clitoridectomy- Type I: Partial or total removal of the clitoris and/or the prepuce[4] although this has been inadequately researched. Possible long-term complications include genitourinary problems, such as difficulties with menstruation and urination that result from a nearly complete sealing of the vagina and urethra. Untreated lower urinary tract infections can ascend to the bladder and kidneys, potentially resulting in renal failure, septicaemia, and death. Chronic pelvic infections can course back pain, dysmenorrhoea (painful menstr- uation), and infertility. Another frequently mentioned complication is the formation of dermoid cysts, resulting from embedding epithelial cells and sebaceous glands in the stitched area [5,11,13]. Additionally, if the clitoral nerve is trapped in a stitch or in the scar tissue, a painful neuroma (tumour of neural tissue) can develop[13]. All forms of genital cutting are alleged to be potentially associated with diminished sexual pleasure and, in certain cases, inability to experience a clitoral orgasm[14]. Infibulated women may experience painful intercourse and often have to be cut open for penetration to occur at all [5,14].

Obstetrical complications are most often reported in association with infibulation, including obstructed labour and excessive bleeding from tearing and de-infibulation during childbirth [10]. Obstructed labour may lead to the formation of vesico-vaginal and recto-vaginal fistulae (openings between the vagina and the urethra or rectum, allowing for urine or faeces to pass through the vagina) [5,13]. Some researchers have suggested that, increased obstetrical risk exist for excised women as well [11]. Scar tissue may contri-bute to obstructed labour, since fibrous vulva tissue fails to dilate during contractions. Furthermore, haemorrhage may result from tearing through scar tissue.

Despite the health effects of GM, legislative efforts and increased advocacy for its eradication, FGM is still practiced in Africa and other global populations at various levels.

Globally at least 2 million girls undergo the procedure Annually [2].In Kenya, 6 million girls and women (37.6%) aged 15-49 years have undergone the practice [15].Even though the overall decline in the prevalence of FGM has been recorded in Kenya over the last three decades, the pace of decline among some communities has been very low where the prevalence rate is as high as 94% [15]. The Gusii Community of Kenya, just like the Somali, the Samburu, the Maasai and the Kuria, is one of the communities whose prevalence rate is still very high at 84%. It is unlikely that this practice will fade off any time soon because these communities continue performing these operations even after the Kenyan Government passed a law -the Prohibition of Female Genital Mutilation Act 2011- that banned FGM countrywide [16]and after other global conventions and Declarations of Human Rights oppose the practice[17]

From the available literature, the highest concentration of ant-FGM organisations is in Gusii Land and one of their main goals is to create awareness of the health effects of FGC through education, but one wonders if the Abagusii people are aware of these consequences. For the Abagusii to be able to abandon the practice that they cherish, they must not only be aware of the associated health consequences but also witness and experience the purported consequences in their daily lives.

Health education are among the prominent forms of interventions that are used to advocate for eradication of the practice of FGM with hopes that as awareness of the dangers of FGM increase, support for the practice will diminish. However, little is known on how these communities perceive and respond to these health education messages hence need for this study. Effectiveness of any education intervention strategy depends on how the target group perceived and responded to the messages as intended by the source, and how these messages are actually witnessed and experienced in their lives. This study, therefore, seeks to not only assess the Abagusii people's knowledge and lived experiences with the health consequences of FGM but also to understand a range of voices from the affected community on their views and reactions towards the health implications of FGM.

METHODS

Study Area and Sampling Methods

Data were collected from Abagusii community. The Abagusii speak the Ekegusii language which is classified in the Bantu languages[18].Circumcising boys and girls at an earlier age is an important rite of passage from childhood to adulthood Among the culture of Abagusii community[19]. The rituals take place every year in the months of August and December after a harvest when food is in plenty for feasting and celebrations[18,19]. Circumcision is followed by a period of seclusion where male initiates are taught by older boys their roles as young men in the community, and the code of conduct expected from a circumcised man. Similarly, girls are taught by older girls. Initiated boys and girls were also taught the rules of shame ("chinsoni") and respect ("ogosika") [19]. This is a time of celebration for families and the community at large. Traditionally, the Abagusii did not marry into tribes that did not practice circumcision, though this practice has declined in recent generations[18,19].

The Abagusii Community inhabits in Gusii Land which constitutes two Counties of Kenya: Kisii County and Nyamira County. The counties lie about 50 miles south of the equator, 40 miles North of Tanzania and 30 miles East of Kavirondo Gulf on Lake Victoria. Gusii Land is generally mountainous with most areas above 1800 metres above sea level[20]. It consists of rounded, steep sided hills intersected by narrow valleys, which are rich in red volcanic soils favourable for a variety of crop and livestock production hence Agriculture is the major economic activity of the Abagusii[18,20]. The community has a very high fertility rate of 5.2 and crude birth rate of 66.3/1000 hence densely populated (956.45 persons per Square Kilometre)[21]. Kisii County where data for this study was collected from is administratively divided into Nine sub-counties and Gucha South sub-county was selected through simple random Sampling.

Data Collection

Researcher administered questionnaire containing closed and open-ended questions

were used to collect data from a sample of 200 men and women who were purposively selected. Inclusion criteria for the selection of female participants included: the woman must be circumcised and have at least one live-birth whether in the marriage union or out of the wedlock. This was a very important factor to take into account especially when developing an understanding on the effects of FGM on sexuality, fertility and obstetrical complications. Age diversity was also taken into account. The questionnaire constituted various questions including: demographic characteristics of the respondents, their knowledge and perception on the various health effects of FGM and their experiences with FGM. Key Informant Interviews (KIIs) were also conducted with four traditional FGM practitioners. Further three Focus Group Discussions (FGDs) were conducted with women participants for data triangulation and clarification of raised issues. All questionnaires were codded, analysed using SPSS program to establish frequencies and percentages that have been presented in the tables below. On the other hand, all FGDs and the KIIs were recorded, transcribed, and codded into predetermined and emerging themes using MAXQDA program to establish the narratives that have been presented in the results section. The demographic characteristics of the respondents are presented in Table 1.

RESULTS

The data for this study were drawn from a sample of 200 men and women of which, 63% were women. The interviewer included both sexes in the study, in order to come up with gender differences in the perspective of FGC. However, more women than men were targeted because, FGC is performed on women. Table 1 gives a summary of the demographic characteristics of the respondents.

Table1. *Demographic characteristics of the respondents*

Characteristics		Number of Cases	Percentage (%)
Gender	Male	75	37
	Female	125	63
Age	≤30	110	55
	31-55	78	39
	≥56	12	6
Marital Status	Never Married	23	12
	Currently Married	166	83
	Formerly Married	11	5
Religion	Roman Catholic	56	28
	Protestant	144	72
Level of education	No Education	11	5
	Primary Education	91	46
	Secondary Education	72	36
	Post-Secondary Education	26	13
Respondent Working in a Formal Sector	No	155	78
	Yes	45	22

The respondents' age ranged from 18-98 years. The modal age of the sampled population was 28 years and the mean age was 31 years. Cumulatively, more than half (55%) of the respondents were aged less than 31 years and 6% were above 55 years old. The age variable was important in developing an understanding of intergenerational differences in the perception of the practice of FGM. Majority of the respondents (83%) were currently married. All of the respondents had at least one live-birth whether in the marriage union or out of the wedlock. Almost half (46%) of the respondents had attained primary school level of education, only 6 percent of the respondents never attained any formal education. The majority of the respondents (78%) in the study area are involved in the informal sector of the economy for their livelihood. These are either small scale farmers or entrepreneurs. It was realized that there were neither Muslims nor Hindus in the study area hence all the respondents were Christians but in different denominations of which, 72% were protestants and the rest (28%) were Roman Catholics.

Nature and Place of FGM Practice among the Abagusii Community

Health effects of FGM on the initiate depend on the nature of the operation, place of the operation and the practitioner who conducted the operation. In this study, collecting this information was therefore necessary in order to understand Abagusii women's health experiences as a result of FGM and this is presented in Table 2.

Table2. *Nature and place of the operation*

Variable		Frequency (n=125)	Percentage (100%)
FGM Practitioner	Health provider	107	85.6
	Traditional practitioner	18	14.5
Nature of the operation	Clitoridectomy (Type I)	125	100
	Excision (Type II)	0	0
	Infibulation (Type III)	0	0

All female respondents interviewed reported that it is clitoridectomy (Partial or complete removal of the clitoris) that has been performed on them. This was confirmed by a key informant:

"We only cut a small piece of the clitoris." (Traditional circumciser)

The majority of the circumcised female respondents (86%) reported that the operation was performed by a health provider (Community health volunteers or a nurse). Only 14% were circumcised by a traditional practitioner. The reasons given for the use of health practitioners is that, they use precautionary steps, such as the use of clean sterile razor on each woman, and dispense prophylactic antibiotics and anti-tetanus as well as local anaesthesia injections. Use of Health practitioners was also confirmed by a key informant:

> "Actually, the initial people who decided to have FGM done in a health set-up was because, health workers use medicine that facilitate healing and control bleeding. Before then, circumcised girls used to over bleed till they are taken to the hospital to control the bleeding. There after, most people decided to have FGC done at a health facility such that in case of any complications, it can easily be dealt with at the right time. However, these days because of government ban, the operation has gone back to the private places in the homesteads or in private clinics, where they cannot easily be noticed."

The Gusii Community's Knowledge, Experiences and Perceptions on the Consequences Associated with Female Genital Cutting

This study started by understanding the knowledge of the Gusii men and women on the health effects of FGM on women. All female respondents later participated in long discussions about what their actual health experiences were as a result of being subjected to the practice of FGM. Knowledge can be learned, heard or experienced. However, knowledge learned by experience is actually what was key for this study and this has been presented in Table 3 and Table 4.

Table3. *Knowledge on the Health Effects of FGC*

	Response	Frequency (n=200)	Percentage (100%)
Do Gusii women encounter any health effect as a result of FGM?	No	36	18
	Yes	164	82

It is indicated in Table 3 that 82% of the respondents are aware that FGM can cause health complications to the initiate. Only 18% reported not to be aware that FGM can cause health effects to the initiate. There was therefore need to probe further on the specific health effects that Abagusii men and women are aware of based on the list of health

consequences highlighted in literature. The responses collected from the 164 participants who were aware that FGM causes health effects are presented in Table 4.

Table4. *The Distribution of the Respondent's knowledge on the Health Effects of FGC (N=164)*

Health effect	Not aware		Aware	
	Frequency (n=164)	Percentage (100%)	Frequency (n=164)	Percentage (100%)
Bleeding	61	37	103	63
Impaired sexuality	106	64.5	58	35.5
Psychological trauma	107	65.5	57	34.5
Pain	108	66.0	56	34.0
Problems when giving birth	117	71.5	47	28.5
Infections	126	77.0	38	23.0
Septic wounds	150	91.5	14	8.5
Miscarriages/ stillbirths/ barrenness	157	91.8	13	8.2
Keloid growths	157	96.0	7	4.0

As indicated in **Table 4**, the majority of the respondents (63%) reported bleeding as the main effect associated with FGC. This was followed by impaired sexuality (34.5%), psychological trauma (34.5%), pain (34%), problems when giving birth (28.5%) and infections (23%). Very few respondents reported septic wound (8.5%), keloid growths (4%) and still births/ miscarriages/ barrenness (8 %).

This study further interrogated on how the circumcised women (125 women) experience and interpret the health effects associated with FGC as indicated in Table 5.

Table5. *Women's Experiences with the Practice of FGC (N=125)*

Health effect	Did not experience	Experienced
	Percentage (100%)	Percentage (100%)
Did you experience any health effect?	58	42
Bleeding	69.7	30.3
Pain	72.1	27.9
Impaired sexuality	91.0	9.0
Septic wounds	97.5	2.5
Psychological trauma	98.4	1.6
Miscarriages/still births/ barrenness	98.4	1.6
Keloid growths	100.0	0
Scarification	100.0	0
Infections	100.0	0
Painful sexual penetrations	100.0	0

From Table 5, it is noted that besides the Gusii community being aware of various health effects associated with FGM, 58% of the circumcised women reported that they have never encountered any of the health consequence reported in literature as a result of undergoing the practice of FGC. Only less than half (42%) of the circumcised women reported side effects as a result of undergoing through the operation. The consequences that were experienced by the majority of these women were the immediate complications. Bleeding was the most reported side effect (30%), followed by pain (28 %). Only a few respondents reported impaired sexuality (9%), psychological trauma (2%) and obstetric complications (still births, miscarriages or barrenness) (2%). None of the circumcised Gusii woman reported scarring, keloid growths, infections or painful sexual penetration.

Perceptions on the health consequences of FGM

Pain

Almost 28% of the respondents reported having experienced pain. However, the respondents perceived pain as a normal experience and main reason for practicing FGM. One of the key informants (aged 101 years) reported that, traditionally, it was a taboo for a woman to cry during FGM.

> "Several sacrifices had to be done or she had to be married outside the community because, she has not proved to be a woman enough. Before a man marries a woman,

> he had to find out if she ever cried during circumcision, if she did, she cannot be married."

Therefore, enduring pain, they explained, is a constitutive experience in preparing a woman for her role as a wife and mother, which is the central role of a woman in Gusii community.

Bleeding and haemorrhage

Despite the fact that majority of the respondents reported having experienced bleeding during the operation, they however reported that bleeding was a normal experience as long as it is minimal. However, excessive bleeding (which is uncommon) was associated with evil as reported by one of the respondents:

> "If the child bleeds excessively then there is something wrong with the initiate's mother, which we call "amasangia". It means that the father of the initiate has mistresses out of the wedlock one of the mistresses interacted with the initiate during or after the operation.... If bleeding does not stop, several remedies may be tried. In some cases, the girl can be told to cross-over a dog several times until the bleeding stops. Alternatively, she is given several herbs to take."

Impaired Sexuality

In this study, a few circumcised women respondents (9%) believed that, the operation of FGM reduced their capacity for sexual enjoyment. To them what matters is how a man handles a woman. During a discussion with some women respondents in the study community, they were arguing that:

> "Yes, we hear that a circumcised woman does not satisfy a man sexually and this makes the man to 'move out' with other women. This is not true. If circumcision was the cause, then these men would have been going out with women from the communities that don't practise FGM. Why should they move out with other Gusii women who are circumcised just like their wives? Furthermore, the men who come from the communities which donot practise FGM (referring to the Luo community) are the worst when it comes to extra marital sex, this means that their women even if not circumcised, they still do not satisfy their men as well"

These women further argued that,

> "Our husbands do not know how to handle a woman; they just jump on you without knowing whether you are psychologically set for sex or not."

Perceptions on Obstetric Complications

The majority of the Gusii women could not see how circumcision, as they practice it, can have an effect on child birth considering that they have given birth to many children without problems. One elderly woman said that:

> "Female circumcision does not cause any problem to child birth. I am a circumcised woman and I gave birth to eleven children without going to a health facility. All my deliveries were conducted at home by either self or traditional birth attendant. It is not circumcision that is causing delivery problems; it actually depends on the bones (pelvic bone) of the woman concerned."

The Gusii further associated FGM with obstetric complication only if rituals were not adhered to accordingly. One of the rituals that was reported by a few women and mostly by elderly arises as a result of 'fire going off' as reported by an elderly woman:

> "A fire was usually made, a new from sticks /drill, rather than from burning embers, in the initiates' house where they stayed during the seclusion period. The initiate and her mother had to tend the fire to ensure that it does not go off throughout the seclusion period. Keeping the fire constantly a light was most important; should the fire go off without reporting, the initiates risked becoming infertile, or it will affect their pregnancy. They will have difficulties inconceiving or risks of continuous miscarriages, or experience a series of neonatal mortality. Unless they confessed and went through a cleansing ceremony, the problem will persist."

However, these respondents reported that obstetric complications as a result of fire going off is not commonly experienced in the contemporary Gusii community because the ritual of making fire has been abandoned.

Psychological Trauma

Finally, the respondents reported a problem of psychological trauma as a result of FGM. This problem rises especially when the circumcised girls get in touch with the communities which do not practice FGM. One young woman respondent revealed that:

> "It was until when I went to high school in western province that I came to realise that circumcised girls are stigmatised, which was in contrast to that of the Abagusii in which it is the uncircumcised who are ostracised. This gave me a hard time because I used to be termed as "mutilated'' by those girls. This taught me a lesson. I will never ever say that I am circumcised whenever I am away from Gusii land."

Psychological trauma also arises out when a woman encounters a problem of miscarriages, infertility or death of children. One woman regretted that:

> "This practice needs to be abolished. Was it not for this practice my children would not have died. When I got married, I lost three children until I went through the cleansing rituals. Right now, I would be having grown children like my fellow age–mates."

This problem traumatises many women, especially when they do not conceive. They are beaten and chased away several times by their husbands, because of failing to deliver children-which is the main reason for marriage, as per the Abagusii customs.

Respondents also reported that initiates encounter psychological trauma while in seclusion period. This happens mostly to those who stay in seclusion alone. They feel lonely and isolated because the rituals do not allow them to go anywhere, maybe to meet friends, until they are officially released from seclusion. The seclusion period may be lengthened when the initiate fails to recover quickly and this end up worsening her psychological conditions.

Discussion

This paper aimed at studying the Abagusii's understanding of the health effects of FGC on women's bodies and sexuality as narrated in literature. The study further went a long way towards providing fresh understanding on how the woman concerned experience and interpret the health effects of FGM. The study also tried to understand the nature of FGM that is performed on Abagusii women.

All women respondents in this study reported that clitoridectomy (Type 1) was performed on them and this was confirmed by a key informant (traditional circumciser) who reported that she only removes the clitoris' hood only. According to WHO, this is the mildest form of FGC compared with excision and infibulation [1].

The results further indicated that much of FGC operations (85.5%) are performed by health practitioners (community health Volunteers or trained nurses) using modern surgical tools and medicine. Only 14.5% of the operations were conducted by a traditional practitioner. The main reasons as to why the respondents prefer health practitioners is because they use precautionary steps, such as the use of clean sterile razor on each woman to prevent infections, and dispense antibiotics to facilitate healing, they also inject local anaesthesia to control pain and bleeding. This is unlike Ethiopia where the local healers (76.1%) or elderly people (18%) are the main practitioners of FGM [22].

It is further indicated in the results section that 82% of the respondents are aware of the presence of the health effects of FGM on women. Only 18 % of men and women are not aware of any health effect. Actually, 82 percent is a high score for this variable. The majority of the Gusii are therefore, aware that FGC has negative consequences on the health of women. This level of awareness (82 percent) can be viewed as an impressive figure, to say the least. High Knowledge on the health problems associated with FGM was also reported in South Naigeria by 72% of the respondents [23].

The highly reported health consequences Abagusii are aware of include bleeding (63%), pain (34%), impaired sexuality (34%), psycholo- gical trauma (35%) and problems when giving birth (29%). High knowledge on bleeding and sexual disorders was also reported in South Nigeria by 77% and 70% of the respondents respectively [23] and Ethiopia [24].

Despite the high knowledge on the health problems associated with FGM, only less than half (42%) of the circumcised women actually experienced side effects as a result of undergoing the cut. The commonly experienced health consequences as reported by circumcised women were mostly immediate complications (pain (27.9%) and bleeding (30.3%). Low experiences with health complications of FGM could be probably because Abagusii practice Clitoridectomy (the lowest level of FGC) as reported by the key informant and that the operation is done by health practitioners who use clean sterile razor, antibiotics, and local anaesthesia as established in the study. As a result, Infections and other immediate complications such as bleeding and pain are likely to be controlled. Medicalization of FGM has however been condemned by the medical organizations and associations, including the World Health Organization (WHO), and the international Federation of obstetricians and gynecologists. They argue that, medicalization of FGM in the medical profession may undermine eradication efforts[25] and this has resulted to many operations reverting back to traditional circumcisers or private nursing homes.

On the other hand, majority of the respondents underwent the operation at a very young age (5years -8years) which might cause recall biases. Furthermore, when girls are circumcised at young ages they heal faster and this reduces the chances of scar formation, which is claimed to cause abstracted labour.

On the other hand, minimal experiences with health effects of FGM could also be associated with the cultural conceptualization of these health consequences. Bleeding and pain for instance were considered as normal. bleeding was only considered abnormal when it was in excess and this was believed to be experienced only if the initiate got in contact with evil people during the operation.

Cultural conceptualization of pain has also been highly witnessed in literature. In Most cultures the bravery and self-control displayed by enduring the pain of female or male genital circumcision/operation is a sign of demonstrating maturity hence seen as central to the transformation from childhood to adulthood. Klopp and Silberschimidth, (2001)for instance in their study established that, historically, among the Abagusiipeople, pain during circumcision is considered to be normal. It is the perseverance of pain that proved to an initiate that she was mature and courageous enough to become a woman and make a wife[26]. By withstanding the pain of being cut, a woman demonstrates her maturity and readiness to endure the pain of child-birth and hardship of married life[26]. Sergent (1989) was also told by women in Benin that after the excruciating experience of clitoridectomy, “no pain will ever overwhelm a person” (Sergent, 1989).

Although one of the main reasons for practicing FGM as reported in literature is to reduce “female hyperactivity” in sexual practice, hence curbing promiscuity [22] it has been debated, however, whether women do, in all cases, experience reduced sexual pleasure after the operation. In this study, although 28.5% of the respondents are aware that FGC leads impaired sexual desires, only 9% of the circumcised women believed that, the operation of FGC reduced their capacity for sexual enjoyment. This is probably because, it is often difficult for the respondents to give accurate information whether clitoridectomy alters sexual response since most of them were circumcised long before becoming sexually active (at an average age of 8years). The respondents instead associate impaired sexuality with unstylish romance from their male partners. A study by Klopp and Silberschimidth, 2001 among the Abagusii women’s experiences with sexual feelings also established that despite being circumcised, Abagusii women have sexual feelings. This was proved by the way women in polygamous family traditionally competed for the husband’s favour, particularly for his sexual attention. While it was a common practice for the husband to place his little stool in front of the hut of the wife with whom he intended to spend the night, “Under-served” wives used to snatch the stool and place it in front of their hut–forcing their husband to give them sexual attention[26].

However, a systematic review of seventeen comparative studies on sexual consequences of FGM comparing circumcised and non-circumcised women established that women who have undergone through FGM are more likely to experience pain during sexual intercourse, reduced sexual satisfaction and reduced sexual desires when compared to women without FGM [14]. On contrary, a

study by Yirga Et. Al, 2012 however, argues that when clitoridectomy takes place at a tender age when girls are still growing, a very sensitive small clitoris regenerates thereafter, which still makes a woman very sensitive to sexual arousal. They further argue that, the clitoris is just but one organ of the several others organs (for example: breasts, labia minora, internal vagina, and thighs) that make a woman sensitive to sexual arousal. [22] This is a clear indication that vaginal orgasm is independent of the clitoris but still fundamental to a woman's sexuality.

Other findings from this study contradict the common knowledge regarding clitoridectomy and obstetric complications. Only 1.6% of the respondents in this study reported to have experienced obstetric complications as a result of FGM. Experiences with obstetric complications was instead associated with negligence of not following seclusion rituals to the ratter. Abagusii women in this research maintain that clitoridectomy has existed in their society for hundreds of years, and the practice has neither adversely affected their fertility nor given their women folk the types of gynaecological or obstetric problems that have been associated with the operation in recent years. This can be confirmed by the fact that Gusii is one of the communities which normally report highest fertility rate in the country as per the Kenya Population and Housing Census [21]. Conversely, Shell-Duncan, Obiero and Muruli (2000) after many careful observations in their study also established that, clitoridectomy and excision do not deprive the local muscular tissue of the necessary elasticity as to hamper child birth [27].

Studies have also indicated that FGM leads to psychological complications such as post-trauma stress disorders [12]. In this study only 1.6% of the circumcised respondents reported having experienced a problem of psychological trauma as a result of FGM. They however associated FGM with psychological trauma that arise as a result of being ostracised by their peers for not undergoing the practice or because of encountering obstetric implications that arise as a result of not fulfilling the rituals of FGM.

CONCLUSION

The result findings of this study indicate that almost three quarters of Abagusii community are informed that FGM causes negative health effects on women and children. However, majority of the Abagusii women who went through the operation did not actually experience much of the health effects narrated in literature. In other words, FGM as it is performed by the Abagusii people does not actually cause most of the health effects reported in the literature, especially the long-term effects. It only causes the immediate short-term effects which are now being controlled by medicalizing the operation and reduction of circumcision age. When girls are circumcised at young ages they heal faster and this reduces the chances of scar formation, which is claimed to cause abstracted labour. Therefore, campaigning against the custom based on this argument leaves people indifferent and suspicious because, it is not supported by their everyday lived experience.

On the other hand, the health consequences of FGM that are actually experienced by the Gusii women are perceived differently from the information explained in literature. For instance, the causes still births, impaired sexuality, pain and bleeding have cultural symbolic meanings that are contrary to health education messages. As a result, ant-FGM efforts should zero in on perceptions and socio-symbolic meaning of the practice rather than awareness creation of its consequences.

AUTHOR CONTRIBUTIONS

RMR contributed to the conception, study design, planning, data collection, analysis and interpretation and drafting of the first draft of this paper contributed to conception of the study idea, Literature review and prove reading of the article.

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CONSENT FOR PUBLICATION

The people interviewed were informed about the study's objectives and the eventual publication of the information gathered. They were assured that their identities would remain undisclosed.

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AUTHOR'S BIOGRAPHY

Roselyter Monchari Riang'a, is a Lecturer of Sociology and Community Development in the school of Arts and Social Sciences at Moi University, Eldoret, Kenya.

Moses Mutua Mutiso, is a lecturer of Sociology in the School of Arts and Social Sciences at Moi University, Eldoret Kenya

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