EVIDENCE BRIEF SEPTEMBER 2023

RESEARCH ON MEDICALIZATION OF FEMALE GENITAL MUTILATION/ CUTTING IN MAASAI COMMUNITIES

COVAW
Coalition on Violence Against Women

INTRODUCTION

In Kenya in every seven women and girls aged 15 – 49 years, one has undergone female genital mutilation/cutting (FGM/C)[1].The practice is associated with gender inequality, health complications, and violation of the rights of women and girls. Among the Maasai community, five in ten women live with some form of FGM/C[1], the majority of whom have been cut by traditional practitioners, including traditional birth attendants (TBAs). However, girls including those from the Maasai community are increasingly being cut by healthcare workers (HCWs) – a practice known as the medicalization of FGM/C[2,3]. Recent data from Suswa Ward in Narok East shows that girls were increasingly being subjected to FGM/C performed by HCWs coded *kisasa* and *Kiswahili* to conceal the practice from law enforcement mechanisms[4]. The Medicalized FGM/C in the Maasai community is conducted in private clinics and at home, using surgical tools, antiseptics, and anesthetics by HCWs across various cadres[3].Among reasons for medicalization of FGM/C include the perceived reduction of complications while allowing the women and girls to adhere to their cultural obligations, and financial benefits for the HCWs[4,5,6].

This evidence brief summarizes the key findings from a study[7] that sought to determine the prevalence of medicalized FGM/C in the Maasai community in Suswa ward of Narok County.

METHODS

Data were collected using qualitative and quantitative methods. Qualitatively, key informant interviews (KIIs), in-depth interviews (IDIs), and focus group discussions (FGDs) were conducted. The KIIs were held with administrative, religious, community leaders, and community health workers.

RECOMMENDATIONS

Targeted interventions including training and sensitization on FGM/C-related complications, legal and human rights aspects of FGM/C and the role of HCWs in the prevention of medicalization.

Advocacy around addressing FGM/C and its medicalization with health professionals regulatory and associations to reinvigorate adherence to the "do no harm", ethical principles and fidelity to the oath of practice.

Interventions with special focus on chemists and pharmacies for their role in selling/supplying health products, equipment and supplies that sustain medicalization of FGM/C.

Strengthen the health system monitoring and surveillance to identify FGM/C cases with close attention to private practitioners and clinics while working with local stakeholder for action.

Conduct community dialogues and awareness creation on the dangers of medicalized FGM/C.

Support the implementation of family level end FGM/C interventions to address *kisasa or kiswahili* and medicalization that are secretly done by families.

Support the implementation of girl empowerment and promotion of agency.

The IDIs involved practitioners of medicalization and *kisasa* as well survivors of these practices.The FGDs were conducted with girls, women as well as young and older men.

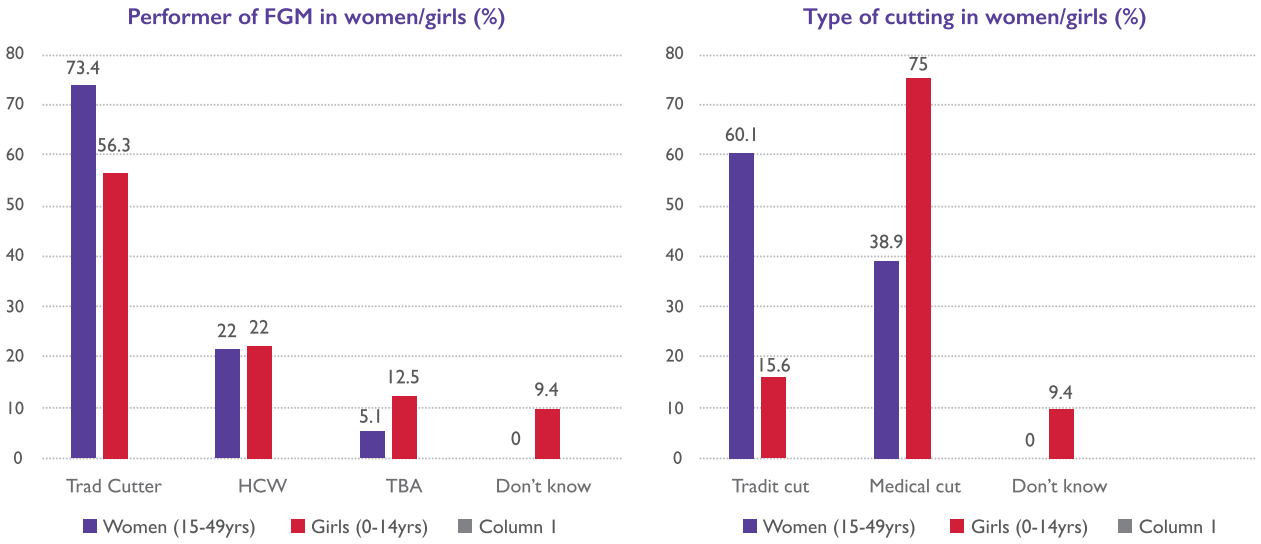
Additionally, a household survey using innovative confidante method helped to obtain FGM/C status data from women respondents, their confidants as well as daughters (0-14 years).

FINDINGS

Magnitude of medicalization of FGM/C in Suswa Ward

The prevalence of FGM/C was estimated at 87.8% among women in Suswa ward, Narok County. The women had undergone traditional cutting (71%) or *kisasa* type (28%) of FGM/C. Among the girls aged 0-14 years, 73.4% had been cut by traditional cutters, 21.5% by health workers and 5.1% by TBAs. These practitioners either performed *kisasa* (38.9%) or traditional (60.1%) FGM/C on the girls. (Figure 1).

Figure 1.The practitioners and type of FGM/C performed (%) on Maasai women and girls in Suswa Ward.



What, where and who is performing medicalised FGM/C?

Medicalisation of FGM/C is also referred to as *kisasa*, or *kiswahili* in Suswa. It represents a trend of less severe type of FGM/C performed in a modern way using health supplies by diverse practitioners - either HCWs or traditional cutters. The procedure is performed on young girls as well as pregnant girls when giving birth to avert or minimize health complications, perpetuate culture and evade the law enforcement.

> The type of FGM practiced nowadays is called *kisasa*. In the past when a girl was cut, all the flesh was removed, but now the *kisasa* type it is only the clitoris that is removed. The girl is injected with anesthesia then the clitoris swells, and it is cut off. Only a small piece is cut to just convince the girl that she has been cut. The traditional cutters are the ones doing it using the anesthetics, antibiotics, and gloves."
>
> *- (Traditional birth attendant, Suswa).*

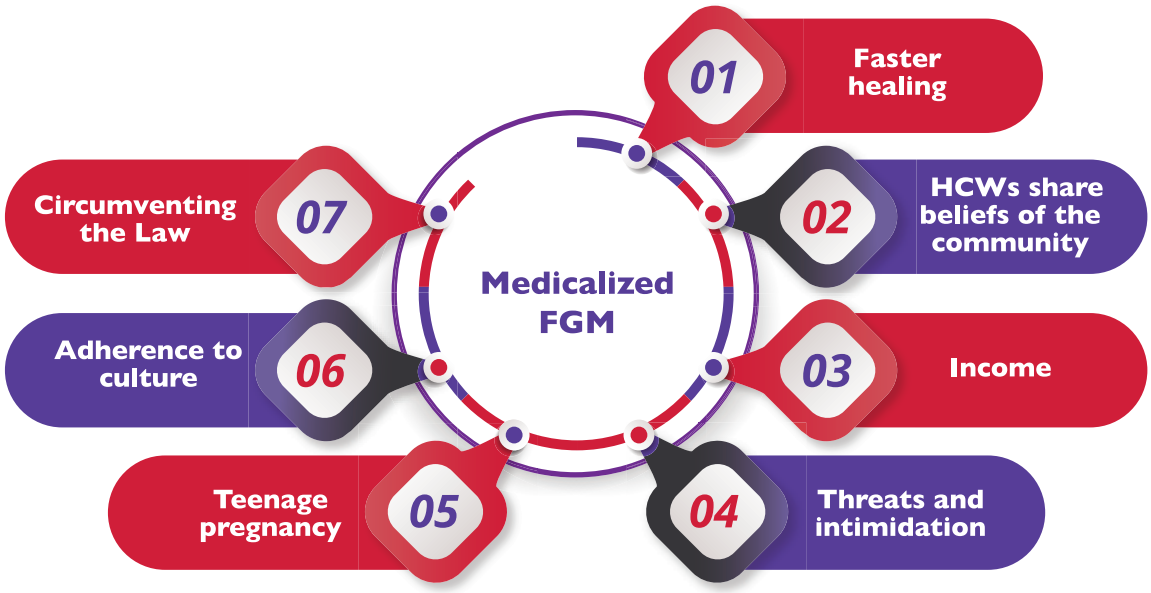
The type of FGM performed nowadays is called *Kiswahili* where only the clitoris is cut. Medicalization is also happening because when I got pregnant while still in high school, I was taken to the health facility to deliver, that's when the cut was performed on me without my knowledge. A nurse helped me deliver my baby and then performed FGM on me. You know during delivery you feel pain, and because I had tears, she told me she is going to mend the tears, and that's when she circumcised me. When I asked the nurse why she did that to me, she told me it's my mother who told her to circumcise me. She performed the *Kiswahili* type of FGM, she didn't cut everything but she cut half of the clitoris."

(Survivor of Medicalized FGM, Suswa).

Why is medicalisation of FGM/C gaining popularity in Maasai community?

Medicalised FGM/C is stimulated and sustained by health, social and legal factors.The identified specific reasons include faster healing, culture, evading the law, economic reasons, HCWs shared cultural belief with the community, threats and intimidation on girls and teenage pregnancy (Figure 2).

Figure 2. Factors stimulating medicalisation of FGM/C in the Maasai community



It is the *Kisasa* cut that was performed on me and because I was still young, I did not know the negative issues of FGM. So the first reason I was given is that when you're not cut you will not get married and if you get married without cut the time you're going to give birth the cut was going to be performed there. So I had to undergo the cut because I had no otherwise."

- (IDI, Survivor of Kisasa, Enariboo).

> When a girl gets pregnant, she is cut then married off. Also early pregnancies are factors driving FGM, because parents do not want their girls to deliver when she has not been cut, because the girl will be termed us Entaapai, which means she is an outcast."
>
> *(Community Health Volunteer, Suswa)*

> The girls are cut the kisasa type so that she heals fast before the elders or the chief is aware. After 3 days the girl is healed, she is outside playing. In the past a girl could stay inside for a month before she recovers. Also the kisasa type the girl does not get infections."
>
> *(Traditional birth attendants, Suswa).*

What are health complications associated with medicalized FGM/C?

FGM/C has complications regardless of whether it is medicalized or *kisasa* type. The complications were identified as immediate physical, birthing, long term and psychosexual complications.

> ...there was excess bleeding after the cut I ended up fainting due to the bleeding. Nothing was done at first they only gave me milk, but milk never brought any change and they end up calling the doctor and I was taken still to the hospital for me to be injected to boost blood lost during the bleeding."
>
> *(Survivor of Kisasa, Suswa).*

> ...the complications might be reduced as compared to a person who underwent through the traditional type of FGM. But I would say the psychological effects are still there. There is emotional or psychological torture. It could be the psychological issue, because you might keep on remembering the process or remembering I did that and maybe I was not supposed to do it. It could be something that could follow someone psychologically."
>
> *(Officer from a local NGO, Narok).*

> ...for instance, there are people who are prone to getting keloids after an ear piercing, it's also possible to get keloids after FGM, and it closes the vagina." *(Youth Leader, Suswa)*

CONCLUSION

Medicalized FGM/C on girls has gained popularity because of health, social, economic and legal reasons among the Maasai in Suswa. These findings underscore the need for FGM/C interventions that holistically target the HCWs and traditional cutters as the providers of medicalized or *kisasa* FGM/C. Additionally, the community should be targeted through family campaigns and community dialogues with a clarion call that medicalization is FGM/C and equally associated with health complications as well as being illegal.

REFERENCES

1. GOK-KNBS. Kenya Demographic and Health Survey (KDHS) 2022. (2023).
2. KDHS. Kenya Demographic and Health Survey 2014. Kenya National Bureau of Statistics (KNBS) [Kenya], Kenya Demographic and Health Survey (2014). doi:10.3109/03014460.2 013.775344
3. Kimani, S. & Shell-Duncan, B. Medicalized Female Genital Mutilation/Cutting: Contentious Practices and Persistent Debates. Curr. Sex. Heal. Reports (2018). doi:10.1007/s11930-018-0140-y
4. Orchid Project. Final Orchid project MTR report. (2022).
5. Kimani, S., Kabiru, C.W., Muteshi, J. & Guyo, J. Female genital mutilation/cutting: Emerging factors sustaining medicalization related changes in selected Kenyan communities. PLoS One (2020). doi:10.1371/journal.pone.0228410
6. Njue, C. & Askew, I. Medicalization of Female Genital Cutting Among the Abagusii in Nyanza Province, Kenya Frontiers in Reproductive Health Program Population Council. (2004).
7. COVAW. Research on medicalization of female genital mutilation / cutting in maasai communities report. (2023).

COVAW
Coalition on Violence Against Women

Dhanjay Apartments, 8th Floor, Apartment No. 807,
Hendred Avenue, Valley Arcade, Off Gitanga Road, Nairobi
Telephone: +254 20 804 0000, +254 (0) 722 594794/ +254 (0) 733 594794
Email: info@covaw.or.ke Website: www.covaw.or.ke

@covaw @covaw