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Conflict between traditional and biomedical views on effects of female genital cut on women's health: The case in Marakwet Community, Kenya

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Abstract

This paper examines the “mind-set” of the Marakwet people on female circumcision and its effects on women's health. It presents conflicting view between the Marakwet and biomedics on effects of female genital cut on women's health and how this parallel outlook on the tradition has impeded anti-female circumcision campaigns in the community. Despite several measures taken by the Kenyan government and international organization to eradicate female cut, circumcision of girls persists among the Marakwet community because of mystical beliefs associated with the operation. Data was collected using in-depth and key informant interviews. A focus group discussion was also conducted to triangulate data. The study showed that the Marakwet convey an opposing view on female cut. The community insists that the ritual is not detrimental to women's health as envisaged by biomedics but very useful for well-being of the female and her offspring. Though the insider's standpoint on this tradition has no scientific basis, it remains the major driving force behind the persistence of female genital cut in the community. To counteract the problem, the study recommends incessant education of all members of the community so as to effectively understand negative effects of the cultural practice on women's health.

Keywords: Marakwet; Biomedics; Female Genital Cut; Health Effects; Views

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1. Introduction

Female Genital Cut (FGC), also known as Female Genital Mutilation (FGM) or female circumcision (FC) is still practised in Africa, Asia and South America. The tradition is also carried out among immigrant populations in Europe and North America (Dorkenoo, 1994; Sanderson, 1981). According to the WHO (2010), the practice manifests itself in four main types namely, clitoridectomy which involves total removal of the clitoris and labia, excision which entails partial removal of the clitoris and labia, infibulation which involves narrowing of the vaginal orifice by cutting and repositioning the labia. The fourth refers to all minor cuts made on female genitalia, for example pricking, piercing, scrapping and cauterization.

In Africa, clitoridectomy and excision is largely practised among patriarchal societies in eastern and western regions of the continent while infibulation is still practised in some parts of Islamic states such as Egypt, Sudan and Somalia. Within Kenya, prevalence of female genital cut varies widely in ethnic groups with 96% among the Abagusii, Kuria and Maasai 93%, Embu 51.4%, and 40% among the Kalenjin speaking groups that include the Marakwet, Keiyo, Tugen, Pokot, Sabaot and Kipsigis and 23% among the Akamba and Agikuyu. Only the Luo, Luyia and Turkana do not carry out the practice (Government of Kenya: Demographic and Health Survey, 2015).

All societies which practice the custom indicate that the cut serves as a rite of passage into adulthood and marriage. Beideman (1997) Turner (1995) and Fish and Fish (1995) also observed that circumcision is staged to integrate the young into diverse ethnic groups characterised by common belief systems and shared communal roles. In females, the cutting of the genitalia has complex symbolic meanings. First, the endurance of pain symbolise courage which is highly valued in nuptial life (Olenja and Kamau, 2001; Gwako, 1995). Secondly, it is believed that the cut reduces a woman's libido hence minimizing engagement in illicit sex. Oral traditions among the Ameru (Nyaga, 1997; Imanyara, 1992) and the Maasai (Integrated Regional Information Networks, 2013) indicate that female genital cut was imposed to reduce a women's sexual urge. In the past, men spent more time away from the homestead carrying out cattle raiding activities in far off places. Female libido was thus controlled through cutting of clitoris and other sexual organs. Study on the Abagusii community by Okemwa *et. al.* (2014), also in Kenya, showed that female genital cut is carried out with a strong belief that it reduces women's libido, which is "healthy" because a woman would be able to abstain from casual sex in situation where the husband is away from home for a longer period. A majority of the Abagusii men continue to hold that cutting of the clitoris (*egetongoche*) kills female libido (*esono*) hence makes women not to engage much in illegitimate sex.

Female genital cut was first denounced by European missionaries and medical doctors as early as the year 1914 (Anderson, 1994). The custom was viewed as a dangerous thing because it exposes the female into health hazards such as severe pain, hemmorage and lacerations. The operation scar also inflicts pain to the woman during sexual intercourse (Sanderson, 1981). In attempts of thwarting the female cut problem, Kibor (2008) reports on systematic teachings given to Agikuyu women in Kenya as alternative for the harmful ritual. The campaign was largely opposed by the community's elders who insisted that the practice is significant in the ethnic life of the Agikuyu people. Today in Africa and beyond, biomedical practitioners as well as anti-female cut activists continue to view female genital cut custom as a threat to women's health and socio-economic

development. Bronzino (1992) define biomedics as group of people who apply western science in treatment and prevention of diseases. Over the years, biomedics have claimed that sharing surgical tools during the operation increases transmission of diseases such as HIV/AIDS and hepatitis. Gitagno (2015) reports that in most of Kenyan ethnic groups which practice the custom, circumcisers use one surgical tool to cut a number of girls. This is often done to save time since the ritual is carried out in an early morning hour. Further, Chebet (2007) indicates that among the Keiyo people, circumcisers use a herb known as *Siwot* for anesthetic purposes. This substance endangers girls even more because it irritates the skin and triggers nausea. It is also dangerous because it makes girls faint during the operation.

The WHO (2010) report indicates that the highest maternal and infant mortality rates are in regions or countries where female genital cut is highly practised. The cut is cited as a main obstacle to both reduction of maternal and infant mortality rate and promotion of gender equity and women empowerment in all cultures (Berg and Denison, 2011). Health reports have shown that circumcised women, with all forms of female genital cut, stand a higher risk of facing delivery complications such as prolonged labour and hemmorage (WHO, 2006; UNICEF, 2007). According to biomedics, female cut damages the perinea muscles and makes a woman weak for delivery. The UNFA (2012) estimates that 50,000-100,000 women experience labour complication annually as a result of the cut. In addition, hundreds are predisposed to fistula. Across Africa, efforts continue to be made to get rid of the custom and ensure physical well-being of women but the custodians of this heritage keep on holding that the ritual is not harmful as seen by “outsiders” or those who do not practice the culture. Okemwa et al. (2014), indicates that no consensus on effects of female cut has been attained between societies which value the practice and biomedics. A number of societies dismiss the perceived health risks of the cut and keep on with the culture.

The Marakwet practice excision type of female circumcision. The ritual, locally called *murwo tipiin* (circumcision of girls), is performed by elderly women, a majority of whom are traditional birth attendants and specialists in herbal medicine. In most cases, this ritual is performed concurrently with male circumcision (*murwo wechiin*). More so, both customs are largely depicted as rites of passage from childhood into adulthood. Girls are circumcised at an average age of fourteen while boys undergo through it at sixteen years as gateway to marriage and access to economic resources such as land, water and livestock (Kipkorir and Welbourn, 2008; Moore, 1996).

2. Methodology

The study was purely qualitative as it premeditated to delve the “story” surrounding female genital cut and its effect on women’s health. It was undertaken in five sub-locations of Endo Ward in the Elgeiyo/Marakwet County, Kenya. The administrative ward purposively selected lies on the lowland northern part of the county and is purely inhabited by members of the Marakwet ethnic group who still observe Marakwet traditional culture. It covers an area of 217 Km², and has a population of 24,898 of which 11,745 were men and 13,153 were women with population density of 98 per kilometer square. The total fertility rate is 5.3% with life

expectancy of 71.4% for male and 71.6% for female. The number of people aged 5-16 is estimated at 11,834, representing 48% of the total population (Government of Kenya: Demographic and Health Survey, 2015).

The population of the study included community elderly men and women, opinion and religious leaders, NGOs managers and biomedical practitioners. All the informants were purposively sampled. A total of 8 focus group discussion (FGDs) units each with 6-8 persons were conducted. An in-depth interview schedule was used to obtain data from a sample of 20 elderly men and women aged 70 and above while Key informant (KI) tool was employed to obtain information from a sample of 16 participants, 8 of whom are community leaders, biomedical practitioners and NGOs managers who largely support the western policies on eradication of female circumcision for promotion of women's health and education in the area. In order to ensure reliability and validity of data, the interview research tools were pre-tested and questions adequately probed for sufficient response.

Prior to carrying out the study, an approval was obtained from Kenya's National Commission of Science, Technology and Innovation (NACOSTI) as well as office of County Commissioner, Elgeiyo/Marakwet County, Kenya. Considering that female genital cut is a sensitive topic among the Marakwet people, all informants were informed of their right to either participate or refuse to be engaged for the interview. The informants were also assured of anonymity of their identity. The researcher observed all Marakwet norms on the circumcision ritual.

3. Results and Discussions

3.1. Voices of contradiction on dangers of female genital cut practice

When the in-depth respondents and participants in focus group discussion were asked the significance of female genital cut in the Marakwet community, all the respondents indicated that female circumcision is a rite of passage of girls in which they transit from childhood to adulthood. As to why the culture is still embraced amidst health risks such as HIV/AIDS and hepatitis, which is transmitted through shared surgical tools, 15 respondents in in-depth interviews indicated that despite the threat, the cut is important for the female "health". Female circumcision is seen as a good thing for maintenance of sexual cleanliness. A 70 year old male said:

The problem with an uncircumcised woman is the genital lewdness. The same way prepuce hold "sexual dirt", the clitoris also keeps "germs" in the female body. An uncircumcised woman needs to bath twice a day to rid off "bad" smell. Most of the people here do not have piped water as in towns like Nairobi or Eldoret. They still bathe in rivers, streams and traditional water furrows that are far from homes.

A male FGD participant aged 38 concurred with view of purity in female cut by stating:

The clitoris and labia is removed to make the vagina not only "pristine" but also smaller in size so as to enhance male sexual satisfaction...You know the Marakwet inherited this custom from the Ancient Egyptians who felt that narrowing the vagina is good for sexual enjoyment and also tames a woman from engaging in prostitution. Because Egyptian Pharaoh loved many women he imposed circumcision to keep them from engaging in illicit sex. A narrow vagina is a sign of both beauty and sexual restriction.

Despite the commonly held view by bio-medics that female cut induces painful intercourse (WHO, 2010; Toubia, 1994), a male respondent aged 70 years argued that the cut does not pose any problem during sex but makes a woman smooth for intercourse. The respondent said:

Since the Marakwet circumcise males, a circumcised woman often gives room for "smooth" sex because the sexual duality is complete...An uncut clitoris hurts the penis making a man weak for sexual intercourse...when you circumcise men you must also circumcise women to balance sexual skins. The clitoris is psychologically viewed as dangerous organ for a circumcised man hence should be removed.

A medical officer in charge of Endo administrative ward noted that because of high prevalence of female genital cut, cases of delivery complications is very common in the area. According to the medical officer, the health issue is challenging to handle because of limited health facilities in the region. He said female genital cut is the main factor contributing to prolonged labour in maternity centres such as Tot, Endo and Chesongoch. The medic insisted that the Marakwet shared beliefs on circumcision continues to endanger the health of women. The officer said:

Since I reported here for work, four out of ten circumcised women who come to the maternity experience labour complications...for your information, people here do not accept that female genital mutilation (FGM) cause prolonged labour and other physical complication such as hemmorage and fistula...They cut and try to make the vagina small thinking it is a good thing but do not know they are creating problems for their women...The local's view that this cut is a mechanism of reducing high libido is not also true. Married women even come here to seek for treatment for sexually transmitted diseases contracted from illicit sex in the villages...In my view, there is need for an intensive teaching on health dangers of female circumcision. Women circumcisers should be encouraged to throw away their knives once and for the sake of physical welfare of women in this society...

Five key informants interviewed concurred that female circumcision is a threat to women's health. This is evidenced by the Marakwet names which are given to children immediately after birth. The names *Kanda*, *Chemeitoi* and *Chesum* for boys and *Chemisto*, *Arenykwong* and *Somokwony* for girls suggest mother's delivery complication. The name *Kanda* signifies prolonged delivery. *Chemeitoi* and *Chemisto* indicate that the mothers fainted during birth also from delay in labour while *Arenykwong* means two traditional birth attendants

assisted the mother to deliver. *Somokwony* signify three local Marakwet birth attendants were called in to assist in birth, an indication that the labour was convoluted.

Contrary to the bio-medical or western view that female genital cut affect maternal health the Marakwet say the opposite by stating that an uncircumcised female poses physical danger to herself as well as to the infant during delivery. A 75-year-old woman circumciser expressed:

I do not accept that murwo tipiin (female genital cut) causes childbirth complications as suggested by other people. Women in this area have given birth to seven, nine and even thirteen children without any difficulties. Those who do not deliver well have either broken Kireet (Marakwet taboos) or their pelvis is too small (Marik lebisei)...which you cannot do anything but refer to hospital. What is threatening (Kambalal) in circumcision is contraction of HIV/AIDS...which happen because of sharing of surgical tools. Thirteen girls contracted the disease during circumcision in Mokora Location in 1993. Eventually, they all died as Chebsakitin (women herbalist) and Chumba (white men) could not treat the malady. Today many people are aware of the transmission of pandemic...The community take much precaution to ensure that the circumcisers make it as safe as possible...No circumcision tools are shared you know...The girls are also instructed to go for tetanus injection a day before the operation so as to prevent infection...

Another circumciser aged 70 pointed out that uncut women are physically “heavy blooded” humans. Their bodies are “weighty” (*nyigiis*) since excessive blood has not been drained from them. The Marakwet believed that during circumcision a person loses about two pints of blood which is enough to make the body “light”. “Weightness” and “lightness” is one of the multi-vocal symbolisms associated with blood. Because of “weighty” nature, the Marakwet believe that uncircumcised women stand high chances of giving multiple births (*Kapsala*) or delivery of abnormal babies for example, those who cut the upper teeth before the lower (*Kipkermet*), or infants with cleft lip or palate (*Kipsangar*), among other physical disfigurement. The Marakwet hold that multiple births are abnormal in nature because it brings physical complications during breastfeeding and childcare. Children who incise their upper teeth before the lower are regarded as flawed persons. A female respondent indicated:

We the Marakwet believe that orderly things begin from lower to an upper part, just as numbers start from one (okonga) to hundred (bokol) and ahead...Here, farmers plough from lower field (bar kel) to the upper (bar met) and not the reverse. Lakwa (a kid) whose “milk teeth” first protrude from the upper mouth is seen as anomalous or physically disorderly...Such child is viewed as defective and unclean. He/she pollutes cattle, which is regarded as main source of wealth hence people are often cautioned not to give him/her cow’s milk to consume...When he/she is eight, nine or ten years old, a special cleansing or remedial ritual is performed to purify him/her. The child is subjected into a rite in which he/she is made to seep mouthfuls of fresh goat’s milk mixed with other stuff from ngereb (cattle trough)... a small hip of yash (dry papyrus reed) is collected from a clan’s sacred sites, scolded and burned to mark complete purification of the toddler. Prevention on dental disorder may also be made by the family members. A medicine man is called upon to

mock press the upper mouth with a blade of traditional axe (aiwo) to suppress upper incisors from anteceding the lower pair...All these things are costly to execute... if you have many rituals to perform in your family then it will erode the household resources.

3.2. Influence of female genital cut ritual on male status

The study showed that women who participate in female cut ritual attain high social status than those who have not undergone the rite. In the society's view, the practice integrates a woman into purity as well as socially mature status. With this rank, circumcised women are allowed to take part in communal activities such as training of female initiates on marriage responsibilities, anointment during traditional ceremonies. This status also extends to a woman's male offspring. The men's status is tied to that of the mother because circumcision is first and foremost meant to make female and male persons true members of the community. The cut is also seen as symbol of maturity of the woman.

All men whose mothers did not undergo circumcision ritual are not perceived as true Marakwet members. They continue to be labeled "children" because their mothers are still regarded as "kids" until they undergo the highly valued tradition. In typical language of the Marakwet society, this group of men is referred as *Ka-Mosawa*, a derogatory term that make it difficult for them to freely interact with "real" men whose mothers are circumcised. Despite undergoing male cut ritual which makes them adults and true members of the society, *Ka-Mosawa* continues to be tagged immature individuals. In all society's matters and shared roles, this group remains behind the scene because of the culturally ascribed status. More often than not, they are not permitted to stand before a group of males in communal gatherings to deliberate important matters. In the past, all infants born from uncircumcised women were killed immediately after birth to deter the danger. It was also reinforced by a taboo in which men are prohibited from impregnating uncircumcised girls. This was meant to preserve the culture of social status from the circumcision ritual. The Marakwet parents continue to circumcise girls during puberty so that when they marry, their grandsons will not lose social status or respect in the society.

3.3. Effect of marakwet view of circumcision on anti-FGM eradication campaigns

From 1980s when anti-female circumcion campaigns started in Kenya, the Marakwet have confronted the government and other agencies by defying order put against the tradition. The first fight against circumcison of girls started in 1982 when President Daniel Arap Moi issued a decree on the tradition. The directive was given after fourteen Akamba girls died from hemmorage and shock after undergoing the ritual in Kathiani Division of Machakos County. Throughout Kenya, the president's ruling empowered chiefs to arrest and hand over for prosecution individuals who force girls to go through the ceremony. Between 1982 and 1997 the chief's campaigns against circumcison of girls in the Marakwet community was very flimsy. The activity was not fully supported by the community as expected by the government and international organizations.

In Endo Ward, efforts made by Marakwet chiefs to even involve European missionary nurses in the eradication campaigns failed. Since they started evangelistic mission among the Marakwet people, the missionaries have been at the forefront in denouncing female circumcison and other traditional practices

perceived as retrogressive. Together with Marakwet Christian youth, the nurses, took the campaign to a number of Marakwet villages where they talked to Marakwet women on the health dangers of female circumcision. However, because of deeply rooted traditional views of the custom, the foreigners were unable to influence the community to abandon the rite. The group abandoned the campaign after learning that the culture is deeply rooted. One of the male respondents in in-depth interview indicated that the foreign woman expressed her unsuccessful campaign by telling a congregation at Liter African Inland Church, "The Marakwet people cherish female genital cut so much. From my observation at the villages, it may take several years if not centuries to erase this culture in the minds of the Marakwet people. All the women I interacted with told me that if the tradition is stopped, girls would not be married. It appears that the women do not accept that female genital cut endangers a woman's health. In my opinion i think it is wise to convert more people into Christianity as an effective way of fighting the tradition".

Since the promulgation of Kenya's new constitution in 2010, a more serious physical confrontation has been on-going between the Marakwet and government agents over female cut. Precisely, chapter four, section three and article 44 of the law prohibits persons from coercing a girl to undergo female genital cut or FGM (Government of Kenya: The Kenyan Constitution 2010) but in most parts of Endo Ward, this regulation is largely ignored. The Marakwet maintain the law against circumcision of girls was instigated by foreigners who do not know much about the culture. The community refute the outsiders view that female genital cut is a violation of girl's rights. Kiragu (1995) indicates that the custom breaches freedom of young girls because they are not allowed to make an informed choice whether to participate or not. The Marakwet reject this claim. They insist children are often informed to be free enough in deciding whether to undergo the rite or abstaining from it. One of the key informants quoted one of the circumcisers defending the ritual in the year 2012 by stating:

Tell the Chief and his askaris to come; we will pelt them with stones! We are going to guard our ritual at all costs. In fact, persons working for NGOs and government are using our children to enrich themselves. They obtain money from Europeans and say they will stop circumcision of girls here. They know very well that the ritual is an important part of the Marakwet culture. People here have not seen any problem with it. The European missionaries and doctors came, criticised and campaigned against the ritual and left. President Daniel Arap Moi attempted to stop the culture but retired from office without stamping it out...We told the Chief and his Askaris (police) that they are troubling themselves on this thing! Look at what happened last week; fifteen married women were circumcised after being sent back to their parents for this practice. These women were married as far as Kericho, Mt. Elgon, Tambach and Kapenguria regions...They were told by their husbands to go and bring the "female cut certificate" for the marriage to continue. Now tell us, if men in those far places see circumcision of women as good, what about the Marakwet men here at home? The way I see, the cut should not be forcefully interfered with because today nobody coerces a girl or uncircumcised woman to face the knife. Those who still love it should be left alone to practice until they leave by themselves. I don't know when people here will abandon the tradition but in my view it may take decades. The Marakwet say: anyiny kubo tiony, ngwan kubo

chiich, meaning what is good to a group could be bad to the other. Female cut is good to a Marakwet person but bad in other societies...You know cultures are diverse thus people should respect foreign traditional practices regardless of its dangers or ethnocentric feelings....

In the Endo ward, chiefs have been unable to curb the custom because they are also part of the community. Most of the senior local chiefs still observe Marakwet culture hence this makes it difficult for them to take stern actions against women circumcisers and families which still value the ritual. One of the respondents said the chief's fight against circumcision of girls is just a hypocritical campaign because the administrators support it but only pretend to the government that they are doing something to enforce the ban. The respondent quoted an elder advising one of the newly recruited chiefs "*kinamoi kaw erutai, kenama serikali erulet*, meaning wise Marakwet leaders safeguard community affairs first, the government agenda comes second. Today, Chiefs reluctantly enforce the government order only to protect their jobs. Most of the administrators are afraid of pushing the campaign harder because of reprisals from members of the society.

4. Conclusion

The study shows that conflicting views between the biomedics and the Marakwet people on the health dangers of female genital cut remains the main obstacle to eradication of female circumcision. In the Marakwet society the practice is still entangled with structural thought of purity and impurity of persons. The need for attaining wholesomeness is the main reason for practising the ritual. To enhance the anti-female circumcion campaigns in the community, the government and international organizations should increase efforts to educate the society on physical effects of the ritual on women's health. The strategy would make the community to "come of age" from mystical thoughts that have influenced performance of female genital cut for many years.

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