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Persistence of Female Genital Mutilation/Cutting (FGM/C) Among the Maasai Community in Kajiado County – Kenya

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Abstract
Female circumcision also referred to as Female Genital Mutilation or cutting (FGM/C) is a valued tradition in the communities where it is practiced globally. There are many reasons why FGM/C should have been eliminated among the Maasai community in Kenya by now. These factors include the consequences of the practice, the awareness of the consequences by the community members and the numerous efforts made by the Government and Non-profit making organizations to end the practice. However, the practice still persists. This paper therefore set out to establish the reasons behind the persistence of FGM/C among the Maasai community in Kajiado County in Kenya. The study employed a descriptive survey approach that works both for qualitative and quantitative designs in order to assess the contribution of Free Pentecostal Fellowship of Kenya (FPFK) to the fight against FGM/C in Kajiado County in South Rift region of Kenya. The estimated target population was about 1162 from which a sample of 200 respondents was drawn using both probabilistic and non-probabilistic sampling techniques. Despite the community understanding FGM/C and their awareness of the consequences of FGM/C, the study established a lack of appreciation of just how detrimental FGM/C is to Maasai girls and women. Instead, the community still considers it a normal and indispensible rite of passage for the girl child. The study also found fathers to be most key in the proliferation FGM/C; and should therefore be targeted in the fight against FGM/C.

Keywords
FGM/C, Maasai, Girl Child, Consequences of FGM/C, Persistence of FGM/C, Kajiado County

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I. Introduction

Female circumcision also referred to as Female Genital Mutilation or cutting (FGM/C) is a valued tradition in the communities where it is practiced globally. It is considered a significant part of gender identity; however, it is not practised uniformly in all the communities in Kenya. For instance, 98% of women in the north eastern parts of Kenya have undergone it, whereas only 1% in the western parts of the country is affected (Shell-Duncan et al., 2017). There are the more than 200 million women who live with FGM/C globally (Mwanri & Gatwiri, 2017). In Kenya about 21% of women aged 15-49 have undergone some form of FGM/C (UNFPA, 2021). The WHO (2022) describes FGM/C as all procedures involving the partial or complete removal of the external female genitalia, or causing injury to the female genitalia for non-medical reasons. There are four types of FGM/C namely: excision of the prepuce, excision of the clitoris with total or partial excision of the labia minora, narrowing or infibulations of external genitalia and unclassified (WHO, 2016). The most common types of FGM/C include excision of the clitoris and labia minora as well as infibulation which may be considered the most extreme form of FGM/C and are mainly practiced in Kenya (UNHCR, 2022). It also consist of various practices involving pricking, cutting, getting rid of and sometimes stitching up external female genitalia for reasons other than medical ones (Muteshi-Strachan et al., 2016; WHO, 2016). Aong the Maasai, FGM/C is practised immediately prior to marriage as an indicator of a girl becoming marriageable. Because it is done during a girl's teenage years, and not before or during puberty as is the case for

many other Kenyan communities, some girls are mature and strong enough to question and oppose the practice. This is not only because of fear and disagreement with the procedure itself, but also because it is normally directly associated with early marriages, which means becoming a wife and therefore having to drop out of school, becoming pregnant and having a child.

National surveys demonstrate FGM/C prevalence varying broadly between and within countries (WHO, 2010). Besides, over 200,000,000 girls and women are known to have gone through FGM/C in high prevalence countries, mostly in Africa, South Asia, and the Middle East (Muteshi-Strachan et al., 2016). The Masaai community is among the 42 people groups which practice FGM/C in Kenya. The FGM/C prevalence is above 90% which is considered among the highest rates; coming after Abagusii, Kuria and Somali communities ((Shell-Duncan et al., 2017). The Maasai, an indigenous group of semi-nomadic people located in Kenya and northern Tanzania, are among the groups that see the Female Genital Mutilation practice as an inherited cultural tradition. The Maasai live in clusters (Manyatta) which comprise of a man and several wives and children. The Maasai have been known to conserve their culture when most of the neighboring communities have no trace of theirs. The community practises polygamy; thus the more wives the more the respect one is accorded. This is because in order to have more wives, you have to be wealthy enough to afford their bride price in form of cattle (Hosken, 1993).

According to the WHO (2016) the main reason why FGM/C is practised is because it forms part of the history and cultural tradition of a community. Besides, it is considered a rite of passage to adulthood, as a means to of achieving gender and ethnic identities; and social acceptance. It is also performed to safeguard a girl's virginity while increasing the chances of marriage, to ensure fidelity in marriage, prevent rape, as a source of income for circumcisers; coupled with the promotion of beauty and hygiene. These reasons make it difficult to eliminate. It is for similar reasons that the practice has defied change since time immemorial among the Maasai. It is considered a prerequisite to the marriage of Maasai; in a ceremony that 99 percent of the time is sponsored by their prospective suitors. FGM/C and marriage are culturally linked and take place respectively. Once breasts begin to appear, a girl is supposed to be circumcised and immediately given out for marriage to a man of her parent's choice. The family receiving the girl normally makes arrangements for marriage prior to circumcision by presenting gifts to her family. Once circumcision is done, full bride price mainly in form of cattle is paid to her family and she is taken to her new home. Apart from the actual surgical procedure, the rite includes a ceremony in which the entire community comes together to celebrate the girl's passage to adulthood. Many Maasai families cannot afford to give their children formal schooling, so to protect their daughters from poverty, they choose to marry them off at an early age. Maasai girls are traditionally considered children until they are circumcised. It is therefore considered imperative for a Maasai girl to undergo the circumcision rite before she is married. This strongly ingrained cultural belief propels families to go to great lengths to complete the circumcision process together with all the rites associated with it. It is the traditional practice of initiating girls into womanhood. FGM/C is one of the most strongly held tribal customs revered by both men and women among the Maasai people. Traditionally a man is not allowed to get married to uncircumcised woman. Therefore all women must be circumcised before they can be married off. FGM/C is part and parcel of the existence of the Maasai people from this perspective.

There is mythological belief among the Maasai that circumcision was a discipline measure given to women after 'misbehaving' with their enemies while their men went for hunting/ grazing. In other clans, belief is rife that women were to blame for some cows which were lost and therefore circumcision is meted on women as a punishment. Others believed that the clitoris is a worm therefore it needs to be removed because it makes the woman more active. The elders in the community say it is a culture that was founded by their great grandfathers therefore must be carried on from one generation to another (Hosken, 1993; WHO, 2016). Among the Maasai community, FGM/C is not only a rite of passage but was believed to control women libido. During times of war men were required to be separated from women and so FGM/C was believed to be necessary to limit their sexual desires. Other reasons cited by the community to justify its importance comprise; the blood of an uncircumcised woman being viewed as bad; the clitoris of an uncircumcised girl growing long; death of parents of the uncircumcised; and that female circumcision controls a woman's sexual urges and makes childbirth easy.

Over 75% of the Maasai in Kajiado still practice female circumcision (WHO, 1986). The FGM/C practiced by the Maasai community of Kajiado encompass the removal of the clitoral hood, excision; which is the complete or partial removal of the inner labia, with or without removal of the clitoral glans and outer labia; and piercing and incising of the clitoris tip. Cutting is usually undertaken post- puberty and can often be conducted when the girl is in her late teens immediately prior to marriage. The initiates are between the ages of 12 to 16 years. The FGM/C topic is a sensitive one among the Maasai of Kajiado County; for it is considered a taboo to speak about sexual issues. Reasons for supporting the continuation of FGM/C include reasons like it being a rite of passage, ensuring marriage ability, family honor, controlling female sexuality; and its importance in giving cultural and ethnic identities.

1.1 Consequences of FGM/C among Maasai community

FGM/C carries no health benefits for girls and women but instead harms them in numerous ways (WHO, 2022). Infarct, it is a considerable global health risk (Mwanri & Gatwiri, 2017). There are several risk associated with FGM/C which WHO (2022) classifies as immediate, short term or long term. Maasai women and girls are not immune to these hazards. The negative consequences of female circumcision depend on many factors (UNFPA, 2022). These dynamics comprise of the type, age and eye sight of the circumciser; the instruments used; the struggle put by the girl; and the type of circumcision performed among others. Some of the negative effects are immediate such as urine retention, septicemia, infection for example tetanus and HIV AIDS, shock due to excessive loss of blood or intense pain. According to Muteshi-Strachan et al. (2016) initiates may immediate experience unbearable pain; they may bleed sometimes to death, and be in shock; while having difficulties passing urine and faeces. Muteshi-Strachan et al. (2016) continue to add that the wounds inflicted through FGM/C could become septic; while long term effects could comprise chronic pain and infections. Urinary, vaginal and menstrual problems; pain during intercourse and decreased satisfaction; coupled with the need for later surgeries (WHO, 2022). Other long term complications which come later in life include:

1.1.1 Difficult Childbirth

An attendant must be present to open the scar formed from the circumcision wound so that birth can take place. When the scar is not opened at the appropriate time, labor is prolonged resulting to the baby forcing its way out. This causes a massive tear due to rigid perineum and surrounding tissues. The baby may be born distressed, have possible brain damage, or die due to asphyxia. The woman may bleed to death or develop (Vesico-Vaginal Fistula (VVF) and Rectal Vaginal Fistula (RVF)). This is an unusual opening that joins the vagina and the urethra and vagina with the rectum respectively (Jaldesa et al., 2004; Mwanri & Gatwiri, 2017). These may make the woman a social outcast as they will have difficulty in controlling the flow of urine and faeces.

1.1.2 Possible HIV Infection

Female Genital Mutilation may increases susceptibility to HIV infections Pinheiro (2019) through the use of same circumcision knives and needles on multiple numbers of initiates; in the process transmitting the virus from one to another. The external genitalia of a circumcised woman tend to have scar tissues which can tear during sexual intercourse making it easier for the woman to be infected. The external genitalia also tend to dry up since the tissues that produce secretions to lubricate the vulva have been removed. This may cause tears which make it easier for HIV to enter a woman's body (Diouf & Nour, 2013). Further, after circumcision girls feel grown up and they have no qualms having sexual relations with adult males. Besides, the males too view them as mature women ready for sexual relationships; thus exposing them to HIV and Sexually Transmitted Infections (STI).

1.1.3 Death

As a result of FGM/C, death can be caused by severe and uncontrolled bleeding, bacterial poisoning of the blood stream (Ischemia), pain, fear and stress (WHO, 2000). The highest childbirth mortality is reported in areas where FGM/C is practiced.

1.1.4 Psychological effects

It is possible that a woman who did not undergo FGM/C could suffer psychological problems such as depression, anxiety, post-traumatic stress disorder and low self-esteem (WHO, 2022). This may be as a result of the pain experienced during the operation, the roller coaster of emotions prior to and after the operation, the complications arising from FGM/C and rejection by the society. Where the FGM/C practising community is a minority, women are thought to be particularly vulnerable to psychological problems because they are caught between the social norms of their own community and those of majority culture. Besides, if a Maasai woman living among them is uncircumcised, she will be considered an outcast; and be referred to as "entaapai or entrupa" meaning she is a bustard. The community considers her unclean with blood that smells. She is ex-communicated and since no one would marry her, she is subjected to a lot of stigma in the community.

1.1.5 Socio-economic implication

There are socio-economic effects associated with FGM/C (Refaei et al., 2016). The initiate's family may spend a lot of money to treat the healing her and complications resulting from FGM/C. Further, in high FGM/C prevalence areas, it negatively impacts the girl child education Mukadi (2017) with high numbers of dropouts being registered due to teenage pregnancies and early marriages. Besides, Gender inequalities the gaps are realized because boys continue with education while girls drop out of school for marriage. Most school

registers show a high number of boys in upper classes in comparison with girls especially in rural areas (Assad, 1980).

1.1.5 Long term Health Impacts

The long term health implications include recurrent urinary tract infections, scarring, keloids and demoid cyst formation and vulva abscesses. Blockage of menstrual flow (Hematocolpus), menstrual pain (Dymenorrheal), painful sexual intercourse (Dyspareunia), infertility and difficult in urination leading to calculi formulation especially to those who have undergone infibulations are not uncommon (Jaldesa et al 2004). After excision the tissue of the vulva becomes a hard and fibrous scar. Keloids and desmoids cysts may develop in the scar. If there has been infection after the operation, keloids formation is common; these are fibrous tumors of the skin and an overgrowth of scar tissue (Jaldesa et al, 2004). Implantation of demoid cysts are also a common complication. The cysts may occasionally become infected and result in abscesses. They are caused by part of the skin becoming imbedded during the stitching of the vulva. Infibulations causes a high degree of acute and chronic pelvic infection.

Despite the many and known negative implications of FGM/C on women and the community and the fight against it by Government and Non-Government Organizations, the practice is still common. The study from which this paper is drawn aimed at establishing extent to which FGM/C is practised despite the efforts made by the Free Pentecostal Fellowship Church in Kenya to eliminate it. This knowledge is crucial to the Denomination and other stakeholders in the continued fight against FGM/C.

There are many reasons why FGM/C should have been eliminated among the Maasai community in Kenya by now. These factors include the consequences of the practice, the awareness of the consequences by the community members and the numerous efforts made by the Government and Non-profit making organizations to end the practice. However, the practice still persists. This paper therefore set out to establish the reasons behind the persistence of FGM/C among the Maasai community in Kajiado County in Kenya.

II. Methods

The study employed a descriptive survey approach that works both for qualitative and quantitative designs in order to assess the contribution of FPFK in the fight against FGM/C in Kajiado County in South Rift region of Kenya. This is location of FPFK Anti-FGM/C project target area; which they consider as the most need area of call in terms of FGM/C prevalence. The estimated target population was about 1162 from which a sample of 200 respondents was drawn using both probabilistic and non-probabilistic sampling techniques.

III. Results

This section presents the study results on the extent to which FGM/C is still practised among the Maasai. It tackles the understanding of the FGM/C practice, its existence and persistence among the Maasai community.

3.1 Respondents Understanding of FGM/C

The researcher tested the respondents' understanding of the practice of FGM/C so as to gauge the rate at which it is being practiced in the community. Several definitions were given as shown in Table 3.1.

Table 3.1
Respondents Understanding of FGM/C

Responses	Frequency	Percentage
The circumcision of girls	51	31.7
Excision of female external genital organs	13	8.1
Cutting of the girl's clitoris	14	8.7
A rite of passage into womanhood	52	32.3
Cutting of a girl's private parts	31	19.2
Total	**161**	**100.0**

The result showed that 31.7% of the respondents termed the practice of FGM/C as circumcision; a term that makes the practice look more friendly and gentle on the initiate than looking at it as FGM/C. Also, 32.3% of the participants believed that FGM/C is a rite of passage into womanhood and therefore important and necessary for girls' maturity; agreeing with the historical societal belief and understanding that the FGM/C is a crucial rite of passage into womanhood for girls. This view is fueled by comparing it to male circumcision in the community; where boys undergo a similar rite of passage into manhood. 31 respondents (19.2%) defined it as the cutting of the girls' private parts (FGM/C); while 8.7% and 8.1% designated it to the cutting of a girl's clitoris and excision of female external genital organs respectively. These responses are a clear indication that most of the respondents have not appreciated the practice as harmful to girls and women. They hence consider it as a normal rite of passage which is necessary for the girl child to graduate to adulthood/womanhood; rendering efforts made by stakeholders to eliminate FGM/C ineffective.

3.2 Communal Awareness of the Dangers of FGM/C

With the cultural tag attached to the practice and the protocol order, the researcher was interested in finding out whether the community is aware of the dangers associated with the practice to all the parties involved. Table 3.2 summarizes some of the effects of FGM/C stating both short term and long term effects as understood by the community.

One hundred and forty seven respondents (91.3%) associated FGM/C with an increased likelihood of initiates contracting HIV/AIDS, tetanus and other diseases. This was as a result of the poor hygiene conditions within which the cutting is carried out, the unsterilized and rusted tools used by circumcisers and conditions in which the initiates' healing process normally takes place. Further, 82% felt that the practice exposed the girls to early pregnancies and marriages. A significant number (71.4%) felt that it leads to severe bleeding which are also life threatening, feeling dizziness and fainting was cited by 49.7%, the psychological torture experienced by initiates the beginning of initializing the process to contemplating on how to endure the pain during and after the cut was allude to by 48.4%; and the financial burden by 41.6% of the respondents.

There are severe effects of FGM/C which seemed not obvious to the study respondents. Only 32.9% of participants cited pain during sexual intercourse as a consequence of FGM/C. This was closely followed by those who felt that women developed difficulty at child birth at 30.4%. Another observation by 28.6% of the respondents was that the victims had difficulties in passing urine after the cut. The girls' performance in school was among the least mentioned effects at 20.5%; and victim wounds taking too long to heal after the cut by only 10.6%.

Table 3.2
Communal Understanding of the Dangers of FGM/C

Type of Danger	Frequency	Percentage
Severe bleeding that can lead to death, anemia	115	71.4
Dizziness and fainting	80	49.7
Wounds that take too long to heal	17	10.6
Difficulty in urinating	46	28.6
Pain during sexual intercourse	53	32.9
Difficulty during child birth	49	30.4
Poor academic performance and dropout	33	20.5
Early pregnancies and marriages	132	82
Contracting diseases such as HIV infection and Tetanus for both circumcisers, care takers and the girls	147	91.3
It a financial burden to the parents	67	41.6
It is psychological torture to the girls as they contemplate the pain during and after the cut	78	48.4

Session 1: Narrations by Survivors and witnesses on the Dangers of FGM/C

From some of the interviews carried out, some of the respondents gave the following accounts of experiences after undergoing FGM/C. While discussing the topic on health implication of FGM/C on an individual, in one of the FGDs the discussants said that;

FGM/C is painful and you lose a lot of blood and many women die silently because of FGM/C, when they face difficulties during delivery. ***(Female Nurse, female FGD in Oloitokitok)***

Fistula: In addition to pain, bleeding and dying during child birth, women who underwent FGM/C were

reported to have suffered from fistula. This was discovered when they gave birth in the clinic, yet it was difficult to get a minor operation for fistula. Also women did not want to open up for assistance as they did not believe that fistula was due to FGM/C. The following transcriptions from in-depth interviews expound further on this as follows:

After giving birth to my fourth born, I could not hold urine; I feel pain every time when I want to help myself….. ***(38 years woman, Bissil****)*

I have never been able to conceive because I have discovered that I got a wound, and whenever I engage in sexual intercourse I feel a lot of pain, I do not want to get near my husband, I normally tell him I am sick and let him go to the other first wife. **FGD-5** ***(A mother of five siblings.* 40 year old woman, Rombo)**

In Maasai culture it is a taboo talk about sex or sexual matters as captured in this statement.

"*My parents never told me about it. "All subjects related to sex are prohibited [in my culture], and you can't discuss the matter with older people, now am suffering but I don't where to get help"* (**An elderly woman in Naretoi**).

This information was obtained from one of the girls who got married immediately after the circumcision. Speaking to her, she said:

"*I had a painful experience with my husband during our sexual engagement. This pain was because of the circumcision since we had sex before we got married on several occasions but it was not like the one we had after I was circumcised."***(Key resource person From Loitokitok).**

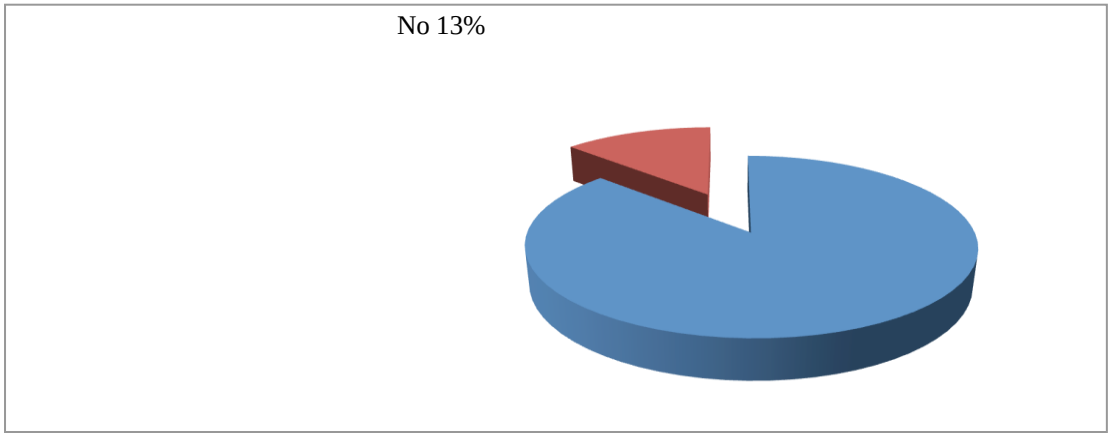
Speaking to one of the women who were involved in the previous circumcision, she said:

"*Some of the girls could take up to two months to heal. This is a very bad situation for the young school girls who needs time to prepare for their exams".* **(Teacher from Rombo)**

3.3 Existence of FGM/C in the Community

Figure 3.1

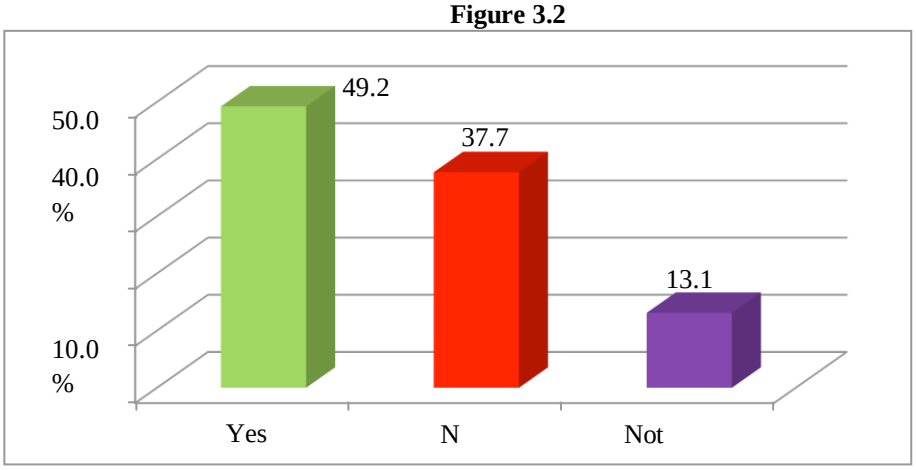
Existence of FGM/C in the Community



The study sought to establish whether the respondents are aware of the existence of FGM/C among the Maasai of Kajiado County currently. The response was presented in *Fig. 3.1.*When asked whether the respondents were aware of the existence of FGM/C, 87% of the sample population indicated that they were aware and knew about it while only 13% said that they were not aware of its existence. This means that FGM/C is still popular among the Maasai community. The results further shows the respondents had either witnessed it being done or participated in the occasion which is usually ceremonial, heard about it or knew about it as a cultural orientation of the community.

3.4 Prevalence of FGM/C among the Maasai Community

Figure 3.2



Prevalence of FGM/C among the Maasai Community

The Maasai community is historically and empirically known to practice FGM/C as a cultural norm. The researcher therefore aimed to determine whether it is still as rampant as it was when there was no resistance from global quarters. The response was presented in Fig 3.2. The responses clearly illustrated that the Maasai still practised FGM/C at a very high rate. This is indicated by the 49.2% of the respondents, when they affirmed that the FGM/C practice is still prevalent. However, 37.7% indicated that the practice has gone down compared the previous years; while only 13.1% were not sure of whether or not the practice was still high.

In addition to many prior efforts by various stakeholders, the UN General Assembly adopted a resolution on the elimination of FGM/C in December of 2012 (WHO, 2022). The WHO (2010) recognized that many years of efforts aiming to eliminate FGM/C have produced mixed and, in general, limited outcomes. These sentiments seem to agree with the results of the current study. From the findings, it is clear that it is not easy for the Maasai community to abandon FGM/C. They believe that it is part of their lifestyle and therefore a change of that mindset is not very easy. However, in the upper belt of the Kajiado County, namely Oloitoktok, the FGM/C prevalence has dropped to a moderate rate of 40-60%. This has been achieved by local leaders through their intervention of the practice by among other things educating and inspiring the community members. The Chiefs, other local administrators and opinion leaders in the County have been trained as advocates of Anti-FGM/C. They create awareness and sensitize the community through churches, schools and Chief *barazas*. Rescue operations have also been done by these and other leaders as well as the residents of Oloitoktok; and even reconciling the victims with their families and community as a whole.

3.5 Reasons why FGM/C is still Practised among the Maasai Community

The study sought to establish why the FGM/C practice was still thriving despite the many dangers it posed to women. The reason with the highest response rate of 82.0% was that the practice is used to initiate girls to womanhood. Others felt that it still rampant (68.9%) because is a cultural requirement by the community. Those who felt that the practice is meant to enable a girl to get married were 72 (44.7%); followed by those who observed that they wanted to save the girls from shame, stigmatization and discrimination; whose responses made up 39.8%. Forty seven respondents (29.2%) were of the opinion that taking women through FGM/C helped in controlling their sexuality; while 9.9% of the respondents which was the lowest, perceived it as a way of giving women the ability to take part in community functions. The results of this study on the reasons why the FGM/C practice continues to thrive agree with the assertions of the WHO (2022) that in the view of those practising it, it is a culturally significant practice.

Table 3.3: *Reasons for Practising FGM/C*

Reasons for FGM/C practice	**Frequency**	**Percentage**
A cultural requirement	111	68.9
To enable a girl to be married	72	44.7
To avoid family shame and stigmatization	64	39.8
To initiate a girl into womanhood	132	82.0
To enable a woman to participate in community functions	16	9.9
To control sexuality	47	29.2

It is clear that in the eyes of the Maasai community, this cultural inclination supersedes the dangers and pain that goes with the practice of FGM/C. The views of the respondents raise a lot of concern considering that the practice is carried out in traditional conditions without pain suppressers (anesthesia) with tools that puts the life of the girls at risks. Typically a local village practitioner, lay person, or midwife is engaged for a fee to perform the procedure, which is done without an aesthesia using a variety of instruments, such as knives, razor blades, broken glass, or scissors. The risks from the operation include increased chances of contacting diseases such as HIV, tetanus, bacteria or even bleeding to death, fistula among others. Generally, the community still believes that these dangers do not warrant a cause for change of the practice. Those that support the practice say that it is a good tradition that brought honour to the girls;

*"Female circumcision… is a mark in a woman's life, that she has now become a woman to be married and able to give birth to children" (**Women's Leader in Kisii).***

It was thought that the uncircumcised girls lose the respect of the community, because they are regarded as children who cannot be trusted with responsibilities, and who would not be acceptable for marriage and childbearing;

*"In Maasai culture, if you are not circumcised and you get pregnant, nobody will touch your blood because it will be bad blood…if you give birth and you are not circumcised, nobody will come to you. You will give birth alone because that blood is bad (women leader). "Very few girls get circumcised without suitors. She is circumcised, then the (shaving) ceremony takes place after six months and on the same day she is taken to the husband, **(Father of an uncircumcised girl in Kuria).***

This is evidenced in this statement made by a key informant;

*"Female circumcision… is a mark in a woman's life, that she has now become a woman to be married" (**a married woman**).*

Once upon time, when we were small girls, our great grandmother told us that women were punished because they lost calves when their men went for raids, and when they come back they found their women misbehaving with their enemies, since then the gods told them to circumcise all women to reduce their libido… (Maatoru enkima…keiroua olsarge. Meaning to reduce their sexual libido)

3.6 Decision Makers on Matters FGM/C

According to the WHO (2010) not understanding the decision making process in the practice of FGM has contributed towards mixed and limited successes in its elimination efforts. The researcher in the current study sought to establish who made the decision for a girl to undergo FGM/C among the Maasai families; as this would inform the reasons why it was difficult to eliminate the practice. Table 3.4 illustrates the findings.

Table 3.4
Decision Makers on Matters FGM/C

Decision maker	**Frequency**	**Percentage**
Father	133	82.6
Mother	5	3.0
Grandparents	3	1.9
Girls	3	1.9
All parties are involved	17	10.6
Total	**161**	**100.0**

Fathers (82.6%) were found to be incomparably key stakeholders in the proliferation of the FGM/C practice. They are charged by the community, clan and family with the responsibility of deciding whether girls will be circumcised or not. On the other hand, hardly do women decide on whether their daughters are circumcised. In rare cases however, women (mothers) especially in widowed households (3.0%) made that crucial decision; although they only do this under communal pressure and so they act as representatives of the communal will and voice. The cases where grandparents and the girl herself make that decision are few (1.9% in each case). It is only in 10.6% of the times is the FGM/C decision collective.

IV. Conclusions

From the study findings, the Maasai community in Kajiado County understands and defines the FGM/C practice in various ways; and is aware of some of the consequences of FGM/C. There are severe effects of FGM/C however, which seemed not obvious to the study respondents. These effects comprise pain during sexual intercourse, difficulty during child birth and while passing urine, girls' performance in school and 'cut' wounds taking too long to heal. Despite the community's awareness of FGM/C consequences, the responses in the study are indicative of a lack of appreciation of just how detrimental FGM/C is to Maasai girls and women. Instead, the community still considers it a normal and indispensible rite of passage which is necessary for the girl child to graduate to adulthood/womanhood; rendering efforts made by stakeholders to eliminate FGM/C ineffective. From the findings, it is clear that it is not easy for the Maasai community to abandon FGM/C. They believe that it is part of their lifestyle and therefore a change of that mindset is not very easy. The practice is seen in light of it being a cultural requirement to enable a girl to be married; avoid family shame and stigmatization while initiating a girl into womanhood so as to participate in community functions. They also view the practice as a means of controlling sexuality. The study found fathers to be incomparable key stakeholders in the proliferation of the FGM/C practice. These reasons have made stakeholder efforts not to be as fruitful and contributed to the persistence of FGM/C practice among the Maasai in Kajiado County.

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