

**FEMALE GENITAL MUTILATION:  
HEALTH RELATED PROBLEMS AMONG THE  
SOMALI COMMUNITY IN GARISSA TOWN, KENYA.**

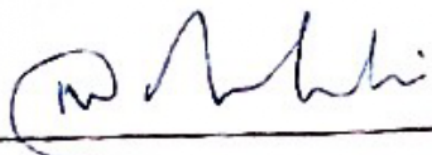
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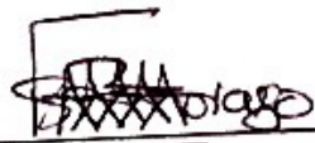
## DECLARATION

This thesis is my original work and has not been presented for a degree in any other university or any other award.

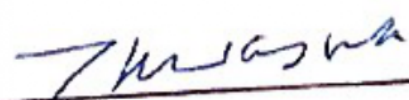
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We confirm, that the work in this thesis was carried out by the candidate under our supervision as university supervisors

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## **ABSTRACT**

Female circumcision or Female Genital Mutilation (FGM) is a tradition since antiquity and its exact origin is unknown. The spectrum of these genital procedures has been termed as female circumcision and more frequently FGM as a collective name describing several types of traditional female circumcision. According to the World Health Organisation (WHO), FGM is a form of violence against girls and women with serious physical and psychological consequences on health and must be abolished entirely. FGM is a deeply rooted cultural practice and most of the adherent communities consider WHO version as Eurocentric and cultural imperialism. Circumcision of girls and women among the Somali community in Garissa is almost universal

Despite the widespread practice of FGM among the Somali community in Garissa District, no previous study had investigated health-related effects that should be associated with this practice.

A descriptive cross-sectional survey was conducted in Garissa town Kenya between January and March 2002 to evaluate the health related effects of female genital mutilation among the Somali community in Garissa town. A total of 250 respondents were interviewed and nine focus group discussions (FGD) were held comprising of 90 participants in total.

Some 99.6% of the respondents in this study were circumcised and the majority (94%) were circumcised at the tender age of 0 – 10 years. FGM appeared hazardous to health, as the majority of the study population (63.5%) had developed health problems after circumcision and there was a significant relationship between number

of health problems and type of circumcision ( $X^2 = 12, P \leq 0.05$ ). However, there was a dramatic shift from the traditionally preferred type of circumcision, namely infubilation, to a milder type of FGM, the clitoridectomy adopted by most of the respondents (42.2%) compared to only (24.1%) who had undergone infubilation. Education had played an important role in this change of attitude from infubilation to clitoridectomy and there was a significant association between education level of respondent and the type of FGM preferred ( $X^2 = 9, P < 0.05$ )

Despite education and health problems associated with FGM some 67.6% of the respondents wanted FGM to be continued and believed it had some benefits. Eradication of FGM did not appear easy and achievable in the near future but there was a change from harmful type of FGM to the relatively harmless type, clitoridectomy. Most of the respondents (52%) preferred the Islamic Sunna type, which involved the removal of the prepuce of the clitoris and was as harmless as the male circumcision. The study has contributed to a deeper understanding of health related effects of FGM. Modification and or elimination of FGM is an all around effort that involves legal, social, political and economic measures. The immediate efforts should focus on information, education, and communication in order to facilitate change in the society's attitude towards the practice.