

Effects of Female Genital Mutilation on the Psychological Wellbeing of the Girl Child among the Ameru Community in Kenya

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Abstract

The effects of Female Genital Mutilation (FGM) pervade all spheres of a girl child's life and can be devastating limiting the psychosocial welfare of an individual. Therefore, the purpose of this study was to determine the effects of FGM on the psychological wellbeing of the girl child among the Ameru community in Kenya. The descriptive survey research design was adopted for the study whose target population was 300,176 girls from Meru County and Tharaka-Nithi County in Kenya. The accessible population was 137,044 girls derived from three districts where FGM was most prevalent. A sample of 489 respondents was selected for the study by use of snowball sampling and purposive sampling techniques. Data were collected using questionnaires, interview guides and Focus Group Discussion schedules. The validity of the instruments was improved through expert judgement of University supervisors while reliability was tested by use of Cronbach coefficient alpha. Descriptive statistics including frequencies, percentages, standard deviations and means were used to analyze the data. The research findings indicated that the Ameru girl child experienced moderate psychological challenges revolving around the issues of self esteem, anxiety and depression owing to the FGM experience.

Key Words: Psychological wellbeing, Female Genital Mutilation, Girl Child

1. Introduction

Masterson (2000) points out that FGM practice is mostly remembered as an extremely painful event that leaves an emotional scar for life. This explains the psychological disturbance suffered by the girl child who has been subjected to the FGM process. This emotional pain may settle deep in the subconscious mind and later lead to disturbing behaviour. The loss of trust and confidence in care givers such as parents and other family members who allow the procedure to go ahead and sometimes assist during the operation is another potentially serious psychological consequence (Hayes, 1975). WHO (1996) explains that FGM practice has a range of psychological and psychosomatic disorders. These effects of FGM on psychological wellbeing may lead the girl child to experience disturbances in sleep patterns, mood and cognition. Such difficulties extend into adulthood with feelings of incompleteness, low self esteem, depression, chronic anxiety, phobia, panic or even psychotic disorders. FGM practice also leads to deaths of innocent youths which may be traumatic to the colleague initiates and friends (Tabe, 2001). Still, Gruenbaum (1996) points out that apart from the direct pain of the event and its psychological effects, FGM works at a mere subtle level to shape the self perception and self esteem of the girl child. Hermlund and Shell-Duncan (2007) are in agreement with this sentiment by adding that in the long term, girls may suffer feelings of incompleteness, anxiety, depression, chronic irritability and difficulty in relating to their husbands. This explains why many FGM initiates suffer in silence and are unable to express their feelings and fears because doing so is a taboo (Tabe, 2001). Thus there is need to ascertain the effects of FGM on the psychological wellbeing of the girl child among the Ameru community in Kenya where the practice is still practiced amid vehement campaigns against it. This is anticipated to assist in designing evidence based techniques and strategies for mitigating the psychological effects among the already initiated girls.

2. Objective

The main objective of this study was to determine the effects of FGM on the psychological wellbeing of the girl child among the Ameru community.

3. Methodology

The descriptive survey research design was employed for the study whose target population was 300,176 girls aged between 14 years and 30 years. The study location was Meru county and Tharaka-Nithi county in Kenya. The accessible population was 137,044 girls from Igembe South District, Tharaka District and Meru South District where the prevalence of FGM was high compared to other Districts in the Counties. Snowball sampling technique was employed to obtain the sample of girls who had undergone FGM from the accessible population. Further information was solicited from 48 health workers, three social workers and 30 members forming the Focus Group Discussions who were purposively selected for the study. This formed a sample size of 489 respondents. Data were collected by use of two sets of questionnaires, an interview guide and a Focus Group Discussion schedule. Validity of the research instruments was improved through expert judgement of the University Supervisors while reliability was estimated by use of Cronbach coefficient alpha. A reliability coefficient of 0.92 for the Ameru girl child's questionnaire and 0.87 for the health workers questionnaire were obtained and deemed appropriate for the study. The quantitative data was cleaned and entered into the computer for analysis using SPSS version 17.0. Descriptive statistics such as frequencies, percentages, means and standard deviations were used to analyze the quantitative data where as qualitative data was analyzed thematically. The analyzed data were presented on tables and through excerpts.

4. Results and Discussion

The following are the results and discussions of the study.

4.1 Demographic Characteristics

The demographic characteristics of the respondents are important for a proper understanding of the nature of study participants. The characteristics investigated included age, gender, level of education, work experience, place of residence and religious affiliation.

4.1.1 Ameru Girl Child

The Ameru girl child was expected to indicate their age, level of education, religious affiliation and place of residence. The findings are indicated in Table 1.

Table 1: Distribution of Ameru Girl Child by Demographic Characteristics

Demographic Characteristic	Frequency	Percentage
Age in Years		
14 – 19	41	10
20 – 24	244	60
25 – 30	122	30
Residence		
Rural	369	90.7
Urban	38	9.3
Level of Education		
Not been to school	130	34.3
Pry School	162	37.4
Sec School	115	28.3
Religious Affiliation		
Catholic	172	42.3
Muslim	11	2.7
Protestant	211	51.8
Others	13	3.2

Information in Table 1 reveals that majority of the Ameru girls who had undergone FGM were aged between 20 years and 24 years, resided in the rural regions, had either not attended school or only attained the primary level of education and were mostly affiliated to the Catholic faith or Protestants.

4.1.2 Social workers

The social workers were required to give details of their age, level of education, religious affiliation and work experience as demographic characteristics. Information in table 2 describes the findings.

Table 2: Distribution of Social Workers by Demographic Characteristics

Demographic Characteristic	Frequency	Percentage
Age in Years		
35 – 44	1	33.33
45 and above	2	67.67
Level of Education		
College/University	3	100.0
Religious Affiliation		
Catholic	1	33.33
Protestant	2	66.67
Work Experience in Years		
11 – 15	1	33.33
16 and Above	2	66.67

The findings in Table 2 indicate that most social workers who participated in this study were 45 years old or above, had acquired either college or University level of education, were mostly Protestants and had worked for either 16 years or more.

4.1.3 Health Workers

An item in the questionnaire solicited information about gender, age, level of education, religious affiliation and work experience from the health workers. Results of the responses are indicated in Table 3.

Table 3: Distribution of Health Workers by Demographic Characteristics

Demographic Characteristic	Frequency	Percentage
Gender		
Female	25	54.3
Male	21	45.7
Age in Years		
25 and below	3	6.5
25 – 34	25	54.3
35 – 44	10	21.7
45 and above	8	17.4
Level of Education		
Primary	1	2.2
Secondary	4	8.7
College/University	41	89.1
Religious Affiliation		
Catholic	20	43.5
Muslim	1	2.2
Protestant	22	47.8
Others	3	6.5
Work Experience in Years		
Below 5	13	28.3
5 – 10	15	32.6
11 – 15	6	13.0
Above 15	12	26.1

The health workers' demographic information in Table 3 indicates that most of the participants were aged between 25 years and 34 years, had college or university level educational qualifications, were either Catholics or Protestants and had a work experience of more than five years.

4.2 Effects of FGM on Psychological Wellbeing of the Ameru Girl Child

This section is organized according to the indicators of the effects of FGM on the psychological wellbeing of the Ameru girl child which included issues of self esteem, anxiety and depression.

4.2.1 Self Esteem

Self esteem refers to the confidence in our ability to think, cope with the basic challenges of life and the confidence in our right to be successful and happy. It is an evaluation of the emotional, intellectual and behavioural aspects of the Ameru girl child's self concepts after the FGM experience. Self esteem is also a state of mind that leads to the way the Ameru girl child feels and thinks about themselves and others which is measured by the way they act after exposure to FGM.

Information sought from the Ameru girl child on self esteem issues regarding exposure to FGM practice was analyzed by determining the mean and the standard deviation of items on a five level likert scale where Strongly Disagree (SD) = 1, Disagree (D) = 2, Undecided (U) = 3, Agree (A) = 4, Strongly Agree (SA) = 5. The results of data analysis are presented in Table 4.

Table 4: Responses on the Effects of FGM on Girls' Self-Esteem

Responses	N	M	SD
I feel as worthwhile after FGM just as I was before the experience	407	2.7961	1.37543
Overall I regard myself as successful in life, though I went through the FGM practice	407	3.0860	1.16178
I am genuinely happy with the level of my intelligence despite my FGM status	407	3.2408	1.43359
I am truly contented with the way I look even after undergoing FGM	407	3.2776	1.38751
Even after FGM I can accomplish almost any task I attempt	407	3.3489	1.29270
I think people enjoy being with me despite my FGM status	407	3.9582	1.23605
I can honestly say that I love myself despite my FGM status	407	3.9730	1.19801
Overall Mean		3.3829	0.82610

Key: M – Mean SD – Standard Deviation N – Number of respondents

Information in Table 4 reveals that the overall mean was 3.3829 with SD of 0.82610 out of the maximum mean scores of 5 points. This implies that the Ameru girl child had moderate self esteem after the FGM experience. The response item with lowest mean of 2.7961 and SD of 1.37543 was "I feel as worthwhile after FGM as I was before the experience". This suggests that most of the girls had feelings of unworthiness after the FGM experience. This reveals that there is some emotional change that takes place in the FGM initiates leading them to experiencing feelings of unworthiness. Contrary, the response item with the highest mean of 3.9730 and SD of 1.19801 was "I can honestly say that I love myself despite my FGM status". This suggests that the Ameru girl child still loved themselves despite their FGM status. FGM being an irreversible process, the girls must have reached a point of appreciating themselves as they are in order to live comfortably without regrets despite the inner feelings of unworthiness.

Information sought from the health workers on self esteem of the Ameru girl child after exposure to FGM practice was analyzed by determining the mean and the standard deviation of items on a five level likert scale where Strongly Disagree (SD) = 1, Disagree (D) = 2, Undecided (U) = 3, Agree (A) = 4, Strongly Agree (SA) = 5. The results of the analysis are presented in Table 5.

Table 5: Health Workers' Responses on Effects of FGM on Self Esteem

Responses	N	M	SD
Girls who have undergone FGM practice feel as worthwhile as they were before the practice	46	2.0435	.81531
Overall Girls who have undergone FGM are successful in life despite their status	46	3.2174	1.13359
Girls who have undergone FGM are genuinely happy with their level of intelligence despite their FGM status	46	3.3478	1.33695
Girls who have undergone FGM are contented with the way they look even after the practice	46	3.5217	1.31215
Even after FGM girls can still accomplish almost any task they attempt	46	3.4348	2.28607
People can enjoy being with girls who have undergone FGM practice despite their status	46	3.9130	1.36343
Girls who have undergone FGM can still love themselves despite their status	46	3.7391	1.32388
Overall Mean		3.3168	0.82243

Key: M – Mean SD – Standard Deviation N – Number of respondents

The findings in Table 5 indicate that the overall mean on health workers views of Ameru girl child's self esteem after exposure to FGM was 3.3168 with SD of 0.81143 suggesting that that the girls were viewed as having moderate self esteem. The health workers' response item with the lowest mean of 2.0435 and SD of 0.81531 was "Girls who have undergone FGM practice feel as worthwhile as they were before the practice". This reveals that the Ameru girl child felt less worthwhile after exposure to the FGM practice. In contrast, the response item with the highest mean of 3.913 and SD of 1.36343 was "People can enjoy being with girls who have undergone FGM practice despite their status". This implies that the health workers agreed that the Ameru girl child enjoyed being with other people despite their FGM status.

Generally, the findings indicated that FGM practice had a fairly negative impact on the Ameru girl child's level of self esteem and in turn affecting their psychological wellbeing. In support, Masterson (2000) asserts that FGM practice is mostly remembered as an extremely painful event that leaves an emotional scar for life, resulting to a negative image of self among the girls. The findings are in agreement with views of Cunter (1985) who points out that FGM is an unnecessary mutilation operation which is associated with significant health hazards to the emotional and psychological status of women in many parts of the world. In addition, Gruenbaum (1986) observed that FGM works at a mere subtle level to shape the self perception and self esteem of the girls making them not to trust their minds or know that they are worthy any happiness. Further, Mahmood (2005) asserts that many FGM women confess suffering panicky feelings contributing to low self esteem, psychosomatic illnesses and post traumatic stress disorders. Ngobilo (2011) affirms that FGM is a barbaric practice that has destroyed the lives of many young girls and as thus efforts should be put in place to end it.

4.2.2 Anxiety

Anxiety is a state of feeling nervous or worried that something bad is going to happen. It is being fearful about something. Hence, an individual is said to be anxious often when he is restless and unable to be still for long. The anxiety of the Ameru girl child can range from a feeling of uneasiness at its mildest form to a panic attack at the most severe end of the spectrum. Information solicited from the Ameru girl child on anxiety related to the FGM experience was analyzed by determining the mean and the standard deviation of items on a five level likert scale where Strongly Disagree (SD) = 1, Disagree (D) = 2, Undecided (U) = 3, Agree (A) = 4, Strongly Agree (SA) = 5. The findings are presented in Table 6.

Table 6: Responses on Effects of FGM Practice on Girls' Anxiety

Responses	N	M	SD
FGM practice has been a source of frightening fantasies	407	3.6241	1.17600
After FGM practice I feel sudden unexpected panic spells	407	3.7125	1.04265
Thinking of the FGM experience makes me have difficulties in concentration	407	2.6388	1.30734
FGM practice has made me experience a lot of tension	407	3.4177	1.10640
I am worried that I look foolish before others, because of my FGM status	407	3.9287	2.09515
Overall Mean	407	3.4644	0.78526

Key: M – Mean SD – Standard Deviation N – Number of respondents

As indicated in Table 6, the overall mean on anxiety experienced by the Ameru girl child after exposure to FGM was 3.4644 with SD of 0.78526 out of the maximum mean score of 5 points. This depicts that the Ameru girl child was moderately anxious owing to the FGM experience. The response item with the highest mean of 3.9287 and SD of 2.0815 was "I am worried that I look foolish before others because of my FGM status". This indicates that the Ameru girl child worried about looking foolish before others due to their FGM status. This finding is in contrast to the cultural belief that FGM practice gives its members a look of dignity and respect. The response item with the lowest mean of 2.6388 and SD of 1.30734 was "Thinking of the FGM experience makes me have difficulties in concentration". This suggests that most of the girls did not believe that FGM status made them have difficulties in concentration. Therefore, the anxiety experienced by the Ameru girl child did not affect their level of concentration.

Information sought from the health workers on anxiety of the Ameru girl child after exposure to FGM practice was analyzed by determining the mean and the standard deviation of items on a five level likert scale where Strongly Disagree (SD) = 1, Disagree (D) = 2, Undecided (U) = 3, Agree (A) = 4, Strongly Agree (SA) = 5. The results of the analysis are presented in Table 7.

Table 7: Health Workers' Responses on Effects of FGM on Girls' Anxiety

Responses	N	M	SD
FGM practice is a source of frightening fantasies to girls	46	3.8478	1.09478
After FGM practice girls feel sudden unexpected panic spells	46	3.8696	1.12761
Thinking of the FGM experience makes the girls have difficulties in concentration	46	2.5000	1.26051
FGM practice has made girls experience a lot of tension	46	3.4783	1.13017
Girls who have undergone FGM feel worried that they look foolish before others, because of their status	46	4.0435	.94278
Overall Mean		3.5478	0.82588

Key: M – Mean SD – Standard Deviation N – Number of respondents

The overall mean on the responses of the health workers' views on the Ameru girl child's anxiety was 3.5478 with SD of 0.81588 out of the maximum mean of 5 points. This implied that the Ameru girlchild experienced moderate anxiety after undergoing FGM practice. The response item with the highest mean of 4.0435 and SD of 0.94278 was "Girls who have undergone FGM feel worried that they look foolish before others because of their status". This reveals that the health workers agreed with the girls' responses that those who had undergone FGM were worried that they looked foolish before others. The response item with the lowest mean of 2.500 and SD of 1.26051 was "Thinking of the FGM experience makes the girls have difficulties in concentration". This advocates that the health workers believed that girls who had undergone FGM did not experience difficulties in concentration. This suggests that the FGM practice does not affect an individual's level of concentration implying that the Ameru girl child can still go back to school and advance their potentials.

The study findings indicate clearly that the FGM process is a source of anxiety to the Ameru girl child. This observation is supports the claim that girls who have undergone FGM practice, suffer from anxiety and chronic irritability due to the stigma experienced (Hermund and Shell-Duncan, 2007). A position corroborated by Mahmood (2005) who noted that the emotions of fear are the most central to many girls and women experiencing anxiety from FGM practice. Besides, Abor (2006) posits that FGM causes grave and deliberate damage to the girls, including physical symptoms of anxiety attacks which can be frightening. However, not everyone experiences the same anxiety symptoms and in the same way because the signs vary greatly due to individual differences.

4.2.3 Depression

Depression is a psychological disturbance that affects a person's mood, physical functions and social interactions. It presents itself with symptoms such as suicidal thoughts and disconnection from reality. Some other depressive symptoms are related to body changes due to hormones such as fatigue, hopelessness and lethargy or inability to function after exposure to FGM practice. Information sought from the Ameru girl child on depressive feeling elicited by going through FGM experience was analyzed by determining the mean and the standard deviation of items on a five level likert scale where Strongly Disagree (SD) = 1, Disagree (D) = 2, Undecided (U) = 3, Agree (A) = 4, Strongly Agree (SA) = 5. The results of data analysis are presented in Table 8.

Table 8: Responses on Effects of FGM on Girls' Depression

Responses	N	M	SD
I am sad all the time because of my FGM status	407	3.5799	1.16301
I feel quite guilty most of the time when I think of what I underwent in FGM practice	407	3.1351	1.33499
I feel I have nothing to look forward to after FGM	407	3.7101	1.17422
I blame myself for everything bad that has happened to me in relation to the FGM practice	407	2.8256	1.33779
I feel am being punished for having opted to undergo FGM	407	3.4668	2.30886
I feel the future is hopeless and that things cannot improve with my FGM status	407	3.6511	1.22822
I feel am a complete failure as a person having undergone FGM	407	3.3292	1.19717
I hate myself for having accepted to undergo FGM	407	3.5528	1.23437
Overall Mean		3.4063	0.86941

Key: M – Mean SD – Standard Deviation N – Number of respondents

Information in Table 8 indicates that the overall mean score obtained was 3.4063 with SD of 0.86941 out of the maximum mean score of 5 points. This suggests that the Ameru girl child became moderately depressed after undergoing FGM practice. The response item with the highest mean of 3.7101 and SD of 1.17422 was “I feel I have nothing to look forward to after FGM”. This insinuates that most of the girls agreed that they had nothing to look forward to after the FGM process. This reflects a feeling of having given up or despair the main cause being probably their inability to function well in society as their uncut peers; attributed by emotional disturbances from their FGM status. The response item with the lowest mean of 2.8256 and SD of 1.33779 was “I blame myself for everything bad that has happened to me in relation to the FGM practice”. This indicates that most of the girls did not blame themselves for everything bad that happened to them in relation to FGM practice. The Ameru girl child accepted any bad experience related to FGM as part of life leading to feelings of incompleteness.

Information sought from the health workers on depressive feelings of the Ameru girl child after exposure to FGM practice was analyzed by determining the mean and the standard deviation of items on a five level likert scale where Strongly Disagree (SD) = 1, Disagree (D) = 2, Undecided (U) = 3, Agree (A) = 4, Strongly Agree (SA) = 5. The results of the analysis are presented in Table 9.

Table 9: Health Workers’ Responses on Effects of FGM on Girls’ Depression

Responses	N	M	SD
FGM is a source of sadness for the FGM girls	46	3.7826	1.07317
FGM girls feel quite guilty most of the time when they remember what they underwent in the FGM practice	46	2.8043	1.14736
FGM practice makes the girls feel they have nothing to look forward to	46	3.9565	.94178
FGM girls blame themselves for everything bad that has happened to them in relation to the FGM practice	46	2.8478	1.24664
FGM girls feel they are being punished for having opted to undergo FGM	46	4.0870	.84491
FGM makes the girl child to see the future as hopeless and that things cannot improve with their FGM status	46	3.8478	1.29901
Having undergone FGM makes the girl feel a complete failure	46	3.3043	1.26262
FGM girls hate themselves for having accepted to undergo FGM	46	3.5000	1.13039
Overall Mean		3.5163	0.77711

Key: M – Mean SD – Standard Deviation N – Number of respondents

The inclusive mean on the response of the health workers on depression experienced by the girls was 3.5163 with SD of 0.77711, out of the maximum mean scores of 5 points. This indicates that the Ameru girl child experienced moderate depression after undergoing FGM process. The response item with the highest mean of 4.0870 and SD of 0.84491 was “FGM girls feel they are being punished for having opted to undergo FGM”. This suggests that the Ameru girl child felt punished for having opted to undergo FGM. The response item with the lowest mean of 2.8043 and SD of 1.14736 was “FGM girls feel quite guilty most of the time when they remember what they underwent in the FGM practice” suggesting that the health workers fairly disagreed that the Ameru girl child felt guilty when they remembered what they underwent in the FGM practice. This is because the Ameru girl child gets excited and looks forward to undergoing the FGM process as a cultural requirement.

The findings on effects of FGM on depressive feelings of the Ameru girl child support the views of Hermund and Shell Duncan (2007) who affirm that women may suffer shattered aspirations, extreme moodiness, inability to function, feeling incomplete and worrying over their FGM status. Further, Dorkenoo (1994) concurs that the FGM practice inflicts pain and torture to vulnerable girls and women resulting to depression. In addition, Dorkenoo (1994) in a qualitative study of the psychosocial impact of FGM among Bedouins –Arabs in Israel found that women who had undergone FGM expressed various emotional difficulties and psychosocial problems, including feelings of fear, anger, helplessness, bad memories and stress.

4.2.4 Qualitative Descriptions of Post FGM Psychological Effects on the Girl Child

Detailed information was obtained from social workers on various psychological issues experienced by the Ameru girl child after undergoing FGM. The findings are presented in Excerpt 1.

Excerpt 1

Researcher: Are you aware of any post FGM effects on the psychological wellbeing experienced by the Ameru girl child? Mention some of them.

Respondent 2: Yes. The Ameru girls talk of many that affect their feelings and way of thinking and in turn altering their behaviour. These effects are:

- i. Feeling ashamed of themselves
- ii. Feeling remorse for themselves
- iii. Feeling guilty
- iv. Fast palpitations
- v. Frequent perspiration
- vi. Stomach discomforts
- vii. Have low self esteem
- viii. Experience a sense of failure
- ix. Feeling depressed
- x. Always worried
- xi. Difficulties in concentration
- xii. Occasionally getting frightened.

Researcher: Anybody else with something to add to this list?

Respondent 3: No, but it should be noted that not everyone experiences these psychological effects and in the same way.

Respondent 2: Correct! Due to individual differences the signs vary greatly.

Researcher: Any other remarks to make as regards Post FGM psychological effects?

Respondent 1: Yes! The Ameru girls also complain of going through feelings of anger, sadness and regrets since it is a practice that has presently lost significance. Others suffer feelings of incompleteness and chronic irritability.

Researcher: From your own opinion, who should be the main target to influence in the eradication of FGM and by extension eradicate these emotionally disturbing effects?

Respondent 3: The girl child who has not undergone FGM. This is because being the potential victim of the whole process, when armed with information and some formal education she can gain the confidence to say "No" to this practice, hence making the practice to die.

Respondent 2: I have the male counterparts in mind. These can be sensitized into changing their attitude towards FGM practice and in turn to accept, respect and recognize the Alternative Rite of Passage graduates as responsible individuals with status in community and as potential wives.

Respondent 1: Yes! The circumcisers too should be empowered financially to start other money making business so that they abandon making money through FGM. This will slowly lead to the eradication of this practice and eventually the torturing psychological effects.

Respondent 3: The parents/guardians of the Ameru girls are also significant because they are the ones who choose on when where and what to pay for their daughters' FGM process. They should be assisted to receive some knowledge on post FGM effects which will in turn hopefully make them disagree with the practice leading to its abandonment. The teachers too can campaign against FGM practice during guidance and counselling sessions in schools. The Provincial Administration, that is Chiefs, Assistant Chiefs and by extension village elders can be sensitized on this FGM practice, so that it may eventually die in the community and ultimately ending these negative effects.

4.2.5 Focus Group Discussion on Psychological Effects

Information on the role of various group members in mitigating the effects of FGM on Ameru girl child's psychological wellbeing is given in Excerpt 2. The real names of these community members were withheld to conceal identity.

Excerpt 2

Researcher: Do you think there are any post FGM psychological effects experienced by the Ameru girl child?

- Respondent G:** Yes! Although FGM practice preserves virginity and prepares girls for marriage, it has very many mentally tormenting effects on the girl child. For instance, the girls are psychologically tortured the night before the FGM procedure. (*Mother – Meru South*).
- Respondent D:** It is true. FGM practice preserves family honour by conferring respect to the Ameru girl child. However, these girls later suffer irritation by the whole process. Majority feel that FGM process was done without their consent. (*Village elder – Igembe*)
- Respondent E:** I can say that some of these Ameru girls have reported suffering from low self esteem and shame, as they felt rejected by other community members making it difficult to interact freely. However, much of this rejection has been their own doing, because after undergoing the FGM practice, due to pride, these girls refer to themselves as “Deecee”, regarding others as “Mukenye” or “Muthera” (meaning one with dirty genitalia). (*Chief – Igembe South*).
- Respondent F:** Yes! I know of girls who have undergone FGM practice and have been experiencing feelings of insecurity within the community and more so, sorry for themselves. This has made them withdraw from taking part in many community activities. (*AIC Pastor – Tharaka*)
- Respondent B:** There are some cases of girls confessing suffering from anger, rage and depressive moods shortly after undergoing the FGM procedures. (*PCEA Church Reverend – Meru South*)
- Respondent A:** Sentiments of girls experiencing disturbances in eating patterns, sleep disorders and feeling guilty for going through the FGM practice have been noted from some of the girls. However, I comfort them every time they complain to me. (*Mother – Tharaka*)

All these experiences leave a lasting psychological mark and adversely affect the Ameru girl child’s psychological wellbeing. This concurs with Toubia (1994) explanations that FGM leads to psychological disturbances like chronic anxiety and depression. These sentiments are in line with those reported by the girls, health workers and the social workers depicting that FGM causes a violation of women’s physical intactness and is a potential cause of post traumatic stress disorders.

5. Recommendation

Based on the study findings, the following recommendations were made:

- i. Psychoeducation is necessary to alleviate the effects of FGM on the psychological wellbeing of the girl child. This is because when the girl child understands the reason behind the feelings of depression, anxiety and low self esteem owing to the FGM status, positive coping attitudes may be developed.
- ii. The Government and other concerned organizations may need to intensify the fight against FGM practice in order to save the Ameru girl child from the psychological agony perpetrated by the practice

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