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Exploring the persistence of FGM in West Pokot County, Kenya

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Authors

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Domtila Chesang is an activist and advocate from West Pokot, Kenya focused on combating Violence Against Women and Girls and is the Global Institute for Women's Leaderships's inaugural Changemaker.

Domtila Chesang's work focuses on tackling the persistence of Female Genital Mutilation within the Pokot community in Kenya, as despite extensive efforts to eradicate this harmful practice, it remains prevalent, necessitating an in-depth exploration of the cultural beliefs and social dynamics that sustain it.

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Foreword

Julia Gillard
Former Prime Minister of Australia and Chair of the Global Institute for Women's Leadership

Gender equality is not just a fundamental human right; it is a prerequisite for a just and thriving society. Yet, in many parts of the world, harmful practices like Female Genital Mutilation (FGM) continue to rob women and girls of their dignity, health, and opportunities. This report sheds light on the deeply rooted socio-cultural and economic forces that sustain FGM in West Pokot, where marriage customs, peer pressure, and economic incentives make it difficult for families to abandon the practice—even in the face of legal prohibitions and known health risks.

Progress is possible. Education, faith-based interventions, and community-led initiatives have shown promising results in challenging entrenched norms and offering alternative pathways for girls. However, meaningful change requires a coordinated, multi-stakeholder approach—one that strengthens legal enforcement, expands educational opportunities, and empowers communities to break the cycle of FGM.

At the Global Institute for Women's Leadership, we believe in the power of research and leadership to drive change. Through our Changemakers Programme, developed in partnership with The Five Foundation and funded by Firebird, we are supporting grassroots activists who are working tirelessly to end FGM and advance gender equality. This report, shaped by the work of our first Changemaker, Domtila Chesang, highlights the urgent need for sustained, community-led action.

By amplifying these voices and providing evidence-based solutions, we aim to drive meaningful progress. We must seize this moment to accelerate change and ensure that every girl can live free from harm, with the ability to shape her own future.

I would like to extend my thanks to the Firebird Foundation for funding the Changemakers Programme, and to The Five Foundation for their partnership and invaluable contributions.

Domtila Chesang's Journey

From witness to warrior: transformational leadership in the fight against FGM

Domtila Chesang's life has been shaped by a deeply personal and painful awakening to the horrors of Female Genital Mutilation (FGM). Born in Tampalal, a small village in West Pokot, Kenya, she grew up in a traditional community where practices like FGM and polygamy were normalized. As the firstborn daughter in a polygamous family of 16 children, she initially anticipated undergoing the rite of passage herself. However, everything changed when, out of curiosity, she secretly witnessed her older cousin's brutal infibulation (Type III FGM), a procedure that involves the complete removal of the clitoris and labia, followed by suturing. The agonizing screams of her cousin and the disturbing sight of older women celebrating the act left an indelible mark on her psyche, permanently altering her perception of FGM.

Determined to escape the same fate, Domtila convinced her mother to send her to a boarding school, a rare opportunity that provided refuge. Her mother, though silently opposed to FGM, never openly challenged it, as speaking against the practice was taboo before the practice was criminalized in the country through The Prohibition of Female Genital Mutilation Act 2011. At Ortum Girls Boarding Primary School, Domtila thrived in an environment free from FGM discussions. However, her mind remained troubled by the plight of girls back home. During school holidays, she discreetly began educating her peers about FGM, influencing some to resist the practice. Sadly, societal pressure led one of her close friends to undergo FGM later in life.

Despite facing ostracization and cultural resistance, Domtila persisted. By the time she completed her bachelor's in teaching studies, she had already made a significant impact in her community. Realizing that her advocacy was more urgently needed than her teaching career, she founded the I_Rep Foundation (I Am Responsible Foundation) https://irepfoundation.org/ a platform she uses to rally members of her community to fight FGM, child marriage, and other forms of Violence Against Women and Girls in West Pokot.

Through I_Rep, she:

- Provides education and safe spaces for girls escaping FGM and child marriage, sponsoring over 300 children in universities, colleges, high school and primary schools.
- Raises awareness about the detrimental effects of harmful practices like FGM and Child Marriage by engaging communities in open dialogues.
- Collaborates with other government agencies, local leaders, youth and other partners to accelerate the abandonment of harmful traditions.
- Supports survivors with legal justice, medical care, and psychosocial assistance.
- Enhance collaboration, commitment and support with other changemakers to advance the agenda of women rights protection.

Her activism has brought her into contact with influential women's rights advocates across Africa and beyond, reinforcing her belief that the struggle for gender equality is global. Through shared experiences with activists from different regions, including Europe, USA and the Middle East, she has realized that while challenges vary, the fight for women's rights remains universal.

Despite her impact, Domtila faces immense challenges. The community often expects her to be a solution to all their problems, making her home a haven for girls in distress and her phone a constant lifeline for those in need. Funding remains a major obstacle, as grassroots organizations like hers struggle with sustainability, forcing her into continuous fundraising efforts to sustain the work. The workload is overwhelming, especially during school holidays when girls are most vulnerable.

Now, nearly a decade into her activism, Domtila is at a pivotal moment. She seeks to reflect on her impact, assess why FGM persists despite interventions, and develop localized strategies to eliminate it. This has driven her to partner with King's College London under the Changemakers Program, being the first in the program, to conduct a bespoke research to identify the factors that sustain FGM in her community and the most effective ways to tackle them.

Though the journey is filled with sacrifices, exhaustion, and emotional weight, she remains unwavering. For Domtila, the fight against FGM is not just personal, it is a collective responsibility that she refuses to abandon.

Domtila Chesang working with schoolchildren

Glossary

List of acronyms

FGM	Female Genital Mutilation
FGD	Focus Group Discussion
CM	Child Marriage
UNICEF	United Nations International Children's Emergency Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization
KDHS	Kenya Demographic Health Survey

Pokot terms and meanings

Tum	Means ceremony in English but is used to mean FGM
Cherirey	A Woman who cried while being cut on the first stage of FGM procedure
Sorin	A girl/woman who hasn't been cut
Chepto	A girl/a girl or woman who is not cut
Chepterte	A ceremony performed after girls come out of FGM seclusion
Apert	A spot outside a Pokot homestead where a man sits around the fire with his sons and also eats from this location.
Cheporoko	A sorcerer who intervenes in the case a girl doesn't show bravery or initiates FGM
Sapana	A traditional Ceremony, additional rite of passage for men
Lapan	A ceremony to mark coming out of seclusion for FGM initiates
Chepto Kumichan	Refers to a young girl at birth or a young age to mean the one who fetches/earns alcohol for her father/mother through marriage
Wawa Skurio	The young one of a donkey
Nyo Ki-Yeng Kame Mamaa	The one whose mother was cut but didn't die.

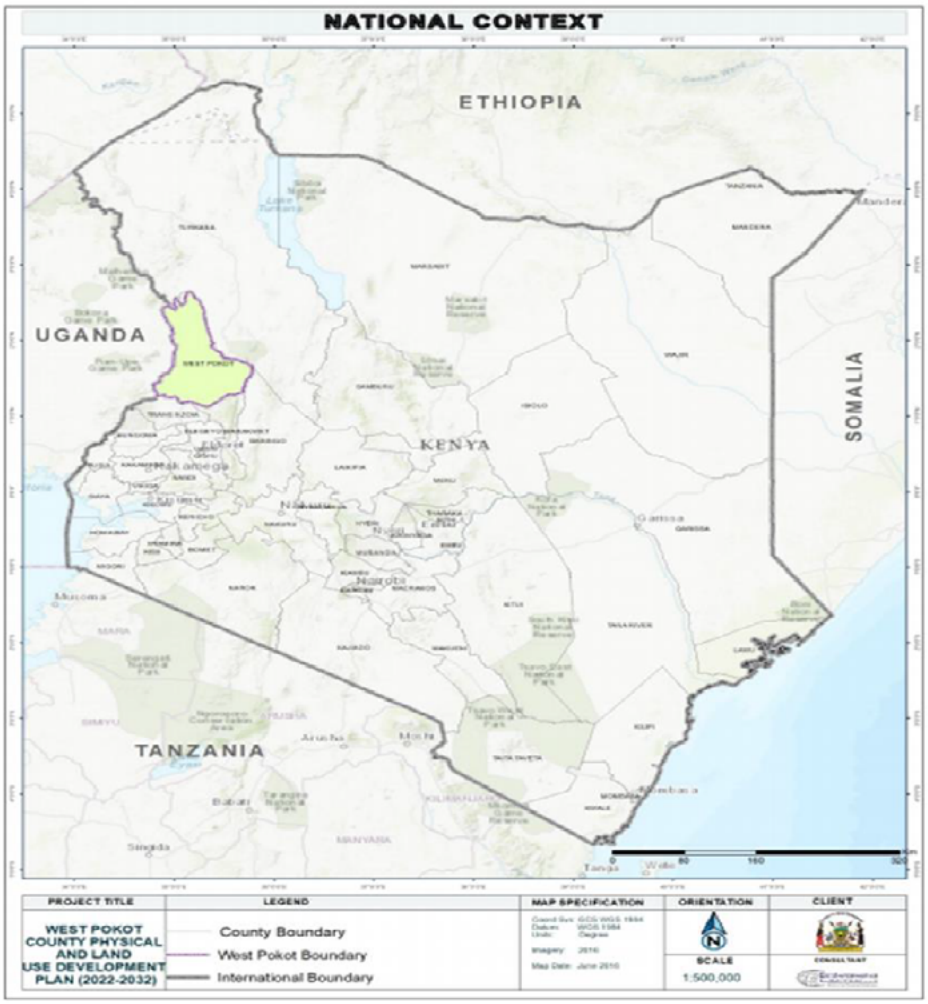
Situating West Pokot

West Pokot County is located in northwestern Kenya, within the North Rift region, and shares a border with Uganda to the East. It lies between latitudes 1˚ and 2˚ North and longitudes 34˚47' and 35˚49' East, covering an area of approximately 9,123.3 km² and stretching 132 km from north to south.

The county features a diverse landscape that ranges from rugged highlands and undulating hills to expansive, arid lowlands. Fertile highland areas support limited agricultural activities, while the vast semi-arid plains are primarily used for pastoralism. The predominantly semi-arid climate, characterized by erratic seasonal rainfall and high evaporation rates, often results in water scarcity that adversely affects both agriculture and livestock production.

Infrastructure challenges, such as poorly accessible roads and limited social amenities, further shape settlement patterns within the county. In addition to its border with Uganda to the East, West Pokot County is bordered by Turkana County to the north and northeast, Trans Nzoia County to the south, and Elgeyo Marakwet and Baringo Counties to the Southeast and East respectively.

Figure 1 Location of the County in Kenya



Executive Summary

This report investigates the persistence of Female Genital Mutilation (FGM) in West Pokot by examining the intricate socio-cultural and economic factors that sustain the practice. In this community, FGM is not merely a traditional ritual; it is deeply intertwined with marriage customs, bride price negotiations, and social status. Marriage is the sole, highly prioritized pathway for many girls, especially those not in school, providing immediate economic benefits to families through elevated bride price. As a critical rite of passage, FGM signals a girl's readiness for marriage, while pervasive peer pressure and intense stigma marginalize uncut girls, rendering them unprepared for their future marital roles.

Despite the severe health risks of FGM, ranging from childbirth complications and long-term physical damage to emotional trauma, the practice endures because many families lack viable alternatives and are forced by immense social pressure to conform. Systemic challenges also hamper eradication efforts. Although laws exist to criminalize FGM, enforcement is undermined by resource limitations, insufficient political commitment, and logistical difficulties in accessing remote communities. These obstacles, exacerbated by the region's challenging terrain and pastoral lifestyle that disperses populations, significantly weaken the deterrence of existing policies and leave vulnerable populations at heightened risk.

Promising avenues for transformation have emerged through education and faith-based initiatives. Schools and church-led sensitization programs have empowered many girls, enabling them to reject FGM and assume leadership roles within the community. These interventions not only offer protection and support but also serve as platforms for challenging the prevailing norms that perpetuate the practice. However, such efforts are often hindered by economic constraints, infrastructural deficiencies, and a cultural emphasis on immediate marital returns over the long-term benefits of education.

This report recommends a comprehensive, multi-stakeholder approach that integrates robust legal enforcement, enhanced educational opportunities, and targeted community and faith-based outreach. By addressing the socio-cultural drivers, including peer pressure, stigma, marriage imperatives, and bride price incentives, this integrated strategy aims to break the cycle of FGM and secure a healthier, more equitable future for girls and women in West Pokot.

Introduction

What is female genital mutilation?

Female genital mutilation (FGM) also referred to as Cutting or Circumcision is defined as all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. The practice has no health benefits and is internationally recognized as a violation of human rights of girls and women (WHO, 2025).

While most prevalent in Africa and the Middle East, FGM is a global practice and is also practiced in Asia and Latin America as it is among immigrant populations living in Western Europe, North America, Australia, and New Zealand (World Health Statistics, 2011-2025).

Across the world, the practice of FGM exhibits significant differences in both its form and the rituals surrounding it. Even within a single region, the type of FGM carried out, the reasons given for it, and the age at which it is performed can vary considerably based on factors such as ethnicity and socioeconomic status. Local communities determine the timing of the procedure, ranging from a few days after birth, throughout childhood up to the age of fifteen, at puberty, or in some cases, even during adulthood if a woman had not previously been cut. In certain communities, FGM may be performed before marriage, either prior to or following a pregnancy, or even during labor (Ahinkorah & Opoku, 2021).

Typically, anaesthetics and antiseptics are not used in the procedure unless it is performed by medical professionals, known as the medicalization of FGM (World Vision, 2025). In communities that practice infibulation, in this case such as the Pokot of Kenya, girls often have their legs bound together for an extended period, ranging from two to four weeks or more, to restrict movement and promote the formation of scar tissue (Ballard Brief, 2024).

Figure 2 A traditional cutter displaying one of the tools used to perform FGM (Eva Ontiveros, 2019)

The ambiguity of language in relation to FGM

Local terminologies for FGM are often ambiguous and vary across communities. Although the World Health Organization, (WHO) clearly defines FGM and its types, local communities may use terms such as 'to purify' or 'sunnah' to describe different forms of the practice. For instance, in areas where infibulation is common, people often associate FGM primarily with WHO types 2 and 3, while accepting less invasive forms (types 1 or 4) as tolerable (Newell-Jones, 2017). Similarly, in Somalia, 'sunnah' may refer to multiple FGM types, leading to potential underreporting (Crawford & Ali, 2015). Furthermore, coded language, such as 'joining the secret society' or 'the Bondo' in West Africa, can obscure the nature of the practice (Bjälkander, 2013). For this report as described by the Pokot community, and based on the data collected, the terms cutting, mutilation, the knife, and ceremony are used interchangeably to describe FGM.

Origin of FGM

The exact origin of FGM is not well-known but documented reports, Greek historians and geographers, such as Herodotus (425–484 B.C.) and Strabo (64 B.C.–23 A.D.) point out that FGM occurred in Ancient Egypt along the Nile Valley at the time of the Pharaohs and thus Egypt is often considered as the source country (Kouba & Muasher, 1985). The act of FGM was also reported long time ago among other nations of the world including the Romans where it was done in order to prevent their female slaves from getting pregnant (Momoh, 2005). In Western Europe and the United States, clitoridectomy, which is also known as Type I of FGM and includes the Partial or total removal of the clitoris which is the sensitive part of the female genitals), and/or the prepuce/ clitoral hood (the fold of skin surrounding the clitoral glans),' was described to be practiced so as to treat perceived ailments like hysteria, epilepsy, mental disorders, masturbation, nymphomania and melancholia in the 1950's (UNFPA, 2016).

Justifications for FGM

FGM is carried out for a variety of reasons that vary by region and evolve over time, but they all stem from a blend of socio-cultural influences within families and communities. In many settings, FGM is deeply embedded as a social norm, where the pressure to conform and the fear of social rejection drive its continuation (*WHO, 2025*).

The practice is viewed as a crucial component of raising a girl, serving as a rite of passage that prepares her for adulthood and marriage (Seketian, 215). This transition is highly valued because marriage offers immediate economic benefits through bride price, significantly enhancing a girl's social standing and future prospects (Corno & Voena, 2023).

This preparation often includes the belief that FGM helps control female sexuality, ensuring premarital virginity and fostering marital fidelity, although research shows no clear link between the practice and modest sexual behaviour, rendering the argument for chastity insufficient on its own (Adelekan & Babatunde, 2022).

Some people claim that FGM is supported by religious doctrine, no religious texts explicitly prescribe it, and religious leaders themselves hold diverse opinions, with some advocating for its abandonment. Additionally, pervasive peer pressure and stigma compel families to conform; uncut girls are frequently ostracized and deemed unprepared for adult roles.

Types of FGM

The World Health Organization (WHO, 2019) classifies female genital mutilation into four different types as below:

Type 1: Also called Clitoridectomy, is the partial or total removal of the clitoral glans (the external and visible part of the clitoris, which is a sensitive part of the female genitals), and/or the prepuce/clitoral hood (the fold of skin surrounding the clitoral glans).

Type 2: Also called Excision is the partial or total removal of the clitoral glans and the labia minora (the inner folds of the vulva), with or without removal of the labia majora (the outer folds of skin of the vulva).

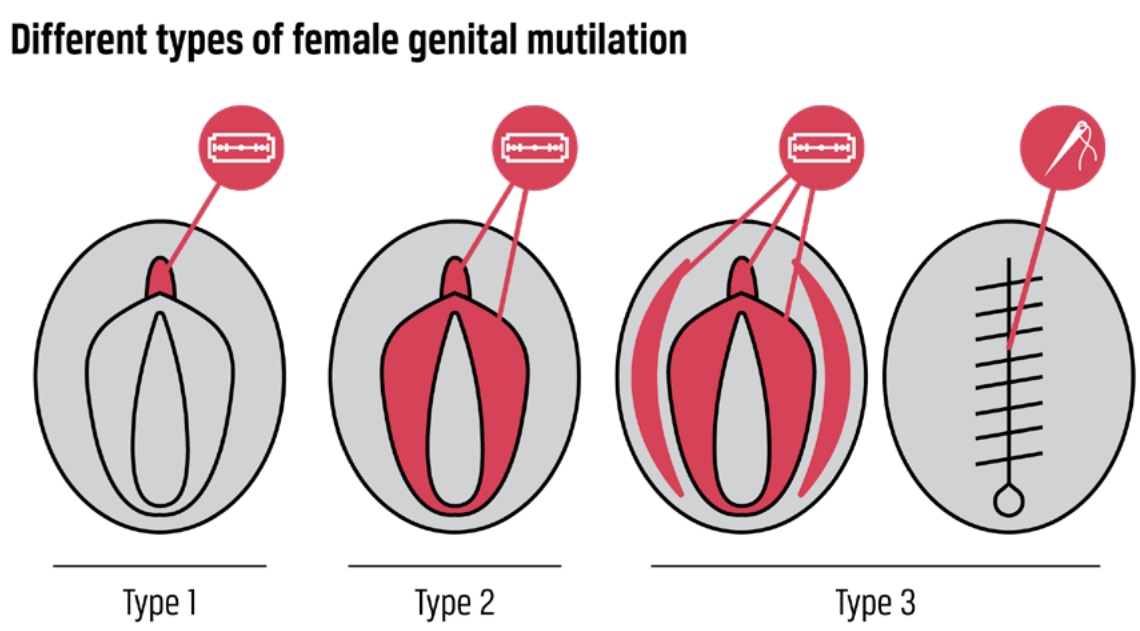
Type 3: Also known as infibulation, this is the narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the labia minora, or labia majora, sometimes through stitching, with or without removal of the clitoral prepuce/clitoral hood and glans.

Type 4: This includes all other harmful procedures to the female genitalia for non-medical purposes, e.g., pricking, piercing, incising, scraping and cauterizing the genital area.

Deinfibulation refers to the practice of cutting open the sealed vaginal opening of a woman who has been infibulated (Type III). This is often done to allow sexual intercourse or to facilitate childbirth and is often necessary for improving the woman's health and well-being.

Some women undergo a narrowing of their vaginal opening again after being defibrillated during childbirth, which is known as reinfibulation. WHO recommends against reinfibulation because it increases health risks throughout the life-course (Jensen & Friedbaum, 2018).

Figure 3 Different types of female genital mutilation



Consequences of FGM

The life of a FGM survivor will never be the same as before!

FGM has far-reaching impacts that extend across physical, sexual, psychological, and reproductive domains. Physically, the procedure can result in immediate complications such as intense pain, haemorrhage, infection, fractures, and even death due to severe blood loss or acute infection (WHO, 2001). In the long term, women may experience chronic gynaecological, obstetric, and urological issues that comprise their overall health and quality of life. In its most severe form, Type III, or infibulation, women often experience significant complications, including difficulty with vaginal penetration that may lead to alternative sexual practices, such as anal intercourse or using the urethral meatus as an opening (Okusanya, 2017). Even less extensive forms, like Type I, can markedly reduce orgasm, while more severe forms (Types II, III, and IV) are linked to a negative genital self-image and increased sexual dysfunction, with women being 1.5 times more likely to experience dyspareunia and twice as likely to report diminished sexual desire. Notably, defibulation surgeries have been associated with improvements in sexual desire, arousal, and satisfaction (Krause & Kuhn, 2011).

The psychological ramifications of FGM are equally profound. Immediate trauma resulting from intense pain, shock, and the use of physical force can evolve into long-term conditions such as post-traumatic stress disorder (PTSD), anxiety, depression, and even memory loss (Behrendt & Moritz, 2005; WHO, 2008).

Survivors often suffer from poor self-image, a pervasive sense of humiliation, and betrayal, leading to social isolation and suicidal tendencies. These effects are particularly severe for those who undergo Type III FGM, with some studies documenting an infertility rate of up to 30%, further contributing to marital discord and divorce (Berg & Denison).

Reproductive health is also severely compromised. Long-term consequences include recurrent urinary tract infections, cyst formation, infertility, and adverse obstetric outcomes such as obstructed labour, postpartum haemorrhage, and neonatal complications. A WHO study (2019) found that neonatal death rates were 15% higher for Type I, 32% higher for Type II, and 55% higher for Type III FGM, with an estimated additional one to two neonatal deaths per 100 deliveries (Berg & Rigmor, 2013). FGM is additionally linked to the development of obstetric fistulas, especially when prolonged obstructed labor is involved.

In summary, FGM inflicts immediate physical harm and initiates a cascade of long-term sexual, psychological, and reproductive health challenges. These multifaceted consequences underscore the critical need for comprehensive interventions that address both the physical injuries, and the enduring psychosocial trauma associated with FGM.

Conceptualising efforts to end FGM: theoretical perspectives and policy approaches

More than 230 million girls and women in 30 countries across Africa, the Middle East, and Asia have been subjected to FGM, a 15 % increase from the previous data. The practice presents a deep-rooted inequality between sexes and is primarily performed on young girls between infancy and age 15. The estimated annual treatment cost burden of FGM is US$1.4 billion, a figure expected to rise unless urgent action is taken (UNICEF, 2025). The largest share of the global burden is found in African countries, with over 144 million cases, followed by over 80 million in Asia and over 6 million in the Middle East. FGM is also practised in small, isolated communities and among diasporas globally (UNICEF, 2024). The rapid population growth in regions where FGM is still practiced poses a significant challenge, underscoring the urgency of ramping up prevention efforts to protect an increasing number of individuals at risk (Weny & Kathrin, 2020). Nevertheless, in some countries, substantial progress has been made in reducing FGM, with half of the overall advances achieved in the past decade alone, marking a remarkable improvement compared to the previous 30 years.

Global policy and human rights frameworks: international and regional efforts to end FGM

The WHO opposes FGM since the practice is a violation of the human rights of girls and women, including the rights of the child; the right to health, security and physical integrity; the right to be free from torture and cruel, inhuman or degrading treatment; and (when the procedure results in death) the right to life (WHO, 2008). It is also an extreme form of gender discrimination. There is widespread condemnation of FGM from a human rights perspective and the international community is actively intervening to bring about the abandonment of all forms of FGM, as evidenced by the inclusion of FGM as a target within the Sustainable Development Goals (SDG target 5.3) (UN, 2015).

Globally, legal measures and policy interventions to combat Female Genital Mutilation (FGM) have expanded significantly, with 58 countries now enacting specific laws against the practice (UNICEF, 2024). International organizations, including the United Nations, have explicitly recognized FGM as a severe form of gender-based violence and a violation of human rights, classifying it under sex- and gender-based discrimination in various international and regional treaties (WHO, 1998). In line with Sustainable Development Goal (SDG) 5.3, UN member states are urged to take concrete steps to achieve gender equality by ending FGM, establishing universal human rights standards that protect the cultural, social, political, civil, and economic rights of affected individuals (Powell & Mwangi-Powel, 2017).

Regional legal frameworks have also been strengthened in recent years. Notably, the 2023 Joint General Comment on Female Genital Mutilation, issued by the African Commission on Human and Peoples' Rights in collaboration with the African Committee of Experts on the Rights and Welfare of the Child, provides essential guidance for African states on their obligations to eradicate FGM.

The Beijing Declaration and Platform for Action, adopted at the UN Fourth World Conference on Women in 1995, continues to serve as a strategic roadmap for advancing women's and girls' rights (2024). As it approaches its 30th anniversary in 2025, its emphasis on combating gender-based violence, safeguarding women's health, and upholding human rights remains critical. Countries worldwide have reaffirmed their commitment to ending FGM, recognizing its deep-rooted patriarchal origins, pervasive myths, and the social norms that perpetuate the practice.

Despite these advancements, enforcement remains challenging especially at the community levels due to community resistance, limited awareness, and scarce resources. Additionally recent legal challenges in countries such as Kenya (Nation, 2023) and Gambia illustrate the difficulties in effectively implementing anti-FGM legislation. In many regions, especially in communities where FGM is integral to securing higher dowries, marriageability, and social status, legal measures often drive the practice underground rather than eliminate it. Although global and regional initiatives have helped reduce FGM prevalence, the practice endures due to persistent challenges at the community level.

A critical intersection of human rights and public health

Recent reports reveal significant shortcomings in the response and prevention of FGM, as evidenced by ongoing fatalities linked to the practice. In January 2024, for instance, three girls in Sierra Leone lost their lives due to bleeding associated with FGM (Sign the Petition, 2025) and a woman in Kenya died in November 2024 (The Star, 2025). These tragic incidents are not isolated; a 2023 study by researchers at the University of Birmingham estimated that FGM contributes to over 44,000 additional deaths annually across 28 African countries, making it one of the leading causes of mortality among girls and young women in these regions (Ghosh & Arpita, 2023). Several studies have also shown beyond reasonable doubt that FGM is more of a detriment than a benefit to the mutilated women and girls.

National trends in FGM: declining rates amid persistent high prevalence in Kenyan communities

The prevalence of Female Genital Mutilation (FGM) in Kenya has significantly declined over the years, dropping from 32% in 2003 to 27% in 2008, 21% in 2014 and further down to 15% in 2022 (KDHS, 2022). This decline is attributed to legislative measures such as the Prohibition of Female Genital Mutilation Act (2011) and various policy interventions, including the National Policy for the Eradication of FGM and multi-sectoral action plans aimed at eliminating the practice. In addition, the country has also imposed severe penalties on perpetrators. Other efforts include the establishment of anti-FGM boards and partnerships with civil society organizations to promote eradication of FGM.

While there are indications of the effectiveness of these interventions, FGM continues to be practiced within certain groups in Kenya. Since this decline is not uniform, some communities, including the Pokot, Somali, Samburu, and Maasai, still record alarmingly high prevalence rates (KDHS, 2022).

These disparities underscore that legal frameworks alone are insufficient to eradicate FGM, as enforcement remains weak and inconsistent, particularly in rural and remote areas such as West Pokot. The persistence of the practice highlights the need for context-specific strategies that address entrenched socio-cultural norms, economic challenges, and the influential role of traditional leaders. Ultimately, these findings emphasize the critical importance of community-led approaches, improved access to education, robust law enforcement, and multi-sectoral collaboration to accelerate the abandonment of FGM across Kenya.

Table 1 Prevalence ranging of FGM in Kenya by county

S.No.	County	Prevalence (%)
1	WAJIR	97.2
2	MANDERA	95.9
3	MARSABIT	83.0
4	GARISSA	82.5
5	KISII	77.3
6	SAMBURU	75.6
7	NYAMIRA	74.7
8	ISIOLO	66.0
9	TANA RIVER	60.1
10	NAROK	51.0
11	WEST POKOT	44.2
12	THARAKA-NITHI	27.1
13	KAJIADO	23.7
14	BOMET	23.3
15	BARINGO	21.2
16	ELGEYO MARAKWET	19.7
17	MIGORI	19.7
18	MERU	18.8
19	EMBU	18.7
20	MURANG'A	17.2
21	TAITA TAVETA	17.0

S.No.	County	Prevalence (%)
	NATIONAL AVERAGE	14.8
22	LAMU	12.9
23	NAKURU	12.6
24	KITUI	11.1
25	KIRINYAGA	10.9
26	LAIKIPIA	10.8
27	KERICHO	10.1
28	TRANS NZOIA	8.2
29	NYANDARUA	6.9
30	NAIROBI CITY	6.3
31	KIAMBU	5.7
32	UASIN GISHU	4.2
33	MOMBASA	3.9
34	MACHAKOS	3.4
35	BUNGOMA	3.2
36	KWALE	3.0
37	NYERI	2.5
38	NANDI	2.5
39	HOMA BAY	2.3
40	KISUMU	1.0
41	KILIFI	0.8
42	VIHIGA	0.8
43	MAKUENI	0.7
44	TURKANA	0.6
45	SIAYA	0.5
46	KAKAMEGA	0.4
47	BUSIA	0.1

Source (KDHS, 2022)

Local cultural dynamics: how social status, tradition, and identity sustain FGM in West Pokot

West Pokot County, located in northwestern Kenya and bordering Uganda to the west, is predominantly occupied by the pastoralist Pokot community. The community practices Type III FGM (infibulation) at a prevalence rate of 44%, significantly higher than the national average of 15% (KDHS 2022). It can be estimated that rates are likely even higher in remote rural areas due to the secrecy surrounding the practice. Deeply embedded in traditional beliefs, FGM in West Pokot is closely linked to marriageability, social status, and cultural identity, serving as a rite of passage that marks the transition from girlhood to womanhood. Uncut girls often face severe stigma and social exclusion, reinforcing the practice despite numerous awareness campaigns (Kaprom 2003).

FGM is not merely a human rights or legal issue in West Pokot; it is a cultural practice maintained through everyday social dynamics. In many instances, the procedure is performed in secret, in hidden locations or at unconventional times, such as early in the morning or during broad daylight, or in remote areas with difficult terrain where law enforcement has limited reach. Furthermore, there have been reports of cross-border FGM between Kenya and Uganda, with girls being taken across the border to evade local authorities. The persistence of FGM is further compounded by several factors which include community members continuing to resist legal prohibitions because they believe that abandoning the practice threatens their cultural heritage. Patriarchal traditions, economic dependencies (such as securing higher dowries), and limited access to education, exacerbated by a high illiteracy rate of 67%, contribute to the ongoing practice of FGM. As a result, these harmful practices continue to impede the full development and socio-economic progress of women and girls in the region.

Research problem

Despite evidence from Kenya Demographic and Health Survey (KDHS, 2022) indicating a decline in FGM prevalence nationwide, certain communities continue to uphold the practice with little indication of mindset change. This persistence is particularly evident among the Pokot community, which remains resistant to abandonment efforts despite widespread campaigns. For instance, during the COVID-19 pandemic, Kenya witnessed a resurgence of FGM cases, whereas neighbouring countries such as Uganda and Ethiopia experienced minimal impact (Notion, 2025). This suggests that current intervention strategies may not be effectively addressing the root causes of FGM in Kenya.

Various approaches, including human rights-based campaigns, have been employed to discourage the practice; however, these messages have often failed to resonate with local perceptions and cultural motivations. Research indicates that human rights arguments are often incompatible with the deep-seated social norms that drive the practice (Alexander, 2018). In communities such as the Pokot, FGM is not simply a violation of rights but rather a marker of prestige, identity, and social acceptance, with individuals who deviate from the norm facing social reprimand and exclusion (Halder, 2015). The persistence of FGM underscores the community's strong attachment to traditional customs, which are perceived as both a duty and a responsibility to maintain. Despite increased educational awareness and legislative efforts, FGM continues to be practiced discreetly within Kenyan Pokot communities and beyond (Halder, 2015). The continued prevalence of FGM, despite extensive stakeholder investment, raises critical questions about the key factors sustaining the practice and effectiveness of current interventions.

To comprehensively understand why FGM persists in West Pokot despite legal prohibitions, advocacy efforts, and awareness campaigns, this study explored the underlying socio-cultural meanings attached to the practice. Many stakeholders have dedicated significant resources to eradicating FGM, yet the practice continues to evolve, with communities developing new ways to circumvent enforcement. There remains a gap in understanding how deeply ingrained beliefs, myths, and social structures sustain FGM, and why communities actively resist abandonment efforts despite clear evidence of its physical and psychological harm. This research sought to uncover these complex socio-cultural dynamics, offering context-specific insights that will inform more effective intervention strategies.

Bridging the data gap: the critical need for community-level insights in FGM interventions

The African Union's report (2023) and recommendations from the 2nd International Conference on FGM in Tanzania (October 2023) emphasized the need to strengthen data collection and analysis to improve interventions against Female Genital Mutilation (FGM). The report highlighted the importance of gathering both quantitative and qualitative disaggregated data by incorporating national and regional administrative systems to address the cross-border implications of FGM (Kara, 2023). However, it did not address the need for grassroots or community-level data, which is crucial for understanding the localized drivers of FGM and ensuring that interventions are culturally relevant and community-owned. Effective interventions against FGM must start with a deep understanding of the local context, achievable only through comprehensive community-level data. While national and international frameworks offer a broad overview of the legal and policy landscape, they often overlook the nuanced socio-cultural, economic, and interpersonal factors that sustain FGM within specific communities. In my research, I found that FGM is intricately connected to local marriage customs, bride price exchanges, and peer pressures, dynamics that vary significantly even within the same region. Without detailed, grassroots-level insights, interventions risk being overly generic and failing to address the unique drivers of the practice or to resonate with the lived realities of those affected. Moreover, the absence of community-centred data represents a critical gap, as national statistics often do not capture the day-to-day experiences, evolving attitudes, and adaptive practices that communities employ to navigate legal restrictions. To fully comprehend the shifting dynamics of FGM, it is essential to gather testimonies from survivors, practitioners, and local leaders. Strengthening data collection at the community level will enable the development of targeted, culturally sensitive strategies that empower local stakeholders, address the specific challenges faced on the ground, and ultimately, foster sustainable change in the fight against FGM.

Methodology

Study design

This study adopts a qualitative approach, enabling an in-depth exploration of the socio-cultural factors, attitudes, and beliefs influencing the practice of FGM in West Pokot. By examining the experiences and perceptions of community members, survivors, and key stakeholders, the study also explored the complex decision-making processes related to FGM. Unlike quantitative methods, which may overlook the nuanced lived experiences and contextual factors, a qualitative approach, through interviews, focus group discussions, and participant observations captures the rich, detailed narratives of community members. This methodology provided insights into the beliefs, social pressures, and power dynamics that sustain FGM, offering a comprehensive understanding necessary for developing culturally sensitive interventions and policies aimed at eradicating the practice.

Research objectives and questions

During the exploration of the persistence of FGM within the Pokot community in Kenya, focusing on why the practice continues to evolve despite overwhelming evidence of its harmful physical and psychological effects, the study was guided by the following questions:

1. What cultural, gender norms and beliefs influence the practice of FGM?

2. What individual consequences arise from undergoing or rejecting FGM?

3. How do socioeconomic factors such as poverty, education, and healthcare access contribute to the persistence of FGM?

4. What role do governmental policies, legal frameworks, and their implementation play in addressing FGM?

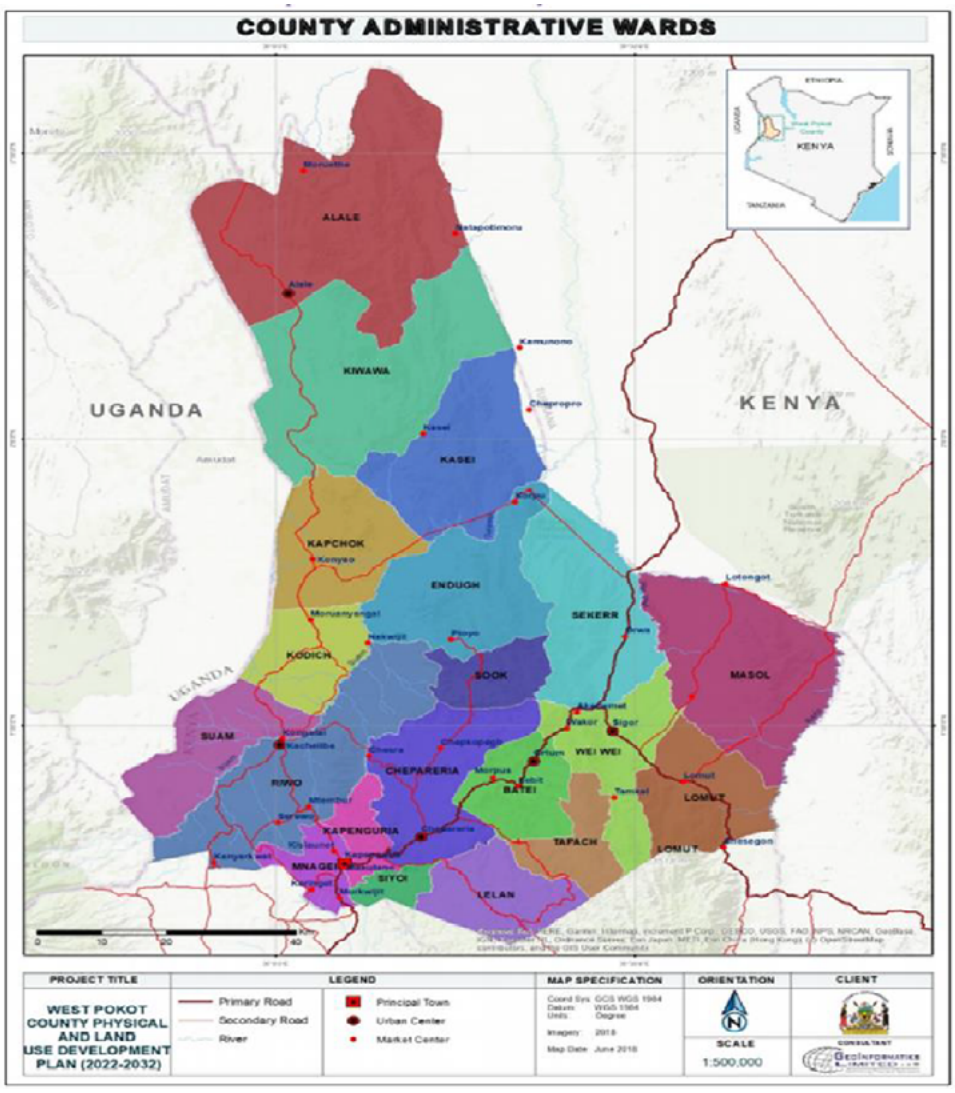
Fieldwork sites

The research was conducted in Lomut and Masol wards in Pokot Central sub county, West Pokot County, Kenya. a region predominantly inhabited by the Pokot community. According to the 2019 Kenya Population and Housing Census, Pokot Central Sub County has a total population of 119,016, with 59,682 males (49.9%) and 59,331 females, yielding an approximate 1:1 sex ratio. The intercensal growth rate is estimated at 2.2% per annum (KIPPRA study).

Lomut Ward was selected for this study due to its unique geographical characteristics, including hilly terrain and remoteness within Pokot Central. This marginalized area in the West Pokot County faces severe challenges: impassable roads, limited educational and health services, poor connectivity, scarce electricity, and security issues stemming from intertribal conflicts with neighbouring communities such as the Marakwet. Frequently featured in local news for its high rates of FGM, including mass cutting incidents during the COVID-19 pandemic, Lomut Ward is a focal point for county campaign groups. Despite the alarming prevalence of FGM indicated by local mapping, the ward remains largely underserved due to its inaccessibility.

Masol Ward, located near Lomut Ward in West Pokot County, is a marginalized, arid region characterized by a dry savanna landscape and flat terrain with minimal rainfall. The local community, which relies primarily on livestock for survival, suffers from severe infrastructural deficits, including lack of electricity, accessible roads, schools, and health facilities, exacerbating high poverty, illiteracy, and health issues. The area faces significant challenges such as water scarcity, unsuitable land for farming, and the impacts of climate change. Additionally, Masol Ward exhibits a distinct 'age set' system among young, circumcised men, whose communal activities and strong patriarchal influence contribute to the high prevalence of FGM and child marriage, with women having limited decision-making power in their lives.

Figure 4 County annual development plan for FY 2023/2024



Sampling methods

Purposive Sampling: Also known as judgemental sampling (Hagan, 2006), this style was employed by leveraging the researcher's extensive experience of over ten years working on FGM in the Pokot community. This method allowed for the targeted identification of individuals who best represent the diverse perspectives within the community. By selecting key informants such as local leaders, survivors, and traditional practitioners, purposive sampling ensured that those with rich, relevant insights into the practice of FGM were included. This strategic approach was crucial for obtaining detailed, context-specific information about the cultural, social, and individual factors that contribute to the persistence of FGM in West Pokot.

Snowball Sampling: A a non-probability sampling method also known as chain referral sampling (Biernacki & Owens, 2005). It can also be defined as respondent-driven sampling (Heckathorn & Jeffri, 2003). The method was utilized to further broaden the participant base by tapping into existing social networks within the community. Starting with key individuals identified through purposive sampling, these initial contacts provided referrals to other community members who have direct or indirect experience with FGM snowballing from a few subjects to many other subjects (Wright & Smith, 2006). This method facilitated access to participants who might otherwise be difficult to reach, ensuring that a wide range of voices and experiences were captured in the study. By continuously building on these referrals, snowball sampling enriched the data collection process, enabling a more comprehensive understanding of the complex dynamics surrounding FGM in West Pokot.

Engagement of local stakeholders

This study actively engaged key community stakeholders and diverse participant groups to generate data-driven insights into the factors sustaining the practice and influencing local advocacy efforts.

Interviews

Interviews was selected as a method for this study because it provides a confidential setting that encourages participants to share personal and sensitive experiences related to FGM. This method allowed the exploration of individual narratives, beliefs, and emotions that might not emerge in group settings. In-depth interviews enabled me to probe for detailed insights and clarify responses, ensuring a nuanced understanding of the personal and social factors that sustain FGM in West Pokot. A total of 34 community members from Lomut and Masol were interviewed, including 18 women and 16 men across various stakeholder categories and age groups.

Traditional leaders and elders are key custodians of the community's cultural heritage and play a pivotal role in perpetuating FGM by deciding its timing and justifying it through socio-cultural beliefs. Their influence, reinforced by limited education and healthcare, makes FGM deeply embedded and resistant to change. In this study, six influential leaders (three each from Lomut and Masol Wards, all aged 45 and above) were interviewed. In Masol, these leaders are integral to rites of passage for middle-aged and older men, while in Lomut, they are regularly consulted on major community decisions. Their insights reveal the internal power dynamics that sustain FGM and underscore the challenges of altering this long-established cultural ritual.

Local government officials provided key insights into the operational challenges and enforcement gaps in eradicating FGM. They highlighted administrative barriers, resource limitations, and issues in policy execution that hinder effective law enforcement in West Pokot County. The study engaged four assistant chiefs (two from each ward) and two senior chiefs from Lomut Ward, selected for their active roles in law enforcement and community engagement, and their proven track record in leading FGM eradication campaigns.

Religious leaders in the Pokot community hold significant moral and spiritual influence, offering vital insights into how faith shapes and sometimes justifies the practice of FGM. They highlighted the complex interplay between religious teachings, socio-economic factors, and cultural traditions, underscoring the challenge of addressing FGM when it is deeply embedded in the community's identity. The project engaged four renowned religious leaders, three from Lomut Ward, where religious teachings have been instrumental in protecting girls from FGM, and one from Masol Ward, where traditional beliefs remain more dominant.

FGM survivors provided powerful firsthand accounts of the physical, emotional, and social consequences of the practice, highlighting enduring trauma, health complications, and psychological distress. Their narratives also revealed the societal pressures that force girls and women into undergoing FGM, as well as the ostracization and strained family relationships faced by those who reject it. Six survivors, three from each ward, were interviewed, and these middle-aged women have transformed their experiences into impactful advocacy. Their testimonies underscore the urgent need for targeted medical, psychosocial, and legal support systems to aid in healing and empower future generations.

Role models in the form of women who refused to undergo FGM serve as powerful examples of resistance against entrenched cultural norms. These women, who defied societal expectations despite facing severe stigma, discrimination, rejection by family, reduced marriage prospects, and social isolation, illustrate the immense courage required to challenge the practice. The study interviewed four such women, two from each ward, whose resilience not only broke the cycle of FGM but also enabled them to pursue education and succeed in various professions, such as teaching. Their experiences underscore the importance of community support, advocacy, and the development of alternative rites of passage that honour cultural identity without causing harm.

Reformed cutters are former practitioners of FGM who have abandoned the practice after recognizing its harmful consequences. Their testimonies provide critical insights into the operational aspects of FGM, including the social and economic incentives that sustain it, and the pressures involved in renouncing their role. These individuals highlighted the challenges of leaving behind a primary source of livelihood and the community backlash they faced for defying tradition. The study interviewed four reformed cutters, two from each ward, selected for their public denunciation of FGM and active involvement in anti-FGM campaigns. Their perspectives underscore the need for economic empowerment and alternative income-generating opportunities to support those who choose to abandon FGM while advocating for its eradication.

Traditional Birth Attendants (TBAs) play a vital role in maternal care in West Pokot, especially in remote areas with limited access to formal health facilities. While they primarily provide emergency assistance and refer women to health centres, some TBAs have been involved in performing FGM during childbirth, thereby reinforcing the practice under the guise of cultural or medical necessity. Their dual role highlights the urgent need for improved maternal healthcare, targeted training programs, and awareness campaigns to prevent FGM in medical settings and promote safe childbirth practices. The study interviewed four TBAs.

Focus group discussions (FGD)

FGD were adopted to capture discussions about conscious subconscious and unconscious psychological and sociocultural characteristics and processes among the different groups (Larson & Lundy, 2004). This method captured the collective perspectives and shared experiences of community members regarding FGM. This approach created a dynamic environment where participants could interact, debate, and reflect on common cultural norms, revealing how group dynamics and social consensus shape attitudes toward the practice. In doing so, it facilitated the emergence of collective narratives and peer influences, yielding rich data on how communal beliefs and social pressures contribute to the persistence of FGM and offering a platform to explore potential community-based solutions.

The researcher conducted this study with 39 participants, divided into three categories as follows: one group of 9 older men (age 35 and above) from Masol Ward; two groups of young men/morans (age 25 and above) from Masol Ward, with 7 members per group (totalling 14); and two groups of young women (age 25 and above) from Lomut Ward, with 8 members per group (totalling 16). The men from Masol were engaged to gather their collective perspective on the issue, given that the Masol community strongly values communal decision-making. The young morans, who belong to an age set that makes collective decisions, provided insight into the peer influences that shape their day-to-day experiences. The young women from Lomut Ward were selected based on their direct or indirect experiences with FGM and their active roles in championing its eradication.

Traditional Leaders and Elders: The study engaged traditional leaders/elders through 1 Focused Group consisting of 9 participants.

Young men, known as morans, provided unique insights into how peer pressure, masculine norms, and group affiliations reinforce traditional practices like FGM. Their perspectives highlighted the role of intergenerational dynamics and community expectations surrounding manhood and family honour in sustaining FGM, despite its harmful effects on women. This group was engaged through two separate focus group discussions, each involving 7 participants.

Young women, including newly married ones, participated in two focus group discussions with 9 members each. These sessions provided a safe space for open dialogue and revealed how peer influence, familial pressure, and societal expectations converge to shape decisions regarding FGM, thereby reinforcing its cycle.

Participant observation

Participant observation places the researcher amid what is being studied and from this vintage, they examine the various phenomena as perceived by participants and present these observations as accounts. It is the science of cultural descriptions, (Wolcott, 2008). Participants Observations is a process that attempts to describe and interpret social expressions between people and groups as in interactions between observer and the observed (Clifford, 1980). This method was utilized to gain first-hand insights into the everyday practices, rituals, and social interactions and events that underpin FGM in West Pokot. By immersing in the community, the researcher was able to attend and observe public non-verbal cues, contextual details, and subtle cultural dynamics that might not be fully captured through interviews or FGDs alone. This method enriched the study by providing a comprehensive contextual background, enabling the researcher to understand the lived realities of the community and the environmental factors that contribute to the endurance of FGM. Together, these stakeholder groups provided a multi-dimensional view of the persistence of FGM in West Pokot County, offering insights that are essential for developing culturally sensitive interventions and policies aimed at eradicating the practice.

Methodological reflections: insider research approach

One of the notable strengths of my study was my insider status as a community member, which allowed me to build trust and foster open, honest dialogues during data collection. I found that community members felt more comfortable sharing their experiences and insights with someone they knew and trusted, which greatly enriched the quality of the data I gathered. However, this same insider position also presented challenges. Unlike an outsider who could maintain a certain level of detachment, I often struggled to separate my personal experiences and emotional investment from my professional work. This dual role imposed personal costs, as I had to continually balance my commitment to the community with the need to remain objective as a researcher.

Furthermore, while my close ties enabled me to obtain candid feedback and build strong relationships with participants, they sometimes limited my incentive to develop approaches that could be applied across multiple locations. My deep commitment to my own community occasionally narrowed my perspective, making it more challenging to identify strategies that were generalizable beyond the local context. These factors, the enhanced trust I was able to establish and the potential for bias, are critical considerations in evaluating the rigor and overall approach of my study.

Ethical considerations

This project followed The King's College Ethics procedures and was approved under the research number **HR/DP-23/24-42546**. Additionally, I was strictly guided by the WHO Ethical Consideration in Research on Female Genital Mutilation, (WHO, 2021). To ensure informed consent, prior to the study, I shared participants information sheets to selected participants for them to read and understand what the study was about, and they were informed of their freedom to choose whether to be involved in the study or not with no implications. During the study, I sought consent from the identified members before any data collection took place. To protect the identity of participants and maintain the confidentiality of the data collected, I used study codes on data documents. I also anonymized the paper field notes, and interview transcripts to ensure that no names or identifying details were included. I made certain that the audio transcripts contained no personal identifiers; any such information was either removed or replaced with pseudonyms or general descriptors during transcription. To secure the data during transit between research sites, I encrypted and stored all files on password-protected computers accessible only to me as the primary researcher.

Data analysis

Since the project was conducted in remote villages in West Pokot, where Pokot is the dominant language, with only a few individuals speaking Kiswahili, (national language) and almost none speaking English. The study was conducted and originally documented in Pokot. This data was then carefully transcribed and translated into English for further analysis. The study employed thematic analysis, as outlined by Braun and Clarke (2022), to systematically identify, analyse, and interpret patterns within the qualitative data. Thematic analysis was particularly well-suited for this research, as it allowed for the exploration of socio-cultural, economic, and legal factors that sustain FGM in West Pokot. This approach ensured that the study captured both explicit statements and underlying meanings within participants' narratives, providing a comprehensive understanding of the persistence of FGM, lastly the analysis process followed the six key steps. By using thematic analysis, the study effectively captured the complex interplay of social norms, legal frameworks, power dynamics, and economic incentives that perpetuate FGM. This method also provides a structured yet flexible approach to identifying community-driven strategies for intervention, ensuring that findings are grounded in the lived realities of those most affected by the practice.

The misconception of tradition: FGM as a socially reinforced practice

FGM endures not as an unchanging relic of the past but as a practice sustained by contemporary socio-cultural and economic forces. Although widely portrayed as having deep historical roots and as an ancient tradition (Llamas & Jewel, 2017), evidence suggests that its persistence is driven primarily by modern incentives rather than by a continuous historical legacy. Many community members openly express uncertainty about the origins of FGM, often admitting they do not know when, who or why it started. This lack of clarity indicates that the practice continues not as a fixed tradition or ancient custom but is instead maintained as a blanket behaviour motivated by present-day factors.

Thus, the view of FGM as an age-old tradition conceals its true nature as a practice that is actively reinforced by modern economic and social pressures. Rather than being a static cultural legacy, it represents a strategic adaptation to current realities, where marriage and dowry remain the primary avenues for achieving stability and social status. This nuanced understanding is crucial for developing effective interventions, as it shifts the focus from debunking an assumed historical inevitability to addressing the contemporary reasons that sustain the practice.

While describing how misogyny is reinforced, Mary Beard (2024) highlighted how culture's primary function is to legitimize practices by presenting them as natural, even when they are not. She argued that the weaker the historical justification, the louder the support for the practice, and while misogyny is unlikely to vanish anytime soon, increased awareness can challenge its grip. In a similar vein, FGM is often justified within its cultural context by historical notions that lack substantive evidence. In communities such as the Pokot, FGM is maintained because it is perceived to enhance a girl's marriageability, secure higher dowries, and uphold family honour, which compels families to conform to these current expectations rather than to historical precedents. These factors have created a self-reinforcing cycle: families adhere to FGM because it not only increases the economic value of their daughters but also ensures social acceptance within a framework that prizes marriage above all else.

> In our community, FGM has long been practiced without a clear understanding of its origins, merely accepted as 'the way things have always been done. If we recall as children, FGM was simply an unchallenged cultural activity; it was performed routinely before marriage and continued across generations without debate. Over time, the practice evolved to include the cutting of young girls due to intense stigma and pressure to fit in. (FGD WOMEN)

This dynamic is compounded by powerful daily occurrences like social pressures, including peer pressure and stigma. Girls who remain uncut are often marginalized and labelled as immature or unprepared for adulthood, which further discourages any deviation from the norm. The practice, therefore, becomes less about an unbroken cultural heritage and more about meeting the immediate social and economic demands of contemporary life. Only by dismantling these contemporary incentives and providing viable alternatives can efforts to eradicate FGM truly succeed.

Additionally, misconceptions about tradition, entrenched beliefs and myths, contribute to the persistence of FGM in the Pokot community. It highlights how erroneous notions ranging from ideas about childbirth and fertility play a crucial role in validating the practice. These misconceptions are passed down through generations and significantly influence both individual decisions and collective social norms, thereby complicating efforts to challenge and ultimately eradicating FGM. The normalization of the practice further bolsters its persistence, even without a solid historical mandate. As societies evolve, the rationale for upholding FGM shifts from preserving an ancient ritual to addressing immediate social concerns. For example, unfounded beliefs, such as the myth that an uncut woman might cause a Traditional Birth Attendant (TBA) to go blind during delivery, continue to influence behaviours despite clear evidence to the contrary. One TBA recounted hesitating to assist a labouring woman due to such fears, only to find that the woman delivered safely without incident. Another mentioned she still is not sure if it is true or not.

> Since I started to deliver babies in this Masol area, I have never delivered the baby of a woman who has not been cut. My mother in-law warned me against it. She told me that if I ever dared to assist deliver the baby of a woman that is not cut, I may go blind. I am still not sure if it is true because I have no experience. I'm afraid to date. (Interviewee 17)

While policy makers often view FGM as a fixed historical tradition and assume that educating communities about its detrimental health and fertility consequences will naturally lead to its abandonment, this research reveals a different reality. The practice is deeply woven into the economic value assigned to girls and women primarily by enhancing marriage prospects and securing a bride price. For many families, FGM represents not merely a preservation of tradition but a strategic investment in a girl's future social and economic standing.

This nuanced understanding indicates that efforts to eradicate FGM must extend beyond health education alone, addressing the underlying incentive structures and economic realities that compel families to continue the practice. By recognizing that FGM's persistence is rooted in current social dynamics rather than an unchangeable legacy, policy makers can develop context-specific, culturally sensitive strategies. Such strategies should prioritize grassroots engagement, education, and economic empowerment to shift societal perceptions and dismantle the entrenched systems that support FGM, ultimately breaking the cycle of the practice and advancing the rights of girls and women.

> It is said that women watched as men underwent the cut and had tolerated enough ridicule from men until they got tired and reached a point, they also started to cut each other to be equal with men and to avoid stigma. Porokok was a word that circumcised men used to call out women and demean them before they adopted FGM. This also forced women to give in to the pressure and introduce FGM so they could be equal with men and by so doing they also adopted their own word, Sirokok that is only used by women who have been cut in equal measures as men. (Interviewee 13)

Some older members of the community argue that FGM is a longstanding cultural tradition inherited from their grandmothers, yet the rationale within that framework for its continuation is largely unfounded. They assert that they are loosely upholding the practices of their forefathers without a clear understanding of the origins or actual benefits of FGM. They describe the ritual as a celebratory event involving feasting, merrymaking, and communal joy, with the belief that a girl's circumcision marks her transition into adulthood, conversely, girls who are not cut are regarded as immature.

However, as seen earlier these justifications lack substantive backing; rather than being rooted in verifiable historical or cultural imperatives, they reflect a blanket adherence to a practice that persists solely through social pressure and ritualistic dogma. The community's unwavering commitment to FGM, demonstrates a rigid attachment to a tradition that is maintained without critical examination. In essence, the reasons given for continuing FGM are not based on robust cultural or practical foundations but are instead a product of uncritical acceptance, affirming the need for interventions that challenge these baseless assumptions and promote informed, overall wellbeing -oriented practices.

> We don't know who started FGM, if it is an old man or old woman. (FGD Women)
>
> Surely the dilemma is that we were born into this culture of the cut but again that part of the body is not also something we grow later in life but something that we are born with so why it is a requirement to be cut is perplexing. (FGD Women)

> Nobody knows how FGM started same way the people from this area practice cultures like cattle rustling, this was passed on from generations to generations same as removal of two lower teeth, a culture that is still rife in this community. (FGD Men)
>
> The removal of teeth was for beauty and to also administer medicine to someone who had fainted in the past when there were no health facilities, but now those who did it for beauty are realizing it was an unnecessary activity. (FGD Men)
>
> There was a stigma for anyone who didn't do it, same as ear, mouth and nose piercing. (FGD Men)
>
> FGM may also end one day with our grand and great grandchildren. (FGD Men)

Controlling women's sexuality

The practice of FGM is also utilized as a mechanism for regulating female sexuality and reinforcing patriarchal authority (Hosken & Fran, 1982). Although community members claim that FGM is an inherited custom, it is evident that its continued use is driven by the need to control women's roles and preserve gender hierarchies. Rather than representing a deep-seated historical legacy, FGM functions as a social tool that restricts female autonomy, ensuring that girls are marked as subordinate and fit for prescribed marital roles. This rationale is used to justify the practice despite growing evidence of its harmful impacts, revealing that its persistence is largely a reflection of contemporary gender dynamics and the desire to maintain a rigid social order (Akweongo, 2021)

> Women are recognized as children because they are considered to be below men. If anyone ever asks, how many children are there in a home, you answer with the total number, including the women, who are counted as children. 'In my opinion, FGM is not bad; there are no negative effects, and women give birth without complications as is often suggested. The Pokot have many other cultural practices, but these days things have taken a bad turn with increased promiscuity. (Interviewee 12)

Ritualistic celebrations and social calidation of FGM in the Pokot Community

In the Pokot community, FGM transcends being just a procedure, it is a highly valued ceremonial ritual that underpins social acceptance and signifies a girl's passage into womanhood. The process is celebrated through elaborate rituals that involve extensive preparations and communal feasting, which serve to validate the practice as an essential component of cultural identity and community cohesion. In Masol for instance, before the procedure takes place, girls undergo various preparatory activities, such as designing ornaments from special trees and having their ears pierced. These early adornments are later complemented by the purchase of expensive jewellery and beads after the cutting, symbolizing their newly affirmed status. The entire event is known as 'Tum.' To mean ceremony. Prior to the procedure, a grand feast is held at the girl's home, a celebration marked by a night of singing, with refreshments like soda and alcohol served, culminating in the cutting the following day.

Since West Pokot County experience limited and irregular rainfall, which at times leads to prolonged droughts especially in specific areas like Masol, the timing of the ritual is also strategic; it is scheduled when ample food is available, not necessarily during the school holidays as it is commonly known, ensuring that the feast can draw numerous relatives and community members, further reinforcing its social significance. Following the procedure, a second major celebration occurs once the girl has healed and is ready to rejoin the community. This event, often likened to a girls' version of Sapana and referred to as 'Lapan,' features the brewing of alcohol, the serving of milk and soda, and communal dancing and singing. These layered ceremonies not only underscore the importance of FGM as a cultural marker but also help to solidify the practice through repeated social validation at every stage of the ritual process.

> In this first stage of the girls coming out of seclusion, some small alcohol is prepared and in the second stage which is called Lapan, more alcohol is prepared, and it is a big ceremony involving alcohol, milk, soda and other people bring sugar, a big event like Sapana but there is no slaughtering of cows. There is a lot of dancing and feasting. This is just a ceremony to celebrate the event of FGM. (Interviewee 16)

> The eve before the girl graduates, an event called Chepterte is done which involves dancing in her home and merry making the whole night. The following day the graduation happens. (Interviewee 12)

Valorisation of suffering and endurance: a cultural mechanism to sustain FGM

In the Pokot community, the endurance of pain associated with FGM is not only normalized but actively valorised as a marker of strength and resilience. Rather than viewing the physical suffering as basically harmful, community members celebrate it as an essential rite of passage that transforms the experience of mutilation into cultural capital. This is evident in testimonies expressions such as 'Wero Chemokoto nyo kiyeng Kame mamaa, Mombo Kyeng kame mamaa' which are commonly uttered during boys' circumcisions' ceremonies to mean the son of a woman who was cut severally but didn't die. They are used to honour those who endured the practice. This phrase is also extended to women who, during childbirth, must undergo further cutting, reinforcing the notion that enduring pain is commendable. These phrases used

ignorantly and innocently without critical questioning underscores the community's admiration for women who repeatedly endure mutilation, whether during the initial procedure or in subsequent childbirths.

> 'Nyo Ki Yeng Kamee Ma-maa' means one who was cut severely and didn't die. You see when you have undergone FGM and need to have a baby, you will be mutilated again until your genitals are so exposed, hanging flesh. I prefer the episiotomy from the hospital, but the problem is the hospital stitches you sealing you up again. This makes the scar to close up and when you are coming to have another baby you are cut open again. (Interviewee 12)

The practice, which has evolved over time, now employs razor blades instead of improvised knives. The survivors, traditional birth attendants, TBAs, and reformed cutters noted that, while earlier methods allowed for minimal tissue removal to preserve functionality, modern techniques often result in almost complete closure of the vaginal opening. Unlike in other communities who are reportedly embracing 'less severe' forms of FGM, (KIPPRA, 2020), some practitioners in the Pokot community, especially older women, pride in their art, proudly claiming that 'we have perfected it, her man will struggle to penetrate,' indicating that the severity of the cut is a point of pride rather than a health concern. This reinforcement is further evidenced by post-procedure rituals, such as parading the girls on stones to inspect the healing of their wounds and tightening of the scar, which serves as an affirmation of their endurance and readiness for marriage.

One participant explained that some women are cut so extensively that their genitals are left with minimal tissue, yet they persist in bearing children despite the repeated trauma as it is seen in West Pokot Ratio of 6.9 children per woman (KDHS, 2022). Such remarks, including comparisons to medical procedures like episiotomies, highlight the paradoxical acceptance of extreme bodily harm under the guise of cultural perfection, where a tighter cut is equated with higher marital desirability. The degree of cutting is largely determined by the cutter's preference, with some opting for a more severe cut to create a 'tighter' scar, while others may allow for a less extreme procedure based on the mother's wishes. Despite these variations, the underlying principle remains consistent: FGM is upheld as a necessary cultural practice to control female sexuality and secure social and economic benefits for families.

> How severe the cutting happens depends on the cutter herself. Some prefer to do it extremely for tighter scars. According to me though it is better to not cut completely so that she doesn't have difficulties giving birth. The girl doesn't get to choose how to be cut. If the mother is present, she can dictate how she wants her daughter cut, whether a tighter scar or not but if she isn't then it is for you the cutter to know how to cut your child. (Interviewee 15)
>
> The phrase 'Nyo Ki Yeng Kame ma-maa' and 'Wero Chemokoto', means women glorify and praise the strength and resilience of a woman who is mutilated severally but doesn't die and she doesn't give up, or says No. She gives birth severally and goes through the same cuts again and again, but she never stops. (Interviewee 17)

These narratives further support the argument that the justification for FGM in the Pokot community is not grounded in a robust historical tradition, but rather in a contemporary social construct that valorises suffering. By transforming pain into a symbol of resilience and cultural identity, the community reinforces the practice and undermines efforts to challenge its legitimacy especially on health implications. This understanding is critical for developing interventions that not only address the health risks but also the deeply embedded social dynamics that perpetuate FGM.

The commodification of women: how the value of a Pokot girl is defined by bride price

Bride price

Commodification is the process of transforming a human being or, more specifically, of a woman into a commodity thus, a woman is transformed into a commodity when she becomes a unit under someone else's control (Kopytoff, 1986). In many communities, FGM is promoted by practitioners who view the cutting as a lucrative economic opportunity (Landini, 2008). However, in the Pokot community, the economic incentive for FGM goes beyond the immediate profits of performing the procedure. Here, FGM is intrinsically linked to marriage, serving as a crucial rite of passage that enhances a girl's marriageability and secures a higher bride price (Kaprom & Benadette, 2013).

Instead of being motivated solely by cash, families in the Pokot community see FGM as an investment in their daughters' futures, with the exchange of bride price acting as a key determinant of social and economic status. This system of commodification ensures that a girl's value is measured by her eligibility for marriage, thereby reinforcing the persistence of FGM as a means to secure long-term benefits rather than immediate financial gain.

In conversations with the community of Masol, it emerged that commodification is an inherent aspect of traditional practices, where a girl's value is defined solely by the bride price she commands, typically measured in livestock or other tangible goods. This economic valuation reduces her to an asset in a transactional system, stripping her of recognition as an individual with self-worth, aspirations, and potential. Rather than being appreciated for her personality or capabilities, her future is determined by the financial benefits she can bring to her family through marriage. This practice is deeply embedded in the cultural fabric and reinforced by gender inequality, as traditional norms dictate that a woman's primary role is to enhance her family's economic and social status.

This disregard for the human rights of women and girls is not new; it stems from a deeply entrenched misogyny that has been woven into cultural practices since ancient times, making it extremely difficult to eradicate. For instance in the play, Euripides' *Hippolytus.* a character bluntly asserts that women are inherently evil, so much so that a father attaches a dowry to his daughter when sending her away, as if to rid himself of her perceived malevolence. Likewise, the man who takes her into his home celebrates this acquisition, adorning her lavishly even as he gradually drains his household's wealth (Beard, 2024). This example underscores how historical misogyny continues to shape societal attitudes and practices toward women today.

A higher bride price is associated with greater prestige, further entrenching the notion that a girl's worth lies in her ability to generate economic gain rather than in her personal development or rights.

> If a girl is not cut, it means a loss and is increasingly disadvantageous for her family, as his father's friends will be marrying off their daughters while receiving bride price. This is a serious issue. (FGD MEN)

As the commodification of girls through bride price is closely intertwined with other cultural rituals, such as FGM, which similarly restrict female agency. FGM is often justified within the same framework that values girls primarily for their marriageability and economic potential, creating a self-reinforcing cycle that limits educational and economic opportunities. This system not only perpetuates gender hierarchies but also has far-reaching social and economic implications by prioritizing financial transactions over human rights. As a result, a girl's autonomy is severely compromised; decisions regarding her marriage and education are shaped by bride price negotiations rather than her own interests or well-being.

> During the cut, the brothers of brave girls who do not scream when they are being cut will dance in celebration of their sister, as her transformation is seen as a sign that she is ready to earn them cows. Immediately after the first stage of the cut, while the girl is still seated on the stone, a potential suitor will present her with a walking stick, saying, 'Receive this walking stick on behalf of my specific cow.' She may also be given a special feather or bangle as a symbol of her being booked for marriage. That evening, cows for bride price will be brought to her parents' home. (FGD WOMEN)

Ultimately, challenging these entrenched practices requires a comprehensive approach that addresses both the cultural narratives and the economic imperatives sustaining them. By fostering a shift toward recognizing and nurturing the inherent value of every individual, efforts can be made to dismantle a system that denies girls the autonomy to shape their own futures and perpetuates gender inequality. While bride price in many African communities is a longstanding tradition where the groom makes a payment to the bride's family at the time of marriage (Oxford Academic, 2018).

When it becomes the primary determinant of a girl's life trajectory, it can lead to harmful practices such as child and forced marriage, affects her access to education, or violence if the girl objects to the marriage. Moreover, the broader social and cultural pressures to uphold these practices can limit community-wide progress toward gender equality.

> 'After the girl has graduated from the FGM seclusion, a suitor may come that evening to ask for her hand in marriage, he comes and says, 'please give me my cow'. Some suitors come to book the girls while the girls are still in seclusion healing from the wound. They bring the bride price which is up to 30 cows. It is for the parents to say Yes or No to the suitor depending on different situations including behaviours of the man's family or the number of cows but the girls have no say or right to say yes or no. (Interviewee 12)

The community noted that once a girl reaches early adolescence, she is cut, married, and receives cattle as bride price, which benefits the entire family. In the absence of schools that might help avert this practice, it continues unabated. Furthermore, if a family has sons, they also use the bride price received from their sister to pay for their own spouses. In this context, the girl is essentially 'consumed,' with her value measured by the cattle received, which is distributed among extended family members, making her a source of economic wealth for the entire family.

A common but unconsciously used term by mostly the father to refer to his young daughter as 'Chepto Kumichan,' literally translates to 'my source of alcohol.' While on the surface this title seems to evoke the promise of alcohol, it carries a much deeper symbolic significance. The name implies that her future marriage will yield not only the exchange of alcohol but also a substantial bride price, thereby emphasizing her economic value to the family. This practice reinforces the commodification of women, as it reduces a daughter's worth to the tangible benefits, she is expected to bring through marriage, ultimately underscoring how deeply intertwined cultural traditions are with economic and social transactions.

In this case it is evident that in this community, FGM is not only a rite of passage but a critical mechanism that underpins the entire bride price system. When a girl undergoes FGM, it marks her as ready for marriage and immediately triggers bride price negotiations. This practice transforms the girl into an economic asset for her family, each cut girl represents a promise of wealth and elevated social status, as families accumulate cattle through bride price payments. The narrative reveals that a family with multiple daughters who have undergone FGM can become 'instantly rich' as each girl secures a substantial cow-based bride price, reinforcing the view of the girl as the family's financial backbone.

> This year, marriage will attract more than 20 cows as bride price. As soon as a girl completes her FGM, that very night a bride price consisting of 15 cows, 5 camels, and goats is brought, along with many crates of soda and sugar. She is then married off the following day. There are even cases where girls are booked before they are cut; the father or male relatives, while out in the community with other men, receive sodas, given as gifts or bribes, to secure a booking for their daughters. FGM is performed because it is said that 'someone benefits from her child.' (Interviewee 16)

The significance of FGM extends beyond the individual to impact wider familial and communal relationships. As it has been mentioned earlier, bride price once secured is not a private transaction but one that circulates within the extended family, fostering unity and affirming social ties. Moreover, the practice has entrenched gender double standards: while girls are valued for the wealth they bring, boys are expected to manage these assets responsibly, with any mismanagement harshly sanctioned. This reinforces a broader cultural hierarchy where women are often infantilized or subordinated, addressed as 'children' by men and required to defer to their husbands in all economic and social matters.

Despite some community members interviewed arguing that a woman's worth is independent of whether she is cut, there is strong resistance to abandoning FGM. Many fear that ending the practice would not only strip away a vital cultural marker of maturity but also destabilize the bride price system, which is deeply interwoven with the identity and economic survival of this community. As the government pressures for cultural change intensify, the Pokot people express a collective reluctance to forsake what they view as an integral part of their heritage, even if it means perpetuating a system that commodifies women.

In essence, the narratives confirm that for the Pokot, FGM is a multifaceted institution, simultaneously a symbol of economic opportunity, social unity, and traditional gender dynamics. This complexity is at the heart of why the practice persists, despite external pressures to abandon it.

This commodification of girls (Barbosa & Veludo-de-Oliveira, 2020), which creates a framework in which women are perceived as property acquired through bride price exchanges grants men who engage in this practice to view the girl or woman as a commodity whose worth is determined by the cows or other valuables given in marriage negotiations. This perception of ownership not only undermines the girl's autonomy and dignity but also sets the stage for a broader spectrum of violence. This fuels a cycle of multilayered violence. It legitimizes harmful practices such as FGM, which inflicts severe physical and emotional trauma, and paves the way for child or forced marriages that reduce girls to bargaining chips. In these contexts, domestic violence often escalates as the sense of ownership leads men to exert control over their wives, while girls are also subjected to emotional, economic, and psychological abuse (KDHS, 2022). Additionally, the devaluation of girls through commodification contributes to their exploitation in the form of child labour and other forms of social and economic mistreatment. Together, these practices create an environment where violence is normalized and perpetuated, further entrenching gender-based inequities within the community.

> 'After I was cut my scar healed ok, but penetration was so hard, we tried for over a month. I hear that if it becomes impossible to penetrate, a TBA cuts you open, and the man is asked to penetrate immediately with all the excruciating pain. You can't resist because the man will remind you that he has paid his bride price to do what he must do, including assaulting you if you become stubborn. You have no right. He will tell you 'persevere, who asked you to cut yourself like this, why didn't you ask the cutter not to do it so extreme like this, yet the power to make that decision is not within you but the cutter and your mother if she is present'. (Interviewee 16)

Marriage as the central aspiration: gendered expectations and life trajectories for girls in Pokot community

In many societies, marriage exists as a social arrangement and is one among several avenues for personal fulfilment, but among many families in the Pokot community, it stands as the singular, paramount goal, a defining measure of a girl's worth and future. According to a baseline study by UNICEF that examined the drivers of FGM in four Counties in Kenya, marriage was found to be one of the key factors promoting FGM (UNICEF, 2017) From early childhood, Pokot girls are socialized to embrace marriage as their ultimate destiny. Elaborate rites of passage, often marked by practices such as FGM, serve as symbolic gateways into womanhood, signifying a girl's readiness and eligibility to enter a marital union. The practice of FGM in many communities occurs when a girl attains puberty but in Kenya more recently girls as young as 5 are reportedly being cut under what is being documented as emerging trend of FGM (Kenya News Agency, 2023)

As FGM is seen as a precursor to child marriage, most girls who undergo the cut get married shortly after healing. In other contexts, FGM is believed to ensure premarital virginity and marital fidelity, thus increasing the marriageability of girls, because it lowers their sexual pleasure and libido (MEK, 2018). Testimonies from the community reveal that these traditional practices are actively maintained to secure a girl's transition into marriage. Girls are frequently 'booked' for marriage at a young age, sometimes even before undergoing FGM, with male relatives receiving gifts or bribes during community gatherings to guarantee their daughters' marital futures. Economic exchanges like bride price not only cement social bonds but also reduce a girl's value to the economic benefits she is expected to bring.

While women in other cultures may balance marriage with education, career aspirations, and diverse personal interests, for the Pokot girl, marriage defines her identity, dictates her behaviour, and frames her entire existence. In this context, marriage is not just a goal, it is a cultural mandate that permeates every stage of life, leaving little room for alternative paths to self-actualization.

Ceremonies such as Sapana and its female equivalent, Lapan, play a central role in this process. These elaborate rituals involve feasting, singing, and dancing, celebrating the girl's transformation into a woman deemed suitable for marriage. The act of FGM is seen as a crucial rite of passage; a girl who is cut is considered mature and ready for marriage, while an uncut girl is stigmatized and labelled as immature, a child unprepared for adult responsibilities. This societal view reinforces the notion that a girl's worth is intrinsically linked to her ability to secure marriage and enhance her family's social standing.

Furthermore, influential figures within this community, such as elders and TBAs, supports FGM, emphasizing that abandoning the practice would not only result in social ostracism but also jeopardize the economic stability of the family. They argue that without FGM, a girl cannot transition into the role of a wife, and her potential to contribute to the family's wealth through bride price is significantly diminished. Even as modern education and alternative practices emerge, many in the community remain convinced that the preservation of FGM is essential for upholding cultural identity and ensuring the economic and social benefits that come with marriage.

> Girls come to the Sapana to meet potential suitors; they attend every Sapana so that men can see them for marriage. Men from far and wide come to these events and that way they can see these girls. Normally girls of marriage age are not allowed to go out of the home if it is not to the events. Girls stay at home doing chores. I have come to agree that abandoning a culture that has been practiced over generations is so hard. The culture is important because it helps to identify that a girl has matured and is ready for marriage. (Interviewee 14)

This system, where marriage is the central aspiration and FGM the prerequisite, effectively limits the opportunities for girls to pursue alternative paths. The rigid cultural framework, driven by gendered expectations and economic imperatives, leaves little room for individual choice or empowerment. Consequently, FGM endures as a socially reinforced practice, sustaining a cycle of child and forced marriages that continues to shape the life trajectories of young women in Pokot society.

According to one respondent, the origin of FGM in their community is explained through a longstanding belief passed down from elders: 'Nobody will marry you if you aren't cut.' This testimony suggests that FGM was introduced and maintained primarily as a prerequisite for marriage. The practice is seen as essential to a girl's future, ensuring that she is viewed as mature and suitable for marriage. When community members were asked why FGM is so prevalent, they uniformly attributed it to cultural tradition, something that has been done for generations without questioning its rationale. In this context, FGM functions as a critical rite of passage, with the belief that a girl's value and marriageability depend on her having undergone the procedure. This cultural norm not only legitimizes the practice but also reinforces a system in which a girl's ability to secure a favourable marital arrangement, and by extension, her family's economic and social standing, is intrinsically linked to FGM.

One respondent explained that education plays a protective role, noting that children who attend school tend to marry each other and are often spared from FGM. In contrast, those who are out of school, for example, a herd's boy or a girl who participates only in night dances and community events, face overwhelming pressure to undergo FGM. The community does not even consider an uncut girl as marriageable; the very act of being cut serves as the marker that signals a girl's readiness for marriage.

> Men wouldn't be bothered to marry a girl who hasn't been cut. (FGD MEN)

Another interviewee remarked that if his son were to consider marrying a girl who had not been cut, it would be inconceivable because, in their experience, every marriage has involved a girl who has undergone the ritual. The timing of marriage is notably linked to the ritual: when the knife is applied, it determines the moment a girl is deemed ready for wedlock regardless of her age. Without this rite, the community is at a loss on how to proceed with her marriage, leaving her in a state of limbo. This testimony emphasizes how FGM is not just a historical tradition but a contemporary social mechanism that solidifies a girl's eligibility for marriage, ensuring that her value is measured by her ability to conform to established marital customs.

> When a girl is cut, she is symbolically elevated to the status of a wife. The act itself carries deep cultural significance, marking her transition into womanhood and signifying her readiness for marriage. (Interviewee 12)

It is believed that 'circumcised 'girls are more likely to find a husband. In most affected communities only 'circumcised 'girls can get married and thus be fully recognized in the community. In affected communities that also traditionally pay a bride price upon marriage the bride price for 'circumcised' girls is higher, parents may thus have their daughters 'circumcised 'for financial reasons (Hosken & Fran, 1982). The community members also strongly asserted that 'nobody will marry my daughter if she is not cut.' This belief is deeply embedded in the local culture, where an uncut girl is considered incomplete and unfit for marriage, effectively branding her as a child rather than a mature woman. As one participant explained that in Lomut, if a girl remains uncut, she is seen as entirely unmarketable in the marriage market, unless both parties are educated, a rare exception. Although there are instances of educated women marrying without undergoing FGM, the prevailing sentiment remains that an uncut girl will face social stigma and be deemed unready for marital responsibilities. This rigid cultural norm forces families to adhere to FGM as a means of preserving their daughters' marriage prospects.

> FGM is contributed so much by marriage because girls worry about not being married. Men also care to marry women who have been cut because if they marry the others, they will be laughed at for marrying a child, someone who smells, and she will also be stigmatized. Girls do not have an issue if only men accept to marry them without FGM because they are concerned that even if they are educated and are not cut, they may never get married. (Interviewee 8)

The paradox of choice: navigating societal pressure and stigma in the FGM decision

In the Pokot community, the concept of 'choice' regarding FGM is a paradox. While it may appear that girls have the ability to decide for themselves, deep-rooted societal expectations, pressure from peers, fellow women and traditional elders and stigma against those who remain uncut leave them with no real agency. The decision to undergo FGM is less about individual preference and more about social survival, as failing to conform leads to ostracism, diminished marriage prospects, and exclusion from communal life.

Peer influence

Conversations with young women who themselves are victims of FGM or of stigma for defying the cultural norm, revealed that one of the most powerful forces driving FGM is peer influence. Peer pressure is the process by which members of the same social group influence other members to do things that they may be resistant to or might not otherwise choose to do. According to child and adolescent psychiatrist Akeem Marsh, MD, ' it's very easy to be influenced by peer pressure as we humans are wired as social creatures (Hartney, 2024).

Research was done by the School of Behavioural and Brain sciences (BBS) on the effect and curve of peer pressure. The researchers found that susceptibility to peer pressure had been thought to peak in adolescence and continue into early adulthood, with middle-aged and older adults better at controlling their desires. While older people generally regulate emotions more effectively, indicating greater self-control and resistance to conformity pressures, research also shows that they also face a new set of priorities that might make it more difficult to resist such influences, especially as they observe their peers partaking (Fontenot, 2024).

Testimonies reveal that girls who have undergone the procedure often become active agents in persuading others to do the same. Rather than challenging the practice, they reinforce it by stigmatizing and misleading younger girls. A common strategy used by cut girls is to incite uncut girls, telling them that they will struggle to fit into the community and be left behind in life. They also manipulate young girls by insisting that 'if you get cut while you are young, you will heal faster, but if you do it later, the healing process will be more painful and prolonged.' These coercive tactics pressure younger girls into undergoing FGM before they have the awareness or the ability to make informed decisions. This evidence is backed by very recent research which notes that beside cross-border cutting and medicalization of FGM, other worrying trends that are emerging include cutting of married women, infants and girls as young as five years old.' (KNA6, 2023).

> There are some women who harass their children, reminding them that their peers have been cut, or telling them, 'Anyone who is incomplete is not welcome to stay in my home'. In other cases, it is the children themselves who have been cut who stigmatise other girls saying, 'who will mingle with someone who is uncut'. (Interviewee 15)

This dynamic reveals an unsettling cycle of internalized oppression, where victims and survivors of FGM becomes its enforcers, ensuring that the practice persists across generations. Girls and women who have been cut often experience pain and hardship, yet instead of rejecting the practice, they perpetuate it as a way to validate their own suffering and affirm their social status. The stigma against uncut girls is so strong that those who resist FGM are actively undermined by their own peers, reinforcing the illusion that the practice is an inevitable rite of passage rather than an imposed cultural norm.

Additionally, the threat of being labelled an outsider in one's own community makes FGM an unspoken requirement. Uncut girls are branded as incomplete, unworthy of marriage, and undesirable. Even if they wish to reject the practice, they face relentless pressure from their social circles. Families fear that if their daughters remain uncut, they will not secure good marriages, bringing shame and economic disadvantage to their households and will also be stigmatized. This creates a coercive environment where both direct and indirect forces compel girls to undergo FGM, leaving little room for true choice.

Previous debates have emerged regarding whether FGM should be considered a personal choice or if the decision should be deferred to older women. This issue opens a broader discussion on the implications of performing such a harmful procedure at any age and highlights the paradox of choice for women and girls from diverse backgrounds. Some countries have enacted laws prohibiting FGM for individuals under 18, in a bid to protect the rights of children below that age, recognizing that full personal autonomy is not yet established during childhood. These discussions prompt a wider debate on how rights and the freedom to choose are interpreted across societies, and whether women truly enjoy equal personal autonomy given the intersecting cultural, social, and economic constraints they face. In many affected communities, the decision to undergo FGM is deeply embedded within familial and communal expectations, raising critical questions about consent, agency, and the real extent of individual choice.

In Kenya for example a medical doctor challenged the constitutionality of the Prohibition of Female Genital Mutilation Act, arguing that certain sections of the Act conflict with the Kenyan Constitution by preventing an adult woman from choosing to undergo FGM performed by a trained, licensed medical practitioner. This, she contended, denies women the fundamental right to bodily autonomy and freedom of choice (Equality Now, 2021).

Ultimately, the paradox of choice in FGM highlights the deep conflict between individual autonomy and powerful societal forces. Even in cases where external interventions seek to educate and empower girls, the fear of social alienation often outweighs the benefits of rejecting FGM. Sustainable change, therefore, requires more than just legal frameworks and awareness campaigns; it demands a fundamental shift in societal norms, ensuring that girls can make real choices without fear of rejection, stigma, or exclusion. Until then, the so-called 'choice' surrounding FGM remains a forced decision dictated by the weight of tradition, peer pressure, and economic survival.

Stigma

Stigma is another most dominant force sustaining the practice of FGM in the Pokot community. Every individual interviewed had something to say about stigma and identified it as the primary reason why girls undergo the practice, as it dictates social acceptance, marriageability, and personal dignity. The fear of exclusion, ridicule, and humiliation compels girls and women, regardless of their personal beliefs or awareness of the harm caused by FGM, to conform to this deeply entrenched cultural expectation.

Uncut girls are relentlessly ostracized, facing harsh verbal abuse and exclusion from social interactions. They are accused of 'smelling bad' and are warned not to come close to others, reinforcing the notion that their bodies are impure or undesirable. The stigma is so intense that it does not only affect young girls but also married women who have avoided FGM. As one participant noted that if a man marries an uncut woman, she is subjected to public harassment, insulted with derogatory names such as 'clitoric-woman' and ridiculed for being 'unripe' or for having a clitoris 'with branches.' This cruel mockery and social rejection make it nearly impossible for a woman to exist in the community without undergoing FGM.

> Girls who refused to be cut were stigmatized. They were accused of smelling so bad and told not to come closer to other people. (Interviewee 4)

Even in cases where a girl initially avoids FGM, she may still be pressured to undergo the procedure later in life, particularly after pregnancy, because of relentless stigma. Women who have been cut view uncut women as outsiders and often refuse to associate with them, isolating them in social settings. A woman who is uncut is considered an anomaly, and her presence is often questioned with statements such as 'what is this girl/child telling us?', implying that her words and presence carry no weight until she conforms. The desire to be socially accepted and to avoid humiliation forces many women to eventually undergo FGM, even after marriage and childbirth.

> There is even a certain girl from around here she was not cut, she got married like that and the stigma /pressure almost pushed her to commit suicide. She has two other cowives, they hate on her for no reason and accuse her and humiliate her for no reason" In case she does a small mistake like letting out the goats, she is insulted and belittled, they blame the mistake on the basis of her not having FGM, they call her 'Cherirey' meaning a very derogatory term of someone who cried while being cut, yet she didn't cry because she wasn't cut anyway. The insults pressured her until she was cut a few years ago when she had two children. She had to go back home to her parents to be cut. (Interviewee 17)

Furthermore, stigma is embedded in the way a girl's identity is defined. Uncut girls are not regarded as full members of the community and are commonly referred to as 'children or girls, in the place of women,' regardless of their age or maturity. This label strips them of any agency and reinforces the idea that they remain incomplete until they undergo FGM. Girls who refuse to be cut are told that they will never be respected or taken seriously, and many eventually submit to the practice simply to escape the relentless ridicule and to be acknowledged as mature women.

> If you haven't been cut, you're labelled as immature and unready to be a woman. Some women who came from regions where FGM has ended initially resisted the practice, but eventually gave in, especially if their husbands embraced external influences. For instance, one woman from Sigor, after having her first baby, had her husband bring home a thigh of meat and instructed her to cook it whole. When he remarked that she was 'whole like that meat,' the pressure became overwhelming, and she eventually underwent FGM. They later separated. (Interviewee 11)

The power of stigma in enforcing FGM cannot be overstated. It is not just a passive social attitude, but an active tool used to enforce conformity. Fear of being ostracized, insulted, or excluded from communal life is stronger than the fear of physical pain or long-term health consequences.

Ostracism can cause pain that often is deeper and lasts longer than a physical injury. 'Being excluded or ostracized is an invisible form of bullying that doesn't leave bruises, and therefore we often underestimate its impact. Being excluded by high school friends, office colleagues, or even spouses or family members can be excruciating, when a person is ostracized, the brain's dorsal anterior cingulate cortex, which registers physical pain, also feels this social injury' (Christensson, 2021).

Because of this, stigma remains the most significant challenge in efforts to eliminate FGM. Without directly addressing the shame, ridicule, and social alienation associated with rejecting the practice, any attempt to eradicate FGM will struggle to gain traction. Breaking this cycle requires a deliberate shift in societal perceptions, one that normalizes being uncut, challenges derogatory narratives, and actively promotes the dignity and worth of all women, regardless of whether they have undergone One very brave survivor of FGM actively using her voice to advocate for an end of FGM, shared how stigma pushed her to FGM,

> I told my mother that if I wasn't allowed to undergo FGM while all my friends were being cut, I would rather commit suicide than be the only one left out, laughed at and mocked. I remembered how my friends had ridiculed me for not having my two lower teeth removed, which I eventually did. (Interviewee 9)

Despite the existence of strong legal frameworks in Kenya, including provisions in the Prohibition of Female Genital Mutilation Act (2011) that criminalize derogatory language and stigmatization of individuals who reject FGM, the enforcement of these laws remains a significant challenge. The law stipulates a penalty of not less than six months imprisonment, a fine of at least 50,000 Kenyan Shillings, or both for anyone who insults, harasses, or intimidates a girl or woman based on her decision not to undergo FGM. However, despite these legal protections, stigma remains one of the most powerful forces sustaining the practice.

Stigma is woven into nearly every aspect of community life, leaving women with no real alternative but to conform. In this context, women who have not undergone FGM are seen as incomplete, effectively barred from participating in important family and social rituals, such as their sons' circumcision ceremonies. This exclusion reinforces the idea that a woman's worth and maturity are determined by whether she has been cut, making non-conformity not an option but a source of isolation and diminished social standing.

This gap between legal protection and actual lived experiences stresses the need for stronger enforcement mechanisms, community education, and grassroots advocacy to dismantle the stigma surrounding uncut girls and women. Until the fear of social exclusion is effectively addressed, the law alone will not be enough to eliminate FGM in Kenya.

> They would stigmatise me, warning people not to take tea at mine because I am unripe. My mother in-law used to deny me milk because of my status, she would even confront my husband about my FGM status and ask him to send me away. My husband defended me saying it was his choice. We later bought our own cow. The stigma continued even when we were doing well for ourselves, they still called us out for even being clean and organized. They are not happy about us being different, minding our business and not being part of them. I was isolated. (Interviewee 11)

Further evidence shows that stigma exerts powerful pressure on girls, sometimes driving them to take desperate and dangerous measures when access to FGM is restricted. In some cases, the intense social pressure has led groups of girls to attempt unsafe, self-administered cutting, resulting in serious health risks that require emergency medical intervention.

> The peer pressure is so intense that some girls even shed tears pleading for the procedure. In one particular extreme case, with no cutter available, a group of girls took turns cutting themselves. Their unsafe attempts required expert intervention to save their lives, thankfully, they did not cut the clitoral bone. This incident vividly illustrates the dangerous risks that stigma can drive individuals to take. (Interviewee 15)

Coercive rituals and spiritual interventions

This study also found that in this community, there are imposed spiritual practices and coercive rituals to strip girls of their agency in the decision to undergo FGM. When a girl resists the expected cut, she is labelled as cowardly, and her behaviour is interpreted as the result of witchcraft or spiritual manipulation. In response, a special elder/sorcerer intervenes to 'cast out' this supposed cowardice, using traditional rituals to compel the girl to conform. This process effectively forces her to develop an urgent desire to be cut.

> If a girl had attained the cutting age and she doesn't initiate FGM she will be brought to the elders to be cleansed/casting out the spirit of cowardice. When the elders have performed this ritual, the girl develops the courage and initiates FGM. This could be a case of witchcraft, maybe she was bewitched or something. Because why would a child fear to be cut? (FGD WOMEN)

One account described how a father who, believing that his daughter had been adversely affected by a malevolent spell, called upon a local sorcerer known as Cheporoko. The sorcerer would perform a ritual, singing, administering herbal remedies, and mimicking elements of the FGM ceremony, in a private setting with the girl, with the intent of instilling the resolve to conform. Similarly, if a woman resists an arranged marriage against her family's wishes, her relatives may resort to similar interventions to 'calm her heart.' These practices illustrate the powerful interplay between cultural and spiritual forces that compel compliance with FGM, leaving no room for genuine choice. Ultimately, such deeply ingrained social pressures and beliefs eliminate the option to remain uncut, thereby reinforcing FGM as a mandatory rite of passage.

Illusory autonomy and constrained consent

The process of seeking permission to undergo FGM in the Pokot community disguises a reality of coercion and limited agency. Although a girl may ostensibly express a desire to be cut upon reaching sexual maturity, her decision is deeply shaped by pervasive peer pressure and cultural expectations. The ritualized process where a girl informs her mother, who then consults the father, serves to legitimize the procedure as a voluntary choice. However, this procedure is heavily dictated by the fear of social ostracism, stigma, and the label of being a coward. The collective nature of the ceremony, organized by age groups or individuals and dependent on factors such as food availability, further reinforces that individual choice is merely an illusion.

For example, as described by several participants, when a girl reaches sexual maturity, she is expected to notify her parents of her desire to be cut, and once parental consent is obtained, this information quickly spreads among her peers. This leads to a cascade effect where girls from different families seek permission to undergo FGM together in a single ceremony. Traditionally, FGM is performed in cohorts, older girls are cut first, while younger ones are instructed to wait until they are older, as cutting too early is believed to affect their growth. Moreover, peer influence as seen already is a critical factor; when girls discuss the process during daily interactions, they often task one among them, who is seen as persuasive enough, to convince their parents to grant permission, thereby ensuring that the group conforms collectively. In this way, what appears to be individual consent is, in fact, a socially compelled act that perpetuates the cycle of FGM under the guise of voluntary choice.

> When a girl grows up and experiences her first period, she then initiates the ceremony. Once she gets her period her mother knows she has attained the age. The girl informs her mother first then the mother informs the husband who at first tries to object and if the wife insists, he allows the mother and daughter to go ahead with preparations for the ceremony. The FGM happens to the girls individually or per peer in group. Either the girls themselves or their mother goes to look for the cutter. (Interviewee 12)
>
> It is the girl who decides to be cut. When farm produce is ready the girls start to initiate one after the other that they want to be cut. The girls will then ask their fathers that they want to be cut. These girls do not give their fathers peace with their persistence to be cut until the father grants the permission so that they are cut, and later bride price is paid to be consumed by him. A mother has no power to decide FGM for the child. (FGD WOMEN)

Additionally in the Pokot community, the administration of FGM is accompanied by strict emotional and physical coercion, and the practice extends even into the realm of reproductive events. During the initial stage of FGM, a girl is explicitly warned, often by her father, that crying is unacceptable, with threats of severe punishment, including death, for showing any sign of fear or vulnerability. This harsh mandate compels girls to suppress their emotions; if a girl cries during this phase, the procedure is intentionally kept minimal to prevent further emotional distress, with the expectation that she will endure a more severe cutting in the later stage once she is 'toughened.' In contrast, while it is somewhat tolerated for a girl to cry during the second stage, those who display too much vulnerability are forcibly restrained by other women, reinforcing the notion that emotional strength is essential for maintaining social honour and marriageability. The community firmly believes that any sign of weakness during the initial phase not only undermines a girl's prospects for marriage but also portends misfortune for her family and in extension future spouse.

This coercive environment extends to reproductive events as well. One participant said that in their area, it was unheard of for a girl to become pregnant before being cut. If a girl does become pregnant and appears reluctant or unprepared for the procedure, she is sometimes secretly cut during childbirth without her consent, with the painful experience misattributed as a necessary part of the birthing process. In some cases, a pregnant girl may be cut while still expectant, as community members openly question her readiness, insisting that she must be cut to confirm her transition into womanhood. Alternatively, a girl who delivers her baby might have to wait until the rainy season, when group cutting ceremonies are held, to undergo the procedure alongside other girls. The underlying message is clear: whether a girl is pregnant, has borne a child, or is married, if she has not been cut, she is forever considered incomplete, a perpetual state of immaturity that disqualifies her from full social acceptance.

Together, these practices reveal a stark reality: the choice to remain uncut is an illusion, heavily overshadowed by coercive rituals and societal pressures. The interplay of emotional suppression, reproductive coercion, and cultural mandates reinforces a system in which FGM is not a matter of individual autonomy but rather a tool for enforcing gender inequality and preserving traditional power structures.

Patriarchal gatekeeping and male dominance in FGM decision-making

In the Pokot community, the dominant role and authority in determining whether a girl undergoes FGM is the fathers. The findings reveal that a father's decision is paramount overriding any opinions or permissions from the mother and is viewed as the ultimate arbiter in the practice. Even when a mother consents or secretly facilitates the process, the absence or disapproval of the father prevents the procedure from taking place. This power dynamic extends to other male figures, such as uncles or brothers, in cases where the father is deceased, highlighting the ubiquitous nature of patriarchal control over decisions regarding FGM. The father's intervention is justified on various grounds, including concerns about a girl's age and readiness for marriage, further reinforcing the critical influence of male stakeholders in perpetuating or preventing FGM.

The father also plays a central role in facilitating FGM. He is responsible for preparing the local brew, purchasing soda, and covering all costs associated with the procedure, including the cutter's fee. Meanwhile, women are tasked with finding and coordinating with the cutter, while the girls gather firewood for the event. In households with only one main dwelling, the women and children collaborate to collect grass and construct an additional shelter, which then serves as the designated residence for the girls who have been cut.

> I didn't tell my mother because in our culture, a mother has little say, she must defer to the father's decision. If the father says no, the girl will not be cut, regardless of her mother's wishes. In my case, since my father had passed away, I informed my uncle and then my brother, who took us to a neighbour's home for the procedure. Even if a mother secretly arranges for the cut, if the father learns of it, he will intervene to stop it. Often, a father's refusal is based on concerns that his daughter is too young or not ready for marriage, and he will delay the procedure until she is older or until the family has adequate resources. (Interviewee 16)

Furthermore, the community patriarchal objectification is deeply entrenched, with women frequently reduced to commodities through demeaning terminologies and practices. Men often refer to women as 'my donkey' and to young daughters as 'my young donkey,' reflecting a cultural narrative in which women are primarily seen as labourers or property. One respondent explained, 'When a man says, 'Wawa Skurio,' it means a child is starting to practice chores.' This comparison equates a woman's role to that of a donkey, a means of transport that carries burdens, implying that a wife is expected to handle household responsibilities such as fetching water, gathering firewood, and preparing food and raising the kids. Another informant remarked that when a man marries, he declares, 'I have bought my donkey,' symbolizing that his wife is purchased to support him and his household.

> When a man says, 'Wawa Skurio', it means a child is starting to practice chores. (FGD Men)
>
> A donkey is a means of transport same as a woman who also bears the marriage burden. (FGD Men)
>
> When a man marries, he will be like, 'I have bought my donkey, meaning one who is coming to help carry my luggage'. (FGD Men)
>
> It is a woman who does all house chores, water, firewood, cleans, children, cooks and so on. (FGD Men)
>
> When I leave here later and go home, I will find that all that has been prepared by my donkey. (FGD Men)
>
> This is why we marry many wives so that if one travels another is present to carry the burden. If there is a disagreement, there are options with the other wife" (FGD Men)

This language of commodification is not confined to everyday expressions; it is woven into the very fabric of social relationships and family dynamics. In a system where dowries and bride prices determine a girl's worth, these objectifying terms reinforce the notion that a woman's value lies solely in her economic and social utility. The cultural practice of polygamy further perpetuates this dynamic, as men may take multiple wives to ensure that there is always someone available to share the burden of household labour. In cases of a husband's death, for example, daughters or widows may be transferred to another relative, effectively treating them as assets within a transactional framework.

Such objectification contributes significantly to the persistence of practices like FGM. By reducing women to socio-economic instruments and reinforcing strict gender hierarchies, the community not only perpetuates harmful rituals but also limits the potential for female empowerment and individual autonomy. The use of terms like 'Wawa Skurio', implying a young, unexploited 'donkey' whose value has yet to be fully realized, underscores how deeply the commodification of women is embedded in the Pokot community. This devaluation of female identity plays a critical role in sustaining FGM, as it reinforces a social order that prioritizes economic benefits and strict gender roles over the inherent rights and well-being of women.

Bridging past and present: personal reflections and community observations on FGM

As an experienced anti-FGM activist who has dedicated ten years to working on this issue within my community, this data collection project exposed me to profound details that I and other campaign groups have long overlooked or missed. Using my own experience while growing up, I once aspired to be cut, accepting it as an essential rite of passage without knowing there was a broader world one with over 40 other tribes and without realizing that FGM was not as indispensable as food or oxygen. It wasn't until I was exposed to new information that my perspective shifted, opening up a range of options previously unimagined.

In our community, girls are rigorously socialized into a life where they remain largely unaware of any existence beyond their immediate surroundings. They are restricted to only acceptable public events, such as marketplaces, community ceremonies, and night dances, which are intentionally organized to expose them to potential suitors for marriage. On other days, however, these girls are highly protected and not permitted to mingle or loiter, as they are guarded closely in preparation for being 'sold' into marriage.

In a society where men are viewed as superior, marriage becomes the ultimate goal, compelling girls and women to uphold exemplary character to secure a favourable union. From a young age, teenage girls, whether cut or uncut, are expected to be present at communal events, display exemplary character, and work hard to attract a suitor. Failure to meet these expectations often results in limited marriage potential. In our culture, men frequently take multiple wives, and women bear the bulk of household responsibilities, including constructing their own homes. Despite these burdens, cultural norms insist that women should accept their fate without complaint, as being married is regarded as a blessing for women. Living here means being an integral part of a tightly knit community where everything is done collectively, from fetching water and gathering firewood to performing FGM ceremonies and attending social events.

During this study, while attending events like Sapana and male circumcision graduations alongside community members and girls, I witnessed the same innocence in these girls that I once had when I was around 11 or 12 years of age. These experiences vividly recalled my own childhood and emphasized how deeply the community's practices shape personal identities and futures. This journey as an adult and a researcher now deepened my understanding of the entrenched nature of these practices and reinforced the urgent need for alternative narratives that empower girls and challenge the *status quo*.

On one occasion of a male initiates' graduation ceremony, a multi-day ceremony attended by a diverse crowd of young and old, men and women, community members, and neighbours, filled with singing, feasting, and dancing, I was present. The Pokot are renowned for their love of ceremonies, composing their own songs and celebrating with great fervour. During this event, a young woman, clearly under the influence of alcohol, joined the gathering; her firstborn son was among the initiates. I cannot say for certain whether she said what she said because she recognized me by my well-known stance as an anti-FGM campaigner intentionally or by chance.

She stood before us and began addressing the women in the crowd. *'You women are here because you are not qualified to go into the cowshed'* she declared, referring to a ritual taking place as part of the graduation process. *'You are here because you haven't been cut, and you are not allowed in the cowshed.'* In reality, we were merely waiting for the boys, the initiates, to emerge into the open for the main public event, while the men conducted their rituals inside. Although I did not fully grasp the meaning behind the singing, movements, or occasional declarations, they were all integral to the cultural practices.

She continued, *'If a woman who is not cut gets in there, pointing to the cow shed, things will go haywire.'* When I inquired about the consequences, she responded, *'First of all, you are not allowed to go in there if you aren't cut like me, the brave one who sat on the stone and bore the pain.'* She proceeded to repeatedly praise her son and herself for having withstood the pain of FGM using the phrases like, *'Aso Wero Chemokoto Nyo Ki-Yeng Kame Mamaa'*. Among the audience, both young and older women either pretended not to notice her intoxicated rant or dismissed it outright, yet it was evident that those words were not just mere words but had a palpable impact on many.

Finally, she warned, *'If you go in there, the bell that the initiates are wearing (as part of their special attire) will come off; they will fall.'* Adopting a convincingly stern expression, she drove home her message. For a moment, I almost believed her, but my experiences and observations have consistently demonstrated how deeply ingrained stigma and coercion are within our community's fabric.

During this fieldwork, my participation in Sapana ceremonies, market days, and daily community interactions vividly brought to life the themes documented in this study. Observing these events reinforced the narratives regarding the deeply entrenched roles and expectations imposed on women in the Pokot community. I witnessed firsthand the constrained environment in which girls are expected to conform, where their future is predetermined by cultural norms, and marriage becomes their only viable pathway. These young women, despite their resilience, appear trapped within a societal framework that denies them any genuine choice or escape. Their daily labour, both in maintaining household responsibilities and in public events, underscores the heavy burden of conformity required by their culture, while their personal opinions and voices remain marginalized. This immersive experience not only validated the existing research findings but also highlighted the urgent need for interventions that empower women and challenge the restrictive norms governing their lives.

Readiness for change vs. challenges of transformation

This section highlights the tension within the community between an emerging willingness to abandon FGM and the formidable barriers that sustain it. On one hand, there is clear evidence of change, educated community members increasingly recognize that FGM inflicts severe physical and psychological harm. For example, children who attend school are often spared from FGM and subsequently marry each other, illustrating how education can protect against the practice. This growing awareness demonstrates a readiness to change and a belief that alternative practices might better serve the community's interests.

On the other hand, deeply entrenched economic incentives and cultural expectations continue to reinforce FGM. The practice is driven by the lucrative bride price it secures, with parents historically offering money and alcohol to ensure their daughters are cut, thereby enhancing their marriage prospects. This system of dowry, which equates a girl's value with her ability to secure a favourable marital arrangement, creates a significant obstacle to change.

While there is a growing openness to reconsider FGM within the community, transforming this tradition remains complex due to a mix of cultural, economic, social, and institutional challenges. Achieving lasting change will require a comprehensive, community-driven strategy that prioritizes education, creates alternative economic opportunities, and fosters open dialogue to dismantle the rigid systems that uphold FGM thereby safeguarding the rights and well-being of girls and women in West Pokot.

> This is why people have not begun to consider alternatives; they continue to cling to what they have always known. It will forever be said that a particular child is a girl because she has not been cut, and she is not in school. As my friend mentioned, children who are literate and marry within their peer group follow a different path, and nobody questions the choices of those who are literate. We have all accepted that children who attend school will not be cut, which is perfectly acceptable. However, those who remain at home must be cut because there is no alternative for them, they have to be cut. Even among school-going children, the choice not to be cut is supported by them because they too do not want the procedure. FGM has decreased in some areas; for example, on the other side of the highlands, people are attending church and not practicing FGM. (FGD Man)

Consequences of FGM

The Pokot community hold contrasting views on the consequences:

Negative effects: Some community members reported that FGM leads to serious health complications. Testimonies describe prolonged and painful childbirth, increased likelihood of caesarean sections, and issues such as fistula formation, severe bleeding, and infections. Women who have undergone FGM said they suffer long-term physical damage, challenges during sexual intercourse, and marital discord, including abandonment by husbands. These negative outcomes have been linked to a diminished quality of life, financial hardships, and emotional trauma, prompting calls for the abandonment of the practice.

> FGM has a problem because when a girl is cut, she experiences complications during childbirth. That is the problem, it leads to fistula. The Pokot women prefer to deliver at home instead of at a hospital. One woman, after coming from the hospital, was denied by her husband because there was no urine break; he didn't want her and abandoned her. FGM has no glory! The women who were not cut married good people and are living well, whereas those who were cut are married to unsuitable partners and are experiencing challenges. (Interviewee 1)

Minimal or no negative effects: In contrast, some community members argue that FGM does not inherently harm women. They claim that women, whether cut or uncut, can give birth successfully and that any complications are minimal and isolated incidentals, they said they are manageable with traditional and modern medical interventions. This group views FGM as a longstanding cultural practice, noting that historically, severe complications were rare or effectively treated through rituals and herbal remedies. They assert that FGM is a normal rite of passage and emphasize its cultural significance rather than its potential health risks. Moreover, they contend that the complications witnessed today, such as childbirth difficulties leading to caesarean sections and fistulas, are due to the practice of cutting young girls, unlike in the past when older girls were cut, suggesting that cutting at an older age would mitigate these health risks.

> FGM does not have negative consequences because both women are equal, they both give birth whether they are cut or not. I believe FGM is not harmful; it is simply a cultural practice. Although it is now banned, I think there is no harm in it. In our time, when a girl bled after the cut, we would slaughter a goat and give her herbal medicine along with soup, meat, or even blood, and she would be okay. There were no hospitals then, and such incidents were very uncommon. When a girl bled, it was usually due to the wound or a central vertigo/transient ischemic attack. Nowadays, if a girl bleeds, she is taken to the hospital. Since I was growing up, I never heard of any girl dying as a result of FGM. (Interviewee 6)

Laws and policies

Role and achievements of FGM laws and policies

FGM laws serve as a crucial legal framework designed to protect human rights and promote gender equality. Grounded in the Constitution of Kenya 2010 and international instruments such as CEDAW and the CRC, these laws criminalize the practice of FGM by reinforcing rights to dignity, freedom from torture, and health. They create a legal deterrent by imposing penalties, fines or imprisonment, that discourage community members from engaging in FGM. As one participant noted, 'even the mere threat of arrest causes panic among those who might otherwise continue the practice'. Additionally, these laws empower women and girls by offering legal recourses and support services, and they support broader cultural change through educational campaigns that raise awareness about the detrimental health and social consequences of FGM. For instance, some interviewees reported that after girls are taken to rescue centres and schools, there is a visible reduction in FGM cases, as evidenced by more girls staying in school and pursuing professional careers.

Limitations and challenges

Despite these achievements, FGM laws face substantial limitations in their implementation and enforcement. Political interference is a significant challenge: 'local politicians often influence the release of arrested perpetrators. This interference undermines the deterrent effect of the law. Enforcement mechanisms are further weakened by resource constraints, insufficient vehicles, fuel, and manpower hinder timely interventions. One participant lamented having *4 NPR officers against 8000 people*, highlighting the lack of adequate resources for enforcement. Procedural challenges also exist as mentioned by one law enforcers who said that sometime the procedures are so strenuous as they are required to produce concrete evidence, such as the tools used for FGM, which often causes cases to stall in court. Additionally, witness intimidation and interference, where community members or family members prevent witnesses from testifying, further complicate prosecutions. Cultural and social pressures, including the reliance on directives from local chiefs rather than detailed legal provisions, leave many community members with only superficial knowledge of the law's intent and scope.

Conclusion

FGM laws are a vital component in the fight against female genital mutilation, providing a legal basis for protecting human rights and promoting gender equality. However, their overall impact is limited by deep-rooted cultural norms, political interference, resource shortages, and procedural hurdles. As expressed by study participants, despite the fear of arrest and the existence of legal penalties, these laws have not been sufficient to end FGM due to widespread enforcement challenges and community resistance. To achieve lasting change, a multifaceted approach is necessary, one that integrates robust legal enforcement with sustained education, community sensitization, and improved resource allocation. Only by addressing both the legal and cultural dimensions can the rights and dignity of women and girls in West Pokot be fully protected, and the cycle of FGM be ultimately broken.

Education

Contribution of education to ending FGM

Education is a transformative force in West Pokot, significantly reducing the prevalence of FGM. Empirical evidence and participant testimonies show that girls who advance through formal education, from high school to college, gain critical awareness of the physical, psychological, and social harms of FGM. As a result, these educated girls often reject the practice and emerge as empowered leaders, teachers and professionals. Participants noted that girls who become teachers or pursue higher education are less likely to be cut and their daughters are also not at risk, breaking the cycle of FGM and serving as role models in their communities. Additionally, there is strong support for integrating rescue centres within schools, especially boarding schools equipped with affordable or subsidized education, to safeguard girls from FGM and child/forced marriage, thereby reinforcing education as a long-term investment in their future.

Challenges in accessing mainstream education

Mainstream education in West Pokot faces substantial obstacles that limit its reach and impact. In many parts of the community, schools are not within reach, and the lifestyle of pastoralism, characterized by frequent movement, hinders consistent access to education. Families often hesitate to send their children to school because of long-held beliefs which prioritize marriage, which is preferred for the immediate, ready-made wealth through bride price over the uncertain, long-term returns of education. Economic constraints further complicate the situation, as education is seen as a costly investment in a region with high unemployment rates and overreliance on one source of livelihood which is livestock. Moreover, many schools are under-resourced and understaffed, leading to high dropout rates when children cannot afford fees. This attrition disproportionately affects girls, making them more vulnerable to FGM and child /forced marriage. According to recent statistics, the prevalence of teenage pregnancies in the county stands at 36 percent, placing the county third nationwide (KDHS, 2022). This further discourages parents from investing in their daughters' education and perpetuates the cycle of FGM.

Conclusion

In conclusion, while education is a powerful tool for transforming attitudes toward FGM and empowering girls in West Pokot, its impact is hindered by significant economic, infrastructural, and societal challenges. To fully harness education's potential to eradicate FGM, efforts must focus on improving school accessibility and infrastructure, particularly in pastoralist communities, providing affordable or subsidized education, and establishing protective rescue centres within schools. Additionally, community sensitization initiatives must work to shift social norms that favour marriage for its immediate financial gains over the long-term benefits of education. Only by addressing these multifaceted barriers can education serve as a sustainable, long-term investment in the empowerment of girls and the eventual elimination of FGM in the region.

Religion

Role of religion in the fight against FGM

Religious leaders play a crucial role in challenging and ultimately ending FGM in West Pokot. Pastors and church leaders have long been at the forefront of educating the community about the harmful effects of FGM, often using biblical teachings that denounce the practice. For example, a certain protestant pastors recount that he began teaching as early as 1995 that the Bible condemns FGM, emphasizing on the cutting of the soul, not the body. As a result, numerous church-led sensitization programs have rescued and protected hundreds of girls from FGM and child/forced marriages. They have mentored and encouraged them to pursue education to become role models equipped with different skills and knowledge.

However, the influence of religious leaders is not without limitations. While the church has been instrumental in reducing FGM rates among its congregants, its reach is confined to communities where its presence is strong. Once a girl leaves her village for marriage, the church loses its influence over her. Additionally, those outside the church, often practicing FGM secretly and remain difficult to convince. Despite these challenges, community members stress that if all churches and pastors could unite and collaborate with cultural leaders and CSOs, the combined force of religious teaching and community engagement could eventually eradicate FGM.

Awareness and community sensitisation

Awareness campaigns are vital in disseminating information about the negative impacts of FGM and in shifting long-held cultural perceptions. Effective sensitization involves more than just public forums; it requires forming local committees and engaging directly with community leaders, pastors, and even anti-FGM ambassadors. One interviewee noted that while awareness forums can spark initial interest, sustained community-based efforts are necessary to transform deeply entrenched attitudes.

> For instance, some organizations like I_Rep, World Vision and others have been active in curbing FGM by rescuing girls and facilitating their education. However, the current approach often fails to reach the target audience, such as FGM cutters and the men who drive the practice. Sensitization efforts need to extend beyond traditional platforms like radios and barazas and incorporate innovative strategies, such as organizing targeted meetings for women cutters and young men. These sessions could illustrate the real-life consequences of FGM, using live examples of affected locals, to reinforce that uncut girls are more likely to secure better marital prospects and avoid the severe health complications associated with the practice. (Interviewee 8)

Community sensitization faces challenges from cultural resistance, political interference, and logistical and resources limitations. Yet, combining these efforts with sustained education and community-led initiatives is viewed as essential for a comprehensive approach to ending FGM in West Pokot.

Conclusion

Beyond tradition: A multifaceted strategy to eradicate FGM in West Pokot

This project reveals that FGM persists in West Pokot primarily due to powerful socio-cultural forces, peer pressure, stigma, marriage, and bride price, that remain deeply embedded in the community's fabric. In this setting, marriage is the singular, highly prioritized pathway for many girls, particularly those who do not have access to education and among low income or disadvantaged households. FGM is viewed as a critical rite of passage that signals a girl's readiness for marriage, ensuring her eligibility and enhancing her prospects for receiving a higher bride price. Uncut girls, by contrast, face significant stigma and diminished marriage opportunities, leaving families with little choice but to subject their daughters to FGM in order to secure social and economic stability.

The data suggest that FGM is sustained not merely as a historical tradition, but through contemporary social dynamics that marginalize uncut girls, leaving them perceived as unprepared for expected roles. In a region where the illiteracy rate is as high as 67%, influenced by harmful practices such as FGM and child marriage (UNICEF, 2022), and where educational opportunities are limited, marriage becomes the primary pathway for social acceptance and economic advancement. Furthermore, top-down interventions, including government legal frameworks and externally driven awareness campaigns, have struggled to gain traction due to insufficient community input, resource constraints, and enforcement challenges.

To achieve sustainable eradication of FGM, a multifaceted, community-driven strategy is imperative. Strengthening community-led data collection can offer nuanced insights into local dynamics, while targeted educational initiatives, tailored to the pastoralist lifestyle and addressing regional literacy challenges, can empower girls with alternative pathways to success. Economic empowerment programs are also essential to mitigate the financial pressures that compel families to prioritize bride price-driven marriage over education. Moreover, addressing the endemic social pressure, manifested through stigma and peer pressure, is critical to reshaping community norms. Engaging local leaders, religious figures, and community influencers further fosters dialogue and challenges the entrenched practices. Only through a coordinated, multisectoral approach that integrates robust legal enforcement, improved education, and economic development initiatives with sustained grassroots engagement can the cycle of FGM be broken, ensuring that every girl is afforded her right to health, dignity, and self-determination.

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