

Empowerment barrier Female genital mutilation remains a major problem in many communities across Kenya 12 years after



Domtila Chesang' (left), founder of, I am Responsible (Irep), which is fighting to end female genital mutilation, with Elizabeth Chelimo (right) and FGM survivor Mary Chebet* in Lomut, West Pokot County, on May 4. The victim developed fistula while giving birth. PHOTOS I JARED NYATAYA



At 17, she's been married, lost two babies and endured fistula, thanks to mutilation

Mary's* experience with female genital mutilation, at the age of 10, was marked with a lot of pain and bleeding. Her problems deepened after she was married off young, developed fistula while giving birth, twice, and her husband taking off; sadly, she became the laughing stock in the village after news about her fistula condition spread.

BY KAMAUMAICHUHIE

It is 8am when we depart from Eldoret to Lomut village in Sigor, West Pokot, some 190 kilometres away.

As we drive on the Eldoret-Kapenguria road on this chilly morning, we can't help but admire the beautiful scenery. The environs are green and farmers are busy weeding their maize farms. No doubt, they headed for bumper harvests. From Kapenguria, we drive to Ortum town, 45km away. A small distance from the town, we branch onto a rough road leading to Lomut village. It is under construction. After almost a 30-minute drive, we arrive at Lomut shopping centre.

We then branch into a homestead 500 metres ahead. It comprises a two-room mud house and a mud-walled outside kitchen. Also visible in the compound is an empty goat pen. The animals are in the field grazing.

A middle-aged woman warmly welcomes us. She is Elizabeth Chelimo, a teacher. She is also the guardian of Mary Chebet*, who is to give us an interview.

Mary's story is heart-breaking. She underwent female genital mutilation (FGM) when she was only 10. She vividly recalls that day, seven years ago, when she, together with nine other girls from the village, were mutilated. This was the beginning of her woes.

It was a horrible experience, riddled with a lot of bleeding, screams and untold pain, she says. Their pleas fell on deaf ears. Shortly after that, even before her wound fully healed, she recalls seeing several men visit their home. They were all asking for her hand in marriage, she would later learn. One of them from the neighbourhood married her and her father received five cows and 22 goats as her reverse dowry.

She soon got pregnant. It was a smooth pregnancy. However, the delivery was a different experience. "I went to the local



Elizabeth Chelimo during an interview in Lomut, West Pokot County, on May 4. She rescued Mary Chebet*, an FGM survivor who developed fistula while giving birth.

After it was banned through an Act of Parliament; because of this, the country missed its 2022 elimination deadline



Domtila Chesang' speaks to another FGM victim who was taken to hospital in Eldoret, Uasin Gishu County, for fistula treatment.

health centre and was in labour pain for 48 hours. They rushed me to Kapenguria Referral Hospital after I became unconscious. Here, I was rushed to the theatre for a caesarean delivery. The most heart-breaking news was being told that my baby was dead," Mary says.

After delivery, she developed obstetric fistula – a condition that occurs when a mother has prolonged, obstructed labour but doesn't get emergency medical care. With the condition, she could not hold her urine. "It was embarrassing. I did not know what was happening to me. I had not heard about fistula and I thought I was going to die."

Her husband ran away, leaving her to battle with the condition on her own. However, after two months, she got some relief through reconstructive surgery at Kapenguria Referral Hospital. She was advised to stay for at least six months before trying to get another baby. "After six months, I was shocked to see my husband come to reclaim me; I was now healed," she says.

She got pregnant again after one year. But when delivery time came, her experience was worse than the first. She recalls being in labour for 50 hours at the local dispensary. Back home, a traditional birth attendant had tried to expand her vaginal wall for the baby to pass, but this only caused her excessive bleeding; her pelvic bone could not open.

"I almost died after bleeding so much. There was no ambulance and my father rented a taxi to rush me to hospital. It was, however, too late and I lost my second baby," Mary says, fighting tears.

In most cases, a woman who develops fistula has already gone through the trauma of long, painful, obstructed labour that ends in a stillbirth. After the failed second delivery, Mary was hospi-



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Emmanuel Oigo



talised for two weeks as doctors tried to treat the wound inflicted by the traditional birth attendants. "The bill was spiralling in the second week. My father could not afford to pay as droughts had 'killed' all his livestock."

Her problems would deepen after the fistula problem returned. Her husband left her again and news about her fistula condition spread like bushfire in the village. She became the laughing stock. "Many people shunned me and my friends isolated me. Only my siblings remained my friends. A lot of villagers wondered what was wrong with me. I thought I would not survive," she says.

Domtila Chesang, a renowned anti-FGM champion in the area, says she learnt of Mary's plight through community health workers.

"I conducted a fundraising campaign on Facebook and WhatsApp and raised enough money to pay the hospital bill. It was such a relief for her and the parents," Domtila tells the Voice.

She linked the girl up with Gynocare Women's and Fistula Hospital in Eldoret for free corrective surgery, which helped restore her dignity. Her road to full recovery is well on course.

Gynocare hospital patients get a comprehensive package, including pre- and post-care and reintegration services, depending on the assistance needed. They also offer education and economic empowerment with support from Fistula Foundation and Beyond Fistula from the United States.

At Gynocare, Mary was diagnosed with vesicovaginal fistula (VVF), an abnormal opening between the bladder and the vagina that results in continuous and unremitting urinary incontinence. VVF is among the most distressing complications of gynaecologic and obstetric procedures. She underwent VVF repair to treat the fistula.

Mary's fistula was a result of FGM. Some girls and women who have been mutilated have prolonged and obstructed labour, which, at times, lead to obstetric fistula. A vaginal obstetric fistula occurs when a hole (fistula) forms between either the vagina and rectum (rectovaginal fistulas-RVF), or the vagina and the bladder (VVF).

Among other complications, a woman with vaginal obstetric fistula may develop urinary and faecal incontinence, leading to severe physical, psychological and socio-cultural problems for her and her family and community. Fistula causes complications such as a foul smell, vaginal and/or rectal discharges, urinary tract infections, dyspareunia and uncontrollable flatulence.

In Kenya, about 3,000 women and girls develop fistula every year, while the backlog of those living with untreated fistula is estimated to be between 30,000 and 300,000. Mary, who has never stepped into a classroom, is now picking up the pieces from the life of shame that came with fistula. She is currently raising funds to enrol for a tailoring course at a technical college in Ortom.

Her husband now wants to come back into her life, but she has declined. "I do not want to get married again now. Maybe 10 years from now. If the family of my former husband wants to come for the [reverse] dowry, they can do as they wish," Mary says.

Elizabeth, who rescued her and has



been her guardian since, expresses concern about the community's outdated traditions, which continue to put thousands of girls at risk of FGM and child marriage. She faults some parents for abetting the practice, despite its negative effects. "It is sad that elders still view girls in the community as assets. Many of the girls, as a result, are subjected to the cut and child marriage," Elizabeth says.

She says she has always stood firm against the practice and did not allow her daughter to undergo FGM. "My stand paid off as my daughter is now a nurse and working in the government. She can now help me and the community at large."

West Pokot County Gender Officer Emmanuel Oigo blames ignorance and culture for making many people believe that FGM is fashionable. He says the popular belief in the community that mutilated girls fetch more cows as bride price is a major driver of the outlawed practice.

"We are, however, doing a lot of sensitisation by partnering with state and non-state actors to arrest the situation. Our campaigns target schools, where we teach girls and boys the effects of FGM," Mr Oigo says.

They have been engaging elders to renounce FGM and declare support for its eradication. "We are also involving and incorporating boys and men in the campaign to fight the menace. They are the beneficiaries and their support would go a long way towards ending the vice."

Mr Oigo cites difficult terrain, cross-border FGM and lack of political goodwill as some of the major obstacles to the crackdown. On the progress made, he singles out the Alale Declaration by Kenya and Ugandan elders, who pledged support for the promotion of the rights of girls and the war on FGM. West Pokot is one of the 22 hotspot counties. Its FGM prevalence stands at 74 per cent, about three times the national average of 21 per cent.

*Name changed to protect the teenage girl's identity.

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