

The Intersection of Economy and Tradition: Understanding FGM Prevalence in Samburu County, Kenya

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Abstract

The practice of female genital mutilation, or FGM, is still firmly ingrained in society and has a significant impact on local economies. FGM is not just a cultural or traditional ritual in places where it is common, like some parts of Kenya; it also reflects underlying economic circumstances. FGM is frequently seen by low-income households as a means of improving their financial situation. This is due to the fact that FGM is frequently associated in these societies with females being more marriable and, consequently, with possible financial advantages like bride price. Because of this, families are more inclined to continue this practice in the hopes of stability or financial gain, particularly those in lower income categories. This economic aspect complicates matters further and shows that attempts to end FGM cannot be limited to modifying cultural attitudes. This research explores the influence of household economy on the prevalence of Female Genital Mutilation (FGM) in Samburu County, Kenya, addressing a significant gap in understanding the economic underpinnings of this practice. While numerous studies have investigated the cultural, religious, and social aspects of FGM, few have delved into how economic factors, particularly household income, influence its prevalence. This study offers a unique perspective on the motivations behind FGM, highlighting the complex interplay between income and cultural practices. The findings reveal that poverty and perceived economic benefits of FGM significantly contribute to its prevalence in Samburu County. Most respondents indicated that poorer households are more likely to endorse FGM, suggesting that economic strains may drive communities to cling to or enhance traditional practices seen as economically advantageous. The study recommends implementing initiatives that integrate economic empowerment programs to alleviate poverty and create income opportunities, particularly for women. These should be complemented by culturally sensitive education campaigns and support services for at-risk women and girls. This comprehensive approach is essential for effectively tackling the persistent issue of FGM in regions with similar socio-economic dynamics.

Key Words: *Household Income, Female Genital Mutilation (FGM), Samburu County, Poverty, FGM Prevalence.*

Introduction

It has been defined as FGM by WHO since 1996 when external female genitalia are removed or harmed. There are four types of FGM, divided based on tissue taken and severity of treatment. Additionally, women and girls are not psychologically or medically benefited by FGM (WHO, 1996). In 2014, FGM prevalence dropped from 38% in 1998 to 21%, as stated by Sabetti et al., (2021). A health intervention program reduces the likelihood of FGM in women who have participated. Through education, encouraging alternative rites of passage, and providing medical attention, FGM has decreased significantly in prevalence. However, Ashford et al., (2020) reflect on their experiences of conducting research on FGM in the past five years. Despite gains, the practice remains unabated. Research on such a sensitive subject is also complicated, including confidentiality and participant safety issues.

Biglu et al. (2016) claim that FGM causes both physical and psychological harm to women and girls. A validated questionnaire was used to evaluate sexual function. Biglu et al. (2016) found that FGM survivors evaluated their sexual function lower than non-survivors. Women who had more severe forms of female genital mutilation scored worse on the measures of desire, arousal, lubrication, orgasm, satisfaction, and pain.

Over time, and to a large extent, FGM has a negative influence on women's sexual health and welfare. It has been found that 45.7% of female genital mutilation cases (FGM) occur in Ethiopia's Kersa district. (Yirga et al, 2012) found that FGM is prevalent in these districts. In the survey, Type III (infibulation) FGM was most prevalent, involving complete clitoris and labia minora removal. The survey also showed that midwives and traditional circumcisers were the main practitioners of FGM. FGM victims suffered from uti, dysmenorrhea, sexual dysfunction, and prenatal complications. Furthermore, FGM survivors reported substantially lower sexual pleasure levels than those without the experience.

Similarly, Fahmy et al. (2010) found that orgasm induction is challenging for women who undergo female genital mutilation (FGM) and that their inclination for sexual engagement declines. FGM survivors also displayed a lack of knowledge about sexual and reproductive health since they were under social pressure to conform to gender stereotypes. The report urges action to address

FGM's detrimental consequences on Egypt's sexual and reproductive health. Through these treatments, women must be empowered and educated about sexual and reproductive health. Furthermore, traditional attitudes and low levels of education were found to be important predictors of female genital mutilation (FGM) by Pashaei et al. (2012). The study discovered that FGM victims had higher postpartum problems, such as prolonged labor and perineum tears.

Cetorelli et al., (2020) investigates FGM-related policies and trends in Mauritania and Mali. FGM has declined over time, however it is still common in unregulated parts of Mauritania and Mali. Policies are hard to enact and enforce in remote places where FGM is still a common practice. Education and awareness campaigns, as well as addressing underlying socioeconomic issues and providing alternatives to rites of passage, are crucial in Mali and Mauritania. In order to investigate the relationships between FGM and a variety of socioeconomic and demographic characteristics, including education, wealth index, religion, place of residence, age, and marital status (Ahinkorah et al, 2020) used descriptive and logistic regression analyses. In rural areas, households with lower incomes, and households without education, FGM rates were higher. FGM prevalence was also significantly influenced by religion among Muslim women than Christian women in the study.

According to Setegn et al. (2016), there is a significant geographical variance that contributes to the higher incidence of FGM in the eastern and northeastern regions of the country. Traditional beliefs, poverty, low educational attainment, and living in a rural area were all found to be significant predictors of female genital mutilation. Setegn et al. (2016) stress the need for targeted interventions in high-risk areas to reduce the prevalence of FGM. The prevalence of FGM may decline as a result of increasing girls' access to education and employment opportunities as well as enlisting traditional and religious leaders in FGM prevention, according to a number of studies.

Similar to this, (Kandala et al, 2019) demonstrates significant geographical variation in Kenya, with the Northeastern and Coastal regions showing the highest prevalence and the Western region showing the lowest. According to Kenyan tradition, FGM is connected with age, education, religion, and ethnicity. The number of FGMs among rural girls is also higher than in urban areas. Refaei et al. (2016) found that the FGM of girls resulted in lower household income, lower household income levels, and a higher incidence of poverty. Moreover, FGM survivors experienced more difficult childbirths and overall increases in pregnancies and deliveries. Compared to women who had not had the procedure, FGM survivors reported lower levels of sexual pleasure and desire. FGM has a detrimental impact on women's reproductive and financial well-being. FGM not only has long-term negative health repercussions on women, but also short-term ones.

Male views regarding FGM in The Gambia were examined in a study by (Kaplan et al, 2013). The study found that many men in The Gambia believed FGM was a requirement for maintaining virginity and marital faithfulness, unconcerned about its health consequences. The survey also revealed that men were crucial to the practice's survival, with many of them pressuring their spouses and daughters to get FGM. Kaplan et al., (2013) emphasizes the necessity of interventions that involve men in campaigns to stop FGM. According to the study, treatments that emphasize raising awareness of the harmful health effects of the practice and include men in conversations about how FGM upholds conventional gender roles may be beneficial in encouraging the practice's cessation.

El-Dirani et al, (2022) concluded that cultural norms and traditions, income levels, social pressure from family and community members, religious views, and gender-based power dynamics were the most frequent factors linked to FGM. Besides poor education and poverty, FGM restricts access to health care resources. The study emphasizes the significance of taking these factors into account in treatments and laws intended to lessen the occurrence of FGM. Ashford et al., (2020) advocates for the promotion of a more culturally sensitive and respectful approach to research, they also emphasize community involvement. It is interesting that according to Kaplan et al., (2013) sizable percentage of fathers declared their intent to subject their daughters to FGM, however the majority claimed to have had little say in the matter and very few to have made the final choice on their own. The few males who knew about FGM were eager to help girls and women avoid the harm. Research findings should be translated into effective policies and programs for girls and women by collaborating between researchers, policymakers, and practitioners (Ashford et al., (2020).

Efforts to eradicate FGM are not in vain as seen in the case in Tanzania. In order to assess a national program intended to eradicate FGM in Tanzania, (Galukande et al, 2015) conducted an observational study that looked at trends in the procedure's prevalence, understanding of the technique, and attitudes of the populace about it. Tanzania's FGM prevalence dropped significantly between 1996 and 2010. All socioeconomic classes and all regions of Tanzania experienced this decline, according to the data. FGM is now known about by 75% more women than in 1996. Both men and women dramatically reduced their chance of supporting FGM, with a pronounced decline in support among women (Galukunde et al, 2015; Kaplan et al., (2013). In this study, national initiatives are emphasized in addressing FGM, and ongoing campaigns will likely result in further declines in its incidence as public awareness increases.

Literature Review

(Ahmed et al, 2022) investigates the impact of women's economic index and prior circumcision on their attitudes about ending FGM in Ethiopia. A study found that circumcised women supported continued FGM more than those who were not circumcised. Further, wealthy women supported ending FGM more than poor women. In contrast, a study (Ouedraogo and Koissy-Kpein, 2012) found that households were the ones who made FGM decisions in Burkina Faso, where the marriage market had a significant impact. The authors contend that FGM is still practiced despite economic and social incentives. Because of a better dowry, FGM will increase daughters' chances of finding husbands.

The relationship between FGM and socioeconomic factors in Iran is investigated by (Refaei et al., 2016). In rural areas, low-income homes, and homes where the mother is uneducated, most FGMs occur. The status of FGM and household income were significantly correlated. The lowest income quintile had more girls who had FGM than higher income households. The educational levels and illiteracy rates of FGM survivors were also lower. The availability of healthcare services and the amount of control over household decisions were also lower for women with FGM.

In Jimma zone, southwest Ethiopia, (Mariam et al, 2009) investigated the frequency of FGM among teenagers. The results showed that 62.8% of the participants were in favor of FGM continuing. FGM support also correlated strongly with household income, with teenagers from lower-income families supporting it more often. The study emphasizes the part that home income plays in maintaining FGM among teenagers in Jimma Zone, Southwest Ethiopia. Low-income adolescents favor FGM continuation more than their higher-income counterparts. The study emphasizes the significance of addressing the economic variables that sustain FGM as well as the requirement for focused interventions to alter teenagers' attitudes and beliefs about FGM, especially those from low-income homes.

The systematic review conducted by (Almeer et al, 2021) examined studies that investigated the prevalence and characteristics of FGM in Saudi Arabia. Low socioeconomic and remote families are most likely to undergo FGM. Virginity preservation, controlling sexuality, and promoting marriageability are all considered vital socioeconomic factors in Saudi Arabia as a result of FGM. Furthermore, according to Almeer et al. (2021), FGM tends to occur in Saudi Arabia largely among low-income and educated families. Almeer et al. (2021) suggested that targeted interventions that address the underlying socioeconomic factors and beliefs that support the practice are essential for effective prevention and eradication of FGM/C in Saudi Arabia.

According to Morgan & Choak (2022), (2022) and Seidu et al. (2022), women from higher-income households were more likely to have skilled birth attendance. Financial constraints associated with low income may hinder women's ability to access skilled birth attendance services, including transportation costs, health insurance, and the cost of care itself. Moreover, they posited that women from high-income households may be better educated about FGM dangers and therefore seek skilled birth attendants more frequently. Women with low incomes have less access to information about the risks of FGM and the benefits of skilled birth attendance, according to Seidu et al. (2022).

According to (Yount et al, 2020), mothers' educational level and home ownership are indicators of community economic standing and are linked to a lower risk of daughters in Egypt undergoing female genital mutilation/cutting (FGM). (Yount et al, 2020) conducted an investigation and discovered that daughters from the wealthiest families were less likely to receive FGM. Although, they also point out that FGM is also prevalent in some underdeveloped rural and rich neighborhoods in Egypt. (Yount et al, 2020), also discovered that in some areas, having a higher percentage of female council members was linked to a decreased risk of FGM among daughters. This shows that women's political leadership and representation can be crucial in changing perceptions of FGM and promoting its cessation.

However, an interesting finding is presented by (Naomi et al, 2020) who examine the trend of medicalization in female genital Mutilation (FGM) in Egypt and how it relates to a girl's risk of being cut. (Naomi et al, 2020) highlights that medicalization is becoming an increasingly common trend in the practice of FGM, particularly in Egypt, and is creating new challenges in addressing and preventing the practice. (Naomi et al, 2020) note that medicalization may create a false sense of safety for girls and their families since the procedure is being performed by trained medical professionals. FGM may increase in areas of medicalization because of this. Researchers suggest FGM is complexly related to household income, despite the practice seeming more prevalent with low-income households. Among Egyptian girls, for example (Naomi et al, 2020), girls from wealthy families have the highest risk of being cut than those from poorer ones. FGM performed on girls from wealthy families is considered safer, hygienic, and more affordable when medicalized.

Johnson-Agbakwu et al. (2014), found that the men's household income was significantly associated with their attitudes towards FGM and obstetrical interventions. Men earning more, compared with men earning less, support obstetric interventions more frequently. Johnson-Agbakwu et al. (2014) suggest that the association between household income and attitudes towards FGC and obstetrical interventions may be related to the role that economic factors play in shaping cultural practices. As noted by Johnson-

Agbakwu et al. (2014), FGM has often been viewed as a mark of social status and families may feel pressured to keep up appearances.

In a study by Nchangwa (2018) that investigated the factors leading to the persistence of FGM among the Kuria Community, economic aspects such as bride wealth and inherent economic opportunities were found to contribute to the ongoing practice in Kenya. The research indicated that people perform FGM on their daughters to raise their bride price value. Consequently, the belief that circumcised girls command a higher bride price is partially responsible for the continuation of FGM in some Kenyan communities, such as the Kuria.

Methods

The study's theoretical foundation is based on the Economic Dependency Theory, which was advanced by Samir Amin (1970), Theotonio Dos Santos (1970), and Fernando Henrique Cardoso (1969). The lens of economic dependency theory allowed researchers to investigate how social practices and behaviors, especially those related to female genital mutilation (FGM) in Samburu County, Kenya, are influenced by economic structures and dependencies. According to this theory, certain social norms and practices can be created and sustained by economic conditions and dependencies, frequently acting as a mechanism to uphold or improve these conditions. Economic Dependency Theory is used in this study to investigate the premise that the occurrence of FGM is mostly influenced by economic factors, particularly poverty and the subsequent reliance on conventional economic benefits. Understanding FGM in this context as a reaction to economic pressures rather than solely a cultural or traditional practice helps explain why the practice continues to be practiced in spite of widespread disapproval and documented health consequences. This dependence may result from the practice's real or perceived financial advantages, such as improved marriage opportunities and bride prices for girls who have undergone female genital mutilation. These financial advantages may be especially appealing in areas with high rates of poverty and few opportunities for economic growth. According to the hypothesis, FGM is both a result and a perpetuator of economic situations because of these interdependencies. It directs the investigation of the wider economic framework that determines these incentives in addition to the specific financial incentives associated with FGM. In an effort to end the practice, this framework emphasizes the necessity of addressing the economic causes of FGM. It suggests that interventions should go beyond cultural and educational approaches and incorporate measures that lessen economic dependency and offer alternate pathways for economic empowerment.

This study focuses on Samburu County, which is located in the Kenyan region. It is one of the 47 counties with a total area of around 21,000 kilometers that were created by the 2010 constitution. This county is well-known for its heritage and is primarily rural. The Samburu people are the dominant community in Samburu County. They are Maa speaking people. Because of its rough terrain, this dry region can have extremely harsh temperatures and little flora. Pastoralism and nomadic herding, with the use of cattle, goats, and camels, are the main economic and sociocultural activities of the locals. Samburu County's economy also benefits from tourism because of the county's abundant wildlife and gorgeous scenery, which includes the well-known Samburu National Reserve. Nevertheless, the county still has to deal with socioeconomic issues like high rates of poverty, restricted access to healthcare and educational resources, and inadequate infrastructure. The problems that households in the county face are largely caused by these issues. Samburu County is renowned for upholding traditions and customs in a cultural sense. FGM, is a deeply embedded practice in the culture. It is frequently linked to girls' chances of getting married and coming-of-age customs. FGM is still widely practiced in the area despite international efforts to eradicate it because of cultural norms and economic factors. Because of this, Samburu County is a crucial place to look at the connection between the prevalence of FGM and economic conditions.

In this study, the sample size for the survey, based on simple random sampling, was determined using Fisher's formula to establish the number of water users to be included which yielded a sample size of 385. Stratified sampling was used as the sample technique in this analysis. The researcher selected samples from the sub-county according to the number of strata relative to the population; Samburu North, Samburu East and Samburu West. The three sub-counties were distinguished in this investigation, making the proportionate stratified random sampling approach appropriate. Stratified random sampling guaranteed a high level of representativeness and lowers the possibility of sampling errors. Stratified random sampling provided a basic picture of how social-economic factors affect women's participation in FGM in the three sub-counties examined. Following the appropriate grouping of the population, respondents were selected at random using simple random sampling. The sample was attained from women over the age of 18 years. More so a total of 16 other respondents to include religious leaders, government administrators, education sector leaders and non-governmental organizations representatives were purposively sampled.

For data collection the researcher used questionnaire and key informant interview allowing for collection of both qualitative and quantitative data on the variable's household income and prevalence of FGM. Descriptive design was used to present the variables as they were without manipulation. To ensure validity in the research tools for the study the researcher had the tools reviewed by the supervisor and experts in NGOs on whether the questions captured the study as purported. In addition, an acceptable Cronbach's Alpha co-efficient of 0.740 was attained on the reliability of the research tools. Quantitative data was analyzed using descriptive

statistics involving mean and standard deviation and standard deviation. To analyze qualitative data, themes were identified manually and used to support quantitative data which was presented in tables.

Results

The purpose of the study was to analyze the influence of household economy on the prevalence of FGM in Samburu County, Kenya.

Table 1: Poor households encourage women to undergo FGM

	N	Minimum	Maximum	Mean	Std. Deviation
How do you agree or disagree with the following statement? Poor households encourage women to undergo FGM.	351	1	5	4.45	.690
Valid N (listwise)	350				

Source, Researcher (2023)

With a mean (average) response of 4.45, with a standard deviation of 0.690, respondents generally agreed or strongly agreed with the statement "Poor households encourage women to undergo FGM". FGM is more prevalent among women from poorer households, as most respondents perceive poverty as related to its prevalence. The standard deviation of 0.690, while showing some level of variability in the responses, indicates that a majority of responses are quite close to the mean. Accordingly, despite some differences in viewpoints, FGM persists because of poverty. In general, respondents perceive a significant relationship between poverty and FGM prevalence, specifically socioeconomic status. This aligns with the study's third objective to determine the influence of household economy on the prevalence of FGM in Samburu County, Kenya. Refaei et al. (2016) and Mariam et al. (2009) found that FGM is more common in low-income households. Similarly, Almeer et al. (2021) reported higher incidence of FGM among families with low socioeconomic status. FGM is associated with poverty and low household income, as these data support this body of literature. The findings also resonate with the work of Ouedraogo and Koissy-Kpein (2012) and Nchangwa (2018), who discuss the economic incentives that underpin the decision to undergo FGM, such as increased marriageability and financial gains in the form of higher bride prices. The mean response in the data indicate that community members in Samburu County perceive a similar dynamic, where economic necessity may be driving the continuation of this harmful practice.

Table 2: Women in my community undergo FGM because of economic value

	N	Minimum	Maximum	Mean	Std. Deviation
How do you agree or disagree with the following statement? Women in my community undergo FGM because of economic value.	351	1	5	4.36	.773
Valid N (listwise)	350				

Source, Researcher (2023)

As for the statement "Women in my community undergo FGM for economic reasons," respondents generally agreed with the statement, with a mean value of 4.36 and a standard deviation of 0.773. Accordingly, the majority of respondents believe that economic value contributes significantly to FGM's prevalence. The standard deviation of 0.773 shows some variability in responses but is relatively low, suggesting that most responses are close to the mean. FGM is generally associated with economic considerations, according to respondents. The findings suggest that respondents perceive an economic aspect to the practice of FGM in their community. FGM is associated with some form of economic value, they generally agree. This economic value may be tied to various socio-cultural practices and beliefs. For example, FGM may be viewed as enhancing a woman's marriage prospects, with marriage often associated with economic benefits, such as bride price. FGM could also be linked to social acceptance and status, which indirectly might have economic implications. Ouedraogo and Koissy-Kpein (2012) and Nchangwa (2018) discuss how FGM

is often tied to increased marriageability and higher bride prices, which are economic incentives for families. The findings indicate that similar perceptions exist in Samburu County, Kenya, reinforcing the argument that economic considerations are a significant factor in the decision to continue the practice of FGM.

Table 3: Wealthy men only marry women who have undergone FGM

	N	Minimum	Maximum	Mean	Std. Deviation
How do you agree or disagree with the following statement? Wealthy men only marry women who have undergone FGM.	351	1	5	2.67	1.339
Valid N (listwise)	350				

Source, Researcher (2023)

The statement "Wealthy men only marry women who have undergone FGM" yielded a mean (average) response of 2.67, with a standard deviation of 1.339. A mean value of 2.67 is slightly below the midpoint of 3 ("neutral") on the scale, suggesting that respondents, on average, lean towards disagreement with the statement, albeit not strongly. This implies that most respondents do not necessarily associate the marriage preferences of wealthy men exclusively with women who have undergone FGM. The standard deviation of 1.339, however, is relatively high, indicating a significant dispersion in the responses. The statement was agreed upon by some respondents while disagreed upon by others. The findings suggest a varied set of beliefs among respondents regarding the relationship between wealth, marriage, and FGM. While the average response leans towards disagreement with the idea that wealthy men exclusively marry women who have undergone FGM, the variability in responses suggests that this belief may still be prevalent among a significant subset of your respondents. Ahmed et al. (2022) suggested that women from wealthier homes were more likely to support ending FGM. This could align with the observation that wealthy men do not exclusively marry women who have undergone the procedure. This finding adds complexity to the understanding of how socioeconomic factors influence the perpetuation or rejection of FGM, suggesting that wealth does not straightforwardly correlate with the practice. Divergent opinions suggest that intervention cannot be tailored to meet every need. Educational programs, for example, may need to address this particular belief specifically to clear misconceptions or validate changing attitudes toward the practice.

Table 4: Women who do have not under gone FGM are not entitled to any family resources

	N	Minimum	Maximum	Mean	Std. Deviation
How do you agree or disagree with the following statement? Women who do have not under gone FGM are not entitled to any family resources.	350	1	5	2.99	1.339
Valid N (listwise)	350				

Source, Researcher (2023)

The statement "Women who have not undergone FGM are not entitled to any family resources" yielded a mean (average) response of 2.99, with a standard deviation of 1.339. A mean value of 2.99 is close to the midpoint of 3 ("neutral") on the scale, suggesting that respondents, on average, neither strongly agree nor disagree with the statement. This implies that there is no clear consensus among respondents regarding the impact of FGM status on a woman's entitlement to family resources. The standard deviation of 1.339 is relatively high, indicating a significant dispersion in the responses. There is considerable diversity among respondents regarding family resources entitlements for women, with some agreeing and others disagreeing. The findings indicate a lack of consensus among respondents regarding the relationship between FGM and a woman's entitlement to family resources. This mixed perception could reflect differing cultural beliefs, personal experiences, and social realities within the community. Some respondents may observe or believe that women who have not undergone FGM are disadvantaged in terms of access to family resources, reflecting potential socio-economic repercussions of resistance to FGM. However, others do not perceive such a link, suggesting that the entitlement to family resources may not be universally tied to FGM status in their community. Refaei et al. (2016) and Nchangwa (2018) point to the role of socio-economic factors in FGM decisions but do not make a direct link to women's entitlement

to family resources. The study findings signify an emerging area of inquiry, given the lack of existing research that directly connects FGM status to entitlement to family resources.

Table 5: Women who refuse FGM are poorly remunerated

	N	Minimum	Maximum	Mean	Std. Deviation
How do you agree or disagree with the following statement? Women who refuse FGM are poorly remunerated	351	1	5	2.92	1.234
Valid N (listwise)	350				

Source, Researcher (2023)

The statement "Women who refuse FGM are poorly remunerated" yielded a mean (average) response of 2.92, with a standard deviation of 1.234. A mean value of 2.92 is slightly below the midpoint of 3 ("neutral") on the scale, suggesting that respondents, on average, lean towards disagreement with the statement, albeit not strongly. This implies that respondents do not necessarily perceive a strong link between refusing FGM and poor remuneration. The standard deviation of 1.234, however, is relatively high, indicating a fair amount of dispersion in the responses. According to this result, respondents hold varying views about the statement; some agree, others disagree. The findings indicate mixed beliefs among respondents regarding the relationship between refusing FGM and remuneration. While the average response leans slightly towards disagreement, the substantial variability in responses suggests that a notable portion of the respondents may still believe in the negative economic consequences for women who refuse Ouedraogo and Koissy-Kpein's (2012) and Nchangwa's (2018) work suggest that FGM is sometimes considered an economic necessity due to its impact on marriageability and dowry. However, our findings lean toward the idea that refusing FGM does not necessarily lead to poor remuneration, perhaps challenging the traditional viewpoint that FGM enhances a woman's economic prospects through marriage. Refaei et al. (2016), Mariam et al. (2009), and Almeer et al. (2021), found that FGM was more prevalent among lower-income households. These findings may imply that for the respondents in our study, poor remuneration isn't necessarily tied to refusing FGM but may be linked to a host of other socioeconomic factors. Interestingly, Naomi et al. (2020) pointed out that girls from affluent families are more likely to be cut due to the trend of medicalization. This complicates the simple narrative that FGM is merely a function of poverty or lack of resources, as the findings indicate.

Conclusion and Recommendation

Based on the findings for the study, which aimed to determine the influence of household economy on the prevalence of Female Genital Mutilation (FGM) in Samburu County, Kenya, several conclusions can be made. Firstly, it's clear that economic factors, particularly poverty, play a significant role in the prevalence of FGM. Respondents generally agreed that poor households are more likely to encourage FGM. This implies that economic hardship might lead to practices that maintain or enhance the social and economic value of traditions such as FGM. Secondly, the economic benefit attached to FGM in the community is also a significant contributing factor. The perception that FGM carries an economic value could serve as an incentive for its persistence, indicating the need to address these underlying economic motivations in efforts to eradicate the practice.

However, the relationship between economic status and FGM is complex and multi-faceted. Views among respondents varied regarding the relationship between wealth, marriage, and FGM, and the impact of FGM on a woman's entitlement to family resources and remuneration. This suggests that a wide range of economic and social considerations factor into decisions around FGM, highlighting the need for comprehensive, multifactorial solutions. The data suggests that while economic factors do significantly influence the prevalence of FGM in Samburu County, they are part of a broader, more complex picture. Understanding this complexity is crucial in formulating effective strategies to reduce the prevalence of FGM in this region. Therefore, interventions aiming to eradicate FGM must not only focus on increasing awareness about its harmful effects but also aim to address the economic incentives and pressures that contribute to its persistence.

Given the results of the study about the influence of household economy on the prevalence of Female Genital Mutilation (FGM) in Samburu County, Kenya, a holistic approach to intervention techniques is advised. Initiatives should incorporate economic empowerment programs targeted at reducing poverty in these communities, given the substantial role that poverty and financial incentives play in the continuation of FGM. This could entail creating chances for women in particular to generate money, training in financial literacy, and skill development. Comprehensive education efforts that challenge the social and economic norms around FGM, draw attention to its negative effects, and support alternative rites of passage are also required. Community leaders should be included in these initiatives and they should be attentive to cultural differences, since their support can be crucial in transforming

ingrained behaviors and attitudes. It's also critical to offer women and girls who are at danger support resources, such as access to counseling, legal aid, and health care. Samburu County and comparable contexts need to adopt a holistic approach that combines economic empowerment with education and support services in order to effectively reduce the occurrence of FGM.

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