ROLE OF EDUCATIONAL MANAGERS IN PROMOTING GIRL-CHILD EDUCATION IN LIGHT OF FEMALE GENITAL MUTILATION IN KURIA EAST SUB-COUNTY, MIGORI COUNTY, KENYA

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A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT FOR THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF EDUCATION IN THE DEPARTMENT OF EDUCATIONAL MANAGEMENT, POLICY AND CURRICULUM STUDIES IN THE SCHOOL OF EDUCATION OF KENYATTA UNIVERSITY

JULY, 2015
DECLARATION

This research project is my original work and has not been submitted to another Institution for any other programme.

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DEDICATION

This research project is dedicated to almighty God for giving me the strength, knowledge and wisdom to accomplish it, secondly to my dear parents Peter Gasaya and Susan Waisahi, brothers and sisters for their word of encouragement, since I was young, and for their psychological and moral support. Their vision and drive encouraged me greatly to carry on with the research process even when there were unexpected obstacles.
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I am greatly indebted to my supervisors Prof. J. O. Olembo and Dr. Martin Ogola for their commendable academic nurturing, without their encouragement, support and diligent in supervising this research project would not have seen the light of the day.

I am also indebted to all other members of staff in the department of Educational Management, Policy and Curriculum Studies for their fruitful suggestions and valuable contributions towards this work. I am grateful to the chairman of the Department Dr. Ndiritu John for his support. To my lecturers under whom I took various courses Prof. J. A. Orodho, Dr. Magoma, Dr. S. N. Waweru, Dr. G. A. Onyango, Dr. Itegi, and Sr. Itolondo thank you for laying a foundation that has led to the success of this work. I thank all my colleagues’ particularly Educational Administration class for their encouragement and support.

Similarly, I am highly indebted to Sr. Rosemary Mogesi Peter and Josephine Robi Mwita for their guidance and support. I also wish to acknowledge with gratitude Kenyatta University. While I owe the Almighty God a great deal for all His guidance, I should state that for any errors in my work I remain solely responsible.
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<tr>
<td>ARP</td>
<td>Alternative Rite of passage.</td>
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<td>BOM</td>
<td>Board of Management.</td>
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<td>CRC</td>
<td>Convection and Right of the child.</td>
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<td>DHS</td>
<td>Demographic Health Surveys.</td>
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<td>FGM</td>
<td>Female Genital Mutilation.</td>
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<td>FPAK</td>
<td>Family Planning Association of Kenya.</td>
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<td>IAC</td>
<td>Inter Africa Committee.</td>
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<td>IEC</td>
<td>Information Education Communication.</td>
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<td>MICS</td>
<td>Multiple Indicator cluster surveys.</td>
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<td>MOE</td>
<td>Ministry of Education.</td>
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<td>NAEP</td>
<td>National Assessment of Educational Progress.</td>
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<td>NACOSTI</td>
<td>National Commission Science Technology and Innovation</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization.</td>
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<tr>
<td>PATH</td>
<td>Program for Appropriate Technology in Health.</td>
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<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences.</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational Scientific and Cultural Organization.</td>
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<td>UNICEF</td>
<td>United Nation International children’s Education Fund.</td>
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<td>UNO</td>
<td>United Nations Organization.</td>
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<td>WPAK</td>
<td>World Planning Association of Kenya.</td>
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ABSTRACT

The main purpose of this study was to identify the effect of educational managers in promoting girl-child education in light of female genital mutilation in Kuria East Sub-county, Migori County. Despite the efforts by NGOs, Education managers, churches and other stake holders in eradicating this practice, Kuria community still persists with FGM thus causing increased deaths, health complications and poor performance in schools in the sub-county affecting the girl-child. The study endeavored to determine and establish the effects of educational officer in promoting girl-child education; investigated the effects of FGM on the girl-child and established suitable strategies employed by the Kuria community to eradicate FGM in Kuria East Sub-county of Migori County. This was because most of the girls dropped out of school immediately after undergone FGM exercise, due to; early marriage, early pregnancy and forced marriage. This was contributed by the fact that girls and parents who were not informed, assumed that those girls were mature enough to be mothers after the FGM exercise. The researcher used questionnaires and interview schedules to collect data. With a target population of 230, simple random sampling was used to select respondents in these groups namely: Health workers, teachers, girls, members of Maendeleo ya Wanawake Organization and government leaders totaling to 115 respondents. Data was obtained and analyzed by use of Statistical Package for Social Sciences (SPSS) computer package to determine the challenges faced by girl-child education in relation FGM. Both qualitative and quantitative data analysis was used to analyze data collected. Responses from questionnaire and interview schedules were organized according to pertinent aspects of the study. The findings were presented through descriptive statistics by use of frequencies, tables, graphs and pie-charts. The data collected revealed that the education office alone could not adequately provide the required information on FGM sensitization in the community due to the deep rooted culture. The study further established that there were other groups that could be used to enlighten the community deeply on the effects of FGM. They included religious organization, council of elders and parents through the Baraza. However, apart from the education office the other groups were not well involved due to lack of sensitization of the community on the effects of FGM on girl child education; this is due to lack of good will from leaders, ignorance and lack of time to venture within the community as revealed from the analyzed data. In the light of these findings, the following recommendations are made: there is need for community to improve girl-child performance and completion education level by ensuring that girls do not drop out of school, and the governments to fully enforce the FGM law and ensure families that perpetrate the practice are punished. Also the government leaders through local administrators should be in the forefront to sensitize the community on the law that forbid FGM in the children’s Act.
CHAPTER ONE

1.0 Introduction

This chapter of the research study provides the background to the study, statement of the problem, the purpose of the study, the objectives of the study, research questions, research assumptions, the limitations and delimitations of the study, significance of the study, theoretical framework, the conceptual framework and operational definition of terms.

1.1 Background to the Study

Kenya has put considerable efforts on education in promoting economic and social development after achieving independence in 1963 (Sifuna, 1998). This resulted in the rapid expansion of the education system to provide qualified persons for the growing economy and to undertake some reforms to reflect the aspirations of an independent state (Court & Ghai, 1974). As education plays a critical role in socio-economic development of any country, it also improves human capabilities as not all the human capabilities are by birth. Education accelerates economic growth through the knowledge and skills development. It makes the individuals confident, aware and active. Therefore, everyone has a right to education and this; it should be made equally accessible to all on the basis of capacity by every appropriate means.

Female Genital Mutilation/Cutting (FGM/C) affects between 100 and 140 million women and girls worldwide. About 3 million girls undergo the procedure every year. FGM /C pose considerable health risks and are associated with severe immediate and long-term complications (Sami, 2009). A study by Banks (2010) demonstrated that women with FGM/C are significantly more likely to have adverse
obstetric outcomes. The recognition of FGM/C as a violation of human rights has led to increased efforts to end the practice. Exploration of the motives for the practice and participation of the stakeholders from the beginning have been considered essential for successful program (Mohamud, 2007).

Feminist scholars like Olayinka & Saadawi (2009) have criticized Female Genital Mutilation/Cutting (FGM/C) and their point of concern centers along the health hazards associated with the practice such as severe pain, shock, stress, infection, bleeding, acute urinary infection, deaths, difficulties with urination and menstruation, pelvic infection leading to infertility, prolonged and obstructed labor during birth. But Mohamud (2007) points out that the reasons for the practice and the underlying beliefs are multi-faceted and vary from community to community throughout history. Some of the reasons are as psychosexual, sociological, hygiene and aesthetic, myths and religious.

Toubia (2005) observes that out of 50 countries in Africa, 54% practice female circumcision. Countries with the prevalence of less than 50% include Uganda, Democratic Republic of Congo, Tanzania, Senegal, Niger, Cameroon, Mauritania and Ghana. Countries with prevalence of 50% include Kenya, Togo, Guinea Bissau, Central African Republic and Benin. The countries with prevalence between 51% and 70% in ascending order include Chad, Coted’voire, Liberia and Burkina Faso. Countries with the highest prevalence of between 71% and 98% in ascending order include Egypt, Gambia, Mali, Sudan, Sierra Leone, Ethiopia, Eritrea and Djibouti.

Mwaniki (2006) points out that the findings by Maendeleo ya Wanawake and Programme for Appropriate Technology in Health (PATH) Kenya show that there are about 30 tribes in Kenya that practice female circumcision. The age of initiates
and rituals differ from one county to another. The Kenya Democratic Health Survey (2008) also shows that female circumcision among the Luhya and Luo tribes is rare while it’s common among the coastal tribes of Mijikenda and Swahili tribes. According to Mokaya (2008) Female Genital Mutilation/Cutting (FGM/C) practice among the Abagusii community is a culture that has resisted change since the entry of colonial masters and Christian missionaries in Kisii highlands in the early 1907.

The Abagusii communities circumcise girls aged between 6-12 years while for the Maasai the age goes up to 16 years. This goes against the rights and welfare in protecting the child against harmful cultural and traditional practices (Liku & Chege, 2007).

Amongst the Kuria community in Kenya, the practice of FGM/C is widespread. In Kuria community, it was estimated that 97% of women have undergone FGM/C (KDHS, 2008). This has affected the girl-child education and performance in the whole sub-county due to high rate of dropout, early pregnancy and absentees in class.

1.2 Statement of the Problem

Non-governmental Organizations and churches have been particularly advocating the abolishment of FGM in the country. Despite of all these efforts, little has been achieved since the practice was culturally associated. This was because those people who refused to undergo the rite were considered outcasts in the community. The traditional methods that were being used during circumcision were not hygienic hence leading to a series of complications among the girls and even death. Most of the girls dropped out of school immediately after undergone FGM exercise, this was
due to; early marriage, early pregnancy and forced marriage. Those were contributed by the fact that the girls and parents, who were not informed, assumed that those girls were mature enough to be mothers after undergoing the exercise of FGM. Those girls who come back to school after FGM exercise in most cases did not concentrate well on education. They usually performed poorly in school.

1.2.1 Purpose of the Study

The study sought to investigate and analyze the effects of the educational managers in promoting girl-child education in light of female genital mutilation with view to improve girl-child education in Kuria East Sub-county, Migori County.

1.3 Objectives of the Study

The study focused on the following objectives:-

i. To establish the role of education office in promoting girl-child education in light of FGM in Kuria East Sub-county, Migori County.

ii. To identify the role of BOM in promoting girl-child education in light of FGM in Kuria East Sub-county, Migori County.

iii. To investigate the effect of FGM on girl-child education in Kuria East Sub-county, Migori County.

iv. To establish suitable strategies for promoting girl-child education in Kuria East Sub-county, Migori County.

v. To propose strategies to be employed by the Kuria community to eradicate FGM in Kuria East Sub-county, Migori County.
1.4  Research Questions

The study focused on the following questions:-

i. What is the role of the education office in promoting girl-child education in light of FGM in Kuria East Sub-county, Migori County?

ii. What is the role of BOM in promoting girl-child education in light of FGM Kuria East Sub-county, Migori County?

iii. What is the effect of FGM on girl-child in education in Kuria East Sub-county, Migori County?

iv. What strategies can be used to promote girl-child education in Kuria East Sub-county, Migori County?

v. What strategies can be employed by the Kuria community to eradicate FGM in Kuria East Sub-county, Migori County?

1.5  Significance of the Study

This study was significant for the following reasons:

i. The study would create awareness of FGM campaigns and advocate for an alternative rite of passage for young girls to adulthood.

ii. It sought to broaden the understanding as to why FGM was persistent among the Kuria community. This would be important to the government agents to take measures in trying to solve the crisis associated with FGM.

iii. The findings of this study would be used as the basis for providing knowledge and further literature on the role of educational managers in promoting girl-child education in light of FGM that would be required by present and future scholars.

iv. The provision of suggestions for community based organization, policy implementers would assist in the eradication of FGM in Kenya.
v. The study provided an acute idea that called for strong rallying voices to focus efforts on the ways to eradicate FGM. There would be concerns including the agents of change such as the church, community based organizations, NGO’s, policy makers in government, to speak out with one voice against these practice.

vi. The study called for all well-wishers to support the church campaigns and views for other alternatives that prepared the girl-child psychologically for womanhood.

vii. The study would re-open a discussion on a matter that was widely spoken of but, whose details are a little known. It magnified the dangers and evils associated with the FGM, its importance would go beyond the boundaries of the Kuria community in Kenya to wherever the practice existed in our global village to not only condemn but eradicate it.

1.6 Assumptions of the Study

The study assumed that:

i. Kuria community would hold campaigns with the intention of educating the people of Kuria on FGM.

ii. The target area does indeed still practice FGM.

iii. The selected sample would represent the total population.

iv. The target population would be willing and honest in their response.

v. That people would accept the findings of the research and opt for other alternatives.
1.7 **Scope of the Study**

1. The study was limited to Kuria East Sub-county Migori County where FGM is deeply rooted among the Kuria Community. This provided an opportunity for an in-depth study to be conducted.

2. The study only concentrated on the aspect of Female Genital Mutilation as it affected girl-child education.

3. The study was confined itself to teachers, girls, health workers, government leaders and Maendeleo ya Wanawake group.

1.7.1 **Limitations of the Study**

1. Due to resource constraints and since the study was conducted within a limited period of time; it was difficult for all people to participate in the study. Few groups of people from Kuria community were involved and they might not have given the required information for the study.

2. It was not possible to cover the opinions of all parents and other stakeholders in the selected areas because it required considerable time, resources and other logistics which were beyond the researcher.

3. The study largely relied on girls who were victims and potential candidates of FGM. Therefore lack of co-operation by some collaborating groups such Maendeleo ya Wanawake and institutions especially those predominantly men was a disadvantage.

4. Suspicion was highly anticipated especially by the perpetrators of FGM in the community. Since the study was limited to only one Sub-county, for more conclusive result this was not possible due to time limit and other logistical constraints such as accessibility of some groups like circumcisers.
5. Finance was a limiting factor since the researcher needed money for research instrument, moving from one institution to another and related education office to collect data.

1.7.2 Delimitation

The study sought to make the research manageable by limiting the area of the study to Kuria East Sub-county. The study was confined to female respondents to a large extent. It also dwelled on the representation of Government workers, young girls, Teachers, Maendeleo ya Wanawake and Health workers. Finally there were many factor related to FGM that affect the girl-child education, but this study only focused on the effects of educational manager in promoting girl-child education in light of FGM in Kuria East Sub-county in Migori County.

1.8 Theoretical Framework

A theory is a “general statement that summarizes and organizes knowledge by proposing a general relationship between events” (Robson, 1993). The events could have taken place or not. In a more elaborate definition, Kerlinge (1979) stated that “theory was a set of inter-related concepts, definition and proposition that presented a systematic view of phenomena by specifying relations among variables with the purpose of explaining and predicting phenomena”

This study emphasized that the demand for healthcare is a derived demand for health and fundamental human right. Health-Care is demanded as a means for consumers to achieve a larger stoke of “health capital”.

Most of females who undergo FGM are made very weak health-wise. The demand for health is unlike most other goods because individuals allocate resources in order
to both consume and produce health. The World Health Report (2008) states that people take four fundamental roles in health care namely contributors, citizens (stewardship), providers (Support Groups) and consumers in this case females. Michael Grossman’s 2007 Model of Health production has been extremely influential in this field of study and has several unique elements that make it notable. Grossman’s Model views each individual as both a producer and a consumer of health. Health is treated as a stock which degrades over time in the absence of “investments” in health, so that health is viewed as a sort of capital. This health is destabilized when females are subjected to force FGM. The model acknowledges that health care is both a consumption good that yields direct consumption and utility, and an investment good, which yields satisfaction to consumers indirectly, fewer sick days, higher wages. Investment in health is costly as consumers must trade-off time and resources devoted to health, such as exercising at a local gym, against other goals. These factors are used to determine the optimal level of health that an individual will determine. In this model the optimal level of investment in health occurs where the marginal cost of health capital is equal to the marginal benefit. In this case FGM to females brings in unnecessary suffering and unwarranted expenses in most cases. The researcher fully supports this model and equates most of the concepts and the arguments used to be relevant to this study. All the stakeholders against FGM have the duty of sustaining life through investments in various resources meant to refurbish the girl child.
1.9 Conceptual Framework

The theory as conceptualized by the research was as shown in figure 1.1 the purpose of this study was to determine how educational managers helps in promoting girl-child education. The study focused on effects of FGM on girl-child education, strategies to be used to promote girl-child education and strategies employed by the community to eradicate FGM which in this case are done by the lobby groups. It also focused on how FGM affect girl-child education in school which is the dependent variable of the study. In returns the complications associated with FGM practices, which are independent variable in the study.

Figure 1.1: Conceptual Frameworks on Effects of FGM

Intervening variable

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<tr>
<td>-Education</td>
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<td>-Save lives</td>
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Independent variable

- Discarding FGM leads to Positive Aspects of life
  - Preserve life
  - No complications incurred
  - Not vulnerable to diseases
  - Preserve health
  - No risk taking
  - No expenses incurred

- Practicing FGM leads to Negative Aspects of life
  - Loss of life
  - Complication incurred
  - Vulnerable to disease
  - Health deterioration
  - Incurs risk taking
  - Incurs expenses

Dependent variable

Effects of Female Genital Mutilation

1.10 Operational of Definition of Terms

Chastity : The state of not having sex with any one or only having sex with the person.

Fistula : An opening between two organs of the body that is caused by an injury.

Genitals : Outer sexual organs married to.

Mutilation : To damage somebody’s body very severely by cutting or tearing off the part of it.

Perpetrators : A person who commits a crime.

Rites of Passage: An event that marks an important stage of somebody’s life.

Septic : Wounds or parts of the body infected with harmful bacteria.
CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction

This chapter gives review of literature on the challenges facing FGM practices and effects to girl-child education. The chapter is divided into the following headings:-

i. Concept of Female Genital Mutilation

ii. Global Human Rights Perspectives

iii. Situational Analysis of FGM in Kenya

2.1 Concept of Female Genital Mutilation

According to World Health Organization (WHO) Female Genital Mutilation/Cutting has been defined as all procedures that involve partial or total removal of the female external genitalia and/or injury to the female genital organs for cultural or any other non-therapeutic reasons (WHO, 2010). This is further classified as follows:-

- Type I - Excision of the prepuce with or without excision of part or all of the clitoris;
- Type II - Excision of the prepuce and clitoris together with partial or total excision of the labia minora;
- Type III - Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulations)
- Type IV includes any other procedures that fall under the definition of FGM/C.

However, it is not always possible to distinguish clearly between the different types, and other classifications do exist. Poldermans (2008) points out that the terminology of FGM/C is still under debate, and an international consensus has not been reached.
WHO, United Nations and Non-governmental Organizations mostly use the term Female Genital Mutilation (FGM), to point at the mutilating nature of the procedure and violation of human rights. Darkanoo (2008) agrees that this term was also adopted at the third conference of the Inter African Committee on Traditional Practices Affecting the Health of Women and Children (IAC) in Addis Ababa in 1991. It is also most widely used in a scientific context. However, the term “FGM” could be offensive for those who practice FGM/C and do not intend to harm or mutilate. In their views Toubia and Izett (2009) emphasizes that many women who are circumcised do not consider themselves mutilated. Other terms commonly used include Female Genital Cutting (FGC) and Female Circumcision. Some argue that, strictly speaking, the term “circumcision” refers to the removal of the prepuce of the clitoris, and this is difficult to achieve in young females. It also equals FGM/C with male circumcision. Some United Nations organizations have started using “Female Genital Mutilation/Cutting” in order to capture the significance of the term mutilation at the policy level and, at the same time, in recognition of employing non-judgmental terminology with practicing communities (UNICEF, 2005). In this study, the term FGM/C will be mostly applied but other terminology may appear in the quotations.

a) Origin Aspects of FGM/C

Brandy (2006) observes that practices of FGM/C have been found throughout history in many cultures, but there is no definitive evidence documenting when or why this ritual began. The origin is thought to predate the rise of Christianity and Islam. Egyptian mummies have been described displaying characteristics of FGM/FGC, and it is thought that FGM/C may have been a sign of distinction amongst the ruling class. Herodotus, the Greek historian who traveled around the
Mediterranean in the 5th century B.C., reported that the Phoenicians, the Hittites, and the Ethiopians practiced circumcision (Taba, 2009). A Greek papyrus from 163 B.C., exhibited in the British Museum in London, refers to the circumcision of a girl in Memphis in Egypt. It seems that circumcision was practiced both by early Romans and by Arabs (Klein, 2009). Strabo, a Greek geographer, described circumcised women along the East Coast of the Red Sea at about 25 B.C. (Hosken, 2006). Infibulations has been practiced along the Nile on slave girls, as observed by travelers during the 18th century (Widstrand, 2009). It seems that FGM/C was spread by dominant tribes and civilizations, often as a result of tribal, ethnic, and cultural allegiances (Carr, 2008). FGM/C in the form of clitoridectomy was also practiced in Europe and America in the 19th century as a cure for mental/nervous disease (Sheehan, 2008).

b) Global aspects of FGM/C

In their research Toubia & Izzet (2009) approximate that every ten seconds a girl, somewhere in the world is pinned down, her undergarments are pulled off, her legs pried open, and an elderly woman with no medical training gets out a knife, a razor, a pair of scissors or a shard and slices off some or all of the girl’s genitals. No anesthetic is used and the ‘operation’ is carried out in unsanitary condition using unsterilized ‘tools of trade’.

Worldwide between 100 and 140 million women and girls suffer from the consequences of Female Genital Mutilation/Cutting (WHO, 2006). It is estimated that about 3 million girls are cut each year (UNICEF/PATH, 2008). Estimates of prevalence are mostly based on data provided by Demographic and Health Surveys.
(DHS) and Multiple Indicator Cluster Surveys (MICS), however they are not available for all countries.

According to PATH (2004) FGM/C is practiced in 28 countries in Africa Figure 2.1 Predominantly in those countries that extend from Senegal in the West to Somalia in the East. However, considerable variations may exist within these countries. Outside the African continent, FGM/C has been reported in communities in Yemen, Jordan, Oman, the occupied Palestine Territories, in some Kurdish communities in Iraq, in India, Indonesia, Malaysia (UNICEF, 2005) and in Central and South America. It is also practiced in migrant communities throughout the world (WHO, 2009).

**Figure 2.1: Countries Practicing FGM/C in Africa**

Reasons for FGM

The reasons for the practice and the underlying beliefs are multi-faceted and vary from community to community and throughout history. Reasons for FGM/C will be described under the headings as suggested by UNO (1993).

(i) **Psychosexual Reasons**

In many societies, it is believed that uncircumcised women will not be able to control their sexuality, and that a girl who is not excised will run wild and disgrace her family (Hosken, 2006). Therefore, reduction or elimination of the sensitive tissue will reduce sexual desire in the female. This is supported by Toubia (2005) that a woman without sexual desire will not seek sexual relations outside marriage, and FGM/C will therefore ensure faithfulness. He adds that circumcision, and especially infibulations, is also seen as proof of chastity and virginity before marriage and will increase a daughter’s marriage prospect. This is also believed to increase men’s sexual appetite.

(ii) **Sociological Reasons**

Custom and tradition are commonly given as reasons for FGM/C. It provides identification with the cultural heritage, and it defines who belongs to the group. Toubia (2005) suggests that the fear of losing the psychological, moral, and material benefits of ‘belonging’ is one of the greatest motivators of conformity. Therefore, it may serve social integration and ensure the maintenance of social cohesion (WHO, 2006). For some groups, FGM/C is considered as a rite of passage into womanhood. For example, in some societies in West Africa, the clitoris is considered a male part, while the prepuce of the penis is viewed as female, and both have to be removed to before a person can be accepted as an adult in his/her sex (Hosken, 2006).
(iii) **Hygiene and Aesthetic Reasons**

Ali (2003) points out that hygiene and cleanliness are common reasons for FGM/C. In Arabic, the terms used for the procedure are synonymous with those for cleanliness or purification. Uncircumcised women are regarded as unclean and sometimes not allowed to handle food and water. There is a commonly held view that female external genitalia are ugly (Dareer, 2006).

(iv) **Myths**

Many myths are associated with FGM/C and a common belief in Ethiopia and Nigeria is that the clitoris may grow to such a size and length that it may dangle between women’s legs (Hosken, 2006). Conversely Klein (2009) argues that FGM/C is believed to improve fertility and to facilitate childbirth. In some communities, it is thought that the clitoris may damage the penis, or that a baby may die when it comes in contact with the clitoris.

(v) **Religious Reasons**

According to Saleh (2008) FGM/C is practiced across religions including Christians, Jews, Animists, and Muslims. Within Muslim communities, religion is a commonly cited reason for FGM/C. Female circumcision is not mentioned in the Koran. However, a much-disputed reference to it may exist in the Sunna, which is a collection of the words and actions of the Prophet Mohammed. His quote that do not cut deep for this is enjoyable to the woman and preferable to the man has stirred up opinions and served as an argument both for and against FGM/C.

**a) Medical Aspects of FGM**

FGM/C is associated with a vast number of health complications. In their systematic review of the complications of FGM/C, Schmidt (2007) included 422

But Darkanoo (2008) observed that short-term complications reported include severe pain, bleeding, damage to adjacent tissues, and urinary retention due to the changes of the anatomical structure. Lack of hygiene during the procedure may result in wound infections, including tetanus (Hosken, 2006) and it has been postulated that FGM/C may increase the transmission of HIV (Monjok, 2007). Long-term adverse effects include abscesses, inclusion cysts, keloid scars, painful menstruation, vaginal and pelvic infections, complications in pregnancy and childbirth, and a wide range of psychological and psychosomatic disorders. FGM/C may have an impact on a woman’s sexuality resulting in painful and difficult intercourse and loss of enjoyment and satisfaction (Dareer, 2006).

A study by WHO (2006) including 28,393 women, demonstrated that women with FGM/C are significantly more likely than those without FGM/C to have adverse obstetric outcomes such as caesarean section, postpartum haemorrhage, episiotomy, extended maternal hospital stay, resuscitation of the infant, and inpatient prenatal death. Banks (2006) points out that the risk of adverse outcomes increases with more extensive FGM/C.
2.2 Global Human Rights Perspective

In his research Yoder (2009) points out that the practice of FGM/C contravenes fundamental human rights, including the right to non-discrimination, to integrity of the person and to the highest attainable standard of physical and mental health. A number of international declarations related to international human right laws have condemned FGM/C, or provide a basis to support elimination, e.g. The Universal Declaration of Human Rights, The International Convention on the Elimination of All Forms of Discrimination against Women, or The Convention of the Rights of the Child. These have been complemented by regional treaties such as the African Charter on Human and People's Rights, the so-called Banjul Charter (Kluvitse, 2005).

It has been debated whether human rights can be applied universally, or whether they are culturally relative. A certain behavior or culture that seems without sense to one person may have a meaning for those who practice it. Some argue that people have the right to their own culture. The right of people to develop and enjoy their own culture has also been stated in a number of human rights document. However, it has been acknowledged that these have limitations, and that any cultural practices should not infringe upon other human rights (Rahman & Toubia, 2007).

a) Abolition Programs

According to Thompson(2006) many international and national organizations and agencies, both governmental and non - governmental, have set up programs to stop or reduce the prevalence of FGM/C. Approaches include IEC (Information, Education, Communication) campaigns that aim at changing attitudes by raising awareness about negative health consequences. Some programs include teaching about human rights. Others have focused on training and alternative income for
excises, on the introduction of alternative rituals, or on improving anti-FGM/C legislation.

WHO (2008) commissioned a review of FGM/C programs in the Mediterranean and Eastern Regions. The researchers evaluated hundreds of programs according to defined criteria based on effective behavior change interventions. One of their recommendations, amongst others, was that Anti-FGM program implementers must include all stakeholders in the design, implementation, and evaluation of programs (Mohamud & Aziz, 2009). UNICEF found that one of the main characteristics of effective programs was that they were participatory and guide communities to define the problems and solutions for themselves (UNICEF, 2005). GTZ (Deutsche Gesellschaft fuer Technische Zusammenarbeit) who has longstanding experience with FGM/C programs recommends that approaches that look at the context and motives behind the practice in collaboration with the target population, and which also deal with local myths and rumors have proven to be more effective (UNO, 2006). In another GTZ publication, Beckmann (2007) points out that the socio-cultural factors contributing to the continuation of FGM/C may differ from one setting to another. She recommends that any research that was aimed at developing an intervention should use a mixed approach including qualitative methods to gain cultural insight.

In her research Mayer (2005) observes that well-meaning Westerners and Africans alike have tirelessly worked for decades to end this practice. In 2003, the International Day of Zero Tolerance to Female Genital Mutilation that is observed every February 6th was officially declared in Africa by the Nigerian First Lady, Stella Obasanjo during a conference organized by the Inter-African Committee on
Traditional Practices Affecting the Health of Women and Children. Florence Gachanja, the National Programme Officer UNFPA, is quoted to have said that, FGM is a violation of the rights of girls and women and that it prevents them from participating in education and development. She further says that, on this day it is important for people to understand that they need to abandon the practice, there needs to be dialogue in communities to influence others to stop FGM as a practice that disconnects a woman from her body (Chege, 2007).

**b) International Conventions Charters and Action Platforms on FGM**

In 1948 UN member states agreed on the Bill of Rights to ensure that all human being enjoy a happy and healthy life free from discrimination and violence regardless of color, religion, race, gender, and age (Thompson, 2006).

In 1976, many governments adopted the international convention on civic and Political Rights. The same member states agreed in 1981 to follow the rights outlined in the African Charter on the Human and People’s Rights. The Resolutions of the conventions to eliminate all forms of Discrimination Against women came into effect in 1981. This was followed by the Convention on the Rights of the Child (CRC) in 1989. Due to FGM results in potential loss of the sexual functions of women, it violates women’s sexual, physical and mental health. When performing on infants and children under 18 years old. It can be violation of the Rights guaranteed for the child (UNO, 2007). The Universal Declaration of Human Rights, the Convention on the Right of the Child and the African Charter of Human and People’s Rights have included the following:-

a) The right to set free from all forms of mental and physical violence and mistreatment.
b) The right to be free from torture or cruel, inhuman, degrading treatment.

c) The requirement to abolish traditional practices dangerous to the child’s health among many others.

Rushwan (2005) says that in 1994, FGM was strongly condemned during International Conference on Population Development in Cairo, Egypt. In this conference member states, government were engaged to support every possible effort made by NGO’s, religious institutions and community organization towards eliminating the practice. In the same year (WHO) asked the member states to establish national policies and programs that will effectively abolish FGM and other harmful traditional practice affecting women and children health (WHO, 2009). Information knit on FGM was produced by UNICEF/PATH (2008). The knit provided a definition of FGM, outlined the consequences of FGM and concluded by giving the way forward for eradication of FGM that included awareness, lobbying, promotions, influence, monitoring and training.

Toubia (2005) points out that in the fourth world conference of women in 1995 held in Beijing, China stressed the importance of education especially to parents in order to understand the side effects of FGM. During the conference FGM was condemned as a gross violation of women’s rights and human dignity. The UN member states signatory to the convention once again committed themselves to take all effective and appropriate measures to abolish traditions that are dangerous to women and children (UNO, 2007).
2.3 Situational Analysis of FGM in Kenya

FGM is practiced in over 50% of the total Districts in Kenya. As a whole 38% of the women aged between 16-49 years have been circumcised (Liku & Chege). There are striking differences across the ethnic groups in Kenya. Circumcision among the women aged between 15 and 19 years is nearly 97% among the Abagusii and the practice is common among the Maasai 89%, Kalenjin 62%, Taita 59% and Meru 54%. To the lesser extent it’s practiced among the Kikuyu 43%, Kamba 33%, Mijikenda/Swahili 12% and Luo/Luhya 3% (GoK, 2001). However, in the 2008/2009 Kenya Demographic and Health Survey reported a national drop in the FGM prevalence to 27% from 32% in 2003 and 38% in 1998. (Mwaniki 2006)

Table 2.1: Circumcision among the Women aged 15—19 in Kenya

<table>
<thead>
<tr>
<th>Ethnic Communities</th>
<th>Circumcision among the women aged 15-19 in Kenya</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abagusii</td>
<td>120</td>
</tr>
<tr>
<td>Maasai</td>
<td>80</td>
</tr>
<tr>
<td>Kalenjin</td>
<td>60</td>
</tr>
<tr>
<td>Taita</td>
<td>40</td>
</tr>
<tr>
<td>Meru</td>
<td>20</td>
</tr>
<tr>
<td>Kikuyu</td>
<td>10</td>
</tr>
<tr>
<td>Kamba</td>
<td>5</td>
</tr>
<tr>
<td>Mijikenda/Swahili</td>
<td>2</td>
</tr>
<tr>
<td>Luo/Luhya</td>
<td>1</td>
</tr>
</tbody>
</table>

Source: (GoK, 2001)
a) **Trends in FGM Eradication Efforts in Kenya**

In Kenya like many other African countries, FGM is forbidden by law as from 2003 the children’s Act No. 8 of 2001. The Act states that nobody should subject a child to female circumcision, early marriage or other cultural rites or traditional practices that are likely to affect the child’s life (Gok, 2001). Kenya also is a signatory to the *Conventions Universal Declaration of Human Rights, United Nations Internal Bill of Right* (1948), *Convention on Eliminating all Form of Discrimination against Women* (1981), African Charter on Human and People’s Rights (1981) and all these fight for human rights.

Bonareri (2007) observes that most FGM eradication activities in Kenya have, to date, been fronted by NGO’s. Program for Appropriate Technology in Health (PATH), *Maendeleo Ya Wanawake Organization* (MYWO), *Federation of Women Lawyers Kenya Chapter* (FIDA), Northern AID, *Family Planning Association of Kenya* (FPAK). *World Planning Association of Kenya* (WPAK) and the *World Vision* (WV) among other. These efforts have taken place without clear national policy on FGM, until 2003 and these have led to constraint on FGM elimination efforts.

b) **Policy and Legislation**

According to Mwaniki (2006) efforts towards the elimination of FGM in Kenya date back to early 1913, when the Christian Missionaries and the British Colonial Government condemned the practice as immoral. Besides it being painful, it was unhygienic conducted and it also exposed the genitals. The Missionaries declared it an unnatural custom, purposeless, senseless and a highly dangerous custom that needed to be abolished. But Thion’o (2007) notes that in 1921, some mission
churches in Gatuumo, Kijabe and Kiambu in the Central province stopped their followers from carrying out the practice and this further forced the government to join forces in stopping it. The Gikuyu Central Association was formed in 1924 and took a firm stand to support the colonial government in condemning the practice. This resulted to some areas modifying the operation from infibulations, to clitoridectomy, but the Embu’s and Ameru still preferred the more severe clitoridectomy (Kenyatta, 1938).

Brandy (2006) argues that in 1945, there was a parliamentary inquiry about FGM and this acknowledged that FGM constituted a medical problem. It recommended and adopted a method of slow and careful education and enlightenment to avert a revolt by natives guarding their customs and organization. Between the years 1926-1956, the colonial government enacted various legislation, that sort to end the practice due to the severity of the cut, they defined the age of circumcision and endorsed parental consent before FC among other legislations. In 1956, the local native council passed a ban on all forms of FGM which was never respected nor implemented by the colonial government.

In 1958, the colonial government was asked to revoke all resolution related to FGM, to avoid opposition from the Africans; since FGM was a deeply rooted and respected practice in the affected communities (Chege, 2007).

Mwaniki (2007) says that in 1977, the Bishop of Mt. Kenya appealed to Christians to refrain from going back to the customs which were primitive. In Baringo District in 1982, the former president Daniel Arap Moi condemned it saying that he will punish the perpetrators of FGM severely. He also indicated that if he found someone
practicing FGM, or encouraging it, the person would be prosecuted. By September 1982, the Director of Medical services authorized all hospitals to stop FGM and that no health worker engaged in it.

UNO (2006) reported that in 1998, there was a national symposium at the UN headquarters Nairobi, and Kenya was asked to put more efforts to eradicate the practice. In 1999, the Sessional Paper No. 5 on “National Policy for sustainable Development under the article Gender Perspective” recognized the practice as a harmful cultural practice that girls and women faced. In the same year, National Plan Action for Elimination of FGM in Kenya was developed by the ministry of health with an overall goal of facilitating the eradication of the practice in order to improve the quality of life and the well-being of women and girls also families and the entire community here in Kenya.

In 2003, the Act was enacted to protect the girl child (GoK, 2001) Kenya’s campaign against the practice on the other front also included the adoption of various plans of action. FGM as violation of human rights against women and girls, the ratification of various conventions on the rights of women and children, these actions are consistent with the adoption of the International Conference on Population and Development in Cairo, Egypt (1994).

The programme of action referred FGM as the basic human rights violation and urged governments to prohibit and urgently stop the practice where it exists in Kenya and to adopt the recommendation of the fourth World Conference on Women held in Beijing China (1995).
According to Chege (2007), the \textit{Prohibition of Female Genital Mutilation Bill} of 2010; Cap.1609 it was introduced into the National Assembly. This was enacted in Parliament of Kenya and condemned the practices as an offence on any body found practicing FGM on another person. This particular Bill was a landmark legislation that delivered justice to thousands of Kenyan women and girls who are mutilated in the name of culture, religion and gender. It reflects inequality between sexes and discrimination against women. The Bill is likely to be a landslide victory for many crusaders of FGM/C and once enacted into law, it will provide a legal framework for punishing the perpetrators of this outdated and harmful practice (Daily Nation, 2010).

c) \textbf{Maendeleo Ya Wanawake Organization Efforts}

The organization has been carrying out research and communication of ways of eradicating the practice in the Kisii, Narok, Meru and Samburu Sub-county. Through this research they have produced useful literature, pamphlets and documentation on what FGM is to these communities and its implications.

The main target audience includes schools, community and it’s youths out of school to get the opinion of community leaders both women and men. Wilkista .K. Onsando, the former MYWO Chairperson, interviewing the Abagusii men about sexual life; they get more sexual satisfaction from the uncircumcised women preferable the Luhyia and Luo only to go back home to their wives to make babies (Olanyika, 2005).
d) Development of an Alternative Rite of Passage (ARP)

MYWO was the first one to introduce (ARP) in collaboration with program for Appropriate Technology in Health (PATH). This method is to do away with the genital cutting but maintains other essential parts/ components. The ARP ritual referred to as the structured programme activities with community. This had first to gain support carry out a public ritual involve those girls who are to be initiated to participate, train those girls by teaching them family life education and doing for them a public ceremony similar to that in traditional rites of passage. This is to stimulate the traditional ritual as closely as possible without actually circumcision the girls. ARP therefore has three interrelated components such as community sensitization, seclusion and training of the girls and a public ceremony or declaration for community recognition (MYWO/PATH, 1999). Toubia and Izett (2009) model states that, for any change to be in along running behavior, individuals, families and communities need to pass through several stages before there is a behavioral change: First exposure to new information about the behavior, for instance, the health risks, socio-psychological effects associated with the practice and violation of human rights can motivate individuals and families to begin to contemplate a behavior change. Although this may lead to an intentional behavior change there is normally a need to ensure that the decision can be fully supported so that the necessary actions can be fulfilled. Consequently, the behavior change strategy needs also prepare individuals prior to them being able to act on the decision (Mohamud, 2007). The first ARP was done in August 1996 at Tharaka District with 30 girls participating. Between 1995 and 1999 ARP had conducted in Gucha, Nyamira, Meru North, Narok and Samburu Sub-county. By December 1999 about 1600 girl from these districts had gone through the alternative rituals and by April 2001, 3000 girls had participated from these districts as initiators (MYWO/PATH, 1999).
CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presented the methodology that was employed while conducting the research. The chapter described the study research design, target population, sampling procedures, instruments used in data collection, piloting, validity and reliability of the instruments, data collection procedures, data analysis and ethical consideration.

3.1 Research Design

This study used a descriptive survey design. A descriptive survey attempted to describe characteristics of phenomena, opinions, views, subjects, preference, attitudes and perceptions of people of interest to the investigation (Borg & Gall, 1993). The study being a descriptive survey had been set out to describe and interpret various situations. According to Best & Kahn (1993), descriptive survey research design is concerned with conditions or relationships that exist; practices that prevail; beliefs, points of view, or attitudes that are held by people; processes that are going on; effects that are being felt; or trends that developed. It was concerned with what existed and was related to some preceding event that had influenced or affected a present condition or event. The study used both qualitative and quantitative paradigms in collecting and analysing data. Quantitative research design, as a scientific method of evaluation yields numbers, charts and tables from a given population. The qualitative design was used because it was naturalistic and thus allowed participants to express their feelings more freely to collecting and analysing data. The human phenomena that could not be investigated by direct
observation such as attitudes, views and other emotions were best studied using the qualitative method. Both qualitative and quantitative methods complement each other according to Mugenda & Mugenda (1999).

3.2 Locale of the Study

The study was carried out in Kuria East Sub-county, Migori County, Kenya. The neighboring Sub-counties are: Kuria West Sub-county to the West, Kilgoris Sub-county to the East, Mashangwe Sub-county to the North and Tanzania to the South. The region was chosen because it highly practiced FGM which inhibit girl-child education. The area was also chosen because of the familiarity of the researcher to the area. This allowed or created rapport with the respondents making data collection exercise easier.

3.3 Target Population

Mugenda and Mugenda (1999) define population as an entire group of individuals, events or objects having common observable characteristics. Borg and Gall (1989) define population as all the numbers of a real or hypothetical set of people, events or objects to which a researcher wishes to generalize the results of the study. Orodho (2004) defines target population as a large population from whom a sample population would be selected. Also Orodho (2009) define target population as the set of elements that the researcher focuses upon. The target population is a larger group to which one hopes to generalize or apply his finding, Fraenkel & Wallen (1993). Therefore a sample population is a representative case from the large population. Therefore the target population consisted of teachers, health workers, government leaders’ young girls and Maendeleo ya Wanawake organization all from Kuria East Sub-county. The girls’ representatives helped in getting insight of how
FGM affect girl-child education. To get in-depth understanding of how educational manager promoting girl-child education, the teachers and government leaders formed an important group of key informants. They represented two categories of respondents who are important in descriptive survey studies, the specialists and consumer or users of information.

In study, therefore, I choose to collect the information from these groups, because they were on the ground and they were the affected groups of FGM in one way or other. The sampling units were teacher from randomly selected schools which has Anti-FGM club in their schools, health workers were randomly selected from within the sub-county who usually participate in sensitizing the community on the effects of FGM, government leaders includes sub-county commissioner, chiefs and sub-chiefs who usually face challenges in fighting FGM. They are representative to represent informed specialists. The girls were randomly selected from schools with Anti-FGM club and Maendeleo ya Wanawake group representatives were also targeted to represent the user of information.

### 3.4 Sampling technique and sample size

#### 3.4.1 Sampling Technique

The sampling technique was to ensure fair representation of the study population since a proportion number of institutions were selected from the sub-county. Simple Random Sampling was used to sample Teachers, Girls, Health Workers, Maendeleo ya Wanawake and Government Leaders. The technique was used as it allowed only those who perceived to have the required information to be included in the study.
3.4.2 Sample size

Orodho (2009) states that any statements made about the sample should also be true of the population. Gay (1992) agrees, however that, the larger the sample the smaller the sampling error. According to Orodho (2009) sampling is a process of selecting a number of individual or objects from population such that the selected group contain element representative of the entire group. Gay (1992) further recommends that when the target population is small (less than 1000 members), a minimum sample of 20% is adequate for educational research. Therefore from 230 member of the target population, the proportionate and purposive sampling techniques were used to select 115 participants. This formed 46% of the target population, which is in tandem with the recommendation given by Gay (1992). Using proportionate sampling, there were 20 teachers, 60 girls, 12 health workers, 15 Maendeleo ya Wanawake, 8 government leaders’ representatives. The table 3.1 below shows the summary of the sampled size.

<table>
<thead>
<tr>
<th>S/N</th>
<th>Category</th>
<th>Target Population</th>
<th>Sampled size</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Teachers</td>
<td>50</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>2.</td>
<td>Girls</td>
<td>100</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>3.</td>
<td>Health workers</td>
<td>30</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>4.</td>
<td>Maendeleo ya Wanawake</td>
<td>30</td>
<td>15</td>
<td>50</td>
</tr>
<tr>
<td>5.</td>
<td>Government Leaders</td>
<td>20</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>230</td>
<td>115</td>
<td>46</td>
</tr>
</tbody>
</table>

Therefore the total number of respondents sampled was **115** respondents for this research study.
3.5 Research instruments

The study used a mixture of instruments. These included the following Research Instruments:-

3.5.1 Questionnaire

For the purpose of this study, data was collected using the questionnaire. The questionnaire was used to act as measurement. According to Mugenda and Mugenda (1991), questionnaires allow measurement for or against a particular viewpoint. This method was preferred because it is used to collect data from respondents who are literate, as observed by Borg and Gall (1996), it offers considerable advantages in administration: it present an even stimulus potentially to a large number of people simultaneously. Questionnaires give respondents freedom to express their views or opinion and also make suggestion. It also enabled a researcher to collect large amount of information in a reasonable quick space of time. This is because the only way of strengthening a research is through triangulation (Patton, 1990). The questionnaire were administered to Teachers, Girls, Health workers, Maendeleo ya Wanawake and Government workers.

3.5.2 Interview Schedule

According to Orodho (2004), an interview is an oral administration. This method entails following a rigid procedure and seeks answer to asset of pre-conceived questions through personal interview. In this research, interview questions were used in order to find out the challenges and problems related to female genital mutilation. This method was appropriate because respondents were encouraged to air out their personal and collective views on the subject. This helped the researcher to understand and get in depth information on the effect of FGM on girl-child
education. The interview schedule was administered to the following: Teachers, Girls, Government Leaders, Health workers and Maendeleo ya Wanawake.

3.6 Pilot Study

Before data collection, the researcher pre-tested all the research instruments. The researcher piloted the questionnaire with a small representative sample. This helped the researcher to find out if the selected questions were answering what they were supposed to measure.

The main purpose of a pilot survey was to familiarize the researcher with the current situation on the ground so as to identify the various respondents to be included in the sampling frame of the main study. All the observation and interview schedules and questionnaires, which were used in the main survey, were tested and rectified during this period. The piloting survey was carried in Kuria East Sub-county, Migori County.

3.7 Validity and Reliability of research instruments.

3.7.1 Validity

Validity is the degree to which a test measures what it is supposed to measure (Kombo, D.K & Tromp 2006). According to Orodho (2005), validity refers to the extent to which an instrument measures what it was supposed to measure. Mugenda and Mugenda (1999), say that validity is the degree to which results obtained from the analysis of data actually represent the phenomenon under study. It has to do with how accurately the data obtained in the study represents the variable of the study. Borg and Gall (1993) content validity of an instrument is improved through expert judgment. Therefore, for the purpose of this study the supervisors’ opinion was sought after, to determine the relevance of the content used in the questionnaires.
They examined the questionnaires, the interview schedules and provided a feedback to the researcher. Essentially validity in the above context was concerned with establishing whether the questionnaire content measured what they were supposed to measure (Orodho, 2009).

3.7.2 Reliability

The reliability of the study addressed the similarity of the results through repeated trials. Reliability is a measure of the degree to which a research instrument yields consistent results (Mugenda & Mugenda, 2003) in order to test the reliability of the instruments the researcher conducted the test-retest techniques. According to Orodho (2008) the following steps were followed to test reliability of the instruments and scored manually by the research for the consistency of the result.

i. Developed questionnaires were given to respondents.

ii. The completed questionnaires were analyzed manually.

iii. After a period of two weeks the same questionnaire were applied to the same respondents and analysis was done.

iv. The completed questionnaires were again scored manually.

v. A comparison between answers obtained in two and four above was made.

Then a correlation coefficient for the two tests was calculated using Pearson’s product-moment formula.

\[
R = \frac{N\sum{XY} - (\sum{X})(\sum{Y})}{\sqrt{[N\sum{X}^2 - (\sum{X})^2][N\sum{Y}^2 - (\sum{Y})^2]}}
\]

Where

\[
R = \text{Correlation co-efficient}
\]

\[
N = \text{Total number of scores}
\]
\[ \sum = \text{Summation of scores} \]
\[ X = \text{Scores in the first test} \]
\[ Y = \text{Scores in the second scores} \]

A correlation co-efficient (r) of about 0.75 was considered high enough to judge the reliability of the instrument as recommended by Orodho (2002).

Therefore, when it appeared that way, the researcher found that the respondents gave almost the same answers as were given in the initial administration of the instruments. The instruments were therefore considered reliable.

### 3.8 Data Collection Procedures

The researcher ensured that the research instruments were complete and readily available. The questionnaires, the interview schedules were error free, the number of the copies to be supplied were adequate. Other agents subscribed to supply the copies to the respondents were given well in advance. To be orderly, the researcher designed a schedule representing actual dates and time framework of each activity and event in this research study. The researcher sought permission from Department of Educational Management, Policy and Curriculum Studies, Graduate School in Kenyatta University, and the National Commission for Science Technology and Innovation (NACOSTI), prior to arrangements with all the stakeholders in FGM. The respondents were assured of confidentiality and given instructions on how to fill the questionnaires. Distribution of the research instruments was made by the researcher in advance through making appointment with the stakeholders in the selected institutions. The researcher provided instructions on how to fill the questions and thereafter administered them. Questionnaires were administered to
pupils in different selected schools, teachers, and education officers. Health workers, government leaders and Maendeleo ya Wanawake organization questionnaires were administered at their respective place of work in different days. The researcher thereafter collected all the filled up questionnaires from various respondents. The answered questionnaires were thereafter arranged in readiness for analysis.

3.9 Data Analysis

a) Qualitative data

The translated words of the recorded interviews were transcribed. Transcription was done at the so-called "intelligent verbatim" level which aimed at a word for word transcription but left out any fillers that were not considered relevant to the context. For the analysis of the interview transcripts, the framework approach was applied. Framework Analysis was originally developed by Richie & Spencer (1994) they further noted for applied policy research where the objectives of the investigation are predefined, and a specific outcome or recommendations are expected. However, as for other forms of qualitative analysis, this form of analysis also left room for emergent concepts therefore is both deductive and inductive.

In this study, after familiarization, a list of key themes and topics was drawn up from the transcripts. As they were based on objectives of the study, level of importance as were expressed by the respondents; or topics that were mentioned frequently. Based on these themes, an indexing system was developed and applied to each transcript, using Microsoft Computer software. For example, anything that was related to the practice of FGM was coded. The coded data was sorted into categories and, if applicable, into subcategories.
Key themes were arranged with reference to quotations from respondents. Finally, these entries were used to define concepts, mapped the range and nature of phenomena, created typologies and found associations between themes with a view to providing explanations for the findings (Pope, 2000).

The open-ended questions of the questionnaire were analyzed in the same way. In addition, the frequencies of statements related to certain topics were counted. The topics were then ranked accordingly. The ranking was used as an indicator for importance of the topic and for detection of gender-specific differences.

b) Quantitative data

The quantitative questionnaire data were analyzed using descriptive statistical methods such as percentages. Based on the findings of the descriptive analysis, further analysis were done. Given the outcome the researcher discussed the findings and conclusions were made. The data was analyzed using simple descriptive statistics such as percentages, means, modes, standard deviation and frequencies.

The researcher used the statistical analysis in data organization that was; she needed to interpret using descriptive statistics, frequencies, tables, graphs and charts in this study. Quantitative data were analyzed with the help of the Statistical Package of Social Science (SPSS). First, data collected using the questionnaires were coded, assigned labels to variable categories. Frequency tables, percentage, and pie charts were used to present the information, the variables were measured, number of variables that were analyzed, relationship between variables, the number of samples that were involved and the nature of data. Finally, the researcher gave suggestions and recommendations for further research based on the study findings.
3.10 Logistical and Ethical Consideration

a) Logistical Consideration

The research involved a lot of funds in terms of making trips to the selected centers in Kuria East sub-county, Migori County and also in terms of hiring research assistants, printing, typing binding, consultation, photocopying. In such circumstances it was advisable to tighten the budget in order to maximize the expenditure without distorting the whole exercise. Therefore, the researcher introduced wisely cost-saving measures to be precise. The factor of time was very crucial since the distances between the selected centers was great which consumed a lot of time to cover the whole Sub-county. It was advisable for the researcher to make prior arrangements for faster and efficient means of accessing the areas especially on the selected areas only.

b) Ethical Consideration

Since the researcher appeared to invade a person’s privacy, the researcher could not subject people to situations harmful or uncomfortable to respondents, unless people agreed to do it. The participation in research was voluntary and people had the right to refuse or divulge certain information about them. The informed consent involved two main factors. First, the consent of the subjects as what was disclosed to the researcher, secondly, assurances of confidential use of research data collected on individuals. The consent also helped the explanation that the purpose and nature of research had benefit the participants. The researcher asked permission to conduct the research from the National Commission Science Technology and innovation (NACOSTI) through the Principal Secretary.
The researcher avoided deception in case of limited finance or volatile situations which could lead to inadequate collection of data. The researcher avoided plagiarism at all cost, which was tantamount to stealing other people’s works, which erodes the integrity of the researcher and leads to serious professional repercussions. The researcher also avoided fraud, in terms of the researcher faking the data.
CHAPTER FOUR
DATA PRESENTATION ANALYSIS AND DISCUSSION

4.0 Introduction

This chapter was divided into two main sections. Section one presented demographic data for the subjects. The second section presented the results of the study which were organized along the research questions. As such, the research questions were first posed and then the data relating to the research questions presented.

4.1 Demographic Data

Respondents’ demographic data is presented in the following figures.

Table 4.1: Respondents Age

<table>
<thead>
<tr>
<th>Age vs Respondent</th>
<th>Teachers</th>
<th>Girls</th>
<th>Health workers</th>
<th>Maendeleo ya Wanawake</th>
<th>Government leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>1 -15 years</td>
<td>0</td>
<td>0</td>
<td>55</td>
<td>92</td>
<td>0</td>
</tr>
<tr>
<td>16 – 30 yrs</td>
<td>3</td>
<td>15</td>
<td>5</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>31 – 40 yrs</td>
<td>8</td>
<td>40</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>41 – 50 yrs</td>
<td>6</td>
<td>30</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>51 – 60 yrs</td>
<td>3</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>60 &amp; above</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20</td>
<td>100</td>
<td>60</td>
<td>100</td>
<td>12</td>
</tr>
</tbody>
</table>

Source: Teachers, Girls, Health workers, Maendeleo ya Wanawake and Government leaders
From table 4.1, majority of the girl’s respondents 55(92%) were between 1-15 years, health workers respondents 5(42%) who were between 31-40 years. Many teachers respondents 8(40%) were between 31-40 years while 5(33%) Maendeleo ya Wanawake and 5(62%) government leaders were between the ages of 31 – 50 years.

**Figure 4.1: Respondents Gender**

![Figure 4.1: Respondents Gender](image)

Source: Teachers, Girls, Health workers, Maendeleo ya Wanawake and Government leaders

With regards to respondents’ gender, girls and Maendeleo ya Wanawake respondents (100%) were female while health workers (67%) were male and (33%) were female and (62%) government leaders were male respondents and (38%) were female. Another (55%) teachers were female respondents and (45%) were male.
<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Teachers</th>
<th>Girls</th>
<th>Health Workers</th>
<th>Maendeleo ya Wanawake</th>
<th>Government Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>Single</td>
<td>2</td>
<td>10</td>
<td>60</td>
<td>100</td>
<td>3</td>
</tr>
<tr>
<td>Married</td>
<td>14</td>
<td>70</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Separated</td>
<td>4</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Others</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
<td>60</td>
<td>100</td>
<td>12</td>
</tr>
</tbody>
</table>

Source: Teachers, Girls, Health workers, Maendeleo ya Wanawake and Government leaders

From table 4.2, with regard to the respondents marital status, girls respondents 60(100%) were single. Maendeleo ya Wanawake 2(13%) were single, 11(74%) were married, while 2(13%) were separated. Teachers respondent’s 2(10%) were single 14(70%) were married and 4(20%) separated and 5(63%) government leaders were married, 2(25%) were single 1(12%) separated and 7(58%) health workers were married 3(25%) were single 2(17%) separated.
Table 4.3: Respondents Level of Education

<table>
<thead>
<tr>
<th>Respondents Level of Education</th>
<th>Teachers</th>
<th>Girls</th>
<th>Health Workers</th>
<th>Maendeleo ya Wanawake</th>
<th>Government Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Primary</td>
<td>0</td>
<td>60</td>
<td>100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Secondary</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>College</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>83</td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>60</strong></td>
<td><strong>100</strong></td>
<td><strong>12</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Teachers, Girls, Health workers, Maendeleo ya Wanawake and Government leaders

From Table 4.3, majority of the girls respondents 60(100%) were at the primary school level. 3(20%) Maendeleo ya Wanawake and 4(50%) government leaders were at the secondary level. 10(83%) health workers, 12(80%) Maendeleo ya Wanawake and 13(65%) teachers had college qualifications. Other teachers respondents 7(35%), 2(17%) health workers and 2(25%) government leaders had other academic qualifications which included degrees and Diplomas.

4.2 Analysis and Discussion of the Findings

Each research question was analyzed by summarizing the responses that relates to what it sought to answer. The summary is presented in form of figures, tables and texts.
4.3 Role of Education office in Promoting Girl-Child Education

How the education office assist girls who are affected by FGM

The education office with the help of world vision has been organizing seminars and workshops to address the issue of FGM and girl child education. This has enabled the whole community to be enlightened on the important educating girl-child. The office is always out looking for the FGM victims who have been abandoned by their parents, because they refused to go for circumcision. The office assists them to continue with their education. This is either through CDF or bursaries.

The education office is working in conjunction with children office to ensure that, no girl drops out of school due to FGM and early marriage. Those who are affected by FGM, Forced and early marriages are readmitted back to school to complete their education. With the help Children Department they usually get assistance from the Non-Governmental Organizations. Like World Vision and Action Aid. Who offer pay their school fees until they complete their secondary level.

The anti-FGM girls are sometimes are given opportunities by the education office to be the guest speakers during the seminars to educate others on the value of education. This encourages and indeed makes other girls to admire them and develop positive altitudes of being like them. This enables them to concentrate in education and not thinking of FGM.
Effects of FGM on enrollment of girls in school

Figure 4.2: Effects of Female Genital Mutilation on enrolment of girls in schools

From figure 4.2 above, majority of the teacher’s respondents 18(90%) agreed that FGM affected enrolment of girls in schools at any particular time in the school calendar while 2(10%) disagreed. The respondents gave the following reasons:

Just immediately after circumcision many girls drop-out from school and opt for marriage, this is contributed by the fact that they assume that they are mature enough to get married. Others opt for early marriage, this leads to low enrolment in many schools. This is because in some groups, FGM is considered as a rite of passage into womanhood (Hosken, 2006). Since circumcision exercise is usually performed during December holiday; most of them do not open the school come first term. Hence it leads to low enrolment in term one; eventually it effects the enrolment of girl-child in the whole year.
Many girls engage in pre-marital sex after circumcision which leads to early pregnancy that forces them out of school. As the result they drop out of school. The issue of early pregnancy also affects the enrolment of the girl-child in school. On the other hand some girls assume that they are adults and even think they are equal to teachers, even male teachers. They end up developing a behavior that cannot be accepted in school. This leads to indiscipline in school and they usually become rude to the teacher, due to their behavior they drop out of school. Teachers try to curb that indiscipline through guidance and counseling and also giving advice to their parents, on how to motivate them to remain in school and concentrate on studies.

**How often do educational managers address the issue of FGM on girl-child education?**

**Figure 4.3:** Educational Managers have time to address the issue of FGM
From figure 4.3 teachers’ respondents were asked their views as education managers on whether they have at any time addressed the issue of FGM on girl-child education. Majority 19(95%) indicated that they have while 1(5%) said they had not. They gave reasons for their responses as follows: Many teachers take their time to talk to the girls about FGM in order to retain them at school. Teachers try as much as possible to emphasize on the negative effects of FGM on girl-child on how it affects them academically. The low enrolment of girl-child in school and poor performance are contributed by FGM. Teachers as educational managers try to encourage girls to concentrate on their education, and how they can achieve good performance in order to excel in education.

In order to improve the performance of girl-child education in Kuria East Sub-county, Teachers as educational managers have given themselves a big role to play, so that they can assist the girl-child. They ensure that they highlight the side effects of FGM e.g. HIV infections and other complications associated with FGM. This enables the young girls to understand the problem they might encounter when they go for FGM.

In the whole Bible there is nowhere a girl was cut and therefore as a Christian and as an educational manager I think it’s against the Bible and it affects education in many ways. According to Saleh (2008) FGM is practiced across religions including Christians, Jews, Animists and Muslim. Yet it’s not mentioned in the Bible or Koran. Teachers are the model of change. They therefore advocate for girls to remain at school and concentrate on education. They also encourage the girls to continue with their education and to avoid the effects that come along with FGM especially health effects. Florence Gachanja, the National Programmes Officers UNFPA, is
quoted to have said that, FGM is a violation of the right of girls and women and that it prevent them from participating in education and development.

Teachers act as the role model to the community. They enlighten and sensitize the community on the side effects of FGM. That also explain how FGM affects girl-child education. That FGM should be done away with especially within the sub county. This is supported by a study which says that, it is important for people to understand that they need to abandon the practice, there is need to dialogue in communities to influence others to stop FGM as the a practice that affects girls (Chege, 2007).

All teachers’ respondents agreed that FGM affects girl-child education in one way or another. Reasons advanced by the respondents were: FGM leads to switched off minds in most of the girls or they do not concentrate in education at all and due to this many girls opt to drop-out of school immediately after the circumcision period. Those who are forced to come back to school, they find that they have lost the morale of concentrating in education and mostly they drag behind during the examinations. As a result most of them to get involved to other things rather than thinking of being in school. Teachers always ensure that they have programmes and activities that they use to motivate those girls so that they can remain in school and develop interest of being active in class.

Due to lack of concentration in school, if they happen to be in school their performance is always poor. Others develop rebellious behavior while in school. Teachers always play a big role in school to ensure that the behavior does not affect the girl through guidance and counseling programme in schools.
Does FGM leads to high rate of girls’ dropping-out of school?

Figure 4.4: Female Genital Mutilation lead to high rate of girls dropping-out of school

In figure 4.4 at least 19(95%) of the teachers respondents agreed that FGM led to high rate of girls dropping out of school while 1(5%) disagreed with this. This is because in Kuria community: Circumcision is always performed in December when the year end, therefore many girls after the circumcision they do not bother themselves to come back to school in January. This makes the enrollment of girls to be down because a bigger percentage is out of school. This is contributed by early marriage, early pregnancy that affect the whole of first term, due to continuous dropping out of school even mid of the term. Most of them get married off immediately after healing. FGM to some community is like license to marriage and adulthood. So there is high rate of girls dropping out of school between January and May.
When the circumcision is announced by elders during this time many girls drop from school so that they can go and prepare for the activities. This also affects the enrollment of girls in term three. Those who remain in school their performance in the examination is always very poor. This is because, some have already switched off their mind from school and others the numbers of days they are absent are many compared with the days they are in school. The practice has led to low transition rate of girls from primary to secondary school.

Who should the Anti-FGM campaign target?

Responses given on who should Anti FGM Campaign Target gave the following responses:

The Anti FGM campaign should target the Parents/guardians of the girl child girls who are mutilated. This will enable them to understand the importance of the alternative rites of passage. Both parents and the young girls need also to be sensitized on the side effects of FGM, and how it affects their performance in school. Parents need to be given this information so that they do not force their girls to go for circumcision. Toubia (2005) points out that in the fourth world conference of women in 1995 held in Beijing, the importance of education especially to parents in order to understand the side effects of FGM were emphasized.

The school girls in the primary schools who are below 18 years and have not undergone the rites are the targeted group because they need to be sensitized fully on the effects of FGM. They need to know their right in order to participate in education fully. According to UNESCO (1998) everyone has a right to education
and that it should be made accessible to all on the basis of capacity by every appropriate means.

Teachers and church leaders need to be trained on Anti-FGM program because they are always with girls at school; therefore they need to be equipped on the approach to use in order to assist the girl not to go for FGM. The church leaders are able to meet the parents in the church meetings, and share a lot pertaining FGM, especially the effects of FGM, and how it affects the girl-child education. The society and community at large should be the target group because they are among, those who insist that they cannot do away with their culture. The village elders need to be enlightened because they encourage the practice so much. There is need for the entire community to be sensitized on the side effect of FGM. The community leaders should be in the forefront in enlightening the community on how to eradicate FGM in the community. If leaders take the initiative to lead the fight against this practice, then it can be eradicated.

4.4 Roles of board of management in promoting girl-child education

All the girls’ respondents indicated that girls in the Kuria community were mainly circumcised at the age of between 10 and 16 years.
In figure 4.5 on the suitability of the alternative rites of passage, majority of the respondents 44(73%) were convinced that they should replace FGM while 16(27%) disagreed.

**Reasons for saying yes**

When girls go for the alternative rites of passage, they are being trained and given advice on the effects of FGM. This makes them to understand consequences related with FGM. They also realize that through FGM they go through a lot of pain yet it does not help them in any way. Therefore from the study many girls are ready for the alternative rites of passage. Those who accepted the alternative rites of passage, they said that when they go for the training they are being taught more on family life, how to protect oneself from STIs infections, and much more on how to excel in education. Therefore, those who opt to go for the alternative rites of passage gain a lot compared with those who go for FGM that eventually ruins one’s life.
Alternative rites of passage save a girl from health risk, socio-psychological effects associated with the practice and violation of human right. This is because some girls are not ready for circumcision but their parents because of the culture they force them unwillingly to be circumcised. Due to this some of the girls are affected psychologically, and this can affect them for the rest of their lives.

They also argued that through the alternative rites of passage, they will be able to continue with their education without any interference. What drives the cultural rite is stigma and rejection of uncircumcised women. That’s why girls who have been rescued from the rite are seriously inducted to develop strong self-esteem that can drive them to work harder in studies so as to become independent in their thoughts by achieving their career dreams, and stand higher in the superstitious community. Florence Gachanja, the National Programmes Officer UNFPA, is quoted to have said that, FGM is a violation of the rights of girls and women and that it prevents them from participating in education and development.

Those girls who are for the alternative rites of passage claimed that circumcision always leads to early marriage, it makes many girls to drop out from school, others are also forced out of school by their parents so that they can get married. Since their parents assume that after going through circumcision they are now mature enough.
Whether they have ever heard of the alternative rites of passage

Figure 4.6: Heard of alternative rites of passage

From figure 4.6 girls respondents 38(63%) indicated that they had heard of alternative rites of passage for girls to adulthood while 22(37%) had not. Those who responded positively had heard about it in seminars conducted by Churches, Fida-Kenya, NGO e.g. World Vision, Teachers, Children’s office, Parents, Relatives e.g. aunt.

The girls who have heard of the alternative rites of passage said openly that indeed FGM has a lot of negative effects to women. They gave example of what they learnt during the seminar and how they were viewing the video they show. However they discouraged the issue of FGM totally. Those girls who were taken to the rescue Centre, were taught all the aspects of the negative culture that is associated with FGM.
Have you ever shared with friends about the alternative rites of passage?

Figure 4.7: Shared with friends on alternative rites of passage

From figure 4.7 majority of the respondents 53(88%) indicated that they had shared with friends about the alternative rite of passage while 7(12%) had not. Those who agreed in sharing with friends gave the following reasons for doing so: Girls who have not gone for FGM after sharing with those who attended the seminar for the alternative rites of passage training, they opted for training for the alternative rites of passage in order to learn how to pursue in education, and do away with the outdated culture.

Most of girls agreed that after they have shared with their friends they came to know more about FGM, they also learnt from their friends what they have learnt from the seminar. They realized that sharing is good, and so they got to know that FGM is bad. This is proved by WHO. The WHO asked the member states to establish
national policies and programs that will effectively abolish FGM and other harmful traditional practice affecting women and children health. (WHO, 2009).

Most of the girls prefer the alternative rites of passage but parents are against it. Parents still they have no information on the alternative rites of passage. Since they are still tight in the culture they force their girls to go for FGM. Therefore parents need to be enlightened and sensitized on the effects of FGM, at the same time they can be informed on the importance of Alternative Rites Passage. Toubia (2005) points out that in the fourth world conference of women in 1995 held in Beijing, the importance of education especially to parents in order to understand the side effects of FGM were emphasized.

Through sharing many girls have got courage to report their parents, if they are forced to go for FGM. Or they can seek for help elsewhere in case the parents persist that they must go for FGM. This is supported by Rushwan, (2005). He says that in 1994, FGM was strongly condemned during international conference on population development in Cairo Egypt. Those girls who shared they agreed that, if they attend the seminars they will learn more on the alternative rites of passage, and they wish to learn more on FGM, especially the side effects of FGM, so that they do not become the victims of the circumstance, they want to know what can assist them in order to continue with their education, without any interference in their lives.

**Respondents own opinions on the alternative rites of passage**

Majority of the girls were encouraging others to go for seminars so that they can learn more about the alternative rites of passage because they realized that in the seminar they get more information on FGM. Girls are trained on family life
education and many better ideas are being taught, after the seminar all the participants have also information about the behavior, for instance, the health risks, socio-psychological effects associated with the practice and violation of human rights. They get to know that FGM is forbidden by the law as per the children’s Act No. 8 of 2001. The Act states that nobody should subject a child to female circumcision, early marriage or other cultural rites or traditional practices that are likely to affect the child’s life (Gok, 2001).

Many girls preferred the alternative rites of passage because those girls that went for alternative rites of passage perform well in school and their mind is always focused on education. They always aim at completing their studies. To some girls FGM is outdated and by passed with time, and it’s regarded as a primitive culture. Therefore girls should say no to it, and concentrate and contribute on education in order to improve the economy or rather standard of life.

FGM has many disadvantages that are associated with health risk; one may bleed to death and can lead to much complication. It has also been postulated that FGM may increase the transmission of HIV/AIDS (Monjok, 2007). Those girls who opt to go for FGM mostly drop out of school and some are forced out of school by their parents so as to get married. This usually encourages early marriage, low enrollment of girls in school.
4.5 Effect of FGM on girl-child education

Figure 4.8: Maendeleo ya Wanawake Opinion on FGM

In figure 4.8 a total of 12(73%) of the Maendeleo ya Wanawake groups’ respondents indicated that Female Genital Mutilation has meaning in the community while 3(27%) thought it had no meaning. Various reasons were given: It’s believed that the practice enables one to moves from childhood to adulthood which is a rite of passage. Those who still cling on the culture believe that without circumcision one cannot be mature. For some groups, FGM is considered as a rite of passage into womanhood (Hosken, 2006).

It does not have any positive impact on a girl child; FGM has been criticized by Yoder (2009) in his research he points out that the practice of FGM contravenes fundamental human rights, including the right to non-discrimination, to integrity of the person and to highest attainable standard of physical and mental health.
There is no community that has ever stated the origin of the practice. This is supported by Brandy (2006) who observed that practices of FGM have been found throughout history in many cultures, but there is no definitive evidence documenting when or why this ritual began. The practice is performed on both Muslims and Christians and is believed to control young women’s sexual appetite. It reduces the libido of girls where by the girls do not have feeling for sex sometimes. The study says that, FGM may have impact on a woman’s sexuality resulting in painful and difficult intercourse and loss of enjoyment and satisfaction. (Dareer, 2006). Another study says that, FGM reduction or elimination of the sensitive tissue will reduce sexual desire in the female. (Hosken, 2006).

Once the girls are circumcised some drop out of school as a result of; early pregnancy, early and forced marriage, poor performance in school. This is due to switched off mind from school. It’s a culture that has been passed by time therefore for the 21st century it has no meaning and should not be supported in any way.

**How often has the Maendeleo ya Wanawake heard of Anti-FGM campaign?**

Responding to whether they have ever heard of Anti-FGM campaign in the community, majority of the Maendeleo ya Wanawake groups 13(87%) said they have heard while 2(13%) said they have never heard of such campaigns.

Those who have heard listed those who were the organizers:

i. Chief /administrators they talk of FGM during the Baraza meeting and sometimes invite guest speakers such as Ministry of Healthy to come in the Baraza so that they can sensitize on the health effects associated with FGM.

ii. Leaders of NGO such as World Vision and Action Aid they usually have programmes in every December holiday to train girls on FGM.
iii. The church leaders organize seminars to train about the alternative rites of passage.

iv. Federation of women lawyers in Kenya (Fida-Kenya) they organized a programme to sensitize the community about effects of FGM on girl-child education.

**Does FGM violate the right of girl-child?**

Majority of the respondents 14(93%) indicated that FGM violates the rights of the girl-child while 1(7%) didn't share the same opinion. The majority said that the exercise violates child’s right by exposing the girl-child to culture and traditional practices that affect their life.

Right to education/hinders girl-child from education rights since the child does not complete school. When FGM is performed on infants and children under 18 years old, it is regarded as violation of the Rights guaranteed for children (UNO, 2007). The Universal Declaration of Human Right, the Convention on the Right of the child and the African Charter of Human and people’s Right have included the following:-

a) The right to set free from all forms of mental and physical violence and mistreatment.

b) The right to be free from torture or cruel, inhuman, degrading treatment.

c) The requirement to abolish traditional practices dangerous to the child’s health among many others

Some girls are affected psychological trauma hence affecting of their lives negatively especially if the girl was forced to go for FGM either by the parents or relatives. The FGM exercise makes young girls to behave as grown-ups which
usually lead to early marriages encourages early pregnancy and leads high rate of
girls dropping out of school. This is because they assume that they are mature
enough.

**Challenges related to FGM**

A total of 13(87%) of the Maendeleo ya Wanawake respondents said they had
experienced challenges related to FGM while 2(13%) had not. Those who had
experienced challenges outlined them as followed: early marriages since the victim
view themselves as grown-up, this lead to early pregnancy since the young girls
begin to behave as adults to the extent of getting involved in relationship with the
opposite sex. Therefore most of the girls switch off their minds from school.

This Promotes poverty once the girl child drops out of school, they will always
become a depended and not able to contribute anything to education or other
development. For a well-established community or a country girl-child should not be
left behind in education, they need to be supported where necessary so that they can
help in the national development.

Isolation of girls who go against the act this is where the uncircumcised girls are
being rejected that they are still children therefore not able to share or eat from the
same table with those who are circumcised. This was criticized in 1948 by UN
member states who agreed on the Bill of Rights to ensure that all human being enjoy
a happy and healthy life free from discriminations and violence regardless of gender,
age, and religion. (Thompson, 2006).
Some targeted persons fear going against the cultural act though feels it is against their rights. Toubia (2005) Suggested that the fear of losing the psychological, moral, and material benefit of belonging is one of the greatest motivators of conformity. Therefore, it may serve social integration and ensure the maintenance of social status.

**Causes of persistent of FGM in the community**

It was found out that FGM is being influenced by the cultural factor; where by the council of elders mostly are in the fore front in organizing of girls’ circumcision. This is because they are given part of the FGM money and they also get other benefits from the FGM ceremonies. The community also supports FGM because it is associated with big ceremonies and merry making with a lot of gifts, eating and drinking. On the other hand, girls want to undergo FGM so that they can be legible for marriage and bring cows to the family. They also want to feel that they belong to their age-set in the community and to avoid being stigmatized, due to peer pressure, and the fact that circumcised girls are lavished with gifts. This encourages more girls to prefer FGM.

According to the community members, community tradition is one of the major causes of persistent of FGM. This is because FGM is considered as an important rite of passage in the community for one to move from childhood to adulthood. This is because girls who have undergone FGM are recognized as mature. Culture also promotes FGM due to the beliefs that a girl cannot get married if she has not undergone the exercise. The uncircumcised girls are seen as immature thus cannot eat from the same table with the circumcised woman. The uncircumcised girls are stigmatized, called names and looked down upon as outcasts in the community. If
the uncircumcised girls get married, they are later sent back to their home to be circumcised. This appear as humiliation to the girl and her family, so to avoid this many prefer to undergo the exercise before it’s too late, in order to be legible for marriage.

Stigma and rejection of uncircumcised woman is a major setback encountered because when most of the success cases of anti-FGM culture are been married off, they tend to give in to be cut to gain acceptance by the women folks in the community. There is no woman, however strong she could be at heart who can endure the heaviness of being bullied by small girls who have been circumcised because they are considered as superiors just because they are cut.

**How FGM ruined girl-child education**

It has been noted that, FGM affect girl-child education in many ways, yet the community is still secretive on it. It has gone to the extent of sending their girls to other relative to be circumcised. Some opt to do it at night in secretive way. With all these the chiefs and other leaders are compromised and prefer to protect their interest by not reporting the FGM cases.

Therefore it was found that FGM has affected girl-child education. This is due to high rate of girls who drop out of school, which occurs immediately after the exercise. Most of the girls fail to go back to school. Others fail to seat for their end year examinations because the circumcision is approaching. In most cases FGM leads to early marriage, this is where the parents think that the circumcised girls are now mature enough to get married. The bitter part of it is where some parents force their girls to drop out from school to get married, for the family to get dowry.
Intermingle of boys and girls during circumcision period; make many girls not to go back to school due to early pregnancy. To many this is the end of their schooling, which leads to low enrolment of girls compared to boys.

On the other hand the performance of girl-child has been very poor for long period of time in all levels of education. In most cases during the transition of primary level to secondary level the rate for girls is lower compared to that of boys. This is attributed to cultural practices such as FGM, early marriage and early pregnancy which affect girl-child performance and education at large. The negative cultural practice and beliefs within the community make the girls not to concentrate on education because they give marriage the first priority than education. It was also noted that the enrollment of girls steadily dropped as they transitioned to higher level of education. The high dropout rate coupled with low transition and completion rate among the girls has largely been attributed to FGM which leads to early marriage and early pregnancy.

**Challenges in coordination of girl-child protection against FGM**

There is lack of coordination between various stakeholders involving child protection, especially when such stakeholders work without involvement of children department. Limited capacity on legal issue coupled with constrained resources especially reference materials such as child right Act. This was noted when most of the respondents admitted that they do not know the law that forbid FGM.

The Maendeleo ya Wanawake group also admitted that they rarely work with the children department with regards to ending those harmful activities. It was noted that, corruption in the local administration office when handling child abuse cases is
very common. There have been many cases where those circumcisers were being arrested and then they are released without being judged. This encourages the exercise of FGM to continue. Yet they know that FGM violate the right of girl child in many ways.

Most of the government leaders who respondent admitted that, they were not aware of the law that forbids FGM; therefore not easier to mobilize and sensitize the community on the war against FGM. Some leaders do not understand the law and have never participated in anti-FGM pragramme and this becomes big challenge to mobilize the community from the grassroots during the Baraza meeting since they have no knowledge about the law. Majority of them need to be sensitized on the alternative rites of passage. All the stakeholders and the entire community need to be sensitized about the children Act which state that nobody should subject a child to female circumcision, early marriage or other cultural rite or traditional practice that affect their life.

4.6 Strategies for promoting girl-child education

Awareness of the Kenyan law that prohibits FGM

From figure 4.9 below majority of the government leaders 7(87.5%) said that they were aware of a law in Kenya that prohibits FGM while 1(12.5%) was not aware. The respondents indicated what this law said: That; if a person commits an offense, if the person is aware that an offense of FGM has been, or is in the process of being, or intends to be, commitment, then fails to report according to law enforcers, shall be held responsible. This is where some people know very well that FGM is not allowed but because of the culture, they cannot stop it; a good example was the chief who forced the daughter to be circumcised, yet he knew the law very well.
FGM is unlawful; any person planning, executing the act commits an offense. It has been noted that in Kenya like many other African countries, FGM is forbidden by law as from 2003 the children’s Act No.8 of 2001. The Act state that nobody should subject a child to female genital mutilation, early and forced marriage, or other cultural rites or traditional practices that are likely to affect the child’s life (Gok, 2001). Rushwan (2005) says that in 1994, FGM was strongly condemned during the international conference on population development in Cairo, Egypt. In this conference member states and governments were engaged to support every possible effort made by NGO’s, religious institutions, and community organizations toward eliminating of the practice. FGM is a violation of women rights and punishable by law. It is a harmful traditional practice whose time has passed. Therefore girls need equal right to education.
How to promote girl-child education in the community

Churches and education office have been organizing seminars and workshops which target parents and girls to educate them on the value of education in future, and ensure that the parents put more forecast on education, and how FGM hinder girls from participating in education fully. The education office has formed an organization which gives assistance to uncircumcised girls, and World vision has joined hands, to support them pursue their education to higher level.

There is need for concerted effort to address FGM, early marriage, and early pregnancies which are the dominant forms of child abuse that affect the girl-child education in the community. The community has adopted and enforced strict policies and legislation that will eliminate FGM and early marriage. A stiffer penalty has been meted on the perpetrators of those vices. This will enable girls and parents to be more forecast on education.

How often is the Baraza held to sensitize FGM?

From table 4.4 below the government leaders gave their responses on whether there were barazas in their area to sensitize people about the negativity of FGM. A total respondents of 8(100%) indicated that such barazas were held. Another 6(75%) said that the Anti-FGM program had teachings that could change the perception of the community towards FGM.
Table 4.4: Respondents’ opinion on sensitization

<table>
<thead>
<tr>
<th>Respondents views</th>
<th>Barazas held to sensitize people on negativity of FGM</th>
<th>Anti-FGM program have teachings on changing perception</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Yes</td>
<td>8</td>
<td>100</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>100</td>
</tr>
</tbody>
</table>

FGM is medically unfit as it causes health problems including complication in pregnancy and child birth. Brandy (2006) argues that in 1994 there was a parliamentary inquiry about FGM and this acknowledged that FGM constituted a medical problem. FGM may lead to early marriages, school drop-outs since girls consider themselves adults. This affects the girls from contributing in education and other development. Due to the switched mind from education, as they only think of other things outside education. Therefore through the alternative rites of passage, it will enable the girls and their parents to understand the important not circumcising the girls.

By informing the community on the side-effects of FGM such as excessive bleeding, keloid scar, vagina and pelvic infection, complication in pregnancy and child birth. Study by Toubia (2005) points out that the importance of education especially to parents, in order to understand the side effect of FGM were emphasized. During the conference FGM was condemned as a gross violation of women’s right and human dignity.
From table 4.5 a total of 7(87.5%) government leaders indicated that they believed in teaching of Anti-FGM programs. Another 5(62.5%) said they were aware of the Anti-FGM law which can free girl-child from cultural chains while 4(50%) agreed that the law is sufficient to eliminate the practice of FGM in Kuria community. However, 4(50%) were of the opinion that the law was not sufficient. According to the respondents the law states that any person who participates in FGM commits an offense which leads to imprisonment. Therefore any person who uses derogatory or abusive language that is intended to ridicule, embarrass or otherwise harm a woman for having not undergone FGM or a man for marrying a woman who has not undergone FGM commits an offense and shall be liable upon conviction to imprisonment of a term not less than three years or a fine not less than Ksh.200,000 or both.

Table 4.5: Respondents views on Anti-FGM

<table>
<thead>
<tr>
<th>Respondents views</th>
<th>Believe in teaching of Anti-FGM</th>
<th>Aware of Anti-FGM law to free girls from cultural chains</th>
<th>Law sufficient to eliminate practice of FGM in Kuria County</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Yes</td>
<td>7</td>
<td>87.5</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td>12.5</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>100</td>
<td>8</td>
</tr>
</tbody>
</table>
4.7 Strategies to be employed in eradicating FGM

From table 4.6 all the health workers respondents 12(100%) agreed that FGM is associated with health risks. Another 10(83%) and 7(58%) were aware of the complications associated with FGM and have experienced challenges related to FGM respectively. However, 8(67%) have not at any time participated in the Anti-FGM programs.

Table 4.6: Opinion of Health Workers on FGM

<table>
<thead>
<tr>
<th>Health workers opinion</th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>FGM associated with health risk</td>
<td>12</td>
<td>100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Aware of complications associated with FGM</td>
<td>10</td>
<td>83</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>Experienced challenges related to FGM</td>
<td>7</td>
<td>58</td>
<td>5</td>
<td>42</td>
</tr>
<tr>
<td>Participated in Anti-FGM program</td>
<td>4</td>
<td>33</td>
<td>8</td>
<td>67</td>
</tr>
</tbody>
</table>

Reasons given for FGM being associated with any health risks were;

The circumcised woman experiences obstructed labor due to formed scar during FGM and complication during child-birth, (Dareer,2006) Long-term adverse effects includes inclusion cysts, keloid scar painful menstruation. Complication in pregnancy, child-birth and a wide range of psychological disorder. A study by WHO (2006) including 28,393 women demonstrated that women with FGM are significantly more likely than those without to have adverse obstetric outcomes such as caesarean section, extended maternal hospital stay. FGM leads to obstructed labor due to formed scar. Dareer (2006) Lack of hygiene during the procedure may result in wound infections, including tetanus (Hosken,2006) and it has been postulated that FGM may increase the transmission of HIV/AIDS. (Monjok, 2007). Since the exercise is done locally without proper attention on hygiene.
It has been found that FGM leads to heavy bleeding which may end up to anemia and shock. Since, there is no medication to use during the exercise which can stop serious cases of over bleeding and transmission of diseases, such as HIV/ AIDS. Darkanoo (2008) observed that short-term complications include severe pain, bleeding, damage of adjacent tissue, and urinary retention due to the change of anatomical structure. The respondents being aware of the complications associated with FGM said that most girls’ drop out of school after circumcision as others develops complications during child birth. They mainly suffer from hemorrhage resulting to anemia. Other complications were stigmatization, sepsis and pain.

**Reasons given for these were;**

FGM interferes with organs due to this it makes the vagina not open fully so as to let the baby come out. The study by WHO (2006) Demonstrated that women with FGM are significantly more likely than those without FGM to have adverse obstetric outcome such as caesarean section, some girls may end up having anemia due to heavy bleeding following FGM. Bleeding can result to low HB which results to anemia. Darkanoo (2008) observed that short- term complication reported include severe pain, bleeding, and damage to adjacent tissue and urinary retention due to change of anatomical structure.

Sepsis occur following poor hygienic conditions most of the circumcisers do not practice hygiene when they are performing the exercise, some use unsterilized razor blade. Lack of hygiene during the procedure may result in wound infection including tetanus (Hosken, 2006).
Respondents who indicated that they have experienced challenges related to FGM gave the following challenges; Community is not willing to change culture this is because the community believes that uncircumcised woman will not be able to control their sexuality, and girls who are not circumcised will run wild and disgrace her family. (Hosken, 2006). Therefore reduction or elimination of the sensitive tissue will reduce sexual desire in female. This is supported by Toubia (2005) that women without sexual desire will not seek sexual relations outside marriage, and FGM will therefore ensure faithfulness.

Female child is exposed to septic and painful procedure which leads to increasing infections rates e.g. HIV/AIDS this is due to the sharing of unsterile cutting objects or unhygienic procedure. When assisting mothers in labor, they usually get big tear due to keloid formation this lead to a lot of bleeding after delivery.

**Strategies employed by the community to eradicate FGM**

There have been meetings held to sensitize the community on dangers of FGM and the need to pursue an alternative and safer option. Stakeholders recommended the need for community meeting on ARP to be initiated through dialogue and not through force. And most of the meeting should be scheduled during the month of December when most of girls are planning for circumcision. Among the girls who respondent, they admitted to have acquired information on alternative rites of passage from workshop organized by World vision and churches but due to stigmatization and culture they end up going for circumcision.

World vision supports awareness and sensitization meeting within the community to advocate against FGM. They assist children who do not want to undergo FGM by
taking them to school and sponsoring them until they complete their education. Last year world vision and churches opened a camp where the girls stayed until the end of circumcision period. During this period the girls were taught the alternative rites of passage and the value of education in the 21st century.

There has been a sensitization programme in the community which was sponsored by Federation of women lawyers in Kenya (Fida-kenya) Fida was referring to allegation that the local chiefs are protecting the practice, local authorities a betting perpetuation of practice in their area should be made to face the full force of the law. Other stakeholders have come out to challenge the community by sponsoring those girls who say no to FGM. This has really encouraged many girls who understand the value of education to evacuate the culture which is deeply rooted in the community.
CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter provides the summary of the study findings, conclusions and the recommendations.

5.1 Summary of the Findings

i. Majority of the girls respondents 55(92%) were between 1-15 years followed by health workers respondents 5(42%) who were between 31-40 years. Many teachers respondents 8(40%) were between 31-40 years while 5(33%) Maendeleo ya Wanawake and 5(62%) government leaders were between the ages of 31 – 50 years.

ii. On the respondent’s gender, many girls and Maendeleo ya Wanawake respondents 15(100%) were female while 8(67%) health workers and 6(62%) government leaders were male respondents. Another 11(55%) teachers were female respondents. All the girls respondents 6(100%) were single followed by 11(74%) Maendeleo ya Wanawake, 14(70%) teachers and 5(63%) government leaders who said they were married, and in this category of married respondents included 7(58%) health workers.

iii. Majority of the girls respondents 60(100%) were at the primary school level followed by 10(83%) health workers, 12(80%) and 13(65%) had college qualifications. Other teachers respondents 7(35%), 2(17%) health workers and 2(25%) government leaders had other academic qualifications which included degrees and Diplomas.

iv. All the respondents agreed that FGM affects girl-child education in one way or another.
v. Majority of the teacher’s respondents 18(90%) agreed that FGM affected enrolment of girls in schools at any particular time in the school calendar while 2(10%) disagreed. Teachers’ respondents were asked their views as education managers on whether they have at any time addressed the issue of FGM on girl-child education. Majority 19(95%) indicated that they have while 1(5%) said they had not.

vi. At least 19(95%) of the teachers respondents agreed that FGM led to high rate of girls dropping out of school while 1(5%) disagreed with this. All the girls’ respondents indicated that girls in the Kuria community were mainly circumcised at the age of between 10 and 16 years.

vii. On the suitability of the alternative rites of passage, majority of the respondents 44(73%) were convinced that they should replace FGM while 16(27%) disagreed. Girls respondents 38(63%) indicated that they had heard of alternative rites of passage for girls to adulthood while 22(37%) had not. Those who responded positively had heard that in seminars, Churches, Parents, NGOs like World Vision, Teachers, Children’s office, Relatives.

viii. Majority of the respondents 53(88%) indicated that they had shared with friends about the alternative rite of passage while 7(12%) had not. Those who agreed in sharing with friends gave reasons for doing so, such as those girls that had not gone for FGM learnt that it is not advisable for girls to go for FGM and also its an illegal culture. Majority of the government leaders 7(87.5%) said that they were aware of a law in Kenya that prohibits FGM while 1(12.5%) was not aware. The government leaders gave their responses on whether there were barazas in their area to sensitize people about the negativity of FGM. Eight (100%) indicated that such barazas were held.
Another six (75%) said that the Anti-FGM program had teachings that could change the perception of the community towards FGM.

ix. A total of seven (87.5%) government leaders indicated that they believed in teaching of Anti-FGM programs. Another 5(62.5%) said they were aware of the Anti-FGM law which can free girl-child from cultural chains while 4(50%) each agreed that the law is sufficient to eliminate the practice of FGM in Kuria County. However, 4(50%) were of the opinion that the law was not sufficient.

x. All the health workers respondents 12(100%) agreed that FGM is associated with health risks. Another 10(83%) were aware of the complications associated with FGM and 7(58%) have experienced challenges related to FGM. However, 8(67%) have not at any time participated in the Anti-FGM programs.

xi. A total of 12(73%) of the Maendeleo ya Wanawake groups’ respondents indicated that Female Genital Mutilation has meaning in the community while 3(27%) thought it had no meaning. Responding to whether they have ever heard of Anti-FGM campaign in the community, majority of the Maendeleo ya Wanawake groups 13(87%) said they have ever heard while 2(13%) said they have never heard of such campaigns. All the Maendeleo ya Wanawake respondents 15(100%) agreed that there were complications associated with FGM.

xii. Majority of the respondents 14(93%) indicated that FGM violates the rights of the girl-child while 1(7%) didn’t share the same opinion. The majority said that the exercise violates child’s right by exposing the girl-child to culture and traditional practices that affect their life. A total of 13(87%) of the Maendeleo ya Wanawake respondents said they had experienced challenges related to FGM while 2(13%) had not.
5.2 Conclusions

The study revealed that:

Most of the girls who have heard of the alternative rites of passage preferred it to FGM, and those who shared with others agreed that, FGM affects girl-child education. It is a culture that should be done away with.

The educational managers were highly involved in sensitizing the girls on FGM, but still a lot needs to be done. More especially on the parents, relatives and the entire community, it was established that, this information need to reach the whole community and enlighten them on the negative effects of FGM, So that girls can be spared from this harmful rite of passage. It’s time to drop the practice, to save girls from FGM.

Therefore, for effective changes the government leaders need to conduct several seminars to different targeted groups of people within the community, in order to enlighten them on the effects of FGM. They should not only target young girls who have no command in the community.

5.3 Recommendations

On the basis of the findings, the following recommendations were made;

i. For the improvement of the girl-child education in the Kuria East the community, a lot needs to be done especially on the programmes that will enable the community to know the effects of FGM on girl-child education.

ii. Leaders should develop strategies that can be used in order to eradicate FGM in the community completely.
iii. Parents’ and government leaders should ensure the rights of children are protected and that no one is allowed to break the law.

iv. The devolved government should pass legislation requiring that no parents should allow their girls to get married before completing their education.

5.4 Suggestions for Further Research

The study explored on the effects of educational manager in promoting girl-child education in light of female genital mutilation.

Therefore the study further recommends:

i. A major study should be undertaken to find out the performance of girl-child in education as compared to boys.

ii. The study should be done to find out how the community value girl-child education.

iii. The study should be done to find out ways which can be used to enlighten the community on the effects of FGM.
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APPENDICES

APPENDIX A: QUESTIONNAIRES

For Maendeleo ya Wanawake, Girls, Teachers, Government Leaders and Health Workers

The researcher intends to carry out research on the role of educational manager in promoting girl-child education in light of FGM in Kuria East Sub-county, Migori County. This questionnaire is intended to help in an investigation on how FGM affect girl-child education. Please any information you give will highly be appreciated and will only be used for the purpose of this study. You are assured of utmost confidentiality.

Please answer the questions briefly to the best of your knowledge. Fill in the blank space by ticking ( ) on the correct answer, where provided with space. Write appropriate answers briefly. Kindly be as honesty as possible.

SECTION I: DEMOGRAPHIC INFORMATION

1. Age of respondent:
   - 1—15 Years ( )
   - 16—30 Years ( )
   - 31—40 Years ( )
   - 41—50 Years ( )
   - 51—60 Years ( )
   - Over 61 Years ( )

2. Gender: Male ( ) Female ( )

3. Marital Status:
   - Single ( )
   - Married ( )
   - Separated ( )
   - Other (Specify) .................................................................

4. Education Level:
   - Primary ( )
   - Secondary ( )
   - College ( )
   - Others (Specify) ..................................................................
SECTION I: TEACHERS
1. Do you think FGM affect girl-child education in any way? .................................................................
................................................................................................................................................................

2. Does FGM affect enrollment of girls in schools at any particular time in the school calendar?
   Yes (   )    No (   )
   If yes, state how .................................................................................................................................
   ............................................................................................................................................................

3. As educational manager have you at any time addressed the issue of FGM on girl-child education?
   Yes (   )    No (   )
   Give reasons for your answer ..............................................................................................................
   ............................................................................................................................................................

4. Does FGM lead to high rate of girls dropping-out of school?
   Yes (   )    No (   )
   If yes, what time of the year? .............................................................................................................
   ............................................................................................................................................................

5. According to you whom should the Anti-FGM campaigns target?.................................
   ............................................................................................................................................................

SECTION 11: GIRLS
1. At what age are girls circumcised in the Kuria Community? ...........................
   ............................................................................................................................................................
   ............................................................................................................................................................

2. a) Are you convinced that the alternative rites of passage are suitable replacements for FGM?
   Yes (   )    No (   )
   b) Give reasons for your answer .........................................................................................................
   ............................................................................................................................................................
3. a) Have you ever heard of alternative rite of passage for young girls to adulthood?
   Yes ( )  No ( )
b) If yes, from whom did you learn about the alternative rites of passage?
   ...........................................................................................

4. Have you ever shared with your friends about the alternatives rites of passage?
   Yes ( )  No ( )

5. a) If yes, what was their view?
   ...........................................................................................
   ...........................................................................................
b) What are your opinions?
   ...........................................................................................
   ...........................................................................................

6. Do you see any value of female genital mutilation within the community?
   ...........................................................................................
   ...........................................................................................

SECTION III: GOVERNMENT LEADERS
1. a) Are you aware of a law in Kenya that prohibits FGM?
   Yes ( )  No ( )
b) If yes, what does it say?
   ...........................................................................................

2. Are Baraza’s held in your area to sensitize people about the negativity of FGM?
   Yes ( )  No ( )

3. Does Anti-FGM program me have teachings that can change the perception of
   the community towards FGM?
   Yes ( )  No ( )
   If yes, what are some of those teachings?
   ...........................................................................................

4. Do you believe in those teaching of Anti-FGM?
   Yes ( )  No ( )
5. Are you aware of the Anti-FGM law which can free girl-child from cultural chains?
Yes ( ) No ( )
If yes, what does it state? ......................................................................................................................
..............................................................................................................................................................

6. Is the law sufficient to eliminate the practice of FGM in Kuria County?
Yes ( ) No ( )

SECTION IV: HEALTH WORKERS
1. a) Is FGM associated with any health risk?
Yes ( ) No ( )
b) Give reasons for your answer? ............................................................................................................
..............................................................................................................................................................

2. a) Are you aware of the complication associated with FGM?
Yes ( ) No ( )
b) if yes, list at least 3 of them...........................................................................................................
..............................................................................................................................................................
c) Give reasons for your answers above ....................................................................................................
..............................................................................................................................................................
..............................................................................................................................................................

3. Have you experienced any challenges related to FGM?
Yes ( ) No ( )
If yes, what challenges? .............................................................................................................................
..............................................................................................................................................................

4. Have you at any time participated in Anti-FGM program?
Yes ( ) No ( )

5. Who were the target group? Why? ...........................................................................................................
..............................................................................................................................................................
SECTION V: MAENDELEO YA WANAWAKE GROUP

1. a) Does female genital mutilation have any meaning in the community?
   Yes ( )    No ( )

   b) Give reasons for your answer
   ..........................................................................................................................
   ..........................................................................................................................
   ..........................................................................................................................

2. Have you ever heard of Anti-FGM campaign in the community?
   Yes ( )    No ( )

   If yes, who were the organizers of the campaign?
   ..........................................................................................................................
   ..........................................................................................................................
   ..........................................................................................................................

3. Are there some complications associated with FGM?
   Yes ( )    No ( )

   If yes, what are they?
   ..........................................................................................................................
   ..........................................................................................................................
   ..........................................................................................................................

4. Does FGM violate the rights of girl-child?
   Yes  No

   If yes, state how
   ..........................................................................................................................
   ..........................................................................................................................
   ..........................................................................................................................

5. Have you experienced any challenges related to FGM?
   Yes ( )    No ( )

   If yes, what challenges?
   ..........................................................................................................................
   ..........................................................................................................................
   ..........................................................................................................................


APPENDIX B: INTERVIEW SCHEDULE

This interview schedule is designed to seek your opinion on the role of educational manager in promoting girl-child education in light of female genital mutilation. The respondents are; maendeleo ya wanawake group, girls, teachers, government leaders and health workers.

PART I: TEACHERS

1. If FGM was to be completely stopped, what would you suggest to be the Substitute? Why...........................................

2. How has the education managers strive to promote girl-child education in light of FGM within the District? Explain briefly...........................................

3. What approach can you use to stop or reduce the prevalence of FGM?............

4. How often does the BOG intervene the issue of FGM on girl-child education?

5. Is the education office making any effort to assist the FGM victims to continue with their education?...........................

PART II: GIRLS

1. Are you circumcised?...................................................

2. Who decides that the girls be circumcised?............................
3. Have you at any time participated in Anti-FGM program? If yes, how did you find it?

4. Do you prefer the alternative rite of passage? Explain

5. Have you ever shared with your friends about the alternatives rites of passage? If yes, what was their view?

6. What were your opinions?

PART III: GOVERNMENT LEADERS

1. What are the benefits of not circumcising the girls?

2. Do you think FGM prevent girls from participating in education fully and other development?

3. FGM is more prevalent among the Kuria East community than other communities. Why?

4. Does FGM violate the rights of girl-child?

5. Is it possible to eradicating FGM in the community? Give your views
PART IV: HEALTH WORKERS
1. Are you aware of the Anti-FGM law which can free girl-child from cultural chains?........................................................................................................
........................................................................................................................................
........................................................................................................................................
2. Is the law sufficient to eliminate the practice of FGM in Kuria East community?
........................................................................................................................................
........................................................................................................................................
3. Do you feel that enough has been done to inform the community of anti-FGM reforms? Give your opinion........................................................................................................
........................................................................................................................................
........................................................................................................................................
4. Are you aware of other alternative rite of passage for the young girls instead of FGM?........................................................................................................
........................................................................................................................................
5. How can you advise the young girls to avoid FGM?......................................................
........................................................................................................................................

PART V: MAENDELEO YAWANAWAKE
1. At what age are girls circumcised in the Kuria Community?.................................
........................................................................................................................................
........................................................................................................................................
2. During which month of the year is FGM performed? How does it affect girl-child education?........................................................................................................
........................................................................................................................................
........................................................................................................................................
3. Do you have plans to circumcise your daughter under the age of twelve years?
........................................................................................................................................
........................................................................................................................................
4. Given a choice would you prefer an alternative rite of passage to FGM for your girls? Explain...

5. What are some of the possible way forward for eradicating FGM in the community?...
APPENDIX C: KENYATTA UNIVERSITY RESEARCH AUTHORIZATION

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 8710901 Ext. 57530

Our Ref: E55/CE/26337/11

DATE: 4th August, 2014

The Principal Secretary,
Higher Education, Science & Technology,
P.O. Box 30040,
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION MARGARET N. PITAH—REG. NO. E55/CE/26337/11

I write to introduce Ms. Margaret N. Pitah who is a Postgraduate Student of this University. She is registered for M.Ed degree programme in the Department of Education Management, Policy and Curriculum Studies.

Ms. Margaret intends to conduct research for a M.Ed. Proposal entitled, “Effect of Educational Managers in Promoting Girl-Child Education in Light of Female Genital Mutilation in Kuria East District, Migori County, Kenya.”

Any assistance given will be highly appreciated.

[Signature]

MRS. JUCY N. KEBLO
DEAN, GRADUATE SCHOOL
APPENDIX D: NACOSTI RESEARCH AUTHORIZATION

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471, 2241349, 310571, 2219420
Fax: +254-20-318245, 318249
Email: secretary@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

Ref: No.

Date: 15th September, 2014

NACOSTI/P/14/7105/3110

Margaret N. Pitah
Kenyatta University
P.O. Box 43844-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on “Effect of educational managers in promoting girl child education in light of Female Genital Mutilation in Kuria East District, Migori County-Kenya,” I am pleased to inform you that you have been authorized to undertake research in Migori County for a period ending 7th November, 2014.

You are advised to report to the County Commissioner and the County Director of Education, Migori County before embarking on the research project.

On completion of the research, you are expected to submit two hard copies and one soft copy in pdf of the research report/thesis to our office.

Said Hussein
For: Secretary/CEO

Copy to:

The County Commissioner
The County Director of Education
Migori County.
APPENDIX E: RESEARCH PERMIT

THIS IS TO CERTIFY THAT:

MISS. MARGARET N PITHA
of KENYATTA UNIVERSITY, 0-40417

HAS BEEN PERMITTED TO
conduct research in Migori County

on the topic: EFFECT OF EDUCATIONAL MANAGERS IN PROMOTING GIRL CHILD EDUCATION IN LIGHT OF FEMALE GENITAL MUTILATION IN KURIA EAST DISTRICT, MIGORI COUNTY-KENYA

for the period ending: 30th November, 2014

Applicant’s Signature

National Commission for Science, Technology & Innovation

CONDITIONS

1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit.

2. Government Officers will not be interviewed without prior appointment.

3. No questionnaire will be used unless it has been approved.

4. Excavation, filming and collection of biological specimens are subject to further permission from relevant Government Ministries.

5. You are required to submit at least two (2) hard copies and one (1) soft copy of your final report.

6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.

RESEARCH CLEARANCE PERMIT

Serial No. A3195

CONDITIONS: see back page

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