

**THE PERSISTENCE OF FEMALE GENITAL MUTILATION
(FGM) AND ITS IMPACT ON WOMEN'S ACCESS TO
EDUCATION AND EMPOWERMENT: A STUDY OF KURIA
DISTRICT, NYANZA PROVINCE, KENYA**

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DEDICATION

This thesis is dedicated to my loving husband Hon. Archbishop Stephen Ondiek Oluoch for the enormous support he gave me during my studies and to my two lovely children: Pauline Ashley Ondiek and Stephen Omondi Ondiek junior who gave me hope and strength to move on throughout my studies.

I cannot forget my late loving father mzee Zachariah Omuga Othieno who constantly made me feel like a queen and the best of the best. From him I learnt the spirit of perseverance and the motto to never give up.

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ABSTRACT

The overall policy goal of education for the Kenyan Government is the provision of education and training to all Kenyans as it is fundamental to the Government's overall development strategy. This emphasis means that every Kenyan has the right to education and training no matter his/her socio-economic status. The Government has therefore allocated substantial resources and there has been notable achievements attained, but the sector still faces major challenges related to access, equity, and quality amongst others (Session paper no. 1 2005:2). One of these major challenges to access is the existence and persistence of retrogressive traditional practices such as female genital mutilation (FGM).

The first concern of this study is that despite the immense awareness of the dangers on the victims in many aspects in life, and efforts to stamp it out, FGM still persists and thrives in many parts of the country to date.

Secondly, there is an ever growing gender disparity in Kuria district, whereby women professionals are hard to come by. Even in the teaching profession which is associated with females in Kenya, there are a negligible number of Kuria female teachers.

There is therefore need to liberate these girls from the persistent "senseless genital mutilation" by proper and relevant socialization and empowerment against cultural practices.

The Cultural Lag theory of sociologist William F. Ogburn (1964) will be the underlying theoretical perspective of this study to explain the phenomenon, focusing explicitly on the

fact that all parts of culture do not change at the same pace. When change occurs in the material culture of society, nonmaterial culture must adapt to that change. However, the premise of this thesis is that the rate of change in elements of non-material culture is frequently uneven, resulting in maladjustment of these elements to societal development.

In this study such a non-material cultural relationship refers to FGM practices and education of the Kuria girl child. One part of the non-material culture (attitudes to FGM) lags behind education (another part of non- material culture).

The researcher will employ qualitative research methodology, based on the theoretical foundation of the study to gather and analyze data in order to answer the research questions and to make final conclusions, policy implications and recommendations for further research.

KEY TERMS

Female genital mutilation; access to education; women empowerment; gender disparity, retrogressive practices; cultural belief systems and practices; community's attitude; barriers to education; alternative rite of passage; non-material cultural elements.

ACRONYMS

AIDS Acquired immune deficiency syndrome

BC Before Christ

CBS Central Bureau of Statistics

CEDAW Conventions on the Elimination of All Forms of Discrimination
Against Women

CWEF Child Welfare Fund

DE'O District education officer/Divisional Education Officer

DHs Demographic and Health Survey

DO Division Officer

EFA Education for All

FAWE Federation for African Women Educationalists

FC Female Circumcision/Female cutting

| | |
|------|--|
| FGM | Female Genital Mutilation |
| FLE | Family Life Education |
| FPAK | Family Planning Association of Kenya |
| GBV | Gender Based Violence |
| GOK | Government of Kenya |
| PRSP | Poverty reduction strategy paper |
| HIV | Human immune-Deficiency syndrome |
| PEFA | Promoting Education for All |
| ICPD | International Conference on Population & Development |
| KCPE | Kenya Certificate of Primary Education |
| MDGs | Millennium Development Goals |
| MOH | Ministry of Health |
| MYWO | Maendeleo Ya Wanawake Organization |

SDA Seventh Day Adventist

SPSS Statistical package for social sciences

NGO Non-Governmental Organization

UN United Nations

UNICEF United Nations International Children Educational Fund

UNESCO United Nations Education, Scientific and Cultural Organization

WHO World Health Organization

CHAPTER 1

INTRODUCTION AND ORIENTATION

1.1 BACKGROUND TO THE RESEARCH PROBLEM

This chapter provides a background to the research problem, statement of the research problem, purpose of the study, objective of the study, research questions, assumptions, significance of the study, theoretical and conceptual frameworks, definitions and classification of Female Genital Mutilation (FGM), scope and limitations, and operational definition of terms.

The study focuses on factors for persistence of FGM practice and its effects on education and professional growth and social development of the girl child in Kuria District. For the purpose of this study, the two terms Female genital mutilation (FGM) and female circumcision (FC) are to be used interchangeably. Female Genital Mutilation (FGM) is a term globally recognized that refers to all procedures involving partial or total removal of the external genitals or other injury to the female organs for cultural or other non-medical purposes. FGM has been practiced all over the world for centuries, since the earliest written account is by Herodotus (184-424BC) who reported excision as being practiced in Egypt. Historical origins of female circumcision are unknown. The most severe form is infibulations also known as “pharaonic circumcision”. However, between 85 and 114 million girls and women living today in the world have undergone FGM and approximately 2 million are

subjected to it annually (Ministry of Health - MOH 1999:1). The practice is common in the Middle East (Egypt, Oman, Yemen and other United Arab Emirates) among the Muslim Indonesia, Sri-Lanka, Malaysia and Saudi Arabia. It also occurs among immigrant communities, parts of Asia and Pacific, North and Latin America and Europe (World Bank Report on FGM 2005: 107).

In industrialized countries, genital mutilation occurs predominantly among immigrants from countries where FGM is practiced. It has been reported in Australia, Denmark, France, Italy, UK, USA, Sweden and Netherlands. Doctors from their own communities who are residents there sometimes operate on girls illegally. More frequently, traditional practitioners are brought within the country or girls are sent abroad to be mutilated (World Bank Report on FGM 2005: 122). Although some scholars tried to establish the factors that contribute to FGM persistence and its effects on the academic and professional development of the girl child, such factors have not been exhaustively investigated. Whereas much attention has been paid to the physical and health effects of FGM on the girl, the social effects, especially adaptation to a formal school setting after FGM practice, socialization and the acquisition of knowledge have been neglected. As a consequence no concerted effort has been made to empower these girls to improve educational prospects as a way of effectively competing academically and professionally on the same level as uncircumcised girls and boys.

This sociological omission in research, in terms of the education of circumcised girls, has undoubtedly created gaps in knowledge and consequently led to inappropriate policies and regulations regarding the circumcised girl child. This has created a gap and it is only when this gap is identified and action taken that this country will achieve desired levels of access and equity, hence Education for All (EFA).

In Africa, FGM is reportedly practiced in more than 28 countries (FGM Africa 77/07/97). An estimated 15% of all mutilations in Africa are Infibulations. The procedure consists of

clitoridectomy (where all parts of clitoris is removed), and excision (removal of all or parts of Labia Minora) and cutting of labia majora to create new surface which are then stitched or held together in order to form a cover over the vagina when they heal. In this case a small hole is left to allow urine and menstrual blood to escape. The practice is erroneously termed as “Female Circumcision”, which implies equivalence to male circumcision.

FGM is an entrenched cultural practice in over 50% of Kenyan ethnic groups. Clitoridectomy is an “essential” but “harmful” traditional practice prevalent among 184 out of the 245 Kenyan districts, which is 75% of the total districts in Kenya. Efforts towards its eradication can be traced back as far as pre- independent Kenya. Within this area, anti-FGM campaigns were conducted mainly in the central province of Kenya, pioneered by the colonial government and the Christian missionaries. The colonial regime enacted various legislations between 1926 and 1956, seeking to ameliorate the practice by reducing the severity of the cut, defining the age for circumcision among other regulations. After much opposition to this form of regulation in 1958, the colonial government rescinded all the resolutions outlawing FGM on the basis that it was a deeply rooted and acceptable practice in the communities (MOH 1997:7; Kenyatta 1938:113; Thomas 1992:94).

In Kenya, FGM has been in practice since time immemorial. The event is regarded as a significant point of reference in most conversations that reflect on their origin. The Kenya Demographic and Survey Data (KDSD 2003:57) reveals that FGM is nearly universal among the Somalis (97%), Kisii (96%) and Maasai (93%). It is also common among the Taita (62%), Kalenjin (48%), Embu (44%) and Meru (42%). The levels are lower among the Kikuyu (34%) and Kamba (27%). This action is a violation of the right of children of primary school age which is provided for by law (Children’s Act 2001), which advocates for, amongst others, the right to education. The survey showed that there is a strong relationship between educational level and circumcision status. This action goes against the Kenyan government’s commitment to international declarations, protocols and conventions as

resolved in world conferences on EFA (Jomtiem Thailand, 1990, and Dakar Senegal, 2000) and by the Millennium Development Goals (MDG) for Africa.

The plight of the girl in Kuria is increasing with time as the girl and the mother have no say in both her life and her destiny. According to Agnes Pareiyo, a crusader against FGM in Narok district, “A girl who has undergone FGM means many things to many people. To boys it means there is an available wife, to the poverty driven parents she is a source of finance, and if the girl herself continues with education she becomes big-headed as she thinks of herself as “an adult”, explains Pareiyo, who partly blames poverty for the persistence of FGM” (Standard Newspaper 2005:7). “Some 56 per cent of Kenyans live below the poverty line”, she says, quoting statistics from the ministry of National planning (Standard Newspaper 2005:7). And this is where the circumcisers come in to make money by circumcising the girls at a fee. According to the Standard Newspaper (2005:8) most of the girls miss educational opportunities and face ridicule and rejection at school due to the fact that they are not circumcised. Mercy Nashipae, 24 shares the challenges of being uncircumcised in a community where nearly all the women undergo this rite of passage. “When I joined class six, I felt that I needed to be circumcised so I could feel like the other girls.” I desperately wanted to belong to their group. Didn’t want to continue being a child”. (Daily Nation, 2006:12). One of the cultural values of the Kuria people is the initiation rite of both boys and girls. The Kuria people whose origin is distinctly spelt out have practiced FGM as far as the elders can recollect from their rich oral history. This is one of the fundamental rites of passage which mark a stage of graduation into maturity and adulthood. FGM practice has been propagated by such numerous factors as empowerment of one’s social status and reducing a woman’s sexual desires among others. This practice has far reaching effects which range from social, cultural, economic, health and education.

The Kuria people have practiced FGM for years and being conservatisms and not readily giving into current changes in the world despite all the efforts being undertaken by various advocacy groups to stop the cruel practice. Due to this rigidity, the Kuria community has

lagged behind in terms of their children accessing formal school education especially the Kuria girl child.

The persistence of FGM therefore is a stumbling block on the path of the Kuria girl child's education and professional advancement.

The study is to be conducted among the Kuria, bordering the larger Suba, Migori and Rongo Districts. Among the Kuria People, FGM is still practiced quite vastly on girls between age 8 and 15 years. The central purpose of this practice is to initiate a girl into womanhood and adulthood as a vital rite of passage in the entire community. It is believed that the Kuria people borrowed heavily from the rich cultural heritage practice of the female circumcision among the Maasai that closely borders them. Some group amongst the Maasai practices a more severe form of FC, bordering on excision due to influence of the Nandi and Kipsigis circumcision rites. This in turn has seriously influenced on the Kuria people who border them.

The study seeks to establish the reasons for the persistence in practice of FGM and its effects on the girl child despite the existing awareness of its danger and several attempts to eradicate it. One of the organizations which have been very focal in advocacy against this practice is FIDA "a non-governmental organization committed to the creation of a society that is free of discrimination against women. It takes its work through provision of legal aid in its legal clinics. FIDA Kenya also undertakes women's rights monitoring and advocacy at both policy and community levels, including Legal rights awareness and Education" (The Standard, 2009:35). It will focus on the negative impact this retrogressive harmful practice has on girls' formal education and professional growth in Kuria District.

1.2 STATEMENT OF THE RESEARCH PROBLEM

The popular saying goes, “Educate a woman and you educate a whole nation,” P.L.O. Lumumba, a renowned constitutional lawyer in Kenya, once said “If our country is to realize its full potential, then the girl- child must soar in education like the eagle. It is not for nothing that we Africans say mother is supreme”. (On the occasion of parents Day at St.Angela’s Girls Secondary school, Kitui, 9th August, 2003.) The lack of education or poor participation of girls in the process of formal education is therefore quite detrimental to national and human resource development in any nation. Available information on enrolment trends by gender (2004 - 2007) from the District Education Office shows a decline in enrolment trends of girls in primary schools of Kuria District. Furthermore, retention and completion rates of girls in primary schools of Kuria district are quite devastating.

It is a common assumption among Kenyans that one of the causes of low enrolment, poor retention and completion rates among girls in primary schools of Kuria district is FGM. The practice seems to have more devastating effects on rural communities whose social and material empowerment are limited. The persistence in the practice could adversely affect underprivileged girls to pursue their basic education; hence a tremendous dropout rate could follow owing to early or forced marriages and promiscuity, once the rite has been performed. Minimal efforts have been made to address the problem of FGM and its effects on the girl child education. The practice is carried out regardless of the social class of the individual members of the community. However, sufficient investigations on factors perpetuating the persistence of the practice and its educational effects on the girl child have not been effectively explored. The thrust of this study rests on the fact that there has been remarkable persistence in practice of FGM despite the growing awareness of its dangers, particularly on the girl child’s formal education in Kuria District.

In the light of this background the following research questions have to be answered in order to scientifically get to the root of this problem.

1.3 RESEARCH QUESTIONS AND BASIC HYPOTHESES

The Cultural Lag theory of William Ogburn (1964) is employed here as a research tool to analyze and interpret the identified research problems, and to attain the aim of the study. In order to substantiate the theory it will be used to guide the qualitative sociological research by answering the following research questions, or tentative hypotheses:

- What are some of the factors enhancing the persistence of FGM practice among the Kuria people?
- How does the culture of the Kuria people play a role in the persistence of FGM practice among the community?
- How does the community's attitude play a role in the perpetuation of FGM?
- How does the school or education play a role in the eradication or promotion of the practice of FGM?
- What is an alternative rite of passage to FGM among the Kuria people?
- What role does the church play in enhancing or discouraging FGM practice among the Kuria community?
- What are the discrepancies between the educated males and females in the district?
- What is the impact of this discrepancy on the development in the area?
- What are some of the barriers facing the girls in ascending to leadership positions as a result of FGM?

- Why has this cruel practice persisted despite the existing awareness of its dangers on the girl child and the many concerted efforts to eradicate it?

These research questions serve as guidelines in the search for answers to the problem statement. They also serve as tentative hypotheses in this qualitative study. In accordance with the research questions the study sets out to address the objectives below.

1.4 OBJECTIVES OF THE STUDY

The persistence of FGM poses a real threat to the educational and professional development of the Kuria girl child. Therefore the objectives of this study are:

- To investigate why FGM has persisted despite awareness of its dangers on the girl child's education in Kuria District.
- To investigate how culture contributes to FGM practice among the Kuria People.
- To establish why the community's attitude contributes to the persistence of FGM.
- To establish how the school and the church played a role in the campaigns against FGM practice in Kuria community.
- To find out what is a possible alternative to FGM as a rite of passage among the Kuria people.
- To establish the role the church plays in enhancing or discouraging FGM practice.
- To establish whether there is a discrepancy between the educated male and females in the Kuria district.

- To establish the impact of the discrepancies in education of males and females on development in the area.
- To establish what barriers are facing the girls as a result of FGM especially in getting into positions of leadership.
- To establish why this cruel practice has persisted despite the existing awareness of its dangers on the girl child and the many concerted efforts to eradicate it.

1.5 JUSTIFICATION AND SIGNIFICANCE OF THE STUDY

According to the Kenya National commission on human rights report 2003-2004, every child has a right to education. “Education must be viewed as an investment into a collective future rather than simply as individual consumption for personal success”. Education is one of the most effective compasses with which one can navigate life. Education provides people with the means to understand and participate effectively in various life activities by providing literacy, knowledge, skills and ability to take on new opportunities. Education is an important component in securing full human personality, other human rights and dignity. It is also the foundation for self-reliance and a carrier for the values that contribute to individual and collective well being, as it helps us understand and tolerate the differences in others. Through education therefore we find and experience the best in us and in others. More than anything else, education has proved to be the most reliable human development undertaking capable of moving the poor away from the myriad debilitating circumstances that poverty reproduces. Good performance in the education and training sector contributes to national development through the production of an appropriate human resource that helps to spur productivity, and eliminate poverty, disease and ignorance, consequently improving human welfare (Session paper no. 1 2005:17).

It is very important therefore, that factors that hinder children and especially the girl child to access education are examined and solutions found towards eradicating them. FGM not only

interferes with the child's health, but hinders her formal educational progress as she does not return to school after FGM because she considers herself a woman and opts for marriage. This affects her future advancement hence increasing poverty levels and desperation among the women folk.

There are two levels of education for the girls: Primary education of girls which refers to their socialization as small children in the homes where they learn norms and values mainly from family and clan members. Secondary education of girls takes place in the school environment through teaching by teachers and elders.

Generally most schools in the district are underutilized. The district's average class size is 28 pupils. Enrolment is high in lower classes but declines progressively in the higher classes, i.e. standard six, seven and eight. This is due to high dropout rate, especially for girls due to early marriages after circumcision. The implications of this scenario are enormous and require a theoretical approach that will lead to the appreciation of what is going on and in turn suggest possible mitigation options. A Sociological theoretical approach is important and useful in understanding, explaining and evaluating the problems of the girl child in Kuria district and its impact on social development. Such understanding is necessary particularly in establishing workable actions towards improving the educational opportunities of the girl child, hence uplifting their social status and reducing poverty levels in the district.

The study is significant and sociologically relevant because it will provide insights into the causes and persistence of FGM practice and its effects on the girl child, particularly her education and social development. It will therefore unearth certain crucial issues that need to be strongly addressed by policy makers and implementers, organizations, advocacy groups, and the wider society in their endeavor to bridge the gender gap in education in Kuria district. It therefore refers to the sociological significance and relevance, societal input, policy implications and the solution to the problem.

The study aims at shedding light on the problems of rampant and persistent FGM practice in the Kuria context and its continued effects on the advancement of girls' education. This information is significant and contributes to those who might wish to fight the persistence of FGM and to promote the girl child education and professional growth in Kuria district. It also aims at highlighting misconceptions and some negative cultural practices and beliefs that impede upon girl child education. It is necessary and of value that a sociological investigation be undertaken since it is vital and relevant in assisting the Kenyan society, and specifically the Kuria district to either modify such cultural practices or drop them all together.

The Kuria community on the other hand was chosen as it is still among those communities in Kenya who value and uphold FGM. Despite all the efforts by both the GOK and other organizations to stamp out FGM, the practice continues in this part of the country. The education of the girl child is adversely affected, hence the low number of women graduating and become professionals in this community. An observation of the district reveals that this community is still deeply rooted in their traditions, irrespective of the adverse effects it has on its members. In addition, many of the projects on FGM are centered in central province in Kenya and Kajiado district and not much has been done in Kuria district. There is therefore a need to carry out a study in this area so as to reach the girl child in this part of the country, hence the importance of this study.

Finally the study findings, conclusion and recommendations will contribute to the existing body of knowledge about FGM, its causes, persistence of practice and its effects on the girl-child, particularly on her education. The study aims at providing useful insights and groundwork for future researchers hence it is an academic study intended to enrich the existing body of knowledge. It will also substantiate the Cultural Lag theory of William

Ogburn (1964) by proving that elements of non-material culture do not develop evenly in all societies.

1.6 SCOPE AND LIMITATIONS OF THE STUDY

Kuria District is expansive and characterized by poor infrastructure, making access to schools and informants very difficult. Time and financial limitations may be great constraints to the researcher since the study entails physical travelling over distances of the cumbersome and public means of transport. The entire District is quite vast and may not be covered totally. The district is divided into four clans namely: Bugumbe, Bukira, Nyabasa and Buirege. The study will therefore be centered only on one clan; Bungumbe in which Maberu division is situated. Each clan had a special calendar for FGM practice which occurs as dictated by the Council of Elders and other related factors.

According to the water and sanitation baseline survey of April –June 1996, it was found that the majority of members in households in the district cannot read or write. About 45% of the respondents could read and write and 43.3% could neither read nor write. The survey further indicated that 22% of the household's members have no education, 20% are of standard 1-4 education, 29% are of standard 5-8 education, 14% obtained form 1-2 and 0.3% obtained form 3-4 education. Regarding the heads of households, 50% of the household heads in Kuria district were found to be illiterate. Ntimaru division had 70% of the total illiterate household heads in the district. This forms the highest proportion of illiterate household heads in the district, followed by Kehancha division with 47% illiterate household heads.

The **first** of the limitations of the study is the difficulty of getting methodological techniques to extract the needed information due to non-availability of district based census as well as other specific data, particularly on FGM. Despite these handicaps, the study has identified

appropriate variables and research methodologies that will be used to record outcomes which may not be easily quantifiable; therefore, the study will mainly be based on qualitative techniques. The **second** limitation is that female circumcision is a deeply embedded cultural tradition in Kuria district that is handed down from one generation to another. Like all matters regarding human sexuality and reproduction, FGM is regarded as a taboo that should not be mentioned in public, leave alone discussed with strangers. The women who are looked down upon by their counterparts may not open up and may be seen as divulging the communities' secret. **Thirdly**, those who support FGM may give biased information. **Fourthly**, FGM is currently being practiced in secrecy after several presidential decrees and enactment of the Child's bill, which criminalized it. The interviewees might withdraw from participation openly for fear of intimidation. **Fifthly**, the Kuria community has very little regard for girls' primary to secondary education, right from birth to adulthood the girl child is brought up to play the role of a woman, i.e. domestic work. She is prepared as early as six years to be a woman. Emphasis is laid on those activities, which will mould her into a good housewife. There is fear among these people that formal school education will make the girl lose her roles expected of a good woman. "After all, educating a girl is educating someone's wife" so why bother?

A **sixth** factor, which might limit the scope of this study, is poverty. Kuria District is one of the poorest districts in Nyanza Province. Most families engage in peasantry farming and livestock keeping. Children are either looking after livestock or working on farms while others are engaged in child labor on the tobacco farms to support the family as early as five years old. In this community, girls are seen as a source of wealth, since a girl can fetch a dowry of between 25 to 40 herds of cattle. Many parents view this as a way out of their economic problems. The girls dropping out of school and getting married is therefore a positive sign for the family and anything that advocates for their long stay in school, may not be readily welcomed.

Last but not least, interviewing people who value traditions (non-material culture) more than education and books (material culture) may prove futile, as they may see no need for change.

1.7 ASSUMPTIONS OF THE STUDY

The study assumes the following:

- That the respondents in the study (the DEO, Area Chief, Council of Elders, Circumcisers, Head teachers and class teachers of selected schools and pupils) will cooperate to provide honest, bias-free and accurate information.
- That the target population is homogenous.

1.8 THEORETICAL FRAMEWORK

This study is based on William Ogburn's "Cultural Lag Theory" (1964:86-95). The proponent of the theory argues that within society as a whole, a change takes place in the material culture and that adaptive non-material culture (belief systems) changes extremely slowly in spite of changes elsewhere. The term cultural lag refers to the notion that culture takes time to catch up with technological innovations. Different rates of changes in material and non-material parts of culture account for this lag and social problems and conflicts are caused by this lag.

Contrary to this, in this thesis I will conceptualize cultural lag as the maladjustment between ideas, attitudes (FGM) and aspects of institutional practices (education), which are both elements of non-material culture. Incidentally the Kuria girl child is caught up in this web of non-adaptability and maladjustment of elements of non-material culture.

1.9 THE RESEARCH PROCEDURES AND TECHNIQUES

The qualitative research will be conducted among the Maberu people in the Kuria district of Nyanza province in Kenya. The following research techniques will be used in order to obtain answers to the stated research questions and to verify the tentative hypothesis.

- Documentary study of FGM background
- Questionnaires to be completed by respondents
- Interview schedule with specific guiding questions to key informants

The researcher will employ the three different related techniques called triangulation to collect data from the sampled respondents

1.10 CONCEPTUALIZATION OF TERMS

Circumcision: This is a collective name used to a variety of practices involving the female genitalia. It often refers to operations that fall under type I FGM.

Incision: Refers to making cuts in the clitoris, cutting free the clitoral prepuce but also related to incision made in the vaginal wall and to incision of the prepuce and the symphysis.

| | |
|-----------------------------------|--|
| Clitoridectomy: | Refers to partial or total removal of clitoris. |
| Infibulation: | Refers to removal of the clitoris, partial or total removal of the labia minora, together with labia majora. |
| Unclassified circumcision: | All others, including pricking, piercing or incision of the clitoris or and Labia stretching of the clitoris and surrounding tissues; incision to the vaginal wall, scrap, introduction of corrosive substances or herbs into the vagina to cause bleeding with an aim of tightening or narrowing the vagina respectively. |
| Access to Education: | It is used to refer to the opportunity or right by pupils to get formal education through the school setting. |
| Gender: | It refers to cultural definition of men, women, boys or girls used to categorize them into different areas of responsibilities, opportunities and roles within society. Gender refers to femininity and masculinity which are socio-cultural constructions. |
| Impact: | Used in the study to indicate that actions or state of affairs are influenced by another action or state of affairs. (Cause and effect analysis). The term has also been used to refer to positive and negative effects of FGM practice. |
| Stigmatization: | The process by which people are viewed negatively and are often discriminated against by others. |
| Stigma: | A mark on someone. A group of people may also internalize stigma and believe that they deserve to be discriminated against or treated badly, if they are not circumcised. |
| Development: | This is a process by which men and women with degrees of external support increase their options for improving their quality of life. |

Empowerment: It is a process by which all people, communities and countries in disadvantaged positions increase their access to knowledge, resources, decision making, and power and raises their awareness of participation in their communities in order to reach a level of control over their own environment and lives.

Culture: It is a whole complex ideas and things produced by a group of people in their historical experiences at a given time. It entails those patterns of thinking and doing that permeates their activities and distinguishes them from other people. Culture is thus the shared products of human groupings, including values, language and material objects. The intangible objects of culture (belief systems) are seen as the nonmaterial culture, while physical objects within a culture are the material culture.

Socialization: It is a process by which the individual develop into a more or less adequate member of a social group they are born into. It is learning to perform social roles according to norms and values of a certain society. According to the oxford student's Dictionary, socialization is defined as a process by which somebody especially a child, learns to behave in a way that is acceptable in their society.

Mixed Day School: Refers to learning institutions where school going girls and boys share available resources. They go to and from school each day, learning in the morning and returning home by evening hours.

Drop-out: Refers to children leaving school and not re-enrolling in their immediate or any other school, before they have completed the cycle.

Safe house: A designated place or institution where girls rescued from FGM are sheltered.

1.11 THE PRESENTATION OF THE STUDY

This study sets out to investigate the persistence of Female genital mutilation and its impact on women's access to education and empowerment in Kuria district, Nyanza province Kenya. The study focused on factors for persistence of FGM practice and its effects on education and professional growth and empowerment of the girl child in Kuria District.

Chapter 1: The introduction and orientation provided a background to the research problem, statement of the research problem, purpose of the study, research questions and assumptions, significance of the study, theoretical and conceptual frameworks, definitions and classification of Female Genital Mutilation (FGM), scope and limitations, and operational definition of terms. The study sought to establish the reasons for the persistence in practice of FGM and its effects on the girl child despite the existing awareness of its danger and several attempts to eradicate it.

Chapter 2: Theoretical foundation provides literature on issues related to factors perpetuating the persistence of FGM practice, despite the growing awareness of its dangers on the girl child's formal education, particularly at the basic level. A highlight on FGM as a traditional practice that is intended for cultural identity and graduation of a girl into womanhood or adulthood in preparation for marriage in the Kuria community will be provided. This section, therefore, explored this view more profoundly through a review on the subject and related theoretical field. The general purpose of this literature and theoretical

review was to identify possible factors enhancing the persistence of FGM practice in spite of its dangers on the girls and consequently how it affects their education and empowerment. The Cultural Lag theory was used in this case. William Ogburn's (1964) argues that within society as a whole, change takes place in the material culture, and that adaptive non-material culture changes extremely slowly in spite of changes elsewhere. Different rates of change in elements of non-material parts of culture account for cultural lag. In this sense, Ogburn conceptualizes cultural lag as the failure of ideas, attitudes, aspects of institutional practices to keep pace with changes in material culture. In this study however, two elements of non-material culture, which refer to formal education and belief systems of FGM practices are maladjusting. One part of the non-material culture (attitudes to FGM) lags behind education (another part of non-material culture). The Kuria girl child is therefore caught up in this lag of non-adaptability.

Chapter 3: Focuses on the changing trends of female circumcision in Kenya and focuses on the following:

- FGM in Kenya's changing trends
- Attempts to eradicate FGM in Kenya
- Current campaigns on FGM Eradication
- Attempts to improve the lives of the girl child after circumcision.
- Review of Related Research in Kenya
- Female Circumcision, Culture and Gender
- Female Circumcision and religion
- Female Circumcision and Marriage

Chapter 4: This chapter focuses on research methods and procedures used to collect the required information for the study. The chapter in particular provides insight into the research

design of the study, target population, sampling procedures, research instruments and data collection procedures.

Chapter 5: This chapter focuses on data presentation, analysis and interpretation of the collected data. The main focus is on answering the research questions coming from the research problem.

Chapter 6: This chapter focuses on the final conclusions, policy implications and recommendations for further research.

CHAPTER 2

THEORETICAL FOUNDATION

REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

This chapter provides the theoretical foundation of the study and the literature review on issues related to factors perpetuating the persistence of FGM practice, despite the growing awareness of its dangers on the girl child's formal education, particularly at the basic level.

This study is based on William Ogburn's (1964:86-95) "Cultural Lag Theory". He coined the term cultural lag in his 1922 work *Social change with respect to culture and original nature*. Ogburn's definition of cultural lag is: "A cultural lag occurs when one or two parts of a culture which are correlated changes before or in greater degree than the other part does, thereby causing less adjustment between the two parts that existed previously" (Ogburn 1957:167). This theory of cultural lag suggests that a period of maladjustment occurs when the non-material culture is struggling to adapt to new material conditions. Although these are the premises of the theory, the researcher will also investigate the phenomenon that interconnected elements within the adaptive non-material culture (FGM beliefs and education) do not change and adjust evenly, thereby causing maladjustment in the non-material culture itself and not only maladjustment to the material culture of the Kuria community. The researcher hopes to prove that this extension to the existing theory of cultural lag will make a theoretical contribution to the study.

Research is conducted on FGM as a traditional practice and belief system that is intended for cultural identity and graduation of a girl into womanhood or adulthood in preparation for marriage in the Kuria community. This view is explored more profoundly through a review of literature in the related field. The general purpose of this literature review is to identify possible factors enhancing the persistence of FGM practice in spite of its dangers on the girls and consequently how it affects their education and empowerment.

2.2 THEORETICAL FOUNDATION OF THE STUDY

William Ogburn (1957, 1964), the proponent of the theory argues that within society as a whole, a change takes place in the material culture and that adaptive non-material culture (belief systems and institutional practices) changes extremely slowly in spite of changes elsewhere. The term cultural lag refers to the notion that culture takes time to catch up with technological innovations, different rates of changes in material and non-material parts of culture account for this lag and that social problems and conflicts are caused by this lag. In this sense, Ogburn (1957) conceptualizes cultural lag as the failure of ideas, attitudes, and aspects of institutional practices to keep pace with changes in the material culture. When the material conditions change, changes are occasioned in the adaptive culture, but these changes in the adaptive culture do not synchronize exactly with the change in the material culture, this delay is the cultural lag. This resonates with ideas of technological determinism, in that it presupposes that technology has independent effects on society at large.

Later Ogburn (1957) used the term to indicate a more mechanical model that likened society to machinery that ran either well or poorly depending on the state of the various “parts”. The origin of the theory of cultural lag can be found in Ogburn’s emphasis on social change and the factors that cause it. The period required for society to adapt to the increased speed capability of the automobile was Ogburn's (1957) classical description of technologically driven cultural lag. He described societies in which changes are occurring

rapidly and contrasts this to societies in which change is occurring slowly (Ogburn 1957), like in the case of the Kuria community.

According to Ogburn (1957), four critical factors drive cultural change. These four factors are: invention, accumulation, diffusion, and adjustment. He believed that as new inventions were introduced into existing society, maladjustment would occur and a period of adjustment would be required. This underlying idea forms the basis for the theory of cultural lag. Inventions can be formed in a society from within the society by awareness of new possibilities. The accumulation of inventions over time also results in new inventions as two or more ideas are combined faster than adaptation to them can be made (Ogburn 1964: 95). Inventions can also result from the diffusion of new ideas from other geographical areas.

According to Ogburn (1957), one of the most important keys to understanding society is to be able to understand the motivations of both individuals and groups. In cultural lag, choice on both the individual level as well as in groups is motivated by many conflicting factors that influence how an individual perceives a given situation e.g. the Kuria girl child who knows very well that if she adheres to an element of non-material cultural practices and goes forth with FGM, she will not be able to complete her formal education (another element of non-material culture). Some causes for change and adjustment are ideological, while others are political, cultural or based on religious beliefs.

Further support for the validity of Ogburn's theory of cultural lag can be found in an essay entitled: "Conception and theory" that was published in the *International Journal of Social Economics* (Brinkman & Brinkman 1997). Brinkman & Brinkman (1997) notes that most critics of cultural lag point to the theory as being too broad or too general to be of any real value. They disagree with this assertion if the lag in question is empirically testable: a belief that was at the heart of Ogburn's (1975) theory as well. To help distinguish between different

types of lag, Brinkman & Brinkman (1997) prefer the term socio-cultural lag rather than merely cultural lag. They use the term “ socio-cultural “ to indicate that lags involve both social as well as cultural elements. Brinkman & Brinkman (1997) believe that socio-cultural lags are often overlooked when defining relationships within the non-material aspects of culture. In this study such a non-material relationship refers to FGM practices and education of the Kuria girl child. One part of the non-material culture (attitudes to FGM) lags behind education (another part of non-material culture).

Although Ogburn (1964:86-95) propagates cultural lag as a contradiction or maladjustment between development in the technological material culture and non-material culture, he also states that the independent variable causing the lag could be ideological, economic, political or social (Ogburn 1964:91). The unequal degree of development produces strain. It is therefore the contention of this researcher that contradictions in change also appear between elements of non-material culture itself. Therefore, the cultural lag theory could be expanded by explaining this phenomenon. Elements of non-material culture like belief systems and attitudes regarding FGM practices lag behind the elements of other non-material elements such as institutional practices relating to education. This is the case in the Kuria community.

Although Brinkman & Brinkman (1997) agree with Ogburn (1964:86) that classical lag occurs when the material part of culture moves ahead of the non-material part, they agree that lags can also occur when the non-material moves ahead of the material, because material culture is not always in advance of the non-material. Changes may be made in non-material culture, even adaptive, while the material culture remains unchanged. A compelling example of non-material socio-cultural lag can be found in differing attitudes found in various groups of people about FGM practices in Kuria district. The primary factors influencing these changes in social attitudes have been the alteration over time in the belief systems held by different groups, not the introduction of a specific technology. We rather find maladjustment in belief systems regarding FGM practices and education, both parts of non-material culture,

of which the one is slow to respond to change. As certain beliefs become more popular in the mainstream of Kuria society, culture will change.

The Kuria girl child finds herself in the midst of contrasting forces of two elements of non-material culture (education and FGM). She ought to undergo formal schooling where she has to be educated according to the modern curriculum and school syllabi through the modern school system (an element of non-material culture) and at the same time she is culturally compelled to be socialized into societal norms and values, where FGM (another element of non-material culture) is entrenched as a rite of passage and cultural fulfillment. The girl child is compelled to undergo the FGM practice between ages 8 to 15 years, a period when she is also expected to be attending formal education. In case the girl undergoes FGM at this critical tender age, she automatically graduates into womanhood and adulthood hence ready for marriage. Once this happens, her formal education is interrupted completely.

There therefore exists a conflict as follows; on one hand the culture of her people as failure to undergo FGM makes her to be perceived as an outcast and therefore a social misfit as she has the desire to belong. On the other hand, the Kuria girl child is also at the crucial age when she is supposed to be attending the formal education like all the other children of her age to prepare her to fit in the modern society and face future challenges.

The Kuria community has lagged behind in terms of changing from elements of their traditional non-material culture by continuing to practice FGM, even with the introduction of formal education, which is also an aspect of non-material culture. This maladjustment between aspects of the non-material culture has created a conflict between opposing forces thereby greatly contributing to the lag. The Kuria girl is caught between these two opposing forces and in most cases choosing to identify with her long standing traditional culture which is resistant to change hence not able to continue with the fast evolving formal education. The

girl eventually drops out of school immediately after undergoing FGM and opts for marriage at that tender age. This disruption in turn affects her education advancement and places her in an inferior position academically as compared to her Kuria male counterpart as well as other girls from other communities that do not practice FGM. The Kuria girl child ends up both academically and professionally handicapped leading to her not competing favorably with the males. Because the Kuria community is extremely reluctant to abandon their old held tradition (FGM) as it has been viewed to be part and parcel of the community, it has been regarded as having positive effects on the girls since time immemorial. An uncircumcised woman in Kuria is still seen as being abnormal and will in most cases even miss a husband. There are even cases of women being circumcised as adults so that they are perceived as normal. The Kuria girl child and the community are so blinded by this tradition that they view as being positive, that they do not see the long term negative effects on the education of the girl child. This situation as explained above, can also demonstrate that a cultural component that is at first positive can become a negative influence over the long term. The Kuria culture then becomes dysfunctional for the society as a whole although it may still be marginally functional for some segments of the society.

2.3 BRIEF HISTORICAL BACKGROUND OF FEMALE GENITAL MUTILATION (FGM)

FGM is an internationally recognized term for operations that involve cutting away part or all of the female genitalia. The practice is erroneously termed as “female circumcision”, which implies equivalence to male circumcision. Historical origins of female circumcision are unknown. Some reference estimated 2,000 years and stated during what Muslims call “algahiliyyah” – the error of ignorance. The Quran, Hebrew Scriptures (Old Testament) are Christian scriptures (New Testament) are silent on the FGM subject. Sunna (the words and actions of the prophet Mohammed) contains a number of references to female circumcision. Mohamed is reported as speaking of the Sunna circumcision to the Ansars’ wives saying

slightly without exaggeration: “Because is it more pleasant for your husband to be. It appears to be related to the least intrusive method of circumcision”.

However, debates among Muslims reveal that FGM is a social custom, not a religious practice. In those Muslim countries, where it is practiced, FGM is often justified by two controversial sayings of Prophet Mohammed that seems to favor Sunna circumcision. The authenticity of these sayings is unconfirmed; also scholars have refuted them. Even if it is true, they only permit the practice, and they do not mandate it.

In Europe and North America, doctors performed clitoridectomy on some female patients to treat epilepsy and various forms of illness and sexual “dysfunction”, such as frigidity, nymphomania or excessive masturbation until the 1930s. A British gynecologist, Isaac Baker viewed it in 1958 as a surgical cure for physical and mental illness that were believed to affect women exposed to sexual arousal (Thomas 1987:120).

In Africa especially and in sections of Asia and Latin America, FGM was being practiced for other reasons than those that border on cultural, traditional and religion. The main reason being the social and cultural significance of the practice as opposed to the medical justification of the practice in Europe and North America in the last two centuries. Advances in Science and medicine could easily disapprove such medical justification unlike social and cultural aspects in the African context. In the FGM practicing societies in Africa, uncircumcised women are recognized as unclean and are not allowed to handle food and water. The perception exists, especially in Africa, that women’s un-mutilated genitals are ugly and bulky. Among the Kissi of Kenya, the uncircumcised one is referred to as ‘omogere’ offensively translated as the uncut one.

In some African cultures, it is erroneously believed that a woman's genitals can grow and become wild, hanging down between her legs, unless the clitoris is excised (World Bank Report on FGM, 2005). Some groups believed that a woman's clitoris may damage the baby during child birth, and the baby will die (World Bank Report on FGM, 2005). This is contrary to what happens in other parts of the world where uncircumcised women give birth to healthy babies. However, with respect to the above, comes a question that lingers in the minds of many academics, including the researcher: "why has this cruel practice persisted despite the existing awareness of its dangers on the girl child and the many concerted efforts to eradicate it?" The response to this question is based on the resilience of the African traditional cultural norms and values. In the biography of Waris Dirie (Readers Digest 1999:134), a Somali model, narrates how her own mother held her down while a local woman was cutting away her genitals with a blood stained razor. She laments; "...when I think about it, it disturbs me, she says..."

Waris Dirie's (Readers Digest 1999:134) campaign has been made much more difficult because most people who practice FGM consider it simply their heritage, but according to her, FGM has nothing to do with tradition or religion. It is mainly about power and control. "It is men showing that they are physically stronger, but being cowardly by controlling women or girls and torturing them", she says. Some studies have however, indicated that some men from circumcising communities do not necessarily want cut women, dismissing it as an all women affair. Elsewhere in Africa, female circumcision is explicitly intended to show a woman her confined role in the society and restrain her sexual desires. In the following quotation, another victim Zinnals (22) tells her experience. "I was mutilated at the age of ten. I was told by my grandmother that they were taking me down the river to perform a certain ceremony..." Zinnals also reports: "Once I entered the secret bush, I was taken to a very dark room and undressed. I was folded and stripped naked..." (World Bank Report on FGM 2005: 87) The above utterances are moving testimonies of young innocent girls who have been mutilated as regards beliefs, on hygiene, aesthetics and health.

Since 1960's the practice of FGM has been heatedly debated at international forums and conferences. During these discussions there are conflicts between Westerners who view the practice as barbaric and heathen and the African feminists who have opposed the Western feminist discourse declaring it as prejudiced, lacking African reflection and as an attack on the African cultures. More recently, there was more attention on FGM during the United Nations International Conference on Population and Development (ICPD) held in 1994 and the International Conference for women in Beijing in 1995. The practice was declared as a human rights violation by both forums. At the ICPD (1994), FGM was identified as a basic human right violation and a lifelong threat to women and girls and all Governments were urged to prohibit and urgently stop the practice wherever it exists in these countries.

The ICPD recommended that Governments and communities take steps urgently to stop the practice of FGM and to protect women and girls from such similar unnecessary and other dangerous practices (UNFPA, 1995). Similarly, in the platform of action of the fourth World Conference on women held in Beijing in 1995, FGM was cited as a threat to women's reproductive health. The same conference included a section on the girl child in the platform of action and urged governments, international organizations and Non-Governmental Organizations (NGO's) to develop policies and programs to eliminate all forms of discrimination against the girl child, including FGM. Other International consensus statements and treaties such as the 1993 declaration against women also condemned FGM as one form of violence against women. The 1993 Vienna Declaration and the program of action of the World Conference on Human Rights expanded the international human rights agenda to include FGM.

The 1990 Convention on the Rights of the Child advocates for the rights to equality irrespective of sex, while the 1979 Convention on the Elimination of All Forms of Discrimination against Women can be interpreted to require Government and State intervention against FGM in articles 2f and 5a (UNICEF/ UNFPA/WHO 1997:45). States that FGM violates a child's right to body integrity. It raises questions over the issue of

“informed consent” as it is a practice routinely conducted on children aged between six and twelve years, it violates the right to health and at times the right to life.

Although FGM is commonly practiced in Africa, Asia and South American countries, it is also increasingly being practiced in Europe, Australia, Canada and the USA primarily among the immigrants from Africa and South Western Asia, Europe, Arabian Peninsula, Malaysia and Indonesian (World Bank Report on FGM 2005: 98). In Africa it is practiced in 28 countries, which include Kenya, Somali, Ethiopia, Uganda, Tanzania, Sudan and Egypt amongst others. In Asia on the other hand, it is also practiced in the Arabian Peninsula countries of Oman, South and Northern Yemen, United Arab Emirates, the Muslim Indonesia and Malaysia and among the Bohra Muslims of India and Pakistan. In South America, FGM appears to be confined to Brazil. Excision of the clitoris and the labia minora accounts for 80% of all the operations, whole infibulations constitutes about 15% of all the procedures. Incidences of infibulations are higher in Northern Sudan, Somalia and Djibouti with a consequent high rate of complications. Infibulations are also reported to be practiced in Southern Egypt, Eritrea, Ethiopia, Northern Kenya, Mali and Nigeria (Toubia, 1995:56; WHO/UNICEF/UNFPA, 1997:45; PATH/Kenya, 1995:43; Efua, 1994:37).

2.4 DEFINITIONS AND CLASSIFICATION OF FEMALE GENITAL MUTILATION (FGM)

Female genital mutilation (FGM) has been defined as the removal of part or all of the female genitalia or injury for the female genital organs for cultural or non-therapeutic reason (WHO, 1995). According to the World Health Organization (WHO), FGM has been classified into four (4) main types; mainly in terms of level of cutting or operation and severity as follows:

Type I: Clitoridectomy, ***Type II:*** Excision, ***Type III:*** Infibulations and ***Type IV:*** Unclassified circumcision.

Types I and II are the most common with variation among countries. Type II, infibulations constitutes about 20% of all affected women and is most likely in Somalia, North Eastern parts of Kenya and Djibouti. The one prevalent among the Kuria community is type II infibulations, which the Kuria girls and women undergo.

FGM was traditionally associated with rites of passage ceremonies. Demographic and Health Survey (DHS2002:45) findings indicate the following: Circumcision performed on children between the ages 7-10 years was practiced by the following countries: Egypt, Somalia, Sudan, and Central Africa Republic. Those countries that performed circumcision during infancy (less than one year) include Eritrea and Mali. Those who perform the operation (circumcisers) were also distinctly spelt out in the following context: Traditional circumcisers in Mali form 28%, Eritrea 91%, Somalia 92% of all the people performing circumcision, or all cases of circumcision. These mostly involve Traditional Birth Attendants (TBAs) while health aides, hospital cleaners involved in circumcision in various countries are as follows; Mali 2%, Eritrea 0.2%, Sudan 35.6%, Somalia 6.5% and Egypt-17.8%, So are 17.8% of circumcisions performed by health aides and hospital cleaners as opposed to trained nurses and doctors who should be doing the work .This data was obtained from latest DHS conducted in each country.

Despite the increased awareness of the dangers of FGM on the girl child, particularly on her educational development and empowerment, FGM has persisted in practice by both the elites and the less educated worldwide, especially in Africa. This includes the Kuria of Kenya. It is noted that very little attention has been devoted to this fundamentally important problem; yet it is a well known fact that formal education and training of girls and women are quite critical for long term social development. In this regard, it is vital that more information relating to this problem be sought to entrench effective strategies to arrest this menace otherwise girls will continue to trail behind in development. This is more critical as the Kuria girl does not go back to school after circumcision as she considers herself as a woman and is also viewed

so by her society and opts for marriage. This marks the end of her formal education and hence the end of her social development and eventual empowerment.

This action refers to the Cultural Lag Theory, relating to the lag of two elements of non-material culture, such as educational development of girls adhering to another element of non-material cultural, the traditional belief of FGM, causing maladjustment between the two elements. These two elements of non-material culture therefore do not develop evenly in societies practicing the traditional belief of FGM.

2.5 PRACTICE AND PREVALENCE OF FEMALE CIRCUMCISION IN KENYA

The ages at which girls are circumcised in Kenya vary from one community to another and ranges from 5 to 20 years. It is a pre-adolescent activity in Kisii, Kuria and a teenage undertaking in Nandi, Embu, Meru, Nyambene, Nyeri, Muranga, Samburu and Garissa districts.

As mentioned earlier, female circumcision has been practiced in Kenya for centuries. A World Bank Report on FGM (1994) estimates that at least 50% of Kenya's female population has already been circumcised. High rates of female circumcision are found in districts, which include Kisii (98%), Narok (96%), Samburu (91.3%), Meru (73%), Nyambene (80%), Garissa (90%), and Muranga (60%). This is proof of the existence of FGM. Further findings indicate that the rate of female circumcision varies across age groups with women in the older age groups having higher rates than the younger ones. Based on the MYWO (1991) study, women aged 50 years and above were all found to be circumcised compared to 51.45 of those aged 14 years and below among some of the communities which circumcise women. Female circumcision has also been found to be correlated with educational attainment.

Ongong'a (1990) found the prevalence of female circumcision to be high among the less educated. These findings are consistent with those realized by FPAK (1996) carried out in Nyambene district which established that the lower the level of education the higher the female circumcision. The study by Oduyoye also established that lower prevalence of female circumcision was common among women with gainful employment as compared to their counterparts who were homemakers or simply unemployed.

2.5.1 Types of circumcision performed

In Kenya, three types of circumcision are practiced; these include Sunna, excision and infibulations. Sunna is the most prevalent in Kissi district, while Meru and Narok districts predominantly practice excision, which also appear to be prominent in all districts. A significant number of Samburu girls (19.6%) undergo infibulations.

2.5.2 Reasons for practicing Female Circumcision

Studies conducted in Kenya, (FPAK 1994, MYWO 1991: 87)) have revealed that most girls are not involved in decision making concerning circumcision. Mothers, aunts, grandmothers and other relatives were the ones who decided whether the girls should or should not be circumcised. Based on the FPAK 1994 study, for example, 80% of circumcised girls indicated that other people, (parents or relatives) made decisions for them to be circumcised.

The reasons given to justify the practice of female circumcision are numerous (WHO/UNICEF/UNFPA, 1997:88; FPAK, 1994:45; MYWO, 1991; 56). The practice

reflected the ideological and historical situations of the societies in which they develop. They include the following:

- **Religious reasons:** FGM is not required by any religion yet it is practiced by Muslims, Christians, animists and non-believers in a range of communities. Among some Muslim communities the practice is carried out guided by the belief that it is demanded by the Islamic faith. However, the practice of FGM predates Islam and there is no strong support that it is a religious requirement of Islam. Among the Christian, the Bible only talks about male circumcision and there is no reference to female circumcision.
- **Sociological reasons:** This appears to be the dominant reason. Female circumcision is associated with the cultural heritage, initiation to adulthood, social integration, and the maintenance of social cohesion and recognition in the community.
- **Hygienic and aesthetic reasons:** In most communities the female external genitalia are considered dirty and unsightly and its removal is considered to promote hygiene and promote aesthetic appeal.
- **Psychosexual reasons:** FGM (particularly the removal of the clitoris) is said to reduce female sexual desires, maintain chastity and virginity before marriage and fidelity during marriage and increase male sexual pleasure.
- **Myths:** It is believed that female circumcision prevents bad body odour and promiscuity, makes child birth easier and enhances one to be a good wife.
- **Economic gains:** FGM is a source of income for practitioners who are paid a certain amount of money for performing the operation and material incentives to the girls, which include new clothes, shoes, money and other related gifts. The fees charged for the “operation” range from 300-5000 Kenyan shillings among the traditional circumcisers. The 5000 is charged when a girl is circumcised while pregnant to enhance the circumciser to “cleanse” herself since being pregnant while uncircumcised is considered unclean and a bad omen (FPAK 1996)

- **Cultural reasons:** Studies (MYWO, 1991 and FPAK 1991) have revealed the cultural and social significance attached to the traditional Family Life Education (FLE) imparted to girls during circumcision to be a factor responsible for its entrenchment. While some community members who practice female circumcision in Kenya acknowledge its dangers and seem to favour the less severe type of the practice or its total eradication, the majority indicated that teaching accompanying the female circumcision ceremony should continue. The same studies have revealed that, there is a strong belief that the teaching or socialization of specific cultural norms and values given to girls during seclusion plays a significant role in preparing them into responsible women or wives. The young girls are neither considered eligible for marriage nor respected unless they have been circumcised. A woman's status in the society where female circumcision is practiced and her eligibility for marriage therefore is dependent on this initiation process (FPAK 1994:35; Sokoni 1995:42, MYWO 1991:84) Another factor responsible for the perpetuation of female circumcision in Kenya is that the ceremonies provide the initiate's parents and relatives the opportunity to display their wealth, generosity and social status to the rest of the community.
- **Political reasons:** The practice of female circumcision has also been used as a rallying tool politically and culturally when communities are threatened. For example during the Mau Mau war of independence, the Agikuyu used girl's circumcision as a rallying point and as a symbol of cultural unity against the colonialists and the Christians (Kenyatta 1938: 67). In addition, in the 1990's female circumcision has come to be used as a political tool to threaten and compromise the security of women. In May 1992, the late Member of Parliament for Kerio Central, Mr. Chepkor declared in parliament that he would circumcise the co-coordinator of the green belt movement Professor Wangari Mathai if she dared to step in the ethnic clashes zones. In the early 1990's the tribal tensions between the Saboat Maasai and the Bukusu's in Western Kenya led to mass forced female and male circumcision in the Mt. Elgon district.

Female circumcision has also been used rampantly as a political weapon to demean and threaten women politicians. For example, Mrs. Martha Karua the MP for Gichugu and former Minister for Constitutional affairs was insulted by her political opponents by being told she was unfit to address the parliament because she was not circumcised. In addition, female circumcision is grossly used to intimidate female politicians on the basis that they are children and unfit to lead anybody. Male politicians have also been politically intimidated on the basis that their wives are not circumcised. It was on this basis that a politician in Nyambene district had his wife, mother of two, circumcised so that he could win elections, in which he was miserably defeated (Daily Nation 1995, FPAK, 1997).

2.6 EFFECTS OF FEMALE GENITAL MUTILATION (FGM)

2.6.1 Health effects

According to the Hosken report (1993:92), the highest maternal and infant mortality rates are in FGM practicing regions. The practice results into irreversible life-long risks for girls and women, at the operation, during menstruation, marriage, consummation and child birth.

Its short and long-term complications depend on the type of operation, the locality of the operation, whether in a rural community or hospital or in an urban setting, the age, the eyesight and dexterity of the circumciser, the instrument used (knife, needle, razorblade or sterilized instruments) and the struggle put up by the young girl (MOH 1993:81; Olayinku1987:67). The short-term consequences of FGM relates to the procedure itself, where more often than not, crude tools are used without anesthesia. There may be injury of the adjacent organs, not to mention that the subsequent hemorrhaging may lead to shock or even death.

Long term effects are more severe. They include scarring, complications at childbirth and even infertility. There is also the psychological trauma, painful intercourse and inability to experience sexual pleasures. As a result of those cited complications, the girls' participation in school activities may be affected negatively. What is quite puzzling is that this practice is still rampant in spite of the increasing awareness of such complexities. It is therefore essential that factors for this persistence in FGM practice are investigated to establish its entire effect on the girl child in the study. Furthermore, girls are more often than boys targeted for early and or forced marriages when families encounter scarcity of resources. The situation may result in girls dropping out of schools prematurely as it is the case among the Kuria people.

Some data on the short and long term medical effects of FGM, inclusive of those associated with pregnancy have been collected in hospitals and clinics. However, the incidence of this problem and of death as a result of mutilation cannot be reliably estimated. Supporters of the practice claim that major complications and problems are rare in the Kuria community while opponents of this practice claim that they are frequent.

The physical impact of FGM is too crucial. The effects of genital mutilation can lead to death. At the same time mutilation is carried out, pain, shock and damage to the organs surrounding the clitoris and labia can occur. Later on urine may be retained and serious infection develops. Use of the same instrument on several girls devoid of sterilization can cause the spread of HIV/AIDS if some of the girls had sexual intercourse with an infected partner before circumcision. More commonly, the chronic infections, intermittent bleeding, abscess and small tumors of the nerve, which can result from clitoridectomy and excision, may cause discomfort and extreme pain. Infibulations may have such long-term effects as chronic urinary tract infection, infertility, excessive scarring of tissue, kloids (raised irregular shaped, progressive enlarging scars) and desmoids cysts (MOH, 1993:3).

According to a recent Baseline survey conducted in Maberera Division, Kuria District, about 80% of circumcisions are done at the homesteads of the initiates, about 9% at the relatives' homes, 3% are done in the hospitals or health clinics while about 2% is performed at the practitioner's homes (MOH /GTZ 2000:2). The World Bank Report on FGM (1994: IV) develops further the following view:

“Although there are some who take the position that FGM as simply being a cultural practice, the mass of informed opinion (both in Africa and the West) is that FGM has many serious negative consequences and is incompatible with the development strategy based on full utilization of human potential. Indeed the practice entails serious risks and other social harms”.

While supporting the above view, it should be noted that, it does not take into account the cultural values of FGM as seen by those who practice it. They may not be “informed” in the view of the interventionist, but unless those who practice and believe in it are fully integrated the fight against FGM, success of intervention will not be guaranteed. It is therefore upon such grounds that this study is quite essential to investigate factors for the persistence of FGM practice, despite such prevailing awareness of its negative effects on the girl child in Maberera Division, Kuria District.

2.6.2 Economic Effects

According to a World Bank sponsored Report (1994:46) on FGM in East Africa, FGM has crucial economic development implications represented by the following:-

- A loss of productive labor through increased mortality or morbidity as direct or indirect consequences of the operation.

- A decline in productivity (and income) due to FGM-related disability linked to the long-term complications of the operations.
- Reduction in household financial resources through the fees paid for the operation and or medical treatment on FGM complications.
- A financial burden on the health system stemming from the cost of treating FGM complications (World Bank Report 1994: III).

The argument above is inadequate, as it does not entail the negative value i.e. burden added as a result of FGM ceremonies. An essential economic aspect of FGM among the Kuria people, which has not been explored, is the enormous cost of entertaining guests during the ceremonies and lavish gifts given to the girls' parents after the ceremony. This aspect will be highlighted further in the chapter on the findings, after the study is conducted. Apart from focusing on the economic effects of FGM cited, this study is particularly interested in investigating the causes for persistence in the practice despite such serious negative effects it has on girls' education in this study.

2.6.3 Social Effects

The establishment of UNESCO in 1948 was accompanied by a resolution, which declared that education was a human right that should be provided to all children, both male and female. This notion has been built upon by among others the 1990 UNO declaration on the rights of the child and the Jomtien World Declaration (2000) on EFA while asserting that education remains the “single major factor that can narrow the gender imbalance in all areas of development”. The 7th development plan observes that the overall situation however, reveals that females are disadvantaged at all levels of education in terms of access, participation and completion of performance (World Bank Report 1994:225).

In spite of the arguably noted campaigns against FGM, globally, nationally and regionally, the practice is still prevalent in most African and Muslim societies according to the World Bank Report on FGM (1994: IV) There are considerable indicators that girls have lower educational and occupational aspirations in comparison to their male counterparts (World Bank Report 1994:226). As the popular saying goes, “*educate a woman and you educate a whole nation*”, hence lack of education or poor participation of girls in the process of education is quite detrimental to national and human resource development. Education therefore is a fundamental human right or a means of fully participating in social-economic development activities both locally and nationally. For that reason, it goes without saying that girl child education is the pivotal point of sustainable growth in development. The objective of education is to sharpen an individual’s capacity for appreciating, understanding and controlling both himself or herself and the various ability to function effectively in the various roles that the individual is expected to play (UNESCO, 1971:862). Education can either be formal (material culture) no, this equation between formal education and material culture is incorrect or informal (non-material culture). Africa in the pre-colonial era specialized in the informal system of education by peers or kin, namely socialization of traditional cultural norms and values, known as non-material culture. Initiation rites inclusive of FC were traditionally part and parcel of belief systems of traditional educational processes in the pre-colonial Africa.

However, research conducted by Ongong’a and Oduyoye indicate that girls who have undergone circumcision, or whose bride-price have been paid, often undergo attitudinal changes and reject formal education, perceiving themselves as adults and schools as institutions for “children . This is further emphasized in a World Bank confidential report (1994) which asserts that FGM has negative repercussions on girl child education as girls may be kept out of school for several days, weeks or months or even be withdrawn as a direct result of FGM.

Among the Kuria, FGM has a central purpose to traditionally prepare girls for marriage as well as reduce their sexual impulse in order to inculcate fidelity to their spouse. It is often performed on girls of school going ages, especially of 8-15 years. This adversely affects girls' education who immediately after the practice perceives that they are old enough to engage in sexual intercourse quite often, thus resulting into premarital pregnancy, early or forced marriages and finally school dropouts.

While the effects of FGM on the formal school education of the girl child is recognized as argued above, the informal educational aspects of the practice in grounding the girl in traditional culture of the people, needs to be investigated further. This is strengthened by the Kiswahili saying "Asiye na mila ni mtumwa" (One without his/her culture is a slave). This saying sounds a warning to those who discard traditional, non-material culture historically.

2.7 CONCLUSION

It can therefore be concluded that the persistence of FGM is still a real threat to both the education and professional advancement of the Kuria girl child. Minimal efforts have been made to address the problem of FGM and its effects on the girl child's education due to resistance to change by this community. Studies already conducted reveal that the physical and psychological effects of FGM are quite gross and crucial. The effects can even lead to death. The question that lingers in the minds of many is that with such wealth of awareness, why has FMG practice remained prevalent in Kuria as well as elsewhere?

In the Kuria community, there is need for increased awareness on the negative effects of FGM on the girl child and increased perception on the positive effects and benefits of formal Education to both the individual girls and the community. This study therefore intends to

spell out the main forces influencing and sustaining the practice of FGM and its effects on girls in Maberu Division, Kuria District.

As explained above, the Kuria community is so resistant to change from the practice of FGM which is greatly entrenched in their tradition and is slow to adapt to modernization which has brought with it formal Education. This resistance contributes heavily to the persistence of practice of FGM, despite the growing awareness of its dangers. It is also because of this resistance that even formal education is not taken up fast and seriously despite its obvious future benefits to the girl child and the society as a whole. The girl is driven by the forces of tradition to undergo FGM, drop out of school and get married. It is basically because of this reason that there are very few or no Kuria women professionals occupying any significant position/post in the Kenyan Government irrespective of affirmative action by the Government. This has also affected their effective participation in other important activities of nation building including the political arena where the Kuria men dominate.

The Cultural Lag theory was used in this case. William Ogburn (1964) argues that within society as a whole, change takes place in the material culture, and that adaptive non-material culture changes extremely slowly in spite of changes elsewhere. Different rates of change in elements of non-material culture account for cultural lag. In this sense, Ogburn conceptualizes cultural lag as the failure of ideas, attitudes, aspects of institutions' and practices to keep pace with changes in societal development. The Kuria girl child is therefore caught up in this web of non-adaptability of elements of non-material culture.

There is therefore a need to provide information that emphasizes the need for alternative rite of passage and propelling fast change to adopt formal education while shunning FGM for the liberation of the Kuria girl child. It is by providing such information that the individual will make socially responsible choices to move from a passive observational role to an active participant in social change.

CHAPTER 3

REVIEW OF RELATED RESEARCH IN KENYA

3.1 INTRODUCTION

According to the Kenya Demographic Health Survey of 2003, FGM is nearly universal among the Somali (97 %), Kisii (96 %) and Maasai (93 %). It is also common among the Taita (62 %), Kalenjin (48 %), Embu (44 %) and Meru (42 %). The levels are lower among the Kikuyu (34 %) and Kamba (27 %). However, there has been a noted reduction since 1998 among the Kalenjin, Kikuyu, Kamba and Mijikenda. North Eastern Province has the biggest proportion of women who are circumcised (99 %), while Western Province has the lowest proportion of women who have undergone FGM (4 %). The survey also showed that there is a strong relationship between educational level and circumcision status. Nearly six out of every ten women with no education are reported having been circumcised as compared to 21 % of women with at least secondary Education. Passed by parliament in 2001, the Children's Act outlaws various forms of violations against children, including FGM. "But the Act only protects those in the age bracket of 0-18" says Pamela Mburia, (Daily Nation Newspaper 2009:13) the coordinator of the Association of Media Women in Kenya. This implies that there are no legal resources available for an adult woman who might be forcibly circumcised.

FGM is practiced by about 75 % of Kenyan communities. There are mainly three kinds of FGM; Clitoridectomy Excision and Infibulations. Clitoridectomy is the least practiced form of

FGM. Infibulations is the type that Waris Dirie, the Somali born former Super Model had to go through at the age of five. Excision is the most common form practiced in Kenya and the rest of Africa except Sudan and Somalia.

Research conducted in Kenya reveal that FGM has been practiced in Kenya for centuries but none of those who practice it can ascertain its origin. Numerous theories date back to a Maasai origin, which may be supported by that of the Maasai. Others assert that when a circumcised one defeated a tribe, the people perceived that the courage and bravery of the enemy was as a result of their being circumcised.. It is however felt that the Kuria people of Kenya who border the Maasai borrowed heavily the notion of female circumcision from the Maasai community. It is therefore imperative that a study be carried out to establish the magnitude of such a practice in Mabera division, Kuria District and its implication of girl child education and its holistic effects on the life of girls and women in this locality.

The fact that some renowned Kenyan scholars like Professor Ngugi WaThiong'o have made remarkable contributions, but futile efforts to eliminate the practice in Kenya is quiet worrying. Ngugi (1985:87) reflects on the first effort to eradicate the practice. When the British colonizers occupied Kenya in the 19th century, they found her traditionally well established. Since then, Kenya has had a perpetual and bitter history of opposition to FGM. The Christian missions of Protestant Churches such as CMS (Church Missionary Society) and the CSM (Church of Scotland Mission) made first efforts in 1920's to eradicate the practice. Since that era, the missionary were supposedly viewed as being closer to the people. The British government then proposed the change condemning the practice as a vice and immoral, because it exposed the genitals as well as being painful and done in unhygienic manner. Furthermore, female circumcision was condemned on medical grounds. Despite the aforementioned measures coupled with those of post-colonial churches and governments, the practice of FGM has prevailed to date, the resilience of which was one of the objectives of this study. It is evident that the Kuria community is vastly affected by this practice and

factors perpetuating it have not been properly explored despite the sensitization of the dangers it poses on the girl child especially in Kuria district.

3.2 FEMALE CIRCUMCISION, CULTURE AND GENDER

In many communities, FC is performed as a rite of passage from childhood into adulthood. During this period, the girl is equipped with skills for handling marriage, husband and children. The process of becoming a woman contributes heavily to the maintenance of non-material custom and tradition by linking the girls to the lifestyles and roles played by other women. FGM represents an act of socialization into non-material cultural values. Family and communities that practice FC affirms their relationships with the beliefs of the past by continuing the tradition, they maintained the community customs and preserve cultural social identity.

The problem of persistence of FGM continues to raise questions and controversies globally, nationally and regionally. The British Medical Association (BMA) code of ethics was recently quoted as saying:

“There is no doubt that parents agree to practice with the best interest of their daughters at heart, but daughters must work with families to show them they are causing them untold harm and damage “(Daily Nation August, 2001: 10).

The above statement is a pointer to the fact that awareness is still in the best strategy to tackle the problem. This should however, be done with proper understanding of the cultural context in which the practice is carried out. However, condemning FC holistically, coupled with its values is like throwing away the baby with the bath water, according to the Kuria community. It is therefore preferable to throw away the adverse effects but maintain the good values. Culture and traditions are by far the most frequently cited reasons for FGM. Along with other physical or behavioral characteristics FGM defines who is in the age bracket to

undergo the practice. This is obvious where mutilation is carried out as part of the initiation into adulthood.

The late President of Kenya, Jomo Kenyatta, argued that FGM was inherent in the initiation which is in itself an essential part of being Kikuyu, to such an extent that “abolition of it will destroy the tribal system”. (Kenyatta, 1938:39)

A study in Sierra Leone reported a similar feeling about the social and political cohesion promoted by the Bongo and Sunde secret societies that carry out initiation, mutilation and teaching. Many people in FGM practicing societies, especially traditional rural communities regard FGM as so normal that they cannot imagine a woman who has not undergone the rite. Others are quoted as saying that only outsiders or foreigners are not genitally mutilated. A girl cannot graduate into adulthood in FGM practicing society unless she has undergone the rite.

Among the Kuria people and many other communities that practice the rite, it is regarded as a gender identity. FC is often deemed necessary in order for a girl to be considered a complete woman and the practice marks the divergence of the sexes in terms of their roles in life and marriage. A local Kuria woman remarks:

“We are circumcised and insist on circumcising our daughters so that there is no mixing between male and female. An uncircumcised woman is put to shame by her husband who calls her “you with clitoris” people say she is like a man. Her organ would pick the man....” (Healthy future publication, 2007:16)

In many societies, an important reason for FGM is the belief that it reduces woman sexual desires, therefore reducing the chances of extra-marital sex. In the case of infibulations, a woman is “sewn up” and “opened” only for her husband. Societies that practice infibulations are strongly patriarchal. Preventing a woman from unwilling sexual relations is vital since the

husband is seen to be dependent on it. Infibulations does not provide a guarantee against “illegitimate” sex as a woman can be “opened” and “closed” again (World Bank Report 2005, www.unicef.org/protection).

In some cultures, enhancement of the man’s sexual pleasure is a reason for mutilation. Anecdote accounts, however, that men prefer an un mutilated woman for sexual partners.

3.3 FEMALE CIRCUMCISION AND RELIGION

In Islam dominated communities particularly, FC is regarded as a religious act. Among some Muslim populations one compelling factor given for practicing various forms of FGM is the need to comply with Islamic teachings in favor of circumcision. Although the Quran explicitly demands male circumcision, there is no reference to FC (World Bank Report of FGM 1994:4).

According to scholarly interpretations of the prophet Mohammed’s teachings, even the velocity of his often quoted statement to a traditional circumciser calling her to reduce and not destroy external sexual organs (responding to what have been termed, “mild Sunna”) is subjected to challenge (World Bank Report on FGM 1994:19) . Although male circumcision is demanded by the law of Torah that all Jewish males on the eighth day after birth should be circumcised as an ordinance of identity to Yahweh, FC is mentioned nowhere in both the New and the Old testaments. A few Christians who practice FGM do so probably for cultural rather than religious reasons.

During a recent UN seminar in Ouagadougou (Burkina Faso), the majority of participants agreed that the justification of FC based on cosmology and those based on religion be assimilated to superstition and denounced as such since neither the Bible nor Koran recommended that women be excised. The Quran does not contain any case of FGM, but a few Hadith, (sayings attributed to Prophet Mohammed) render to it.

3.4 FEMALE CIRCUMCISION AND MARRIAGE

The Readers Digest article of October, 1999, on the Somali model Waris Dirie, demonstrated the link between FGM and marriage in communities that practice it. Waris Dirie was quoted saying:

“In a nomadic culture in which I was raised, there is no place for an unmarried woman, so mothers felt it their duty to ensure that daughters have best opportunities to have husbands....” (Waris & Miller 1990:38).

Mary Simal, a Maasai educationist expresses concern at the fate of girls in her culture thus saying: “By circumcising girls in early life, you turn them into women way before their time...” (Standard Newspaper, 2009:14).

A recent Basement Survey on FGM (2002) carried out in Kuria District revealed that girls are mostly married off after their circumcision, while a World Bank report on FGM maintains that FC is generally part of the nexus of a social economic situation in societies where girls are married in exchange for bride-price .(World Bank Report on FGM 1994:29)

The current study intends to focus on the possible factors enhancing the persistence in FGM practice despite its dangers such as early and forced marriages on the school-going girls at a tender age at primary school level.

3.5 CHANGING TRENDS OF FEMALE GENITAL MUTILATION (FGM) IN KENYA.

Like all matters regarding human sexuality and reproduction, female circumcision has been regarded at one time in the early 1940s-1950s as a taboo that could not be mentioned in public, let alone discussed. The grandaunts were enjoined in this silence and in some communities it was believed that a curse would be placed on any one who dared to divulge the secrets of the whole process. It is no wonder that up to now there are lots of gaps in research on the subject particularly on the education and socialization imparted to girls during the seclusion period and the mortality rates associated with the practice. Currently, female circumcision has come to the limelight and is being discussed in public both in the urban and rural areas. For example, a number of religious leaders in Nyambene district having been sensitized by FPAK have been incorporating messages on the need to eradicate the practice in their sermons. These religious leaders also caution parents during the baptism of their daughters not to circumcise them. In addition, both the print and the electronic media have been very instrumental in bringing the subject into the limelight. There has been many media coverage on the cases of forced circumcision, other related issues and dissemination of research findings. Based on the newspaper analysis, the debate about female circumcision has led to emergence of two groups. The one group propagates the practice while the other group is against the practice on the grounds of its adverse health effects.

Female circumcision is a traditional, cultural practice, which is so dynamic when it is legislated it goes underground and is extensively practiced. This is evident from the colonial period when the missionaries in Kenya legislated against it, most communities who practiced

it continued to circumcise their daughters secretly. For example, in 1982 and 1989, former president Moi issued presidential decrees banning the practice while addressing public rallies. Yet community based studies have revealed that girls were circumcised in mass after each decree (FPAK, 199).

In response to the push to eradicate female circumcision on health grounds, members of certain communities are increasingly turning to health care facilities and qualified health practitioners to have their daughters circumcised. This is particularly common among affluent individuals. The “medicalization” of the practice is a lesson to advocate its eradication. To diversify their strategies is to sensitize the health workers to the need to eradicate the practice, instead of focusing the attention of the female circumcision on the parents and opinion leaders. While the affluent can afford to take their daughters to the hospital to be circumcised, those who cannot afford take their daughters to private clinics to be given an anti-tetanus injection. The parents also instruct the female circumcisers to use only one razor blade per initiate. The wound is treated using antiseptic detergents. The female circumcisers in turn are using gloves to prevent infections (FPAK 1996:62; PATH 1996:71).

Because of the sensitivity of the subject of female circumcision in Kenya, politicians avoid talking about it publicly for fear of losing votes. Both the government and the politicians have taken a non-committal stand. For example, in May 1995, Mr. Ole Ntimama – a member of parliament (MP) and a minister who represented a constituency which is among those with the highest prevalence of female circumcision stated that “we have more important things to worry about such as the poor and the unemployed, the practice of female circumcision will die slowly. There is nothing the government can do. Culturally, am against the practice but its cultural meaning is hard to replace. I cannot go back as a leader and tell my community to stop practicing it. They will throw me out of the parliament (Daily Nation Newspaper 1995: 13).

A Study (FPAK 1994:45) established that the proportion of circumcised women in the younger age groups has been decreasing. This means that the tradition is becoming unpopular among the young generation. This is supported by incidences in Nyambene district where in 1995 a number of girls refused to be circumcised after being sensitized on the dangers of the practices. The parents chased them from home but some were later accepted back and they escaped being circumcised. However, one of the girls was never accepted home and the parents stopped paying her school fees. The girl is continuing with her studies with the help of Plan International who pays school fees (FPAK 1996:58).

3.6 ATTEMPTS TO ERADICATE FGM IN KENYA

In Kenya, there have been long-standing attempts to eradicate female circumcision. Indeed, as early as 1906, Christian missionaries and the British colonialists attempted to discourage the practice by adopting legislation outlawing it. However, such efforts proved to be counterproductive. Kenyans resisted the eradication of the practice as part of their struggle for self determination (independence) and preservation of their cultural heritage (Kenyatta, 1938:32). In 1957, the council of elders (NJUURI-NCEEKE) in Meru district banned the practice. The ban was largely defied by those it was supposed to protect. The girls went ahead and circumcised themselves. Both men and women encouraged this defiance. The District Officers attempted to enforce the ban between 1956 and 1959 by prosecuting those who defied the ban. This resulted in a public outcry from the communities who sought intervention from the colonial government, which had passed the ban. After the public outcry, the central government reversed its decision and it was agreed that female circumcision would only be eradicated through public education.

During the late Kenyatta's presidency from 1963 to 1978, female circumcision was not addressed due to the significant role it played in the struggle for political independence. Kenyatta's stand on the practice was clear that he supported the practice. Former Kenyan president Daniel Arap Moi in many occasions cautioned about the practice. He identified female circumcision as a hindrance to national development and specifically to girls' education. On July 27, 1982, former president Daniel Toroitich Arap Moi banned the practice of female circumcision in his Baringo Constituency while addressing a public rally. In 1989, the former president again banned the practice national wide while addressing university students in his constituency. In his speech, he asked communities who still circumcised girls to stop forthwith. (Daily Nation Newspaper 1989:1)

3.7 CURRENT CAMPAIGNS ON FGM ERADICATION

It is estimated that over 130 million girls and women have undergone some form of cutting, and at least 2 million girls are at risk of undergoing the practice every year (WHO Report on FGM, 08/032005 at www.unicef.org/protection). The causes for practicing FGM are based on myths and ancient cultural beliefs, religion, aesthetics, sociological and psychological issues. FGM was traditionally associated with rites of passage ceremonies. Demographic and health survey findings (2002) indicate the following: The average age is 7-10 years for FGM in Egypt, Somali, Central African Republic and during infancy, before one year of age in Eritrea and Mali.

The serious complication of FGM overrides its cultural significance and makes it a health and human rights issue. Owing to its gross effects on the girl child and women, FGM can still be condemned, although a cultural tradition. Since the function of culture and tradition is to provide a framework or harmless practice, cultural argument can never be used to promote violence against persons, male or female. Moreover, both material and non-material culture is not static and is constantly changing and adapting. Nevertheless, the elimination of FGM

should be developed and implemented in a way that is seen in the cultural and social background of the communities that practice it. Behavior changes when people understand the hazards pertaining to the practice and then they realize that it is possible to give up harmful practices, non-material culture, without giving up meaningful aspects of material culture (World Bank Report on FGM 2005:48). The European Parliament in September 2001 adopted a resolution on FGM which calls on its member states to punish any resident who has committed the crime on FGM. It has been outlawed in several countries. It is perhaps one of the worst violations of the fundamental human rights of children and women. It is depicted as one of the worst forms of gender-based violence practiced in eastern and western Africa. The battle against FGM is also a fight for gender equality and the rights of girls and women to live dignified lives.

The Norwegian Church Aid is among organizations involved in the campaign against FGM. The move was initiated to ensure that the dignity and self esteem of women in communities that carry out this practice are enhanced. Results of a recent evaluation of Norwegian Church Aid work on FGM in Africa shows some encouraging outcomes for instance; the study shows that there is some increased knowledge of the female physiology and the health consequences of FGM. The evaluation report of the Norwegian Church Aid work on FGM notes a gradual change in attitude among individuals in communities that carry out the dehumanizing ritual. With the increasing knowledge levels of the harm that the practice does on women, many have started to question the religious justification of the practice. Families such as that of a Nousamma Patriarch in Mali have decided not to circumcise their girls and have maintained the tempo for the past two years. The report also shows that some communities whose men would hitherto not marry an uncircumcised girl begin to soften their stand. In Mali, for instance, the evaluation team noted clear intentions to marry an uncircumcised girl contemplating to stop circumcising women altogether and consideration of less severe forms of cut. The report notes the grass-root efforts of young girls such as those of the Angecha community in Ethiopia striving to say “No” to FGM. In this community, there is a reversal of values and social recognition, as those not circumcised gain status over their circumcised colleagues who are being ridiculed. The community often meets

for information and education. Dialogues and debates among women generated by these events have helped to provide a voice for women and elevated their social status as key players in the battle against FGM. (World Bank Report on FGM 2005:78).

The Collaboration between civil society organizations in Ethiopia has resulted in adoption of a legal instrument to redress FGM. In Mali, however, there was overwhelming support for increased awareness before legal measures could be introduced. Discussions with religious leaders have facilitated a change in discourse and churches such as Evangelical church in Eritrea view such as part of their institutional agenda.

FGM has been outlawed in numerous countries. In Africa, for instance, they are the following: - Burkina Faso, Central Africa Republic, Cote D'Ivoire, Djibouti, Ghana, Guinea, Togo, and Senegal Tanzania among others. In Kenya, a presidential declaration has denounced the practice (World Bank Report on FGM 2005:40). The revised edition of the Kenya Constitution 2010(1998) Section 74 protects every individual from torture, inhuman and degrading treatment. "No person shall be subjected to any torture or human or degrading punishment or other treatment". (The Constitution of Kenya, 2010:51)

Article 231 of the Kenya penal code Act Cap 63(1970: 86) states that:"Any person who, with intend to maim, disfigure or disable any person or to do some grievous harm to any person is guilty of a felony and is liable to imprisonment for life, with or without corporal punishment".

Lack of consent of the girl child below 16 years actually undermines any argument that FGM is a healthy surgery for the benefit of the girl child. As persons below the age of 16 years are not competent in law to give any consent, FGM to such a girl can only be considered a clear

case of assault causing grievous bodily harm. The Children's Act (2001) enacted by parliament outlaws FGM. Section 14 of this Act states that:

“No persons shall subject a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development.”

Section 20 notes that any connection of FGM related offences carries penalties of 12 months' imprisonment or fine of Kshs. 50,000 or both. The connection here includes a person who takes or forces the girl to be circumcised, the circumciser and those involved in the ceremonies (Training manual for health Providers on FGM 2004:79).

The World Vision in Kenya is greatly involved in the campaign against FGM. This finds its roots in its motto: Vision, Mission and Care values all of which are supposed to be people-centered and gender sensitive. The vision reads in part: “Justice, peace and dignity upheld for all people while the core value reads in part: “We value people; we regard all people as created in the image of God”

The organization's policy on women reads in part: “World Vision celebrates the diversity and dignity of women and men expressed in scriptures....”

The policy further stated that the World Vision's Biblical and theological stance value the equal worth and dignity of women and men. The policy stipulates that the organization supports women.

From the foregoing literature and concerns, the researcher is prompted to carry out an in-depth investigation on the factors for the persistence of FGM practice, despite the growing

awareness of its harmful effects on the girl child's education particularly in Maberu division of Kuria District. It is noted that in this study area there are other NGOs that have been beefing up campaigns against this practice, but very little effort has been realized. For instance, the Kenya Alliance for Advancement of Children (KAACR) is a national umbrella NGO whose primary objective is to monitor the rights of the child through the implementation of the provisions and principles of the UN convention on the rights of children. The CWF was reprinted with financial support from Netherlands Reformed Church (NRC). KAACR is a ten-year strategic plan implemented in 2003 in Maberu Division. Its focus is on the primary school level of education of girls in Kuria District.

There are also other NGOs on FGM eradication in this study area such as the Action Aid, German Technical cooperation (GTZ) in liaison with the Ministry of Health and ADRA (Adventist Relief Agency) among others. Intensive efforts have been made by these organizations to clamp down FGM practice by engaging in the following activities:

- Sharing information on the negative effects of FGM with community leaders, children, parents and teachers.
- Teaching children about their rights and urging them to say NO to FGM
- Informing people about the penalties associated with FGM practice
- Supporting and strengthening the girl child's education in this community
- Sensitizing people to report cases of parents or guardians who force their daughters to go through FGM to the police, officers for children and organization for children in the area.
- Empowering girls who have gone through the practice to live positively through the trauma and seek medical check-up for infections
- Supporting the girls' and boys' movement against FGM
- Urging girls and boys to join the movement of children against FGM

International Day of Zero Tolerance to Female Genital Mutilation/Cutting (FGM/C)

This is a United Nation's day that is observed on February 6th, every year. The objective of the day is to create awareness on the practice and seek greater support for the elimination of FGM/C. The day was adopted following the conference of the Inter-African Committee on Traditional practices affecting the health of women and children (IAC) held on February 6th, 2003. During that forum, Stella Obasanjo, the first lady of Nigeria, made the official declaration on "Zero Tolerance to FGM/C". In Africa, Mrs. Obasanjo commended the work undertaken globally to address the problem and emphasized the need for a common agenda to intensify and strengthen partnerships at all levels while respecting existing diversities. In addition, a national plan of Action for the Abandonment of FGM /C (2008-2012) is in place, whose goal is to ensure that all forms of FGM/C are reduced by 10% by 2015. This plan provides a framework within which all players are expected to align their FGM/C abandonment initiatives (Saturday Nation Newspaper 2010:22).

The greatest puzzle is that despite the aforementioned efforts and campaign to eradicate FGM, the practice has persisted to date, even coupled with increased awareness of its dangers on the girl child's education, specifically at the basic level in this study. It was upon this District background that the researcher was necessitated to undertake an in-depth study to investigate factors behind this persistence of FGM practice. The message being sent out seems to be that the authorities do not care, or are not bothered to do anything to protect girls from genital mutilation and early or forced marriages. The circumcision rites for girls in Kuria District during December holidays are quite dismal, with women being on the forefront. The rite however is undergone by almost all girls.

3.8 ATTEMPTS TO IMPROVE THE LIVES OF THE GIRL CHILD AFTER CIRCUMCISION

There have been various attempts by different organizations to step in and improve the life of the girl child as a tool for empowerment of women. One such organization is the Maendeleo Ya Wanawake Organization (MYWO) which having been inspired by the deliberations of the 1995 Beijing Conference on women, felt the need to establish the real causes for the low performance of girls in schools in the country. The organization was particularly concerned about the situation in the rural areas where there were more cases of early school dropouts. They set up various projects to address this concern. One of such projects is “the girl club “set up (MYWO) in various districts e.g. Kuria, Keiyo, Marakwet and Kilifi. The Organization produces and distributes Maendeleo Ya Wanawake Healthy future publication (A monthly publication). “This publication has positively touched the lives of thousands of disadvantaged girls. This publication was based on Statistics at the Ministry of Education which showed that enrolment for both girls and boys at the Primary school level was at par at ratio of 50:50, but by class or standard four (4) the ratio was 45:55. By class six, the ratio of girls to boys was 35:65. This was alarming as this level determines those transiting to secondary school. This grim state of girls’ education was a source of great concern to MYWO. Something had to be done fast! This was why MYWO felt the need to be involved in the challenge of improving girls’ education in the country because the organization knew that it was the girls who would suffer if something was not done immediately to rectify the situation. As a consequence, the entire community would lose in the long run given the important role women play in the family and the community at large.

MYWO, therefore, initiated the Healthy Future project, to help address the plight of young girls, be it financial or social. The overall objective of the project is to improve the health, future and educational standards of girls in the country. In 1998, the Johns Hopkins University Population Communications Service contributed money and provided technical support to MYWO to start the project.

Each district was selected on the basis of its peculiar problems: “For instance, Kuria district was selected due to the negative impact of female circumcision, which directly leads to early marriage, leading to many girls dropping out of school. The practice still continues in Kenya even today. As stated in the article in the East African Standard (2003:8) an “80-year old man fined 100,000 by Narok court for forcing his 15 year old daughter to undergo circumcision resulting in hospitalization, **“the girl is still admitted at Narok district hospital in serious condition. Doctors said her urethra was ruptured during the circumcision exercise.”**”

3.9 CONCLUSION

It is upon this literature review especially areas concerning trends and patterns of enrolment and completion rates of girls in primary school by gender that it is noted that women in most parts of the World have trailed behind men in educational access. According to the WHO/UNICEF/UNFPA joint statement 1997, the central problems of Female Education as access to school, attainment in years of schooling, academic achievement and accomplishment after school. Sanderson further states that girls who have undergone circumcision, or whose bride-price have been paid, often undergo attitudinal changes and reject formal education, perceiving themselves as adults and schools as institutions for “children” (Sanderson, 1995:45-46).

These problems are interrelated and are influenced by internal and external factors. The Cultural Lag Theory is useful in explaining that the Kuria community is so resistant to change and this resistance probably contributes heavily to the persistence of practice of FGM, despite the growing awareness of its dangers particularly regarding formal education. The change from FGM to adopting formal education is too slow causing maladjustment hence slows down development and advancement especially of the girl child.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

This chapter provides insight into the research design of the study, target population, sample selection and research instruments. The study will mainly use qualitative analyses but elements of quantitative analyses will also be employed to prove and substantiate some findings. These research techniques are based on the theoretical perspective of the study in order to find answers to the research questions stemming from the research problem of the study.

4.2 DESIGN OF THE STUDY

This study adopted an exploratory, qualitative approach using a descriptive survey design to investigate the persistence of female genital mutilation (FGM) and its impact on girls' and women's access to education and empowerment. Descriptive survey designs are used in preliminary and exploratory studies (Peter 1981) to allow researchers to gather information, summarize, present and interpret for the purpose of clarification (Orodho 2002:5; Mugenda & Mugenda 2003:7).

Qualitative research values data as intrinsically meaningful and organized around theorizing. Researchers are more concerned with generating new concepts than with testing existing ones. Hence, grounded theory is used as a specific inductive technique, which means that theory is built from data during the data collection process (Neuman 1997:328; 334). Data often contain rich description, detail and unusual characters instead of being formal and neutral with numbers or statistics. People and events in concrete social settings are described (Neuman 1997:328), as in the case of the Kuria girl child. Qualitative data are concerned with accounts of actors' social worlds where specific behaviour, such as belief systems in Kuria district, is examined. Data are in the form of words, sentences, paragraphs and observations which are gathered in this research by means of unstructured questionnaires and in-depth interviews. Empirical evidence is obtained to understand and explain social life of specific people.

Since qualitative research encompasses a variety of designs and methods focusing on common features such as holistic approach, human experience and people in their natural setting, a high level of researcher involvement and the production of descriptive or narrative data, Rolfe (2006:305-306) is of the opinion that any attempt to establish consensus on quality criteria for qualitative research is unlikely to succeed for the simple reason that there is no unified body of theory, methodology or techniques that can collectively be described as qualitative research. On the other hand, Babbie (1994:280) contends that qualitative research is especially appropriate to the study of topics where attitudes and behaviours can best be understood within their natural social settings and in an ongoing process that can not be predicted in advance.

Reliability and validity is achieved through the use of specific verification strategies, ensuring rigor (Morse et al 2002:13). However, Sandelowski (1993:7) argued that issues of validity in qualitative studies should be linked not to "truth" or "value" as they are for the positivists, but rather to "trustworthiness", which "becomes a matter of persuasion whereby the scientist is viewed as having made those practices visible and, therefore, auditable".

Sandelowski (1986:28) also referred to this process of auditability as “leaving a decision trail” so that the reader would be able to track and verify the research process. A study is trustworthy if, and only if the reader of the research report judges it to be so. Trustworthiness has been further divided into **credibility**, which corresponds roughly with the positivist concept of internal validity; **dependability**, which relates more to reliability; **transferability**, which is a form of external validity; and **confirmability**, which is largely an issue of presentation (Lincoln & Guba 1985, Graneheim & Lundman 2004). However, Sandelowski (1993:6) regarded reliability/dependability as a threat to validity/credibility, and questioned many of the usual qualitative reliability tests such as member checking (returning to the participants following data analysis) or peer checking (using a panel of experts or an experienced colleague to re-analyse some of the data) as ways of ensuring that the researcher has analysed the data correctly.

Whereas Guba and Lincoln (1989) regarded member checks as ‘the single most critical technique for establishing credibility’, Sandelowski (1993) argued that if reality is assumed (as it generally is within the qualitative paradigm) to be ‘multiple and constructed’, then ‘repeatability is not an essential (or necessary or sufficient) property of the things themselves’ and we should not expect either expert researchers or respondents to arrive at the same themes. Sandelowski, therefore, rejected reliability as a useful measure of quality in qualitative research in favour of validity or trustworthiness. Appraisal of research is, therefore, subject to individual judgement based on insight and experience rather than on explicit predetermined criteria (Rolfe 2006:308). Individual judgement and appraisal of studies, like the persistence of FGM practices, are therefore suitable for this study.

4.3 TARGET POPULATION AND SAMPLE SELECTION

The population of Maberera division is estimated to be 30,500 out of the entire Kuria district’s projected population, which is 158,400 (Ministry of Finance & Planning poverty reduction

strategy paper – Kuria District 2001). The division comprises 24 public primary schools and 4 private ones but the target population was confined to 6 randomly sampled public primary schools, comprising almost 25% of the total. The study targeted 95 girls between standards three and eight, 18 class teachers, 6 head teachers, 1 district education officer, 1 area Chief, key players in FGM, like 2 council of elders, 3 circumcisers and 3 church elders.

4.4 SAMPLE DESIGN AND SAMPLE SIZE

There are a total of 24 public primary schools in Maberera division. The total population in the 24 public primary schools is **9,335** broken down as follows: Boys **are 4600** and girls are **4,735**. The total number of girls between classes 3-8 is **3,093**. Samples were drawn using both probability (random) i.e. **simple random** sampling and non-probability (non-random) i.e. **purposive sampling** procedures. A common misconception about sampling in qualitative research is that numbers are unimportant in ensuring the adequacy of a sampling strategy. The “logic and power” (Patton, 1999:169) of the various kinds of purposeful sampling used in qualitative research lie primarily in the quality of information obtained per sampling unit, as opposed to their number per se. Moreover, an aesthetic thrust of sampling in qualitative research is that small is beautiful. Yet, inadequate sample sizes can undermine the credibility of research findings.

“Adequacy of sample size in qualitative research is relative, a matter of judging a sample neither small nor large per se, but rather too small or too large for the intended purposes of sampling and for the intended qualitative product” (Sandelowski 1995:179). Sample size in qualitative research may refer to numbers of persons, but also to numbers of interviews and observations conducted or numbers of events sampled. People are certainly central in all kinds of inquiry approaches, but they enter qualitative studies primarily by virtue of having direct and personal knowledge of some event like FGM.

In conclusion, to determine an adequate sample size in this qualitative research is ultimately a matter of judgment and personal experience in evaluating the quality of the information to be collected against the uses to which it will be put (Sandelowski 1995:183). The particular research method and sampling strategy employed, will determine the research product intended. Numbers ensure that a sample is fully adequate and sufficient to support particular qualitative studies. A good principle to follow is: “An adequate sample size in qualitative research is one that permits - by virtue of not being too large - the deep, case-oriented analysis that is a hallmark of all qualitative inquiry, and that results in - by virtue of not being too small - a new and richly textured understanding of experience” (Sandelowski 1995:183).

In this study, a given sample design and sample size was used depending on each given population/sample and their merits, as follows:

A. Primary Schools

The simple random sampling was used to select 6 primary schools out of the 24 public primary schools in Maberera division to participate in the study. According to Miller (1991:38), a minimum of 10% of the target population is adequate for descriptive surveys. To conduct random sampling, the name of each primary school was written on a piece of paper. The papers were then folded and placed in a rotary box. The six schools were then picked from this box.

Merit: Each and every item in the population (schools) was given an equal chance of inclusion in the sample.

B. Head teachers and class teachers

Purposive sampling was used in selecting 6 head teachers and the 18 class teachers (from standards 3-8) a total of 24 administrators.

Merit: Involved selecting samples using set criteria hence targeting the right population (administrators).

C. Standard 3-8 targeted pupils

Purposive sampling was adopted to select 3 girls per class between classes 3-8 i.e. eighteen (18) girls from each of the selected 6 (six) primary schools, giving a total of 108 girls, either affected or not affected by FGM practice. **However, only 95 questionnaires were returned.** A direct in-depth interview approach was employed through guided interview schedules conducted by the research assistants, occasionally the researcher and the interpreter (preferably one of the girl's teachers from the same ethnic background) eloquent in the Kuria language. However, only girls who were willing to give information were involved as FGM is too secretive and touches on one's personal life.

Merit: Involved selecting samples using set criteria hence targeting the right population (Targeted Standard 3-8 pupils affected or not affected by FGM)

D. The council of elders and the circumcisers

Purposive sampling was adopted to select the council of elders and the circumcisers. The council of elders are referred to as “inchama” that is the supreme authority. They were significant to be involved in the research study since they determine the FGM calendar for each of the four clans in Kuria community namely: Bugumbe, Bukira, Nyabasi and Buirege. Each clan has a special calendar of FGM which occurs interchangeably. Two elders of the council and two circumcisers were involved as respondents giving a total of four (4) sampled.

Merit: Involved targeting the right population (The council of elders and the circumcisers).

E. District Education Officer

Purposive sampling was adopted to select the District Education Officer .The DEO is the one in charge of all the schools within this area including the sampled schools and was therefore crucial in this study.

Merit: Targeting the DEO in this study was significant, since he has accessibility to all the statistics as regards enrolment trend by gender. This population was ideal for providing the above sample due to a number of factors:

Firstly, the society beliefs that by standard three, the girls are mature enough to have undergone the rite of passage.

Secondly, once the rite of FGM has been performed, the girl now graduates into womanhood or adulthood and are likely to be targeted for early or forced marriages. Some of them can also get pregnant easily while in school, due to lack of parental supervision and permissiveness, the age of circumcision is normally between 8-15 years. From this period, the girls are compelled to believe that they are now adults and mature enough for sexual intercourse hence majority of FGM victims seldom go back to school.

The study targeted the teachers in the selected schools since they occupy responsibilities and leadership position in the schools and therefore are well conversant with daily occurrences in the institutions. They particularly understand the enrolment trends by gender, the affected girls, their participation, performance and retention rates.

The class teachers of standard 3-8 were also targeted for this study because they are closer to individual girls in terms of their daily school attendance, participation in school activities and performance in academics.

The policy implementers like the District Education Officer (DEO) have professional and documentary records of all the schools in the area hence a vital research tool for comparison with the records available in the targeted schools. Finally, the Council of Elders was instrumental as they are the ones who dictate a special calendar for each clan for FGM rite. They are therefore referred to as “inchama” (the supreme authority and kind of king or God). The calendar falls interchangeably after a span of 2-3 years during the December holidays.

This council also works in liaison with the traditional circumcisers who perform the actual operation in respective venues.

4.5 UNIT OF ANALYSIS

With regard to this research study, the focus is on the individual girl child undergoing FGM; therefore the unit of analysis is the individual, which is the most common unit of analysis in social research.

4.6 STUDY LOCALITY

The locality of the study was in Maberera division of Kuria district, Nyanza province, Kenya. It was conducted in the most accessible division of Kuria District, **Maberera Division**, which is predominantly inhabited by immigrants from the neighbouring Districts of Migori, Kisii and Trans-Mara. Kuria district is the southernmost District in Nyanza province. It borders the republic of Tanzania to the south, Trans-Mara district to the North East and Migori district to the North West. The total area of the district is 572 km². The district is divided into five administrative divisions namely: Maberera, Ntimaru, Kengonga, Kehancha and Masaba. The divisions are further divided into 23 location and 46 sub-locations. Maberera division is in West Bugumbe Location. There is one municipal council covering the entire district. Maberera division was selected since it is the most secure and accessible in terms of the district's topography.

Map: Kuria district administrative boundaries.



4.7 DATA COLLECTION INSTRUMENTS

The researcher employs different corresponding, related techniques called triangulation to collect data from the sampled respondents. These include the use of the following instruments:

- * Documentary study of FGM background,
- * Questionnaires completed by respondents,
- * Interview schedule with specific guiding questions to key informants and
- * Tape recording of live interviews of key informants.

The above instruments are used to collect the required data as explained in the data collection procedure section.

4.8 DATA COLLECTION PROCEDURE

This research employs the use of survey and therefore combinations of methods are used to collect appropriate data as follows:

a) Documentary study of FGM background

These include recorded information obtained from existing literature, Secondary data obtained from publication and official documents from various relevant sources. The researcher gathered relevant and important information from the above sources which are crucial for this study.

b) Questionnaires

The questionnaires are completed by all the head teachers, class teachers and the DEO. This tool is preferred since it ensures secrecy and anonymity on the part of respondents. It is also appropriate for this group since they are literate hence will read the questions and provide their responses. This method enables the researcher reach the required sampled population easily.

c) Interview schedules

The researcher also used an interview schedule in this study with predetermined topics or questions to be discussed. This qualitative in-depth technique is used on selected individuals for important information. This group includes the targeted girls, the area chief, the council of elders, circumcisers and church elders. The technique is ideal for this group of respondents since it provides exhaustive and appropriate information about their own viewpoints. Furthermore, the interview schedule enables the researcher to verify and guide the kind of information necessary for the study from the respondents.

All the instruments for the eight (8) sampled groups are distributed and data collected using the above methods. The entire questionnaires are returned. This gave an expected return rate of 100%.

d) Tape recording of live interviews of key informants

The technique is ideal for key informants since it provides exhaustive and appropriate information about their own viewpoints from their own words. It also gives them the opportunity to further explain other issues related to those in the questioners.

4.9 PILOTING THE STUDY

This involves trying out of the field once the questionnaires are constructed. The questions are pre-tested to a selected sample used before finalizing them. This is done two months prior to the actual period of data collection. According to Borg (1997:33) and Brause (2002:25) the researcher also uses similar procedures to those used during the actual data collection. This is necessary to ascertain the reliability of data collections instruments. The number in the pre-test of the entire sample size piloting is essential in this study because it took into account the following factors; any deficiencies in the pre-testing such as imprecise directions, insufficient space to write the responses, clustered questions and wrong phrasing of questions will be detected; vague questions are identified and appropriateness of the anticipated analytical technique ascertained. Most importantly, piloting enabled the researcher to determine the reliability of the questionnaires or instruments used. The researcher therefore pre-test about 1% of the entire sample size before the data collection process, the instruments are pre-tested using two research assistants and a resourceful authority (the district staffing officer.)

Finally, the research instruments are availed to the researcher's supervisor to provide professional and intellectual judgments on their adequacy for collection of relevant data before they are used in the actual data collection exercise. This is done to ascertain their reliability.

4.10 CONCLUSION

The above section describes how the data appropriate to the proposed study is collected from the samples. The study captures four key areas of girls' education; enrolment, transition, retention and completion rates in Kuria district. In order to achieve this, the researcher will engage the stated research methodology that enabled her to try and answer the research questions as well as achieve the objectives set out in the study.

CHAPTER 5

DATA ANALYSIS RESEARCH FINDINGS AND CONCLUSION

5.1 INTRODUCTION

This chapter presents the empirical findings of this research study. A survey using an interview guide with relevant questions regarding the FGM practice was handed to different respondents to be self-administered. The questionnaires were filled out by the DEO, two circumcisers, the area chief, three church elders, two elders of the council, six head teachers, eighteen class teachers and ninety-five pupils from classes 3 to 8. Interviews were also conducted with some of the respondents holding important positions in the Kuria community. Based on this data-gathering technique, the research questions of this study and tentative hypothesis held are addressed in an attempt to provide answers to:

- What are some of the factors enhancing the persistence of FGM practice among the Kuria people?
- How does the culture of the Kuria people play a role in the persistence of FGM practice among the community?
- How does the community's attitude play a role in the perpetuation of FGM?

- How does the school or education play a role in the eradication or promotion of the practice of FGM?
- What is an alternative rite of passage to FGM among the Kuria people?
- What role does the church play in enhancing or discouraging FGM practice among the Kuria community?
- What are the discrepancies between the educated males and females in the district?
- What is the impact of this discrepancy on the development in the area?
- What are some of the barriers facing the girls in ascending to leadership positions as a result of FGM?
- Why has this cruel practice persisted despite the existing awareness of its dangers on the girl child and the many concerted efforts to eradicate it?

These research questions served as guidelines in the search for answers to the problem statement. They also served as tentative hypotheses in this qualitative study. In order to substantiate the Cultural Lag theory, the research questions were used to guide the qualitative sociological research by answering the research questions to correlate with the theory.

In addressing the above research questions or tentative hypotheses, different related aspects from the data have been categorized and put into tables to allow easy access to data to find answers to the research questions. Both qualitative and quantitative methods of data analyses were utilized in this study so that the negatives of one method are negated by the positives of the other method.

The findings from this study revealed the complex factors set out to investigate causes and factors for persistence of FGM practice and its effects on the girl-child education in Maberera Division, Kuria District.

5.2 DATA ANALYSIS

The purpose of this sociological study was to describe situations and events regarding FGM practices in the Kuria district. The study aimed primarily at mainly qualitative analyses and elements of quantitative analyses of the particular cultural practice where most of the population is still illiterate. An investigation was conducted to describe why observed patterns of cultural behavior still existed and clarify the implications thereof.

The sample comprised of 6 head teachers, 18 class teachers (from standards 3-8), and 108 pupils of whom only 95 pupils responded in the sampled schools. All 6 of the head teachers returned their completed questionnaires, as well as the eighteen class teachers. The interviews were conducted by the researcher with the help of three research assistants and two interpreters. Also accompanying the research team was the district staffing officer who assisted in the identification and easy access to the sampled schools as well as the area chief who provided security and easy access in the area.

The research findings were presented by using qualitative descriptive analysis. Descriptive techniques like tables were used to describe and explain the events regarding FGM. Also used for analysis was categorization into related themes, which were presented alongside qualitative data. There was also an element of quantitative analysis.

The Cultural Lag Theory was used to explain that the Kuria community is struggling to adjust to undergoing formal education (an element of non-material culture) which is slowly creeping into the community, as well as keep to their traditional practice of FGM (another element of non-material culture) which they are not willing to drop. The Kuria girl child therefore finds it extremely difficult to adjust as long as she still needs to identify and belong among her community members who are so resistant to change in both ways. This probably contributes heavily to the persistence of practice of FGM, despite the growing awareness of its dangers at the expense of formal education.

A study of the Kuria people in relation to women and girls has revealed that the cultural socialization process is associated with the practice of FGM. It involves the transfer of cultural knowledge, which the initiates have to internalize unquestionably; therefore cultural beliefs such as FGM are not easily changed. At the same time formal education is also being taken up slowly and cautiously as it conflicts with FGM even though the future benefits are evident. The cultural belief system is so entrenched that even the family background cannot exempt the girl child from undergoing FGM. Through the process of socialization, the naïve Kuria girl child interacts with her siblings, parents and entire family members. This social setup socializes the child into the element of non-material culture (FGM) and transmits to her the accumulated experiences of her people in order to socialize her to fit into the membership of her group. The Kuria community is a closely-knit and self-perpetuating entity that surpasses the individual members who compose it, hence the importance of its cultural identity to its members.

This element of non-material culture (FGM) is slow to change and therefore conflicts with the other element of non-material culture (formal education) which she also needs at this stage. In this sense the individual member(girl child) when caught between the two elements of non-material culture ends up leaning towards that which has a community/cultural identity hence opting for FGM at the expense of formal education. It is evident that the Kuria girl child is caught between these two elements of non-material culture, FGM and formal

education at the same time. The girl wants to balance between attending formal education as well as undergoing FGM which is slow to change hence maladjustment and lag. Caught in between this lag, the Kuria girl child is not able to balance, hence in most cases drops formal education for the other element, FGM. These two elements of non-material culture are therefore maladjusted, because educational practices are not important to the girls after circumcision.

The Kuria community is therefore at a crossroad as they are adjusting very slowly and cautiously to adopting formal education as well as adjusting extremely slowly to dropping or shunning FGM, hence this lag to change. This change and maladjustment between FGM, which is harmful and detrimental to the girls and formal education, which has a lot of future benefits conflict, therefore creating future negative effects and impact in development and advancement of both the girl child and the community.

In this study different rates of changes in elements or parts of non-material culture (beliefs regarding FGM and education) account for lag in development. Here the lag is not only between material and non-material culture as Ogburn believed, but maladjustment occurs in elements of non-material culture itself. This phenomenon hopes to make a theoretical contribution by expanding theory regarding cultural lag, since lags between elements of non-material culture itself are new to existing theoretical thinking.

5.3 RESEARCH FINDINGS

These research findings are discussed according to the different research questions stemming from the research problem of this study. This method of analyses proves that all research questions have been answered out of the data collected.

5.3.1 Factors enhancing the persistence of FGM

The researcher sought to determine the reasons for the persistence of FGM in this area. From the data gathered, asked for the reasons why FGM persists in spite of the evident awareness on its dangers, four of the six head teachers said that the reason for persistence of FGM was culture and fear of stigmatization. One attributed it to lack of sensitization or awareness, while another one felt that it was due to laxity in laws or punitive measures against those who practice it as shown in the table below. As already stated, tables are only used in this study to allow easy access to data to find answers to the research questions and to substantiate qualitative data and not to quantify any data.

Table 1: Reasons for persistence of FGM.

| Response | Frequency |
|--|------------------|
| Culture or Stigmatization | 04 |
| Lack of sensitization or awareness | 01 |
| Absence of laws and punitive measures | 01 |
| TOTAL | 06 |

Most of the respondents interviewed felt that the major reason for the persistence of FGM was culture. Apart from the head teachers, other respondents including the circumciser, the area chief, council of elders and the three church elders all concurred that culture was the main contributor to the persistence of FGM in Kuria district.

5.3.2 Role of culture in the persistence of FGM

The researcher found that culture played a major role in the persistence of FGM. It was clear that culture influenced some members of the society as far as issues of FGM were concerned, irrespective of either religion or social status. This was further confirmed by interviewing three church elders on whether their own children (girls) had undergone FGM. It was surprising that all three church elders said that their own girls had undergone FGM due to cultural reasons. One of the church elders during the interview remarked:

“I had all my daughters circumcised because it’s according to my culture. Nobody would marry a woman who is not circumcised! All our grandmothers, mothers and wives were all circumcised therefore it will be unfair for my own daughters to miss this great opportunity to belong”.

This finding shows that the church elders too support this practice, but some of them said that they would not have their daughters circumcised given a second chance.

This was further supported by the cultural belief by some of the respondents, i.e. the circumciser and village elder that an uncircumcised woman would not be able to undergo normal delivery. She had to be circumcised even as an adult to avoid stigmatization. The researcher also established that all the girls who had not undergone FGM between classes 3-8 in the sampled schools were all from other surrounding communities, but attending schools in Kuria district. The main reason given by these uncircumcised girls was that it was against their culture and that it was painful. The majority came from the neighbouring Luo community where their culture did not accommodate FGM.

The researcher further found that the traditional village elders, who were culturally looked upon by the community as being wise and earned a lot of respect and admiration, also played a role in encouraging this practice. It was confirmed that one of their major roles was to

determine the FGM calendar and the whole community looked forward to this major cultural event in their calendar.

5.3.3 Role of the community's attitude in the perpetuation of FGM

The researcher sought to establish the level of awareness of the existence of FGM among the respondents. All the six head teachers of the sampled schools admitted that they were aware of the existence of FGM within the Kuria community of Kuria District. During the interview with the head teachers to further establish why FGM persisted in the community, they cited culture as a rite of passage, social demands, prestige, ignorance, requirement for marriage and identity as some of the reasons. This confirmed the fact that all the head teachers interviewed were aware of the existence of FGM irrespective of social status, but admitted that there was very little or nothing they could do about it as it touched on culture and therefore very sensitive as one of the head teachers said:

“This thing happens every December holiday. I have watched and participated in several of them since I was a small boy and always looked forward to it even at this age. When the time comes, you cannot stop anyone from taking part; it is part of our culture”.

This quotation proves that even small boys, is participating in the practice. The conclusion is that the Kuria culture is so entrenched in society that it is nearly inescapable.

Some of the interviewees (circumciser, village elder and one pastor) believed that FGM was part and parcel of their culture and was there to stay as of them had a positive attitude towards FGM and saw nothing wrong with it. The church elders thought it was a good practice and therefore had their daughters circumcised. One of them from the African independent churches retorted:”**to marry an uncircumcised girl is an abomination, how would she give birth? She will have to be circumcised even as an adult”.**

Most of the respondents thought that FGM was a source of pride and identity and therefore very necessary. During the interview, the circumciser stated thus **“Circumcision for the woman is a must, otherwise how does she fit into the Kuria community?”** It was further established that the uncircumcised girls were subjected to ridicule by both the circumcised girls and their male counterparts. This issue strongly came out in the discussions during the interviews with female pupils who said that those females who were uncircumcised were referred to as “Msagane”. One of the pupils from the neighbouring Luo community lamented:

“They call us all sorts of names, we are now used to it. When you hear the word “msagane”, which means the ‘uncut one’, you know someone is referring to you. It is annoying. We no longer care much”.

Data availed by the Kuria district education office to the researcher also revealed a drop out of school among the circumcised female pupils. The district office confirmed that they interviewed girls who had dropped out; some reported that they were stigmatized and even threatened that they would lack husbands if they remained uncircumcised. The district education officer stated that due to this, they gave in to circumcision and eventually dropped out of school immediately after circumcision and got married.

The researcher established that circumcisers were really respected due to the nature of their work in the society. The Kuria people looked upon them with a lot of adoration and respect. During the research, as we passed through the Market place, women kept on stopping to greet the circumciser in my company. They referred to her as **“Machoibere”** which I later learnt meant the **“one with a sharp or keen eye”**. She would in turn nod in appreciation and told me proudly that most of those had been her clients. It was established that the community’s attitude played a major role in perpetuating FGM as both the process and the circumciser are looked upon with a lot of respect and admiration.

Photograph 1: A man celebrates during a circumcision ceremony

The circumcision ceremony in the Kuria community is so entrenched in culture that it is a special occasion marked with a lot of celebration.



The researcher also sought views of the six head teachers on how often parents consulted the school about their children's education and whether there was a direct relationship between the parental literacy levels and their concern for education. The head teachers felt that parents had a negative attitude towards education or did not value education at all. Five out of the six head teachers interviewed reported that parents rarely consulted the school about their children's educational progress. Only one of them said that parents occasionally consulted the school regarding educational issues. One of the head teachers remarked:

“I have taught in other areas like Migori where parents always want to find out how their children are doing in school, but when I was posted to this school, seeing a parent is close to impossible. I think I have not seen more than five since I joined this school, but in all the occasions it had nothing to do with academic work”.

From the above quotation, the head teachers felt that most of the parents had little or no concern over their children’s education. According to the head teachers this could be one of the reasons why many girls dropped out as the parents really did not value education. From interviewing the children, the researcher also found that most of their parents were either illiterate or semi-illiterate and this may have contributed to their ignorance or indifference on the value of education, especially for the girl child. It was concluded that they valued FGM more than formal education as one of the circumciser said: **“a parent can do anything to make sure that their daughter is circumcised. Even the poor ones sell goods all they have to pay the fee; I have never seen a parent coming to me that cannot raise the fee”.** This was in contrast to the school situation where even the basic need such as school uniform was lacking as the researcher found many children in school in torn school uniforms. This parental negative attitude may have been a contributory factor to girls dropping out of school after FGM as they got married at a tender age, leading to lack of educational advancement and no real future.

However, there seemed to be a slow change in attitude towards FGM among the community, for example, when asked whether they would circumcise their daughters, given a second chance to decide, all the interviewed church elders said that given a second chance, they would not subject their daughters to FGM. One of them, the catechist from the Catholic Church, just like their other colleagues, was very categorical during the interview as he commented:

“Why would I do that to my daughter when now I know very clearly that it is wrong and does more harm than good? My own son has married a well educated Luo girl who is not circumcised and we have accepted her in my family”.

Most of the circumcised girls interviewed responded that given a second chance, for one reason or the other, they would not undergo FGM. One of the reasons given was that it interfered with their education as they report witnessing their school mates drop out of school and get married after undergoing FGM. This response showed an increased awareness of the dangers of FGM and a slow change of attitude in Kuria district. It is hoped that this change of attitude may in future lead to reduction in the number of girls undergoing FGM in the district.

5.3.4 Role of the school/education in eradication of FGM

One of the research questions was to find out whether the school played any role in either eradicating or promoting FGM. When the sampled head teachers were asked whether FGM had any effects on the schooling of the girl child, all those interviewed were unanimous that FGM affected the schooling of the girl child. During the interviews, the head teachers revealed that from their experience the girls who successfully went through the rite qualified for marriage and therefore dropped out of school. This way, it was agreed that FGM impacted negatively on the education of the girl child. They further said that those who had attained the age of being circumcised but did not undergo the rite were normally stigmatized. They were unable to concentrate on their class work and were most likely to perform poorly in their examinations. This was yet another negative impact for FGM not only on those who underwent it, but also those who had not as they were forced by circumstances to undergo the cut so as to belong just to end up dropping out of school immediately after the cut. These findings were in the agreement with Mwaniki (1986:24) and Namu (1969:56) who consecutively thus observed: **“this adversely affects girls’ education who immediately**

after then believe that they are old enough to engage in sexual intercourse quite often”, and “girls often drop out of school immediately after the cut and end up in early marriages thus resulting into premature pregnancy, early or forced marriage and finally school dropout”.

The researcher further sought the views of the head teachers whether the practice should continue or not. Out of the six head teachers of the sampled schools, two said it should be discouraged, neither said it should be encouraged or modified and four said it should be abolished. One of the four, who wanted it abolished, was very open and clearly stated as follows: **“FGM should be past tense, it adds no value at all to the lives of our daughters and is the major contributor to the girls dropping out of school and the poor academic standards experienced in Kuria district”.**

It was therefore evident that most of the head teachers (four out of six) of the sampled schools did not approve of FGM at all and would like an end to it by having it abolished. The rest (two) thought that it should be discouraged and none thought that it should be encouraged. From the above, there are therefore indications that the school played a role in eradicating FGM as the awareness creation helped in changing their attitude and keeping them in school.

The researcher also found that not all girls sampled had undergone FGM, i.e. out of the 95 girls who responded between classes 3-8, 18 had not undergone FGM. Out of this group, some (10) had no intention at all of being circumcised and were fully aware of its consequences on their education. This meant that only 67 of girls who responded had undergone FGM. The six head teachers confirmed the existence of counseling sessions in schools for the girls to create awareness on the existence of FGM. One of the teachers stated during the interview: **“as educationalists we are trying what we can. We have started counseling sessions for the girls; let’s hope it helps to stop this retrogressive practice”.**

Photograph 2: A girl undergoes alternative rite of passage.

(Alternative rite of passage is one way of eradicating FGM and keeping the girls in school)



The following table is used to substantiate the previous discussion.

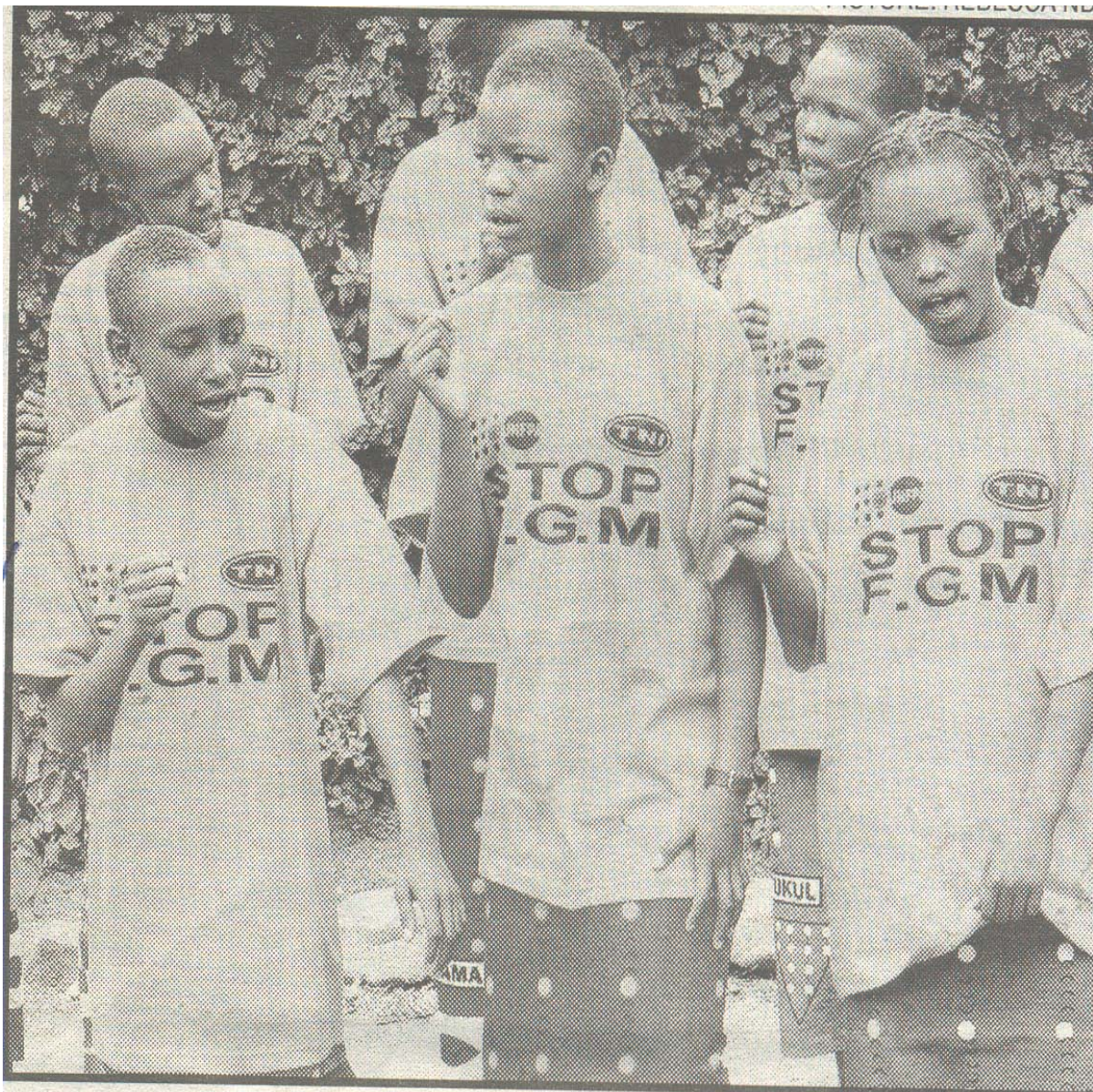
Table 2: Data gathered on girls' responses regarding FGM

| Class 3 to 8 | Frequency |
|--|------------------|
| Not circumcised | 18 |
| Not intending to be circumcised | 10 |
| Undergone FGM | 67 |
| Total no. of girls interviewed | 95 |

From the information gathered from the 95 girls interviewed from class 3 to 8, the researcher established that 67 had undergone FGM, 18 had not undergone FGM, and 10 were not intending to undergo FGM. The biggest number therefore said they had undergone FGM. This confirmed that a large number of primary school going age girls still undergo FGM.

Photograph 3: Girls reciting a poem to pass an anti-FGM message (campaign against FGM)

Schools have been using poems, songs or plays to pass anti-FGM messages to the public either during the annual school's drama festivals, the music festivals or National celebration days. This has been one effective way of anti-FGM campaign.



5.3.5 Role of the church in the eradication of FGM

Although it was expected that the church should act as an agent of change, the researcher established that all the church elders had their own daughters circumcised and saw nothing wrong with it at that time as it was part of their culture although they all had developed a change of heart. This finding was very discouraging as the churches in most parts of Kenya, are in the forefront in steering the fight against this harmful cultural practice.

On further questioning on whether the practice should continue, it was however established that all three church elders interviewed agreed that the practice should be abolished but contrary to their stand, had not put in place any mechanism to abolish or discourage it. During the research, from all three church elders interviewed, it became clear that only the Roman Catholic Church had set up some form of counselling sessions for girls to try and discourage the practice. As the catechist responded during the interview: **”all we have at the moment is talking and talking to the girls about the negative aspects of this practice but I think we should do more”**.

From the churches sampled, especially the African Independent church the elder confirmed that his church had not put in place any viable programs to fight this harmful practice. He further confessed during the interview that indeed they had no plan or program in place to stop FGM. He further stated that the church had realized the importance of such mitigation although they had not thought about it before but would think about it immediately. The researcher concluded that the church, especially the African independent church, had not played any role in discouraging FGM despite the fact that it was fully aware of both its existence and dangers to the girls. The church elder from the African Independent church said **” as much as we are Christians we also have to keep our culture, it is very important”**. They therefore had no platform to fight this vice.

5.3.6 Alternative rite of passage in Kuria district

From the information provided by some of key informants namely, two members of the council of elders and two church elders, on whether they were aware of any alternative rite of passage, three of them said that they were not aware of the existence of any alternative rite of passage. Only one was aware of an alternative rite of passage through the church, but could not explain what it was all about, nor knew of any girl who had undergone it. There was therefore absolutely no knowledge on what it was or what it entailed.

The ignorance towards any alternative rite of passage was clear from one of them who stated that there was no other thing to replace FGM and that they are not even aware that anybody was doing something about it apart from various complaints about it that they had received. This was a setback since the researcher was able to establish from reliable sources that there were various organizations in the districts offering alternative rites of passage, such as NGOs and CBOs some of which had even established safe houses where girls who ran away to escape from FGM were already sheltered and offered alternative rite of passage, besides continuing with their education. As reported by a local newspaper: **”Over a hundred girls drawn from Kuria East and West Districts at the weekend underwent an alternative rite of passage into adulthood. The ceremony is meant to discourage Female Genital Mutilation which has been prevalent in the area....The chairperson of the Education centre for Advancement of Women, Denitah Gati urged communities to embrace alternative rite of passage”** (The Standard, December, 2010:20).

It is therefore evident that alternative rite of passage exists in Kuria, but despite their existence and operation in the district, their services were neither known to most of the residents nor the leaders. If known, they were simply ignored. This trend pointed to the fact that the practice of FGM was here to stay for a long time before the residents started embracing the existing alternative rite of passage as they are slow in embracing change. It was only in engaging in the alternative rite of passage that the Kuria girl child would be

saved from this senseless, harmful practice. The researcher felt that there was therefore great need for the service providers and the administrators to go out of their way and sensitize the entire Kuria population first on the existence, and then on the importance of the alternative rite of passage. The institutionalization of an alternative rite of passage in this community would be the only way to fight this negative practice.

Photograph 4: Girls undergo alternative FGM rite in Kuria district.

Alternative rite of passage in Kuria district is one of the ways of helping the girls escape FGM.



Photograph 5: Happy girls saved from FGM at a safe house

(Safe houses are used by anti- FGM crusaders to shelter girls who have been saved from FGM or those who have undergone alternative rite of passage against the wishes of either their parents or the community. From here, the girls are able to continue with their education)



5.3.7 Discrepancies between the educated males and females in Kuria district.

The researcher analyzed the data obtained from the D.E.O's office for the previous year (2009) on the enrolment by gender, per class or standard for the six sampled schools. The following table allows easy access to data to find answers to the research questions and not to quantify the data for purposes of analyses.

Table 3: Total Enrolment by gender per class or standard for the six sampled schools

| Standard or class | Males | | Females | |
|-------------------|------------|--------------|------------|--------------|
| | Frequency | Percentage | Frequency | Percentage |
| 1 | 113 | 45.06 | 133 | 54.93 |
| 2 | 120 | 48.39 | 128 | 51.61 |
| 3 | 107 | 50.00 | 107 | 50.00 |
| 4 | 109 | 52.66 | 98 | 47.34 |
| 5 | 86 | 52.44 | 78 | 47.56 |
| 6 | 80 | 60.61 | 52 | 39.39 |
| 7 | 78 | 62.90 | 46 | 37.10 |
| 8 | 54 | 66.67 | 27 | 33.33 |
| Total | 747 | 52.75 | 669 | 47.25 |

From the table it was evident that there was almost equity in enrolment as pertained gender from class or standard one to five. Thereafter the difference between boys and girls was significant. In class 8 the difference between boys and girls was 50%. This could only be explained by the fact that there was an increase in the number of dropouts amongst female learners within the study area, because the proportion of girls relative to boys declined from lower to higher standards. Most girls from class six had attained an age at which they were subjected to FGM. **From the interviews with head teachers on the age group involved in FGM, four out of the six interviewed agreed that the girls who were subjected to FGM were within the ages of between eight (8) to fifteen (15) years while two of them said that the age group involved in FGM was 7-12 years. One of the head teachers said: "these girls get circumcised at the tender age when they are in primary school, in most cases before reaching class six and then drop out. Very few even complete the primary cycle, it is sad".**

This quotation explained the reasons why girls dropped out of school in large numbers as from standard five. It was in class five when they attained an age recommended for the rite.

From the same data, the researcher also found that apart from girls dropping out of school at a young age, there was a general trend of decline in enrolment of boys from class one to eight. This was not expected. In fact, by the time they graduated from class eight only less than half of the original number was enrolled. This too was a serious issue since it also indicated that there was a high rate of dropout among boys in Kuria district. It was therefore concluded that there was a general decline in pupil's numbers, irrespective of sex, from lower to higher classes. This therefore meant that other reasons, beyond cultural practices might also be to blame. The district education officer cited such reasons as high poverty levels in the area and the lack of money for basic needs for the school going age children hence high dropouts.

Table 4: Comparison in enrolment of boys and girls in the year 2008

| BOYS' SCHOOLS | | GIRLS' SCHOOLS | |
|----------------------|--------------|-----------------------|--------------|
| <i>SCHOOL</i> | <i>ENROL</i> | <i>SCHOOL</i> | <i>ENROL</i> |
| MATARE BOYS | 240 | NYARIHA GIRLS | 106 |
| ST. JOSEPHS NTIMARU | 245 | ST. MARYS MABERA | 158 |
| TARANGANYA BOYS | 520 | KIBWANCHA GIRLS | 68 |
| ISIBANIA BOYS | 415 | MOI NYABOHANSE | 420 |
| TOTAL | 1420 | TOTAL | 752 |

Source: Kuria district education office, 2009

The researcher sought to find the relationship between FGM and women empowerment. In the course of the research, facts pointed to high dropout and early marriages among girls after circumcision which led to lack of education progress for the girls. The researcher sought the existence of any discrepancies between the educated males and females in this district. It became evident that FGM had played a major role in inhibiting women's progression and education advancement in the region. This led to forgone opportunities both socially, economically and politically. At the time of the research, no single female held a top administrative post. Starting with the Education office in Kuria East, no single senior female officer held any administrative position as all the senior officers starting with the district education officer, his deputy or the district staffing officer, and the human resource officer were all men. The highest position held by a woman was that of a copy typist, followed by the tea girl and the cleaner respectively.

The situation was the same in the six sampled schools where all the six sampled head teachers were male. The researcher found this quite strange since teaching is a female dominated field in Kenya and yet this was not the case in Kuria. Moving down to classroom teachers, the majorities in the sampled schools were women but strangely enough, the majority was not from the Kuria community. The researcher found that they are either from the neighbouring Luo and Kissi communities and those “outsiders” married to Kuria men. The researcher sought to find why there were many Luo and Kissii female teachers married to Kuria elite men and the answer from one of them was: **“We have no choice, our own have not gone to school”**. It was clear that they married these ‘outsiders’ and accepted them without the condition of FGM and yet their own had to be circumcised in order to get a suitor.

Politically, the situation was the same as the highest placed woman politically at the time of research, was an area councilor serving in the Kehancha county council. She was not elected but nominated. This then meant that the Kuria girl was disadvantaged not based on gender but by her culture.

Most of the women in Kuria at the time of research were either small scale farmers, employed in the tobacco farms, small traders or housewives. Men on the other hand had migrated to big towns for employment or holding substantive posts within and outside the district. This was mainly attributed to the discrepancy in their levels of education and training as evident in the small number of girls completing class 8. The researcher found that from one of the sampled primary schools, going through one group of girls according to the class registers for girls who had joined class 1 in 2003, the number was 60 and in 2010 when the study was being conducted, the number for the same group had dropped drastically to 15, who were registered to sit for Kenya certificate for primary education (KCPE). Therefore 40 girls had dropped out of school before completing class eight as also shown in the following table in order to have easy access to data to prove that girls dropped out too soon according to one of the research hypotheses:

Table 5: Girls' enrolment for one cohort for classes 1-8.

| Year | Class/Standard | No in class | Percentage |
|-------------|-----------------------|--------------------|-------------------|
| | 1 | 60 | 100 |
| 2004 | 2 | 58 | 96 |
| 2005 | 3 | 50 | 83 |
| 2006 | 4 | 48 | 80 |
| 2007 | 5 | 35 | 58.3 |
| 2008 | 6 | 28 | 46 |
| 2009 | 7 | 22 | 36,7 |
| 2010 | 8 | 15 | 25 |

The scenario was the same in the other sampled schools which had also registered high school dropout among girls before completing class 8. This early school dropout was translated into the girls' lack of training or skills required for gainful employment they therefore lagged behind as compared to their male counterparts. This trend confirms a very poor accessibility and retention of girls in primary education in this area. These findings are similar to those by Ambia (2001:39) who observed that very fewer girls than boys' access and are retained in the primary school level which is a critical level of education to any child.

It was found that the cultural belief system was so entrenched that even the family background could not exempt the girl child from undergoing FGM. Through the process of socialization, the naïve Kuria girl child interacted with her siblings, parents and entire family members. This social setup socialized the child into the non-material culture and transmitted to her the accumulated experiences of her people and socialized her to fit into the

membership of her group. This element of non-material culture, being the traditional belief systems, was slow to change in Kuria district.

5.3.8 Impact of the discrepancies on development of the area

From the data obtained in the D.E.Os office the researcher established that more girls than boys dropped out of school and did not advance their education. This may have led to lots of negative impact in the development of the area as women are considered the backbone of any community or society and their role enhances development. Due to high school dropout among girls, the Kuria woman was found to have been inhibited educationally and denied the opportunity in contributing to the development of this area and the nation at large. This has in turn contributed to the high levels of poverty in the region taking into consideration that Nyanza province has the highest incidences of absolute poverty in Kenya with a poverty incidence of 63.1%- which is above the national average of 52%. (The little fact book, 2002:1). Within Nyanza province, Kuria district has the highest poverty incidences in the region (77.49%). Due to this fact the district lags behind other districts in Nyanza province in terms of development.

The table below shows the poverty incidences in Nyanza province according to the socio-economic and political profiles of Kenya's Districts.

Table 6: Nyanza province development indicators (poverty incidence 1997)

| DISTRICT | ABSOLUTE POVERTY (%) | NATIONAL RANKING |
|-----------------|-----------------------------|-------------------------|
| Kuria | 77.49 | 46 |
| Kisumu | 65.44 | 38 |
| Siaya | 58.02 | 30 |
| Migori | 57.63 | 29 |
| Kisii | 57.22 | 28 |

Source: The Little Fact Book, the socio-economic and political profiles of Kenya's Districts.

From the research findings, it was evident that the Kuria girl child was surrounded by several external and internal forces beyond her control, hence lag or maladjustment of elements of non-material culture.

From the interviews with the key informants especially the village elder and the circumciser, the researcher established that the Kuria community was a closely-knit and self-perpetuating entity that surpassed the individual members who composed it, hence the importance of its cultural identity to its members. It was clear from the interviews that for so long they had been conservatists by nature and not readily giving into current changes in their culture. Culture consists of non-material and material culture. When a change occurred in the material culture of society, referring to the physical objects in culture, the non-material culture, referring to intangible products like belief systems must adapt to that change. Non-material culture is viewed as an integral system of beliefs about the supernatural reality or ultimate meaning of values (about what is good, or beautiful and normative) of customs (how

to behave and even relate to others) and of institutions which express these beliefs, values, customs which bind a society together and give it a sense of integrity, identity, security and continuity (Sin 1993:100). These belief systems had to change and adapt according to the changes in the material culture to ensure continuity and stability in society. However, this rate of change is frequently uneven, and also takes place between elements of non-material culture, resulting in cultural lag. The Kuria community has lagged behind in terms of changing from their traditional non-material culture by continuing to practice FGM, inhibiting children especially the girls from accessing formal school education, which is another element of non-material culture too. This has slowed down the pace of advancement as many of the girls drop out of school after circumcision and therefore forgo their formal education. The slow pace of change from tradition to modern aspects of society has affected the rate of adaptation to the modern ways in the society.

This lag and the persistence of FGM therefore was found to be still a real threat to both the education and professional advancement of the Kuria girl child and created a major gap between the educated males and females in the district. There is therefore need for faster rate of change in the community's beliefs and culture to match the pace of development and education hence narrows the discrepancies in education and empowerment between the Kuria girl and boy child. It is hoped that only through this change would faster and equitable development be achieved in this district that still lags behind in development.

5.3.9 Barriers facing the girl child in ascending to leadership positions as a result of FGM

The researcher sought to find out from the head teachers interviewed the frequency of dropouts in the year 2010 by gender in the sampled schools. Out of the 242 students who dropped out of the six sampled schools, 74 were males and 168 were females. It was evident

that twice the number of females dropped out of school than males as shown in the table below. This table serves only to substantiate qualitative data, not to quantify.

Table 7: Frequency of dropout by gender

| Gender | Frequency |
|---------------|------------------|
| Male | 74 |
| Female | 168 |
| Total | 242 |

There could have been many other factors responsible in this observation, but most importantly was FGM which was reported to have affected those who were subjected to it. None of the head teachers interviewed said that the girls who underwent FGM ever resumed their studies. Five out of the six head teachers said they did not resume their studies at all after FGM. Only one out of the six respondents said that some pupils resumed their studies after being subjected to FGM. It was therefore evident from the interviews that the majority of the girls who underwent FGM dropped out of school. FGM therefore might be contributing largely to the high level of girl-child dropouts within Maberera division of Kuria district. As one of the head teachers stated: **“how do you expect to teach a woman in the same class with children? School is for children. Where will you find them as they will have been married off”**.

Distance from school was also cited as a factor. From the interviews with the pupils, the researcher found that half of the learners in sampled schools commuted between 1 and 2 kilometers to school. Another half covered a distance of more than 3 kilometers. The highest

total distance to and from school was found to be 6 kilometers. Although distance alone could not account for high rate of dropouts, 6 kilometers to and from school was however found to be too much for primary school going children and would hamper learning. This was confirmed by three of the head teachers of the sampled schools who were of the opinion that distance also hampered learning of girls. The other three were of the opinion that distance did not hamper learning. The head teachers interviewed suggested that the nature of the routes taken by the learners were dangerous particularly for girls as they passed through the thickets and had heard of reported cases of defilement among some of their pupils. This would in turn affect school attendance and punctuality as the defiled girls got traumatized and performed poorly in their examination. Some simply dropped out of school and got married. One of the head teachers interviewed stated thus:” **the routes to some of our schools are very dangerous, you can even see from where we are sitting, the bushes, the maize plantations and the thick tobacco farms, all these harbor bad people who at times harm our girls on the way to school”.**

5.3.10 Reasons for persistence of FGM despite efforts to eradicate it

The researcher sought to find out why the cruel practice still existed in Kuria district in spite of massive awareness on its dangers on the girl child. From the data gathered through interviewing head teachers and church elders, why FGM still persisted in spite of the evident awareness on its dangers, they stated that the main reason for persistence of FGM was culture and fear of stigmatization. Some of the head teachers attributed it to lack of sensitization or awareness while others felt that it was due to laxity in laws or punitive measures against those who practiced it.

Education was believed to have originated from men since patriarchy reigned in these societies; education was open to social change due to external influences. However, the cultural belief system was reported to be so entrenched that even the family background did

not exempt the girl child from undergoing FGM. This was further confirmed by interviewing Church elders on whether their own children (girls) had undergone FGM. It was surprising that all the church elders confirmed that their own daughters had undergone FGM due to cultural reasons. All of them agreed through their responses that it was not possible to stop a girl from being circumcised as some of them even escape from home, find their way to the circumciser and raise the small fee without the help or knowledge of their parents or guardians. From the church elders responses it means that even the church elders who were believed to champion the crusade against this retrogressive cultural practice were caught up in it in one way or another. As one of them explained **“I didn’t want my last born daughter to be circumcised, by the time I realized, it was too late. She had undergone the cut with the help of her aunt who lives in Kehancha”**.

The researcher further established that the traditional village elders who were reputedly looked upon by the community as being wise and earned a lot of respect and admiration, also reportedly played a major role in encouraging this practice. It was confirmed that one of their major roles was to determine the FGM calendar and the whole community looked forward to this major cultural event in their calendar). During the interview, the village elder asserted: **“I decide when the circumcision ceremony is due. Everyone looks forward to it. It is a time no one in Kuria can afford to miss”**. The occasion was therefore viewed as a cultural symbol and pillar in entrenching their valued cultural practice. One of them confirmed during the interview that the whole community relied on them and waited patiently for them to determine the important dates and for this they earned a lot of respect. **“For you to be an ‘Inchama’, you must be wise like me, not just anyone is picked as one”**, boasted one of the elders during the interview.

5.4 CONCLUSION

To conclude, Ogburn (1964:91) conceptualizes cultural lag as the failure of ideas, attitudes, and aspects of institutional practices to keep pace with changes in societal development. Incidentally, it was established that the Kuria girl child is caught up in this web of non-adaptability to education as an element of non-material cultural change as the Kuria community is so resistant to change. They embrace and stick to their cultural belief systems and continue with the practice of FGM. Neither the formal education nor the church is able to change the peoples' attitude towards this cultural practice. This notion corresponds with the theoretical premise of this study that non-adaptability prevails within elements of non-material culture, which presents both the practice of FGM and formal education. This rigidity had contributed heavily to the persistence of practice of FGM, despite the growing awareness of its dangers particularly regarding formal education. The study revealed that among the Kuria people, cultural socialization process, in relation to women and girls, was associated with the practice of FGM. It involved the transfer of cultural knowledge, which the initiates had to internalize unquestionably. Therefore, cultural beliefs did not change as fast as secondary educational (school) practices did. Although education was believed to have originated from men since patriarchy reigned in these societies, education was open to social change due to external influences.

CHAPTER 6

CONCLUSIONS, POLICY IMPLICATIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter presents a discussion and summary of findings and draws final conclusions to make recommendations to be included in relevant policies. The overall objective of this study was to understand why FGM as a rite of passage is still practiced in the 21st century. The specific objectives of the study were explored, assessed, investigated and described. The previous chapter dealt with the answering of the relevant research questions according to the data received.

In this study these research questions stemming from the relevant hypotheses in the research problem have been accordingly answered. Because of this, all the tentative hypotheses underlying the different research question were accepted as well in the quest to build new theory on FGM practices. The Cultural Lag theory had been substantiated and applied to the data analyses.

6.2 DISCUSSIONS AND FINDINGS

The research reviewed existing literature and relevant assumptions which were applied to data gathering and findings in the field. This study on FGM practices as a rite of passage into

womanhood was conducted in the Kuria district. Data was collected through the use of both qualitative and quantitative methods of data analyses so that the negatives of one method are negated by the positives of the other method. Descriptive tables and qualitative analyses were used to describe and explain the events regarding FGM. Related themes were categorized and presented in qualitative analyses.

6.3 DATA CONCLUSIONS

The study concluded that FGM was still rampant in Kuria district and the residents viewed FGM as part and parcel of their culture. They were found to be deeply rooted in their culture and even those who had good education or embraced Christianity still held the practice of FGM dear. Culture therefore played a crucial role in the persistence of FGM practice among the community. Apart from culture, the community's attitude also played a big role in the perpetuation of FGM. This was evident in the fact that the community still had a negative attitude towards the uncircumcised girl being referred to as 'msagane'. This was established to be the reason why girls tried as much as possible to 'belong' and therefore even ran away from home and financed their own circumcision to avoid being stigmatized and isolated both in school and in the society. It was also established that this was further aggravated by the fact that uncircumcised girls were not likely to get husbands within the community.

The school or education however played a major role in the eradication of FGM. It came out clearly that through schooling, the number of girls undergoing FGM had declined since the school/ education empowered the girl and enlightened them on the negative effects of FGM. Through schooling, most girls had learnt to say no to FGM. The educated parents were also not subjecting their daughters to FGM since they knew the dangers. The school therefore was acting as an agent of change.

Although the church was expected to play a major role in discouraging FGM practice among the Kuria community, it was found that most of the church elders had their daughters' circumcised. The church therefore had no stand against FGM. Apart from the Roman Catholic Church, all the other church elders interviewed had no idea on any strategy on the fight against this vice. To the African independent churches, FGM was part and parcel of their culture and therefore the church could not interfere with this vital practice. Although it was established that there existed an alternative rite of passage to FGM among the Kuria people, there seemed to be very little or no awareness on the same among the Kuria community. Most of the respondents seemed to have no idea on the existence thereof. This therefore meant that there was no impact of the interventions being made and much more needed to be done in terms of interventions and awareness creation.

At the time of the study, it was found out that the effect of FGM had created a lot of discrepancies between the educated males and females in the district. This was evident in the teaching profession especially at the administrative levels where very few females occupied administrative positions. Out of the six head teachers sampled, all (100%) were male. This showed although more females were trained teachers, none had been appointed at the level of management. This was also evident in the district education offices in Kuria west where 90% of the senior members of staff including the D.EO were male. Therefore, there existed a great discrepancy between the educated males and females in the district. This discrepancy had negatively impacted on the development of this area in that women who were the backbone of this community did not have opportunities to advance and contribute to the economic development due to the slow pace in culture to embrace formal education especially for girls, hence the high poverty levels and slow economic development in the area. These findings correlated with William Ogburn's (1964) "Cultural Lag Theory" which was used in this study. The proponent of the theory argued that within society as a whole, a change takes place in the material culture and that adaptive non-material culture (belief systems) changes extremely slowly in spite of changes elsewhere. This is the case with the Kuria community where there is resistance to change and adapt to the modern culture. The change in values and norms is too slow and therefore affects adoption of formal education and development.

In this case there exists a lag between education (an element of non-material culture) and the practice of FGM (another element of non-material culture).

The Kuria community is therefore at a crossroad as they are adjusting very slowly and cautiously to adopting formal education as well as adjusting extremely slowly to dropping or shunning FGM hence this lag to change. This change and maladjustment between these two elements; FGM which is harmful and detrimental and formal education, which has a lot of future benefits conflict therefore creating future negative effects and impact in development and advancement of both the girl child and the community. The Kuria community therefore lags behind in terms of development due to this reason.

According to the Treaty for the establishment of the East African Community (As amended on 14th December, 2006 and 20th August, 2007) Chapter 21 on enhancing the role of women in Socio-economic development, article 121 stated as follows:

The partner states recognize that women make a significant contribution towards the process of Socio-economic transformation and sustainable growth and that it was impossible to implement effective programmes for the economic and social development of the partner states without the full participation of women (EACT 2007:95).

It was established that lack of empowerment for women in Kuria district had contributed to the poor socio-economic development of the district and the women folk as a whole. Another conclusion was that the existence of all mixed day primary schools had an effect on the education of the girl child as all the primary schools in Maberera Division at the time of the research were “Mixed day”(day schools attended by both girls and boys). This had a negative impact on the learners especially the girls as those who were not circumcised were ridiculed by the boys with whom they shared classes. Day schools were also not safe for the girls as some were reportedly molested on their way to and from school. This increased the

level of school drop outs. The daily distance to and from school was also cited as a hindrance to schooling due to safety as this made some pupils report to school late due to the dangerous routes.

The study also concluded that FGM was the major cause for girls dropping out of school as most girls dropped out and got married immediately after undergoing this rite of passage. The study established that girls were subjected to FGM at ages of 8 – 15 years. This was found to be the critical age when they needed to be in school. It was found that immediately after undergoing FGM, the girls considered themselves as adults. This therefore led to very few girls completing class eight hence the reason for very few girls in the upper classes as opposed to lower ones.

Another conclusion was that apart from FGM, high poverty and illiteracy level were other barriers to children's education in Kuria district. Most of the children respondents stated that their parents were either peasant farmers with very large families. This led to many not being able to shoulder the expenses associated with secondary education. Most of the respondents cited that the highest level of their children's education was class eight and that they could not afford secondary education expenses.

Most parents/guardians in Kuria district did not value their children's education due to high illiteracy levels. This had led to lack of role models and motivation as most parents had no or very little interest in the education of their children.

Although the researcher found that there existed an alternative rite of passage among the Kuria people, it was not embraced. Most respondents were not aware of the existence of an alternative rite of passage to FGM for the girls in this district. This had contributed to the persistence of the practice despite the awareness of its dangers. This could be attributed to lack of information dissemination, hence lack of publicity.

From the data gathered, it was also found that boys too drop out of school in large numbers in Maberera Division of Kuria District especially in the upper classes. It was established that this was the time that they too had been initiated into adulthood through circumcision.

A major finding by this study was that power dynamics, gender and cultural practices had impacted negatively on women's ability to act meaningfully in avoiding FGM practices and that under current circumstances women's social and ethnic context may not bring the desired outcomes to stop this cruel practice.

6.4 POLICY IMPLICATIONS

The persistence of FGM in Kuria district despite massive awareness on its dangers suggested that there was a laxity by the Kenyan government to enforce the enacted laws to prohibit FGM in this area. Due to this the Kenyan government needs to quickly move in and enforce the law to prohibit FGM.

It is sad that although the majority of teachers in Kuria district were women during the time of study, there were almost none in the administrative positions where six head teachers sampled, were male. This therefore meant that there was no gender equity in the promotion and appointment of head teachers. The Government should make a deliberate move through affirmative action to promote more female teachers to management levels to act as role models to girls in this community. This policy should also be extended to the appointment of all senior education and provincial administrative officers in the area to improve on gender equity.

The long distances covered by learners to and from school imply that the Government has not constructed enough schools to enable the children access education within the nearest

distance possible. There was need for school mapping and building of more primary schools to bridge the distance covered by some learners to school as these impacted negatively on their studies and contribute to the high rates of school dropouts. Alongside this should be the construction of Girls only boarding primary schools in Kuria district in order to keep girls in school and thus reduce dropout rates, hence increasing retention rate.

Many of the learners did not proceed beyond class eight due to the high cost of secondary education; hence drop out immediately after completing the free primary education cycle. This meant that the Government bursary policy to support the needy children access secondary school education had not been effective especially in the targeting of the neediest. There was therefore need for the Kenyan government to give priority in terms of provision of bursary to needy children to access education like the rest. This would go a long way in enhancing the government's objective of providing equal education opportunities for all irrespective of their socio-economic backgrounds.

6.5 RECOMMENDATIONS

In order to address the plight of the Kuria girl child due to the problems faced as a result of the persistence of FGM and its negative effects, the following should be encouraged so as to contribute to the eradication of this vice and pave way for the empowerment of the girl child in the district;

- a) Create more awareness on the dangers of FGM on the education of the girl child by re-evaluating the new challenges confronting FGM and speed up eradication campaign so that a multi-sect oral approach is adopted such as integrating FGM awareness with ante-natal and post-natal programs.
- b) Emphasize the importance and strengthen the alternative rite of passage in the area.

- c) There should be more intensive campaigns especially through the Media focusing on the dangers and negative effects of FGM on the girl-child and women.
- d) It is essential for church leaders to take an active role in the campaigns against FGM.
- e) There is need for the parents /guardians in Kuria district to be sensitized on the importance and value of education.
- d) Anti-FGM crusaders and NGOs need to be more active in Kuria district and set up more safe homes and rescue centers for girls who do not want to undergo FGM.
- f) There is need for the education fraternity to set up strong counseling units at both the district and school levels to emphasize on the negative effects of FGM and reduce stigmatization on the uncircumcised girls.

6.6 AREAS FOR FURTHER RESEARCH

The study gives the following suggestions as areas of study for future research in Kuria district and its environs:

- a) What factors enhance the dropout of school boys in Maberera Division of Kuria District?
- b) What are the most appropriate alternative rites of passage in Kuria district?
- c) A similar study on other factors that hinder girl's education in Kuria district
- d) Why there are few Kuria women in administrative positions in the government of Kenya.
- e) The mass media as a source of information on the dangers of FGM in Kenya

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APPENDICES/ANNEXURES

APPENDIX A: QUESTIONNAIRE FOR HEAD TEACHERS

APPENDIX B: QUESTIONNAIRE FOR THE CLASS TEACHERS

APPENDIX C: QUESTIONNAIRE FOR THE D.E.O

APPENDIX D: INTERVIEW GUIDE FOR PUPILS

APPENDIX E: INTERVIEW GUIDE FOR THE AREA CHIEF

APPENDIX F: INTERVIEW GUIDE FOR THE COUNCIL OF ELDERS

APPENDIX G: INTERVIEW GUIDE FOR THE CIRCUMCISERS

APPENDIX H: INTERVIEW GUIDE FOR CHURCH ELDERS

APPENDIX A: QUESTIONNAIRE FOR HEAD TEACHERS

You have been chosen to participate in this study. Please fill the questionnaire provided accordingly. Your response will be treated with utmost confidentiality.

Kindly do not discuss any information with any respondents.

1. Name of your school.....
2. Sub – division
3. Your clan
4. Gender: (A) Male (B) Female
5. Place of birth.....
6. Date of birth
7. Category of school: (A) Mixed day (B) Girls day
(C) Mixed boarding (D) Girls boarding
8. What is the current enrolment by gender in your school from standard one to eight respectively? (Please indicate number of repeaters in each class).....

| CLASS(STANDARD) | NO. OF REPEATERS | MALE | FEMALE | TOTAL |
|-----------------|------------------|------|--------|-------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| TOTAL | | | | |

9. In your opinion, what do you think are the major reasons for dropping out of girls?
(Give you answer in summary form)

(i)

(ii)

(iii).....

(iv).....

10. (a) Estimate the distance covered by pupils to school in KM.

- (A) Between 1 & 2 (B) Between 3 & 4 (C) Less than 1
(D) More than 3

(b) Does the distance affect the school attendance?

- (A) Yes (B) No

11. How often do parents/guardians consult the school about their children education?

- (A) Quite often (B) Often (C) Rarely (D) Occasionally

12. What are the in-school factors that affect girl's participation in primary education in this region? (Please rank them in order of preference)

.....
.....
.....
.....
.....
.....
.....
.....

13. State the out-of school factors that affect girls' enrolment and completion rates in your school (please specify and rank them in-order of preference).

(i)
.....

(ii)
.....

(iii).....
.....

(iv).....
.....

14. Are you aware of the existence of (FGM) Female Genital Mutilation practice within your immediate school community?

(A) Yes (B) No

(b) If so, specify the age groups usually involved in the practice (please tick the most appropriate age group in years).

(A) 5 – 10 (B) 7 – 12 (C) 8 – 15 (D) 6 – 14

15. Do you know some reasons for the practice of FGM in this region? (Please provide your answer in summary form)

(i)
.....

(ii)
.....

(iii).....
.....

(iv).....
.....

16. Does FGM practice have any negative effects on the pattern of schooling of girls in your institution?

(A) Yes (B) No

(b) If so, specify briefly:

(i)
.....

(ii)
.....

(iii).....
.....

(iv).....
.....

17. (a) What is your opinion on FGM practice?

.....
.....

.....
What do you think should be done to the practice? (Specify please)

- | | | | |
|----------------|--------------------------|-----------------|--------------------------|
| (A) Encouraged | <input type="checkbox"/> | (B) Discouraged | <input type="checkbox"/> |
| (C) Modified | <input type="checkbox"/> | (D) Abolished | <input type="checkbox"/> |

(c) Does the practice have any effect on the school attendance of girls, particularly?

- (A) Yes (B) No

Give reasons for your answer

- (i)
-
- (ii)
-
- (iii).....
-
- (iv).....
-

18. What role does the school play on the persistence of FGM practice within this community? (Please Explain briefly)

(i)
.....

(ii)
.....

(iii).....
.....

(iv).....
.....

19. In your opinion, what can be done to improve the schooling of girls especially at primary level in this school (provide your answer in note form).

(i)
.....

(ii)
.....

(iii).....
.....

(iv).....
.....

20. State the number of pupils who have dropped out of your school by gender since the year **2002**

(A)Female

(B) Male

21. Why do you think FGM practice still persists despite the growing awareness of its dangers on the victim? (Please specify briefly).

(i)
.....

(ii)
.....

(iii).....
.....

(iv).....
.....
.....

APPENDIX B: QUESTIONNAIRE FOR CLASS TEACHERS

You have been chosen to participate in this study. Your responses will be absolutely confidential. You are therefore kindly asked to fill in the questionnaire provided without reservations. Please do not discuss your responses with others.

1. Name of your school

.....

2. Date of birth

.....

3. Place of birth

.....

4. Sex

5. Educational/Professional qualification

(A) P1 (B) P2 (C) S1 (D) Diploma

(E) Untrained (F) Degree

6. Level of pupils (STD) (A) 4 (B) 5 (C) 6 (D) 7 (E) 8

7. Indicate enrolment: (A) 4 (B) 5 (C) 6 (D) 7 (E) 8

8. State the number of pupils who have dropped out of your class between the period 2002– 2008

(A) Males (B) Female

9. Specify briefly the possible reasons for dropping out

(i)

(ii)

(iii).....

(iv).....

10. Are you aware of the existence of FGM (Female Genital Mutilation) in this area?

(A) Yes (B) No

(b) If so, state the possible reasons for the practice.

(i)

(ii)

(iii).....
.....

(iv).....

11. (a) Do girls who have undergone the rite of FGM all come back to school?

(A) Yes (B) No (C) Some

(b) If not then state what happens to those who never returns? (Please specify briefly)

.....
.....
.....

11. How often do parents/guardians of girls who do not come to school regularly come to school to explain?

(A) Quite Often (B) Often (C) Occasionally (D) not at all

12. What is your view should be done with FGM Practice? (Please indicate by (tick) from any of the following:

(A) Encouraged

(B) Discouraged

(C) Modified

(D) Abolished

13. Why do you think FGM practice has persisted in this area? (Please state briefly)

(i)
.....

(ii)
.....

(iii).....
.....

(iv).....
.....

14. In your opinion, what are the possible solutions to the persistence of FGM in this area?

(i)
.....

(ii)
.....

(iii).....
.....

(iv).....
.....

APPENDIX C: QUESTIONNAIRE FOR THE D.E.O

You have been selected in this study that investigates the factors for persistence in practice on Female Genital Mutilation and its impact on girl’s education in this locale, your responses will be treated with absolute confidentiality. It is hoped that the information will be resourceful to all stakeholders in education.

1. Age

.....
.....

2. Marital status: (a) Married (b) Single

3. Gender : (a) Male (b) Female

4. Place of birth
.....
.....

5. Please specify the period you have been in charge of this region?

6. How many primary schools do you have in this region?

7. (a) Are you aware of the existence of Female Circumcision practice in this locale?

(a) Yes (b) No

(b)If so, would you mention some of the factors perpetuating the practice? (Explain briefly please)

(i)
.....

(ii)
.....

(iii).....
.....

(iv).....
.....
.....

8. (a) What level of learners are enormously affected by the practice (please) specify

.....
.....

(b) Can you give a reason for your answer?

.....
.....

APPENDIX D: INTERVIEW GUIDED FOR THE PUPILS

You have been chosen to participate in this study. Your responses shall be highly confidential.

1. Can you tell me where you were born/home area?
.....

2. Name of your school
.....
.....

3. In which class are you?
.....
.....

4. What is the social status of your parents? Please specify in this manner
(a) Both parents alive (b) Mother alive (c) Both parents dead

(d) Father alive

5. Tell me the person who takes care of you currently e.g. mother, father, siblings, relatives, good Samaritan
.....
.....

6. Are your parents / guardian literate, not literate or semi-literate? Specify please
.....
.....

7. Are you aware of the existence of Female Circumcision that young girls undergo in this area?

.....

.....

8. (a) What reason do you know that are given for this practice

.....
.....
.....
.....
.....
.....

(b) Have you undergone FGM? (tick one)

Yes.....

No.....

(c) If yes, give reason(s)

.....
.....
.....
.....
.....
.....
.....
.....

.....
.....

(d) If no, give reason(s)

.....
.....
.....
.....

9. Do you think the experience that girls undergo during their circumcision makes them good mothers and wives?

.....
.....

10. (a) What is your opinion or feeling of female circumcision? Do you like it or not?

.....
.....

(b) Give reasons for your stand.

.....
.....
.....

APPENDIX E: INTERVIEW GUIDE FOR THE AREA CHIEF

You have been chosen to participate in this study. Your response shall be highly confidential.

1. Name of your clan:

.....
.....

2. Your sub-location:

.....
.....

3. When were you born:

.....
.....

4. In which place were you born:

.....
.....

5. Are you married or not?

.....
.....

6. What is your educational level?

.....
.....

7. What is your occupation?

.....
.....

8. (a) How many children do you have?

.....

(b) States how many are girls and how many are boys?

.....

9. What are their ages? Please list in ascending order

.....

10. (a) How many are in school currently?.....

(b) How many have gone through school and up to what level?

.....

(c) How many are not educated/learned? If any, state the reason?

.....

.....

11. (a) Are you aware of the existence of FGM (Female Circumcision practice in this area?)

(b) If so, what age groups are usually circumcised?

.....

.....

(c) Do you have any children who have undergone the FGM practice?

.....

(d) Given another chance, would you like your children especially girls to undergo the same practice?

.....
.....

12. State how the candidates for circumcision normally identify the place and calendar for the practice?

.....
.....
.....
.....
.....

13. What is your personal feeling towards those girls who do not undergo the practice for one reason or another?

.....
.....
.....
.....

14. (a) State your general view of female Genital Mutilation

.....
.....

(b) Does this practice have any effect on education of girls in this community?

.....
.....

(c) If so, give reasons for your answer.

.....
.....
.....

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.....
.....

15. Can you suggest possible steps that can be taken to improve girl's education in this area?

.....
.....
.....
.....
.....

16. Is there any alternative rite of passage to FGM practice in this community?

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.....
.....
.....

17. If there is, how effective is it?

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.....

APPENDIX F: INTERVIEW GUIDE FOR THE COUNCIL OF ELDERS

1. Which is your clan?.....

2. Which is your sub-location
.....

3. When were you born?
.....
.....

4. (a) Are you married or not?
.....
.....

(b)If so, how many wives do you have?
.....
.....

(c)Can you estimate their ages?
.....
.....

5. Did you marry from the same community?
.....

6. (a) State the total number of children you have
.....

(b) How many are boys and how many are girls?
.....

(c) What are their approximate ages respectively?

.....

7. (a) Are all of them educated or not?

.....

(b) If not, can you give a reason

.....

.....

.....

.....

.....

8. Can you tell how you were appointed to be in this position?

.....

.....

.....

.....

9. What are some of your roles in the community?

.....

.....

.....

.....

.....

10. (a)As an authority. Are you aware of Female circumcision practice in this area?

.....

.....

(b) If so, can you name some reasons for the practice?

.....
.....

11. Can you state the age groups normally circumcised in this area?

.....

...

12. How often is this practice carried out?

.....

13. Who dictates the calendar for the practice?

.....

14. How are the candidates identified and who leads them to the place?

.....
.....
.....

15. Who are the people allowed to witness the ceremony?

.....
.....
.....

16. How long does the ceremony last?

.....

17. What is the community's view on those girls who are not circumcised?

.....
.....

.....
...

18. (a) State briefly what happens during the ceremony?

.....
.....
.....

(b)What happens to the girls who have been circumcised?

.....
.....

19. (a) In case they are married off, who are usually their spouses?

.....
.....
.....

(b)Under what circumstances do they enter the marriage contract?

.....
.....
.....
.....

20. (a) Does the church play any role on FGM practice?

.....
.....

(b)If so, please specify.

.....

APPENDIX G: INTERVIEW GUIDE FOR CIRCUMCISERS

You have been chosen to participate in this study. Your response shall be handled with utmost confidentiality.

1. Sex: a) Male b) Female

2. What is the name of your clan?

3. What is the name of your sub-location?

.....
.....

4. How old are you?

.....

5. a) Are you married or not?

.....

b) If so from which community?

.....

6. How many children do you have?

.....

7. How many are boys and how many are girls?

.....

8. a) Are all your children educated or not?

.....

b) If not, can you give reason (s)

.....

Can you tell how you were appointed to this position in the community?

.....

.....

9. What role do you exactly play in this community?

.....

.....

.....

10. How do you get candidates for the operation?

.....

.....

11. Where is this operation performed?

.....
.....
.....

12. How long does it take?

.....

13. How many can you operate in a day?

.....

14. Who takes care of the initiates?

.....
.....

15. a) Do you usually have any complications arising from the operation?

.....

b) If so, how are they always solved?

.....
.....

16. a) Are you given any compensation for the task you perform?

.....
.....

b) If so, who meets the cost?

.....
.....

17. a) What type of instruments do you usually use for the operations?

.....
.....
.....

b) How do you acquire them?

.....
.....
.....

18. a) How often is the operation done to girls in this community?

.....
.....

b) Who dictates the calendar for this operation?

.....
.....

20 .In your view, do you think that female circumcision is a good practice? If so, why?

.....
.....

20. State what happens to girls who have been circumcised

.....
.....
.....

21. Do you have any alternative rite of passage that can replace female circumcision?

.....
.....
.....

23. If so, what is your opinion about it?

.....
.....
.....
.....

APPENDEIX H: INTERVIEW SCHEDULE FOR CHURCH ELDERS

You have been chosen to participate in this study. Your response shall be handled with utmost confidentiality.

1. Sex: (a) Male (b) Female

2. From which community do you come from?

.....

3. When were you born?

.....

4. What is the name of your church

.....

.....

5. (a) Who was the founder?

.....

(b)Who is the sponsor?

.....

(c) Do the sponsors assist the church in anyway?

.....
.....

(e) If so, specify the kind of assistance given or role-played?

.....
.....
.....

6. (a) What is your marital status?

.....
.....

(b) If married, from which community?

.....

7. (a) State the number of children you have?

.....

(b) Specify how many are boys and how many are girls?

.....

8. a) How many of them are educated? And up-to what level?

.....

(b) If they are not educated, give reasons?

.....
.....

9. (a) Are you aware of the existence of female circumcision practice in this area?

.....
.....

(b) If so, what age group is usually circumcised?

.....
.....

10. (a) Do you have any children especially girls who are circumcised?

.....

(b) Do you know any reasons given for circumcision given in the community?

.....

11. (a) Given another chance, would you like your children especially girls to undergo the same practice?

.....
.....

(b) Give reason for your stand?

.....
.....
.....

12. What is your personal feeling to those girls who do not undergo the practice of FGM for one reason or another?

.....
.....
.....

13. What is your personal opinion on Female Genital Mutilation?

.....
.....

14. (a) According to you, does this practice have any effect on the girl-child?

.....

(b) If so, specify the effect.

.....
.....

15. (a) Does the church play any role in the FGM status in this community? If any, please specify

.....
.....

16. Can you suggest possible steps that can be taken to improve women's education in this area?

.....
.....

17. (a) Is there any alternative rite of passage to replace Female Circumcision in this area? If so, specify

.....
.....

END