

**FEMALE GENITAL MUTILATION AND GIRL-CHILD EDUCATION AT  
SECONDARY SCHOOL LEVEL IN KAPCHORWA  
DISTRICT, UGANDA**



**BY**  
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## DECLARATION

I **Kongo Alosius Kiluyi**, hereby declare to the best of my knowledge that this work embodied here in, is purely my own effort and has never been submitted in any university around the globe for any award.

Sign.....

**Kongo Alosius Kiluyi**

Date...9TH, NOVEMBER, 2017.....

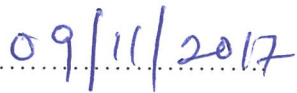
## APPROVAL

This research report has been approved having met the requirements for the award of the Degree of Master of Education Administration and management of Kampala International University.

Sign ..... 

DR KAYINDU VINCENT

(SUPERVISOR)

Date ..... 

## **DEDICATION**

I dedicate this work to my late Father Mutsola Herbert, Mummy Agatha Mutsola and my wife Khwaka Stella who supported me whole heartedly in the course of education at Kampala International University, May God be with you.

## **ACKNOWLEDGEMENTS**

I wish to acknowledge the efforts of the following persons who have led to the production of this research work.

First and foremost, the almighty God for giving me guidance and protection in the course of my education.

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## ABSTRACT

The study was carried out in Kapchorwa district of Uganda about female genital mutilation and how it affects girl-child education at secondary school level in the district. The objectives of the study were to establish the extent to which Female Genital Mutilation is practiced today in Kapchorwa District; to establish the extent to which girl child education is promoted in Kapchorwa District; as well as to find out the influence of Female Genital Mutilation on girl child education in Kapchorwa District. Using a cross-sectional survey design with both quantitative and qualitative approaches, a sample of 970 respondents all of whom were female students of S.4, S5 and S.6 were involved in the study. These were got from 20 secondary schools which were classified as rural (nine schools) and urban (11 schools). The findings were that female genital mutilation is being practiced to a small extent; Girl child education at secondary school level is being promoted to a large extent; and that female genital mutilation in Kapchorwa is exerting a minimal influence on girl child education today. It is mainly other factors, not female circumcisions which make or cause girls of circumcisable age in Kapchorwa district to be in school, or to drop out of school. These factors include parents' level of education, parents' socio-economic status, presence or absence of Universal Secondary Education schools in the district, female role models in the district, as well as social media influence. Based on the above, the following are recommended: that there is need for the Government to continue sensitizing the masses about the dangers of that practice so that it can be wiped out completely; that the Government should sensitise the masses more about the value of educating both male and female children and be tough on those who deny education to their female children; and there is need to control those factors which mainly make or cause girls of circumcisable age in Kapchorwa district to drop out of school such as parents' level of education, poverty, absence of Universal Secondary Education schools in the district, female role models in the district. This can be done by building more USE schools in the district and sensitizing parents and children more about the importance of self sacrifice in order to educate children.

## **LIST OF ABBREVIATIONS AND ACRONYMS**

<b>KIU</b>	:	Kampala International University
<b>SSA</b>	:	Sub Saharan Africa
<b>ARP</b>	:	Alternative Rite of passage.
<b>BOG</b>	:	Board of Governors.
<b>CRC</b>	:	Convention and Right of the child.
<b>DHS</b>	:	Demographic Health Surveys.
<b>FGM</b>	:	Female Genital Mutilation.
<b>FPAK</b>	:	Family Planning Association of Kenya.
<b>IAC</b>	:	Inter Africa Committee.
<b>IEC</b>	:	Information Education Communication.
<b>MICS</b>	:	Multiple Indicator cluster surveys.
<b>MOES</b>	:	Ministry of Education and Sports.
<b>NAEP</b>	:	National Assessment of Educational Progress.
<b>NACOSTI</b>	:	National Commission Science Technology and Innovation
<b>NGO</b>	:	Non-Governmental Organization.
<b>PATH</b>	:	Program for Appropriate Technology in Health.
<b>SPSS</b>	:	Statistical Package for Social Sciences.
<b>UNESCO</b>	:	United Nations Educational Scientific and Cultural Organization.
<b>UNICEF</b>	:	United Nation International children's Education Fund.
<b>UNO</b>	:	United Nations Organization.

## **CHAPTER ONE:**

### **INTRODUCTION**

#### **1.0 Introduction**

This chapter presents the Background of the Study, Statement of the Problem, Purpose of the Study, Objectives of the Study, Research Question, hypothesis, the Scope of the Study, Significance of the Study, conceptual and operational definitions respectively.

#### **1.1 Background of the Study**

##### **1.1.1 Historical Perspective**

Historically, circumcision especially for the males has been carried out, for example in the Bible in the book of Genesis chapter 15 God commanded Abraham to be circumcised together with all his descendants (the Hebrews/ Israelites), an external mark to differentiate them from the rest of the people. Whereas boys were to be circumcised, the females were not to be circumcised. Even with the advent of Islam, the males henceforth started circumcising males, but not females.

Female circumcision is traced from societies mainly in countries along a belt stretching from Senegal in West Africa, Egypt in North Africa, Somalia, the Democratic Republic of Congo (DRC) and in some counties in North America, Europe, Australia and New Zealand. In Africa, the traditional mentality of men being masters of women, as well as men's dominion over women caused men to circumcise women. Since men were traditionally polygamous, and because polygamy was so much valued as well as the fact that men could spend much time in work such as looking after animals, digging, and sometimes spends the time in war fighting,

there was a fear that the numerous wives men had could practice adultery. Because of that, they were circumcised so as to reduce their libido (WHO, 1998). The practice was transmitted from one generation to another. The tribal conflicts and migration of people from one part to another made the practice to spread from one area to another.

Mbiti (1979) asserts that many tribes in Kenya circumcised women apart from the Luo, Luia and Karenjin. He asserts that the Africans who did female circumcision valued the practice so much and threatened girls that in case they were not circumcised their clitoris or labia would grow so long and develop several long branches which would cause challenges in the movement/ walking of women thus making the women look very unattractive and in the end would fail to get married. Such threats caused women to value circumcision.

### **1.1.2 Theoretical Perspective**

This study based on the Social Learning Theory of Albert Bandura, an American Psychologist. Bandura indicates that a child observes his parents, teachers, siblings and peers and copy desirable or undesirable behaviors irrespective of the consequences. However, the Child has ability to select and control his behavior; a learner will continue to enact an acquired behaviour if he/she is motivated. This theory is found relevant to this study because FGM is a social value. Young girls observe what their grandmothers, mothers, aunts, sisters and peers practice. By observing the cultural ceremonies, young girls understand that they have an obligation to do in their lives. Later, they themselves practice FGM irrespective of the negative consequences of the practice.

### **1.1.3 Conceptual Perspective**

According to the definition of the World Health Organization (WHO), Female Genital Mutilation FGM comprises all procedures involving partial or total removal of the external

female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons and does not include medically prescribed surgery or that which is performed for sex change reasons Boyle (2005).

Rahman &Toubia, 2000 defined Female Genital Mutilation (FGM) as “the collective name given to several different traditional practices that involve the cutting of female external genitalia”. However, way back in 1997, the WHO, UNICEF and the UNFPA issued a joint policy statement on FGM which gave the following definition: “Female genital mutilation comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons” (WHO, 1997).

According to the World Health Organization (WHO), FGM comprises all procedures which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or any other non-therapeutic reasons. This study conceptualized the extent of female genital mutilation in Kapchorwa by finding out how many girls of circumcisable age (S.4-S.6) are circumcised, and how many girls of circumcisable age (S.4-S.6) who are not yet circumcised will accept to be circumcised. The study did not look at the girls outside school. This can be explored by future researchers.

Girl child education means the extent to which female children are studying in secondary schools. Since genital mutilation has been happening in Kapchorwa over the years, and the fact that the Government of the republic of Uganda has out-lawed the practice, as well as the fact that the Government is now offering free Secondary education to the Ugandans, this study

conceptualized girls child education at secondary school level in terms of the number of girls of circumcisable age who are in school, as well as the circumcised girls or girls of circumcisable age who drop out of school. This practice of circumcision is usually carried out to girls in the age group of 16-20 years, the study concentrated on the girls of S.4, S.5 and S.6 in Kapchorwa district.

The study compared the number of girls who were in S.4 in the year 2005 and those who are in S.6 in the year 2007 with a perception that in-between some may have or may not have been circumcised, dropped out of school or are still in school.

#### **1.1.4 Contextual Perspective**

The global picture estimates that between 100-140 million girls and women have undergone FGM, and at least 2-3 million girls a year are at risk of undergoing some form of procedure worldwide, (WHO1997a; WHO 1997b:3; WHO2008b:1; Momoh 2005:5). As a result of immigration this practice is also common in the African immigrant communities in North America, Europe, Australia and New Zealand (WHO1997a; WHO1997b:3; WHO1998:18). In Africa, FGM has been reported in 28 countries and occurs mainly in countries along a belt stretching from Senegal in West Africa, to Egypt in North Africa, to Somalia in East Africa and the Democratic Republic of Congo (DRC) in Central Africa. It also occurs in countries in Asia and the Middle East and among certain Diaspora communities in North America, Australia and Europe. As it is with many ancient practices, FGM is carried out by communities as a heritage of the past and is often associated with ethnic identity. Communities may not even question the practice or may have long forgotten the reasons for it (WHO, 2003).

The extent to which FGM is practiced varies greatly across regions within countries, and is most markedly associated with ethnicity. Reasons given for the continuation of FGM varies across countries and cultures but generally it is done for chastity, or marriage ability, religious identity, ritual marking of a transition to womanhood, maintenance of family honor and respect and improve of beauty and hygiene. The FGC practice is intended to initiate girls into adulthood and it is also seen as an expression of cultural identity and a sacred ritual sanctioned by ancestors and protected by cultural beliefs. Advocates for FGM say that the practice is a deep-rooted tradition, believe that a girl will be sexually promiscuous if she has not been cut. A cut girl is considered clean and neat, and properly prepared for her journey into womanhood. Support for the practice is typically higher among those with less education, who lives in rural areas, or who are from poor households (WHO, 1999). Decision making around FGM tends to be made within a broad context whereby the choice of parents or their daughters may be strongly influenced by other family or community members.

Acknowledging that the tradition brings shame and stigmatization upon the entire family and prevents girls from becoming full and recognized members of their community if not practiced, the United Nations has labeled female genital mutilation as one of the harmful cultural practices that need to be eliminated in society not only in Africa but also in the African immigrant communities in Europe.

In Uganda FMG is practiced by a minority of a population primarily the Sabiny (Sebei), who speak Kupsabiny. These people belong to an ethnic group called the Nilotics. Isolated by geography, poverty and/or low levels of development, the Sabiny community which lives in widely dispersed rural communities are the only community known to circumcise women in



Uganda. As a result of migration, this practice has spread to her surrounding areas in Uganda like Moroto, Nakapiripit ,Bugiri, Bukwo, Kamuli, Pokot, Masindi (Oguttu, 2005).

Article 33 (1) of the Constitution of the Republic of Uganda states thus, *“women shall be accorded full and equal dignity of the person with men; Article 33 (3) states that the state shall protect women and their rights, taking into account their unique status and natural maternal functions in society”*. Although in Uganda a woman is a female person who has reached the age of 18 years and above, in the context of this Constitution, protecting the rights of women includes the rights of all the female persons irrespective of their age. Thus, the Government of Uganda is against such practices which are intended to humiliate women or those which go against their rights. However, having laws is one thing and implementing them is another as Kayindu (2005) claims; the constitution is in place but some people go against it. As related to female circumcision, some people love the practice; they feel it should continue that those who want it to end are against the people’s culture, the culture which gives them identity. Because of this, the practice is still done secretly

## **1.2 Statement of the Problem**

Article 33 (6) of the Constitution of the Republic of Uganda states that laws, cultures, customs or traditions which are against the dignity, welfare or interest of women or which undermine their status are prohibited by the constitution. By implication, female genital mutilation is prohibited from the year 1995 when Uganda’s Constitution was promulgated. Despite this however, and whereas some parents are aware of the harm female genital mutilation can bring, the Sebie and Pokot ethnic groups in Eastern Uganda secretly seem to have their daughters circumcised because it is deemed necessary by their community for bringing up a girl

correctly, protecting her honor and maintaining the status of the entire family (Oguttu, 2004). The traditional methods used during circumcision leads to a series of complications among the girls, one of which is negatively affecting the education of the girls such as through drop out of schools immediately after undergoing FGM exercise because of early forced marriages, and early pregnancy (Oguttu, 2004). The current study was thus carried out to establish the extent of female genital mutilation in the district today and its resultant impact on girl child education.

### **1.3 Purpose of the study**

The study investigated the impact of Female Genital Mutilation on girl- child education at the secondary level in Kapchorwa District of Uganda today.

### **1.4 Objectives of the study**

The study focused on the following objectives:-

1. To establish the extent to which Female Genital Mutilation is practiced today in Kapchorwa District.
2. To establish the extent to which girl child education is promoted in Kapchorwa District.
3. To find out the influence of Female Genital Mutilation on girl child education in Kapchorwa District.

### **1.5 Research Questions**

The study focused on the following questions:-

1. To what extent is Female Genital Mutilation practiced today in Kapchorwa District?
2. To what extent is girl child education promoted in Kapchorwa District?
3. What is the influence of Female Genital Mutilation and girl child education in

Kapchorwa District?

## **1.6 Hypothesis**

1. The current study hypothesized that there is small influence of Female Genital Mutilation on girl child education in Kapchorwa District, Uganda.

## **1.7 Scope of the Study**

### **1.7.1 Geographical scope**

Kapchorwa District is a District in the Eastern Region of Uganda. The District is bordered by Kween District to the North east and East, Sironko District to the south, and Bulambuli District to the west and Northeast. The District headquarters at Kapchorwa, which means "home of friends", are located approximately 65 kilometers (40 mi), by Road, North East of Mbale, the nearest large city. The district is approximately 295 kilo meters North East of Kampala, the capital and largest city of Uganda. The district was chosen because it is dominated by the Sebei ethnic group who by culture strongly believe in female genital mutilation.

### **1.7.2 Time scope**

The study was done between the periods of November 2015 when the research project was formulated up to May 2017 when the field work was conducted and the report written.

### **1.7.3 Content scope**

The study covered female genital mutilation, or call it female circumcision in Kapchorwa District, with regard to the extent to which it is done today, as well as its effect on girl child education at secondary school level.

### **1.8 Significance of the Study**

The study based on the Female Genital Mutilation and girl- child education at the secondary level in Kapchorwa District- Uganda. The study would provide relevant information to Marginalized communities that helped address the outstanding challenges of female genital mutilation on education among their school going children.

This study would benefit different scholars and resource to further understand female genital mutilation on education and the related areas. Further, the scholars and researchers used this study as a source of secondary data to review their literature.

The government has the holistic equipment of ensuring victory of war against female genital mutilation on education. The study would provide relevant information that will help the government to formulate and implement such policies that will support the continuity of implementation of war against female genital mutilation on education.

Government and different organizations are actively involved in shaping the social welfare, which in turn drives the economic growth and development, and therefore they require information on war against female genital mutilation on education, and this study would do so.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter deals with a detailed presentation of the theoretical review, conceptual framework, as well as the literature related to the objectives of the study.

#### **2.1 Theoretical Review**

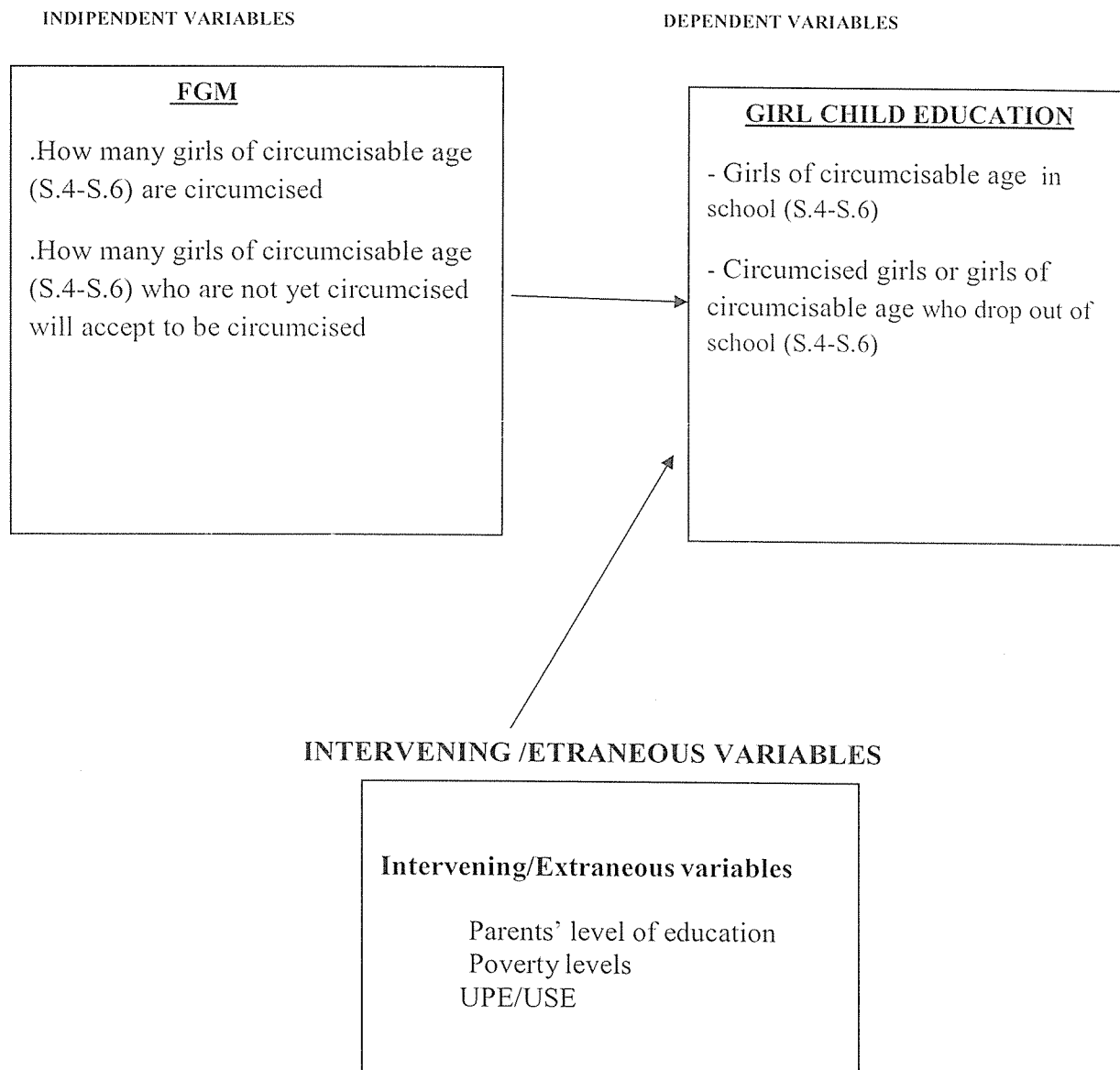
The study was guided by the General Systems Theory which states that each and every concept is a system (Gochmans, 1968). Systems Theory was proposed in the 1940's by the biologist Ludwig von Bertalanffy (General Systems Theory, 1968) and furthered by Ross Ashby (Introduction to Cybernetics, 1956). It has also been used by many researchers including Dunlop (1957) and Kretner (2000). Von Bertalanffy emphasized that real systems are open to, and interact with, their environments, and that they can acquire qualitatively new properties through emergence, resulting in continual evolution. Rather than reducing an entity (e.g. the human body) to the properties of its parts or elements (e.g. organs or cells), systems theory focuses on the arrangement of and relations between the parts, which connect them into a whole (holism).

This particular organization determines a system, which is independent of the concrete substance of the elements. A system may be defined as a set of elements standing in interrelation among them and with environment. A system can be closed or open. We term a system 'closed' if no material enters or leave it; it is called 'open' if there is import and export of material. Living systems are not closed systems in true equilibrium but open systems in a steady state. An open system is defined as a system in exchange of matter with its environment,

presenting import and export, building-up and breaking-down of its material components. Therefore, the concept primary/secondary school education is an open system since it can be affected by both internal and external environment.

As a system primary schools consist of teachers, head teachers, pupils and non-teaching staff who interrelate with each other with the common goal of improving the cognitive, social, intellectual and physical abilities of the child. As an open system the operations of secondary school can also be affected by external environment like culture, socio-economic factors and government legislation. Basing on system theory, this study shall be developed on the premise that culture (practice of FGM) will interfere with girls' access to secondary school education in the selected area of study. If Female Genital Mutilation and girl- child education at the secondary is not accessed, then the entire education system shall be inefficient. This was also being a bottleneck to the overall attainment of UPE and USE goals by 2015.

## 2.2 Conceptual Framework



Source: Drawn based on Chege, F., & Sifuna, D. (2006). *Women and girls education in Kenya*. UNESCO.

Figure 1 shows the relationship between the dependent and independent variables. It shows that female genital mutilation which in this study was conceptualized in terms of how many girls of circumcisable age (S.4-S.6) are circumcised, and how many girls of circumcisable age (S.4-S.6) who are not yet circumcised will accept to be circumcised.

This variable can influence the dependent variable, that is, girl child education in terms of the number of girls of circumcisable age who are in school, as well as the circumcised girls or girls of circumcisable age who drop out of school from the year 2015. The intervening variables namely parental level of education, Universal Secondary Education (USE) and poverty levels mean that they can also have an effect on girl child education although they were not the focus of this study.

## **2.3 Related Literature**

### **2.3.1 Female Genital Mutilation (Female Circumcision)**

Female genital mutilation (FGM) is defined by the World Health Organization (WHO) as all procedures which involve partial or total removal of the external female genitalia and/or injury to the female genital organs, whether for cultural or any other non-therapeutic reasons. The term FGM (Female Genital Mutilation) is a phrase that has been presented to reference any form of the procedure that is performed on the genital areas of young girls and women that involves the removal of part or whole areas of the genitalia. The practice of FGM has been identified as being performed in many regions all across the world. The practice is; however, deeply rooted in the African continent and is heavily prevalent mostly in the countries that have a strong connection to the Islamic religion (Toubia 1995:9; WHO1997a; WHO1997b:1; WHO2008a; WHO2008b:1; Shell-Duncan et al 2000; FORWARD 2002:2; UNFPA 2007:1). Though FGM is practiced in Uganda, Egypt, Mali, Eritrea, Sudan, Central African Republic, and northern part of Ghana where it has been an old traditional and cultural practice of various ethnic groups. The highest prevalence rates are found in Somalia and Djibouti where FGM is virtually universal.



There are many reasons advanced in support of FGM continuation. The reasons vary from one practicing community to the other across the world. Generally, most reasons revolve around, passing on traditions and culture with great significance placed on the pursuit of mythical, religious, magical and aesthetic lives of the group of people practicing such a custom.

A number of reasons given by a majority of them appear to be ambiguous and may sound a 'culture shock' to an outsider as such reasons are not backed by any substantive evidence but only perpetuated through complex set of belief systems and taboos (UNICEF, 2005). Several research conducted through interviews from communities supporting the practice gave major reasons as it is a norm to be passed on through generations, feminine hygiene, fertility enhancement, a rite of passage, virginity preservation, socio-political integration and maintenance of societal cohesiveness as well as economic reasons. However, marriage ability and control of sexual morals accounts for the universality and persistence of FGM (UNICEF, 2005). This is in line with a study carried out by Oguttu (2004). In the study he carried out among the Sebei of Eastern Uganda, he found out that female circumcision was still being practiced despite being banned by the 1995 Constitution of the Republic of Uganda because of the threats used by the elders such as getting curses from the ancestors, men totally hating uncircumcised women, uncircumcised women getting miscarriages, as well as political reasons such as the area members of parliament, L.C 1, L.C 2, L.C 3 and L.C 5 Chairpersons handling the perpetrators of female circumcision with kid gloves for fear that the local people who seemed to love their culture so much would get annoyed with them and refuse to elect them in office next time. There is however time factor as a gap. Oguttu (2005)'s study was

carried out 12 years ago. In the year 2017 it was hoped that many changes could have taken place. This gap prompted the current study.

Relatedly, in her book *the female circumcision controversy: An Anthropological perspective*, Ellen Gruenbaum (2001) argued that FGM is carried out to pass the traditions of the society to the next generation to appease ancestors, and to fulfill religious obligations especially among Muslims, where FGM is practiced with a misguided belief that it is a requirement of their religion. This misconception has since been refuted by sheiks (Islamic religious leaders) as not being found in Koran verse. The sub-regional conference on FGM/C hosted by the government of Djibouti in February 2005 affirms that FGM practice is contrary to the religious beliefs of Islam and 'there is no text in the Koran *sharia* or prophetic *sunna* addressing FGM' (UNICEF 2005). These claims were not based on Uganda's experience, as there is no indication to this effect, hence the current study.

Poldermans (2006) also noted that the claim that FGM is a requirement of Islam is a fallacy, because even the radical Islamic countries such as Iran do not practice it. Wangila and Nyangweso (2007) argued that FGM is a highly valued ritual in many cultures, whose purpose is to mark the transition from childhood to womanhood, therefore it is an important rite of passage from one stage of life to the other. It is intended to impart the skills and knowledge a woman needs to fulfill her duties as a wife and a mother. FGM is traditionally practiced as ritual signifying the acceptance of a woman into society and establishes her eligibility for marriage as it is extremely difficult, if not possible for a woman to get married if she has not have her clitoris cut off in such societies. A girl who does not have her clitoris removed is considered a great danger and a fatal to a man if her clitoris

touches his penis (Sarkis, 2003). Immediately after the genital cut, an elaborate series of ceremonies accompany the event, and special songs are sung with dancing and chanting intended to teach the already circumcised girls their duties and community desirable behavior as wives and mothers. Whereas this is relevant, it is not mentioned anywhere that these claims were based on empirical studies done among students of upper secondary school level, thus the current study.

When they are confined in seclusion in the bush for a number of days or months from which they are trained on proper wifely duties followed by a colorful graduation celebration to mark the pass out. During graduation day the initiates are offered gifts and praises through songs and ululations. As such, the pride and prestige are bestowed upon the girls who have successfully endured the pain without crying and so to their parents who acquire new higher status in the society as a result of it. On the other side, the girls who did not undergo it are mocked instead along with their parents. In some circumstances women who have not undergone FGM face derision from other women who have undergone the ritual.

In marriage, circumcised girls do provide their parents a lot of wealth through dowry, also referred to as bride wealth or bride price payment from whoever they will marry typically in form of livestock and in some cases money exchanged. On the other hand, uncircumcised girls are not married within the community and if any marriage it is with the outcasts of the society or outsiders who will risk to do so. For those who are lucky to get husbands, it is a taboo for their parents to receive a dowry as they believe the bride is not pure. More often than not, the girls who do not heed the call for the practice are cursed, blamed and ostracized or even banished from the society. They believe that an uncircumcised girl is

unhygienic, smelling, their genital organs are unsightly and when one marries will exhibit unbridled and voracious appetite for promiscuous sex. Because of this, FGM becomes a valued mandatory social rite. In fact most girls are willing to succumb to the tormenting pain amidst subsequent dangers of long term health problems to secure this pride, respect, and acceptance and to overcome prejudices shown to uncircumcised girls.

However, whether they wished to be excised or not, the choice is not within their decision because of the patriarchal structure of these societies, where women are dependent on men for social and economic survival. For instance, the Kalenjins community of Kenya, an ethnic group from which my mother hails from, believes that a person attending uncircumcised girl during childbirth will die whenever she sees or touches her clitoris due to a bad omen associated with it and for this reason, no one is willing to risk her life to assist uncircumcised girls in periods of child labor, but to be abandoned to deliver babies by themselves in the bushes far from the homestead and kill the babies. Therefore, to discourage pregnancies from uncircumcised girls, FGM is the panacea that is done earlier before girls reach puberty. Similarly, the Somali ethnic group found in north eastern part of Kenya highly value virginity for the honor of her family and future husband. A girl is not allowed to engage in sex before marriage for any reason whatsoever. To ensure this, the Somali girl is obliged by her culture to face the worst kind of FGM (Type III or Infibulations) where genital parts are cut and “stitched up” and only “opened” (de-infibulations) for her husband during their first conjugal right (Amnesty International USA, 2008). Though this type of process extremely narrows and interferes with the natural shape of the vagina for sexual intercourse, the husband is supposed to be man enough to penetrate his wife. If he does not do so, it becomes imperative for the groom to use yet another knife to enable him

to sexually access his wife.

Like other men in many societies, pastoralist men in their jealousy and deliberate intent to subjugate women by controlling their sexuality, believe that FGM inhibits women's urge for sex, inspires submissiveness, reduces infidelity, promiscuity and instills chastity and therefore the deadening of woman's sexual pleasure by mutilation is the only way of guaranteeing her virginity and fidelity. In some cultures, a potential mother in law uses FGM to discover virginity status of the bride. If she is found not to be virgin, her husband to-be has the right to reject her and demand a return of the bride price. When a woman is rejected in this manner, her family as well as the whole clan is disgraced and stigmatized, leaving the woman with little choice but to vanish from the area forever before facing the wrath of the angry family members. It is clear that there are still several myths surrounding the FGM practice such as FGM inhibiting women's urge for sex, inspiring submissiveness, reducing infidelity, promiscuity and instills chastity. Since fidelity and chastity are moral values in the society the communities still practicing FGM remain convinced that deadening of woman's sexual pleasure by mutilation is the only way of guaranteeing her virginity and fidelity. This belief itself poses a great challenge to the alternative rites of passage. The proposed study seeks to assess the potency of the alternative rites practice in mitigating the negative effects associated with FGM and in specific its capacity to enhance the girl-child self esteem and participation in education.

Serbin (1993) notes that the FGM practice has several psychological effects on the lives of girls and women. Girls have reported disturbance in eating, sleep, mood and cognition shortly after experiencing the procedure. Many girls and women experience fear, submission or

inhibition and suppressed feelings of anger, bitterness or betrayal. Studies from Somalia and Sudan indicate resulting negative effects on self-esteem and self-identity (Gachiri and Ephigemia, 2000). Rahman & Toubia (2000) argue that Governments should devote resources to supplying information to FGM practicing communities about this practice and human right in general. The information should emphasize the potential psychological and physical impact of FGM on women; Girls and Community at large examine the history and purpose of FGM. Promote human rights and demonstrate the manner in which human rights are affected by FGM and focus on needs of women, and girls while involving the entire community. Self-esteem beliefs are especially sensitive to contextual variation in a particular task or activity (Perjures, 2001). In a school learning programme, a student's writing self esteem may vary depending on whether he/she is asked to write an essay, a poem, or a creative story.

### **2.3.2 Girl Child Education**

Girl Child Network (2004) says that if the community obstacles to education are not tackled, girls will not participate in education effectively because of the inhibiting school environments and processes. Some of the major factors include: parental negligence, traditional cultural practices, poverty, lack of learning space parental death, family instability/death in families. Other factors identified as negatively impacting on the education of girls include domestic chores, girls' negative attitudes towards education and parental discrimination Republic of Kenya (1999). Three common traditional socio-cultural practices are attributed hindering the girl child participation in education. These include early marriages, female genital mutilation (FGM) and family perception of the girl child education (Abagi, 1999). In a study by Girl Child Network (2004) on The Status of Gender

Equity and Equality in Primary Education in Kenya, respondents from Keiyo, Mandera, Nyeri and Transmara districts reported that girls fail to enroll in school due to FGM. The teachers from Keiyo District felt that FGM is a major issue that inhibits girls' participation in school. Once the girls undergo the ritual they feel that they have become old and mature. In school they become shy and uninterested, thus their participation in school reduces. Most of them get married and others simply dropout of school and stay at home. This is the case in the other Districts where this ritual is undertaken since this is a cultural practice and all girls are expected to undergo the ritual. Education is a human right that should be given to all human beings. There are lots of international human right instruments that provide for education as a fundamental human right, which include the Universal Declaration of Human Rights (1948), International Convention on Economic, Social and Cultural Rights (1960), etc. Research has also shown that schooling improves productivity, health and reduces negative features of life, such as child labour. This is why there has been a lot of emphasis, particularly in recent times, for all citizens to have access to basic education. It has however been established by researchers that improving female education is crucial for national development. Education is a basic human right and has been recognized as such, since the 1948 adoption of the Universal Declaration of Human Rights. Since then, numerous human rights treaties have reaffirmed these rights and have supported entitlement to free compulsory primary education for all children. In 1990 for example, the Education for All (EFA), communication was launched to ensure that by 2015, all children, particularly girls, those in difficult circumstances and those belonging to ethnic minorities have access to and complete free and compulsory primary education of good quality.

Globally, girls represent the majority of children out of school and face some of the biggest challenges in getting an education. In 2006, 75 million children of primary school age were not enrolled in school; in 2007, 101 million were not attending school. Most out-of-school primary school-age children (88 per cent) live in Africa and Asia (UNICEF, 2009). According to Forum for African Women Educationalists (FAWE, 1996) comparative data for Latin America, Asia and the Middle East indicate that both the gross primary and the secondary enrolment ratios were significantly lower in sub-Saharan African region than in developing regions. It explains further that as many as 36 million girls in sub-Saharan Africa are missing from school, and those who gain access to education are often poorly served. While the same number of boys and girls enroll in first grade, by fourth grade, 50% of the female students have dropped out. In other words, Enrolment decreases; the higher one ascends the educational hierarchy.

The centrality of women's contribution to national development cannot be underestimated. Several studies have shown that an investment in girls' education is an investment in the family, community and nation (Adetunde & Akensina, 2008; Government of the Republic of Zambia, 1996, p.13). It improves overall quality of life.

Their education is particularly associated with significant reductions in infant mortality and morbidity, improvement in family nutrition and health, lowering of fertility rates, improved chances of children's education, and increased opportunities for income earning in both wage and non-wage sectors (Kelly, 1999). The Demographic and Health Survey (ZDHS) for 1992 also revealed that the social benefits associated with secondary education of girls included lower fertility rates, later age of first marriage, greatly reduced infant and child mortality, reduced incidence of child malnutrition (Gaisie, Cross & Nsemukila, 1993).



However, for a long time now, it has been noted that the education sector has not been able to give equal access to girls nor has it been able to retain many of them in school for many years. Some factors responsible for imbalances in female access to education are: wage discrimination, quality of education offered to girls, type of school, religion and ethnicity (Mwansa, 1995). Studies in West Africa indicated that parents, unless wealthy, preferred to educate their sons on the assumption that education “pays off” in life time wages more handsomely for males than for females (Ram, 1982).

The Forum for African Women Educationalists in Zambia has observed that the girl-child is discriminated against from the earliest stages of life, through childhood into adulthood. In terms of education, they include unequal access, poor performance, early drop-out, and low enrolment in higher education (FAWE, 1996).

According to UNESCO report, about 90 million children are not in school and majority of them are girls. Most girls do not have access to education despite the fact that it is their rights. The girl- child is often saddled with responsibilities, which may make her not to have access to quality education. It is true that many governments make provision for the education of their citizens, but the provisions, most of the time, do not take into cognizance the peculiarities of the girls. In that case, the girl-child may not have access to education, which is a fundamental human right. Research has shown that millions of girls do not have access to schools despite the concerted efforts to push the cause forward.

Okeke, Nzewi and Njoku (2008) identify child labour, poverty and lack of sponsorship, quest for wealth, bereavement, truancy, broken home, engagement of children and house helps, as the clog in the wheel of girl's access to education. The right to education, which is a fundamental human right, is frequently denied to girls in some African countries.

The then United Nations Secretary General, Kofi Annan, stated that „...in Africa, when families have to make a choice due to limited resources of either a girl or a boy child, it is always the boy that is chosen to attend school““. In Africa, many girls are prevented from getting the education entitled to them because families often send their daughters out to work at a young age so that they can get the additional income they may need to exist beyond subsistence level and finance the education of sons.

Abdulahi in Maduagwu and Mohammed (2006) notes that the importance of education in the life of an individual cannot be over emphasized. Central to the most basic problems facing the girl-child is her access to qualitative education. This is because without education, the realization of all other rights socio-economic and political rights becomes impossible. In the typical Nigerian setting, education of the girl-child has not received serious attention.

The general apathy in this regard, especially among unlettered parents has to do with the materialistic concept of education, that is, the belief that the girl-child will eventually marry and leave the family with whatever material benefits derivable from her education to her husband's home. They would rather prefer to invest in the education of the male child who is expected to marry in the family name.

Traditionally, the role of women has been that of home maintenance and rearing of children. Right from childhood, the girl-child is prepared and trained with the ability of cooking, learning and all kinds of chores in the home, all directed towards a better house wife. The gender role types thus, pose a bias against the girls by the society. By and large, the predicament of the Nigerian girl-child is enormous. Thus, in Uganda, the girl-child is faced with a lot of problems and constraints, which act as serious impediments towards her self-realization. It is therefore in line with the foregoing that the researchers ascertain the challenges the girl-child faces in terms of education with Kapochorwa as an area of study and how the Uganda can promote the rights of the girl-child.

The issue is about the girl child; she is the dawn, the bedrock and the future of any nation or society aspiring for sustainable development. However, she has continued to be the subject of rejection, marginalization and deprivation.

In Uganda, the predicaments of the girl child are better imagined; they rear their ugly heads in the area of denial of access to quality education, good health, survival and incidence of child labour, child trafficking, prostitution and ritual sacrifices.

Although, there were varieties of laws regulating the rights of children before the 2003 Child Act, such laws were; The 1999 Constitution, Chapter IV; The Children and Young Persons Law; The Criminal Code Laws in the South and the Penal Code in the North; Adoption of Children Laws in some Southern States and Abuja; Trafficking in Persons (Prohibition) Law Enforcement and Administration Act 2003, just to mention a few. The lists of such laws cannot be exhausted as some states have also put in place different laws that regulate the rights of

children. More so, there are some International Treaties affecting the rights of children. Since 1959, several international documents had sought to achieve the aim of protecting the right of children, such laws were; League of Nations Declaration of the Right of the Child, 1924; United Nations Declaration of the Rights of the Child, 1959; Declaration of the Rights and Welfare of the African Child, 1979 and The 1948 Universal Declaration of Human Rights. One sad thing is that despite all these laws, children, especially the girls, are still deprived from enjoying the full benefit of their basic rights; especially the right to quality education. Against this backdrop, it becomes pertinent to ask: what is the role of the every individual in promoting girl-child education in Uganda?

### **2.3.3 Female Genital Mutilation and Girl Child Education**

Female Genital Mutilation has affected girls' education in many countries. This is so because the community has put much effort in the practice than it has on education.

The parent is ready to meet all that is required for the ceremony preparations than meeting the school's needs. Since the decisions to have one's child (girl) circumcised is usually driven by societal, household, husband and family considerations, it becomes very hard not to meet the requirements. As the families concentrate on this, very few put in mind the importance of education to the girls. Education is not seen as a priority compared to the practice. Due to this fact when the girls undergo the practice they embrace the transition wholly affecting their educational performance. It is due to this fact that after the practice girls feel fully mature for marriage (Population Reference Bureau, 2001) since during seclusion, the counseling offered is never linked to the formal education but rather on marriage and family life.

Many girls drop at primary levels where, after dropping out join casual labour picking every early morning which is a form of child labour business is the most booming within the . In the process they get early pregnancies and finally early marriages. To those who persevere though having undergone FGM, secondary education becomes the highest level of education to them. Very few excel to join universities or other education tertiary institution since much strength is laid on rituals and practices (FGM). This causes girls and women to be discriminated in gender division of labour as they are not highly educated as compared to other regions of the country like, Central, Western, and Northern part of the country among others. They are forced to land on jobs that are of low grades as they never advanced in education. To the uncut, they concentrate much on education to compensate and increase their chances of being accepted in the community.

Globally, 20000 girls in the UK are at the risk of FGM every year, 3million girls are at risk every year in Africa, 101 million girls aged 10 and above in Africa have undergone FGM (Population Council,2007) and 140 million girls and women worldwide have undergone FGM. This portrays that it is not only in Uganda that girls and women are at risk of FGM. In June 1999, the Ministry of Health prepared a National Plan of Action for the elimination of FGM. What was contained in the Plan were the results of a 1998.

Demographic and Health Survey of 7881 women nationally that showed 37.6% of Ugandan women had been subjected to one of this procedures. Among all ethnic groups in Uganda (42) the practice is not common to among the two largest groups in Uganda's far central, south and west. FGM affects the physical and psychological health of girls and women, decrease their attendance and performance at school; fail to meet their gender equality rights and risks their

lives at the time of the operation, at marriage and during child birth (Berg and Denison, 2010). FGM affects up to 3 million girls in a year, one every 10 seconds (28 Too Many, 2013). The FGM has a relationship with other issues such as girls not completing their education and having poor literacy, early or arranged marriages. As they marry early, it leads to early childbirth with resulting complications for many of obstetric fistula. It also leads to early marriage breakdown (divorce) since the two who are getting married are not mature and provoke one another easily especially when the intimacy is over and cannot take things any more. The only option is divorce.

Though the practice was made illegal, NGO and UN agencies agreed that information, instruction and persuasion are the only effective tools to change the practice at the grassroots (UNICEF, 1997). Progress of eradicating FGM can continue in a positive direction accounting to measures relating and considering FGM within the framework of the millennium development goals, facilitating education on health and FGM .Improving and managing health complications of FGM, tackling the medicalization of FGM, more resources and funding on the psychological consequences of FGM. There should be increased advocacy and lobbying, increased law enforcement and equipping of law enforcing agents, increased use of media and recognizing role of faith-based organizations.

The practice is carried out by communities as a heritage of the past and is often associated with ethnic identity. FGM is a rite of passage into womanhood (Coexist, 2012) and necessary for a girl to go through in order to become a responsible adult member of the society. The traditionalists have such strong believes on FGM yet it is not by undergoing FGM that one can become a responsible member of the society. This is so because there are those communities

that do not practice the rite yet their women are responsible and productive in the society. Also through the eradication of FGM, those women who have not undergone the rite are still capable. Thus FGM can not stand as a measure to responsiveness of a person since that is a personal attribute. Since FGM is an inherent violation of human rights, it needs to be ended. Women in rural areas are more likely to undergo FGM. The variations of prevalence based on place of residence are probably rooted in such factors as the area's ethnic composition, dominant religion, affiliation, and level of urbanization (Carr& Dara, 1997).

### **Summary of the gaps in the reviewed literature**

Much of the literature is about other geographical areas outside Kapchorwa district, thus though it is relevant, it is out of the current study area context.

Some relevant studies were carried out many years ago, unlike the current study which was carried out in 2017. This could account for the differences in the findings between the current study and the previous studies.

Data analysis methods varied. Whereas the current study used percentage distribution, other studies used the ANOVA, path analysis, among others

## **CHAPTER THREE:**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter presents the methodology that was employed while conducting the research. research design, , sampling procedures, Area of Study, Research Population, Sampling Approach, Sample Size, Data Collection instruments, Validity and Reliability of the instruments, Data Gathering procedure, Data Analysis and Ethical Considerations, Limitations and Delimitations will be used to collect data.

#### **3.1 Research Design**

This study was carried out using a cross-sectional survey design with both quantitative and qualitative approaches. Survey research design is the most widely used for obtaining insights into variables of study and how ideas relate to the research problem. It is therefore suitable for this study because the factors to be investigated and data collection procedures were descriptive in nature and in addition, the population was too large to be observed directly and thus economically viable both in time and money of taking a sample of population to generalize results for the whole population, resulting to in-depth, rich and meaningful research findings as (Mugenda and Mugendi, 1999) observe.

#### **3.3 Research Population**

The study targeted female students who have reached the circumcisable age of 16-20. These were 1,125 from 20 secondary schools, whereby nine of them were classified as rural schools (453 female students) and the rest, 672 students from 11 secondary schools were classified as being urban (being within or near towns in Kapchorwa. This population was got from the



offices of the respective deputy head teachers and Directors of studies of the respective schools.

### **3.4 Sample size and Sampling Techniques**

To find out the extent to which female genital mutilation is practiced today, a sample of 970 respondents all of whom were female students from s.4 to s.6 were involved in the study; they were asked whether they are circumcised or not. S.4-S.6 students were the ones involved in the study because among the Sebei, girls are usually circumcised at the age of 16-20 years. Many times children in rural districts reach S.4 when they are aged 17 years and above, therefore by the time they reach S.4-S.6 they are expected to have been circumcised. The respondents were got using the Morgan and Krejcie (1970) method of determining the sample from nine rural schools and from eleven schools near towns in Kachorwa district. Sample selection is shown in table 3.

**Table 3.1 : Showing the selection of the sample**

**Table 3 (a) rural schools**

<b>Rural Schools</b>	<b>Target Population of Girls, S.4-S.6</b>	<b>Sample Size</b>
A	55	48
B	80	66
C	36	32
D	38	36
E	45	40
F	50	44
G	61	52
H	42	36
I	46	40
<b>Sub-Total</b>	<b>453</b>	<b>394</b>
<b>Urban Schools</b>		
J	66	56
K	60	52
L	40	36
M	74	63
N	66	56
O	60	52
P	55	48
Q	52	44
R	70	59
S	81	66
T	48	44
<b>Sub-total</b>	<b>672</b>	<b>579</b>
<b>Grand total</b>	<b>1,125</b>	<b>970</b>

In addition to the 970 female students in 20 schools being given questionnaires, 65 of those very students were subjected to oral interviews so as to get detailed data on female genital mutilation and girl child education in Kapchorwa district, something which is very important in research as Mugenda and Mugendi (1999) observe.

On the second research objective about the extent to which girl child education is promoted in the district, the researcher relied on the data from the District Education Officer in Kapchorwa, to establish how many female students are in the 20 schools; S.1-S.4 compared to their counterparts, the boys.

### **3.4 Sampling Strategies**

The researcher first clustered the schools according to the location, that is those within and near the towns in Kapchorwa which hereinafter are referred to as urban schools; and then those who were far away from the towns in Kapchorwa which hereinafter are referred to as rural schools. After that, random sampling was used to select nine rural secondary schools and to select eleven urban secondary schools. Those were the ones that participated in the study. Urban and rural Private and public schools were chosen so as not to get biased data regarding the female learners' state of being circumcised or not. As for the respondents, random sampling was also used in the sense that the researcher went to the respective schools under study and after getting permission from the head teachers of the respective schools, he asked the school authorities to get him a particular number of female students of S.4-S.6 to participate in the study. The research instruments were administered to those very students, 65 Of whom were in addition subjected to oral interviews. Even the interviewees were selected at random provided they were in classes S.4-S.6.

### **3.5 Data Collection Instruments**

Both questionnaires and oral interviews were used. The respondents of the study were required to fill a questionnaire indicating their age and class, as well as to indicate whether they are circumcised or not; and in case they are not circumcised whether or not they will accept to be circumcised in future. Questionnaires were used because of the desire to collect data from a large number of female students so as to be able to make sound conclusions which can reliably be generalized to all female secondary students in Kapchorwa, in addition, all the respondents were literate.

In addition, 65 female respondents were subjected to oral interviews so as to get details on female circumcision in Kapchorwa as well as the education of female children in the district.

### **3.6 Validity and Reliability of Research Instruments**

Validity is concerned with whether the instrument measures what it is supposed to measure or it is the degree to which results obtained from the analysis of the data actually represent the phenomenon under study. Mugenda and Mugenda (2003) notes that validity has to do with how accurate the data obtained in the study represents the variables of the study and is a true reflection of the variables. It is only then that inferences based in such data would be accurate and meaningful. To ascertain validity of the questionnaire the researcher consulted experts and experienced personnel in the research methodology from Kampala International University to make criticism and comments on the format of the instruments. Their comments would be incorporated in the questionnaires before the final administration of the instruments on the participants of the study. Also, during the pilot study to be designed and conducted, the researcher freely interacted with the respondents. The friendly atmosphere enabled the researcher to discover some short-comings in the research instruments and, therefore, make necessary adjustments before using them for the actual study.

#### **3.6.1 Reliability of the Research Instruments**

A measure is considered reliable if a research's finding on the same test given twice is similar. Reliability ensures that there is precision with which data is collected. If the same results are gained time after time, no matter how many times you conduct a piece of research, this suggests that the data collected is reliable (Mugenda & Mugenda, 2003). Reliability of the questionnaire was tested through a pilot study in which the questionnaires would be pre-

tested to a sample group similar to the actual sample. This was important in finding out any deficiencies in the questionnaire and rectifying them before the actual questionnaire was issued out. A correlation coefficient of more than **0.5** implies that the research instrument was reliable and therefore the researcher adopted the research instrument.

### 3.6.2 Validity

For the purposes of this study the supervisor's opinion was put into consideration after determining the relevance of the content that would be used in the questionnaires. They examined the questionnaires, the interview schedules and provided a feed back to the researcher.

### 3.6.3 Reliability

The reliability of the study addressed the similarity of the results through repeated trials. Reliability is a measure of the degree to which a research instrument yields consistent results (Mugenda & Mugenda, (2003) in order to test the reliability of the instruments the researcher conducted the test-retest techniques. Then a correlation coefficient for the two tests would be calculated using Pearson's

Product-moment formula.

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

Where

$\sum$  = Summation of scores

X Scores in the first test

= Scores in the second scores

A correlation co-efficient ( $r$ ) of about 0.5 will be considered high enough to judge the reliability of the instrument as recommended by Orodho (2002).

Therefore, when it appeared that way, the researcher found that the respondents had given almost the same answers as had been given in the initial administration of the instruments. In this case therefore, the instruments would therefore be considered reliable.

### **3.7 Data Gathering Procedures**

1. The researcher officially nominated five research assistants to help him in administering the questionnaires to the respondents.
2. A letter of introduction was given to the researcher to introduce him to the prospective respondents through their respective heads of department.
3. Students were fully debriefed about the purpose of the study.
4. Questionnaires were administered to students during class time in a period of one week. The students were assured that their responses would remain anonymous. They were also told not to put their names on any sheet. They were instructed to read each statement and respond according to how they felt about the statement. They were directed not to talk to each other and when they complete the information packet, they could place it in a box next to the researcher or research assistants.

### **3.8 Data Analysis**

1. To establish the extent to which Female Genital Mutilation is practiced today in Kapchorwa district, percentage distribution was used.
2. To establish the extent to which girl's child education is promoted in Kapchorwa District, percentage distribution was used by comparing the number of female students

in secondary schools in Kapchorwa district compared to the number of boys in each school under study.

3. To find out the influence of Female Genital Mutilation and girl child education in  
Kapchorwa District

### **3.9 Ethical Consideration**

Churchill & Brown (2001) defined ethics as moral codes and tenets that direct the way individual or group conducts its activities. Ethics are the principles guiding the researcher in the conduct of research that involve ensuring the independence of research participants and guarding against anything that would hurt respondents. The following measures were therefore taken by the researcher to ascertain the research ethical principles.

- a. All the questionnaires were coded to provide anonymity to respondents.
- b. The study acknowledged all sources consulted.
- c. The findings of the research were presented in a generalized manner.
- d. The secondary school respondents who took part in the study did so voluntarily. Since they were in the hands of the school administrators, permission to engage them in the study was sought from the head teachers.
- e. The names of schools where a relatively large number of girls was found to be circumcised and where a relatively large number of girls was found not to be circumcised were not mentioned. The schools were instead code-named A-T.

### **3.10 Limitations of the Study**

The study was limited to the female students in the secondary schools which participated in the study. It left out those who were out of school. Future studies should address those females outside school.

Secondly, the researcher can not claim 100% of the accuracy of the answers the girls made while filling the questionnaire on their state of being circumcised or not; and if not circumcised whether they will or will not accept to be circumcised.

Despite this, the researcher believes this study is worthwhile and has implications for practice.



## CHAPTER FOUR

### PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

#### 4.0 Introduction

This chapter deals with presentation, interpretation and analysis of the data collected from the field on the different objectives of the study. Since the data were collected from 970 respondents, the demographic characteristics of those respondents are given in table 4.1.

Table 4.1: Showing the profile of respondents

Profile	Frequency	Percent
Gender		
Female	970	100
Age		
16-17	392	40.4
18-19	293	30.2
20 years and above	285	29.4

Table 4.1 indicates that a total of 970 students participated in the study all of whom were females of circumcisable age as per the culture of the Sebei, a dominant tribe in Kapchorwa district. Of these, the majority of the respondents were aged between 16-17 years (40.4%). The second in rank of pupils' age were those aged 18-19 years. The least number was that of the children aged 20 years and above (29.4%). Thus, relatively mature children participated in the study.

The study sought to achieve the three objectives; hence the findings are presented on each research objective as follows.

**1. To establish the extent to which Female Genital Mutilation is practiced today in Kapchorwa district.**

On this research objective, it was found out that female genital mutilation is practiced to a small extent since only 28.5% of the girls in S.4-S.6 who are expected to be circumcised are the only ones circumcised. The rest, 71.5% are not circumcised, as shown in table 4.2.

**Table 4.2 showing the extent to which Female Genital Mutilation is practiced today in Kapchorwa district**

Rural Schools	Target Population of Girls, S.4-S.6	Sample Size	Circumcised	% of the circumcised	% of the non circumcised
A	55	48	12	25	
B	80	66	21	31.8	
C	36	32	20	62.5	
D	38	36	23	63.9	
E	45	40	16	40	
F	50	44	14	31.8	
G	61	52	16	30.8	
H	42	36	14	38.9	
I	46	40	13	32.5	
<b>Sub-Total</b>	<b>453</b>	<b>394</b>	<b>149</b>	<b>37.8</b>	<b>62.2</b>
<b>Urban Schools</b>					
J	66	56	14	25	
K	60	52	10	19.2	
L	40	36	10	27.8	
M	74	63	13	20.1	
N	66	56	12	21.4	
O	60	52	10	19.2	
P	55	48	12	25	
Q	52	44	10	22.7	
R	70	59	12	20.3	
S	81	66	16	24.2	
T	48	44	08	18.2	
<b>Sub-total</b>	<b>672</b>	<b>576</b>	<b>127</b>	<b>22.1</b>	<b>77.9</b>
<b>Grand total</b>	<b>1,125</b>	<b>970</b>	<b>276</b>	<b>28.5</b>	<b>71.5</b>

Source: Primary data from the filled questionnaires

Table 4.2 shows that in Kapchorwa district female genital mutilation is going down especially in the urban schools. In schools within and near big towns such as Kapchorwa and Kweni, it was found out that among the 576 students, only 127 students (22.1%) were circumcised; the rest, 77.9% of the girls in the circumcisable age were not circumcised. Whereas in the rural schools in areas like Chema, Tegeres and Kapchesom, female circumcision is practiced slightly higher there as shown in table 4.1 that out of the 394 female students of S4-S.6 circumcisable age, 149 (37.8%) were circumcised, yet 62.2% of the girls of circumcisable age were not circumcised.

In two rural schools code-named C and D due to ethical reasons, a relatively large number of students were circumcised (62.5% and 63.9% respectively). In the rest of the rural schools the percentage of the circumcised was low, such as in school a (25%). In urban schools the percentage of the circumcised was low, such as in school j (25%); school K (20.1%); school L (21.4%); School O (19.2%); school T (18.2%), among others. This shows that students and parents in urban areas are more sensitized about the dangers of female genital mutilation, and they appreciate such sensitization than their counterparts in rural areas.

The uncircumcised female students were asked whether they will later accept to be circumcised in future. Their responses are shown in table 4.3.

**Table 4.3 Showing the responses of the non circumcised girls in circumcisable age whether or not they will accept to be circumcised in future.**

<b>Item</b>	<b>Sample</b>	<b>Will Accept</b>	<b>Will Not Accept</b>
<b>Rural Schools</b>	254	23 (09.1%)	<b>231 (90.9%)</b>
<b>Urban Schools</b>	449	16 (3.6%)	<b>433 (96.4%)</b>
<b>Sub-total</b>	703	39	664
<b>Grand total</b>		<b>5.5%</b>	<b>94.5%</b>

Table 4.3 reveals that the female students of circumcisable age who reported that they were not circumcised, when they were asked whether or not they will accept to be circumcised in future, 94.5% of the girls said that they will not accept to be circumcised. Only 5.5% of the girls said they will accept to be circumcised.

Further investigation was made on the urban and rural schools (whereby urban schools in this context mean schools within and near the towns in the district of Kapchorwa). It was found out that a very large number of students (96.4%) of the girls said they will not accept to be circumcised, compared to their counterparts in rural areas whereby (90.9%) of the girls said they will not accept to be circumcised. The difference between the rural and urban schools was however very small. This reveals that on average, female secondary students today in Kapchorwa hate the practice of female circumcision. Given that the majority of the girls who

participated in the study were relatively mature since they were 16 years and above, it suggests that they have the ability to stick to their words. They even know the steps to take in case some individuals want to force them to be circumcised. This was confirmed during oral interviews when a S.6 student said, *“Nobody can force me to be circumcised; or else I report them to police or to the office of the RDC (Resident District Commissioner) for action, I know my rights as a girl child”*.

Female students in one school located on the village of Kwoti, said that elders usually argue that cutting the genitalia of a girl is a practice that has been passed on by the ancestors for generations and according to them it is a blessing to have a girl cut.

Those who are circumcised said that it is carried out in the month of August and December of every year. The reason for the choice of these months is plenty of food to feed the circumcised and that it is a holiday period for the circumcised to heal properly since healing takes between 2 to 4 weeks. The local name for the circumcision among the Sebei is “tisyeti hatibiki”. The respondents narrated that it is done by local female surgeons and they usually do it early morning, 6:00-7.30 am from bushes or in doors surely for fear and being arrested by the police and some government representatives such as the GISO (Gombolola Internal Security Operation), DISO (District internal Security Operatives) and RDC (Resident District Commissioner) since the practice is now illegal. Surgeons are only female elders but the practice has to be witnessed by both male and female elders. They said that some times, however, whereas some L.C 1 officials supposed to report to the police those to circumcise girls, sometimes the L.C1 officials who are in most cases men tend to connive with the circumcisers and shield them. This is because some Sabiny men still believe in the importance

of that ritual, that it is a tool to prevent immorality among women which was handed over to them by their ancestors.

The respondents reported that if a girl tries to resist they can use force to circumcise her. They said it is more prevalent among the less educated parents than the educated parents, as well as more in the rural areas than in the urban areas.

This was proved in table 4.2 whereby in the rural schools located on Kwoti village neighboring Teteri village 62.3% and 63.9% of the girls who participated in the study reported that they were circumcised, yet in one school located in Gamadin village, a village near a town only 20.1% of the girls who participated in the study reported that they were circumcised. The 79.9% of the girls were not circumcised.

Thus, female genital mutilation is now low in Kapchorwa but it has not yet died out completely. It is still being practiced to a small extent.

## **2. To establish the extent to which girl's child education is promoted in Kapchorwa District**

On this research objective, the results were got by analyzing the number of girls of circumcisable age who are in school (those in S.4, S.5 and S.6), in the year 2007 compared to the girls of circumcisable age who were in school (S.4, S.5 and S.6) in the year 2005. The results of the study were that there is an increase in girl child education in secondary schools in Kapchorwa district as shown in table 4.4

**Table 4.4 Showing the girls of circumcisable age in school (S.4, S.5 and S.6) in the year 2005 and 2007**

<b>Rural Schools</b>	<b>Girls, S.4-S.6 in school, 2005</b>	<b>Girls, S.4-S.6 in school, 2007</b>	<b>% Increase/Decline</b>
A	43	55	21.8
B	70	80	12.5
C	39	36	-8.3 (Decline)
D	45	38	-18.4 (Decline)
E	40	45	11.1
F	42	50	16
G	54	61	11.5
H	35	42	16.7
I	31	46	32.6
<b>Sub-Total</b>	<b>399</b>	<b>453</b>	<b>11.9 (Increase)</b>
<b>Urban Schools</b>			
J	51	66	22.7
K	42	60	30
L	30	40	25
M	58	74	21.6
N	47	66	28.8
O	44	60	26.7
P	40	55	27.3
Q	41	52	21.2
R	61	70	12.9
S	69	81	14.8
T	35	48	27.1
<b>Sub-total</b>	<b>518</b>	<b>672</b>	<b>22.9 (Increase)</b>
<b>Grand total</b>	<b>917</b>	<b>1,125</b>	<b>18.5 (Increase)</b>

**Source: Primary data from the Deputy Head teachers and Directors of Studies of the respective schools**

Table 4.4 shows that girl child education in Kapchorwa district is promoted as revealed by the increasing number of girls of circumcisable age in the secondary schools of Kapchorwa district. It shows that although the girls have reached circumcisable age, and although some girls are circumcised yet others are not circumcised, more girls of circumcisable age are in school. For

example, there is an increase of 18.5% in girls' enrolment in secondary schools. This is however more in urban schools than in the rural schools, for example in the urban schools there has been an increase of 22.9% in girls' enrolment compared to 11.9% increase in enrolment in rural schools in Kapchorwa district.

Table 4.4 agrees with table 4.2 about two rural schools in Kapchorwa, the schools code-named C and D whereby table 4.2 showed that a relatively large number of girls of circumcisable age were circumcised, and in those very schools according to table 4.4 there is a decline in girls' enrolment. The decline was by 8.3% and 18.4% respectively. This shows that in these two secondary schools as the girls are circumcised, some of them drop out of school probably to get married.

### **3. To find out the influence of Female Genital Mutilation and girl child education in Kapchorwa District**

It was found out that FGM has a minor influence on girls' education. A relatively large number of respondents reported that the effect is there though it is minor. To support their claim, the interviewees raised the following views as shown in table 4.5.



not necessarily follow; hence circumcised girls can continue with their education despite being circumcised.

However, four interviewees said that since female circumcision has not died out completely and because it is done secretly, to a small extent it impacts on some girls' education negatively in the following ways: some circumcised girls fail to heal properly since the surgeons are rural women not qualified doctors. In the process some girls develop complications like uncontrolled flow of urine, and there are a few cases when the circumcised are laughed at by their colleagues. This was a rare revelation made in one town boarding school attracting students from as far as Busoga region and Mbale where female circumcision is not done. She said, *"we girls usually bathe together with colleagues. During bathing sometimes we see those who are circumcised and those who are not. In a school like this one where the majority of students are not of Sebei ethnic group, the circumcised girls are usually laughed at wondering why they accepted their valuable "twin towers" to be tampered with in this 21<sup>st</sup> century."*

She said even in other school such as Sebei College, Gamadni Girls S.S, Kapchorwa Parent which are perceived as schools for the rich (as per the ranking of that area/district), not many girls are circumcised.

Several students who were interviewed narrated that as girls are being circumcised, there must be male and female witnesses, something which makes some of the male witnesses desire to have those girls in bed. This is because those being circumcised are relatively mature girls with their body parts well developed such as breasts, bums, pubic hair and hips, thus in the process some men erect, desire those girls and sometimes marry them after the exercise or have intercourse with them, something which makes some girls drop out of school, conceive or fail

to concentrate in class. One interviewee claimed that circumcision of females with men witnessing is a marketing strategy for the girls to get married.

Thus, the interviewees claimed that girls' education in Kapchorwa is mainly impacted on by other factors, not female circumcision. Those of the factors according to the interviewees are shown in table 4.6.

**Table 4.6. Showing other factors which affect girls' education**

According to qualitative data the respondents stressed that FGM there days does little in affecting girls' education. Instead it is other factors which affect girls' education such as

Item	%
Parental level of education	27.2
Poverty	23.4
Fornication and adultery	26.8
Lack of female role models	12.6
Few USE schools	10

Table 4.6 shows that it is mainly of the factors which affect girl child education in Kapchorwa district. 27.2% of the respondents said that in Kapchorwa district the parents who are educated to the level of a diploma or degree are few. Because of this, such parents tend not to value education, arguing that once a girl reaches puberty she should be married off to get bride wealth from the in laws, that however much a girl studies she has to be married off.

For poverty which was mentioned by 23.4% of the respondents as a factor affecting girls' education, the respondents said that whereas some parents would wish to educate their female children, they are at times challenged financially. Many secondary schools in the area charge on average sh. 200,000 for day and 450,000 for boarding per term. This money is much for an average person in Kapchorwa in villages such as Bukwo, Kweni, among others where there is a lot of poverty with the majority of the people sleeping in grass thatched houses. Such people can hardly afford to educate their children. Whereas the government established Universal Secondary Education (USE), 10% of the respondents said that these schools are few in Kapchorwa. They said that there was some sub countries such as Kkaptokoyi where there are not even in a single USE school. Because of that, some girls in such areas tend to drop out of school, not because of female genital mutilation, but because of the lack of USE schools where education is free.

For fornication and adultery, 26.8% of the respondents said that whereas Kapchorwa is a rural district with many secondary students having access to internet and smart phones, fornication and adultery are high. Fornication is usually among students themselves, and adultery is usually between female students and the married elderly men whom they usually love for money related reasons. A female student in a certain day school said, *"Elderly men are so good in the sense that they are generous with money, they buy us phones, give us pocket money, buy us items which our parents and fellow students cannot do, so how do you expect us to leave such men?"*

The respondents also said that in Kapchorwa district there are few female educated role models. The majority are not educated so, one respondent said, *" By looking at the illiterate and semi-illiterate women doing small businesses, there is a tendency to think that such women*

*are a success story, so the girls emulate those ones (the illiterate business women), which makes some of these school girls start thinking of leaving school and do business like those women”*

## **CHAPTER FIVE:**

### **DISCUSSION, CONCLUSIONS AND RECOMENDATIONS**

#### **5.1 Introduction**

This chapter presents a discussion of the findings of the study on each research objective, conclusions, as well as the recommendations.

#### **5.2 Discussion**

##### **5.2.1 The Extent to which female genital mutilation is practiced in Kapchorwa today**

It was found out to be low. According to qualitative data from the interviewees, the reasons advanced from the respondents are summarized in table 5.1.

**Table 5.1 Showing the reason for reduced genital mutilation in Kapchorwa District**

<b>Reason</b>	<b>%</b>
Government legislation	23.7
Interaction with other tribes	14.7
Influence of women activists	26.6
Influence of education	14.7
Influence of social media	13.2
Some men don't want circumcised women	07.1

Table 5.1 shows that female genital mutilation reduction in Kapchorwa district is not accidental. It has occurred due to a number of reasons such as government legislation, that it is illegal and can attract penalties for the perpetrators of the practice, as reported by 23.7% of the interviewees, because of this, some people fear to bring themselves problems by perpetuating the practice. In addition, 26.6% of the interviewees said that women activists in the area such as the women members of parliament have done much to sensitise people on the dangers of this practice. As a result, some people have adhered to their advice and abandoned the practice. However, only 07.1% of the interviewees said that some men do not like circumcised men. They elaborated that with the current increasing rate of cross-cultural marriages especially among the elites, circumcised women are not liked by men who come from societies where women do not circumcise such as Acholi, Lango, Arua, Busoga, Buganda, and Ankole.

Genital mutilation has however not died out completely. The respondents said that the practice is a cultural act, a practice which distinguishes a typical Sabiny woman from a non Sabiny, so it is for identity. The respondents said that there is a belief among the Sabiny that if the Labia are not cut at age of 16-20 years and they are left, a woman gets curses in her life as a result of the annoyance of the ancestors from whom one is descended. There is even a belief that if they are not cut, they can grow so long and make a woman very un-comfortable while walking. This issue relates to the Kikuyu cultural practice of circumcising women because of the belief that the Labia if not cut at an early age, can grow like branches of a tree thus making the movement of the woman very hard (Mbiti, 1979).

It however contradicts the Baganda cultural practice of pulling the Labia to elongate it as Kaggwa (1991) says. He says that the Baganda like the Labia so much that they pull them to

become long so as to make a woman warm in her vagina hence creating warmth for a man during sex, which in the end stabilizes marriage.

34.4% of the interviewees said that Sabiny men do not want a woman who did not undergo circumcision. They perceive her as a prostitute and she can therefore fail to get married.

Since however the interviewees were students who seemed to be exposed to relevant literature on female circumcision, some of them said that it is a sign of the traditional men's' dominion over women that is why men want to reduce the desires of women since traditionally Sabiny men are polygamists. Having many wives creates fear in men that the women can commit adultery, so to prevent that adultery among women; they decided to circumcise them to reduce their sexual urge, a similar reason raised by Mbiti (1979) on female circumcision in many Kenyan tribes.

### **5.2.2 The Extent to Which Girl's Education is promoted in Kapochorwa District**

The findings on this research objective revealed that Girl's Education is promoted in Kapochorwa District to a large extent. A relatively large number of circumcisable age as per the Sabiny culture are in school, there has generally been an increase in girls' enrolment in secondary schools in the district, a sign that girl child education is promoted. Therefore, as Article 34 (2) of the Constitution of the Republic of Uganda states that a child is entitled to basic education which shall be the responsibility of the state and the parents of the child, the republic of Uganda is seemingly determined to promote girl child education. This increasing rate of girl child education at secondary school level, according to qualitative data from the interviewees is due to the influence of the women activists who usually urge parents to take their children, both boys and girls to school, Government efforts through the Resident District Commissioner who supervises government programmes and policies in the district to ensure

that they are adhered to, as well as the influence of private universities in Uganda, which according to the interviewees, encourage parents to educate their children, promising them scholarships after finishing S.6. Some interviewees said that Kampala International University for example has a study centre at Bukwo, that the university officials at the centre usually move to secondary schools in Kapchorwa urging girls to study, that those who would finish S.6 and wish to join K.I.U would be given bursary of 50% of the tuition fee provided the L.C 5 Chairperson of the District endorses them. It was reported that this has encouraged more students to study with a hope of accessing university education though they are from economically challenged families.

It was also reported that in Kapchorwa, there are some literate parents, as well as the illiterate rich parents. It was reported that those two categories of parents tend to do whatever it requires to educate their children, the illiterate rich men want to compensate their failure to study by educating their children. Parents who are supportive and remain active in their children's' education by helping them in different ways tend to have adolescents who have academic self-efficacy (Wentzel, 1994). As children become adolescents, a crucial step in social learning occurs as the adolescent moves to include peers and other institutions such as school into their primary influence of the self. The external world becomes increasingly important to developing self-awareness of capabilities. As children move into the larger community, peer relationships expand the ability to test capabilities. A large amount of social learning is done in the context of peer relationships.

As literature suggests, adolescents who perceive parents as supportive and have increased opportunities for positive parent- adolescent interactions tend to seek less advice from peers



(Fuligni & Eccles, 1993). Peer relationships serve as important mechanisms for performance motivation in school (Nelson & DeBacker, 2008). Peer relationships also serve as major influences in academic self-efficacy (Wentzel & Caldwell, 1997). Peers serve as a major influence in the development and validation of self-efficacy. Through peer relationships, adolescents learn to make decisions, compromise, and cooperate with others outside their family influences (Hartup, 1989).

Literature also affirms that positive interpersonal relationships have a direct influence on a child's life. The benefits of high quality interpersonal relationships are important in a child's capacity to function effectively including their academic lives (Martin & Dowson, 2009). Equally as important is the child's pro-social behavior. Pro-socialness is portrayed in cooperativeness, helpfulness, ability to share, and empathy (Caprara, Barbaranelli, Pastorelli, Bandura, & Zimbardo, 2000). Individuals learn about themselves during social interactions with others. They learn what is needed to fit into a group. Martin and Dowson (2009) state that through social interactions person develops beliefs and values. It is within this relatedness that teaches students how to function effectively in academic environments. These beliefs and values direct behavior in the form of enhanced persistence, goal striving and self-regulation (Martin & Dowson, 2009).

### **5.2.3 The influence of female genital mutilation on girl child education in Kapochorwa District**

The findings indicated that female genital mutilation in Kapochorwa District Has little influence on girl child education. In other words, it is mainly other factors, not female circumcision which make or cause girls of circumcisable age in Kapchorwa district to be in school, or to drop out of school. These factors include parents' level of education,

parents' socio-economic status, presence or absence of Universal Secondary Education schools in the district, female role models in the district, as well as social media influence. Thus, the intervening variables of the current study were proved to be having stronger influence on the dependent variable than the independent variable in question.

These findings are in line with several research findings which suggest that parental monitoring of after school activities is related to student achievement. For example, Clark (1993) found that parents of children who monitor their children's behavior after school were more likely to have high achieving children than parents who do not monitor their children's afterschool activities. Furthermore, Muller (1993) found that parents' knowledge of their adolescent's friends was positively related to their child's standardized achievement scores.

Despite the strong association between parental monitoring and adolescent school outcomes, one wonders why less than half of parents of adolescents check homework often. Issues related to the influence of parental work hours and multiple jobs should be examined with respect to their influence on parental monitoring (see Hill and Taylor, 2004). Furthermore, examining the reasons for parental monitoring (e.g., because of child misbehavior) may also lead to a fuller understanding of the relation of parental monitoring to adolescent school outcomes.

The process of socialization refers to the manner by which a child, through education, training, observation, and experience, acquires skills, motives, attitudes, and behaviors that are required for successful adaptation to a family and a culture (Parke and Buriel, 1998; Ladd and Pettit, 2002). The socialization process is bidirectional in that parents convey socialization messages to their children, but their children vary in their level of acceptance, receptivity, and internalization of these messages (Grusec *et al.*, 2000)

Within the socialization literature, recent attention has been given to examining linkages between the child's home environment (i.e., family) and the child's school environment (Ryan and Adams, 1995; Scaringello, 2002). Within these two developmental contexts, adolescents interact with and are influenced by multiple socialization agents, including their parents, teachers, and peers (Maccoby and Martin, 1983; Parke and Buriel, 1998; Wentzel, 1999). Adolescence is a particular period of human development in which the interface of the school and home contexts gain critical importance (Paulson, 1994; Steinberg and Silk, 2002). During this period, adolescents transition from the highly dependent and controlled period of childhood into a period marked by an increasing sense of self-exploration and autonomy (Wentzel and Battle, 2001). Specifically, adolescents begin to develop their self-concept (Harter, 1983) and explore their relationship and connection to family, friends, and the larger society (Simmons *et al.*, 1987). As a result, adolescence is not only a time of change for adolescents, but it is also a time of change for the family unit (Kreppner, 1992).

## **5.4 Conclusions**

The following conclusions are hence made.

1. In Kapchorwa district, female genital mutilation is going down. This is because of government legislation, influence of women activists, as well as the influence of education and social media.
2. Girl child education at secondary school level is being promoted to a large extent.
3. Female genital mutilation in Kapochorwa District

Has little influence on girl child education. It is mainly other factors, not female circumcision which make or cause girls of circumcisable age in Kapchorwa district to be in school, or to drop out of school. These factors include parents' level of education,

parents' socio-economic status, presence or absence of Universal Secondary Education schools in the district, female role models in the district, as well as social media influence. Thus, the intervening variables of the current study were proved to be having stronger influence on the dependent variable than the independent variable in question.

### **5.5 Recommendations of the Study**

Based on the above, the following are recommended:

1. Whereas female genital mutilation has gone down in Kapchorwa, it has not died out completely; therefore there is need for the Government to continue sensitizing the masses about the dangers of that practice so that it can be wiped out completely.
2. Though girl child education is being promoted, its promotion has not gone to a very high level, thus the Government should sensitise the masses more about the value of educating both male and female children and be tough on those who deny education to their female children.
3. Since female genital mutilation in Kapochorwa District has little influence on girl child education, there is need to control those factors which mainly make or cause girls of circumcisable age in Kapchorwa district to drop out of school such as parents' level of education, poverty, absence of Universal Secondary Education schools in the district, female role models in the district. This can be done by building more USE schools in the district and sensitizing parents and children more about the importance of self sacrifice in order to educate children.

### **5.6 Suggestions for Further Study**

Given the influence of the intervening variables as uncovered in influencing the dependent variable of the study, it is hereby suggested that research be carried out on those variables namely socio-economic status, parents' level of education and government policies as determinants of girl child education in Kapchorwa or elsewhere.

## REFERENCES

- Abdallah, R.(2008).*Sisters in Affiliation: Circumcision and Infubulations of Women in Africa*. NewYork. Penguin Publishers Limited.
- Ali,A.M.,(2003).*A Study of the Factors Perpetuating Infibulation among Somali-Muslims in Mandera District, Kenya*.
- Aziz,M.,(2006).*The Aftermath and Effects of Female Circumcision Practice in Kenya*.
- Banks, J. S.,(2010). *Circumcision of Females in Beirut.AnArabian*
- Bardi,A.E. (2007).*Female Circumcision in Sudan. Paper presented at the Conference on Reproductive Health Management in Sub-Saharan Africa, Freetown, SierraLeone,November5-8*.
- Bechmann, R. T., (2007). *Circumcision and Marriages in sub-Saharan Africa*.
- Borg,W.&Gall,J.(1996).*EducationalResearch:An introduction*. NewYork:Longman Publishers.
- Brandy,M.,(2006).*Female Genital Mutilation Complications and Risks*. Bruce and world inc. Macmillan.
- Chege, F., & Sifuna, D. (2006). *Women and girls education in Kenya*. UNESCO.
- Clift, S., & Jensen, B. (2005). *The health promoting school: International advances in theory, evaluation and practice*. Emdrupvej, Danish University of Education Press.
- Colclough, C. (1994). *Under-enrollment and low quality in African primary schooling: Towards a gender-sensitive solution*. Nairobi: Forum for African Women Educationalists.
- Creswell, J. W. (1998). *Qualitative Inquiry and research design: Choosing among five traditions*. Thousand Oaks, Sage Publications.

- Denzin, N. K., & Lincoln, Y. S. (2000). *Handbook of qualitative Research* (2<sup>nd</sup> Ed.).
- E. Leye, K. Roelens, M. Temmerman (2004). *Medical aspects of female genital mutilation..* International Center for Reproductive Health, University of Gent. CRLP Falmer press.
- Geveva. Prof. H. and Rushwan. (1997). *FGC management during pregnancy, childbirth and post-partum period..* Background paper for WHO Consultations.
- Kaggwa, A. (1985). *Empisa za Abaganda*. Kampala; Crane Publishers.
- Kayindu, V. (2015). *Contemporary ethical issues*. Kampala
- Iama, P. (2005). *Gender and education for girl-child: Policy lessons, options and priorities*. Addis Ababa, Ethiopia: London. Oxford University Press.
- Mbiti, J. (1979). *Introduction to African religion*. Nairobi: Heinemann.
- Nahid Toubia, Rainbo, (1999). *Caring for women with circumcision*. A technical manual for healthcare providers.
- Noddings, N. (2002a). *Girl-child education; A caring alternative to character education*.
- Orodha Aluko J. (2005). *Elements of Educational and social Science Research methods*. Policies Worldwide. Zed Books Ltd. London, UK. Education
- Rahman Anika & Toubia Nahid (2000). *Female Genital Mutilation*. A guide to laws and *Report for Kenya*, Nairobi.
- Republic of Kenya (1988) *Report of the presidential working Party on Manpower*.
- Republic of Kenya and UNESCO (2003). *Millennium Development Goals Progress*.
- Republic of Kenya (1964) *Kenya Education commission Report*. Nairobi: Government printer.
- Republic of Kenya (1999) *Totally Integrated Quality Education and Training TIQET Report of the commission of inquiry into the Education system of Kenya Nairobi*: Government

printer.

Republic of Kenya (1999). *Totally Integrated Quality Education and Training (TIQET): Report of the Commission of Inquiry into the System of Education in Kenya*, Government Printers.

Rust, B. W. (1985) *Management Guidelines for Teachers*. London: Pitman publishing

Serbin et al (1993) *Handbook of the Psychology of Women and Gender*. New York:

Macgraw-Hil inc.

Sergiovanni T. J. & Strarratt R. J. (1993) *Supervision: a Redifinition* 5<sup>th</sup> Edition U. S. A: Macgraw-Hill inc., New York

Shiundu, J. S & Omulando S. J., (1992) *Curriculum: Theory and Practice in Kenya*.

Sitima, T., (1988) “*Issues of Implementation of 8-4-4- programme and Inspection of Schools*”. In Report of Education Administration conference held at Jomo Kenyatta and Technology April (1987). Nairobi: Jomo Kenyatta Foundation

Stewart, L. & Mutunga, P. (Eds.). *Life Skills, Menstruation and Sanitation. What's (Not) Happening in Our Schools?* Harare: WLC.

Suarez T. M., (1991) *Needs Assessment studies*. Oxford: Pergamon Press.

Taba H. B., (1962) *Curriculum Development: Theory and Practice* New York: Harcourt

Tembon, M., & Fort, L. (2008). *Girls Education in the 21st Century: Gender Equality, Empowerment and Growth*. Washington DC: World Bank.

UNESCO (2003) *Gender and Education for All. The leap to Equality*, Paris. UNESCO Publishiing.



## **APPENDICES**

### **APPENDIX I: Questionnaire for the Female Students, S.4-S.6.**

#### **Section A**

1. Your age.....
2. Your gender.....

#### **Section B**

Kindly fill this questionnaire by ticking Yes or No

1. I am circumcised
2. If not yet circumcised, I will accept to be circumcised

#### **Interview Guide to female students of circumcisable age, S.4-S.6**

1. Based on female circumcision in this district, for those who are still doing it, why do they circumcise?
2. The girls who do not want to circumcise, why don't they want to circumcise?
3. How is which girl child education promoted in Kapchorwa District? Any evidence? Why?
4. According to you, does Female Genital Mutilation affect girl child education in Kapchorwa District? How?

## APPENDIX II

Table for determining sample size from a given population by Morgan and Krejcie);  
adopted from Amin (2005).

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	100000	384

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Note: N is population size

S is sample size

