

**FEMALE GENITAL MUTILATION AND GIRLS PARTICIPATION IN
PRIMARY AND SECONDARY SCHOOLS IN ISINYA
DISTRICT OF KAJIADO COUNTY, KENYA.**

**A Thesis
Presented to College of
Higher Degrees and Research
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Kampala Uganda**

**In Partial fulfillment of the requirement for The Degree of Master of
Educational Management and Administration**

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DECLARATION

This thesis is my original work and has not been presented for a degree or any other academic award in any university or institution of learning.

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27. 11. 2013.

Date



APPROVAL

"We confirm that the work reported in this thesis proposal was carried out by the candidate under our supervision"

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27. 11. 13

Date

DEDICATION

This thesis is dedicated to my dear dad Sironka Ole Papu and mum Esther Sironka who not only nurtured and educated me but also the sole source of psychological support through prayers during the highly demanding and challenging moments that resulted in this work.

ACKNOWLEDGEMENT

I am thankful to the almighty God for his sustenance and protection for enabling me to write this thesis. A number of people and institution have made me come up with this thesis. Therefore I owe them regards and respect.

To my supervisor Dr. Ijeoma, I extends my sincere thanks and appreciation for the guidance, motivation, positive criticism and constant encouragement throughout the period of this research project.

To the principals and teachers from the ten selected primary and secondary schools in Isinya district Kajiado county Kenya I thank them for their endless support materially, Emotional and spiritual support, for answering my questionnaires and contributions by word of mouth. Their enthusiasm and brilliant ideas were able to better and impose splendor magnificence into this thesis project.

To My dear daughter Simaloi who always offered me moral and emotional support and always in constant communication to wish my success with hard work. God bless her mightily.

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SIRONKA .M. BEATRICE

APPROVAL SHEET

This thesis entitled Female Genital Mutilation and girls participation in schools in primary and secondary schools in isinya district of kajiado county, Kenya, prepared by and submitted by SIRONKA MARTHA BEATRICE in partial fulfillment of the requirement for the degree of Master of Education administration and management has been examined and approved by the panel and oral examination with a grade _____

Name and signature of chairperson

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Date of comprehensive examination

Grade

Name and signature of director; CHDR

Name and signature of DVC; CHDR

ABSTRACT

This study focused on female genital mutilation, and its influence to girl's participation in activities in schools at both primary and secondary school levels in Isinya district of Kajiado county Kenya. The study was guided by four objectives; establishing the profile of the respondent with respect to age and class, establishing the extent of the effects of Female Genital Mutilation, establishing the level of girls' participation in school activities, and establishing the relationship between Effects of FGM and girls' participation in school activities.

The investigation was necessitated by the continuous low participation of girls in the school activities in the district. Using descriptive survey research design and a population of 300 primary and secondary female students from 10 schools in the district. The researcher used the following research tools The research tools that were utilized in this study include the following, Questionnaire, Observation checklist the researcher also used the statistical package for social science (SPSS). Where data was coded before being analyzed. Frequencies and percentage distribution were used to analyze data on profile characteristics of respondents.

The study found out that there is high level of effect of Female Genital Mutilation, and that there is low level of participation of girls in schools. The study further found that there is a negative significant relationship between girls' participation in school activities and the level of effects of FGM.

The study concluded that, The age factor versus class level is well spread in Isinya District such that most students are in the right class at the right age. The level of effect of FGM in Isinya district is high. The level of girls participation in Isinya district schools is low, There is a strong negative relationship between girls' participation in school activities and the effect of FGM

Basing on the findings of the first objective/hypothesis, the researcher recommends that if girls' participation is to be improved in Isinya District, then school management and the government should focus more on improving and increasing awareness against FGM practices throughout the country but particularly in Isinya District.

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CHAPTER ONE : INTRODUCTION

This chapter presents the background to the study, the problem statement, the purpose of the study, research objectives, research questions, scope of the study and the significance. The chapter also shows how the stakeholders would benefit from the project outcome.

1.1. Background

This section deals with the historical, conceptual, theoretical as well as contextual perspectives.

1.1.1 Historical Perspective

Female Genital Mutilation (FGM) have been practiced for centuries in 28 African countries and several others developed world (WHO 2006). It is estimated that 140 million women girls and babies throughout the world have had genital mutilation. Another three million girls are at risk of such mutilation each year. According to women Charter on human and people rights (1981/1986), FGM is part of an initiation ritual that continues over a period of months so that during this time, girls come to school late or not at all. After this interval, the girls have trouble catching up with the rest of the class if indeed they ever do so. In Kenya, school aged girls who have been subjected to FGM are often considered as grownups and legible for marriage (Ahmed 2008).

In East Africa, female genital mutilation is encouraged by women in the community, and is primarily intended to deter promiscuity and to offer protection from assault. Sudanese surgeon NahidToubia president of RAINBO (Research, Action and Information Network for the Bodily Integrity of Women told the BBC in 2002 that campaigning against FGM involved trying to change women's consciousness: "By allowing your genitals to be removed it is perceived that you are heightened to another level of pure motherhood a motherhood not tainted by sexuality and that is why the woman gives it away to become the matron, respected by everyone. By taking on this practice, which is

a woman's domain, it actually empowers them. It is much more difficult to convince the women to give it up, than to convince the men."

Nilotic and Bantu groups in the African Great Lakes region have through interaction adopted various customs from neighboring Afro-Asiatic populations, including in some communities the practice of female and male circumcision. Elizabeth Heger Boyle (2001) writes that the Masaai Nilotes of Tanzania would not call a woman "mother" when she has children if she is uncircumcised.

According to Amnesty, in certain societies women who have not had the procedure are regarded as too unclean to handle food and water, and there is a belief that a woman's genitals might continue to grow without FGM, until they dangle between her legs. Some groups see the clitoris as dangerous, capable of killing a man if his penis touches it, or a baby if the head comes into contact with it during birth.

The age at which the procedure is performed varies. Comfort Momoh,(1998) a specialist midwife in England, writes that in Ethiopia the Falashas perform it when the child is a few days old, the Amhara on the eighth day of birth, while the Adere and Oromo choose between four years and puberty. In Somalia it is done between four and nine years. Other communities may wait until adulthood, she writes, either just before marriage or just after the first pregnancy. It may be carried out on one girl alone, or on a group of girls at the same time.

It is also known to exist in northern Saudi Arabia, southern Jordan, northern Iraq (Kurdistan), and possibly Syria, western Iran, and southern Turkey. It is practised in Indonesia, but largely symbolically by pricking the clitoral hood or clitoris until it bleeds. In Egypt, the Health Ministry banned FGM in 2007 despite pressure from some (though not all) Islamic groups. Two issues in particular forced the government's hand. A 10-year-old girl was photographed undergoing FGM in a barber's shop in Cairo in 1995 and the images were broadcast by CNN; this triggered a ban on the practice everywhere except in hospitals. Then in 2007 12-year-old Badour Shaker died of an overdose of

anaesthesia during or after an FGM procedure for which her mother had paid a physician in an illegal clinic the equivalent of \$9.00. The Al-Azhar Supreme Council of Islamic Research, the highest religious authority in Egypt, issued a statement that FGM had no basis in core Islamic law, and this enabled the government to outlaw it entirely.

In Isinya zone Kajiado County, this has been a matter of concern where girls are married off following the procedures and drop out of school. Sometimes this accord the wishes of the girls themselves who lose interest in school and identify entirely with their new roles as wives. Female genital mutilation (FGM) is any procedure that involves partial or total removal of the external female genitalia or other injury to the female genital organ whether for cultural, religious or other non-therapeutic reasons. The multiple benefits derived from the education of girls are widely acknowledged. The education of girls and women has powerful inter-generational effects and is a key determinant of social development and women's empowerment. The inter-generation effect being there, why then is girls participation in formal education so dismal within the nomadic pastoralist communities. Some of the reason cited by the researchers like Juma (1994) and Jama (1993) are; i) inherent gender bias; ii) men still do not believe that women needs this kind of education- their place is in the kitchen; iii) Negative attitudes towards women's education and fears that education would spoil the girls who might remain 'loose' in urban centers; iv) the fear that parents would no acquire benefits because the girls are on transit to another home; v) desire for dowry when girls get married and the fear to lose it when they decide not to get married because they are educated.

Researcher have also found inefficient teaching, lack of power qualification for some teachers, lack of knowledge of subject matter and lack of commitment of teacher makes girls lose interest in learning and look forward to marriage (Maleche, 1972). The lack of female teachers to act as role model, insensitivity and administrative machinery and the rigidity of educational structure which prevents adjustments to social economic and social-cultural needs of the nomadic people retard access to and retention of girls in primary education (Juma, 1994).

1.1.2 Theoretical Perspective

This study was underpinned by the classical liberal theory of equal opportunity developed by E. Mithaug (1996) asserts that each person is born with a given amount of capacity which to a large extent is inherited and cannot be substantially changed. Thus education systems should be designed so as to remove barriers of any nature (Economic, gender, geographic) that prevent bright students from lower economic gender backgrounds from taking advantage of inborn talents which accelerate them to social promotion.

In Equal opportunity theory, E. Mithaug writes about the discrepancy between the right to self-determination and the expression of that right, a problem that is salient to most Americans with disabilities and others who are less situated in our society. This discrepancy manifests itself in what may be handicapping aspect of having a disability, being poor, or being a member of a minority group that experiences frequent discrimination.

It follows from the belief that social institutions such as education should in some sense attempt to treat people equally could call education the great equalizer evidence In favour of this is mainly in the form of case studies. There are innumerable examples of people from poor families who have taken advantage of education opportunities and proceeded to obtain better jobs and higher incomes than they would have otherwise done. If the state did not provide education without charge, those individuals would have been denied the opportunity for advancement.

This theory was found relevant for this proposed study because FGM is a form of exploitation to a girl child who is entitled to equal opportunity and protection just like a boy. Girls who undergo this practice end as being physically, psychologically and socially affected thus, affecting their education participation and performance negatively. It is therefore practically impossible to ignore the fact that unequal participation in education would in the long run worsen the status of the poor vulnerable and the girl child in this case.

1.1.3 Conceptual perspective

(WHO 2000). WHO has identified four types of FGM which include different forms of excision .In this study the four broad categories' of FGM include: Type-1 Excision of the prepuce, with or without partial or total excision of the clitoris. Type-2 Excision of clitoris with partial or total excision of the labia minora.Type-3 Excision of part or all of the external genitalia and stitching/Narrowing of the vaginal opening (infibulations). This operation is meant to obliterate the entrance of the vagina leaving a small opening to allow only urine to pass and later menstrual blood flow. Type – 4 Unclassified include pricking, piercing or incising of the clitoris and/or labia. Stretching of the clitoris and/or labia, cauterization by burning of the clitoris and surrounding tissues. Scraping of tissues surrounding the vaginal orifice (Angurya cuts) or cutting of the vagina (Gishiri cut).It can also involve introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or narrowing it and any other non-therapeutic operations or procedure indented to cause harm to the female genitalia with a view of prohibiting sexual intercourse and/or maintaining virginity.

Participation of girls refers to the act of taking part in an activity or event.(Oxford advance learners dictionary 2006).In this study, girls participation would be broken into two categories; (i)Academic participation (ii) Extra curriculum participation. Academic participation would involve class work activity, school duties and performance in examinations. Extra curriculum activities involve games and sports, athletics, clubs and societies.

1.1.4 Contextual Perspective

Ministry of health GTZ baseline survey on FGM practice (2000) shows that where FGM takes place, it is often performed during infancy, childhood or adolescence usually by traditional circumcisers' but also increasingly by medically trained person ale it has been traditionally called "Female circumcision" however recognition of its harmful physical and physiological consequences and its violation of the basic human rights has lead to the use of the term "Female genital mutilation".

WHO (2000) has identified four types of FGM which include different forms of excision. The four different forms are as follows. Type i: excision of the prepuce with or without partial or total excision of the clitoris, Type ii: Excision of the clitoris with part of total excision of the labia minora, Type iii: Excision of part or all of the external genitalia and snitching/narrowing of the vaginal opening (infibulations), Type IV: Unclassified Pricking, piercing or incision of clitoris and or labia. Stretching the clitoris and or labia. Cauterization by burning of the clitoris and surrounding tissues.

Scraping (angurya cut) of the vaginal orifice or cutting(gishiri cut) of the vagina. Introduction of corrosive substance into the vagina to cause bleeding or of herbs into the vagina with the aim of tightening or narrowing the vagina. Any other procedure which fall under non therapeutic operations or procedure intended to cause harm to the female genitalia with a view of prohibiting sexual intercourse or maintaining virginity. The term female genital mutilation (FGM) gained growing support in the late 1970s when it became evident that not only did it establish a clear linguistic distinction from male circumcision, but it also emphasized the gravity of the act.

However the term FGM was re- adopted in 1990 at the third conference of the inter-African committee on Traditional practices affecting the health of women and children in Addis Ababa. In 1991 the World Health Organization (WHO) recommended that the United Nations (UN) adopt this terminology. According to a joint WHO/UNICEF/UNFPA statement, the use of the word mutilation reinforces the idea that this practice is a violation of the human rights of girls and women, and thereby helps promote national and international advocacy toward its abandonment. The practice of FGM has been condemned internationally and within Kenya as a violation of the basic human rights of girls and women. Since 1979, WHO has have identified FGM as a serious threat to the health of women especially in the sub-Saharan African region.

The 2003 Kenya Demographic Health Survey (CBS, MOH and ORC Macro 2004) indicated that overall 32% of Kenyan women were circumcised down from 38% in 1998. The enhancement of the children act in 2001 and its coming into force in 2002 is

one of the key steps the Kenya government seeks to monitor violation of rights of the child. The Act specifies various provisions whose primary goal is to protect the children. Section 14 of the Kenya children act aims to protect a child from cultural practices that are likely to harm the child. It specifies that no person shall subject a child to female circumcision, early marriage or other cultural rights, customs or traditional practices that are likely to negatively affects the child life, health, social welfare dignity or physical or psychological development This indicate that communities in the focal district are aware of the existence of legal provision against FGM and the protection the children who are at risk of the practice FGM is now done more in secret to hide from the wrath of the law.

1.2 Problem Statement

The Kaliado community is still tied together by culture and traditional lifestyle and that has greatly hampered their ability in putting their feet forward to embrace education Female genital mutilation is a practice that is and has been taking place in Isinya district since time memorial. This procedure is normally done during December holidays as a ritual of passage of any Maasai girl in the community. FGM is a cultural practice whereby the practitioners consider it essential part of raising a girl properly. The community also believe that women who have not had the procedure are regarded as too unclean to handle food and water since a woman's genitals might continue to grow without FGM until they dangle between her legs. Some groups see the clitoris as dangerous, capable of killing a man if his penis touches it, or a baby if the head comes into contact with it during birth. FGM affects girls physically, socio/ emotional and psychologically, its effects include severe pain, shock, bleeding, inability to urinate long-term consequences including complication's during birth among others.

1.3 Purpose of the study

The purpose of the study was to explore the relationship between Genital mutilation and girls participation in primary and secondary schools in Isinya district.

1.4 Research Objectives

Objectives of the study are to;

1. To investigate the level of FGM factors affecting girls in terms of physiological, social/ emotional and psychological factors in Isinya District.
2. To find out the levels of girls participation in terms of academic a co-curriculum activities in school in Isinya District.
3. To find out the relationship between the level of effect of FGM and girls participation in schools in Isinya District.

1.5 Research questions

The study would sort answers from the following research questions.

- 1) To what extent do FGM affects girl's physiological social/emotional and psychology in Isinya District?
- 2) What is the level of girls participation in school in terms of academic and Co-curriculum activities in Isinya District?
- 3) Is there a significant relationship between FGM and girls participation in Isinya district schools?

1.6 Null Hypothesis

- 1) There is no significant relationship between FGM and girl's participation in school in Isinya district. the level of FGM factors affecting girls in terms of physiological, social/ emotional and psychological factors in Isinya District

1.7 Scope

Geographical Scope

Isinya district of Kajiado country is located in the southern part from Nairobi (a capital city of Kenya). It is a semi-arid area which is purely dominated by the Maasai community. It is a rural area where people live a communal life style and practice pastralism. The schools are sparely distributed.

Theoretical Scope

The classical liberal theory of equal opportunities proposed by Dennis E Mithang (1996) states that it's the society collective responsibility to assure fair prospects of self-determination for all people from this foundation he shows how the optimal prospects principle derived from the theory decreases the discrepancy between the right and the experience of self-determination for children and adults with significantly physical, mental, social and economic disadvantage.

Content Scope

This study was limited to examining the level of female genital mutilation and girls participation in terms of class work activities school duties and performance in exams, extra curriculum activities limited to games and sport, athletics, and clubs/ societies.

Time Scope

The study was done between January and December 2012.

1.8 Significance of the Study

The following disciplines would benefit from the findings of the study. The education policy makers and planners to integrate FGM in school curriculum so that the learners are aware of its dangers and effects it has on girls education. The government officials (Ministry of Education) would use the findings as empirical information to monitor how FGM is affecting standards of education particularly in affected regions. They would use the information to employ manpower to create awareness to the community.

School managers /Administration would have the opportunity to examine the effect of FGM on girl participation that hinders girls performance thus poor results. It would help to integrate lessons in the school syllabus to educate girls on FGM and its effects. Schools managers would be in a position to give guidance and counseling to both the pupil and the community.

Teachers would also realize the roles they have to play in guiding and counseling the girls to participate on both academics and extra-curricular activities.

The future researchers/academicians would use the findings to generate new knowledge thus to come up with new facts on the study. To validate knowledge is to approve or disapprove the theories of this study and they can refine knowledge which is to strengthen on this study .Thus it may provoke the need to carry out similar research in other areas of the country.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This section looks at why the society is has been carrying our female mutilation and For the purposes of this study a wide range of relevant literature was consulted with special reference to literature pertaining to management approaches, leadership approach models, theories and styles. Special reference was made to literature relating to management of secondary schools.

A variety of sources such as textbooks, journals, official documents, seminar papers and websites were consulted. Magazines, newspapers and unpublished thesis were also used for the purposes of the literature review.

2.1 Theoretical Review

This study was guided by the classical liberal theory of equal opportunity developed by E. Mithaug (1996) asserts that each person is born with a given amount of capacity which to a large extend is inherited and cannot be substantially changed. Thus education systems should be designed so as to remove barriers of any nature (Economic, gender, geographic) that prevent bright students from lower economic gender backgrounds from taking advantage of inborn talents which accelerate them to social promotion. This theory also states that social mobility was promoted by equal opportunity of education.

In Equal opportunity theory, E. Mithaug writes about the discrepancy between the right to self-determination and the expression of that right, a problem that is slient to most Americans with disabilities and others who are less situated in our society. This discrepancy manifests itself in what may be handicapping aspect of having a disability, being poor, or being a member of a minority group that experiences frequent discrimination.

It follows from the belief that social institutions such as education should in some sense attempt to treat people equally could call education the great equalizer evidence In favour of this is mainly in the form of case studies. There are innumerable examples of

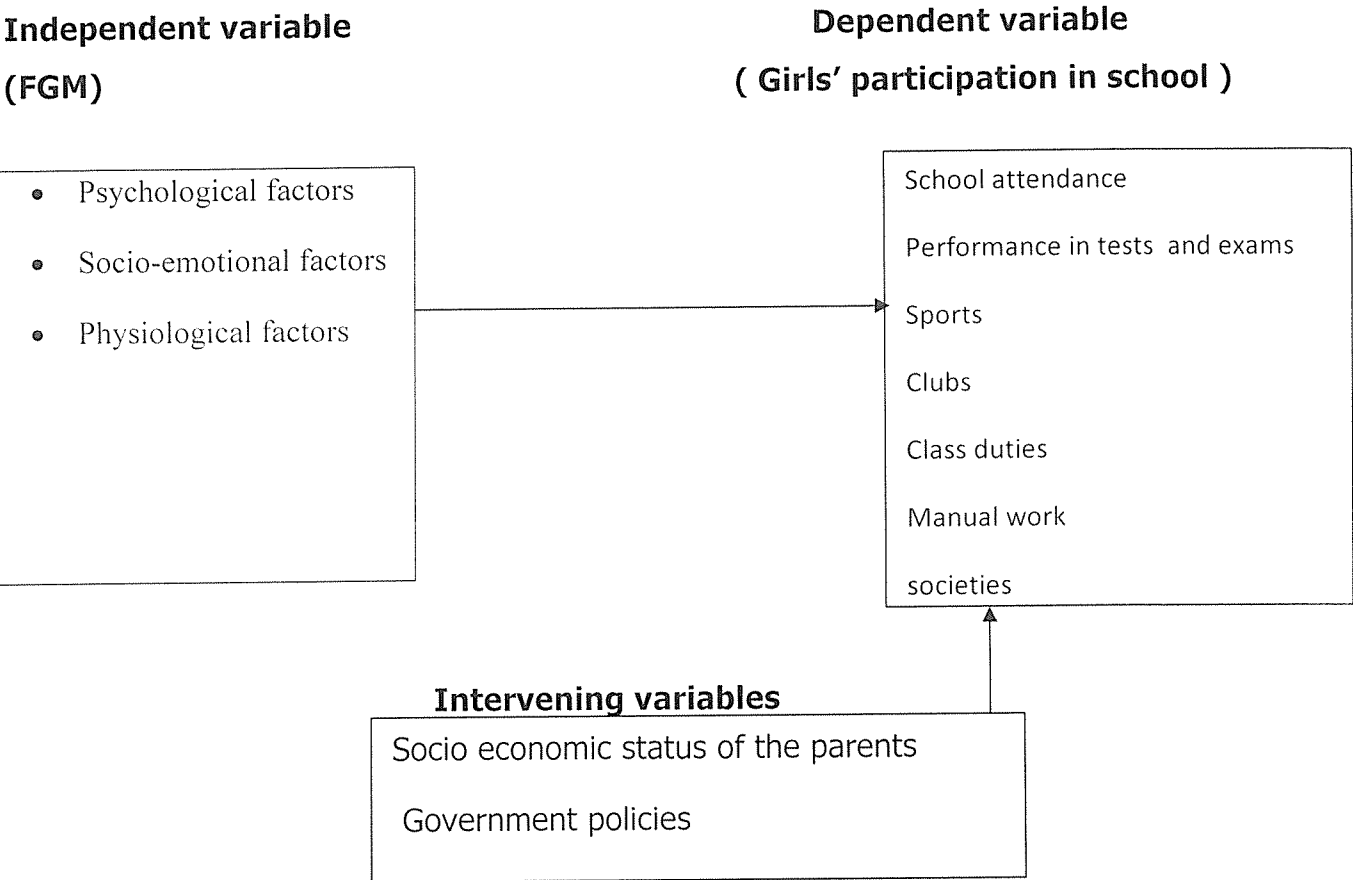
people from poor families who have taken advantage of education opportunities and proceeded to obtain better jobs and higher incomes than they would have otherwise done. If the state did not provide education without charge, those individuals would have been denied the opportunity for advancement.

This theory was found relevant for this proposed study because FGM is a form of exploitation to a girl child who is entitled to equal opportunity and protection just like a boy. Girls who undergo this practice ends as being physically, psychologically and social affected thus affecting their education participation and performance negatively.

It is therefore practically impossible to ignore the fact that unequal participation in education was in the long run worsened the status of the poor vulnerable and the girl child in this case.

2.2 Conceptual Framework

A conceptual frame work showing the relationship between the independent and dependent variable



The diagram above shows that female genital mutilation strongly affects girls' participation in school activities. However, there other intervening variables such as, socio-economic status of parents and government policies are intervening variables, mitigating the effect of independent variable on the dependent variable.

2.3 Related Literature

According to WHO (2005) Female Genital Mutilation is any procedure that involves partial or total removal of the external female genital or other injury to the female genital organs whether for cultural, religious or other non- therapeutical. Jones H et al (1999) refers FGM as the practice of cutting away parts of external female genitalia. It

is usually called female circumcision by those who practice it. WHO (2000) has identified four types of FGM which include different forms of excision. The four different forms are as follows. Type i: excision of the prepuce with or without partial or total excision of the clitoris. Type ii: Excision of the clitoris with part of total excision of the labia minora. Type iii: Excision of part or all of the external genitalia and snitching/narrowing of the vaginal opening (infibulations), Type IV: Unclassified

- Pricking, piercing or incision of clitoris and or labia.
- Stretching the clitoris and or labia.
- Cauterization by burning of the clitoris and surrounding tissues
- Scraping (angurya cut) of the vaginal orifice or cutting(gishiri cut) of the vagina
- Introduction of corrosive substance into the vagina to cause bleeding or of herbs into the vagina with the aim of tightening or narrowing the vagina.
- Any other procedure which fall under non therapeutic operations or procedure intended to cause harm to the female genitalia with a view of prohibiting sexual intercourse or maintaining virginity.

The term female genital mutilation (FGM) gained growing support in the late 1970s when it became evident that not only did it establish a clear linguistic distinction from male circumcision, but it also emphasized the gravity of the act. However the term FGM was re- adopted in 1990 at the third conference of the inter-African committee on Traditional practices affecting the health of women and children in Addis Ababa. In 1991 the World Health Organization (WHO) recommended that the United Nations (UN) adopt this terminology. According to a joint WHO/UNICEF/UNFPA statement, the use of the word mutilation reinforces the idea that this practice is a violation of the human rights of girls and women, and thereby helps promote national and international advocacy toward its abandonment.

Globally an average of 140 million women have undergone FGM with 4 and 5 million procedures performed annually on female infants and girls (WHO 2006) The majority of these are found in 28 African countries (Snow et al 2002) with several others in the

developed world including small communities the middle east and Asia (Asali et al 1995) Indonesia, Australia, Canada, New eland, United kingdom and the united states. The most common type is excision of the clitoris and the labia minora accounting for up to 80% of all causes. The most extreme form being infibulations which constitutes about 15% off all procedures (WHO 2005 Uulmezogul et al 2001)

Female genital mutilation is believed to have originated in the Pharaonic period amongst Afro-Asiatic (Hamito-Semitic) communities inhabiting the Red Sea area, from where it later spread to other regions. The procedure is typically carried out on girls from a few days old to puberty. The surgery may take place in a hospital, but is usually performed, without anesthesia, by a traditional circumciser using a knife, razor or scissors.

According to Dorcas kungu in "why I am a danger to women and girls" daily nation February 6,2007 pp7 define female circumcision as an occasion marked by fear, submission, inhibition and suppression of feelings of betrayed, bitterness and anger at being subjected to psychological torture. During the marking of the day of the African child daily nation June 16, 2011, children expressed their feelings about female circumcision and its effect on their education. Rahma salat from Marsabit, says.FGM is a bad, harmful and painful practice that needs to be stopped as girls lose a lot of blood during the process and its effects go a long way to the extent that during pregnancy, complications arise. It causes psychological effects where girls feel empty, are traumatized and lack of confidence and self esteem to pursue education and face life challenges boldly.

Ibrahim Mollu, a boy from Moyale says,"FGM is a bad practice as it makes girls fell and wrongly assume that they are prepared and ready to for married and worst of all the education should be left for boys. Munkes Parmeres and Saramet Parit, on effects of FGM on education of children in their community in kajiado central says FGM increase absenteeism in schools, make girls drop out of school, encourage early marriages, fuels disrespect to teachers because the circumcised girls fells "too big" which effects their

performance in schools as they are not willing to listen to their betters for they wrongly think that they know best. Fillister Ikipaing, a 14 years class 7 pupil in Iropil primary school in Marigat, Baringo county, says "FGM is a major cause of school dropout rate because parents give away girls for marriage soon after they are circumcised even when the girl is not ready to start married life. FGM also makes girls to drop out of school because of early pregnancy as those circumcised think that they are adults and attending school should be left to children.

The world education forum held in Dakar, Senegal in April 2000 adopted six major goals for education, two of which also became millennium development goals later in the same year. The Dakar goals covered the attainment of universal primary education (UPE) and gender equality, improving literacy and educational quality, increasing life and early childhood education programmes, and were to be achieved urgently, requiring the achievement of parity in enrolment for boys and girls at primary and secondary levels by 2005.

In the pre independent, Kenya the nomadic pastoralist's communities were disadvantaged in many ways. One of these disadvantages was in education and literacy. As fate would it, the women bore the brunt of it.

The nomadic girls and women acquired informal education through instruction from the older women from the society. This knowledge enables them to lead and carry out the normal duties and responsibilities of a woman in the society. This informal education is all very well for them at this level. Unfortunately, it does not enhance the women's economic and social status like that of men. The women find themselves in the same difficult position of their mothers before them had endured. It is therefore obvious that formal education is urgently needed to complement informal education to open their minds available to them, especially in this fast moving information age.

Formal education entails going to a learning institution as we know it today for the purpose of acquiring knowledge that assist one assimilating into today's society without

feeling or being disadvantaged. Women are far behind their men folk in unfettered access to, retention in, and completion of the school cycle by all children, irrespective of their social-economic status and gender. Some of these arguments includes enhancements of individuals and national progress through better political enlightenment and participation, economic growth and positive change in cultural beliefs and attitudinal dispositions that are inimical to human and national development (World Bank, 1995; Tahir, 1991). This study accepted these reasons as enough base for the positive of education to all, in addition to believing that education is an inalienable right.

The multiple benefits derived from the education of girls are widely acknowledged. The education of girls and women has powerful inter-generational effects and is a key determinant of social development and women's empowerment. The inter-generation effect being there, why then is girls participation in formal education so dismal within the nomadic pastoralist communities. Some of the reason cited by the researchers like Juma (1994) and Jama (1993) are; i) inherent gender bias; ii) men still do not believe that women needs this kind of education- their place is in the kitchen; iii) Negative attitudes towards women's education and fears that education would spoil the girls who might remain 'loose' in urban centers; iv) the fear that parents would no acquire benefits because the girls are on transit to another home; v) desire for dowry when girls get married and the fear to lose it when they decide not to get married because they are educated.

Researcher have also found inefficient teaching, lack of proper qualification for some teachers, lack of knowledge of subject matter and lack of commitment of teacher makes girls lose interest in learning and look forward to marriage (Maleche, 1972). The lack of female teachers to act as role model, insensitivity and administrative machinery and the rigidity of educational structure which prevents adjustments to social economic and social-cultural needs of the nomadic people retard access to and retention of girls in primary education (Juma, 1994).

In a study of primary textbooks in Kenya, it is urged that textbooks contribute to failure and withdrawal from the school of girls because they are portrayed in respectable and well-paying occupations while women and girls, if mentioned, are shown participating in traditional chores (Obura, 1991). The curriculum on the other hand, overloads the children due to the many subjects, though some are not examinable, they are still taught in class hence the work load is still high. This is even worse for girls who have a lot of household chores, to the extent that they cannot finish their homework. This is followed by punishment from the teachers, which makes girls develop negative attitudes to school, and eventually drop out of school.

The classroom dynamic greatly affected the access to retention of girls in primary education. Teachers both male and female, tended to be unnecessarily harsh to girls, focus more attention on boys and give boys more rewards than girls during the teaching and learning process. (UNICEF, 1998). This greatly discouraged girls because they needed to be appreciated just like boys, hence dropping out of school. There was evidence that girls are not safe in school either. Boys and male teachers who tease them in class by touching their breasts, sexually harassing girls, particularly in the adolescent stage. The exposure to girls' sexual harassment by peer and teachers has greatly decreased parents' interest in enrolling girls in school (Mohammed 2003). Sexual harassment inside and outside school strengthens parental fear and that of girls themselves in attending schools and can be seen as a reflection of sexist cultures (FAWE, 1995). Safety and cultural concern may leave parents obliged not to send girls to school even supervised by and served by female teachers (HERTZ, 1991). The long distance to school and difficult terrain may be a security risk for girls, these may affect their access to and retention of girls in school in Isinya district but, is it the same where nomadic pastoralist schools are concerned since the schools are within the settlement. The study intended to find out.

According to the WHO, the practice is rooted in gender inequality and ideas about the need to control women and their sexuality; in communities that practice it, it is typically supported by both women and men. Opposition to it focuses on the human and

children's rights violations, lack of informed consent and the health consequences, which can include recurrent urinary and vaginal infections, chronic pain, infertility, fatal hemorrhaging, the development of epidermoid cysts, and complications during childbirth. There have been concerted efforts by international bodies since 1979 to end the practice, including sponsorship by the United Nations of an International Day of Zero Tolerance to Female Genital Mutilation, held every 6 February since 2003. Sylvia Tamale, a Ugandan legal scholar, writes that there is a large body of research and activism in Africa that strongly opposes FGM, but she cautions that some African feminists object to what she calls the imperialist infantilization of African women, and the idea that FGM is nothing but a barbaric rejection of modernity. Tamale suggests that there are cultural and political aspects to the practice's continuation that make opposition to it a complex issue.

The procedures known as FGM were referred to as female circumcision until the early 1980s, when the term "female genital mutilation" came into use. The term was adopted at the third conference of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children in Addis Ababa, Ethiopia, and in 1991 the WHO recommended its use to the United Nations. It has since become the dominant term within the international community and in medical literature. Alexia Lewnes argued in a 2005 report for UNICEF that the word "mutilation" differentiates the procedure from male circumcision and stresses its severity.

Reasons for practicing FGM vary. Generally, it is considered by its practitioners to be an essential part of raising a girl properly. In some societies, circumcision is also performed to clearly differentiate between the genders on the belief that the clitoris of a girl confers upon her masculinity and the foreskin of a boy makes him feminine. The procedure ensures pre-marital virginity and inhibits extra-marital sex, because it reduces women's libido. Women fear the pain of re-opening the vagina, and are afraid of being discovered if it is opened illicitly.

In Northeast Africa, female genital mutilation is encouraged by women in the community, and is primarily intended to deter promiscuity and to offer protection from assault. Sudanese surgeon NahidToubia president of RAINBO (Research, Action and Information Network for the Bodily Integrity of Women) told the BBC in 2002 that campaigning against FGM involved trying to change women's consciousness: "By allowing your genitals to be removed [it is perceived that] you are heightened to another level of pure motherhood a motherhood not tainted by sexuality and that is why the woman gives it away to become the matron, respected by everyone. By taking on this practice, which is a woman's domain, it actually empowers them. It is much more difficult to convince the women to give it up, than to convince the men."

Nilotic and Bantu groups in the African Great Lakes region have through interaction adopted various customs from neighboring Afro-Asiatic populations, including in some communities the practice of female and male circumcision. Elizabeth Heger Boyle (2001) writes that the Masaai Nilotes of Tanzania would not call a woman "mother" when she has children if she is uncircumcised.

According to Amnesty, in certain societies women who have not had the procedure are regarded as too unclean to handle food and water, and there is a belief that a woman's genitals might continue to grow without FGM, until they dangle between her legs. Some groups see the clitoris as dangerous, capable of killing a man if his penis touches it, or a baby if the head comes into contact with it during birth.

The age at which the procedure is performed varies. Comfort Momoh,(1998) a specialist midwife in England, writes that in Ethiopia the Falashas perform it when the child is a few days old, the Amhara on the eighth day of birth, while the Adere and Oromo choose between four years and puberty. In Somalia it is done between four and nine years. Other communities may wait until adulthood, she writes, either just before marriage or just after the first pregnancy. It may be carried out on one girl alone, or on a group of girls at the same time.

It is also known to exist in northern Saudi Arabia, southern Jordan, northern Iraq (Kurdistan), and possibly Syria, western Iran, and southern Turkey. It is practised in Indonesia, but largely symbolically by pricking the clitoral hood or clitoris until it bleeds. In Egypt, the Health Ministry banned FGM in 2007 despite pressure from some (though not all) Islamic groups. Two issues in particular forced the government's hand. A 10-year-old girl was photographed undergoing FGM in a barber's shop in Cairo in 1995 and the images were broadcast by CNN; this triggered a ban on the practice everywhere except in hospitals. Then in 2007 12-year-old Badour Shaker died of an overdose of anaesthesia during or after an FGM procedure for which her mother had paid a physician in an illegal clinic the equivalent of \$9.00. The Al-Azhar Supreme Council of Islamic Research, the highest religious authority in Egypt, issued a statement that FGM had no basis in core Islamic law, and this enabled the government to outlaw it entirely.

Female genital mutilation is most prevalent throughout countries in Africa. Within the different regions in Africa, excision and infibulations are the most prevalent forms practiced. Although female genital mutilation occurs in many parts of Africa, not all women undergo genital mutilation for the same reasons. The causes of female genital mutilation include a mix of cultural, religious and social factors within families and communities, which vary from country to country, and even region to region. Due to these differing reasons to continue the practice of Female Genital Mutilation, anti-FGM advocates have been forced to come up with different strategies to implement change in this practice within different areas.

Female genital mutilation is practiced in many different parts of West Africa, but exact information on how prevalent the practice is in this region is not certain. In Guinea, Sierra Leone, and Mali, studies show that at least 70% of women have undergone FGM. Other regions in West Africa, such as Niger and Ghana, have evidence of the practice, but it is usually limited to smaller geographic areas within the country. While it is clear that these areas have evidence of a larger percentage of women that have been cut, some statistics are not quite certain, especially due to the taboo nature of this practice.

WHO (2006) estimates that close to 80% of all cases of FGM in the world can be categorized as type II and 15% can be categorized as type III. Type I and type II are the most common practices throughout West Africa. The prevalence of type III in West Africa is less than the prevalence of this type of FGM in the world. Studies show that FGM type III is only prevalent in parts of Mali, Sierra Leone, and a small area in northern Nigeria. Type IV is uncommon in West Africa. Historically in West Africa, most girls were excised between 8 and 14 years. As the practice has continued, the age span has widened and now varies from region to region. The practice can be carried out as early as the neonatal period, the age of puberty, or even when a woman is pregnant for the first time. The age at which girls get cut varies from region to region and varies throughout different cultures.

Rutledge (1993) studied that West Africa is one of the most culturally diverse and complex regions in Africa, making it difficult to come up with a broad summation of the prevalence of FGM. The act of female excision is seen as a rite of passage that signifies girls becoming women, and girls who opt out risk being stigmatized. Several cultures fight for the practice of FGM because of their views of female sexuality, reproduction, the female body and aesthetics. Different cultures believe that women not subjected to FGM would grow abnormally large reproductive organs and if they are not cut or removed, they can be in the way during childbirth. Some believe that exposing children to the clitoris directly can be harmful to them during childbirth. Many African cultures claim that women who do not get cut are less fertile than those that do. A great majority of cultures in Africa believe that women not subject to FGM would be unable to control sexual urges, which increases their risk of being unfaithful to their husbands. In many West African societies, the conduct of women is strongly linked to the honor of the family. Promiscuity through sexual desire or sexual misbehavior thus dishonors the woman's family. Excising the girl is seen as a way to stop this.

Mohammed S. (2003) says in some cultures, there are economic advantages to getting excised. Girls that undergo FGM are showered with gifts from people within the community. This motivates girls in poorer households to willingly get the procedure

done. Female genital mutilation predates the infiltration of Islam and Christianity in West African cultures. As syncretism occurred, some West Africans argued that the practice was a religious one. This brought on the misconception that FGM is a religious practice, mainly an Islamic one. Although the likelihood of having been circumcised increases with the Muslim population, this does not mean that the entire religion condones the practice. Muslim leaders have claimed that FGM is a cultural tradition that is unrelated to the teachings of Islam, and are campaigning for its abandonment.

The Catholic diocese of Maralal (2006) Research shows that even in areas where none of the aforementioned reasons are given for the continuation of practices of female genital mutilation, the practice remains. Respecting tradition and social norms are major factors aiding in the continuation of FGM. Tribal myths and religious beliefs are an important part of respecting traditions. One of the most well-known myths in Africa was that when a child was brought into the world, it was born with male and female twin souls. The boy's "female soul" is in the prepuce, and the girl's "male soul" is in the clitoris, and in order to get rid of the evil spirit that came with these twin souls—an evil power called "Wanzo" a circumcision had to occur. Men and women with daughters of some cultures understand that the act of genital cutting is something that was important to their ancestors. One man in a village in Niger speaks of the reason they practice this tradition, "we learned it from our ancestors and practice it in the name of culture. There is no other reason. It is a tradition that is done to satisfy our ancestors".

FGM has deep roots in the cultural ties to the local and regional cultures within different parts of West Africa. Due to these cultural ties and the overall importance placed on the practice, there is some resistance to change. However, several different attempts have been made to end the practice due to the harmful effects it can have on the girls that undergo the procedure. The differences in the reasoning behind continuing FGM in West Africa have made it difficult to find the right change to implement within individuals, communities, and government. Those that oppose the practice claim the importance of recognizing differences within different countries in West Africa to more effectively develop interventions and target efforts to reduce female genital mutilation.

The 2003 Protocol to the African Charter on Human and Peoples' Rights of Women in Africa, or the Maputo Protocol, passed in November 2005, meaning that all African countries are obliged to pass legislation prohibiting excision. Legislation prohibiting FGM already exists in most West African countries; however, with the exception of Burkina Faso, prosecutions under these laws are rare.

Burkina Faso is rare in terms of the policy it has enacted and enforced against female genital mutilation. Since 1996, the practice of FGM has been severely sanctioned. Practitioners are greatly punished if discovered by the government. More than just applying and carrying out the laws placed, the government of Burkina Faso provides resources for women that underwent the procedure and aims to educate students on the effects and negative consequences of FGM. Rates of FGM in Burkina Faso have slowly decreased because of these efforts made by the government. Other efforts are still being made throughout parts of West Africa. One of the greatest concerns of anti-FGM advocates is the issue of how to implement these laws once they are in place. Because FGM is such a culturally tied practice, it has been difficult to provide changes that didn't directly threaten a region's cultural identity.

The African parliamentary conference (1965) shows the attempts in the early 20th century by colonial administrators to halt FGM succeeded only in provoking local anger. In Kenya, Christian missionaries in the 1920s and 1930s forbade their adherents from practising it in part because of the medical consequences, but also because the accompanying rituals were seen as highly sexualized and as a result it became a focal point of the independence movement among the Kikuyu, the country's main ethnic group. One American missionary, Hilda Stump, was murdered in January 1930 after speaking out against it.

Historian Lynn M. Thomas (1929-1931) writes that the period 1929–1931 became known in Kenyan historiography as the female circumcision controversy. Protestant missionaries campaigning against it tried to gain support from humanitarian and women's rights groups in London, where the issue was raised in the House of

Commons, and in Kenya itself a person's stance toward FGM became a test of loyalty, either to the Christian churches or to the Kikuyu Central Association.

The real argument lies not in the defense of the general surgical operation or its details, but in the understanding of a very important fact in the tribal psychology of the Kikuyu namely, that this operation is still regarded as the essence of an institution which has enormous educational, social, moral and religious implications, quite apart from the operation itself. For the present it is impossible for a member of the tribe to imagine an initiation without clitoridectomy. Therefore the abolition of the surgical element in this custom means the abolition of the whole institution.

Support for the practice also came from the women themselves. E. Mary Holding, a Methodist missionary in Meru, Kenya, wrote in 1942 that the circumcision ritual was an entirely female affair, organized by women's councils known as kiamagiantonye ("the council of entering"). The ritual not only saw the girls become women, but also allowed their mothers to become members of the council, a position of some authority.

Similarly, prohibition strengthened tribal resistance to the British in the 1950s, and increased support for the Mau Mau Uprising (1952–1960). In 1956, under pressure from the British, the council of male elders (the NjuriNcheke) in Meru, Kenya, announced a ban on clitoridectomy. Over two thousand girls mostly teenagers but some as young as eight were charged over the next three years with having circumcised each other with razor blades, a practice that came to be known as Ngaitana ("I would circumcise myself"), so-called because the girls claimed to have cut themselves to avoid naming their friends. Sylvia Tamale (1960) argues that this was done not only in defiance of the council's cooperation with the colonial authorities, but also in protest against its interference with women's decisions about their own rituals. Thomas describes the episode as significant in the history of FGM because it made clear that its apparent victims were in fact its central actors.

In the 1960s and 1970s, Rahman and NahidToubia write, doctors in Sudan, Somalia, and Nigeria began to speak out about the health consequences of FGM, and opposition

gathered pace during the United Nations Decade for Women (1975–1985). In 1979 the Fran Hosken (1920–2006) presented research about it The Hosken Report: Genital and Sexual Mutilation of Females to the first Seminar on Harmful Traditional Practices Affecting the Health of Women and Children, sponsored by the WHO. Rahman and Toubia write that African women from several countries at the conference led a vote to Nawal (1980-1982) feminist physicians Nawal El Saadawi and Asma El Dareer wrote about FGM as a dangerous practice intended to control women's sexuality. The decade also saw the framing of FGM along with other issues in the domestic sphere, such as dowry deaths as a human rights violation, rather than as a health concern, and this encouraged academic interest, including from feminist legal scholars. In June 1993 the Vienna World Conference on Human Rights agreed that FGM was a violation of human rights. In November 2012, in a resolution sponsored by 110 of the United Nations' 193 member states, a UN committee called for members to ban the practice of FGG, and the following month the United Nations General Assembly unanimously passed a resolution to that effect.

Some of the international opposition to FGM continues to attract critics. The Hosken Report, in particular, was criticized for its alleged ethnocentrism, its negative statements about African society, and its insistence on Western intervention. Sylvia Tamale wrote in 2011 that some African feminists interpret traditional practices such as FGM within a post-colonial context that makes opposing them a complex issue. While critical of FGM, they object to what Tamale calls the imperialist infantilization of African women inherent in the idea that FGM is simply a barbaric rejection of enlightenment and modernity.

Lynn Thomas writes that the ritual of FGM has been the primary context in some communities in which the women come together. Because they see it as a way of elevating themselves from girlhood to womanhood, and thereby a way of differentiating between each other, Thomas argues that to remove FGM is to remove that opportunity to gain authority. She writes that the "eradicationists" have responded to these criticisms by reaching out to the African communities and strengthening their

relationships with local anti-FGM activists. For example, one of the issues that keeps FGM going in some communities is that the practitioners have no other way to earn a living. Organizations working to end it are therefore offering the women training of some kind; teaching them how to become farmers, for example.

Butler Judith (1997) writes as a result of immigration, FGM spread to Australia, Europe, New Zealand, the United States and Canada. As Western governments became more aware of the practice, legislation was passed to make it a criminal offence, though enforcement may be a low priority. Sweden passed legislation in 1982, the first Western country to do so. It is outlawed in New Zealand, and in all Australian states and territories, and is a crime under section 268 of the Criminal Code of Canada

In the United States, 19-year-old Fauziya Kasinga, a member of the Tchamba-Kunsuntu tribe of Togo, was granted asylum in 1996 after leaving an arranged marriage to escape FGM, setting a precedent in U.S. immigration law because FGM was for the first time accepted as a form of persecution. FGM became illegal in the United States by a federal law which came into force on 30 March 1997, and which criminalized performing FGM on anyone under the age of 18. According to a Centers for Disease Control estimate, 168,000 girls living in the United States as of 1997 had undergone FGM or were at risk. In January 2013 the U.S. federal FGM law was amended by the Transport for Female Genital Mutilation Act, which prohibits knowingly transporting a girl out of the U.S. for the purpose of undergoing FGM. Whether someone performs FGM within the United States or knowingly transports a girl out of the country for the purpose of undergoing FGM, the penalty is up to five years in prison. FGM is also a crime, with varying penalties, in 20 states: California, Colorado, Delaware, Florida, Georgia, Illinois, Louisiana, Maryland, Minnesota, Missouri, Nevada, New York, North Dakota, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, West Virginia and Wisconsin.

In the UK, the Prohibition of Female Circumcision Act 1985 outlawed the procedure in Britain itself, and the Female Genital Mutilation Act 2003 and Prohibition of Female Genital Mutilation (Scotland) Act 2005 made it an offence for FGM to be performed

anywhere in the world on British citizens or permanent residents. The Times reported in 2009 that there are 500 victims of FGM every year in the UK, but there have been no prosecutions. According to the Foundation for Women's Health, Research and Development, 66,000 women in England and Wales have experienced FGM, with 7,000 girls at risk. Families who have immigrated from practising countries may send their daughters there to undergo FGM, ostensibly to visit a relative, or may fly in circumcisers, known as "house doctors" because they conduct the procedure in people's homes. The Guardian writes that the six-week-long school summer holiday in the UK is the most dangerous time of the year for these girls, a convenient time to carry out the procedure because they need several weeks to heal before returning to school.

Frank Lehntracchia et al (1995) reported strengthen capacities to ensure that science education policies and curricula are relevant to the needs of women and girls so that developments in science and technology can directly benefit them;

Improve and systematize the collection, analysis and dissemination of sex-, age- and disability-disaggregated data; enhance capacity development in this regard; and develop relevant gender-sensitive indicators to support legislative development and policymaking on education, training and science and technology;

Encourage the provision of institutional and financial support for academic studies that can produce gender-specific knowledge and feed into all policies and programmes on education, training and research and support research, including longitudinal policy research, to identify specific gaps in education and career pathways, so as to promote the retention of women and girls in different fields of science and technology and in other relevant disciplines;

Strengthen the monitoring and evaluation and, where appropriate, the review of existing policies and programmes to promote gender equality and the empowerment of women in education, training, science and technology, and access to full employment and decent work, in order to assess their effectiveness and impact, ensure a gender perspective in all policies and programmes and strengthen accountability;

Encourage and, as appropriate, increase public and private investment in education and training to expand women's and girls' access to quality education and training throughout their life cycle, including, inter alia, through the provision of scholarships for study in science and technology in secondary and tertiary institutions, and to ensure that research and development in the field of science and technology directly benefits women and girls;

Al Azhar University & UNICEF (2005) found the importance to incorporate systematically a gender perspective into budgetary policies at all levels to ensure that public resources in education, training, science, technology and research equally benefit women and men, girls and boys, and contribute to the empowerment of women and girls in particular; Urge developed countries that have not yet done so, in accordance with their commitments, to make concrete efforts towards meeting the target of 0.7 per cent of their gross national product for official development assistance to developing countries and the target of 0.15 to 0.20 per cent of their gross national product for official development assistance to least developed countries, and encourage developing countries to build on the progress achieved in ensuring that official development assistance is used effectively to help meet development goals and targets and help them, inter alia, to achieve gender equality and the empowerment of women;

Protocol to the African Charter in Human rights 2003/2005 strengthen international cooperation in the area of access and participation of women and girls in education, training, science and technology, including for the promotion of women's equal access to full employment and decent work and the promotion of women's participation in the exchange of scientific knowledge, and welcome and encourage in this regard South-South, North-South and triangular cooperation and recognize that the commitment to explore opportunities for further South-South cooperation entails not seeking a substitute for but rather a complement to North-South cooperation;

Prioritize and encourage enhanced funding and capacity development efforts for the education and training needs of girls and women in development assistance programmes;

Snow et al (2002) encouraged continues to strengthen policies relevant for women's economic empowerment aimed at addressing inequality affecting women and girls, in access to and achievement in education at all levels, including in science and technology, in particular to eliminate inequalities related to age, poverty, geographical location, language, ethnicity, disability, and race, or because they are Indigenous people, or people living with HIV and AIDS;

Female genital mutilation

Federation of women lawyers Kenya (FIDA Kenya) conducted a study on protection against FGM in 2009 in Samburu and Garissa Kenya. The study revealed how cultural concern and religious beliefs are deeply ingrained in thoughts, perceptions and actions of communities in the focal districts in regard to the practice of FGM. The study suggests that the implementation of the children act would have been far more successful had cultural concerns not been at the forefront in these communities.

The findings of the study shows that most stakeholders are quite aware of the provisions of the children Act, sadly this awareness is not able to translate into definitive action oriented mechanism. Further study reveals that the police and the courts are the key actors in the implementation of children's act, are under-utilized since they are very few or no cases at all. the study has also revealed that the provisional administration has been cooperative in assisting in the implementation of the children's act to curb against FGM. A right based analysis and approach to abandonment of FGM was preferred by most respondent in the study specific groups that need to be targeted according to the study are parents, government officers, the girl's community leaders and FBOS together with NGOS, CSO and CBOS.

A baseline survey conducted by GTZ, December 2005, says, female circumcision is a very important rite of passage which has been propagated by the Maasai community for a very long time. The main reason why it has survived is that it is a traditional practice with deep cultural significance and ideally all Maasai women are circumcised. It gives women an identity and a sense of belonging to the community.

Researcher have also found inefficient teaching, lack of power qualification for some teachers, lack of knowledge of subject matter and lack of commitment of teacher makes girls lose interest in learning and look forward to marriage (Maleche, 1972). The lack of female teachers to act as role model, insensitivity and administrative machinery and the rigidity of educational structure which prevents adjustments to social economic and social-cultural needs of the nomadic people retard access to and retention of girls in primary education (Juma, 1994).

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adolescent stage. The exposure to girls sexual harassment by peer and teachers has greatly decreases parents interest in enrolling girls in school (Mohhamed 2003). Sexual harassment inside and outside school strengthens parental fear ant that of girls themselves in attending schools and can be seen as a reflecting of sexist cultures (FAWE, 1995). Safety and cultural concern may leave parents obliged not to send girls to school even supervised by and served by and female teachers (HERTZ,1991). The long district to school and difficult terrain may be a security risk for girls, these may affect their access to and retention of girls in school in Isinya district but, is it the same where nomadic pastoralist schools are concerned since the school are within the settlement. The study intended to find out. According to the WHO, the practice is rooted in gender inequality and ideas about the need to control women and their sexuality; in communities that practice it, it is typically supported by both women and men.

Rutledge (1993) studied that West Africa is one of the most culturally diverse and complex regions in Africa, making it difficult to come up with a broad summation of the prevalence of FGM. The act of female excision is seen as a rite of passage that signifies girls becoming women, and girls who opt out risk being stigmatized. The Catholic diocese of Maralal (2006) Research shows that even in areas where none of the aforementioned reasons are given for the continuation of practices of female genital mutilation, the practice remains. Respecting tradition and social norms are major factors aiding in the continuation of FGM. Uncircumcised girls lose the respect they would otherwise earn within a community. Circumcised women do not want to associate with the uncircumcised girls as they are seen as 'children' who cannot be entrusted with responsibilities. In fact, they are seen to behave as children and their status remains unchanged for as long as they are not circumcised. Circumcision is believed to instill respect, discipline and morals in girls. Al Azhar University & UNICEF (2005) found the importance to incorporate systematically a gender perspective into budgetary policies at all levels to ensure that public resources in education, training,

science, technology and research equally benefit women and men, girls and boys, and contribute to the empowerment of women and girls in particular;

Girl's Participation in School

Girl's participation is the act of taking part in activity or event. (Learners dictionary 2006) Basic education is an essential precondition for self determination and self realization. It communicates elementary capabilities and life skill including the ability to interpret information and to employ knowledge purposefully. The global action plan on education for al (EFA) adopted in 2000 provides for all children, particularly girls to attend and complete alimentary school by 2015. By the date gender equality is also to be achieved through out the global education sector. Educations enable girls and women o realize their individual rights and to enjoy the participation in their societies, thus education also harbors the potential for them to change their role in the family and in the society.

Girls participation in education leads to new approaches to various spheres of life such as health, work, productivity, school attendance for their own children when the time comes a voice in the taking of an important decision (Ministry of health GTZ baseline survey on FGM rift valley 2001).New perspective on girls education has positive impacts on the ambitious and expectation of the women and their children, not to mention the economic circumstances of the entire family. Thus education clearly plays a key role not only in individual and societal development but also poverty reduction. The children act (CAP 586 Laws of Kenya) states that in all action concerning children whether under taken by public or private social welfare institutions. Courts of law, administrative authorities of legislative bodies the best interest of children shall be a primary consideration.

There are negative traditional attitudes and values which are anti pathetic towards modern education. The nomadic pastoralist communities generally view as being irrelevant what children learn in school. Secular education is believed to lead to their alienation from community's nomadic way of life. Secular education potentially

threatens their basic survival. Because of this embedded fear children have largely been kept out of schools and instead used for the nomadic economic production (PDE, NEP 2006). The researcher wished to find out whether this is the truth or there are factors contributing to the low enrolment of girls.

Traditional attitudes towards women and their place in society militate against education for girls (Jama 1993). According to Juma (1994) Muslims have been suspicious of western education because it is seen as a threat to the Quranic education system, male and female roles as ethical and religious system. Maleche (1972) argues that even the cultural level of conversation for girls which is based on beer, food, dress, children and gossip about other people, does not encourage girls to develop high aspirations for education. The illiterate parents fear that their daughters would be alienated from traditional cultural way of life after schooling and would therefore be exposed to risks such as early pregnancies and loss of virginity. According to Islamic traditions loss of virginity and early pregnancy outside marriage is seen as a failure on the part of the father and a great sin. This evaluation is not fully based on the religious aspect but rather the customs of the community. Islam encourages education for both the girls and boys equally.

Security in and out of school is also a key issue influencing girls' education, some of the girls, who walk long distances to school end up being raped and sexually abused by older boys and male adults. A survey by UNICEF (1998) confirmed that the influx of refugees on North Eastern Province was cited as a major cause of fear and insecurity among girl-pupils. In the hope of protecting daughters from sexual exploitation or coercion to engage in sexual activity, parents would rather have their daughters stay at home than become victims of rape and sexual harassment, hence hindering girls access to and retention in schools. The researcher concurred with the findings that security was a hindrance to the participation of girls in education among the nomadic communities.

Nomadism has been argued to be as old as humanity and is a common characteristic of human reaction to hostile or unfavorable conditions on their livelihood. All over the world, the phenomenon of nomadism is generally recognized as the nomadic groups constitute a sizeable portion of the world' population. Nomads are an ethnographic group who wander from place to place with no fixed home. Their movement was necessitated by their economic by their economic activities, which is cattle rearing.

Nomadic is a way of life for the Maasai community where families move far away from "settlement areas" where static schools are located, in search of water and pasture for their animals. Girls are more affected by these than boys because among the Maasai community boys can be left to stay with any of the relatives in the settlement areas to pursue education but not girls for they must be under the care of their parents always UNESCO (1998). Since migrations take place in the third terms of the school calendar and there are no adequate boarding school for girls, parents end up not taking their girls to school or withdrawing them altogether.

Girls' access to school and retention was also hampered by cultural practices such as female genital mutilation and betrothal, which dictate the place of the girl in the society (Mohamed 2003). The type of female genital mutilation called infibulations is meant to control the girls sexual activity prevents promiscuity and preserves virginity.

The home environment makes girls internalize the believe that women are physically frail, emotionally unstable and mentally inferior to at an early age (Jama, 1993). Girls are often trivialized and depicted as objects that are there for the pleasure of men and to bear children (FAWE, 1997). This meant that a woman was considered as a person who could not be self reliant and had to be kept under surveillance of men to avoid any disgrace to the family name. According to the Maasai communities school girls were considered disobedient, less submissive, more promiscuous and stubborn. The Maasai belief that a girl should not be exposed to western education as they would become prostitutes (UNICEF, 1998). The parents decision as to whether to enroll girls in school and for how long they should stay could be predetermined by such prejudices. The

researcher fully agreed with the above findings based on his interaction with Maasai community. All these studies were based on findings from static schools, the question addressed by the researcher was, having brought the school within the homestead (manyataa) why was it that girls were still under enrolled compared to boys in the schools.

According to Anderson (1967) the parental level of education, occupation and income levels play a significant role in access to and retention of girls in education. Education experience and outlook of parents is transmitted to their off springs (Juma, 1994). Studies showed that there was a direct relationship between parental levels of education and girls enrolment and retention in school, because educated parents with high income were able to provide their children with a conducive home environment, provide all the necessities of the school and pay for extra tuition, hence encouraging access and retention of girls- in school because they understood the value of education and its benefits to the child. Educated parents enrolled their children in schools, encouraged them to study by availing relevant books and ensuring completion of their education (Tyler, 1997). Although the researcher agreed with the above findings as regards education in general, this study investigated whether or not the parental level of education, secular or otherwise, occupation and income levels had a role to play in the access to and retention of girls in mobile schools in Wajir district.

Tan (1991) argues that girls are expected to contribute to child care and other household chores at a much earlier age than boys.

Researchers have noted that girls are taken away from schools to help in the home, nurse babies, clean the home, fetch firewood and water, cook food and milk the cows (Juma, 1994). (Maleche, 1972) argues that heavy household duties and long distance from school results in physical and mental exhaustion, which makes learning uninterested and ineffectual. This means that girls waste a lot of time in the household chores while boys remain in school learning. Girls therefore, could end up dropping out of school hence decreasing retention in school. The researcher tended to disagree with

the above sentiments since girls all over this continent in general and this country in particular are viewed more or less the same, records show that girls in some areas are more than boys in primary enrolment, therefore the argument did not hold.

Boys' education was favoured more by parent especially mothers because they depend on their adult son' during old age. Investment in son's education was seen as security in old age (Phachoropoulus and woodhall 1985). They also relied on their daughters labour before marriage. Therefore taking a girl to school would have been a waste of time. Female enrolment patterns in patriarchal societies was affected by patrilineal descent system which gave preference for investment in schooling to boys who were believed to retain responsibility for their parents when they grow older compared to girls who were incorporated into their husband families (Eshiwani, 1993). This was the reason why boys were expected to receive maximum training in order to attain higher status as head of families and successful heads of their respective families. Boys were also expected to inherit their parents' property and hence, maintain the family's status quo. A girl, on the success of their husband and therefore it was used as an excuse for girls not to be taken to school (Maritim, 1990).

Education is viewed as an investment; hence the lack of employment after completion of school has decreased interest in schooling. Therefore the region with most employment opportunities and greater agricultural activities, especially of cash crops, are also the regions of greatest educational progress and proportionally greater participation of women in primary education (Eshiwani, 1983). Majority of the population of Wajir district are unskilled, 80% of the labour force comprise of people who are illiterate and skilled only in nomadic livestock production. Women constitute 49% of the labour force, majority of who are illiterate and largely home makers (National Development Plan, 2002-2007).

Child labour was another predominant factor which hinders primary school enrolment especially in poor families (UNICEF, 1989). Children's labour was often critical to the

income or survival of households of poor families in Wajir district especially the pastoralist Odada (1989.p.7) state;

Many parents who have limited resources choose to invest in boys or have the children stayed at home to provide the much needed labour or sell things from the roadside stalls. Girls from poor families feel obliged and are forced by their parent to get involved in income generating activities so as to contribute to the family income.

In pastoralist' communities girls sell milk and firewood the whole day. Sleeping late and waking up earlier than boys. This could be one reason why girls cannot be taking to school and even when they are enrolled. They would be too exhausted; hence they would drop out of school leading to low access to and low retention rates of girls in primary education.

Livestock keeping which is the major economic activity of the inhabitants of Kajiado contributes to the factors that affect access to and participation of girls in education in the district. The Rift-valley Frontier province annual reports (1931-1933) clearly states that livestock means everything to the pastoralist people and that all else is subsidiary to it. The over dependence on livestock and the nomadic lifestyle overburdens the girls, whose labour is of paramount importance for such task as herding the stock, taking the animals to watering points among other things. The researcher agreed with above findings for static schools, this may be the reason why girls cannot be taken to school and even when they are taken, they are withdrawn from school before completion. The researcher wishes to see whether same applies to the mobile school setup.

The school environment made a difference in education of girls in Kenya as more parent were sending children to educational centres (Gakuru1 1979). The pastoralist communities of Kenya, who are preoccupied with search for pasture and water for their livestock, needed schools that were compatible with their way of life, where the teacher shifts with the community whenever they relocate to other areas in search for pasture and water, unlike static schools.

The republic of Kenya (2002) economic survey advocates national efforts, including with the support of international cooperation, aimed at addressing the rights and needs of women and girls affected by natural disasters, armed conflicts, other complex humanitarian emergencies, trafficking in persons and terrorism, within the context of access and participation of women and girls to education, training and science and technology, including for the promotion of women's equal access to full employment and decent work. Also underline the need to take concerted actions in conformity with international law to remove the obstacles to the full realization of the rights of women and girls living under foreign occupation, so as to ensure the achievement of the above-mentioned goals; Expanding access and participation in education

Ensure women's and girls' full and equal access to quality formal, informal and non-formal education and vocational training at all levels, including to free and compulsory primary education, and provide educational opportunities, including in science and technology, from early childhood and throughout the life cycle, including lifelong learning and retraining, human rights education and learning, and adult and distance education and e-learning, including in information and communications technology and entrepreneurial skills, in order to promote the empowerment of women, inter alia, through enhancing and facilitating women's access to full and productive employment, in particular to careers in science and technology;

Maleche A.J (1972) found that to improve and expand women's and girl's access to distance education, e-learning, tele-education and community radio, including in rural and remote communities, owing to the important role they play in women's development, including, inter alia, in helping to overcome issues related to time constraints, lack of accessibility, lack of financial resources and family responsibilities;

Increase enrolment and retention rates of girls in education, inter alia, by: allocating appropriate and adequate budgetary resources; enlisting the support of parents and the community, including through campaigns and flexible school schedules; providing financial and other incentives targeted at families, including access to free education at

the primary level, and at other levels where possible, and scholarships; and providing teaching, learning and hygiene and health supplies, as well as nutritional and academic support, in order to minimize the costs of education, in particular to families, and to facilitate parents' ability to choose education for their children;

Ministry of education science and technology (1996) report ensure that pregnant adolescents and young mothers, as well as single mothers, can continue and complete their education, and design, in this regard, implement and where applicable, revise educational policies to allow them to return to school, providing them with access to health and social services and support, including childcare facilities and crèches, and to education programmes with accessible locations, flexible schedules and distance education, including e-learning, and bearing in mind the challenges faced by young fathers in this regard; Condemn all forms of violence against women and girls and take appropriate action to strengthen and implement legal, policy, administrative and other measures to prevent and eliminate all forms of discrimination and violence in order, inter alia, to ensure access and participation in education, training, full employment and decent work; Improve the safety of girls at and on the way to school, including, inter alia, by improving infrastructure such as transportation, providing separate and adequate sanitation facilities, improved lighting, playgrounds and safe environments, conducting violence prevention activities in schools and communities and establishing and enforcing penalties for all forms of harassment and violence against girls; Strengthening gender-sensitive quality education and training, including in the field of science and technology.

According to Juma (1994) in his study of the perception on education in Kenya, muslims are suspicious of western education because it is seen as a threat to the Quranic education system, male and female roles as ethical and religious system. Maleche (1972) argues that even the cultural level of conversation for girls which is based on beer, food, dress, children and gossip about other people, does not encourage girls to develop high aspirations for education. The illiterate parents fear that their daughters

would be alienated from traditional cultural way of life after schooling and would therefore be exposed to risks such as early pregnancies and loss of virginity.

A survey by UNICEF (1998) confirmed that the influx of refugees on North Eastern Province was cited as a major cause of fear and insecurity among girl-pupils. In the hope of protecting daughters from sexual exploitation or coercion to engage in sexual activity, parents would rather have their daughters stay at home than become victims of rape and sexual harassment, hence hindering girls access to and retention in schools. According to Anderson (1967) the parental level of education, occupation and income levels play a significant role in access to and retention of girls in education. Education experience and outlook of parents is transmitted to their off springs (Juma, 1994). Studies showed that there was a direct relationship between parental levels of education and girls enrolment and retention in school, because educated parents with high income were able to provide their children with a conducive home environment, provide all the necessities of the school and pay for extra tuition, hence encouraging access and retention of girls- in school because they understood the value of education and its benefits to the child. Educated parents enrolled their children in schools, encouraged them to study by availing relevant books and ensuring completion of their education (Tyler, 1997). Although the researcher agreed with the above findings as regards education in general, this study investigated whether or not the parental level of education, secular or otherwise, occupation and income levels had a role to play in the access to and retention of girls in mobile schools in Isinya district.

Tan (1991) argues that girls are expected to contribute to child care and other household chores at a much earlier age than boys. Researchers have noted that girls are taken away from schools to help in the home, nurse babies, clean the home, fetch firewood and water, cook food and milk the cows (Juma, 1994). (Maleche, 1972) argues that heavy household duties and long distance from school results in physical and mental exhaustion, which makes learning uninterested and ineffectual. This means that girls waste a lot of time in the household chores while boys remain in school earning. Girls therefore, could end up dropping out of school hence decreasing

retention in school. The researcher tended to disagree with the above sentiments since girls all over this continent in general and this country in particular are viewed more or less the same, records show that girls in some areas are more than boys in primary enrolment, therefore the argument did not hold.

Gaps

Content wise, the study found out that much as studies have been carried out that relate female genital mutilation with other factors, non of those studies tried to directly relate it to the participation of girls in school activities, a gap which this study bridged. The study further addressed contextual gap since most studies that have been carried out in the domain of FGM have not been done in Isinya District which is the context of this study. The study further addressed methodological gap since most studies previously done in this areas have often used other paradigms like experimental designs, with a much smaller population and sample size.

CHAPTER THREE: METHODOLOGY

3.0 Introduction

This section deals with, research design, population, sample size and sampling procedure, instrumentation, validity and reliability of the instruments, research procedure, data analysis, ethical concerns and limitations of the study.

3.1 Research design

This study followed a descriptive survey design. It used descriptive and correlational design. The descriptive correlational design was used to compare the level of female Genital Mutilation (FGM) in terms of social emotional psychological effect and the level of girls participation in terms of academic and co-curriculum activities. It was a descriptive correlation because the researcher is interested in examining a relationship between female Genital Mutilation and girls participation in Isinya district.

3.2 Research Population

The target population of the study was all head teachers, teachers and students from secondary schools in Isinya District. There are a total of 1,200 girls enrolled in both primary and secondary schools in Isinya District. There are 10 schools made up of 5 primary and 5 secondary. We also have 1200 girls distributed in all ten schools.

3.3 Sample Size

Given the target population of 1200 girls in selected primary and secondary schools in Isinya a sample size of 300 girls was arrived at as adequate. This sample size was arrived at using solvens formula of determining samples. According to the formula for any given population the required minimum sample is given by the following.

$$n = \frac{N}{1 + N(e^2)}$$

Where n-required sample size

N-known population size

e-level of significance. $(0.05)^2 = 0.0025$

Given the 1200 girls in selected primary and secondary schools in Isinya the sample=

$n = \frac{1200}{1 + 1200(0.0025)}$

$= \frac{1200}{2}$

$= 300$

All the 300 girls were selected equally from the schools within Isinya District. Table 1 shows the distribution of the population and sample size.

Table 1: Distribution of the study sample size

Name of the school	Target population	Minimum sample size
A	120	30
B	150	30
C	90	30
D	190	30
E	100	30
F	90	30
G	80	30
H	140	30
I	110	30
J	130	30
Total	1200	300

Source: primary data

$$n_2 = \frac{N_2 \times n_1}{N_1}$$

Where

n2=sample for a group

n1=overall sample size

N2=Target population for a group

N1=Overall target population

n2=120/1200x300=30

3.4 Sampling procedure

The purposive sampling utilized to select respondent based on the following criteria.

Girls between the age of 8-20 years.

From the list of qualified respondents chosen on the purposive sampling, the simple random sampling was be used to finally select respondents with considerations to the computed minimum sample size

3.5 Research instruments

The research tools that were utilized in this study include the following.

a) Questionnaire

b) Observation checklist.

The researcher devised questionnaires which were used to collect data to determine the effects of FGM on the girls social physical emotional and observation checklist on girls participation in school on academic and co-curriculum activities.

All this questions were likert scaled between 1-4 where 1=strongly disagree 2=disagree 3=agree 4=strongly agree. All this were closed encoded questions. There were questions on profile characteristics of respondent's e.g. Age and level of education.

The researcher also used key informant interviews, in depth interviews, focus group discussion and direct observation with the sole aim of gaining an understanding of the perception, attitude and practice in the communities which practice FGM.

3.6 Validity

Data quality control refers to validity and reliability of the instruments. According to khan and Best (1989) validity of an instrument refers to its appropriateness i.e. asking the right question framed in the least ambiguous way. Content validity is the extent to which a test covers the content it is intended to cover crane and brewer. (1974)

Reliability of the Instruments

Content validity was ensured by subjecting the researcher to devised questionnaires on form of FGM which were distributed to girls in the selected primary and secondary schools. Reliability refers to its consistency in measuring whatever it is in tented to measure. The researcher administered the questionnaire to 10 selected schools of the target population of the study on the same subject. If the test is reliable and the subject trait being measured is stable the results would be consistent assent able for use (Treece & Treece1973).

3.7 Data Gathering Procedures

Before the administration of questionnaires:

1. The researcher first secured an introductory letter of authority from the office of the principal of school of post graduate studies and research from respective heads of selected secondary school to avoid legal problems.
2. The researcher presented the introductory letter to the district education officer in the district where the study was conducted to seek permission. After obtaining permission to conduct the study, the researcher administered the questionnaire to the respondents who would filled them.

3. When approved the researcher secured a list of qualified respondents from the school authorities and selected through systematic random sampling from this list to arrive at the minimum sample size.
4. The respondents were explained to about the study and were requested to signed the informed consent form (Appendix 3)
5. Reproduced more than enough questionnaires for distribution.

During the administration of the questionnaires:

1. The respondents were requested to answer completely and not to leave any part of the questionnaire unanswered.
2. The researcher emphasized retrieval of the questionnaires in five days from the date of distribution
3. On retrieval all returned questionnaires were checked if all the answers have been provided

After the administration of the questionnaires

The data gathered was collected, encoded into the computer and statistically treated using the statistical package for social science (SPSS).

1.8 Data analysis

Once data is collected, it was coded before being analyzed. Frequencies and percentage distribution were used to analyze data on profile characteristics of respondents. Means and standard deviations were used to determine the level of Female Genital Mutilation and girls participation in Isinya district. The Pearson Linear Correlation Coefficient (PLCC) was used to examine the relationship between FGM and girl's participation linear regression analysis was used to determine the extent to which FGM affects girls' participation in school.

The following mean ranges were used establishing and interpreting the level of the dependent and independent variable;

Mean Range	Response Mode	Interpretation
3.26-4.00	Strongly Agree	Very High
2.51-3.25	Agree	High
1.76-2.50	Disagree	Low
1.00-1.75	Strongly Disagree	Very low

3.9 Ethical Considerations

The researcher maintained the researcher – respondent relationship by treating respondents with respect. Each individual was treated as an autonomous individual. Each individual rights include the right not to participate in research was granted. The researcher was careful enough not to ask the respondent any embarrassing question. The respondents were not exposed to any discomfort or risk during the study. The researcher sought each individuals consent to participate in the study. The researcher maintained every respondents confidentially and identity.

To ensure confidentiality of the information provided by the respondent and to ascertain the practice of ethics in this study. The following activities were implemented by the researcher:

1. Sought permission to adopt the standardized questionnaire on school effectiveness through a written communication the author.
2. The respondent and schools were coded instead of reflecting the names.
3. Solicited permission through a written request to the concerned officials of the primary and secondary schools in the study.
4. Requested the respondent to sign in the informed consent form (Appendix 3).

5. Acknowledged the authors quoted in this study and the authors of standardized instrument through citation and references.

5. Presented the findings in a generalized manner.

3. 10 Limitations of the Study

In view of the following threats to validity, the researcher claimed an allowable 5% margin error. Measures are also indicated in order to minimize if not to eradicate the threats to the validity of the findings of this study:

1. Extraneous variables which would be beyond honesty, personal biases and uncontrolled setting of the study.

2. Instrumentation: the research instruments on resources availability and utilization are not standardized. Therefore a validity and reliability test was done to produce a credible measurement of the research variables.

3. Testing – the use of research assistants can bring about inconsistency in the administration of the questionnaires in terms of time of administration, understanding of terms in the questionnaires and explanations given to the respondents. To minimize this threat the researcher assistants were oriented and briefed on the procedures to be done in data collection.

CHAPTER FOUR : DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presents the description of respondents, descriptive statistics of variables, the effect of female genital mutilation on girls' participation in school activities, as shown by the study objectives. The hypotheses of the study is also tested here and the research questions are answered.

Profile of respondents

Respondents in this study were primary and secondary school students from schools in the Division under study. Students in this study were described by class and age. Table 2 shows the description of this information;

Table 2:1
Profile of the Respondents

Category		Frequency	Percentage
Age	1-10 years	95	46
	11-20 years	205	54
Level of education	Class 1-5	67	22
	Class 6-8	73	24
	Form 1-2	60	20
	Form 3-4	100	44

Table 2.1 shows that with reference to age , only 46 percent were between the ages of 1-10, whereas 54 percent were between 11-20. With reference to level of education , 22 percent were between class 1-5, whereas 24 percent were between class 6-8. 20 percent were in form 1 and 2 whereas 44 percent were in form 3 and four.

Table 2.2

Mean of Indicators of Level of effect of Female Genital Mutilation

Indicators of FGM	Mean	Interpretation	Rank
Physiological implications			
The wound took a longer period to heal	3.42	Very high	1
You experienced serious bleeding	3.37	Very high	2
You experienced agonizing (a lot) of pain.	2.92	High	3
You experience urinary infection due to application of local dressing of animal feaces and ashes	2.73	High	4
It caused irregular bleeding and vaginal discharge.	2.05	Low	5
The doctor intervened after the complications.	1.79	Low	6
You were shocked of sudden blood loss	1.52	Very low	8
Tetanus occurred due to the use of non-sterile equipments.	1.44	Very low	9
Average Mean	2.13	Low	
Social –Emotional implications			
You were able to make more friends	2.79	High	1
You became more bold and courageous	2.73	High	2
You became more active in co-curriculum activities than before.	2.70	High	3
You joined clubs and societies willingly.	2.67	High	4
Your relationship with teachers improved.	2.46	Low	5
Your relationship with boys improved.	2.40	Low	6
Your relationship with other girls improved.	2.37	Low	7
Average mean	2.59	High	

Psychological implications			
You were forced to be circumcised	3.79	Very high	1
In your opinion circumcised girls have a better chance of getting husbands	3.70	Very high	2
You think uncircumcised girls drop out of school due to pregnancy.	3.68	Very high	3
You feel a circumcised girl can make a better wife.	3.57	Very high	4
It was due to peer pressure.	3.51	Very high	5
It was my own initiative.	3.33	Very high	6
You think circumcised girls drop out of school due to pregnancy	3.20	High	7
Your performance in class improved.	2.89	High	8
Average Mean	3.46	Very high	
Overall mean	2.72	High	

Mean Range	Response Mode	Interpretation
3.26-4.00	Strongly Agree	Very High
3.51-3.25	Agree	High
2.76-2.50	Disagree	Low
2.00-1.75	Strongly Disagree	Very low

According to table 3, the overall rating for the level of effect of female genital mutilation was ranked high with an overall mean of 2.72. Within the three domains of effects that were under scrutiny, physiological factors had the lowest ranking with an average mean of 2.13, within this domain, the rankings were as follows; The wound took a longer period to heal (3.42) very high, You experienced serious bleeding (3.37) very high, You experienced agonizing (a lot) of pain. (2.92) high, You experience urinary infection due to application of local dressing of animal feces and ashes (2.73) high, It caused regular bleeding and vaginal discharge (2.05) low, The doctor intervened after the complications (1.79) low, You were shocked of sudden blood loss (1.52) very low, Tetanus occurred due to the use of non-sterile equipments. (1.44) very low.

Socio-emotional factors effects ranked second with an average mean of 2.59. within this domain, the ranking of the individual items were as follows;, You we able to make more friends (2.79) high, You became more bold and courageous (2.73) high, You became more active in co-curriculum activities than before. (2.70) high, You joined clubs and societies wouldingly. (2.67) high, Your relationship with teachers improved (2.46) low, Your relationship with boys improved. (2.40) low, Your relationship with other girls improved. (2.37) low. Psychological effect had the highest rating with an average mean of 2.72 ,the individual items' ratings were as follows; You were forced to be circumcised (3.79) very high, In your opinion circumcised girls have a better chance of getting husbands (3.70) very high, You think uncircumcised girls drop out of school due to pregnancy. (3.68) very high, You feel a circumcised girl can make a better wife (3.57) very high, It was due to peer pressure. (3.51) very high, It was my own initiative.(3.33) very high, You think circumcised girls drop out of school due to pregnancy (3.20) high, Your performance in class improved. (2.89) high

Table2. 3

Mean of Indicators of Level of girls' Participation in school activities

Indicators of Participation	Mean	Interpretation	Rank
Athletics	2.71	High	1
Other sports	2.23	Low	2
Manual work	2.21	Low	3
Class duties e.g. sweeping	1.90	Low	4
Societies	1.77	Low	5
Clubs	1.54	Very low	6
School attendance	1.41	Very low	7
Class assessment test	1.32	Very low	8
Midterm exams	1.30	Very low	9
End term exams	1.20	Very low	10
Average mean	1.76	Low	

Mean Range	Response Mode	Interpretation
3.26-4.00	Strongly Agree	Very High
2.51-3.25	Agree	High
1.76-2.50	Disagree	Low
1.00-1.75	Strongly Disagree	Very low

Girls’ participation in school activities had an overall mean of 1.76, which is ranked low. Within this facet, girls’ participation in Athletics had the highest mean of (2.71) which is interpreted as high. This could be accounted for by the fact that the area under study falls within rift valley where humidity favours athletics, further more, the world’s most celebrated athletes hail from this area, otherwise the level of girls’ participation in other domains ranked low and very low in most cases for example; Other sports (2.23), Manual work (2.21), Class duties e.g. sweeping (1.90), Societies (1.77), clubs (1.54) School attendance (1.41), Class assessment test (1.32), Midterm exams (1.30), End term exams (1.20). Given that the community under study are basically pastoralists, most of them have not verily adopted formal education. This could account for the low levels of school attendance by the girls, and subsequently poor participation in tests and examinations.

Table 2. 4
Relationship between level of effect of FGM and the level of Girls participation in school activities

Variables Compared	Mean	r-Value	Sig.	Interpretation	Decision on Ho
level of Effect of FGM	2.72	0.714	0.05	There is a significant relationship	Rejected
level of girls' participation in school activities	1.76				

Source Field Data

The r-values in table 5 indicate a negative relationship between level of effect of FGM and level of girls participation in school activities (r-value>0), suggesting that the more the increase in the level of effects of FGM, the more the decrease in the level of girls' participation in school activities and vice versa. Considering that all the sig. Values in table five indicate a significant correlation between the two variables (sig.values<0.05).Basing on this analysis the null hypothesis is rejected, leading to a conclusion that FGM significantly affect girls' participation in school activities.

CHAPTER FIVE: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the Discussions, conclusions and recommendations following the study objectives and pertinent hypotheses. The areas for further research are also suggested here.

5.2 Discussion

This study set out to find out the influence of female genital mutilation on participation of girls in school activities in isinya district of kajiado county. It was guided by 4 questions, that included determining the level of effect of FGM, levels of girls participation in school activities and the relationship between the effect of FGM and girls participation in school activities in isinya district schools Kenya. Under objective one, the study found out that it is evident that with reference to age, only 46 percent were between the ages of 1-10, whereas 54 percent were between 11-20. With reference to level of education , 22 percent were between class 1-5, whereas 24 percent were between class 6-8. 20 percent were in form 1 and 2 whereas 44 percent were in form 3 and four.

As pertains to objective 2, the study found out that the the overall rating for the level of effect of female genital mutilation is ranked high with an overall mean of 2.72. within the three domains of effects that were under scrutiny, physiological factors had the lowest ranking with an average mean of 2.13, within this domain, the rankings were as follows; The wound took a longer period to heal (3.42) very high, You experienced serious bleeding (3.37) very high, You experienced agonizing (a lot) of pain. (2.92) high, You experience urinary infection due to application of local dressing of animal excretes and ashes (2.73) high, It caused irregular bleeding and vaginal discharge (2.05) low, The doctor intervened after the complications (1.79) low, You were shocked of sudden blood loss (1.52) very low, Tetanus occurred due to the use of non-sterile equipments. (1.44) very low.

Socio-emotional factors effects ranked second with an average mean of 2.59. with in this domain, the ranking of the individual items were as follows; You were able to make more friends (2.79) high, You became more bold and courageous (2.73) high, You became more active in co-curriculum activities than before. (2.70) high, You joined clubs and societies willingly. (2.67) high, Your relationship with teachers improved (2.46) low, Your relationship with boys improved. (2.40) low, Your relationship with other girls improved. (2.37) low.

Psychological effect had the highest rating with an average mean of 2.72 ,the individual items' ratings were as follows; You were forced to be circumcised (3.79) very high, In your opinion circumcised girls have a better chance of getting husbands (3.70) very high, You think uncircumcised girls drop out of school due to pregnancy. (3.68) very high, You feel a circumcised girl can make a better wife (3.57) very high, It was due to peer pressure. (3.51) very high, It was my own initiative.(3.33) very high, You think circumcised girls drop out of school due to pregnancy (3.20) high, Your performance in class improved. (2.89) high. This findings are supported by Federation of women lawyers Kenya (FIDA Kenya) conducted a study on protection against FGM in 2009 in Samburu and Garissa Kenya. The study revealed how cultural concern and religious beliefs are deeply ingrained in thoughts, perceptions and actions of communities in the focal districts in regard to the practice of FGM. The study suggests that the implementation of the children act would have been far more successful had cultural concerns not been at the forefront in these communities.

The findings of the study shows that most stakeholders are quite aware of the provisions of the children Act, sadly this awareness is not able to translate into definitive action oriented mechanism. Further study reveals that the police and the courts are the key actors in the implementation of children's act, are under-utilized since they are very few or no cases at all. the study has also revealed that the provisional administration has been cooperative in assisting in the implementation of the children's act to curb against FGM.A right based analysis and approach to abandonment of FGM was preferred by most respondent in the study specific groups

that need to be targeted according to the study are parents, government officers, the girl's community leaders and FBOS together with NGOS, CSO and CBOS.

A baseline survey conducted by GTZ, December 2005, says, female circumcision is a very important rite of passage which has been propagated by the Maasai community for a very long time. The main reason why it has survived is that it is a traditional practice with deep cultural significance and ideally all Maasai women are circumcised. It gives women an identity and a sense of belonging to the community.

Researcher have also found inefficient teaching, lack of power qualification for some teachers, lack of knowledge of subject matter and lack of commitment of teacher makes girls lose interest in learning and look forward to marriage (Maleche, 1972). The lack of female teachers to act as role model, insensitivity and administrative machinery and the rigidity of educational structure which prevents adjustments to social economic and social-cultural needs of the nomadic people retard access to and retention of girls in primary education (Juma, 1994).

In a study of primary textbooks in Kenya, it is urged that textbooks contribute to failure and withdrawal from the school of girls because they are portrayed in respectable and well-paying occupation while women and girls, if mentioned, are shown participating in traditional chores (Obura, 1991). The curriculum on the other hand, overloads the children due to the many subjects, though some are not examinable, they are still taught in class hence the work load is still high. This is even worse for girls who have a lot of household chores, to the extent that they cannot finish their homework. This is followed by punishment from the teachers, which makes girls develop negative attitudes to school, and eventually drop out of school.

In the view of the third objective, Girls' participation in school activities had an overall mean of 1.76, which is ranked low. Within this facet, girls' participation in Athletics had the highest mean of (2.71) which is interpreted as high. This could be accounted for by the fact that the area under study falls within the rift valley where humidity favours

athletics, further more, the world's most celebrated athletes hail from this area, otherwise the level of girls' participation in other domains ranked low and very low in most cases for example; Other sports (2.23), Manual work (2.21), Class duties e.g. sweeping (1.90), Societies (1.77), clubs (1.54) School attendance (1.41), Class assessment test (1.32), Midterm exams (1.30), End term exams (1.20). Given that the community under study are basically pastoralists, most of them have not verily adopted formal education. This could account for the low levels of school attendance by the girls, and subsequently poor participation in tests and examinations. These findings are in line with Maleche (1972) argues that even the cultural level of conversation for girls which is based on beer, food, dress, children and gossip about other people, does not encourage girls to develop high aspirations for education. The illiterate parents fear that their daughters would be alienated from traditional cultural way of life after schooling and would therefore be exposed to risks such as early pregnancies and loss of virginity.

A survey by UNICEF (1998) confirmed that the influx of refugees on North Eastern Province was cited as a major cause of fear and insecurity among girl-pupils. In the hope of protecting daughters from sexual exploitation or coercion to engage in sexual activity, parents would rather have their daughters stay at home than become victims of rape and sexual harassment, hence hindering girls access to and retention in schools. According to Anderson (1967) the parental level of education, occupation and income levels play a significant role in access to and retention of girls in education. Education experience and outlook of parents is transmitted to their off springs (Juma, 1994). Studies showed that there was a direct relationship between parental levels of education and girls enrolment and retention in school, because educated parents with high income were able to provide their children with a conducive home environment, provide all the necessities of the school and pay for extra tuition, hence encouraging access and retention of girls- in school because they understood the value of education and its benefits to the child. Educated parents enrolled their children in schools, encouraged them to study by availing relevant books and ensuring completion of their

education (Tyler, 1997). Although the researcher agreed with the above findings as regards education in general, this study investigated whether or not the parental level of education, secular or otherwise, occupation and income levels had a role to play in the access to and retention of girls in mobile schools in Isinya district.

Results using Pearson's Linear Correlation Coefficient found that; there is indicate a negative relationship between level of effect of FGM and level of girls participation in school activities ($r\text{-value}>0$), suggesting that the more the increase in the level of effects of FGM, the more the decrease in the level of girls' participation in school activities and vice versa. Considering that all the sig. Values in table five indicate a significant correlation between the two variables ($\text{sig.values}<0.05$).Basing on this analysis the null hypothesis is rejected, leading to a conclusion that FGM significantly affect girls' participation in school activities. These findings are supported by Tan (1991) who got similar results while studying the relationship between cultural values and girls' performance in Kajiado district secondary schools.

5.3 Conclusions

This section gives the conclusion to the study findings in relation to the study objectives and hypotheses; The study concluded that; The age factor versus class level is well spread in Isinya District such that most students are in the right class at the right age. The level of effect of FGM in Isinya district is high. The level of girls participation in Isinya district schools is low. There is a strong negative relationship between girls' participation in school activities and the effect of FGM.

5.4 Recommendations

Basing on the findings of the first objective/hypothesis, the researcher recommends that if girls' participation is to be improved in Isinya District, then school management and the government should focus more on improving and increasing awareness against FGM practices throught the country but particularly in Isinya District. The govern ment should also Increase enrolment and retention rates of girls in education, inter alia, by: allocating appropriate and adequate budgetary resources; enlisting the support of

parents and the community, including through campaigns and flexible school schedules; providing financial and other incentives targeted at families, including access to free education at the primary level, and at other levels where possible, and scholarships; and providing teaching, learning and hygiene and health supplies, as well as nutritional and academic support, in order to minimize the costs of education, in particular to families, and to facilitate parents' ability to choose education for their children.

Further, The government of Kenya should advocate national efforts, including with the support of international cooperation, aimed at addressing the rights and needs of women and girls affected by natural disasters, armed conflicts, other complex humanitarian emergencies, trafficking in persons and terrorism, within the context of access and participation of women and girls to education, training and science and technology, including for the promotion of women's equal access to full employment and decent work. Also underline the need to take concerted actions in conformity with international law to remove the obstacles to the full realization of the rights of women and girls living under foreign occupation, so as to ensure the achievement of the above-mentioned goals; Expanding access and participation in education

Suggestions for Further Research

The findings of this study are not conclusive on the problem of FGM and girls' participation in school activities, further studies can be conducted to examine the relationship between financial resources and girls' participation in school activities in the same zone. A similar study can be conducted using management as an intervening factor, since it is assumed that without good management, even if resources are prevalent, poor girls' performance may not be mitigated. Another study may be conducted to find out the relationship between numbers of students in a class and FGM practices.

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APPENDICES

APPENDIX I

TRANSMITTAL LETTER

TRANSMITTAL LETTER FOR THE RESPONDENTS

Dear Sir/Madam.

Greetings;

I am a candidate for Master in Education Administration and Management at Kampala International University with a Thesis entitled "Female Genital Mutilation" and girls' participation in selected primary and secondary schools in Isinya District Kajiado County. As I pursue to complete this academic requirement, I request your assistance by being part of this study.

Kindly provide the most appropriate information as indicated in the questionnaire and please do not leave any item unanswered. Any information from you shall be for academic purposes only and would be kept with utmost confidentiality.

Please retrieve the questionnaires after you receive them. Thank you for your cooperation.

Yours truly;

IRONKA M. BEATRICE.

APPENDIX II
TRANSMITTAL LETTER FROM SPGSR
OFFICE OF THE DEPUTY VICE CHANCELLOR (DVC)
SCHOOL OF POST GRADUATE STUDIES AND RESEARCH
(SPGSR)

Dear Sir/ Madam,

RE: INTRODUCTION LETTER FOR SIRONKA M. BEATRICE

REG NO. MED/26004/113/DF TO CONDUCT RESEARCH IN INSTITUTION

The above mentioned candidate is a bonafide student of Kampala International University pursuing a Masters in Educational Management and Administration.

She is currently conducting a field research for his thesis entitled Female Genital Mutilation and Girls Participation in Primary and secondary Schools in Isinya District of Kajiado County, Kenya.

Your institution has been identified as a valuable source of information pertaining to his research project. The purpose of this letter then is to request you to avail him with the pertinent information he may need.

Any data shared with him would be used for academic purposes only and shall be kept with utmost confidentiality. Any assistance rendered to him would be highly appreciated.

Yours truly,

Novemberieta R. Sumil, Ph.D.

Deputy Vice Chancellor, SPGSR

APPENDIX III

INFORMED CONSENT

I am giving you my consent to be part of the research study of Mrs. Beatrice M Sironka that would focus on Female Genital Mutilation and girls' participation in the selected primary and secondary schools in Isinya District Kajiado County Kenya.

I shall be assured of privacy anonymity and confidentiality and that I would be given the option to refuse participation and right to withdraw my participation anytime.

I have been informed that research is voluntary and the results would be given to me if I request for it.

Initial _____

Date _____

APPENDIX IV

CLEARANCE FROM ETHICS COMMITTEE

Date_____

Candidate's Data

Name_____

Reg.# _____

Course_____

Title of Study_____

Ethical Review Checklist

The study reviewed considered the following:

☐ Physical Safety of Human Subjects

☐ Psychological Safety

☐ Emotional Security

☐ Privacy

☐ Written Request for Author of Standardized Instrument

☐ Coding of Questionnaires/Anonymity/Confidentiality

☐ Permission to Conduct the Study

☐ Informed Consent

☐ Citations/Authors Recognized R

Results of Ethical Review

☐ Approved

☐ Conditional (to provide the Ethics Committee with corrections)

☐ Disapproved/ Resubmit Proposal Ethics Committee (Name and Signature)

Chairperson _____

Members_____

APPENDIX V
RESEARCH INSTRUMENT

QUESTIONNAIRE FOR GIRLS

Section A

Face sheet: Respondents profile

1) Age (Please tick)

_____10-15 years

_____15-20 years

2) Level of education (please tick)

_____Class 1-5

_____Class 6-8

_____Form 1-2

_____Form 2-4

Section B

Direction: please write your preferred option on the blank space provided before each item. Kindly use the rating guide.

Rating	Response mode	Interpretation
	Strongly agree	I agree with no doubt at all
	Agree	I agree with some doubt
	Disagree	I disagree with some doubt
	Strongly disagree	I disagree with no doubt at all

Physiological implications

- _____ You experienced agonizing (a lot) of pain.
- _____ You experienced serious bleeding
- _____ You were shocked of sudden blood loss
- _____ The wound took a longer period to heal
- _____ Tetanus occurred due to the use of non-sterile equipments.
- _____ You experience urinary infection due to application of local dressing of animal faeces and ashes
- _____ It caused irregular bleeding and vaginal discharge.
- _____ The doctor intervened after the complications.

Social –Emotional implications

- _____ You became more bold and courageous.
- _____ You we able to make more friends .
- _____ Your relationship with other girls improved.
- _____ Your relationship with boys improved.
- _____ Your relationship with teachers improved.
- _____ You became more active in co-curriculum activities than before.
- _____ You joined clubs and societies wouldingly.

Psychological implications

- _____ Your performance in class improved.
- _____ In your opinion circumcised girls have a better chance of getting husbands
- _____ You feel a circumcised girl can make a better wife.
- _____ You think uncircumcised girls drop out of school due to pregnancy.
- _____ You think circumcised girls drop out of school due to pregnancy
- _____ You were forced to be circumcised
- _____ It was my own initiative.
- _____ It was due to peer pressure.

OBSERVATION CHECKLIST

Participation in school	Very high	High	low	Very low
School attendance				
Class duties e.g. sweeping				
Class assessment test				
Midterm exams				
End term exams				
Manual work				
Sports				
Athletics				
Clubs				
Societies				

WORKING EXPERIENCE

001-2004 Olgirra Primary School

004-2013 Olturoto Primary School

TEACHING SUBJECTS

- English
- C.R.E.

HOBBIES

Reading

REFEREES

1. Dr. Tindi Seje
 Kampala International University
 P.O. Box 20000
 Kampala – Uganda
 Tel: 0752 – 553123

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