

**ATTITUDES, KNOWLEDGE AND PEOPLE'S PERCEPTION ON FEMALE  
GENITAL MUTILATION IN KAPCHORWA DISTRICT:  
A CASE STUDY OF KAPTWANYA SUB COUNTY**


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## DECLARATION

I, KIBET SAM declare that to the best of my knowledge, this research report is my own work and has never been presented for any academic purpose to any institution of higher learning by anybody.


Signature:.....

Date: 23/08/2017.....

CANDIDATE

## APPROVAL

This is to certify that the research report by Kibet Sam entitled “Attitudes, Knowledge and People’s Perception on Female Genital Mutilation in Kapchorwa district. A Case study of Kaptanya Sub-County has been under my supervision until its submission.

Signature: .....

Date: 23.08.2017.....

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SUPERVISOR

## THE LIST OF ACRONYMS

FGM	-	Female Genital Mutilation
REACH	-	Reproductive Educative and Community Health.
NGO	-	None Governmental Organization
FPAU	-	Family Planning Association of Uganda
AA	-	Action Aid
WHO	-	World I Health Organization
UNICEF	-	United Nations International Children Emergency Fund
UNFPA	-	United Nations Family Planning Association
SEA	-	Sebei Elders Association
UN	-	United Nations
RF	-	Reproductive Health
SRH	-	Sexual Reproductive Health
SWDO	-	Somali Women Democratic Organization
GPAU	-	God Parent Association Uganda
DPC	-	District Police Commander
HIV	-	Human Immune Virus
AIDS	-	Acquired Immune Deficiency Syndrome

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## **ABSTRACT**

This study is sought to examine Attitudes, knowledge and people's perceptions on Female Genital Mutilation in Kaptanya Sub County, Kapchorwa district. The objectives were to; Find out peoples knowledge, Attitude and perception of FGM. Examine the social cultural issues attached to FGM and to determine the contributions of anti FGM actors.

The study used a case study research design and both quantitative and qualitative methods were used to collect data. The sampling was cluster and simple random sampling techniques that was used to collect data from women of any category. The research findings indicated that due to higher levels of ignorance about the FGM harmful effects among women of Kaptanya Sub County, adjacent to low levels of education and low income among women, they are subjected to mistreatment like Female Genital Mutilation (FGM). The Findings also indicated that a government effort to stop the practice is highly criticized by indigenous people of Kapchorwa district. More so the organizations which are against the act of FGM face challenges while advocating for change in the communities.

Findings indicated that FGM has inflicted many victims to shame, suffering, pain, labour complications and long term and unforgettable memories resulting from shock and torture of FGM as per Health records of patients that need to be stopped with an immediate effect.

Lastly, findings showed that FGM started as a culture way back in 17<sup>th</sup> century by some few Sebei fore fathers who sought could reduce immorality among women and make them stick to only one man by mutilating. Researchers also found out that, the spirits demanded for blood from the private part of a girl around sippi falls as narrated by Mr. Kamuron Peter a member of SEA.

## **CHAPTER ONE**

### **THE PROBLEM AND ITS SCOPE**

#### **1.0 Introduction**

Female Genital Mutilation (FGM) is the term used to refer to the removal of part of or all of the female genitalia . The most severe form is infibulations are also known as paranoic circumcision. Female genital mutilation/cutting (FGM/C) is a traditional practice that involves intentional removal of some or all of the external female genitalia for non-therapeutic purposes and with no health benefits for females. There are different types of FGM/C depending on the extent of genital tissue removed.

An estimated 15% of mutilations in Africa are infibulations. The procedure consists of clitoridectomy where all or parts of the clitoris is removed, excision which is the removal of all or part of the labia majora. It is a common practice in countries like Benin, Burkinafaso, Cameroon, central Africa Republic, Chad, Cote divore, Democratic Republic of Congo. Djibouti Egypt, Eritrea, Somalia, Ethiopia, Ghana, Guinea, Kenya, Tanzania, Togo and Uganda.

#### **1.1 Background to the Study**

The Sabin's people are from the Eastern part of Uganda .They belong to a Kalenjin group living in Kenya with whom they share the same culture and language. They are also called the Highland Nilotes, at one time, they inhabited an area along the southern part of Ethiopian Highlands in the Lake Rudolf area now called Kalenjin cradle land, and these groups of Kalenjin living in Kenya include the Nandi, Masai, Keyo, Kipsigis, Tugen, Elgeyo, Teric, Marakwet, Pokot and Bungomek of which they all practice Female Genital Mutilation in the Eastern part of Uganda bordering Kenya and Uganda along Mt. Elgon slopes about 385km from Kampala city, thus Kapchorwa and Bukwo (Kiprotich 2000).

It has not been easy to determine when or where the tradition of FGM originated. The reasons given to justify FGM are numerous and reflect the ideological and historical situation of the societies in which it has been developed. Reasons generally cited related to tradition, power,

inequalities and compliance of women to the dictates of their communities. In some societies the following reasons have been given for the practice of FGM;

Custom and tradition, religious demands, culture, purification, family honor (cleanliness) , aesthetic reasons like live protection of virginity and prevention of promiscuity increasing sexual pleasures for the husband , giving a sense belonging to a group, enhancing fertility and increasing matrimonial opportunities. However it is important to note that FGM is not required by any religion. The Sabiny elders believe that FGM is as old as the Sabiny people. The real history surrounding FGM remains a mystery. Two beliefs however try to explain the origin of FGM.

One such belief is of a young girl who fell sick for a long time when the elders decided to consult; the ancestors demanded that some blood has to be shed from the private part of the girl (Vagina).

To drop the blood, the girl had to be circumcised and eventually, other women stemmed up the practice from the knowledge got between this girl and the ancestral demands.

The second belief is based on the Sabiny pastoral lifestyle. Being herdsmen, the Sabiny men are said to have been so mobile. They were often away either busy looking after the cattle or hunting. But on their return home, the men would find their women pregnant and so the alternative was to circumcise them off to reduce libido for sex as a means of keeping them faithful to their husbands.

In trying to explain the need for FGM John Mbiti said that “female initiation is a preparation of adulthood and house wifely and no woman can get married without it”. This is a period of education and introduction into tribal knowledge and wisdom. The teachers instructs the girls in matters of house work and marital relations and if one misses this ceremony, one also risk remaining unmarried and bearing abnormal children and any misfortune befalling her family would be attributed to the missing link in her ritual growth. It is also believed that if a girl is not initiated her clitoris may grow long and develop branches.

The attitudes of FGM though a cherished cultural rite has been attacked by NGOs like the Reproductive Educative and Community Health (REACH). Family Planning Association of Uganda (FPAU), Action Aid (AA) and the Government of Uganda in conjunction with World Health Organization (WHO) and UNICEF, This response has been due to the many effects of the practice such as severe bleeding, HIV/AIDs infections, severe pain, occasional shock and death, lameness, painful and unpleasant sexual intercourse, abstracted labour to low sexual desire and stigma [Metcalf 1995, Kakuba and Kanesathan 1995).

As a result of the challenge to the FGM practice, the male elders resolved to replace the actual cutting with symbolic gift giving and other festivities to passage into adulthood .The REACH program has several outreach components which has helped La reduce the practice, for example using community seminars and workshops for the target groups within the community , including elders, selecting and training adolescents to serve as peer educators for fellow students in school and at home during the holidays, training traditional birth attendants and health workers in basic maternal and child health and family planning and delivery skills and about the negative effects of FGM.

REACH program has successfully involved community leaders in the decision making process and in the design and implementation of the project. It addressed the reproductive health needs of the community while also targeting abandonment of FGM. The project drew on dose collaboration with many different partners from internal and external donor agencies and finally it used a cultural sensitive and persuasive approach to FGM rather than a more condemnatory one.

Since its inception in 1996 the REACH program has had positive impacts on the community of Sebei. According to the statistics compiled by the REACH staff, a percentage of girls and women who have been cut decreased by 36% in two years. Two hundred forty four (244) women were circumcised in 1996 as compared to (54) girls and women circumcised in 1994. Other favorable results have been a greater dialogue on FGM and an increase in the

adolescents involved in creating awareness of the harmful effect of FGM. The Sabiny elders were awarded UNFPAS Population award in 1998 for their role in the REACH program. This approach is being replicated in other countries as Mali.

Besides activities implemented by REACH, Family Planning Association of Uganda has also provided sexual and reproductive health services through youth centers, static clinics and community base reproductive health services agents. At the end of year 2002 these efforts of Family Planning Association of Uganda in conjunction with other partners in Kapchorwa district (for this matter) led to the reduction of FGM.

This showed a positive change regarding the practice. It is no longer a taboo to discuss issues pertaining the practice. One of the significant lessons learnt was that the approach, which was used, that is drama and community disseminating information on the practice was culturally sensitive and accepted by the community.

## **1.2 The Statement of the Problem**

Female Genital Mutilation was introduced by some Sebei fore fathers who were pre-occupationist hunters in Kapchorwa district located in the eastern part of Uganda bordering Kenya along Mt. Elgon slopes [Suam boarder). Sebei men thought the only solution to immoral women was to initiate them through the act of circumcision who had practiced extra marital sex: This worked quite long in the region us it was adopted as a culture but later became a misfortune to women's health as well as male sexual process.

The practice of FGM led to the reduction of sexual urge commonly called libido among women. They faced other challenges like child labour complications, disease infections like HIV / AIDs due to unhealthy circumcision process, Marital rape, early marriages and unforgettable circumcision torture and shock.

This made many people to criticize FGM by forming SEA. (Sabiny Elders Association) and REACH (Rehabilitation Educative And Community Health. These were formed to sensitize

people against the negative contributions of FGM .Due to people's negative attitudes and belief on eradication of Female Genital Mutilation. It has looked like a chronic disease in the region. It is being challenged slowly by sponsoring girls for high education, preaching against such traditions in religious organizations, discouraging it in schools and in modern homes.

Due to these efforts, it has made female circumcision appear as a primitive, illegal and an ignorant act to practice in the community. Otherwise if nothing is done, continuous infections, death, early marriages shame and torture of women can result into viscous cycle of poverty in Kapchorwa beautiful green environment and fertile soils.

Economic and social disadvantages conflicts and absence of security among women seem to be a contributing reason for the continuation of FGM, women are economically disadvantaged and socially marginalized. More so, people are not informed about the dangerous effects of FGM in human health. The organizations like REACH and SEA have caused some changes about the rooted beliefs of FGM. But the knowledge and attitude of people are yet to be examined in order to eliminate the practice. The serious challenge that faces the elimination of the practice is the varying beliefs and attitudes as well as economic insecurity of women rights from grass root.

The elimination of FGM has faced resistance in the district, despite the new efforts and strategies by international bodies like the UN, WHO, UNFPA, FPAU and the community organizations like, REACH and SEA. However, though the practice is a cherished rite it is surrounded by a lot of myth and secrecy that lies on people's minds that has continued the practice which is resulting into an inhuman and degradation or women status as normal human beings in society. FGM is associated with several health and psychosocial problems that can only be solved when people attitudes are completely changed.

### **1.3 Objectives of the Study**

#### **1.3.1 General Objective**

The general objective of the study is to investigate the knowledge, attitudes and perception of people on Female Genital Mutilation in Kapchorwa district.

### **1.3.2 Specific Objectives**

- i) To find out peoples knowledge, attitudes and perception of Female Genital Mutilation.
- ii) To examine the social cultural issues attached to Female Genital Mutilation.
- iii) To determine the contributions of anti-Female Genital Mutilation actors.

### **1.4 Research Questions**

- i) What is people's perception and attitudes on Female Genital Mutilation?
- ii) What are the social-cultural issues of Female Genital Mutilation?
- iii) What are the contributions of anti- Female Genital Mutilation actors?

### **1.5 The Scope of the Study**

The research was carried out in Kapchorwa district, Kaptanya Sub County in group discussion, questionnaire method, observation of the FGM features with the people of Kaptanya Sub County. The researcher tried to get deeper by finding out what people think about harmful effects of FGM to an individual like over bleeding, labour complications, spread of HIV/AIDs, loss of sexual desire and severe pain during the cutting.

The information to my research was drawn from women both young and old who had earlier on undergone the practice or who had heard about FGM. The respondents who had undergone the practice will be considered most because they have the experiences so have information which is not biased, and the youth the researcher sampled included those of the candidates' age.

The sample was drawn from one sub county (Kaptanya) and the respondents came from the five (5) parishes that is; Kapkwomuria , Kapchesiy , Ngaibirir, Kapchesombe and Kamukes parishes within Kaptanya Sub County so as to get representative views from the people. Respondents, women both young and old will be selected from their respective parishes (10) from each parish making a total of (50) respondents and their ages ranging from 15-60 years and above.

### **1.6 Justification of the Study**

The study was considered to be important because of the following;

The study helped to find out how Sabiny community treasures the FGM given from their knowledge, attitudes and perceptions which gives policy makers the best strategies that could be

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter presents people's beliefs and attitudes in detail social-cultural issues associated with FGM and contribution of ant-FGM actors. This chapter describes FGM through the sub themes derived from the objectives. This is so important to the policy makers when finding ways of creating change in societies.

#### **2.1 PEOPLE's PERCEPTION AND ATTITUDE ON Female Genital Mutilation**

According to Abu -Bukr Dungus (1999) a media advisor said "FGM" is a name given to a number of traditional practices that involve the partial or total excision of female genitalia. FGM is practiced in 28 African countries as well as other regions of the world.

Female genital mutilation has many names, for example halalays and qodiin (Somalia), kutairi (Kenya), megrez (Ethiopia), niaka (Gambia), thara (Egypt) and sunna (Nigeria and Sierra leone).The practice of FGM spans thousands of years, with mummies in Egypt showing that FGM was routine practice 5,000 years ago (Inungu and Tou 2013). In the UK, clitoridectomy was used in the management of epilepsy, sterility and masturbation as recently as the 19<sup>th</sup> century (Whitehorn et al 2002).

Today, FGM is usually carried out on girls between infancy and the age of 15, most commonly in western, eastern and northeastern regions of Africa, and some countries in the Middle East and Asia (WHO 2013).

The main ethnic groups in the UK that practise FGM are from Egypt, Eritrea, Ethiopia, Gambia, Iraq, Kenya, Kurdistan, Liberia, Mali, Nigeria, North Sudan, Sierra Leone and Somalia (British Medical Association 2011), and many are recent immigrants who have little exposure to Western culture (Somerville 2007). FGM is usually carried out by an older woman in the community, such as a relative or a traditional birth attendant, without using anaesthetic, analgesia, aseptic technique or antibiotics (Momoh 2004).

According to Ms. Rah-man (2000) FGM is reflective of the low status of women in society, that it is an attempt to control women's sexuality and subordinate their status in society and that it is a



violation of the human rights of girls and women. Rah-man further states that the international community has recognized that FGM is a violation of human rights. He further says that encouraging legislation and policy efforts can be found in countries around the world in Africa as well as industrialized nations that have received African immigrants.

According to Myer (2002), “among the Bendu of Nigeria”, both sexes undergo the genital operation in order to become full members of the society. This operation was carried out regardless of the physical or psychological pain associated to it. He further argued that in the cultural modified Western province of Western Sierra Leone, women reported that despite the scientific surgical operation, they were subjected to genital mutilation that still remains the central pillar for the continuity of their culture.

According to Kakuba (1995) Communication by UNFPA in Kapchorwa, a section of the Sabinu Community including girls and women support FGM. Supporters of FGM claim that FGM was a means of identity within the society and a way of promoting status. It was seen as a mode of preserving virginity before marriage and reducing promiscuity and Adultery in marriage.

The report of German News Service (24<sup>th</sup> July, 2004), reflected that FGM is still widely practiced in African countries majorly because the culture expects and that the practice reduces the natural high women's libido and sexual Immorality and in such a way, reduces immorality levels associated with women. Hence this introduces the Act of zero grazing among couples.

According to this report, 5-50% of people in Benin, Bukinafaso, 70%, Cameroon 20 %, Central African Republic 45-50%, Chad 60%, Cote d'Ivoire 60%, DRC 5%, Djibouti 98% , Egypt 85%, Eritrea 95% Ethiopia 70-90%, Gambia 60%, Ghana 5- 30% Guinea 65-90%, Guinea Bissau 5%, Liberia 50%, Mali 90%, Nigeria 60-90%, Senegal 20%, Sierra Leone 90%, Somalia 98%, Sudan 90%, Tanzania 18%, Togo 12% and Uganda 5% practice the Female Genital Mutilation.

According to the German News Service (1999), FGM is performed with no anesethia and under unhygienic conditions world wide as culture demands. FGM covers some 130 million women

and another two million are added each year. Most of the group who ascribe this century's old tradition are Islam and defined the practice by saying that their religion prescribes it, but now here is FGM mentioned with serious criticisms (Somali-civil society.org.com).

## **2.2 Social-Cultural Issues Associated With FGM**

According to Cogwo (2004), Research Report on FGM, it shows that healed scars make sex painful, denying women sexual fulfillment, contributes to early marriage, assumed pride and high levels of poverty, psychological shock and death as well as lameness. It further leads to scary occasions due to unforgotten memories of FGM torturing process. This perpetuates polygamy because women abandon their husbands during menopause. All this Reproductive Health (RH) issues have been kept silent revealing the denial of Sexual Reproductive Health (SRH) information and rights to women in the community.

According to WAWA (2004), (knowledge, attitudes, beliefs and practices of female genital mutilation) in the late 1978, largely due to efforts of the Somali Women's Democratic Organization (SWDO), Somalia set up a commission to abolish infibulations because of the negative impacts it has on women. In 1988 at a seminar held in Mogadishu, it was recommended that SWDO should propose a bill to competent authorities to eradicate all forms of FGM because of the health problems associated with FGM (Cogwo, 2004).

## **2.3 Contributions Made By Anti-Fgm Actors in a Bid to Stop the Practice**

According to Kyamuhendo (1996), the act of FGM practice has been increasing in the previous years rather than the recent years due to the FGM negative effects and the legal policies that have intervened to stop the practice. The incidence of circumcision has generated a lot of individual concern that has created practical awareness of the side effects of FGM through the harm it inflicts on individuals ranging from disease infections, torture of women, death in the expense of initiation. The practice seemed to have increased in 1981 with 59% of those circumcised being educated, 41 % circumcised believed that the practice is a sign of bravery. It showed that there was general lack of awareness of the side effects of the practice among the girls.

The legal policies regarding reproductive health like the child rights, policies against torture of women and human rights policies have addressed FGM by issuing recommended actions that can possibly be taken on the victims or FGM that have trustically reduced the practice.

According to Tinia Rah-man (2000), in her book "Action and information net work for bodily integrity of women", A guide to law and policies worldwide contributed to vulnerable information on fighting FGM. It noted that stopping the practice of FGM requires profound social change that can be under taken by enacting, creating awareness of the new laws or policies and directing international programmes at the centre for reproductive law and policy.

According to Monette and Vanlith (2005), representatives of WHO says that her organization has long addressed the issue of harmful traditional practices, particularly that of FGM. The WHO is committed to the elimination or all forms of harmful practices and the right of bodily integrity of persons. The WHO condemns the medication of FGM in any setting including hospitals and health establishments. Nahid Toubia., a medical doctor and women's rights advocate says that although there are no discussions about legally banning FGM, some still do not acknowledge that the practice is wrong, rather than fearing the loss of culture and the disintegration of traditions. The memories of FGM are never forgotten. Researchers by Siya from "Kapchemwator clan", youth and council pressure groups have been formed to confiscate cutting equipment, misinforming the surgeons on the cutting venues, harassing women who want to undergo the practice.

In September, 1982. President Arap Moi took steps to ban the practice of FGM in Kenya following reports of the death of 14 children after excision. A traditional practitioner found to be carrying out this operation could be arrested under the chief's Act

Arrested under the chief's Act and brought before the law. A major international expression of the goal of equal rights for women was taken in December 1979, when the United Nations (UN) General Assembly adopted the Convention of the elimination of all forms of Discrimination against Women. This came into force in September 1981. The comprehensive Convention calls

for equal rights for women regardless of their marital status, in all fields the practice will die off. It was in view of health and human rights considerations that Uganda government; development partners and women activities have initiated culturally sensitive interventions to address the practice, Intervention programmes like REACH, FPAU and God Parents' Association Uganda have initiated some efforts, which have resulted in changing the practice from being a taboo to now being a public domain in the districts practicing FGM. According to Kamoron Peter, on 28<sup>th</sup> November 2002, a group mobilized funds and transported a Pokot surgeon to Kapchorwa district and warned her never to return to their sub county.

According to New Vision, showed that circumcision in Kapchorwa, Bukwo districts increased by 10%, thus from 70%, ( 2006) - 80% ( 2008). This left a sense of question on the minds of actors against FGM.

Kamoron Peter brought the knowledge of the audience in a workshop that the international level has put in place instruments that protect the rights of women and any or her vulnerable group. Those cultures that are useful to the community should be embraced which shall focus on the good health of the people while cultures that are harmful should be discounted. He stated that, international laws also focus on the protection of people against such cultural practices as FGM.

According to Joseph Siwa (2007), a report that a group comprising of traditional surgeons and guides abbreviated by (MUMAC group) "MatirenicMitik. Ako Chebesi Chenik", has been formed in Chesower Sub County, It is aimed at empowering women economically and change Agents in the rights against FGM at grass root level. He called on the community donor REACH programme and local Government to support their group. The DPC Thomson Ogole noted that most cases that are reported to the police such as rape defilement and human rights violation, women and girls are related to FGM after investigation, He also noted that scars that are created on circumcised woman/girls have subjected them to great pain during sexual intercourse which provokes conflict when women try to isolate themselves from their husbands and at least such cases reach the police. Those circumcised girls are a subject to early marriages and are normally below the age of 18 years (Sornali.org I FGM).

## **Counterproductive Social Repercussions**

The negative implications of FGM/C also extend to the social realm. It has already been noted that women without the procedure risk being outcasts in their communities. It should also be noted that some related health consequences might also cause a woman to be rejected.

For example, the majority of women who develop fistulae are abandoned by their husbands because of their inability to have children, and ostracized from their communities because of their foul smell (UNFPA, 2006). Fistula formation is sometimes a recognized ground for divorce, and causes a lack of marriageability, therefore, FGM/C can have the opposite effect of what it sets out to achieve.

Male complications from FGM/C have also been documented; Almroth et al., (2001) report that men experience problems such as difficulty with penetration and associated pain, and the development of wounds and/or infections to the penis. Related psychological problems were also found in that men were concerned about inflicting pain upon their wives. The men also discussed problems after infibulation, and the associated medical care costs. A study that included 30 grandfathers and 29 young men, where all but one were married to infibulated women, found that none of the male respondents cited positive health effects from the FGM/C (Adams, 2004). The key finding was that the men involved sympathized with the suffering their wives endure because of FGM/C, and regretted their contribution to that suffering.

What these and previous studies highlight is a fundamental disjuncture between the reasons why FGM/C is practiced and what it often eventually achieves. While its aims are to enhance a woman's desirability as a wife and sexual partner, the real outcomes of FGM/C disadvantage. Having critically analyzed this related literature studies, it has been found out that the research gaps which were found out is contextual gap because this study has never been researched which makes it more viable and fertile to be research on.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter presents the methods that were used during the data collection; it includes questionnaires, documentary review, FGDs and observations. It also shows data analysis sample size and selection and study population that were used. The researcher adopted a sampling strategy that was cluster and simple random sampling techniques that was used to collect data from women of any category more especially by meeting them in small groups and interview them on the problem under study.

#### **3.1 Research Design**

The study employed a case study research design to obtain data about the topic case study involved selection of a particular area and studying it in and out. It had the advantage of giving information which would be used to refer to other areas, which had not been studied. The researcher adopted a sampling strategy that was cluster and simple random sampling techniques that was used to collect data from women of any category more especially by meeting them in small groups and interview them on the problem under study.

#### **3.2 Study Population**

The researcher selected 50 respondents at random thus, 25 respondents were interviewed face to face and 25 respondents were given questionnaires. At least 5 respondents from each parish (in 5 parishes). Both women and some men between the ages 18-50 were selected which was cost saving in terms of money and time relating it to the sample size that focused on grouping of elements. This gave the researcher correct information since they possessed the knowledge, attitude and belief that determine the level of FGM practice.

#### **3.3 Sample Size and Selection**

The researcher used cluster sampling which involved grouping in units and elements for instance random sampling in which sampling units was collected in groups of elements. In cluster sampling, the selection was done among the clusters for instance choosing few classes to

represent the entire area then randomly selecting respondents from within each class. Cluster sampling was done in stages of which for this reason, multistage cluster sampling was used.

The researcher used it for a number of advantages for instance, its largely applied for studying wide geographical areas than other methods. It was useful when it generally becomes difficult to construct a sampling frame and it was cost saving in terms of time and money. 50 respondents made the sample size which was selected as follows; 4 women councilors at parish level and one (1) woman councilor at the sub-county level, 4 LC II chairpersons within four randomly selected parishes, 8 LC I chairpersons to be selected at random at least two from each parish, 25 representatives of any category to be selected at random picking at least five from each parish, 3 religious leaders from different denominations selecting at least three from each parish, 1 Muslim leader, 1 protestants leader and 1 catholic leader.

### **3.4 Sampling Techniques and Procedure**

The researcher used both lion profitability and profitability sampling technique applying purposive sampling to interview respondents selected purposely to gel information concerning FGM practice .In the same way, cluster sampling was applied by the researcher to study the unit of respondents in each selected area for study. These methods were ideal since the researcher was able to study comprehensively and exhaustively the survey population.

### **3.5 Data Collection Methods**

The researcher collected data using various methods like face to face interviews, questionnaires, observation, key informants, interview, focus group discussion and documentary review.

### **3.6 Data Collection Instruments**

#### **3.6.1 Questionnaires**

The researcher used open ended structured questions. This enabled the researcher to obtain a wide range of information in specific and confidential manner.

The questionnaires were administered to the selected respondents within the study population. These questionnaires were picked later as the respondents take some time to fill the questionnaires.

### **3.6.2 Oral Interviews**

Face to face interview was conducted. The questions covered the whole scope. Questionnaires ensured privacy and confidentiality for example where people fear to speak of their attitude, their age, how FGM had affected them for those who had performed the practice.

Questions in this section were got from the research questions. Simple understandable and direct questions were presented to the respondents where as confidentiality was ensured including the importance of research to the respondents.

### **3.6.3 Focus Group Discussion**

The researcher first alerted the respondents about the importance of the discussion by telling them to participate voluntarily. The researcher selected between 8 -10 interested respondents to discuss about PGM within 1- 2 hours from 2 preferred villages of different parishes within the group a controller was selected to control the discussion. Respondents between 18-50 years and above were selected because they may be either aware of the act or were most affected in the society. Gender balance was highly observed including confidentiality of the information by the researcher. This method was very important to the researcher while collecting data about FGM.

### **3.6.4 Observation**

This was the type of data collection, which involved direct seeing of the outstanding features like body marks, behaviors and sticking things that indicated or differentiated between the circumcised and the non –circumcised respondents.

### **3.6.5 Secondary Data**

The use of secondary data was necessary to back up the primary data collected. Secondary data was collected through the review of the available literature that involved careful study of the



materials gathered from various text books, magazines, newspapers, NGOs among others involved in the eradication of FGM.

### **3.7 Pre-Testing (Validity and reliability)**

The researcher presented simple questions, checked whether the response given was conforming to the topic and objectives thus consider whether to Change the method of collection of data of not. Respondents who feared to tell their age, education status and whether they were circumcised or not were first given confidential questionnaires to fill within an accepted period of time.

### **3.8 Data Analysis**

The tool that the researcher used was quantitative one that checked the completeness, consistency and accuracy immediately the data was collected. Data entry screen for quantitative data was developed necessary to eliminate errors that were introduced at the stage of data entry. Quantitative data was presented in note and table form which indicates the frequencies and percentages of respondents.

## CHAPTER FOUR

### PRESENTATION AND INTERPRETATION OF THE FINDINGS

#### 4.0 Introduction

This chapter presents the findings of the study with a reflection on the designed objectives. It includes the interpretation and presentation of analyzed data which was collected in the field during research as this was based on the distributed questionnaires.

#### 4.1 Social Demographic Characteristics

**Table 1: shows Socio-Demographic Characteristics of respondents**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Male	11	44
Female	14	56
<b>Total</b>	<b>25</b>	<b>100</b>
<b>Age</b>		
18 -27	4	16
28-37	12	48
38-47	7	28
45+	2	8
<b>Total</b>	<b>25</b>	<b>100</b>
<b>Marital status</b>		
Single	9	36
Married	5	20
Cohabiting	7	28
Widowed	3	12
Divorced	1	4
<b>Total</b>	<b>25</b>	<b>100</b>
<b>Level of education</b>		
Primary	10	40
Secondary	7	28

Tertially	3	12
Not educated	5	20
<b>Total</b>	<b>25</b>	<b>100</b>

### **Gender**

Considering gender the researcher had (44%) 11 respondents being males, while (56%) 14 were females. According to males' response, old ones of 54 years and above supported FGM while young men between 15-24 years discouraged the practice. This clearly indicated change of attitude amongst the young generation or Sebei region.

### **Age**

According to the study, 16% (4) were between the age of 15-24, (48%) 12 were between the age of 25-34, (28%) 7 were between 35-44years, (8%) 2 were between 45-54years. The researcher found out that women between 25-34years (48%) were mutilated as per the majority in Kaptanya sub county since they grew up when female circumcision was still very strong other than nowadays.

### **Marital status**

Out of 25 respondents, (36%) 9 were single, (20%) 5 were married, (28%) 7 were cohabiting, (12%) 3 were widowed, (4%,) 1 was divorced, The researcher found out that the singles in Kaptanya Sub Counts with the highest percentage (36) were between the age of 15-24 who comprised of educated youth, and those who were not necessarily educated but in church. Those who were divorced were between 25-34 years and their divorce was contributed by Jess sexual feelings of women to keep their husbands up to their old age because they were circumcised.

### **Level of education**

According to the findings (40%,) 10 ended in primary level, (28%) 7 were of secondary level, (12%) 3 had gone up to tertiary level while (20%) 5 never went to school. The researcher was able to see that the majority of women in Kaptunya sub count, ended in primary 7, Others

primary 5, While, some (20%) never went to school because Kapchorwa was among the latest developing Districts in Uganda.

#### 4.2 Peoples' perceptions towards Female Genital Mutilation.

**Table 2: Shows peoples' perceptions about FGM**

Response	Frequency	Percentage
It was a culture established by Sebei fore fathers	15	60
It was a habit assumed by a few men with an aim to reduce women's sexual feelings and to stop immorality	10	40
<b>Total</b>	<b>25</b>	<b>100</b>

From the table above (60%) 15 the researcher found out that the majority of the respondents came to be associated with FGM as initiated by their fore fathers (17<sup>th</sup> century) of which they found it being practiced since they were young. This was evidenced by the greatest percentage of 60 with a frequency of 15 while those who knew it as part of creativity by some men who believed FGM could reduce immorality of their women were the minority with a percentage of 40 and a frequency of 10 (40%) 10. According to the above percentages, it showed that FGM is a culture which has been there for decades.

#### 4.3 Continuity of FGM

**Table 3: shows the people's response as to whether FGM should continue or not.**

Response	Males	Females	Frequency	Percentage
Yes	7	5	12	48
No	4	9	13	52
<b>Total</b>			<b>25</b>	<b>100</b>

From the above table, the researcher found out that the majority of the respondents refused FGM practice as shown by the greatest percentage of (52%) 13 of which males constituted 16% and females 36% while the minority members of Kaptanya sub-county accepted (48%) 12, from which male response was 28% and females 20% an indication that most of the people in Kaptanya sub-country disapproved the act of FGM

#### 4.4 Justification of continuity of FGM

**Table 4: shows reasons to justify continuity and discontinuity of FGM**

<b>Continue</b>	<b>Frequency</b>	<b>Percentage</b>
It's a culture	6	50
Controls the spread of HIV/AIDs and immorality	2	17
It's a form of initiation	4	33
<b>Total</b>	<b>12</b>	<b>100</b>
<b>Discontinue</b>		
It's against human rights and so humiliating to women's sexuality	4	31
Its primitive, outdated and against social development as well as biblical teachings	5	38
It's not healthy, degrading and risky to women during labour pains.	4	31
<b>Total</b>	<b>13</b>	<b>100</b>

Out of 12 respondents, (50%) 6 said that FGM was their culture, (17%) 2 said FGM controls human sexual feelings that can save one from getting HIV/AIDS, (33%) 4 said that its through FGM that one can be taken as an adult in the community.

Out of 13 respondents who discouraged FGM, (31%) 4 said that it was against human rights and humiliated women's sexuality, (38%) 5 said FGM was primitive, anti – development act and outdated that was not mentioned in the Bible. While, (31%) 4 said was unhealthy and risky to women during labor pains. The researcher was able to note that 38% of people in Kaptanya Sub - County who refused FGM as a primitive culture, outdated and not mentioned in the Bible were mostly the youth who had some educated and others were in church.

#### 4.5 Roles of organizations towards eradication of FGM

**Table 5: shows the roles played by some organizations to stop FGM.**

Response	Frequency	Percentage
Yes	17	68
No	8	32
<b>Total</b>	<b>25</b>	<b>100</b>

Out of 25 respondents, (68%) 17 accepted the fact that some organizations had sensitized them about the dangers of FGM, while, (32%) 8 did not even recognize their presence in the sub county. This clearly meant that there were some parishes where these organizations did not reach.

#### 4.6 Strategies taken by organizations to stop FGM

Conducting sensitization sessions through radios, newspapers, church teachings and social gatherings like cultural days for example it was last conducted in Kapchesiy Parish on 17<sup>th</sup> March 2010 by REACH and SEA.

Encouraging girl child education through offering financial support for example in Katanya sub-county, 8 girls are being Sponsored by REACH for example 3 are in Sebei College Tegeres Secondary School, 4 are in Kapchorwa Secondary School and 1 is in Kapchorwa Town View Secondary School.

Encouraging women groups, through financing and providing them with productive ideologies to form projects like Kapchesombe Tree planting Project in Kapchesombe Parish which is being sponsored by REACH

#### 4.7 People's attitude towards strategies taken by organizations.

**Table 6: shows people's attitudes towards organizations' efforts against FGM**

Attitude	Frequency	Percentage
Positive	19	76
Negative	6	24
<b>Total</b>	<b>25</b>	<b>100</b>

Out of 25 respondents, (76%) 19 accepted the strategies taken by organization by joining women groups and taking [here girls La school while, the minority (24%) 6 did not support the idea saying that such organizations were just black mailing people against their culture.

#### 4.8 Circumcision and number of victims

**Table 7: Number of people who were circumcised and those who were not**

Response	Frequency	Percentage
Yes	21	84
No	4	16
<b>Total</b>	<b>25</b>	<b>100</b>

Out of the 25 respondents, 84% were circumcised while 16% were not yet circumcised. Reasons (hey gave to justify their stand were similar to those in table 4 above.

#### 4.9 Social problems experienced by circumcised people in Kaptanya Sub County

Painful sexual intercourse; according to their response, it was noted by the researcher that those who had been initiated through the process experienced too much friction when playing sex which was mostly contributed by low sex demand or completely lack or sexual feelings especially among women who had lost their labia majora and labia minora.

**Complicated labour pains and process:** - according to darn collected by the researcher on health and social risks of FGM. It was noted that circumcised women were often victims of labor complications just because their genitals bad hard scars, narrow openings and also diverted virginal openings during the process of healing their wounds as got from results from Kaptanya health centre (II). As the researcher interviewed the nurse, it was noted that some two women were victims of HIV / AIDS due to poor traditional ways of circumcision.

Disability and death, In Kapchcsiy village, two old women were interviewed by the researcher and according to their story. They are crawling on the ground not because of any natural effect



but because their surgeon bewitched them when they failed to pay her money way back in 1978 circumcision season. Some women cautioned other ladies who still admired circumcision.

**Shock and torture:** it was also noted by the researcher that some woman ran mud because of Long term circumcision memories and noise from whistles and charms taken as part of initiation as she was diagnosed by a clinical doctor Cherukut Semu Frederick in Kapchesombe clinic.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter summarizes findings, conclusion and recommendations

#### **5.1 Summary of findings.**

According to research findings, it was noted that FGM inflicts side effects on women during and after circumcision including infections and even death. Implications during marriage like painful sexual intercourse, severe bleeding, permanent emotional damage, tetanus infections, vaginal fistula, complications in child birth and long labor, infertility, reduction or the sexual pleasure of women, regular back pains, kidney problems, problems with menstruation, pain when urinating and psychological effects.

FGM resistance was due to negative attitude of people on organizational strategies and government involvement to stop female circumcision. The misunderstanding that people had got about abolition of FGM may not stop the anti –FGM advocates. Much as many challenges are being faced by organizations like Reproductive and Community Health (REACH) for example inadequate- funding and rigidity of the community to adopt change by stopping inhuman cultural initiations like FGM.

From research carried out, it was found out that minority of community members still had a positive attitude towards FGM thus most women between 18 years and above with low education status had been circumcised in Kaptanya Sub County. According to health reports got from their health centers. It was also discovered that most of them have suffered the negative consequences of mutilation for example some had died from tabor paints, some had got polygamous families because women tend to leave their husbands early and opt to live alone. The researcher also found out that young girls get married early because they are circumcised when they are still young and due to low education status they just depend on their husbands financially, on the other hand, it was surprising to find out that many young girls demanded to be circumcised

during circumcision season, But majority were majorly uneducated which made the percentage of 2008 to raise up to 80% from 70% in 2006. This had put a question to advocates of Anti-FGM like Reproductive Educative and Community Health, Sebei Elders Association. This clearly shows that much as such organizations have tried, FGM as a culture cannot be stopped unless other strategies are to be used for example enacting and effecting Anti FGM laws apart from only sensitizing the community about the dangers (FGM) and sponsoring girl child education.

Unfortunately the researcher found out that Kaptanya sub county has lost two women who were bewitched by their surgeon due to their failure to pay circumcision. This has really broken the hearts of many people to support organizations like REACH to stop the act.

The researcher found out that it is some people unaware of human rights and policies that has escalate humiliation of women sexuality in the expense or cherishing their cultural belief.

## **5.2 Conclusion**

The study indicated that there was much controversy over the terminology surrounding the practice of FGM. Terms used include 'female circumcision', 'female genital cutting, and the most common one 'Female Genital Mutilation. Each had its own implications, It was notable that female circumcision had types like, pharaonic infibulations meaning total excision of vagina, "wonset" meaning the lesser form of circumcision thus removal of clitoris only, 'Research showed that reasons why women go for circumcision are to get married, be respected and to fulfill the cultural expectation. During an interview with some few young girls, they defined FGM differently from old women. They defined it as, "sewing", "stitching", "suturing", "clitoritectomy," and "pharaonic infibulations"

Circumcision is done to equate the practice with male circumcision and to in sufficiently reflect the severity of (he practice. 'Mutilation ' has been a common term; 'cutting' was discovered as more recent term and some feel it's more neutral.

The researcher found out that a high percentage of people in Kaptanya affiliate- FGM practice to the Sebei culture established by Sebei fore fathers hence the erosion of this culture due to the western Cultures that have come to stay indicates that FGM is also facing or reducing ill Sebei community.

It was also noted that older people cherish the FGM practice as the only way for them to reduce women sexual feelings so as to stop immorality among their women.

It was also noted that some people believe FGM is the only way in which one can passage into adult hood especially respondents from the primitive parts of Kaptanya.

It was also found out that the major perception of people in Kaptanya is highly fixed to culture because of general lack of education on the reproductive health since agencies concerned like REACH and SEA are so reluctant to reaching out with awareness programs.

It was the older women interviewed between 54 and above, all of them had undergone through circumcision.

### **5.3 Recommendations**

Basing on the findings of the study the researcher made the following recommendations:

The district council leaders and parents should work hand in hand to effect anti - FGM laws, in future, the district should plan to work hand in hand with all organizations and all leaders to lead against FGM in order to avoid the social problems that women are facing.

For attitudes considered being positive as per findings, constant sensitization should be given to both men and women to change their behavior and perception toward", FGM , by promoting the process of attitudinal change. This can be done by involving other stakeholders like religious leaders, health management unit parish mobilizers, community leaders and village health teams in the process of creating awareness.

There should be planned follow-ups alongside cultural leaders and village local council leaders to ensure that all girls go to school in order to acquire advanced knowledge that can break unfair cultural practices like FGM

There is need for the district together with the help of government to organize seminars and training centers on sexual reproductive health and health management to ensure that all women and girls live healthy without terminating their natural body parts in order to prevent further infections like HIV/AIDS, cancer and risk of infertility.

The government should try to construct at least one girls' schools in each sub county to accommodate the interested girls to pursue education up to higher levels possible. This would help them to resist many traditional and cultural practices likely to be inflicted on them.

Lastly, the government should create loaning schemes for women to help them boost economic projects to overcome their financial challenges in the community such that they could have a say to decisions made in the community rather than being influenced by their husbands who happen to be the breadwinners.

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**APPENDIX I:**  
**QUESTIONNAIRE FOR RESPONDENT**

Dear respondent, I am Kibet Sam currently a third year student at Kampala International University, pursuing a Bachelors Degree in Social Work and Social Administration. As on the university requirements, I am supposed to carry out a research under the topic “ATTITUDES, KNOWLEDGE AND PEOPLE’S PERCEPTION ON FGM IN KAPCHORWA DISTRICT “. I therefore request you to participate in this study by filling this questionnaire by ticking against the best option as well as giving your opinions where required and your response will be treated with confidentiality and only for academic purpose.

**SECTION ONE: IDENTIFICATION**

Name of parish.....

Name of Village.....

Date of interview .....

**SECTION TWO; SOCIO –DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS**

**1. Name of respondent**

.....

**2. Gender**

1. Male ☐

2. Female ☐

**3. Age** .....

**4. Marital status**

1. Single ☐

2. Married ☐

3. Widow ☐

4. Others (specify).....



**5. Level of Education**

- 1. Primary ☐
- 2. Secondary ☐
- 3. Tertiary ☐
- 4. Not educated ☐

**6. Religion**

- 1. Roman catholic ☐
- 2. Protestant ☐
- 3. Muslim ☐
- 4. Others (specify).....

**SECTION THREE: PEOPLE'S ATTITUDE TOWARDS FGM**

What do you understand by the term FGM?

.....

.....

Do you think FGM practice should continue in your community?

Yes ☐ No ☐

Give reason for the above answer

.....

.....

**SECTION FOUR: CONTRIBUTIONS OF ANTI-ACTORS**

Are there some strategies taken by organizations / associations against FGM

Yes ☐ No ☐

If yes, what are some of the strategies you know?

.....

.....

.....

What is your attitude towards such strategies?

.....

.....

## SECTION FIVE SOCIAL-CULTURAL ISSUES ATTACHED TO FGM

Have you been circumcised?

Yes ☐ No ☐

If yes, what are some of the social problems you have experienced?

**APPENDIX II:**  
**INTERVIEW GUIDE FOR KEY INFORMANTS**

Dear respondents, I am Mutai Albert currently a third year student at Kampala International University, pursuing a Bachelors Degree in Social Work and Social Administration. As one of the University requirements, I am supposed to carry out a research under the topic **“KNOWLEDGE, ATTITUDE AND PEOPLE’S PERCEPTION TOWARDS FGM IN KAPCHORWA DISTRICT”**. I am therefore requesting you to participate in this study by filling this questionnaire by ticking against the best option as well as giving your opinions where required and your response will be treated with confidentiality and only for academic.

1. What is your position as a leader in this community?  
.....
2. How many people live in Kaptanya Sub- County?  
.....
3. What can you say about FGM as a leader?  
.....  
.....
4. Have you been circumcised?  
Yes ☐ No ☐
5. If yes, what are some of the social problems you have experienced?  
.....  
.....
6. What is your attitude towards FGM?  
.....  
.....
7. Are there some strategies taken to stop the practice?  
Yes ☐ No ☐

8. If yes what is your perception towards such strategies

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

9. As a leader, what do you think can be done to overcome FGM?

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

10. If you can gauge, what is the current level of FGM practice in terms of percentage?

.....  
.....

End.