

**RELATIONSHIP BETWEEN FEMALE GENITAL MUTILATION AND THE  
ACADEMIC PERFORMANCE OF THE GIRL CHILD,  
CASE STUDY IN SUAM SUB COUNTY,  
BUKWO DISTRICT, EASTERN  
UGANDA**

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**A RESEARCH REPORT SUBMITTED TO THE COLLEGE OF EDUCATION IN  
PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD  
OF A BACHELOR'S DEGREE OF ARTS WITH EDUCATION  
OF KAMPALA INTERNATIONAL  
UNIVERSITY**

**SEPTEMBER, 2015**

### DECLARATION

I, Musobo Daniel, Do Hereby Declare That the Content of My Study Herein, To the Best of My knowledge, is my original work and has never been presented for a Bachelor's degree of Arts with education in any institution.

Sign



Musobo Daniel

Date 16<sup>th</sup> / 09 / 2015

### APPROVAL

I certify that the work submitted by this student was under my supervision



Supervisor's sign

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Date ...../...../.....  
16/10/2015

### **DEDICATION**

With great love, I dedicate this research work to my beloved parents Mr. Musani Fred Kapta, my Mum Mrs. CheropBernadette,uncle dad RabonKapta and his family, my beloved siblings, Sandra Kapta, Maxie, Alcatra, Milicent, Oscar, Walter, Elon, Bruno,Lucy, aunt Margrate, aunt Grace and the entire Kapta's family.

With great honor, I dedicate this research to my supervisor; Mr. Sekiswa Peter whose tireless effort enabled me reach to this far in researching and compiling this work. May the Almighty GOD bless you all in Jesus Christ's Name. AMEN

## **ACKNOWLEDGEMENT**

First of all, I give glory and honor to the Almighty God for the far he has brought me as regards to my studies. Because of this, I declare He is Ebenezer in My Life. I also with great pleasure and honor thank all those who supported me in producing this research. For without their assistance and efforts, it would have been hard to accomplish this research. Thanks goes to my beloved supervisor Mr. Sekiswa Peter whose tireless effort and guidance accounts most to the production of this research.

I also extent my heart felt appreciation to my beloved parents, my siblings and friends for their effort towards my entire academic carrier and above all things accorded to me throughout this study.

To my beloved parents who whole heartedly gave their strength, attention and support to the accomplishment of this report. May you live to see your last tooth drop.

To my dear role models, guider and counselor, Pr. Kennedy Kirui and Pr. Dr.SoyekwoAggrey who stood with me both physically and spiritually to enriching my soul with the truth of God's word without compromise. May God bless you dearly in all your endeavors of life.

Lastly, I salute all those who extended their spiritual, moral, love, and financial support during my study atPrimary, Secondary,and while at Kampala International University.

May the Almighty GOD bless you ALL. Amen.

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## LIST OF ABBREVIATIONS AND SYNONIMS

FGM/C	-	Female Genital Mutilation/Cutting
FC	-	Female Circumcision
WHO	-	World Health Organization
UNICEF	-	United Nations Children Fund
UNFPA	-	United Nations Fund Program
REACH	-	Reproductive, Educative and Community Health
CLITORIDECTOMY	-	Removal of part or the entire clitoris of the females Genitalia.
INFIBULATION	-	Removal of part or all of the external genitalia Including the labia and stitching and sewing it to leave a small opening for only urine and menstrual flow.

## **ABSTRACT**

This research deals with female genital mutilation and its relationship on the girl child education in Suam sub-county, Bukwo District. Mutilation is done as a way of maintaining culture in some societies, crossing over to a different age/set group and woman hood too. Some countries like Somalia and Sudan do it for public recognition. However, female genital mutilation/cutting (FGM/C) has been outlawed in many countries Uganda inclusive because of its associated evils towards girl children and women's education in school.

The purpose and objective of the research is to determine whether there is a relationship between female genital mutilation and education of girls. FGM/C is practiced for medical or non-medical reasons. Some countries like Egypt would legalize it to the extent of doing it in a barber's saloon not until one young girl died as a result. This then caused absolute abolition of FGM/C in Egypt. On average, 36% of girls aged 15-19 have been cut compared to an estimate of 53% of women who are aged 45-49. The types of mutilations have different percentages altogether the highest being excision with 78%, clitoridectomy 10%, infibulations 10% and other unclassified ones account for less than 2%.

FGM/C is measured in terms of the number of those who have undergone the practice, those who are yet to undergo (those at risk) and those who do not want to undergo the practice whereas Girl and women education is measured in terms of the level of education before and after one undergoes the practice. A design used is the descriptive research design was used to collect data on the relationship between FGM and the girl child education, reasons why it is practiced and effects of FGM on education of girls in school.

It could be inferred that female genital mutilation is strongly associated to the low levels of girls and women's education in the areas of study. In deduction from the selected areas of study in that after the practice it was found out during the research that most female girls drop out of school due to the effect of low self-esteem, shame inadequate finances due to over spending during the FGM, forced marriages and advanced effects of mutilation like over bleeding can sometimes claim the life of the victim and thus need to put forth measures to stop the act like NGOs sensitization programs, passing anti FGM laws by the government, arresting those who promote the act among others so as to safeguard the life of the female girls in the region and globally as far as the Education of the girl child is concerned.

## **CHAPTER ONE**

### **BACKGROUND OF THE STUDY**

#### **1.0 Introduction**

In this chapter, the background, statement of the problem, purpose of the study, objectives of the study, research questions, and scope of the study and significance of the study was looked into. The study aimed at investigating the relationship between Female Genital Mutilation/Cutting and the girl child education.

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

Female genital mutilation /cutting has been defined by World Health Organization(WHO, 2000) as ALL procedures that involve partial or total removal of the female external genitalia and or injury to the female organs for cultural or any other non-therapeutic reasons. Female genital mutilation/cutting is commonly practiced in Africa and the Middle East for non-beneficial reasons like; women maintaining their sexual purity/virginity until marriage time, promoting cleanliness in the female genital organs, and women also being recognized during public occasions among others depending on the different communities/societies. In Somalia and Sudan, FGM is used as a method to keep the girls and women as virgins. This is done by carrying out infibulations that involve partial or total removal of the clitoral hood and or the labia majora and minora. This is then stitched and sewn to only leave a small opening for urine and menstrual cycles. This small opening will only be penetrated by a penis soon after conducting a wedding. Research has proved that about 15% of men are unable to penetrate through this opening.(Jannice Buddy 1984)

There are about 8 – 10 million women and girls in the Middle East and Africa who are at a risk of undergoing Female Genital Mutilation/Cutting (FGM/C) (World Health Organization, 1995). The following countries include; Yemen, Saudi Arabia, Jordan Syria and southern Algeria in the middle east and in Africa the following countries investigated, the majority of the continent including; Kenya, Nigeria, Mali, upper Volta, Ivory Coast, Egypt, Mozambique, Sudan and Uganda. Even though the FGM/C practice is most likely to be in Islamic countries, it doesn't mean that it's their practice, but the researcher is basically on whether or not the practice is

becoming a cross cultural ritual. (2010 population reference bureau). According to the UNICEF report on women's health issues, there are about 128million people all over Africa and the Middle East who have under gone the practice. There's a reported trend of over 30 million girls who are under the age of 15 who may still risk. On average, over 36 percent of girls aged 15-19 have been cut compared to an estimate of 53 percent of women who are aged 45-49. Female genital mutilation has been theoretically coined down by the "feminists" in the university of California, Davis school of Law thus the name; feminist legal theory. The feminists came across an issue called female genital mutilation. According to them, they jot that it's a topic that has very serious consequences it has for tens of millions of young girls and women around the world. This term encompasses all procedures that involve partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. Feminists continued to jot that the practice is either done in hospitals under general anesthesia or by use of crude methods with or without anesthesia typically on infants and young girls. It's prevalent in traditional societies such as those existing in Africa, Asia and the Middle East. The reasons for carrying out female genital mutilation is on the belief that: it promotes sexual modesty and cleanliness in women yet it's widely recognized as a violation of human rights of young girls and women and this is one of the most serious problems existing in the developing world. FGM has detrimental effects on the psychology and physical wellbeing of women. According to (WHO), immediate consequences include; severe pain, bacterial infection and open sores in the genital region. Long term consequences include; bladder and urinary tract infections, infertility and possibly further surgeries. In addition to this, female genital mutilation does not bring any health benefits to women. FGM/C estimates indicate that over 100 to 140 million girls and women worldwide have undergone the procedure. (WHO Boyle 2000)

This issue is obviously of great significance to feminists and women's rights advocates around the world particularly in those countries most affected by this barbaric custom. Feminists have developed questions on what developed countries can do about this. Feminists indicate that groups like Amnesty International, world health organization (WHO), UNICEF, who has worked tirelessly to end the practice. WHO has passed a resolution to eliminate FGM/C. they are doing this through a program on advocacy, research and guidance for health professionals in assisting women who have undergone this procedure. (Toubia N 1993)

In Uganda, the research looks at the entire country at large through studying and analyzing the different districts that carry out the practice of FGM/C and even going an extra mile to WHERE, WHEN, HOW is the practice carried out. Among others, the districts include; Amudat, Kapchorwa, Bukwo, kween in sebei region, Busoga region (6 districts), Teso and Bugis suregion (6 districts), Karamoja region (5 districts). Female Genital Mutilation (FGM/C) is categorized into four (4) types that is; I, ii. Iii and IV. These types are named according to how they carry out the practice and which part of the organ is cut/removed. (WHO, 2006)

Type I (excision/sunna circumcision). Involves excision/removal of the clitoris/clitoral hood and sometimes removal of part or the entire clitoris. This type is said to be the most common one with about 78% in Uganda.

Type II (Clitoridectomy). These involve the removal of the clitoris and part or all of the labia minora (inner vulva lips). It accounts to about 10% of the mutilation.

Type III (infibulations or paranoiac circumcision). Involves the removal of part or all of the external genitalia and stitching or narrowing of the vaginal opening leaving only a small hole for urine and menstrual flow. It accounts for about 10% in use.

Type IV (unclassified). It involves pricking, piercing and stretching of the clitoris or labia. There's also cutting of the vagina (Gisiricut). The research was therefore, narrowed down to one of the tiniest tribes called the sabiny in suam sub county, Bukwo district, eastern part of the country. The researches therefore, helped to understand and analyze the relationship of Female Genital Mutilation/Cutting on to the girl child education in the researcher's preferred area of study.

## **1.2 Statement of the problem**

Female genital mutilation/cutting did raise great concerns among the Ugandan educators and even internationally. Victims in this category face problems of various kinds which include; stigma, early marriages, early pregnancies, school drop outs to name but a few. Through this, victims probably undergo either temporal or permanent problems and this depends on the form of mutilation which is done on the individual. Parents always wish to have their daughters as sources of wealth therefore, thus the purpose of this research was to find the impact of the

practice, how it affects the girl child negatively in reference to her education since the performance of the girl child in school activities.

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

The purpose of the study is to investigate and establish the relationship between Female Genital Mutilation on the girl child education in school in Suam Sub-County, Bukwo District, and Eastern Uganda.

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

- i. To find out the relationship between female genital mutilation on the academic performance of the girl children in Suam sub county Bukwo district, eastern Uganda
- ii. To find out why FGM/C is practiced in the researcher's area of study.
- iii. To find out the impacts of FGM/C on the performance of girl child in school in Suam Sub County, Bukwo District, Eastern Uganda.

### **1.5 Research questions**

- i. What is the relationship between female genital mutilation on the academic performance of the girl children in Suam Sub County, Bukwo District, and Eastern Uganda?
- ii. Why is female genital mutilation being practiced in Suam Sub County, Bukwo District, and Eastern Uganda?
- iii. What are the impacts of FGM/C on the performance of girl children in school in Suam Sub County, Bukwo District, Eastern Uganda

### **1.6 Scope of the study**

The study was conducted in Kwirwot parish, Suam Sub County, Bukwo District. The areas that were revisited are within a distance of about three (3) kilometers. The main objective of carrying out research in this area was because of its associated effects that were discussed in other chapters ahead. The tribe is among the many other tribes in the country that carry out the practice. The study was based on "the relationship between FGM/C and the girl child education.

### **1.7 Significance of the study**

The study findings are expected to be useful to the researcher and more importantly to different categories of people who will have the opportunity to read through in different ways:



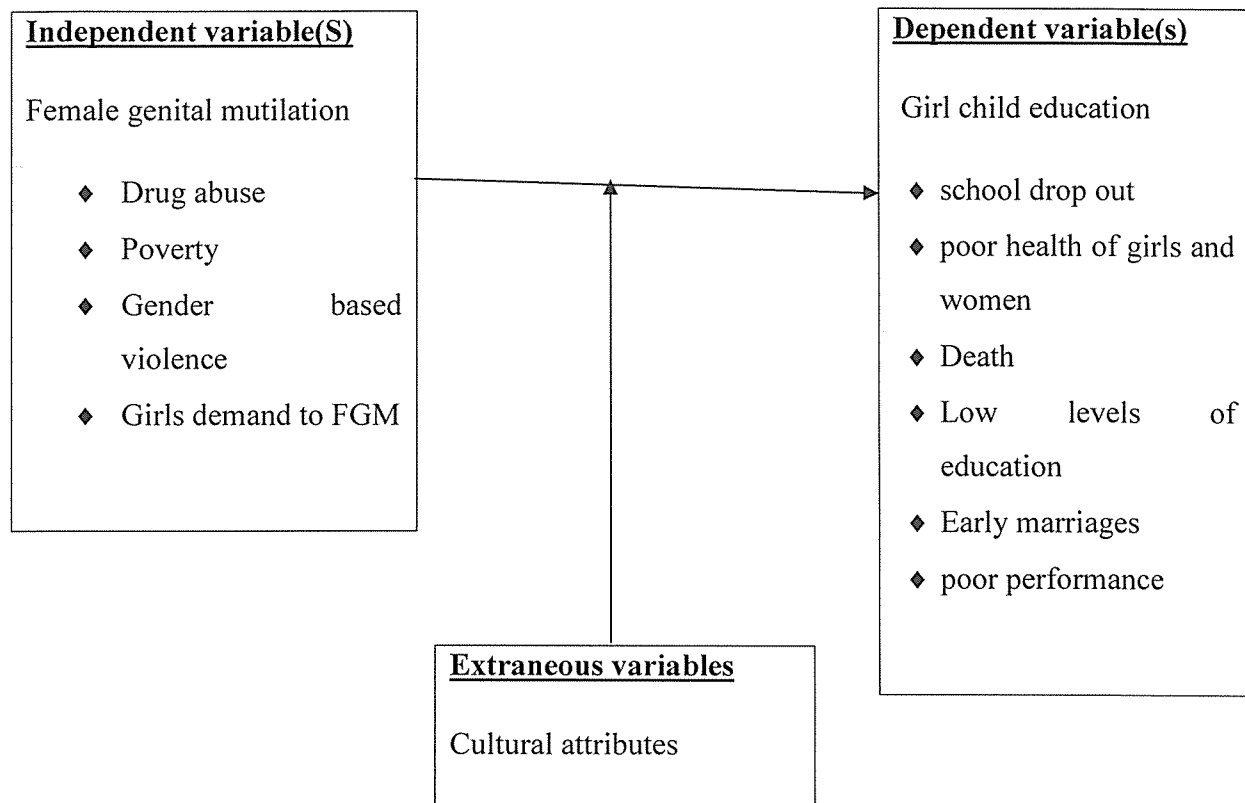
The findings is hoped to increase awareness about the effects of FGM/C on the lives of girls and women. The study findings will be expected to form baseline information for policy analysts to effectively evaluate the progress made by the existing stakeholders (especially women activists) involved in the protection and promotion of women's reproductive health rights. It is thus hoped that the study findings will be useful in providing an insight into the explanation for the persistent FGM practice, thereby leading into a scenario of ascertaining the best possible policy alternatives that can be adopted to completely eradicate the practice.

The study will concentrate on an NGO-Government- based approach to addressing FGM. Most of the studies done on FGM have tended to concentrate on the health concerns and evaluating the legal instruments in the bid to eradicate the practice. The major component of this study (girl child education), therefore, with government intervention is hoped to provide policy makers, traditionalists and the citizenry at large with by-laws to address the practice as a violation of human rights. This kind of awareness is hoped to pave a grounded way of completely doing away with the practice.

The study focused on issues and challenges that are encountered by women and the girl child as a result of FGM within the community. It is hoped that knowledge of such nature can enable government, the community and individuals to come up with realistic legal redress to the customs and harmful traditional practices that cause intimidation, psychological problems and above all reproductive problems to girl children and women. The study findings are also expected to provide up-to-date literature that can be used by academicians who may wish to carry out more studies on the subject matter of girls and women and effects from FGM/C or a related field. It is thus hoped that the study finding will stimulate further research.

The findings of this research is hoped to benefit the researcher as well as those who will have the opportunity to read through in different domains;

## 1.8 The conceptual frame work



## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1. Introduction

These deals with related literature (current status of FGM), rationale on FGM, associated effects of FGM law enforcement against FGM and the REACH program in Uganda today

#### 2.1. Related literature

FGM/C has undergone a number of challenges; Boyle (2000) writes that *World Health Organization (WHO)* opted to use the term female circumcision because the practice is referred to as a social and cultural issue as opposed to a medical issue. According to Shell Duncan (2000), the term FGM/C was opted during the third conference of the Inter- African committee on traditional practices affecting the health of women and girl children in 1990. Therefore, it's now used by W.H.O and United Nations (UN) to emphasize violation of human rights involved. According to a recent United Nations children's fund (UNICEF) publication, at least 125 million girls and women have experienced FGM/C in 29 countries in Africa and in the Middle East. In trends over 30 million girls under the age of 15 years may still risk. According to UNICEF estimates, on average, 36 percent of girls aged 15-19 have been cut compared to an estimated 53 percent of women aged 45-49 on (UNICEF child information). A 2006 W.H.O'S study found out that FGM/C is also harmful to new born due to the adverse obstacle outcomes leading to an extra 1-2 prenatal death per 100 deliveries. About 8-10 million women and girls in the Middle East and Africa are at a risk of undergoing one form or another of genital cutting. United States (U.S) has an estimate of about ten thousand girls at a risk of the practice. FGM/C in a variety of its forms is practiced in middle eastern countries of; (Yemen, Saudi Arabia, Iraq, Jordan, Syria and southern Algeria . in Africa, it's practiced in the majority of the continent including; Kenya, Nigeria, Mali, upper Volta, ivory coast, Egypt, Mozambique, Sudan and Uganda among others. Even though FGM/C is mostly practiced in Islamic countries, it's not a guarantee to be their practice; instead FGM/C is cross cultural and religious ritual. In Africa and the Middle East, it's practiced by Muslims, Coptic Christians, members of various indigenous groups, Protestants, Catholics and others.

## **2.2 Rationale on Female Genital Mutilation**

According to philosopher Martha Nussbaum, uncircumcised girls and women are seen as highly sexualized. In that the practice presupposes girls and women to be whorish and childish. Rahman and Taubia wrote that the focus in Egypt, Sudan and Somalia is on curbing premarital sex whereas in Kenya and Uganda, the purpose is to reduce a woman's sexual desire so that her husband can more easily take several wives. In both cases, they argue that the aim is to serve the interest of the male sexuality. According to the 2007 report by the REACH program against FGM, reasons include; psycho-sexual reasons like maintaining virginity, reduce sexual desires in females, socially, is to identify with a cultural heritage, being initiated to womanhood and maintain social coherence. On hygiene and aesthetic reasons; was to keep the female genitalia clean and provide aesthetic appeal (beautification) among others. Physicians Miriam Markinelli and Jaume Enric Olle-Goig wrote that the preference is for women's genitalia to be flat, rigid and dry. The animist Dogon people of Mali believe that the clitoris confers masculinity on a girl and the fore skin of a boy makes him feminine and perform FGM to differentiate more between genders.

## **2.3 Associated impacts of Female Genital Mutilation on girl children**

According to anthropologist Rose Oldfield Hayes in (1975), she reports that educated Sudanese men living in cities who did not have their daughters' infibulated – wanting to opt for clitoridectomy – would find the girls had been sewn up after their grandfathers arranged a supposed visit to their relatives. A study by a physician (Asma El Dareer) says that they preferred types ii and iii over type one and only 17.4% said they preferred non. (Jannice Buddy 1984) depicted “type I” by pointing their mouths and “type three” by closing them tight by asking her “ which is better, an ugly opening or a dignified closure”. (Boddy) wrote that the woman avoided being photographed laughing or smiling for the same reason preferring human orifices to be kept closed or minimized particularly female ones. (Zett and Toubia) wrote that any change to the state of the woman's infibulations can affect her sense and security. They liked the case of a Somali mother of three who was advised to remain infibulated after child birth to cure her gonorrhea, by who insisted on being re-infibulated, leading to pain and infection so severe that she could hardly walk. They argue that she did this out of her sense of impurity.

A poem (1988), by Dahabo Musa, a Somali woman described infibulations as the three feminine sorrows, “the procedure itself, the wedding night when the woman has to be cut open, the child birth when she has to be cut again. Gerry Mackie and John Lejeune wrote that the woman’s support for the practice remains one of its chief puzzles. Mackie calls it a belief trap, “a belief that cannot be revived because the costs of testing it are too high. Mackie continued to jot that “the cost of dissent in the case of FGM is that the dissenters may fail to have descendants because women who have not been circumcised may become outcasts and less likely to find husbands. Sociologist Elizabeth Heger Boyle wrote that in Tanzania, the Masai will not call an uncircumcised woman a “mother” when she has children and in several communities, un-cut women may not be allowed to attend funerals and other public events. In 1991, a survey of 1222 women in four Kenyan districts indicated that 48.5% of the women experienced hemorrhage, 23.9% infections and 19.4% urine retention at the time of female genital mutilation operation. Other chronic FGM related complications encountered may include, fear of depression, low libido, infections, and delivery complications and bleeding.

In Uganda, similar cases arise as recorded by the REACH program on anti – FGM/C campaign that this practice is against the human rights, because of the adverse effects it imparts on girls and women. These effects can either be permanent or temporal in one’s body. The REACH program coordinator, Mrs. Beatrice Chelangat wrote that areas that are prone to this practice have high levels of school drop outs which implies that the level of development in these areas are also very low. Poverty in the area also implies that women and girls in this area must have dropped school at an early stage. A 2007 report shows that girls leave school soon after mutilation. This happens immediately there is confirmation that the healing of the mutilated area is complete. This happens because they want to meet the culture’s norm that transitions mutilated girls to womanhood irrespective of their age. Its good news that currently, over ¾ of the “Sabiny” are against the practice meaning that less than ¼ of them are still on the move on the basis of promoting their culture.

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 go back to school.

In the area of study, school age girls who have been subjected to FGM are often considered grown up and eligible for marriage. In some areas they are then married off following the procedure and drop out of school sometimes accords with the wishes the girls themselves who lose interest in school and identity entirely with their new role as wives although others continue going to school in spite the being married but they soon become pregnant and cease school attendance of that point.

Another reason that girls have to leave school is that their parents having had to pay an expensive FGM ceremony are unable or unwilling to go on financing their daughter's education since they run short of money.

Many girls suffer from health problems, pain and trauma following FGM procedure. There are indications that girls enrolled in school are often absent or less attentive in class for these reasons leading to poor performance, interruptions and premature terminating of school.

The retention and completion rates of girls in schools of Bukwo are quite devastating. It is a common assumption among people that case of the causes of low enrollment, poor retention and completion rates among girls is FGM hence the persistence in the practice could adversely affect the under privileged girls to pursue their basic education and tremendous dropout rate and follow owing to early or forced marriages and promiscuity once the act has been performed.

The physical inspect of FGM is too crucial. The effect of genital mutilation can lead to death of the same time carried out while experiencing pain, shock and damage to the organs surrounding the clitoris and labia can occur as well as excessive bleeding which may result to the death of the victim affecting the girl child academically since it cuts her from studying to the grave.

It may later on retain urine and serious infections develop:

Use of the same instrument on several girls devoid of sterilization can cause the spread of HIV/Aids. If some of the girls had sexual intercourse with an infected partner before circumcision or any other way got infected hence creating low self-esteem and desire for studies due to the shame of HIV virus thus dropout from school.

more commonly the chronic infections, intermittent bleeding, abscess and small tumors of nerve which can result from clitoridectonony and excision may cause discount and extreme pain, in

fibialtus may have such long term effects as chronic urinary tract infections, infertility, excessive scarring of tissue. Woids (raised irregular shaped, progressive enlargy scars) and desmoids cysts which may lead to poor performance due to inadequate concentration on studies.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

The chapter basically deals with the research design, population sample, tools of data collection, collection methods and instruments and data analysis.

#### **3.1 Research Design**

The study involved descriptive design which included narration and description of qualitative data and presentation of quantitative data using cross sectional design. This was because of the fact that the suggested area was known and relatively a confined area that would not require other designs and was to be used so that the problem at hand would be described in depth. This type of design was preferred because of the fact that it would allow for in depth understanding of the subject matter under investigation and above all allow for the collection of data from cross section of respondents in the shortest time possible using the appropriate instruments.

#### **3.2 Area of study**

The area of study in this case was in Kwirwot parish, Suam Sub County, Bukwo district Eastern Uganda. It's bordered by Kenya on the east, Mt. Elgon on the south, Nakapiripirit District on the north and to the west is Kween and Kapchorwa district respectively. Specifically, the area is located on the slopes of Mt. Elgon with a gently sloping landscape. It's about ten (10) kilometers from the district headquarters therefore; it's purely a rural area.

#### **3.3 Population**

The study population was on the youth and the elderly ones that is ranging from 12 to 34 and 40 and above respectively. The study involved about 8 (eight villages) to be interviewed and 6 (six) individuals from each area were selected basing on purposive selection totaling to 52 people. The research used purposive sampling as one of the sampling techniques.



### **3.3.1 Target population**

The targeted population in this case was on 8 villages where by the researcher based to collect the necessary data for compilation.

The purposed population werethe youth, married women and the Elderly ones which involved both men and women. The youth ranging from 10 – 18 years of age, the married women ranged from 19 – 40 years of age and finally the elderly ones aging 41 and above.

### **3.4 Time scope**

The study wasdone within a period of seven months that is; March, April, May, June, July, August and September. In this seven months, the research proposal, data collection, data analysis and submission wasdone respectively.

### **3.5 Sampling procedure**

The researcher used purposive sampling technique in order to meet the researcher's stipulated objectives and also to meet to answer the researcher's questions. The respondents were selected purposively to participate in the study by virtue of their positions and direct involvement in the daily running of the performance ofgirl children in schools. Therefore purposive sampling was suitable for selecting key informants because of their responsibility in society, they held relevant and key information required for the study. This was used because the area of study is sparsely populated and the reduced number of circumcised girls due to increased sensitization and the passed laws against FGM by the government.

### **3.6 Sample Size**

The researcher found out data from the respondents that were selected that was an estimate of 52 people who were selected basing on their age and marital status hence this lead to generalization, summary and conclusions made out of the data collected from the respondents was used since it avoided biasness because each respondent was given an equal chance of being selected as well as this design was time saving.

### **3.7 Tools of data collection**

The researcherused observation, interview and questionnaires to acquire information from the samples selected. Records from the sub county headquarters, District headquarters and other local community heads on female genital mutilation were used to analyze, compare and contrast

with the data that was collected. (Olive mugenda PHD and Abel mugenda 1999, Research methods)

### **3.8 Data collection methods and instruments**

The data was collected from both local and legal authorities that were government and sub county heads. The selected areas and sub county headquartersthat werevisited have literates, illiterates and local council members who were interviewed. Other methods or sources of data collection included; newspapers, magazines, journals, reports, presentations and online publications wereused to collect data.

### **3.9 Instruments**

Questionnaires were designed in relation to the topic and the proposed desired objectives. Both closed and open questionnaires were used to sum up data collection, analysis and deduction. This tool was used to collect data because of the fact that some of the sample selected could not be found when there wasneed hence the need for questionnaires. (Olive mugenda PHD and Abel mugenda 1999, Research methods)

Interview as a tool for data collection wasalso used because it wasone of the tools that involved one on one interaction with the respondents. It was therefore, one of the ways to obtain firsthand information because of direct contact with the respondents. (Amin 2003)

Observation as one of the toolsused to collect data because it involved the use of eyes to see critically on to those that have marks that symbolize those that have undergone the practice and also to those who do not have marks. Markings are observed to be on the right hand for easy identity as one who has been transitioned into womanhood.

### **3.10 Data interpretation and conclusion**

Data was collected, judged and interpreted thus, led to preparations prior to presentations. After gathering data from both primary and secondary sources, the data was first assembled together after which it was organized by the use of tabulation and percentages thereby creating a platform for summarization of data. Appropriate analytical methods were then applied so as to manipulate the data, its relationship and quantitative meanings were derived.

## **CHAPTER FOUR**

### **DATA ANALYSIS, INTERPRETATION AND PRESENTATION**

#### **4.0. Introduction**

This chapter deals with data analysis, interpretation and presentation of research findings.

The analysis and findings were interpreted and analyzed basing on research questions and objectives of the study. The study was carried out in order to investigate the relationship of female genital mutilation on the performance of girl child education in Suam Sub county, Bukwo district. The findings were obtained through the use of questionnaires, interviews, observations and documentaries from legal authorities in the area of study.

#### **4.1 Current status on female genital mutilation**

This section of this study was to determine the relationships between the dimensions of female genital mutilation and girl child education. Having measured these dimensions in the present study allowed us to better understand this relationship. According to the findings, the researcher found out that FGM/C is still being practiced in some areas of the study. This barbaric practice has then called for organizations like the (REACH) program that has done a recommendable effort in fighting against FGM/C in districts occupied by the Sabiny. The reproductive, educative and community health(REACH) program is a community based program established in Kapchorwa to improve reproductive health conditions in the region and discard the harmful practice of female genital cutting while promoting the good cultural values of the Sabiny community.

Given the many achievements registered in the past as shown by the results stated as; 36% drop in 1996 during the first year of REACH program. In the year 2000, 621 FGC cases, 2002 with 647cases, 2004 with 595 FGC cases and in 2006, 426 cases were reported. United nations population fund (UNFPA), Government of Uganda together with the Sabiny community during the documentation of the lessons learnt (the voices of the community) recommended that the project graduates to NGO status for better management, results and wider coverage.

The program for the last 12 years has been using an integrated community based culturally – sensitive and persuasive approach to address the practice of FGC. Its approach aims at separating

the actual practice of cutting which is harmful (and needs to be discarded) from the cultural values of the initiation which need to be promoted. In this regard, the researcher referred female genital mutilation as FGC.

The researcher further continues to point out that interventions have been creating a conducive environment for community members to freely discuss about issues of female genital cutting which a taboo was before.

Politicians of both local community and national level have gained ground although FGC is still being cherished and deep rooted among other communities. To the surgeons, mentors and their aides; FGC acts as an economic business. In 1998, an unregistered group, in the name of “promote culture” lured Sabiny girls and women to go for the practice using incentives like giving dancing costumes, money and empty promises driven by selfishness since none of them practice FGC in their families. Changing cultural attitudes and practices calls for a lot of education and time. FGC in the Sabiny community is practiced in the months of November and December of every even year. The 2010 parliamentary bill is one of the tools that the REACH program and other people who understand the law use to abolish FGM/C. currently, REACH program has now put up a radio station (Kapchorwa Trinity Radio) to improve more on sensitization of the community on the associated effects of mutilation. The government on 22 July 2014 arrested some of the Karamojong elders who were reported to have involved themselves in girl child mutilations. This enabled the government to rule a case for them to which they were found guilty and therefore arrested for 10 years in prison for conducting female circumcision. Still in Mali, on Thursday 2<sup>nd</sup> August 2014 renounced female genital mutilation. This happened when 9 women aged 46 and 91 were found guilty of FGM/C or complicity on Wednesday which led to a sentence of one year in jail and a fine of about 90 dollars

## 4.2 Demographic characteristics

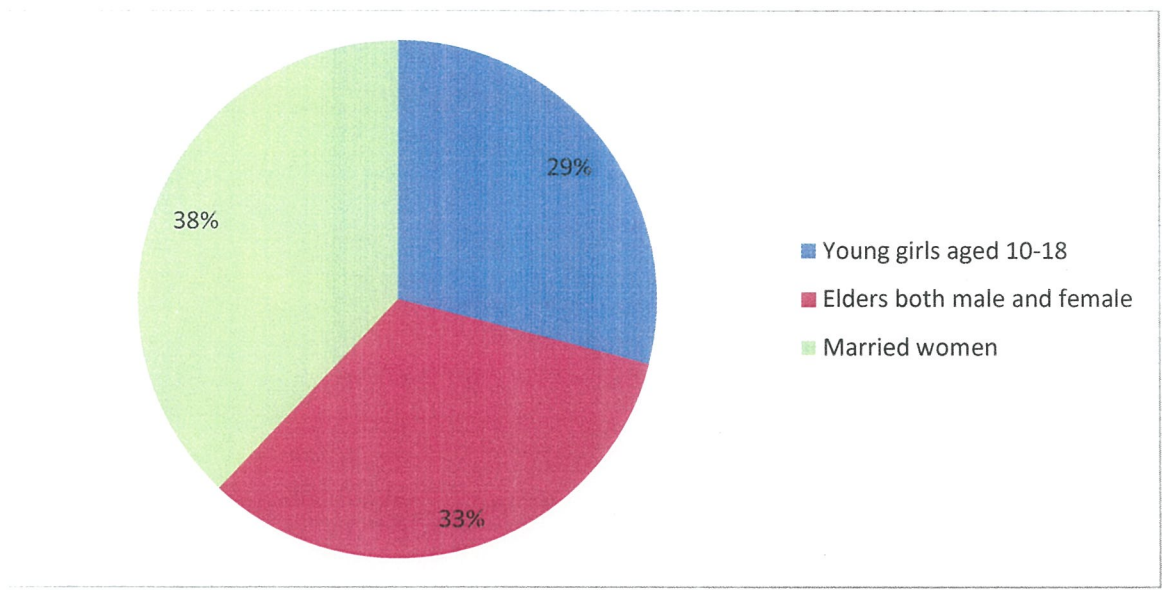
**Table 1: Showing the respondents categorization**

<b>Respondents categorization</b>	<b>Frequency</b>	<b>Percentage</b>
Young girls aged 10 - 18	<b>15</b>	<b>29</b>
Elders both male and female.	<b>17</b>	<b>33</b>
Married women	<b>20</b>	<b>38</b>
<b>Total</b>	<b>52</b>	<b>100</b>

Source: primary data 2015

From the table above, it can be seen that the majority of the respondents are married women with 20 respondents representing 38% of the respondents, 17 Elders respondents to 33% and 15 respondents were young girls representing 29% of the respondents due the fact that they were immediately after FGM forced or willingly got married after the initiation ceremony of circumcision where one of the victims told her story of the experience and said “ She was mutilated when she was at the age of ten .she was told by my grandmother that they were taking her down the river to perform a certain ceremony and once she entered the secret bush she was taken to a very dark room and undressed. She was folded and stripped naked and then cut which made her feel ashamed and loosed hope of school opting for marriage leaving school hence a close relationship between FGM and girl’s education since some end up dropping out of school for marriage.

**Figure 1: Showing the respondents categorization**



**Source: Primary data 2015**

From the figure above, it indicates that the married couples had a much higher percentage of 38 compared to the elders and girls aged 10-18. However all the targeted population and the sample selected were given equal attention and chance which contributed to 29 and 33 percent of girls aged 10-18 and elders respectively and was found out that shortly after the Female Genital Mutilation, the young females who were either forced or willingly got initiated opted for marriage leaving school and became mothers at a tender age deciding to let go of school hence a negative relationship with the education of girls since they pull out of school before completing studies.

IT was also found out that in the researcher’s area of study, the girl at age of 10 and 18 finds herself in amidst of two contrasting forces of two elements of non-material culture [FGM and education] where she ought to undergo formal schooling being educated according to the modern curriculum and school syllabi through the modern school system at the same time she is culturally being compelled to be socialized into societal norms and values that is FGM as a rite of passage and cultural fulfillment between ages of 10 and 18 a period when she is expected to be attending formal education and hence if she is mutilated at this tender age then she automatically graduates into womanhood and adulthood hence ready for marriage

interrupting her continuation of formal education hence there exists a relationship between the two variables as far as the girl child education is concerned.

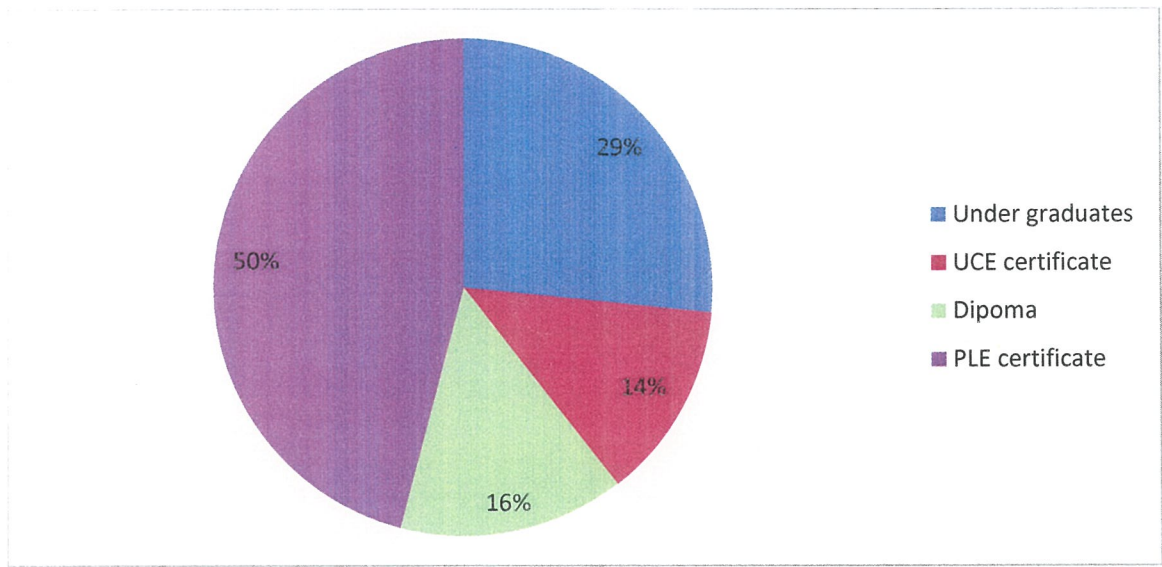
**Table 2: Level of academic qualification of the respondents**

Academic Qualification	Frequency	Percentage
Undergraduates	15	29
U C E certificate	07	14
Diploma certificate	08	16
P L E certificate	25	50
<b>Total</b>	52	100

Source: primary data 2014

From the table above, it was founded out that those with UCE certificates have the least number of respondents representing about 14% of the sample selected. Respondents with P L E certificates had the highest number representing 50% of the total sample selected. Diploma and undergraduates had 8 and 15 respondents representing about 16% and 30% of the total sample selected. Therefore, in deduction, the results show that PLE certificate respondents had a bigger percentage implying that girls would sit for their exams and soon after this, they were introduced to female circumcision by their aunties, grandmothers and more influential on peer pressure. This is the very reason why there is a less number of UCE certificates because of the fact that they immediately opted for marriage of which they are not ready for associated consequences like over bleeding, difficulty in giving birth, increased rate of illiteracy and overdependence as a result of leaving school for circumcision practices and marriage responsibilities due to pressure or willingly hence affecting the education of girls negativelynegatively.

**Figure 2: Showing the level of academic qualification of the respondents**



The figure above shows that P.L.E certificates had the highest percentage of 50 while U.C.E certificate had the least amounting to 14 percent. Diploma and P.L.E and undergraduates had 16 and 29 percent respectively. These shows that mutilation is high on girls aged 10-18, therefore, contributing to low level of education due to high school drop outs of girls.

**4.3 Why FGM/C is practiced**

According to the findings that was collected, history has it that, in early 18<sup>th</sup>, 19<sup>th</sup> and 20<sup>th</sup> century, men would go for hunting thus would leave their wives back home of which Hunting could even sometimes take weeks or even a couple of months before they would return back home. Because of this long period of sexual starvation, women would opt to look for satisfaction from other men of which were not their real husbands but instead committed adultery due to the lust of the flesh. From this time then, was the introduction of female mutilation until today in regions and for this case, the researcher’s area of study. Therefore, the following reasons made the practice of FGM mushroom in the region ranging from the spheres of social, political and economic aspects as seen below:

- ❖ Psychosexual reasons which included, reduction of sexual desire in females, maintaining virginity before marriage, maintaining fidelity during marriage and increasing male sexual satisfaction



- ❖ There were also sociological reasons which included; identity with cultural heritage, initiating girls into woman hood and integrating socially and maintain social coherence.
- ❖ Another is also hygiene and aesthetic reasons which include; keeping the female genitalia clean, providing aesthetic appeal (that's beautification) and also eliminated competition between the vagina and the penis while having intercourse.
- ❖ Religious reasons may include; the genuine believe that the practice is dominated by religion particularly the Islamic faith.
- ❖ Myths like enhancement of fertility and promoting child survival also necessitated FGM to be conducted in the researcher's area of study

From this findings, other countries like Somalia which is the leading practitioner with relatively a high percentage of the women and girls being circumcised, have relatively the same reasons to promoting FGM/C, BUT their major reason and objective is to promote sexual modesty until marriage. Sudan is also among the countries that are ranked highest in cutting of female external organs. Female genital mutilation/cutting is practiced in mostly Islamic countries BUT it's not a guarantee to be their practice instead female cutting (FGM/C) is a cross – cultural and religious ritual. In Africa and the Middle East, it's practiced by Muslims, Coptic Christians, members of various indigenous groups, Protestants, Catholics and others. According to the findings, there are four different types of mutilations; the first three involve real cutting whereas the fourth one involves other forms which are discussed in this report (WHO BOYLE 2000). These mutilations are classified according to HOW and WHAT is cut. They are thus named according their types which include;

#### **4.3.1 Type I (excision) also called sunna circumcision**

This report has it that, it involves the removal of the prepuce with or without the excision of part or all of the clitoris. It can also be put down as the removal of the clitoral hood and sometimes removal of part or all of the clitoris which accounts to about 78% of all the other mutilations (in Uganda). This type is ranked to be the most common type and in a broad area all across Africa parallel to the equator as named by Fran Hosken Egypt, Somalia, Kenya and Tanzania in east Africa. To the West African coast is Sierra Leone to Mauritania.



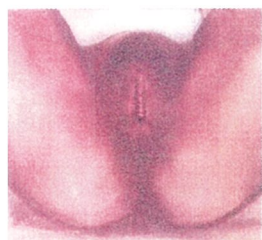
#### **4.3.2 Type II –Clitoridectomy**

These involve the removal of the clitoris and part or all of the labia minora (inner vulva lips). It can also be defined as the partial or total removal of the clitoris, as well as the scrapping off of the labia majora and minora. According to the findings, it accounts for about 10% of the mutilations. This type takes place where infibulations has been outlawed such as Sudan. In 1946, Clitoridectomy was invented by Sudanese mid wives as a compromise when British legislation forbade the most extreme operations.



#### **4.3.3 Type III – infibulations**

These type is the most drastic and extreme type of mutilation. It involves the removal of part or all of the external genitalia and stitching/narrowing of the vagina opening leaving only a small hole for urine and menstrual flow. The findings also has it that it involves the removal of the clitoris, the adjacent labia (majora and minora) and the joining of the scrapped sides of the vulva across the vagina where they are secured with thorns or sewn with catgut of thread. A small opening is kept to allow passage of urine and menstrual blood. In this case, an infibulated woman must be cut open to allow intercourse on the wedding night and is closed again afterwards to secure fidelity to the husband. Hosken (1989) reports that infibulations is practiced on all females almost without exception in all of Somalia and wherever ethnic Somalis live (Ethiopia, Kenya and Djibouti) also performed throughout the Nile valley, including southern Egypt , and all along the red seas coast.



#### 4.3.4 Type IV – Unclassified;

It involves any damage to the female genitalia including pricking, scrapping, piercing, burning, cutting or introduction of corrosive substances.

**Table 3: showing the responses on the relationship between female genital mutilation and education of girls and women.**

Response	Frequency	Percentage
Women	20	38
Teachers	12	23
Politicians	5	10
Civil servants	6	11
Girls	9	17
<b>Total</b>	<b>52</b>	<b>100</b>

Source: secondary data 2014.

From the data above, it was found out after the feedback from questionnaires with a number of 20 women that they did admitted that its true female genital mutilation has significant relationship in affecting the education of girls and women in Suam Sub County. They admit so because some of the respondents were circumcised while others were not. Thus those who underwent the practice frankly aired out how this barbaric custom led them to drop out of school and among the 20, 14 had dropped out of school. One of the reasons being that, they were being crossed over to woman hood through circumcision yet they were even much younger than expected to be considered women and even to be called parents at that teenage age.

As observed in the above table, 12 teachers aired out their concern on FGM having a relationship with the girl's education in that they said most of the girls after mutilation tend to drop out of school due to early pregnancy as a result of being initiated into womanhood through circumcision, some of them start getting involved in premature relationships claiming that they are grown up now to decide on their own what to do. The teachers further reported that the young mutilated girls get humiliated by their colleagues at school and feel ashamed filled with fear, trauma and psychological torture which affects them negatively resulting to poor performance since they isolate themselves at school without joining discussion groups, keep silent without at times asking for help in areas they did not understand adequately hence this practice of FGM does not promote the better success of the girl child.

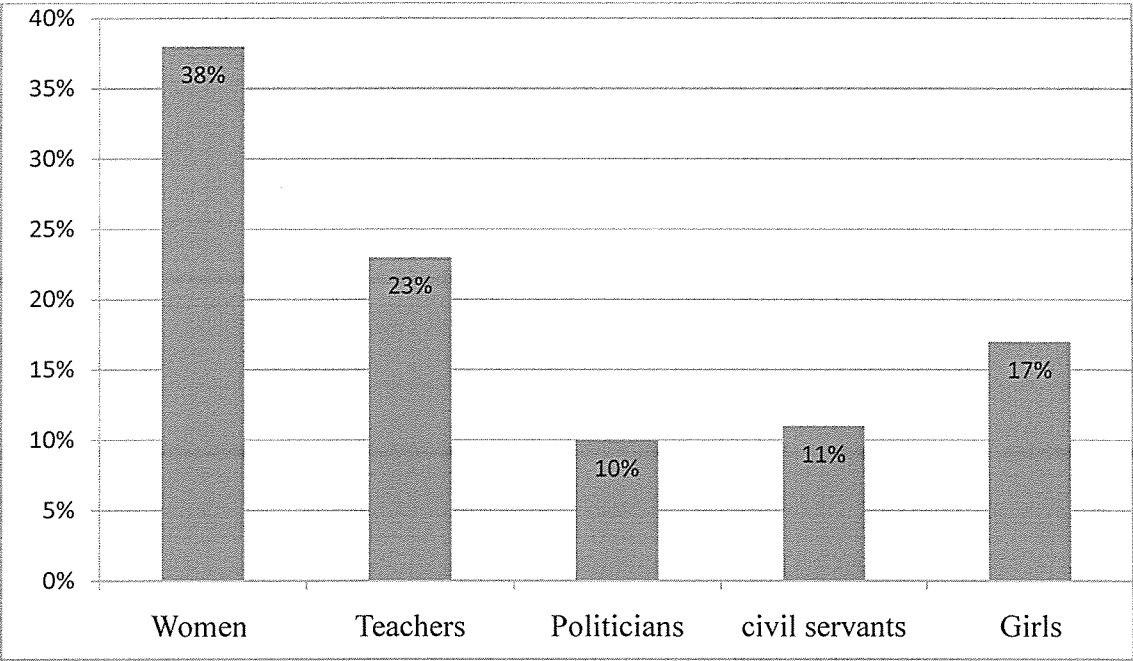
After interviewing the politicians from the researchers area of study, 5 of them had this to say that the barbaric practice practiced in the region had and has a close relationship on education especially on the girl child education in that it causes public humiliation when under going the act because it exposes the female genitalia. Hon. ChelangatTete the woman member of parliament and Hon Sabila Nelson the male member of parliament reported that FGM from time in memorial promoted early marriages of which at times were forced due to the high demand for bride wealth which equates females to mere property, its an abuse of human right because its at times forced which is against human freedom to choose what they desire of which these acts results to early marriages, spread of Sexually Transmitted Diseases when unsterilized materials are used for circumcision resulting to spread of HIV/AIDS, Gonorrhea, syphilis, among others which mostly cause drop out girls from schools due to fear and shame affecting the girl child education negatively since they end up not completing school leaving in a miserable state of life depending on others.

Civil servants from the area of study of which a sample of six individuals responded by admitting that the FGM practice existed in the region and that the practice has promoted increased domestic violence since young immature girls who can not be in position to resist the challenges of marriage after circumcision get into marriage either forcefully or willingly leaving school at a tender age. The local council 1 and 2 reported from Rikwovillage and Kapsekekrespectively that FGM caused most girls mutilated to feel traumatized, rejected and unloved affecting their performance negatively at school. They still said that they received at

various times especially during EVEN years of circumcision cases from young girls who were forced into marriages so that their relatives could get dowry, denied school fees since a lot of money was used during the ritual, others were forced to be cut and yet they were not willing to do so thus they ended up fleeing their homes seeking a place of refuge from the painful act of which makes them leave school due to inadequate funds meet all scholastic demands and no time to think of school but how to escape and sometimes some commit suicide bringing to an end their education.

As observed from the table above, the response from few sampled girls out of the total targeted population of which were 9 representing 17% agreed after being interviewed, filling questionnaires and being observed by the researcher that there exists a relationship between FGM and the Girl child education in that out of the 9 selected, 4 had undergone that initiation ritual and they had this to say that FGM was a painful act that involved serious blood shed that made some of them lose consciousness they experienced and never wished any one to go through the act coupled with various rituals/magic made in secret and never aloud to talk about them after being warned that they would run mud the day they aired out those secrets done in the bush that early morning before circumcision leaving them to leave in fear and guilt of what they vowed with ancestors and they further said that are at times discriminated by fellow students especially females of which make them feel out of place without a sense of belonging in the school community, some of them were seriously traumatized affecting them psychologically, and 3 of them due to the scars made them feel pain due the friction within the private parts making them uncomfortable at school and society, sometimes they faced difficulty while urinating since some of the private parts were chopped off and sometimes sewn leaving a very small hole for urinating which makes them uncomfortable in the society and also remarkably the wound around the cut place took long to heal making them to miss a lot at school awaiting healing after being forced into FGM among various ideas they shared of which all combined or in singular affects them academically in that they don't wholly concentrate while conducting school activities like studies and other co-curricular activities like sports and games resulting to poor performance hence a negative relationship between Female Genital Mutilation and the girl child Education in the researcher's area of study.

**Figure 3: Showing the responses on female genital mutilation and education of girls and women.**



The table above shows that the highest percentage of 38% representing women after interviewing them admitted that indeed FGM is an inhuman practice due to its adverse impacts on the young teenage girls who undergo the initiation act of mutilation yet still expected to continue with studies which is quite tricky since after circumcision girls resort to marriage due to the false believe that after initiation she is eligible to be a woman like others despite the tender age which results to drop out of school and early marriages coupled with its disadvantages like difficulty to give birth which sometimes results into death, also shame and low self-esteem culminating to poor performance in schools among the females.

As observed in Figure 3, after receiving questionnaires, 23% of Teachers responded admitting the fact that FGM affects learners in that they become less active in class due to fear and shame, some drop out of school and opt for marriage claiming to be women after initiation practice, others face serious trauma affecting their reasoning at school due to terrible pain and shock they went through during FGM which limits their participation at school in most activities which results to poor performance as a result of adequate concentration at school hence poor

performance of studies and also others after getting married don't want to meet their Teachers who could advise them to get back for studies worsening the situation.

As analyzed in figure 3 above 10% and 11% of the politicians and civil leaders respectively after being interviewed adhered to the fact that the FGM practice has had a relationship with the Girl child education in that most of the girls according to their observation after mutilation rarely go back to school due to the prevailing domestic pressures like inadequate money to educate them because a lot of resources are used during the celebration that leave most families paralyzed financially being unable to educate their children especially the female gender who are in most cases after the ritual are looked at as a source of wealth and no or little hope of further studies. Politicians during their rallies and public addresses occasionally condemn the act because it affects the girl child in an unhealthy way like school dropouts, early marriages, refugee problems since some of the young girls who are not to undergo the practice escape from their societies seeking asylum from FGM leaving them in a sorry state since do not study but keep running and may end up in the hands of wrong people who may sexually assault them adding pain upon sorrow which makes them look at life as of no value since wherever they think could be save them ends up burdening them which end up diverting their minds from school to other options like marriage at times prostitution so as to earn a living frustrating their dreams of education hence FGM acting as a link to various grievances in the life of the girl child

#### 4.4 Effects of Female Genital Mutilation/Cutting (FGM/C)

Table 4: showing the relationship between female genital mutilation and education of girls

<i>FACTOR</i>	<i>STRONGLY AGREE</i>		<i>AGREE</i>		<i>NOT SURE</i>		<i>DISAGREE</i>		<i>STRONGLY DISAGREE</i>		<i>TOTAL</i>	
	F	%	F	%	F	%	F	%	F	%	F	%
Early marriages	25	48	10	19	03	5.7	05	9.6	09	17	52	100
School drop out	26	50	08	15	05	9.6	10	19	03	5.7	52	100
Reproductive problems	20	38	10	19	00	00	12	23	10	19	52	100
Trauma	25	48	18	34	05	9.6	02	3.8	02	3.8	52	100
Death	30	57.6	15	28.8	05	9.6	02	3.8	00	00	52	100
Poverty	28	53.8	15	28.8	05	9.6	03	5.7	01	1.9	52	100
Spread of diseases like HIV/AIDS	25	48	18	34	05	9.6	2	3.8	2	3.8	52	100
Low enrolment at high schools/retention	28	53.8	15	28.8	05	9.6	02	3.8	02	3.8	52	100

Source: secondary data 2015

From the above data in Table 4, the researcher found out after issuing questionnaires, interviewed respondents and observed that there was a significant relationship between female genital mutilation and its impact on girl child education in that it was found out that the highest percentage of about 10 and 25 summing up to 35 representing a percentage of 19% and 48% totaling 67% respectively for those who agreed and strongly agreed that FGM/C impacts into this



respectively devastatingly affecting negatively the enrollment, retention and completion rates of girls at school especially the underprivileged girls hindering them from acquiring basic education owing to early or forced early marriages and promiscuity once the rite has been performed. Those who are not sure, disagree and even strongly disagree have the least percentage respectively out of the total sample selected. This factor implies that FGM/C greatly affects education of girls.

On reproductive health problems it was found out that, those who strongly agree in this case have the highest percentage of about 38%. This is because of the fact that, among those being interviewed were some victims that had had complications with their reproductive organs due to this barbaric custom/practice of FGM which causes the young to spend much time in recovering before the wound heals where it was cut and also from labor complications like over bleeding spending much time moving from health centers seeking treatment delaying to get back or even refuse to get back to school due to the shame and low self-esteem negatively affecting the education of child.

FGM promotes early marriages to young girls as observed in Table 4 with a high figure of those who agree and strongly agree totaling to 35 representing a percentage of 67%. This is because when a girl who is below the age of 18 is circumcised, she perceives to be mature enough to become a mother which is a very wrong perception and others are forced into marriage so that their relatives can get benefits linked to marriage parties like payment of dowry despite the tender age of girls from the researcher's area of study. The idea of going back to school will not even be given an upper hand instead her only work is to have children soon after marriage and live a miserable life consisting of young parents because in most cases allot of resources are channeled to the ritual party and no much is left to educate the girl child.

An unnecessary problem may arise as a result of poor cutting of the clitoris. According to the researcher's findings, cases of lameness were reported though on a minimal level. When this kind of disability happens, it cannot easily be reversed meaning it can become a permanent disability hence affecting the girl child's education progress especially if she comes from a poor background in that she can decide to vacate school and settle for different things like marriage due to the shame and reputation after circumcision and let humiliated and without a sense of

belonging in the society without the hope of further studies or going back to school hence leaving a negative setback in the life of the girl child .

It was also found out that there was a high level of poverty as seen with a percentage of 53.8% in communities that practice FGM because a lot of resources were channeled in financing the ritual activity and after the money may not be adequate to take back the girl child to school due to inadequacy of resources to meet all the demands of education resulting to continuous cycle of poverty. This effect fulfills the proverb that states that “*educating women means the world is also educated*”. Therefore, those who rush to get married means those areas are affected with low levels of education because there arises gaps between educated males and females the males being majority leading to oppressing of ladies in families since they have no say in family decisions as far as education issues are concerned.

It was also found out that girls drop out of school due to the fact that after their parents having had to pay an expensive FGM ceremony end up being unable or unwilling to go on financing their daughter’s education since they run short of money as observed in table 4 with a percentage of 50% about school drop out after the initiation they decide to get into marriages forgetting about school hence pointing to a negative impact with increased illiteracy among the females due to inadequate education being dominated by men.

The researcher found out that many girls suffer from health problems, pain and trauma following FGM procedure with a percentage of 48% as illustrated in table 4. There are indications that girls enrolled in school are often absent or less attentive in class since they will be struggling to cope up with the healing process from the cut place hence no concentration on studies leading to poor performance, interruptions and premature terminating of school thus a negative impact.

The retention and completion rates as well as enrollment in secondary level of girl children in schools of Bukwo as found out was quite devastating with a low enrollment and retention rate of 53.8%. It was a common assumption among people that case of the causes of low enrollment, poor retention and completion rates among girls was FGM hence the persistence in the practice adversely affected the un privileged girls to pursue their basic education and tremendous dropout rate and follow owing to early or forced marriages and promiscuity once the act has been performed of which is analyzed in table 4 with 50% representation.

It was also found out that the physical inspect of FGM was too crucial in that the effect of genital mutilation also lead to the death depicted by a percentage of 57.6% in table 4 at the same time carried out while experiencing pain, shock and damage to the organs surrounding the clitoris and labia can occur as well as excessive bleeding which may result to the death of the victim affecting the girl child academically since it cuts her from studying to the grave hence a negative impact.

It was found that it may later on retain urine and serious infections develops: which may cause complications causing disruptions to the learner making her uncomfortable resulting to operations which affects the education progress of the girl child coupled with delays resulting to poor performance because she spends most of the time on medical attention and checkups .

The researcher discovered and found out that use of the same instrument of circumcision like knives, razor blades, needles among others on several girls devoid of sterilization may cause the spread of HIV/Aids represented by a percentage of 48% of respondents admitting the fact that it can spread the deadly virus in case some of the girls had sexual intercourse with an infected partner before circumcision or any other way got infected hence creating low self-esteem and desire for studies due to the shame. Humiliation of HIV virus thus may dropout from school.

More commonly the chronic infections, intermittent bleeding, psychological trauma, painful intercourse without sexual pleasures, abscess and small tumors of nerve which can result from Clitoridectomy and excision may cause discomfort and extreme pain, in Fibiatus may have such long term effects as chronic urinary tract infections, infertility, excessive scarring of tissue. Woids (raised irregular shaped, progressive enlargy scars) and desmoids cysts which may lead to poor performance due to inadequate concentration on studies and generally affects negatively also the general girl's participation in school activities as analyzed in figure 4 where majority had a negative impact on the girl child education.

#### **4.5 Remedies on FGM/C**

According to the findings on ground, the researcher was able to report that there are ongoing measures that have been put in place in order to fight against this barbaric custom. These resolutions include the following among others.

The report on ground indicate that sub county leadership have been given the responsibility to mobilize all the grass roots, stake holders to pass anti – FGM/C bye laws. REACH has been charged with the responsibility to facilitate at least 2 workshops on FGC in every sub county to ease the activity by the first half of next year

Consistent monitoring and evaluation of the FGM act 2010 that was passed to convict and arrest those who involve themselves in the practice since it's now illegal to have it being practiced.

More resources have been mobilized to enable the continuation of the campaign and expand the interventions considering the deep rooted nature of FGM/C.

There is a strategy to extend education and health facilities to the inaccessible areas. This has been done critically to achieve a change that is one of the major objectives.

Partnership and networking has been expanded at both national and international levels to help fight this practice.

Findings also indicate that research is still on process to really understand why in some areas, FGM/C is still becoming a menace. Persistence on FGM/C is also being researched on to ascertain reasons behind all this. Promoting girl child education immediately after universal primary education level

There is continued sensitization especially on newly married young girls in remote areas to the level that every Sabiny gets a personal conviction that FGC is harmful and must be stopped. Use of local media and advocacy campaigns in doing this.

There is also an advocacy for conduct of an FGC national baseline survey to enable REACH extend her activities to other districts where Sabiny and other communities that practice FGC reside.

The findings above indicate that girls and women are of great importance to a community in that they are a source of development, educating girls and women reduces gender inequality (stereotyping) on women, it also empowers women to take part in other activities that promote development, women also become prestigious and gain fame in the community, they are also respected when they are educated, the education that they acquire will promote motivation for others to focus on development other than marriage and non-beneficial acts as a result of FGM, educating girls and women narrows the gap between the rich and the poor among others.

## **CHAPTER FIVE**

### **SUMMARY DISCUSSION, CONLUSSION AND RECOMMENDATIONS**

#### **5.0 Introduction**

This chapter presents the summary, discussions, conclusions and recommendations made based on the study findings. They were made basing on the research questions. It also gives areas of further study.

#### **5.1 Summary discussions**

From the researcher's topic of study which was centered on the relationship between female genital mutilation/cutting and the girl child education. This was done in Suam Sub County, Bukwo district. Although this process of collecting data hasn't been easy, I am glad to report that the findings of the research were vital as stipulated in the objectives of the study.

The purpose of this study was to understand whether there exists a relationship between Female Genital Mutilation and the girl child Education genital mutilation can affect girl child education in Suam sub county. Although other factors can lead to low levels of education of girls, FGM has been rated to be one of the most inhuman practice in the researcher's area of study intended by practitioners yet they do not focus on the negative effects that the practice might impart if by luck, can cause temporal effects or permanent effects if worst comes to the last.

Therefore the practice was found out to be very significant in promoting low levels of education as in Table 2 with a percentage of low grade levels that is primary level with a percentage of 50% that 25 out of 52 selected respondents in the researcher's area of study because of high rates of school dropout after the initiation process in that young school going girls feel, traumatized, humiliated, discriminated and ashamed at school and end up having low self-esteem as observed in Table 4, where 50% percent reacted endorsing the fact that FGM has caused high rate of school dropout affecting the girl child negatively in that her dream of studding is shattered after leaving school in favor of cultural norms and values of the society hence having a negative relationship between the two variables.

As observed in table 3, the researcher found out that there was a great relationship between Female Genital Mutilation and the girl child education in that the highest number of respondents Of 38% Of women seconded that a relationship exists between the two variables from the area of study in that they aired out frankly that young girls after FGM were crossed over to womanhood at a teenage age of which they were still young to deserve to be called parents but pulled out of school to be circumcised as demanded by the culture of which most of them ended up in over bleeding ,permanent scars and even death of which hindered the progress of the girl child education and also the delay at home with the hope of the cut parts recovering yet they keep missing a lot at school and thus poor performance which makes some of them leave school and resort to marriage cutting short the future hopes of improvements in performance as far as academics are concerned thus there exists a negative relationship between the FGM practice and the girl child education.

The research also as analyzed showed that most of the girls were influenced by their fellow colleagues/peers , cultural demands, families among others to be circumcised in order to suit the society since realized that the uncircumcised were usually called girls, not allowed to climb the granary nor speak in public due to the fact that they have not underwent the traditional cultural norms and values of which some of the school going girls end up into FGM which eventually results to adverse impacts like early marriages hence this end up frustrating the education of the girl child since the probability of studying are on a minimal scale but end up in household pressures from all spheres of life and no time for books.

As observed in table 2,the researcher found out that most young girls were the majority who underwent FGM due to their low level of education with a representation of majority 25 thus 50% respondents having reached primary seven since they left school at an early age with 37% in table 4 and a few kept on with studies showing an adverse setback of FGM on especially young girls who could not stand on their grounds and refuse to be cut but submitted to the pressures from the cultural obligations ,peer groups, witch craft influence among others with percentage of low retention and enrollment rate of 53.8% in schools and shortly graduated into marriage leaving school at a younger age of which eventually could sometimes fail to give birth because her reproductive organs with 29% respondents admitting it in table 4 having not expanded to the expected size which claimed the life being supported by a percentage of 57.6% death impact of

the victim when worse got to worst affecting the girl child's education negatively emanating into increased rates of illiteracy , high spread of sexually transmitted diseases[48% in table 4], poverty[53.8% in table 4] and over population leading to land fragmentation due to the fact that the illiterate young married girls may not be well versed with family planning programs because they left school before acquiring that knowledge hence un employment and under development of the area of study, nationally and internationally.

Currently, over  $\frac{3}{4}$  of the total population in this area of study adhere to the fact that FGM/C is an inhuman practice with no vital benefits and therefore, should be abolished. They further suggested that REACH programs are necessary to be employed if the education of the girls and women is to be developed against extremely negative impacts of FGM in the region like death, forced and early marriages single parenthood due to irresponsibility that may result to divorce as a result of the challenges in marriages.

The most important activities to be improved as a result of the FGM grievance in the area of study include; sensitization of the public on the effects of FGM/C on girl child education, law enforcement against FGM/C practitioners, engaging religious people in order to contribute to the fight against the practice. Other organizations like UNFPA, WALLACE foundation, UNICEF among others have, and are willing to contribute to the fight against this barbaric practice since it results to child abuse, under development, marriage breakups due to early marriages in the society which retards the growth in the regions practicing the FGM.

As a result of this practice, there are some challenges that could have affected some of the women who went through the cutting for instance, "some of the women who were mutilated are wondering whether from the medical point of view, there is a possibility of them being assisted with parts similar to what they lost. Some men already married to circumcised women now realize the difference and prefer going with the uncircumcised. In such cases, there is a big risk of marriages breaking up.

## **5.2 Conclusion**

FGM/C has been a very complex and sensitive human rights issue to bring in to the open. Breaking the silence on the practice through the contributions of individuals, feminists, non-governmental groups and international organizations such as the United Nations has been very



painful. FGM/C reminds of the history of the human rights actions such as the ant-slavery movement and recently the anti-apartheid movements. Uprooting FGM/C in traditional societies will come at the same cost.

Action has to be taken at different levels to abolish FGM/C. everybody has a contribution to make in one form or the other. The greatest achievement of all is to empower African women to lead the campaign themselves and much credit goes to the international NGOs for emphasizing this need. The researcher suggests that the need to abolish this practice has just begun and therefore, there is a lot to be done to bring about change at grass root level. The success of the anti- FGM/C campaign will demand better networking and solidarity. Genital mutilation of girls is a human problem of good will. There is a great need to involve political, social, and economic as well as the community leaders in order to have this practice eradicated to zero percent.

### **5.3 Recommendations**

It's important to realize that the battle to eliminate FGM/C is a process that starts with sensitizing parents and community leaders about the negative health impact of the practice on girls and women's health. It's however unrealistic to expect major universal changes in a short time. Such changes would occur only over several years, in response to public education campaigns that are sensitive to the existing social and cultural norms of conservative communities.

Never the less, through increased funding to governmental health care, agencies of education and training of health care practitioners , increased public education, efforts by NGOs and other entities and sensitive but informative campaigns, this practice can be gradually eliminated in time. The campaign should be taken to conservative rural areas via governmental health care practitioners at rural areas and also educating the community with efforts from NGOs.

The government is urged to stop and prohibit FGM/C wherever it exists and to give serious support to efforts among non-governmental and community organizations and religious institutions to eliminate the practice.

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## APPENDICES

### Appendix I: Questionnaire

Dear respondent,

I Musobo Daniel is a third year student of Kampala International University pursuing a bachelor's degree of Arts with education caring out a research on the topic; relationship between female genital mutilation on the performance of girl child education in Suam Sub County, Bukwo district.

This questionnaire is purely for academic purposes and information will be kept confidential.

#### PART. A: GENERAL INFORMATION

1. Where do you stay?

.....

2. What do you do currently or before?

.....  
.....

3. For how long have you been in what you do?

.....  
.....

4. Sex

Male ☐ Female ☐

5. In which age bracket are you in

(10-17) ☐ (18- 40) ☐

Others

specify.....

.....

6. Education level

Diploma ☐ Degree ☐

Masters ☐ Postgraduate ☐

Others

specify.....

.....

## PART B

7. Is FGM/C as a cultural activity practiced in your locality?

Yes ☐ No ☐ Not Sure ☐

If yes, do you admit its existence?

Strongly agree ☐ Strongly disagree ☐

Agree ☐ Disagree ☐

8. Is there any way in which FGM/C is beneficial to you? If yes mention

.....

.....

.....

9. Do you value girl child education?

Yes ☐ No ☐ Not Sure ☐

**PART C**

10. What are the types/forms of female mutilations that are practiced in your community?  
.....  
.....
11. How important is FGM/C to your community?  
.....  
.....
12. What are the effects associated with female mutilations on academic performance of girls and women?.....
13. Do you think FGM/C can affect the level of education in girls and women  
Yes ☐ No ☐ Not Sure ☐
14. According to your view is there any relationship between FMG and the performance of female sex at schools?  
.....  
.....
15. Why is FGM practiced generally in your community?  
.....  
.....
16. What recommendations can you give to those who are supporting the practice?  
.....  
.....
17. What recommendations can you give to those who are against the practice?  
.....  
.....

**THANKS FOR YOUR TIME**

**Appendix II: Budget**

<b>Item</b>	<b>Cost (UGX)</b>
Stationary and other related costs	50,000
Transport	100,000
Communication	10,000
Photocopy	10,000
Type, setting and binding	80,000
Internet	10,000
Miscellaneous	50,000
<b>Total</b>	<b>310,000</b>

### Appendix III: Timeframe

	April	May	June	July	Aug	Sept
Proposal writing						
Data collection						
Data analysis						
Submission						