

**FEMALE GENITAL MUTILATION AND GIRL CHILD
EDUCATION IN SELECTED SCHOOLS
NAMANGA DIVISION, KAJIADO
DISTRICT, KENYA**

**A Research ~~Proposal~~ Submitted to the Institute
of Continuing And Distance Studies in Partial Fulfillment
of the Requirements for the Award of Bachelor of
Education Degree at Kampala International
University**

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DECLARATION

This is my original work and has not been presented for any study program in any other university and I forward with the remarks that the contents are genuine.

Date 25.8.07

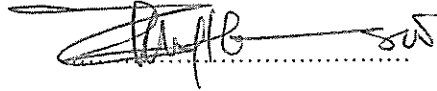
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JACKLINE NKAMALO KOIN

APPROVAL

This research proposal has been submitted for approval to the Faculty of Education Kampala International University.

Signature



Name of supervisor

Mr. Ssemugenyi Fred

Date

17/09/2017

DEDICATION

This project is dedicated to my daughters Stephanie Sion and Melanie Lato who look up to me as their sole role model; and to all daughters of maa, whose respect and thirst for knowledge is the driving force behind this effort.

To the daughters of maa, that they may seek formal education which will lead to their empowerment, and that they may love their culture, but abandon the retrogressive ones.

ACKNOWLEDGEMENT:

One can pay back a loan of gold but one dies forever in debt of those who are kind. I am deeply indebted to a number of people through whose help and encouragement the work embodied here was made a success.

First, I want to thank Mr. and Mrs. Henry Njeru who in addition to nurturing my interest in education provided immense help which was crucial to the completion of this work .To them I will ever be grateful.

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DEFINITION OF KEY TERMS

FGM – Female Genital Mutilation

ASAL –Arid and semi Arid Lands

ARP - Alternative rite of passage

AIC – African Inland church

MOH/GTZ ministry of health / German Technical Cooperation

WHO – World health organization

ACK – Anglican church of Kenya

FAWE- Forum for African women educationalist

KDHS – Kenya Demographic and health survey

KAP- Knowledge, Attitude and practice

TBA – Traditional Birth Attendant.

CHAPTER ONE

Introduction

BACKGROUND OF THE STUDY

Female genital mutilation ,also known as female circumcision ,is a deeply entrenched practice in most African communities .According to the World Health Organization ,FGM refers to all procedures that involve partial or removal of the genitalia and /injury to the female genital organs for cultural or any other non-therapeutics reasons (WHO 1995) .The WHO has classified FGM into four types :

- i) Type 1 or Clitoridectomy :Excision of the prepuce ,with or without excision of or the entire clitoris
- ii) Type 11or Excision of the prepuce and clitoris together with partial or total excision of the labia minora.
- iii) Type 111 or infibulations :Excision of part or of the external genitalia and stitching /narrowing of the vaginal opening .
- iv) Type iv or unclassified :Pricking ,piercing or excision of the clitoris and / or labia ,stretching of the clitoris and /or labia ,cauterization, scraping or introduction of corrosive substances into the vagina or any other procures falling under the definition of FGM as ,given by the WHO .,

2- The origin of FGM is unknown but the practice has been perpetuated from one generation to the next since time immemorial .With the Scio-culture contexts ,initiation of girls through circumcision marks the rite of passages from childhood to adulthood ,enhances social acceptance as well as induction on societal expectation to the initiates .The practice also accords the circumcised girls marriage -ability status in

the community .Among the Somali community ,FGM aims at ensuring preservation of virginity until marriage .

According to the Kenya National Plan of Africa for the Elimination of FGM 1999-2019 developed by the Ministry of Health in collaboration with other stakeholders, female circumcision is practiced to lie at 32% for women aged between 15 and 49 years, and this indicates a decline from the KDHS (1998), which had estimated it at 38%, though the latter excluded the North Eastern province. The prevalence among different Kenyan ethnic groups is presented in Table 1

Table 1: Prevalence of female circumcision among Kenyan ethnic groups

ETHNIC GROUP	PERCENT
Kisii	96.2
Maasai	93.9
Kalenjin	48.6
Taita / Taveta	62.1
Meru /Embu	41.2
Kikuyu	32.6
Kamba	26.9
Miji kenda /Swahili	5.1

FGM in Kajiado District—Findings of a Baseline Survey.

Western education was introduced in Kenya by the missionaries. These early missionaries trained Africans to help them evangelize effectively. Basic education was offered to them, as it was perceived to be an important tool to achieve this end.

The colonial government began to take an active role in education as from 1911 and it was able to venture where missionaries could not make an impact like in the ASAL regions.

For all the period before independence Kenyan education was given along racial lines with the European education being superior.

The period after independence witnessed the mushrooming of schools and education for all became the slogan of the new state. However notable inequalities did continue to exist based on gender religion, class and gender.

Religion inequalities were a direct reflection of the impact and extended of European settlement. The ASAL regions otherwise known as frontier areas experienced negligible or no missionary look thereby lending to non-development in education in these areas. The regions were referred to as closed districts, dry, inhospitable and unproductive communities mainly were maasai, Turkana, somali, pokot and samburu amongst others.

Sex inequality on the other hand is both a continuation of colonial legacy as well as conservative traditional practices and biases concerning role of men and women in society.

The concern for education equality may be traced way back and can be measured by the number of girls completing primary education and getting secondary education.

According to Kenya colonial and protectorate in 1950, a group of women educationalists attending a conference in Limuru, Kenya

directed their concern to the small number of girls completing primary school level and getting to secondary schools.

The Gachathi report 1976 confirmed the existence in inequality by stating:-

Imbalances of access to education opportunities exists in the country (Kenya) between provinces caused by historical, social, economic, cultural and environmental factors.

Imbalances also exist between sexes with the education of men being more pronounced. Beliefs and prejudices held by people regarding the role of women in society such traditional beliefs and practice that causes this imbalance is FGM- Female Genital mutilation among the maasai of kajiado Kenya.

Female circumcision is still deeply entrenched among the communities. Apart from this practice posing medical complications, it also threatens to limit the girls education thereby making bleak the ministry of education science and technology's vision of "Education for all".

STATEMENT OF THE PROBLEM

It falls upon the role of the educator to look into malfunctioning of the education system and identify the main hindrances towards the achievement of educational objectives. He should establish the main factors affecting the way children are enrolled and retained until completion, performance and their interest with the view to alleviate the problem.

The children's Act 2000 cap 586 is a law enacted to promote the well being of children in Kenya. The Act is a merger of the repealed guardianship of infants Act, Adoption Act and young person's Act, which have been harmonized and updated.

The Act addresses the rights a child is entitled to and the role of the government and parents in protecting these rights.

These rights are contained in the United Nations conventions on the Rights of the child and the African charter on the rights and welfare of the child ; which the government has committed itself to. the children Act was made law in Kenya in the year 2000.

The Act states that children have a right to education. Both the Government and parent are responsible for providing education. It further states that every child is entitled to free basic education which is compulsory in accordance with Article 28 of United Nations convention on the right of the child.

The Act also states that nobody should subject a child to female
} – circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development.

This withstanding the practice of FGM is not only widespread in Kajiado but is also affecting the children's Education. Yet there appears to be a general Apathy and acceptance of this situation over the years as "normal" but serious efforts must be made to readdress the situation because it bears grave consequences to the community and the nation. By continuing to allow girls to be exposed to FGM we are creating under-development not only of the individual but of the nation as a whole.

OBJECTIVES OF THE STUDY

General Objective

The purpose of this study is to bring to light the effects of FGM on the girl child education. In particular it seeks to find a correlation between girl's admission, retention performance and the practice of FGM.

Specific objectives

- 1) Examine the prevalence of FGM among Primary school girls and its effects on their education.
- 2) To identify the girls attitude towards their education after FGM.
- 3) To examine early pregnancies and early marriage in relation to FGM.
- 4) To examine girls' health in relation to FGM.

SIGNIFICANCE OF THE STUDY

It is my hope that the research findings of this small scale study will not only bring positive change in the performance of girls but also increased admission and retention of the girl child in school until completion of at least basic level (primary and secondary schools) through the reduction of this practice (FGM) as a rite of passage I hope also that the findings will provide a basis for informed decisions making on how to sensitize the community of the need to change to alternative rites of passage that do not interfere with girls education.

CHAPTER TWO

RELATED LITERATURE REVIEW

Introduction

Female circumcision has been a subject of debate for quite some time and thus comprehensive literature on it does exist. The purpose of this chapter is to give a brief literature survey on this issue and to shed more light on it by incorporating the results of various research findings which have provided vital information.

Prof Amandina Lihamba, one of FAWE founders (December 2005) says that girls exist within inequalities that are a result of the gender construct in society systems, practices, values and attitudes held and reinforce gender oppression and discrimination. She says that socialization not only perpetuates these, but also reinforces the disempowerment of women and girls, whose status is deemed inferior to that of men and boys

The consequences are that girls tend to be made to feel unequal and thus their performance is not always equal to their abilities. The disempowerment is especially evident in the education system, where many girls show lack of confidence, courage and skill to achieve academically and socially.

Attitude of community on uncircumcised

In a FAWE workshop that took place in (Oct, 2005) Athwana, Meru District, Kenya retrogressive cultural practices and certain rites of passage such as female genital mutilation (FGM) as challenges that

hinder the social and academic development of the girl child were investigated. The following findings were realized:- That the parents are the ones who make the arrangements for FGM. It was also established that soon after this practice the girl are considered ready for marriage, because their parents (especially fathers) want bride price (dowry). Poverty was also identified as the reason why girls are soon married off after this rite of passage.

Girls from communities that practice FGM discriminate against and look down upon girls who haven't undergone this practice so girls themselves demand to be circumcised.

Lack of respect for elders was found to be exhibited by initiates since they believe they are already grown-ups.

→ The initiates also engage in sexual acts at a tender age soon after FGM.

Outdated practice

Collins wanderi in the daily nation June states that those who practice FGM do it from a point of ignorance. To these people information on the physical and psychological effects is not readily available (in many parts of Africa). He says that the practice is based on strange and outdated cultural beliefs. Many men who support FGM have never had the chance to really appreciate the physical harm that is inflicted on the women who undergo it.

He however does not agree that the children's Act (Act No 8 2001) will help reduce the prevalence of this practice in Kenya. He says criminalizing a long standing cultural rite only makes circumcisers go underground.

He says that the best approach for combating this practice is massive public education of both men and women in the communities that practice it, experience and research, according to wanderi, have shown that a law that is bereft of any moral content lacks the force of legitimacy to elicit voluntary compliance. Public education therefore will help these communities understand and appreciate the health and psychological implications of the harmful practice. Only then will they voluntarily comply with the provisions of the children's Act.

Prevalence of girl circumcision

According to the findings of abaseline survey Dec 2005 carried out by GTZ and the ministry of health Kajiado, Kenya, it is observed that the prevalence of circumcision increases with age up to 17 years; but surprisingly drops at 18. The more educated a girl is, the less likely that she is to be circumcised, as well as the more educated the mother is, the less likely that her daughter is circumcised. Whether the mother was dead or a live did not show major differences in whether a daughter is likely to be circumcised; however, the daughters of fathers who were deceased showed a higher prevalence of being circumcised. Finally, the older a mother is, the more likely that her daughters are circumcised

Table 1: Prevalence rate of circumcised girls (12-18 yrs) by selected background characteristic of father and mother.

characteristic	Circumcised	N
Age-group		
<16 yrs	57.4	115
16 yrs	73.1	26
17 yrs	80.0	10
18 yrs	71.4	21
Level of education		
No Education	68.8	32
Primary	63.0	127
Secondary+	46.2	13
Religion		
Catholic	57.9	19
Anglican	42.1	19
Pentecostal	55.6	63
AIC	75.9	29
Lutheran	90.0	10
Muslim	100.0	4
Other	69.0	27
Father alive		
Yes	62.2	139
No	76.7	30
Mother alive		
Yes	63.0	162
No	60.0	10
Mother's age		
25-34	53.6	28
35-44	51.1	45
45-54	71.9	32
55+	90.0	10
Mother's education		
No Education	72.9	118
Primary	42.1	19
Secondary+	29.2	24
Total circumcised	62.8	172

GTZ/MOH: Baseline survey

Person deciding on the circumcision of girl

According to findings on who decides that a girl be circumcised, the majority (71.3%) said that their fathers made the decision to circumcise them, closely followed by the mother (64.8%). Those who claim to have made the decision themselves is (16.7%) followed by grandmothers at 14.8%

Table 2: Person deciding on the circumcision of girl by selected background characteristics of the girl.

Characteristics	Self	Father	Mother	Grand mother	Grand-Father	Uncle	Aunt	Other	N
Age									
<16 yrs	16.7	71.2	62.1	10.6	09.1	04.5	01.5	01.5	66
16 yrs	10.5	73.7	63.2	15.8	05.3	05.3	00.0	05.3	19
17 yrs	25.0	62.5	62.5	25.0	00.0	00.0	00.0	12.5	8
18 yrs	20.0	73.3	80.0	26.7	13.3	06.7	06.7	00.0	15
Level of Education									
No Education	27.3	59.1	59.1	18.2	13.6	00.0	00.0	00.0	22
Primary	15.0	73.8	63.8	12.5	06.3	05.0	01.3	03.8	80
Secondary+	0.0	83.3	100.0	33.3	16.7	16.7	16.7	00.0	6
Religion									
Catholic	27.3	54.5	45.5	18.2	09.1	00.0	00.0	00.0	11
ACK	12.5	87.5	50.0	00.0	12.5	00.0	00.0	00.0	8
Pentecostal	22.9	60.0	77.1	20.0	11.4	05.7	00.0	09.9	35
Other/ No Religion	00.0	81.8	63.6	18.2	04.5	04.5	00.0	04.5	22
Religion	18.8	78.1	62.5	09.4	06.3	06.3	06.3	03.1	32
Total	16.7	71.3	64.8	14.8	8.3	4.9	1.9	2.8	10

GTZ/MOH: Baseline survey

On why the community practices FGM, according to qualitative data, female circumcision is a very important rite of passage, which has been propagated by the maasai community for a very long time. The main reason why it has survived is that it is a traditional practice with

deep cultural significance and ideally all maasai women are circumcised. It gives women an identity and a sense of belonging

Person performing circumcision

The study found that the most common person performing the circumcision is the traditional practitioner (74% for both girl and mothers) Although it is illegal for health personnel to perform female circumcisions, the proportion of trained nurses and physician doing so in kajiado is very high.

Table 3. Person performing circumcision and instruments used

Person performing	Girls	Mothers
TBA	02.8	07.4
Doctor	11.1	09.5
Traditional practitioner	74.1	74.0
Trained Nurse	11.1	07.4
Grandmother	00.1	01.2
Other	-	00.4

Instruments used		
Own Razor	72.2	57.2
Shared Razor	01.9	07.8
Scalpel	15.7	15.2
Knife	00.9	20.6
Used surgical gloves	10.2	06.6
Other	06.5	02.5
N	172	284

GTZ/MOH: Baseline survey

Reasons why FGM should continue or not

When asked whether FGM should continue or be stopped, most respondents across all categories said it should stop. Generally, parents were less supportive of abandoning FGM than the younger

people, with 49% of fathers, and 40% of mothers saying that it should continue. A large proportion of the girls (70%) and boys (67%), and 45% of fathers and 51 of the mothers said the practice should stop.

Table 4: Reasons why FGM should continue or not

FGM should continue	Boys (N=145)	Girls (N=40)	Fathers (N=95)	Mother(N=119)
Good tradition	57.8	75.0	81.1	81.5
Important rite	54.7	30.0	50.5	51.3
Brings honor to girl	21.9	45.0	41.1	40.3
Gifts are received	00.0	05.0	03.2	01.7
Improves fertility	01.6	02.5	00.0	00.0
Learning opportunity	01.6	00.0	02.1	01.7
Other	23.4	15.0	10.5	15.1
FGM should NOT continue	(N=64)	(N=123)	(N=87)	(N=145)
Medical complication	41.0	42.3	43.7	33.8
Painful experience	16.5	48.8	33.3	46.2
Against human rights	07.2	15.8	04.6	13.1
Limits education	19.4	24.4	25.3	18.6
Against religion	15.8	37.4	36.8	36.6
Bad tradition	25.2	30.9	23.0	24.1
Might lead to infertility	00.7	01.6	01.1	00.7
Has lost significance	63.3	65.0	65.5	63.9
Learnt about ARP	02.2	05.7	01.1	06.2
Other	22.0	11.4	17.2	15.2

GTZ/MOH: Baseline survey

The finding in the table below indicate that all categories of respondents are more likely to want FGM to stop, if they have knowledge on the health, psychological and social problems associated with FGM. Most respondents (over 90% overall) who thought that FGM contravenes women's and girls rights did not want the practice to continue, compared with those who did not think it contravenes the rights of women and girls

Table 5: Whether FGM should continue by knowledge of any health, psychological, and social problems associated with FGM

FGM should stop or continue	Boys N=209		Girls N= 172		Fathers N=193		Mothers N= 281	
	Yes	No	Yes	No	Yes	No	Yes	No
FGM should continue	16.5	41.5	15.5	35.8	16.0	73.9	20.7	61.9
FGM should stop	83.0	54.0	84.2	64.2	79.0	20.1	74.3	30.1
Don't know/No opinion	0.0	4.5	0.3	0.0	4.9	6.0	5.0	7.0
	X=20.953 P=0.000		X=12.326 P=0.006		X=68.421 P=0.000		X=56.056 P=0.000	

GTZ/MOH: Baseline survey

Future intentions to circumcise daughters

When the youth was asked whether they intend to circumcise their future children, around two-thirds of the boys and girls said no, indicating that there might be a change in attitude taking place.

Table 6: Future intentions to circumcise daughters in percentage by clusters

Site	Boys		Girls	
	Yes	No	Yes	No
Kajiado	67(32.1)	129(61.7)	42(25.0)	116(67.4)
Oluturoto	18(29.0)	39(62.9)	14(26.9)	35(67.3)
Osilalei	20(55.6)	14(38.9)	9(39.1)	8(34.8)
Township	29(26.1)	76(68.5)	20(20.6)	73(75.3)

GTZ/MOH: Baseline survey

Perceived differences between circumcised and uncircumcised girls

On the perceived differences between circumcised girls, A higher proportion of mothers 43% and fathers 40% reported that there were some differences between circumcised and uncircumcised girls in the maasai community. All categories of respondents though that circumcised girls are better than uncircumcised girls.

CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

The focus of this chapter is on where and how the research was carried out. It therefore gives a brief description of the design and locale the study, research instruments used and collection and analysis techniques.

Design

This is a case study. Descriptive research design will be used respondents will give their views and describe reasons for the views they hold. This will be explained through analysis by quantifying respondents views.

Environment

This is essentially a case study focusing on a small area that will probably optimize the problem on a much larger geographical extend. The area of study is Namanga division of kajiado district kajiado is one of the ASAL districts and the inhabitants are mostly pastoral maasai. However, it's sedentary settlement exists in form of towns. The research was done along the tarmac from Namanga (on the southern part that borders Tanzania) to around kajiado (towards Nairobi). On the north, the area occupies a narrow stretch of geographical area, with a spatial distribution of schools understudy is mostly linear patterned thus by the Nairobi- Namanga road. The distribution of schools on this area is generally sparse.

SCOPE:

Namanga Division is one of the seven divisions of Kajiado district .It lies on the southern part of the district boarding Tanzania .It covers an area of 200 square kilometers .There are two education zones in Namanga division .Namanga zone and Iibissil zone .

Namanga zone has thirteen schools; while there are eleven schools in Iibissil zone .I based my study on Iibissil zone. .I chose five schools out of the eleven; one was a mixed boarding school while four were day primary schools.

Each of the schools is estimated to have a total of two hundred pupils, half being girls .I randomly sampled out 20 girls from each of the schools to represent the 100 girls.

These schools were sample for their suitability since they are situated along a tarmac road –Nairobi –Namanga road.

The research project was done from the month of April 2007 to August 2007

Respondents/ subjects/ participants

In this study 5 primary schools and a total of 20 teachers were sampled 100 students (girls) as respondents as well:- The primary schools are mixed day except one which is a boarding school.

The schools sampled were selected for their suitability and not for their special characteristics.

The girls were selected by random sampling. They range from primary 5 to primary 8. At least 5 teachers were selected from each school.

Instruments

The research instruments used were questionnaires. Two different questionnaires were used; students and teachers. The students questionnaire was basically designed to probe the prevalence of the practice and their attitude on their future prospects after the practice.

Similarly the teachers questionnaire is designed to investigate the perceptions of teachers on the practice and how it influences retention until completion and the girls performance after FGM.

CHAPTER FOUR

DATA PRESENTATION

Introduction

In this chapter the data obtained through the use of research instruments (Appendix I and II) has been organized and arranged into comprehensive format indoors to facilitate drawing sense and meaning from it. Consequently conclusion and possible interpretations are presented for each issue as permitted by the emergent pattern of data. The responses obtained from teachers and pupils (girls) coalesce to bring about a general conclusion deemed valid for the testing of hypothesis. In the research five primary schools provided a total of 100 girls. But only 75 of the questionnaires were dully filled and returned. Responses were obtained from 19 teachers out of 20 targeted.

FINDINGS OF THE STUDY

Prevalence of FGM

In order to measure the prevalence rate of FGM among girls aged between twelve and eighteen all from the local ethnic group (Maasai) were asked whether they have undergone the practice.

This study revealed that the overall prevalence of FGM is 58.67% among girls aged 12-18 yrs. This indicated a notable decrease in the prevalence of the practice since in a 2005 GTZ MOH baseline survey conducted in 2005, the prevalence stood at 62.8% for girls aged (12-18 yrs). This could be because there were a few incidents where girls have refused to be circumcised. With the rise in literacy level and

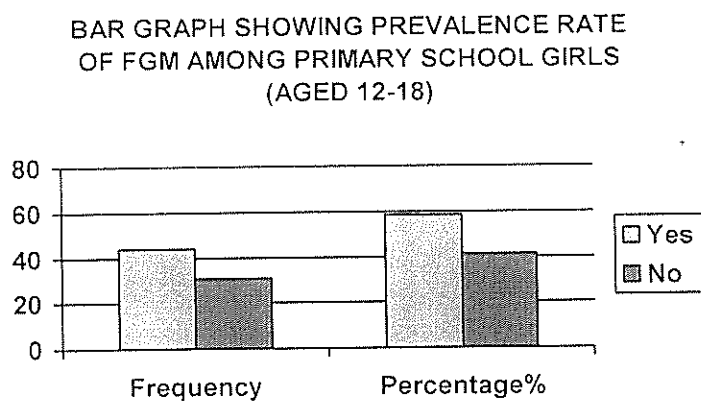
religious mainly the educated and committed Church followers do not circumcise their girls.

TABLE 1.1 Prevalence of FGM among primary school girls (aged 12-18)

Response	Frequency	Percentage%
Yes	44	58.67
No	31	41.33
Total	75	100

Source: primary data (girls' questionnaire)

Fig1.1



Girl's attitude towards their education after FGM

Who decides that a girl be circumcised

According to the findings recorded in Table 2, 43.18% of the girls were circumcised because it was their fathers' decision. Surprisingly 43.18% also indicated that they decided to be circumcised themselves. There is a perceived difference between circumcised and uncircumcised girls. Circumcised girls are perceived to behave decently. This may lead the girls to demand for circumcision themselves (according GTZ/MOH Baseline Survey '05). 9.1% of the girls claim that mothers decided for them while 4.54% underwent circumcision after other relatives decided it for them. Peer pressure could also be blamed for this.

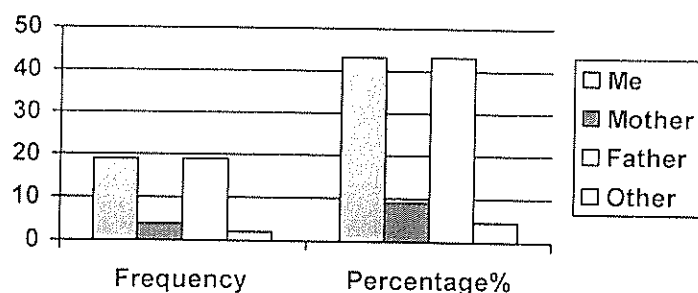
TABLE 1.2 Who decides that the girl be circumcised

Response	Frequency	Percentage%
Me	19	43.18
Mother	4	9.1
Father	19	43.18
Other	2	4.54
Total	44	100

Source: primary data (girls' questionnaire)

Fig 1. 2

BAR GRAPH SHOWING WHO DECIDES THAT THE GIRL BE CIRCUMCISED



Whether girls improve or drop academically after FGM

A significant drop in academic performance was realized among girls who have just undergone the FGM in this study.

Performance was measured by comparing of 3 terms before and after the practice.

In one term after the girls had undergone the practice 68.18% had dropped academically while 20.45% showed improvement.

In two terms after FGM 72.72% dropped academically while 15.9% had improved.

Also in three terms after the practice 68.18% of the girls had dropped academically compared to 20.45% who had improved.

Remarkably there was an overwhelming drop in all terms after FGM compared to before the practice.

FGM is performed as a rite of passage from childhood to adulthood. The passage therefore is characterized by both change in behaviour and change in family roles. "Circumcision is a passage to marriage and sex for children. So as soon as a child is circumcised, the community says yes, she is circumcised and let her get married" [Women leader] GTZ/MOH 2005.

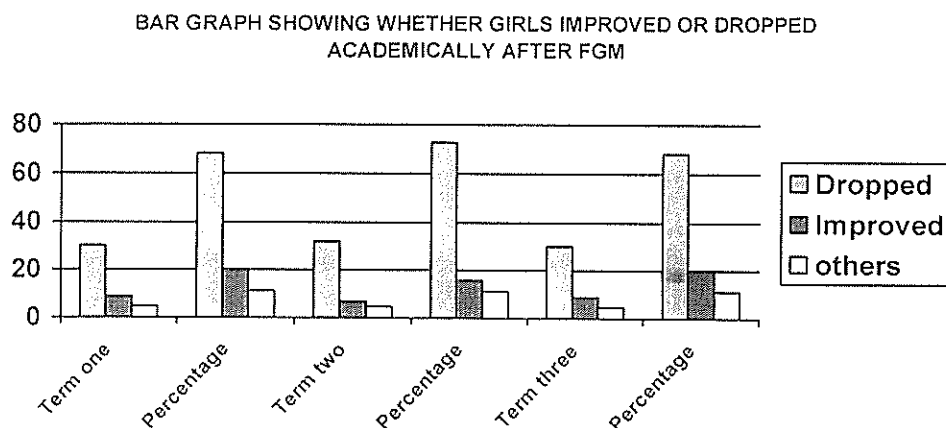
This sexual activity among the girls could be one of the factors that lead to deterioration of academic performance. In the family, they are often viewed as grown-women. The don'ts especially regarding their relationship to boys reduce. This gives the girls an attitude that their future is destined for marriage and not for studies. They therefore get busy looking for prospective suitors.

TABLE 1.3 Whether girls improve or drop academically after FGM

Item	Dropped	Improved	Others	Total
Term one	30	9	5	44
Percentage	68.18	20.45	11.36	100
Term two	32	7	5	44
Percentage	72.72	15.9	11.36	100
Term three	30	9	5	44
Percentage	68.18	20.45	11.36	100

Source: primary data (girls' questionnaire)

Fig 1. 3



Whether FGM leads to poor academic performance

68.42% of the teachers agreed that FGM leads to poor academic performance. 15.8% strongly agreed that the practice leads to poor academic performance. 5.26% disagreed, while 5.26% strongly disagreed that FGM leads to poor academic performance. This proves earlier findings (GTZ/MOH '07) that girls (68.18%) dropped academically after FGM.

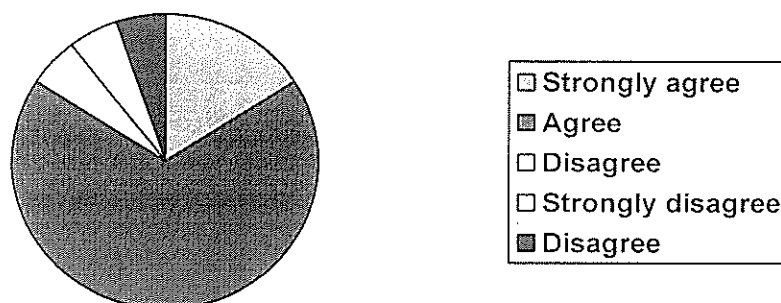
TABLE 1.4 Whether FGM leads to poor academic performance

Response	Frequency	Percentage%
Strongly agree	3	15.8
Agree	13	68.42
Disagree	1	5.26
Strongly disagree	1	5.26
Others	1	5.26
Total	19	100

Source: primary data (Teachers' questionnaire)

Fig 1.4

PIE CHART SHOWING WHETHER FGM LEADS TO POOR ACADEMIC PERFORMANCE



GTZ/MOH findings concur with these though they did not examine the extent to which FGM affects girls performance they found that the relationship between the girl child education and FGM is clear.

Whether teachers wish to circumcise their daughters

63.20% of the teachers said they would not circumcise their daughters while 31.60% said they would.

5.20% implying one teacher was silent about the issue. He writes "I prefer to remain silent on this issue because the bible is also silent about it"

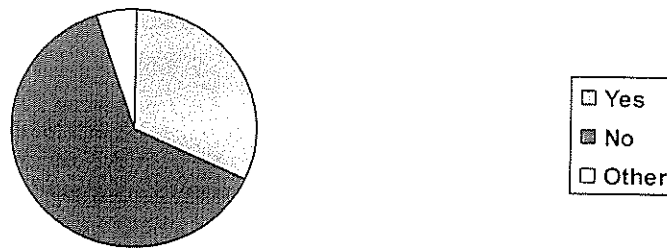
TABLE 1.5 Whether teachers wish to circumcise their daughters

Response	Frequency	Percentage%
Yes	6	21.60
No	12	63.20
Others	1	5.20
Total	19	100

Source: primary data (Teachers' questionnaire)

Fig 1.5

PIE CHART SHOWING WHETHER TEACHERS WISH TO CIRCUMCISE THEIR DAUGHTERS



These findings indicate that a majority of educated people (teachers in this case) will not circumcise their daughters. But there is still a significant number of the educated who will continue with the practice.

Whether FGM is a good tradition

This particular question intended to find out the girls attitude on FGM. This was to estimate whether prevalence is expected to be higher or lower in the next generation.

The majority of 57.33% strongly disagreed that FGM is a good tradition. 21.33% strongly agreed that it is a good tradition. 13.33% agreed that it is a good tradition while 5.33% disagreed. This is to say that majority of the girls do not consider FGM a good tradition. We however can not adequately use their opinion to project the prevalence of the practice in the future generation since it has already been established (refer to table 2) that it is the men (father) who decide that their daughters be circumcised. Most girls however don't seem to appreciate FGM. Some seem to have interacted with girls from other communities who have not undergone the practice and who are well educated and morally upright. "There are girls from other communities who are not circumcised and you see they are more developed than your community or your family, you then ask yourself a lot of questions and wish you went to school earlier because then

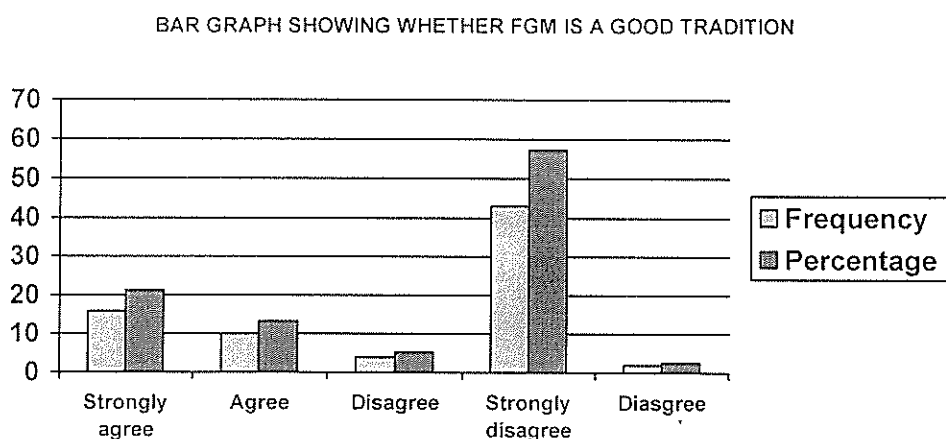
you would have not agreed to be circumcised” [School girl – GTZ/MOH Survey '05). Girls indicated that they found the practice very painful and given a second chance, they would not undergo circumcision.

TABLE 1.6 Findings whether FGM is a good tradition

Response	Frequency	Percentage%
Strongly agree	16	21.33
Agree	10	13.33
Disagree	4	5.33
Strongly disagree	43	57.33
Others	2	2.67
Total	75	100

Source: primary data (girls' questionnaire)

Fig 1. 6



Early pregnancy and early marriage in relation to FGM

Whether FGM lead to early pregnancy

63.16% of the teachers agreed that FGM leads to early pregnancy. 21.05% strongly agreed that the practice leads to early pregnancy, while 10.53% disagreed that it leads the practice leads to early pregnancy. None strongly disagreed that FGM leads to early pregnancy among school girls. This indicates that there is a correlation between FGM and early pregnancy. As earlier indicated, after circumcision girls interact freely with young men and indulge in sexual activity. Young

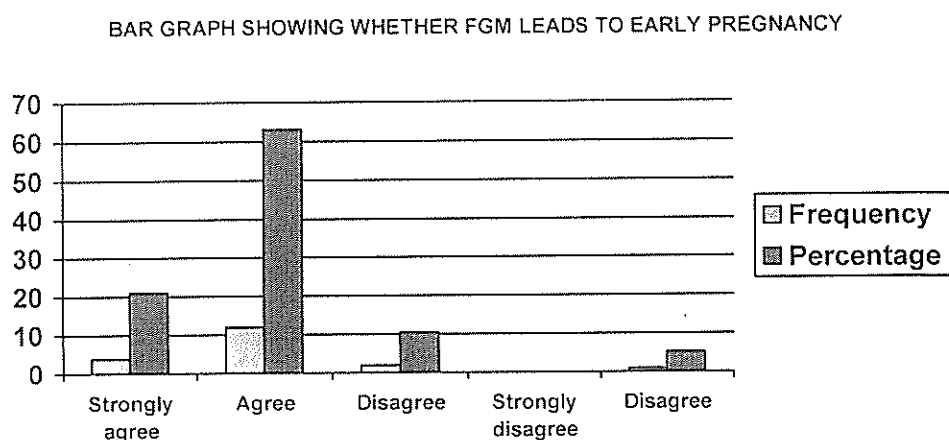
girls get their own hut for sleeping after the practice, young men freely visit them in their hut: No wonder the high % of girls getting pregnant. An idea proposed by one of the respondents is to construct a separate visitor' hut for visiting age mates. (Timothy Mbugua Global AIDS link '07). This is to ensure that the boys and girls don't sleep in the same hut.

TABLE 1.7 Whether FGM leads to early pregnancy

Response	Frequency	Percentage
Strongly agree	4	21.05
Agree	12	63.16
Disagree	2	10.53
Strongly disagree	0	0
Others	1	5.26
Total	19	100

Source: primary data (Teachers' questionnaire)

Fig 1.7



Whether FGM leads to early marriage

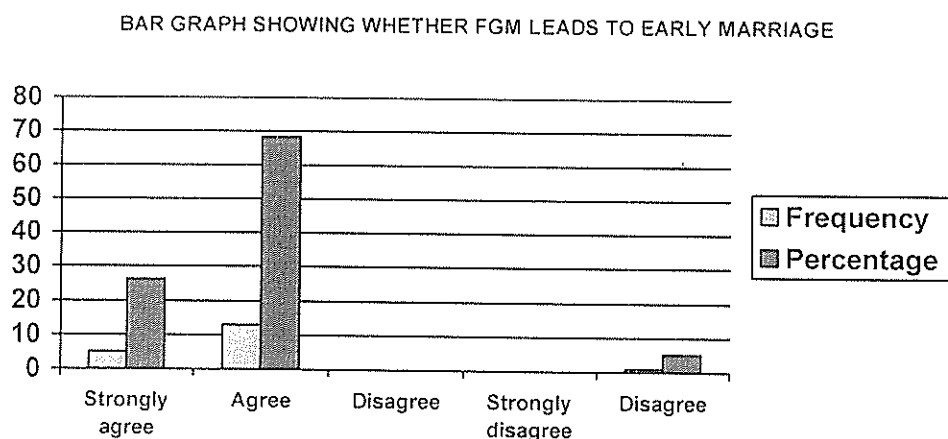
68.42% of the teachers agreed that FGM lead to early marriage. 26.32% strongly agreed that the practice leads to early marriage. None disagreed that FGM leads to early marriage. 5.26% avoided the question meaning they did not answer it.

TABLE 1.8 Whether FGM leads to early marriage

Response	Frequency	Percentage%
Strongly agree	5	26.32
Agree	13	68.42
Disagree	0	0
Strongly disagree	0	0
Others	1	5.26
Total	19	100

Source: primary data (Teachers' questionnaire)

Fig 1.8



This shows a correlation between FGM and early marriage. Hence indicating that FGM to a high degree lead to early marriage. These findings agree with (timothy Mbugua's Global Aids links '07) that early betrothal and marriage after circumcision is high among the Maasai. This is because FGM symbolizes a rite of passage from childhood to adulthood. The arrangement includes a bride price paid by the groom to the girl's family which may occur when a girl is very young and long before the actual marriage.

None of the teacher disagreed with the fact that FGM leads to early marriage. But one notable 5.26%, did not attempt to answer the question. This may be because the teacher strongly supports the practice and he/she shies away from the negative effects of the practice on girl's education. (GTZ/MOH '07) also concurs with these

findings. They found that female circumcision has contributed significantly to early marriage because circumcision symbolized marriage-ability and for fathers, it is a way of improving the economic situation of the family.

Girls health in relation to FGM

For how long do girls bleed during circumcision?

According to findings in table 3. The highest number of girls 17 (38.64%) bled for half a day. Followed by those who did not bleed 14 (31.82%), 22.73% bled for an hour. None bled for more than one day. The girls who bled most 38.54%, bled for half a day. This may have been caused by the instrument used and where the girl was circumcised. (GTZ/MOH Survey found that almost three quarters of today's girls get circumcised using a razor blade at home. An elderly woman (aged 50-65 yrs) performs the operation. She uses razor blades for cutting and applies some fat (from lamb) to clot the blood. The food eaten after circumcision is fatty, because it is believed that it helps to heal the wound faster. These beliefs notwithstanding, the girls still bleed for between 12-18 hours, which amounts to great loss of blood.

Those who did not bleed were 31.82%. It sounds strange not to bleed after a cut but GTZ/MOH found out that most girls today, born of educated parents are circumcised in hospital in order to reduce the possibility of infection. Scissors are mostly used in hospital and medication given against bleeding and any other complications, vaccination against diseases like Tetanus are given and all instruments used are sterilized.

22.7% of the girls bled for about an hour while 6.82% bled for over a day. These could be the girls who undergo traditional circumcision.

TABLE 1.9 Findings on how long do girls bleed during circumcision

Response	Frequency	Percentage
One hour	10	22.73
Half day	17	38.64
One day	3	6.82
One week	0	0
More than one week	0	0
Did not bled	14	31.82
Total	44	100

Source: primary data (girls' questionnaire)

Whether FGM leads to spread of STI's

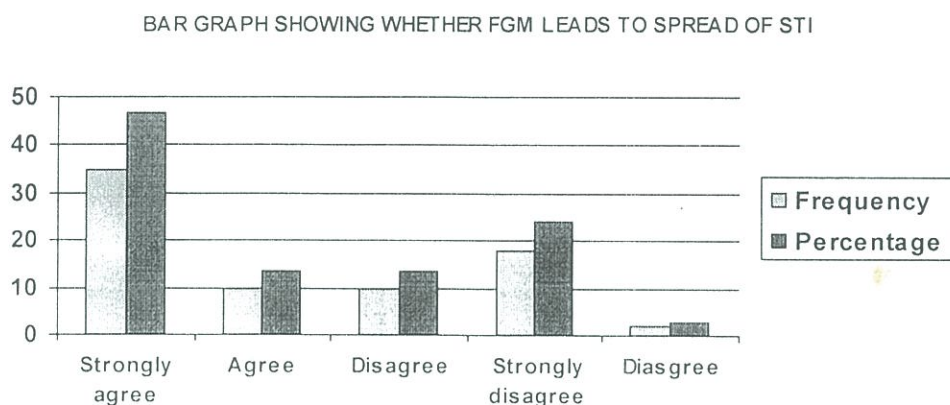
When girls were asked whether there is a relationship between FGM and the spread of STI's, the majority of 46.67% strongly agree. 13.33% Agreed, 13.33% disagreed while 24% strongly disagreed.

TABLE 1.10 Showing whether FGM leads to spread of STI's

Response	Frequency	Percentage%
Strongly agree	35	46.67
Agree	10	13.33
Disagree	10	13.33
Strongly disagree	18	24.00
Others	2	2.67
Total	75	100

Source: (primary data (girls' questionnaire)

Fig 1. 11



According to GTZ/MOH Baseline survey '05, found that almost three-quarters of today's girls get circumcised by using their individual razor to avoid infections and around 10% use gloves for the same purpose. Today, a girl can be circumcised in hospital.

This information proves that there exists awareness of health implications when cutting objects are shared. So each girl is circumcised using her own razor. This kind of findings therefore shows that the high number of girls who related FGM to STI's do not imply it is acquired during the practice.

This relationship can therefore be related by the earlier finding of (GTZ/MOH and Timothy Mbugua Global AIDS link 07) that the girl child engages in sex as young as nine years old. In accordance with Maasai customs, her sex debut and often most active sexual period is during adolescence. When one girl was asked whether it is mandatory to have sex during interaction with young men (Morans), she equipped "it is not a must, but if a Moran wants sex there is no option" (Timothy Mbugua – Global AIDS link '07).

With this kind of sexual activity therefore the girls could either have heard others talk about STI's or have been infected themselves: There

is need for a thorough study on the relationship between FGM and STI's.

CHAPTER FIVE

LIMITATIONS

The researcher found it difficult to access all the five targeted schools since they are far away from each other.

Financial limitations were also experienced since administering and collecting questionnaires, and also typing the project demanded a lot of finances.

The researcher had difficulty in finding enough time for writing and collecting data since it involved doing it during working hours.

Not all questionnaires that were administered were dully filled and returned. This reduced the number of the expected respondents from 100 girls to 75 girls and from 20 teachers to 19 teachers.

IMPLICATIONS FOR PRACTICE/RECOMMENDATIONS

The prevalence rate of FGM among girls is high. Anti-FGM interventions must be multi-sectoral as many sectors have an influence on FGM, (e.g. Education, health, cultural and gender, the churches, the administrative aim of the government and NGOs).

The best approach of combating FGM, since it has been proved that fathers are the highest influencers to this practice, is massive multi-sectoral public education of both men and women, girls and boys in the communities that practice it. This approach should stimulate the community to generate insights on the underlying factors holding this practice in place for so long and to find solutions within the context of their culture.

Alternative rites of passage, if introduced slowly and carefully by considering the community's needs and attitudes towards FGM would be a good idea. Since this practice lead to early pregnancy and marriage that leads to denial and drop out of girls, community sensitization on the importance of education should be done through introduction of academic days and intercultural schooling so that good practices are embraced whereas the bad are slowly phased out.

There is a health risk involved concerning the amount of bleeding of girls during the practice. Therefore, although illegal, those practicing FGM should be advised to use qualified medical personnel.

A great academic drop is noted among girls who undergo FGM. This may be because of the change in attitude towards their education. "Our girls are more than boys in number and perform marvelous in lower primary, but reduce and drop academically in upper primary"

(Teacher). This calls for intensive guidance and counselling of both girls and parents.

Seminars workshops and regular talks and interaction with role models from the community may help change the girls' attitude.

There is a significant relationship between FGM and the spread of STIs. Research has however proved that there is awareness of health consequences in sharing of cutting instruments among the community. Each girl uses her own razor. It is surprising therefore that even with that knowledge, the girls still relate FGM to the spread of STI's. This implies that the girls may have heard others talk about STI's or have been victims of STI are themselves. Further research on this issue should be conducted.

Most girls do not consider FGM a good practice. May be due to community, parental and peer pressure leads them to this practice. Girls need to be educated on their rights as stipulated in the (Children's Act CAP 586 2001).

Since the practice of FGM is illegal, the government must continue reminding communities that FGM is illegal. Chiefs should be given seminars and workshops to sensitize them on children's rights as provided by the laws so that they may use the knowledge to discourage abuse of children's rights.

The wish of majority of the teachers not to circumcise their daughters shows a positive effect of education against the practice. Adult education classes should be re-established and people encouraged to join them.

CONCLUSION

Female circumcision is still deeply entrenched among the Maasai community in Kajiado. There is noticeable change in attitude among school girls and teachers. This means that future FGM interventions should target both the literate and illiterate.

Fathers and girls themselves were highest in demanding for the practice to be performed. Massive public awareness should involve all community members.

FGM is characterized by heavy bleeding. This is life threatening. Girls at risk should be taken to health facilities after the practice for treatment without the threat of being arrested.

FGM leads to a gross academic drop among the girl child in Kajiado. Strong guidance and counselling departments are needed in schools to help children remain focused to their education.

There is a significant relationship between FGM and the spread of STI's. Further research should be conducted on this to ascertain how the two variables relate.

Findings in this study have proved that FGM leads to early marriage and pregnancy. This is caused by the attitude of the community towards the practice and the socialization of the child at home after the practice.

Community education is needed to combat this problem.

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Mlama Penina May July 2005 Fawe News

1. Age
2. Are you circumcised?. Yes. ☐ No. ☐
When? Date.....month.....year.....
3. Who decided that you be circumcised?.
Me. ☐ Mother. ☐ Father. ☐ Others. ☐
4. How many sisters do you have?
5. How many are circumcised?
6. What were your feelings before the practice?
I feared ☐
I did not fear ☐
I don't know ☐
7. How did you feel during the practice?
I felt pain ☐
Not painful ☐
8. Do you appreciate having been circumcised?. Yes ☐ No. ☐
9. Did you bleed during your circumcision? Yes ☐ No ☐
10. For how long?
One hour ☐
½ day ☐
One day ☐
A week ☐
More than a week ☐
I did not bleed ☐
11. How long did the wound take to heal?
Less than a week ☐
A week ☐
Two weeks to three weeks ☐
More than a month ☐
12. Were you late from school because of this? Yes ☐ No ☐
13. After the practice do you now feel mature enough for marriage? Yes ☐ No ☐
14. How would you feel if somebody proposes to marry you or be married off?
.....
Your class.....
15. What were the total marks you scored before the practice (FGM)?
Term one Out of
Term two..... Out of.....
Term three..... Out of.....
16. What were the total marks you scored after the practice (FGM)?
Term one Out of
Term two..... Out of.....
Term three..... Out of.....
17. FGM may lead to the spread of STIs.
Strongly agree ☐
Agree ☐
Disagree ☐
Strongly disagree ☐
18. FGM is a good traditional practice.
Strongly agree ☐
Agree ☐
Disagree ☐
Strongly disagree ☐

TEACHER'S QUESTIONNAIRE

1. Gender Male ☐. Female ☐.
2. Age 20-30 ☐. 31-40 ☐. 41-51 ☐.
3. Do you experience an absentism problem among girls in your class?. Yes ☐. No ☐
4. What could be the rate of absentism per term?. 1-5 ☐. 6-10 ☐ 11-15 ☐ above 15 ☐
5. Do you experience early pregnancies among the girls in your class?. Yes ☐. No ☐
6. What could be the rate of absentism per term?. 1-5 ☐. 6-10 ☐ 11-15 ☐ above 15 ☐.
7. FGM may lead to early pregnancy.

Strongly agree ☐

Agree ☐

Disagree ☐

Strongly disagree ☐

8. FGM may lead to early marriages.

Strongly agree ☐

Agree ☐

Disagree ☐

Strongly disagree ☐

9. What could be the rate of dropout due to early marriages per term?.

1-5 ☐. 6-10 ☐ 11-15 ☐ above 15 ☐.

10. Have girls dropped out of your class for any other reasons?. Yes ☐. No ☐.

If yes what are the reason?.

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

11. What is your opinion about girls' academic performance in relation to FGM?.....

.....
.....

12. FGM has negatively affected girls' academic performance in our schools.

Strongly agree ☐

Agree ☐

Disagree ☐

Strongly disagree ☐

13. Will you circumcise your daughters? Yes ☐. No ☐.

14. What are your reasons for the above answer?

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