

UNIVERSITY OF NAIROBI

DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

**Alternative Rites of Passage as a Means of Eradication of FGM Among the
Maa Community of Laikipia County, Kenya**

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DECLARATION

I, the undersigned, declare that this project is my original work and has not been submitted to any other university or institution for an academic award or credit.

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This project has been submitted for examination with my approval as the University Supervisor

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*We are human beings, we make traditions so we should have the right to
change those traditions.*

*Malala Yousafzai.
Girl Summit, 2014*

LIST OF ACRONYMS

ARP	Alternative rites of passage
DHS	Demographic and Health Survey
FGM	Female genital mutilation
KDHS	Kenya Demographic and Health Survey
KII	Key Informant Interview
MYWO	Maendeleo ya Wanawake Organization
MOH	Ministry of Health
CSO	Civil Society Organizations
PATH	Program for Appropriate Technology in Health
UNFPA	United Nation Population Fund
UNICEF	United Nation Children’s Fund
WHO	World Health Organization
FGD	Focus Group Discussions
GTZ	German Technical Corporation
NGO	Non-Governmental Organizations

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ABSTRACT

The study sought to investigate the effectiveness of the alternative rites of passage (ARP) interventions in the prevention of the cultural practice of FGM among the Maa speaking communities of the Laikipia County, Kenya. The study had four objectives: to analyse the strategies employed to promote and encourage the adoption of the ARP for girls as an alternative to FGM among the Maa speaking communities of Laikipia; to assess the attitudes and perceptions of the Maa-speaking communities towards the adoption of ARP as an alternative to FGM; to analyse the impediments to the implementation of ARP interventions among the Maa speaking communities of Laikipia County and; to evaluate the mechanisms to strengthen ARP interventions among the Maa speaking communities of Laikipia. The study was guided by the theory of planned behavior to link beliefs and social action that results in behavior change. Data were collected using unstructured interviews, key informant interviews and focus group discussions. The study conducted sixteen (16) face-to-face interviews with girls who had undergone ARP, one (1) FGDs with girls of 13 years and below, one (1) FGD with girls between 14 – 18 years of age, two (2) separate FGDs with female and male parents/ guardians of adolescent girls, one (1) FGD with prospective adolescent girls' suitors (Morans), one (1) Key Informant Interview with a female traditional excision performer, two (2) Key Informant interviews with community leaders and local administration, four (4) Key Informant interviews with Advocacy and Human Rights Organizations and Religious leaders. The study found out that, the Maa of Laikipia were familiar with the ARP program and its objectives. According to a cross-section of the interviewees, the Maa community were aware of the consequences of practicing FGM and those still involved in the practice did so in secret and avoided any form of the public announcement as compared to the period before the introduction of the ARP programs. The community leaders interviewed noted that the persuasive approaches had yielded better results when compared to legal measures that only forced the community to devise mechanisms to better conceal rather than stop the practice altogether. This study also found that the religious community played a pivotal role in influencing parents and guardians to embrace ARP by properly articulating its long-term benefits to Maa girls. However, there were some aspects of ARP that the community felt was aiding in abolishing their customs and tradition and as such, they developed avoidance mechanisms to ARP advocacy. The study concludes that there has been a steady decline in the practice of FGM among the Maa speaking communities of Laikipia over the last two decades. This conclusion is corroborated by the statistics from the Kenya Demographic and Health Survey 2013/14 which show that at the National level, the FGM prevalence by age is lowest among women aged 15–19 years at 11.4%, and highest among women aged 45–49 years at 40.9%. This Survey further indicated that at least one in every three Maa girls had not undergone excision compared to the situation before the introduction of ARP where nearly all girls underwent the 'cut'. These statistics further support the conclusion that there was a sizeable drop in the prevalence of FGM by more than 15% on average among women aged 14-49 years in the Maa communities of Laikipia since the introduction of ARP programs. In order to strengthen the effectiveness of ARP, the study recommends: stronger coordination of programs and strategies employed by different stakeholders by the anti-FGM coordination board as means of achieving greater and sustainable impact; greater involvement of the Maa communities in the entire implementation cycle of the ARP programs as means of creating buy-in and ownership and; increased investments by the Laikipia County Government towards the promotion of the ARP programs in County planning, policies, and resources allocation.

CHAPTER ONE: INTRODUCTION

1.1. Background

Among many communities in Africa, boys and girls undergo traditional rites of passage as a means of transiting from childhood into adulthood life. The type of rite of passage practiced varies from one community to another and may take the form of song, dance, wearing masks, tattooing, male circumcision and female genital mutilation (FGM). Any or a combination of these practices are used as rituals to symbolise graduation into adulthood (UNICEF, 2017). In Kenya, the most common rite of passage practiced among adolescent girls is FGM, which involves total or partial removal of the external female genitalia, or other piercing of the female genital parts for reasons that have no medical ground (WHO factsheet, 2017). The practice of FGM is found among communities like Somalis, Samburu, Kuria, Kisii, Maasai, Taita, Kalenjin, Embu, and Meru. While the practice of FGM is still common among the Somalis, Samburu, Kuria, Kisii, Maasai, Taita, and Kalenjin, it has significantly reduced among Meru and Embu communities, partly due to the influence of Christianity and advocacy on girl-child education (KDHS 2013/2014).

Female Genital Mutilation has an important cultural significance in Kenya. A Study by UNICEF (2012) cites several of reasons for the practice of FGM which differ from one community to the next as well as with time, and include a mix of social-cultural factors among communities and individual families in Kenya. In some communities like the Kisii, Maasai, Marakwet, Kuria, and Samburu, FGM is used as a girl's benchmark transition from childhood into adulthood who is ready for marriage (UNICEF, 2012). The same report indicates that, nearly all the communities that practice FGM are motivated by beliefs that the 'cut' helps to suppress women libido and assist them to resist sexual acts outside their marriage. The practice of FGM is considered a social norm and girls are faced with social pressure to conform to what is considered 'right' so as to be socially accepted, and avoid rejection by the community

especially among age sets and men who are expected to marry them (Chege et al. 2001:11). In addition, FGM is also associated with cultural principles of femininity and modesty, which embrace the idea that those girls who have undergone the ritual are cleaner as compared to those with 'unclean, and unfeminine' body parts (UNICEF, 2012) [Give page numbers for such specific citations as these].

Among the Maa speaking community, the practice of FGM enables men to hold power and dominance roles in political leadership, privilege, social authority, and control of wealth (Döcker, 2011). Within the family, fathers hold authority over their women and children. The power and wealth are passed down the lineage and held mainly under control of male, with a woman's access to livestock, land and other economic resources remaining solely through her husband. In order for a woman to be eligible for marriage, it is essential that she is a virgin (Döcker, 2011). The association of virginity and FGM is very strong that uncircumcised girl has nearly no chance of marriage regardless of her virginity. The Maa communities are also patrilineal, a woman represents her father's lineage and her marriage is both union of two families as well as an alliance of the two lineages. This alliance, therefore, strengthens ties between the two clans and the clan's relationships with other groups. A girl who has not been circumcised is considered to bring great "shame" and "dishonor" to her family and father's lineage (GTZ, 2007). The practice of FGM is, therefore, vital not only to a husband as proof of his prospective wife's virginity - but also for similar reasons important to the bride's family and their lineage. Thus failure to undergo the rite more often than not results in societal rejection, prohibition from important community events and discrimination by peers (GTZ, 2007).

However, critics have observed that the practice of FGM not only causes severe physical injury but also inflicts serious psychological pain to the individual. According to the UN release (2007), the consequences of FGM are not only immediate and severe but also include long-term socioeconomic, psychological and medical consequences. The 'cut' involves physical

torture and force which is often very traumatic. The pain caused by the ritual does end with the initial procedure but often remains as ongoing psychological suffering into womanhood till death (Nowak, 2003). The ritual also has long-term socioeconomic effects because it is a hindrance to girl child education as girls would be married off to much older men, and quite commonly, immediately after the undergoing the ritual in exchange for bride price in form of livestock (Berg, R., Denison, E., & Fretheim, A., 2010). Often, the girls who have undergone FGM experience birth complications, severe pain, bleeding, and shock. They also commonly have difficulty in passing urine apart from suffering infections that at times result in death (Berg, R., Denison, E., & Fretheim, A., 2010). The UN Special Rapporteur on Torture, Manfred Nowak (2003) observes that “the pain inflicted by FGM does not stop with the initial procedure, but often continues as ongoing torture throughout a woman’s life.”

It is in response to these adverse impacts of FGM that several agencies, including the Government of Kenya and civil society organizations, have advocated for and encouraged the introduction of a number of interventions and legislation to outlaw the practice. The UNFPA (2007) report indicates that the campaigns to eradicate FGM in Kenya date back to the pre-independence period of 1963 by the Protestant Christian missionaries. In 2001, the Kenyan parliament passed the Children’s Act, a law that describes girls who are probable to be forced into FGM as children who are in need of special care and protection. The Act further requires courts of law to take punitive action against the offenders of the practice. Section 14 of the Act provides as follows:

“No person shall, 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” (Children’s Act, 2001: Section 14).

In addition, the Kenyan government has also ratified a number of international conventions on the rights of children and women, including adopting the recommendations of the African Charter on the Rights and Welfare of the Child (1990), the United Nations Convention on the Rights of the Child (UNCRC, 1990), the Fourth World Conference on Women held in Beijing (1995) and the Protocol on the Rights of Women in Africa – (The Maputo Protocol, 2003). The Constitution of Kenya (2010) also recognizes fundamental human rights and freedoms as captured in its Chapter 4 on the Bill of Rights under Article 29 (c) which proscribes any form of violence including ritual violence. In addition, the Sexual Offences Act (SOA, 2006) gives prominence to safeguarding the rights of girls by the government (FIDA, 2012).

Apart from these administrative and legislative interventions, development and human rights practitioners and scholars involved in the anti-FGM campaigns have advocated strategies that satisfy both the cultural demands of various communities and support the eradication of FGM, known as, the Alternative Rites of Passage (ARP). The ARP referred to as ‘FGM through words’ is a new approach which was first introduced in 1997 mainly in the former Rift Valley province in the Narok, Samburu, Kajiado, and, Laikipia regions where the prevalence of FGM was high. The new approach avoided the blunt prohibition of FGM, by offering an alternative means of initiating girls into womanhood where the cultural procedures and education were included in the programs without the ‘cut’ (Ballenger, 2008).

Comparatively, the ARP campaigns have been implemented much longer among the Maa speaking communities than other communities such as Somalis, Pokot, and Marakwet who still have a considerably higher FGM prevalence (KDHS, 2013/2014). The civil society’s priority among the Somalis, for instance, has been focused on addressing issues such as insecurity and humanitarian crises that have tended to overshadow anti-FGM campaigns (KDHS, 2013/2014). The Maa speaking communities are generally comprised of the Maasai, Samburu, Njemps, and

Ogiek (Vossen, Rainer 1988). However, the practice of FGM is found mainly among the Maasai and Samburu (KDHS, 2013/2014).

The ARP campaigns involve assembling willing teenage girls in one place where they are taken through a curriculum developed by civil society organizations (AMREF, 2014). Older women, young men, local leaders and administration, and the girls' parents are often invited as a way of educating and persuading them to appreciate the ARP (Chege, Askew & Liku, 2001). In most cases, ARP strategies are integrated into a range of civil society programs geared toward encouraging the abandonment of FGM.

The ARP as conceived was expected to reduce the prevalence of FGM and maternal mortality in the long term apart from empowering girls by ensuring the stability of marriages because girls would be married when they were sufficiently mature (KDHS, 2008/09). In spite of the long-term ARP campaigns among the Maa, the practice of FGM remained widespread in the community albeit secretly, with National statistics indicating that the prevalence for Samburu and Maasai remained among the highest nationally at number two and four respectively (KDHS 2008/09-2013/14). High prevalence of FGM among Maa was a clear indication that the custom had a strong social and cultural significance in the community (Döcker, 2011). In addition, reports indicated that among the Maa communities, a number of girls who had previously participated in ARP were found to have retreated and submitted to FGM due to social pressure to conform to what was generally considered a societal norm. Further, it was noted that they reverted to FGM after initially accepting ARP to avoid ridicule by age mates and due to the need to earn acceptance for marriage by young men (Morans) as well as the fear of rejection or ostracization by the community among other 'compelling' reasons for the change of mind (UNICEF, 2012).

Further, even though the KDHS (2013/14) report indicated a drop in the National FGM prevalence rate to 11.4% from 14.6% in 2008/09 among the teenage girls aged between 15-19 years on one hand, the same report showed that two out of three girls in Laikipia did not transit to secondary school and were already married through pre-arranged ceremonies immediately after undergoing FGM even before the age of 18 years. The low educational transition to high school and the high incidence of early marriages among the Maa girls placed them below and above the national statistics respectively, and further suggested the inadequacy of ARP as a means of resolving the problem of FGM in this community in Laikipia – Kenya. The prevalence of FGM was equally alarmingly high considering that ARP interventions had been implemented among the Maa for at least one and a half decades at the time of this study in 2017. This study, therefore, sought to investigate the effectiveness of the ARP interventions in eradicating FGM among Maa girls of Laikipia County, Kenya.

1.2. Problem statement

The practice of FGM is a life-changing reality for many girls in Kenya. Although the National statistics indicated that the practice had slightly reduced over time, it was still widely practiced among many communities. The KDHS (2013/14) report estimated that the FGM National prevalence stood at 21% among women aged between 15-49 years, down from 27% in the 2008/09, 32% in the 2003/2004 and 38% in 1998/09 surveys. The prevalence by age was low among women aged 15–19 years at 11.4%, and high among women aged 45–49 years at 40.9%, a trend that highlighted the decline of FGM over time. In comparison by region, the prevalence was high in the former provinces of North Eastern (97.5%), Nyanza (32.4%), Rift Valley (26.9%), and Eastern (26.4%), and low in Central (16.5%), Coast (10.2%), Nairobi (8.0%), and Western (0.8%) (KDHS, 2013/14). The prevalence of FGM was more common in rural areas (25.9%) than urban (13.8%). By ethnic groups, FGM was most prevalent among women of the Somali community (93.6%), the Samburu (86.0%), Kisii (84.4%), Maasai (77.9%), Taita (62%), Kalenjin (48%), Embu (44%) and Meru (42%) (KDHS, 2013/14).

An analysis of KDHS reports between 2008 and 2013 indicated that the FGM prevalence among the Samburu and Maasai had reduced by 11.6% and 15%, respectively compared to 3.4% for Somalis and 11.4% for Kisii (KDHS, 2013/14). In spite of comparatively higher drop in FGM prevalence among Samburu and Maasai, the same reports indicated that two out of every three girls under the age 18 years who had undergone FGM had been forced into early marriages, were performing motherhood responsibilities and were exposed to suffering at the hands of much older, cruel, and abusive partners (KDHS, 2013/14). In addition, 66.67% of girls between the ages of 14 and 18 years had dropped out of school for marriage compared to 5% of boys of the same age (Population Council, 2007). Contrary to the expectations, the decline in the prevalence of FGM among the Maa had not led to a decrease in its adverse consequences such as early or forced marriage and high school dropout rates.

The Maa speaking communities have traditionally fiercely fought to preserve the practice of FGM, despite its legal prohibition as a violation of girls' rights as spelt out in the constitution and other laws such as the Children Act (2001). In Kajiado County where some Maa speaking people live, for instance, over 1,000 women turned out in a march to "protect their culture" during the community FGM meeting held in 2015 (DW.COM, 05.02.2016). In other situations, the community has adopted new strategies to avoid or circumvent stiff administrative and legal penalties. For example, 18% of FGM procedures were found to be performed by healthcare workers by use of surgical scissors and anesthesia, with an increasing number of health practitioners allegedly performing the procedure at the request of the girls' families (WHO, 2014). Reports also show that teenage girls are often ferried to neighbouring Country, Tanzania, where they underwent FGM and are then brought back to Kenya after they have healed and in some cases, FGM would be done in secret without performing a traditional celebration so that they would not be noticed by law enforcers (AMREF, 2014). In other

instances, a number of girls who had previously willingly undergone the ARP had withdrawn and retreated back to FGM. In some cases, the anti-FGM activists and ARP campaigners have also faced denunciation from the traditional leaders because they are said to be undermining the community's cultural practices (AMREF, 2014).

Notwithstanding the widespread practice of FGM in parts of the Rift Valley as shown above, research suggests that the ARP is possibly a powerful practice which upholds the celebration of the transition of girls into adulthood without involving the 'cut' of genital part, thereby largely respecting the culture and tradition of the Maa communities of Laikipia (Population Council, 2007). Research further indicates that ARP offers a culturally sensitive method to the eradication of FGM a promise of complete abandonment of the practice in the long-term. ARP is expected to enable girls to continue their education, reduce chances of early pre-arranged marriages, increase the girls' capacity to make decisions in their marriages because they are educated and mature, empower girls to participate in development activities, and contribute to upholding the girls' dignity, rights and well-being (Population Council, 2007).

While the drop in FGM prevalence among the Maasai and Samburu girls was evident from the analysis of KDHS reports between 2008 and 2013, the adverse impacts of the practice such as girl-child school dropout rate and early marriage were noted to remain relatively high contrary to the expectation of the ARP campaigns. It's against this backdrop that this study sought to investigate the effectiveness of the ARP interventions in eradicating FGM among the girls of Maa-speaking communities of Laikipia County, Kenya.

1.3. Research Questions

This study sought to answer the following questions:

Key Question

How effective are the ARP interventions in the prevention of the practice of FGM among the Maa speaking communities of the Laikipia County, Kenya?

1.3.1. Specific Research Questions

- 1) What are the strategies employed to promote and secure the adoption of the ARP as an alternative to FGM for girls among the Maa speaking communities of Laikipia?
- 2) What are the attitudes and perceptions of the Maa speaking communities of Laikipia regarding the adoption of ARP as an alternative rite of passage for girls?
- 3) What are the impediments to the implementation of ARP interventions among the Maa speaking communities of Laikipia?
- 4) What are the appropriate mechanisms to strengthen the implementation of ARP programs among the Maa communities of Laikipia?

1.4. Purpose and Objectives of the Study

Based on the questions in the preceding section, the purpose and objectives of this study were the following:

1.4.1. Purpose of the Study

The purpose of this study was to assess the effectiveness of ARP interventions on prevention of FGM practice among the Maa speaking communities of the Laikipia County, Kenya.

1.4.2. Specific Objectives

- (1) To analyse the strategies employed to promote and secure the adoption of the ARP as an alternative to FGM among the Maa speaking communities of Laikipia.

- (2) To assess the attitudes and perceptions of the Maa speaking communities of Laikipia regarding the adoption of ARP as an alternative rite of passage for girls.
- (3) To analyse the impediments to the implementation of ARP interventions among the Maa speaking communities of Laikipia County.
 - a) To evaluate the mechanisms to strengthen ARP interventions among the Maa speaking communities of Laikipia.

1.5. Significance of the Study

The debate on FGM dates back to the early twentieth century during the colonial period by missionary and colonial authorities. In the 1960s, studies conducted were conducted on FGM without condemning the practice. However, around 1970s, a number of western researchers traveled to Africa and undertook studies that to openly opposed the practice of FGM (Lane and Rubinstein, 1996). More importantly, in 1995, the Women's International Conference in Beijing proposed that FGM was to be considered as human rights violations. This wave triggered anti-FGM campaigns and a series of studies in Kenya (Prazak, 2007).

Today, a number of scholars have undertaken studies on the cultural significance of FGM, its effects on the lives and health of girls and women, its role in girls' transition from childhood into adulthood and, its effect on girl's child education, among others (Chege, 1993; Creider & Creider, 1997; Chege, Askew & Liku, 2001; Chebet & Dietz, 2003). On the other hand, some of the studies have also paid attention to the benefit of the ARP in replacing the FGM without losing the cultural expectation of transiting girls into adulthood (Chebet, 2007).

Both studies on FGM and ARP conclude that the FGM is practiced primarily because of cultural reasons rather than as a religious practice and that it occurs across different religious groups. In addition, hygiene and aesthetics have been mostly mentioned push factors

supporting the practice of FGM, often braced by beliefs that a woman genitalia is ugly, has a bad odor and can be made more attractive by FGM. These studies also show that the APR is an important alternative approach that can be used as indicators of transiting from a girl into a mature female adult without the usual ritual cut that brings biological, psychological and social long-term effects on girls into womanhood. According to the reports, ARP provides the best option for the pain inflicted by the 'cut', enable the girls to continue with education and participate in decision making, and help in building more stable families.

Unlike the previous studies, this study took a departure from evaluating the benefits of ARP as an alternative to FGM by seeking to assess the effectiveness of ARP interventions in the prevention of FGM among the girls of the Maa speaking communities of the Laikipia County. It specifically aimed at investigating the effectiveness of ARP interventions as a means of eradicating the practice of FGM among the Maa speaking communities of the Laikipia County, Kenya.

1.6. Scope and Limitation of the Study

1.6.1. Scope of the study

This study covered Laikipia North and West constituencies of Laikipia County. These are the two regions of Laikipia County that are predominantly settled by the Maa communities.

The study involved girls in pre-puberty to early adolescence age group of 11-17 years as a key source of information. It also involved parents and guardians of the adolescent girls, a female traditional excision performer, male adolescents who were considered prospective grooms to the girls, community leaders and local administration and, Human Rights Organizations and Religious leaders representatives.

1.6.2. Limitations of the study

This study experienced a number of logistical challenges that in a way constrained easy access to some members of the study population. This limited the findings to easy to reach segments of the population. This is because the Maa speaking communities of Laikipia reside in the rural part of the Laikipia North and Laikipia West constituencies with poorly developed infrastructure, transport system, and mobile phone network connectivity. This required a long time to organize for interviews and reach or contact the relevant study participants. The population in these two constituencies is also sparsely distributed, however, the study concentrated onwards that are closer to each other taking into account the limited resources that were available. To mitigate this, the study relied on some key community leaders in the target areas to ease entry and to maximize contact. In some situation, the study also facilitated the transfer of a few participants for joint interviews for the two constituencies.

Outsider Suspicion: Previous researchers have expressed difficulty in obtaining accurate information from the Maa people due to cultural practices and suspicion of the ‘outsiders’ (Talbot, 1964:116). The community is ultra-conservative and suspicious of anyone who is pointedly interested in them. The study experienced such suspicion in organizing for meeting with female traditional excision performers where only one was able to agree to the interview late in the evening but after convincing with local administration officer. The respondent was not willing to have a long engagement with the interviewer and requested a late evening schedule. This could be attributed to the fact that she was aware that FGM practice was outlawed and she feared a possible self-incrimination or entrapment to reveal community “secrets”. The interview, especially with the traditional ritual performer, women, and adolescent girls, were led by a local woman and the researcher supported in providing guidance and taking notes a way of reducing ‘outsider’ fear among the women FGM practitioners and teenage girls.

Based on the study limitation cited, the finding of this study cannot, therefore, be generalized to the similar population of the Maa speaking communities outside Laikipia County.

1.7. Definition of key concepts

Access to Education: In this context means the opportunity or right by pupils, especially girls to get a formal education through the formal school setting.

Clitoridectomy – is a type of FGM which involve total or partial removal of the clitoris (which is a small, sensitive and erectile part of female genitals), and in very rare cases, only the prepuce (the fold of skin surrounding the clitoris). Maa community practice this type of female genital mutilation.

Female Genital Mutilation (FGM) – refers to procedures that alter and cause injury to the female genital organs for reasons other than medical. This is a traditional rite of passage used by Maa speaking communities, among others, for transiting into adulthood.

Maa Community - is a short form for the word "olmaa" which means the Maa speaking communities. These communities include the Maasai of Kenya and Tanzania living along the Rift Valley of Kenya stretching all the way into Tanzania, the Samburu of Kenya living along the upper Rift Valley and the Njemps (Baringo), Ogiek (Rift Valley). These communities are mainly pastoralists who rely on goats, cows, and sheep for meat, milk, and blood which they also drink as food.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Introduction

This chapter examined, reviewed and summarized written information and records on the practice of Female Genital Mutilation (FGM) and Alternative Rites of Passage as an intervention against FGM. The review focused on issues such as the historical background of FGM, the social and cultural significance of FGM, the socio-psychological effects of FGM in Kenya, international interventions against FGM, Kenyan Legal framework against FGM, the development and promotion of ARP as remedies for FGM in Kenya, the role of civil society organizations in the campaigns against FGM in Kenya, the potential value and benefits of Alternative Rites of Passage, and the impediments to the implementation of ARP. This chapter also presents the theoretical and conceptual frameworks that were utilized to measure variables and to analyze and interpret data in this study.

2.1.1. Historical background of FGM

Female Genital Mutilation is a globally recognized term for non-medical reason procedure that entails cutting off part or all of the female genitalia. The practice has formerly been termed as “female circumcision”, which infers similarity to male circumcision. The historically, the origins of FGM are unknown (Thomas, 1987). Some references suggest that the practice of FGM began 2,000 years, a period referred to “aljahiliyyah” by Muslim – the era of ignorance. The Quran, the Hebrew Scriptures (Old Testament) and Christian scriptures (New Testament) do not address the subject of FGM. Sunna (the words and actions of the prophet Mohammed) contain a number of references to ‘female circumcision’ (Thomas, 1987). Mohamed is reported as speaking of the Sunna circumcision to the Anars’ wives saying, “because is it more pleasant for your husband to be, it appears to be related to the least intrusive method of circumcision” (Thomas, 1987).

In Africa, FGM is largely practiced for social and cultural rather than medical reasons (Thomas, 1987:120). Among the Kisii community, for instance, un-excised women were regarded as unclean and are not allowed to handle food and water. The “uncircumcised one” was referred to as ‘omogere’ offensively translated as the uncut one among the Kisii community (Thomas, 1987:120). Among the Maa speaking communities, FGM was practiced for patriarchal reasons. The power and wealth were passed down the lineage and held chiefly under male control, with a woman's access to livestock, land and other economic resources being solely through her husband (GTZ, 2007).

In some African tradition, it was mistakenly believed that a woman’s genitals can grow long and become wild, hanging down between her legs if the clitoris was not excised (World Bank Report on FGM, 2005). Some community groups believed that a woman’s clitoris may cause damage or death to the baby during childbirth (World Bank Report on FGM, 2005). There were also a number of reports from the early 1600s among Somalia which noted the practice of as a means of extracting higher prices for female slaves, and in the late 1700s in Egypt to prevent women and slaves from pregnancy (Lightfoot-Klein, 1983). The practice of FGM is also found across a wide range of cultures and it is likely that the practice arose independently amongst different peoples (Lightfoot-Klein, 1983), aided by Egyptian slave raids from Sudan for concubines and maids, and traded through the Red Sea to the Persian Gulf (Mackie, 1996).

Among the Maa, myth explains the origin of FGM in the story of young girls Naipei, who had intercourse with the enemy of her family. The punishment emitted to her for this mistake came in the form of “circumcision,” a decision took by her family to prevent her from feeling the urges that had led her to commit the crime that brought shame to the family (NAIROBI IRIN, 8 March 2015).

2.1.2. The Social and Cultural Significance of FGM

Even though religion, culture, and aesthetics have been mentioned as major reasons for the practice, FGM remains chiefly a cultural rather than religious practice as it occurs across different religious groups (Muteshi and Sass, 2005). However, Muslim communities have used religious interpretations to rationalize the practice (Muteshi and Sass, 2005). In many communities, hygiene and aesthetics are often cited as factors for the practice of FGM, often reinforced by the notion that female genitalia has a bad odour, ugly and can be made more attractive excised. Additionally, the practice of FGM is also used as a key step in marking the girl's transition into a mature adult who can be assigned familial roles including childbearing. Communities practicing FGM also consider it as an important means curbing sexual urge and regarding cultural heritage (Muteshi J and Sass J, 2005).

A study by the Population Council Kenya (2014) among the Maasai indicated that the practice of FGM was a vital rite of passage in ushering girls into womanhood who is more respected. Thus a woman who had undergone FGM was considered obedient, mature and aware of her roles in her family or the society, a phenomenon that was highly valued in the community (Population Council, 2004). The practice of FGM was also cited as bringing honor to a girl and her family by making her qualified for marriage. The practice also raised the status of her family in the society. Furthermore, the need to control a girls or woman sexual urge or fidelity before and during the marriage was an additional reason for the practice of FGM (Njue and Askew, 2004). The 2013/2014 KDHS found that the majority of girls among Maasai and Samburu were undergoing FGM aged 10-13 years which roughly coincided with the onset of puberty.

2.1.3. Socio-Psychological Effects of FGM in Kenya

According to UNICEF annual report (2014), cites as the practice of FGM as a means to regulate girls' and women's' sexuality and was mainly linked to other human right violations based on gendered norms and patriarchy, such as early and forced marriages. In a number of communities, the practice was seen as a vital rite of passage of girls into womanhood and denoted their readiness for marriage. Among the Maa community of Laikipia, cultural practices such as FGM and forced/early marriage is still widely practiced and often deny the girls the right to education and participation in economic development (UNICEF, 2012).

Female genital mutilation and early marriage increase women's and girls' vulnerability to HIV infections. These two practices are associated with higher levels of intimate partner violence (IPV), one of the most experienced forms of violence against women and includes it sexual, emotional, and physical abuse, and controlling behaviours by an intimate partner (WHO, 2002:87– 121). Sometimes the knife used during the ritual is shared and used in performing the ritual on multiple girls. Further, young age is one of the factors that hinders women's ability to confront the inequality in relationships and conditions that permit some men to use violence as a public and private expression of power (Chebet, 2007).

The practice of FGM often complicates the normal functions of women's and girls' bodies and has a deeply harmful health impact, including their psychological, sexual and reproductive health. The short-term consequences of FGM include death from hemorrhaging and severe pain, infection, and trauma that result from the procedure. Long-term effects may include decreased sexual enjoyment, chronic pain and psychological consequences such as post-traumatic stress disorder. The practice is also increased women's risks at birth by cesarean

section, postpartum hemorrhage¹, episiotomy², long maternal hospital stay, resuscitation of the infant, low birth weight in infants and patient perinatal³ death (Muteshi and Sass, 2005).

2.1.4. Interventions for FGM Eradication

The attempts to encourage communities in Kenya to stop the practice of FGM were first made by colonial and missionary authorities early in the twentieth century even though these were mainly viewed as an anachronism⁴. The intervention carried out by the Western feminists around 1960s and 1970s were similarly considered as being overly critical of native cultures and forced by “outsiders” with their own ill motive (WHO, 2008). Nonetheless, communities’ began to change attitude around the mid-1990s, a time when the Fourth World Conference on Women (1995) and the International Conference on Population and Development (1994) occurred in Beijing, and the practice of FGM was pronounced as both health and human rights violation issue. In these two conferences, it was generally accepted that the interventions to support the abandonment of FGM needed to be locally owned with full engagement of communities, government, policy makers and professionals (WHO, 2008).

Around 1997, a common statement against the practice was done by the WHO, UNFPA, and UNICEF. In 2008, a fresh statement was issued by the wider UN body that supported a strong focus on human rights, legal and policy dimensions interventions against FGM (WHO, 2008). This statement was founded on the study undertaken in the superseding years with a focus on the reasons for the increased connection of health professionals in carrying out FGM, continued practice of FGM practice, and suggested strategies to strengthen the various approaches for boosting the abandonment of FGM (WHO, 2008). Similarly, in 2018 the World Health

¹ Loss of more than 500 ml or 1,000 ml of blood within the first 24 hours following childbirth

² A surgical cut in the muscular area between the vagina

³ Stillbirth or death of a foetus weighing 500g or more, or of 22 weeks gestation.

⁴ Practice that is not in its correct historical or chronological time

Assembly resolution called for integrated efforts towards eliminating the practice of FGM through intensive interventions across health, finance, justice, education, and women's affairs with a focus on advocacy, research, and guidance for health services (WHA61.16).

2.1.5. Kenyan Legal Framework for Eradication of FGM

The Kenya Ministry of Health developed the first National Plan of Action (1999-2019) for the Elimination of FGM with clear goals, strategies, targets, and indicators. The Ministry implemented this plan in collaboration with a number of partners including civil society organizations working around the elimination of FGM. Around 2001, Kenya adopted the Children's Act that criminalized the practice of FGM. The Act prescribed penalty for anyone who is found subjecting a child to FGM to twelve months imprisonment and/or a fine of up to fifty thousand shillings. However, there has been insignificant cases of successful prosecution and conviction of the perpetrators of FGM reported and there are widespread denigrations of the ineffectiveness of that the law (GTZ, 2007).

In 2010, the Kenyan government promulgated a National Constitution, which recognizes fundamental human rights and freedom in its Chapter 4 (Bill of Rights). Article 28 stipulates that "Every person has inherent dignity and the right to have that dignity respected." Article 29 (c) provides that "Every person has the right to freedom and security of the person, which includes the right not to be subjected to any form of violence from either public or private sources such as domestic violence". In addition, the Sexual Offenses Act (SOA 2006) and the African Charter on the Rights of Women that Kenya has ratified, give emphases to the government's obligation to safeguard the rights of girls.

Further, the government of Kenya initiated a range of programs through the National Plan of Action that encourages communities the abandonment of FGM. For example, the anti-FGM board established by the Anti-FGM Act (2011) has been set up to coordinate activities for the elimination of the FGM practice (UNFPA, 2017). The board has a major role in bringing together partners and organizations involved in the fight against FGM at the grassroots, national and regional levels collaborate and to share experiences on relevant initiatives. The board has had notable success which includes the establishment of networks at the National level which coordinates anti-FGM activities by CSOs in Kenya (AMREF, 2014). Additionally, the board has had several advocacy forums with some members of parliament and has secured parliament's commitment to championing the implementation of the Act (UNFPA, 2017).

2.1.6. Promoting Alternative Rites of Passage (ARP) in FGM Prevention

The ARP was first introduced in 1996 among the Maa Communities of Narok, Kajiado, Samburu and, Laikipia by Maendeleo ya Wanawake (MYWO), a National women's rights movement and PATH Inc. as an 'alternative rite of passage' which avoided genital cutting. In order to gain community acceptance, these ARP maintained the important components of FGM such as education of girls on women's roles and family life, exchange of gifts, social celebration, and a public declaration of community recognition and acceptance of the initiates (Njue and Askew, 2004). The reasoning for the introduction of ARP was to encourage communities that practice FGM to maintain the public celebration of the passage of girls into womanhood without including the excision procedure (Njue and Askew, 2004).

Today, the National Anti-FGM Board has established a more coordinated approach to implementing the ARP interventions among the civil society organizations in Kenya (Njue and Askew, 2004). The coordination framework provides a holistic service to rescue, counsel, educate, guide, encourage and where possible reintegrate young girls back into their own

communities but without further threat of forced marriage and FGM (Njue and Askew, 2004). The ARP is one element of such programs given to girls at the end of their training and typically takes place before the ‘initiates’ leave the “alternative initiation” centers to return to their families or taking up other engagement such education or employment opportunities (Njue and Askew, 2004).

Between the year 2008-2013, the UNFPA and UNICEF set up a multi-country program titled ‘Accelerating Change’ implemented in partnership with the Anti-FGM boards in Kenya, Burkina Faso, Djibouti, Egypt, and Ethiopia to encourage communities in these Countries to collectively abandon FGM (UNICEF, 2014). These interventions employed culturally sensitive approaches including social networking and community conversations that brought together various groups within the community including religious leaders and the young girls themselves. Rather than condemn FGM, the program encouraged collective abandonment to avoid alienating those that practiced it and instead sought to bring about voluntary renunciation of the practice (UNICEF press release London/Geneva, 6 February 2010).

These programs developed and adopted different strategies to the diverse socioeconomic and cultural conditions in Kenya to convince communities practicing FGM to abandon it. In 2006, a situation analysis documented varying types of interventions against FGM that were being implemented in Kenya. Such interventions included health risk messaging that addressed the health complications of FGM and behavior change communication that focused on FGM as a harmful traditional practice. Other strategies involved public sensitization that sought to educate traditional “circumcisers”⁵ and opportunity diversification that offered these excision performers alternative income generation opportunities thereby encouraging them to embrace

⁵ These are individuals, usually older women, recognized within communities as rite performers who actually perform the cut and other rituals on the female initiates.

ARP as substitutes to FGM. Other interventions addressed issues including the link between FGM and religion, intergenerational dialogue, promotion of girls' education, legal and human rights, and empowerment as means of preventing FGM and supporting girls to escape from early marriages (GTZ, 2007).

Most of these initial interventions, however, focused mainly on the health risks posed by FGM and addressed the physical and health harms associated with the practice of FGM. Although not documented, it is hypothetical that this emphasis may have contributed to harm-reduction efforts in some communities and in particular avoiding inflicting psychological torture, minimizing the amount of flesh cut and using medical staff and implements to perform the cutting – a process that was referred to as the medicalization of FGM (Abusharuf, 2007).

2.1.7. Value and Potential Benefits of Alternative Rites of Passage

The alternative rite of passage presents an approach that mainly focuses on the communicative aspects of transforming the cultural practice (Chege, Askew & Liku, 2001). The National Council for Population and Development report of 2014, indicated that the effect of ARP on FGM to a great extent depends on the socio and cultural context of the community in which FGM is practiced (Chege, Askew & Liku, 2001). The report concluded that ARP campaign is more probable to be successful where FGM ritual is done by and for the benefit of the community rather than situations where FGM is done as a private family affair or not linked to the collective celebration of a rite of passage (Njue and Askew, 2004).

Abusharuf (2007), likewise emphasized that ARP is a potentially powerful alternative approach to initiation as it upholds the celebration of the passage of a girl to adulthood by valuing the tradition and culture without the act of genital cut. Among the Maa Community of Laikipia, the ARP campaign has been beneficial in providing an alternative path of transition from

childhood into motherhood without the ‘cut and reduced chances of early or forced pre-arranged marriages. The ARP is beneficial to girls because it allows them to continue their education after the ceremony and empowers them by equipping them to access opportunities available to individuals with an education. In addition, it increases the girls’ capacity to make decisions in their marriages because they enter marriage as educated and mature adults and also reduces maternal mortality and psychological trauma that excised girls often undergo (UNICEF, 2012). ARP also offers a culturally sensitive pathway to the eventual complete eradication of FGM (Chebet, 2007). In addition, ARP empowers girls to participate in development activities, encourages the upholding of girls’ dignity and also facilitates the protection of their rights and well-being (Population Council, 2007).

2.1.8. Impediments to Implementation of ARP Among the Maa of Laikipia

The practice of the FGM for patriarchal reasons tends to undermine and impede the ARP campaigns among the Maa communities (GTZ, 2007). Among the Maa communities, resources and power are traditionally passed down the lineage and held solely under male control. A woman's access to land, livestock and other economic resources is therefore realized exclusively through her husband and this tends to compel girls to accept the practice of FGM as a means of gaining social and economic security through marriage that follows soon after (GTZ, 2007).

Among the Maa, as with other communities that practice FGM, the excision of part of the clitoris is also considered a means of reducing women’s sexual desire (Chebet, 2007). The inequality between sexes is a manifestation of deep-rooted domination and control of women that are “upheld by local structures of power and authority such as traditional leaders, religious leaders, circumcisers, elders, and even some medical personnel”. The ultimate decision on women’s participation in APR programs or activities in Maa communities is controlled by the

men who have the 'power' over women and who often are interested in preserving community culture by perpetuating the practice of FGM (WHO. 2008:1).

The Maa community has also adopted new strategies to circumvent the anti-FGM laws and to avoid detection and prosecution. For example, according to the WHO (2014), 18% of FGM procedures are done by healthcare workers using surgical scissors and anesthetic with an increasing number of doctors and nurses allegedly performing the procedure at the request of families. There are also reported incidents in which the traditional birth attendants who are not necessarily FGM ritual performers forcefully carry out the 'cutting' during child delivery (AMREF, 2014).

In Kajiado South, reports show that teenage girls are ferried to neighboring, Tanzania where they undergo FGM and are then brought back to Kenya after they have healed (AMREF, 2014). AMREF (2014) further observes that in some cases FGM would be done in secret without performing a traditional celebration so that they are not detected by law enforcers. In some situations, the anti-FGM activists also face rejection from the traditional leaders as the former are accused of undermining the community's cultural traditions. This often dampens the enthusiasm of the activists in their campaigns against FGM. The communities are also known to maintain secrecy about the practice of FGM by not discussing the subject publicly (AMREF, 2014). This secrecy makes it hard for the anti-FGM campaigners to address the problem. AMREF (2014) indicates that anti-FGM campaign efforts at times have been rendered worthless when girls who had previously undergone ARP have reverted to FGM ritual due to societal pressure.

These observations suggest that despite the ARP campaigns and improvement in legal environment, the adverse impacts of FGM practice such as high girl-child school dropout rates and early marriages are still rampant among the Maa girls despite the national statistics showing the decline in FGM prevalence (KDHS, 2013/14). The report also indicates that although the ARP interventions have been implemented for at least two decades, two out of three girls in Laikipia do not transit to secondary school and are already married through pre-arranged ceremonies immediately after undergoing FGM and often long before reaching the age of 18 years (KDHS, 2013/14).

2.2. Theoretical Framework

In this study, the theory of planned behavior (Ajzen, 1985, 1987) has been used to link belief and behavior. The theory of planned behavior was proposed by Icek Ajzen to improve the predictive power of the theory of reasoned action by including perceived behavioral control. The theory states that attitude toward the behavior, subjective norms, and perceived behavioral control, together shape an individual's behavioral intentions and behaviors. According to Ajzen, perceived behavior control affects behavior directly, and it affects it indirectly through behavioral intention.

The theory was intended to explain all behaviors over which people have the ability to exert self-control. The key component to this model is behavioral intents which are influenced by the attitude about the likelihood that the behavior will have the expected outcome and the subjective evaluation of the risks and benefits of that outcome.

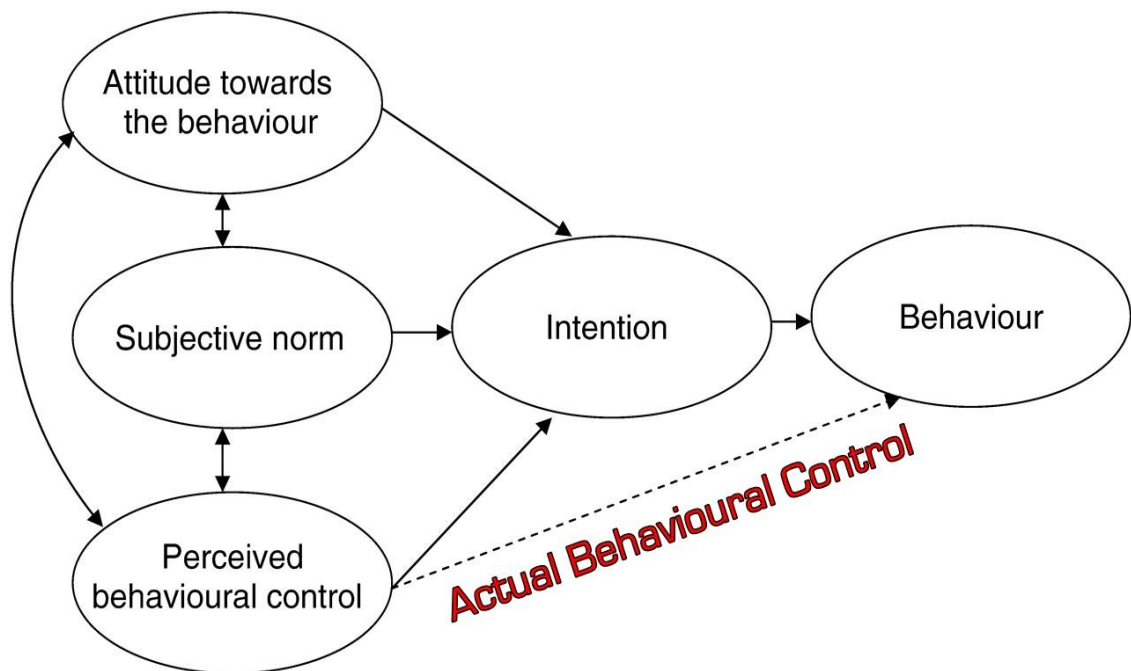


Figure 1: Theoretical Framework: Planned behaviour theory (Ajzen, 1985, 1987)

The theory of planned behavior is key in understanding how the ARP interventions have shaped the beliefs and practice towards the abandonment of FGM through its six constructs that collectively represent a person’s control over behavior. First, Attitudes - which refers to the degree to which a person has a favorable or unfavorable evaluation of the behavior of interest. It entails a consideration of the outcomes of performing the behavior. The proponents of ARP propose that elimination of FGM will have a positive outcome in the lives of adolescent girls among the Maa communities. Second, Behavioral intention refers to the motivational factors that influence a given behavior where the stronger the intention to perform the behavior, the more likely the behavior will be performed. If the Maa community members perceive the intended benefits of the ARP, then they will be motivated to abandon the FGM and instead embrace ARP. Third, Subjective norms which refer to the belief about whether most people approve or disapprove of the behavior. It relates to a person's beliefs about what peers and people that are important to the person think when he or she engages in the behavior. If the people around the adolescent girls approve of the ARP then Maa girls will embrace it and not regress back to FGM. The acceptance of the ARP by the Morans who are the prospective suitors

of the adolescents is thus important in reducing pressure to participate in the FGM ritual. Fourth, Social norms refer to the customary codes of behavior in a group or people or a larger cultural context. Social norms are considered normative, or standard among a group of people. The FGM is practiced by the Maa community as a cultural norm and not individual choice. Any “uncircumcised” girl is considered a social outcast. The ARP concept is considered to preserve the community values without involving the genital ‘cut’ among the Maa communities and therefore promote the ‘good’ cultural practices. Fifth, Perceived power which refers to the presence of factors that may influence or impede the performance of a behavior. There are other factors such as budgetary allocations for FGM prevention interventions by the anti-FGM board and CSOs, literacy levels in the community and willingness of the local community to report on the violation of FGM prevention measures that have an influence on the level of ARP acceptance. And sixth, Perceived behavioral control refers to one's perceived ease or difficulty in acting the particular behavior. The adoption of ARP would be affected by behaviors such as medicalizations of FGM, ostracism of ARP campaigners, and performing FGM in secret.

In summary, the attitudes towards FGM and its alternative ARP coupled with perceived behavioral control and subjective norms that encourage the acceptance or resistance to ARP among adolescent girls in Laikipia were thus presented by an implicit proposition as follows:

ARP is an effective instrument in the prevention of FGM among adolescent Maa girls in Laikipia.

2.3. Conceptual Framework

Figure 2 below shows the conceptual framework that was used to test the correlations between ARP interventions and FGM prevention outcomes. The framework provides a visual summary of the indicators or measures that show the interrelationship between the two key research variables – the ARP interventions and the FGM prevention outcomes. In particular, it presents

the personal and socio-economic outcomes that were expected to occur when the ARP interventions were implemented. It, therefore, presents the implicit assumptions about the correlations between the ARP interventions on the one hand and the FGM prevention outcomes on the other. The visual depiction also took into account the expected influence of the intervening variables.

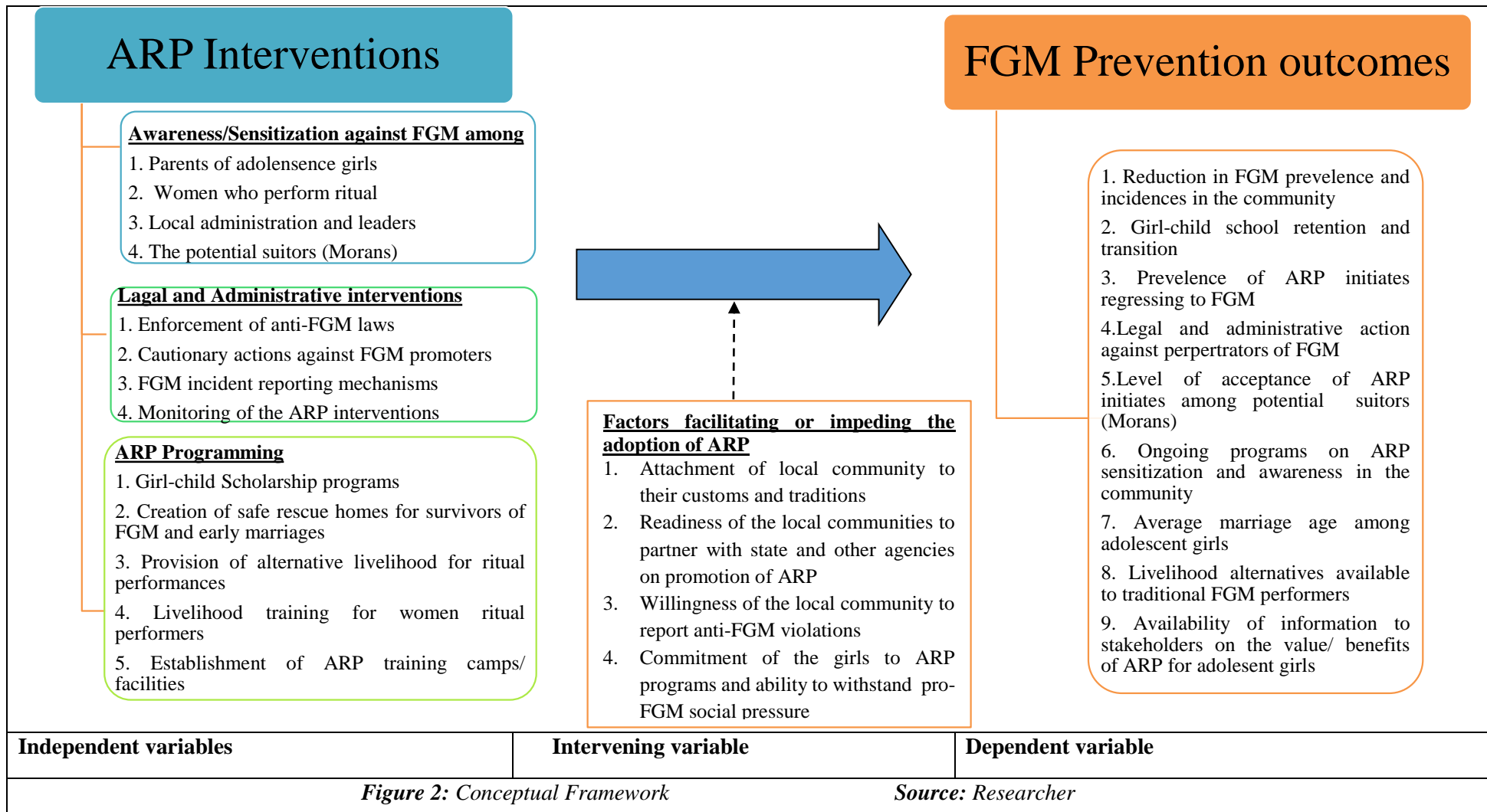


Figure 2: Conceptual Framework

Source: Researcher

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

This chapter outlines the methods that were used in the study to meet its objectives and answer the research questions. It describes the study site, the research design, the target population, and sample selection methods as well as the research instruments. It also explains how the data were collected, organized and analyzed. The chapter is broken down into the following sub-sections: description of the study site and population; research design; unit of analysis; sampling methods; data collection methods; data collection instruments; and data analysis and interpretation.

3.2. Site Selection and Study Population

Laikipia is one of the 47 counties of Kenya and is located approximately 200km north of the capital Nairobi. It is bordered by Samburu County to the North, Isiolo County to the Northeast, Meru County to the South, Nyeri to the South, Nyandarua County to the Southwest, Baringo County to the West and slightly also Nakuru County to Southwest. Laikipia County has a population of 399,227 people (Male - 49.8 percent, Female - 50.2 percent) with a population density of 42 people per Km², annual growth rate of 3.9%; age distribution of 0-14 years at 42.1 percent, 15-64 years at 53.8 percent, 65+ years at 4.0 percent; and 103,114 households (KNBS, 2010).

The population of Laikipia consists of three dominant ethnic groups that are, the Kikuyu approximately 50 percent, Samburu 30 percent, Maasai 15 percent. Other ethnic groups including the Turkana, Borana and Pokot account for the remaining 5 percent of the county's population. The Maa communities of Laikipia are the Samburu and Maasai. They are mostly found in the sub-county of Laikipia north and to a little extent in Laikipia West. This study

was therefore conducted in these two sub-counties with relatively large Maa speaking populations (KNBS, 2010).

Compared to other communities, the Maa communities of Laikipia are a semi-nomadic people who live under a communal land management system. They live in communal circular arranged compounds which are traditionally shared by members of an extended family. However, due to the new land management system, it is not uncommon to see a kraal occupied by a single family (Spear, 1993). Livestock such as cattle, goats, and sheep are the primary source of income for the Maa communities. Cattle are the most important assets of the Maa people. Livestock products are used for food or sold to other groups in Kenya for the purchase of beads, clothing and grains, school uniform and school fees for children (Maasai Association, 2017). Typically, Maa girls undergo FGM between the ages of 11 to 13 and are soon afterward married off to much older men more often with multiple wives who are chosen by their fathers in exchange for cattle. At least two out three Maa community girls are out of school and already performing motherhood tasks soon after undergoing FGM (KDHS, 2013/14).

3.3. Research Design

This study utilized a phenomenological research design to investigate the effectiveness of the ARP interventions in the prevention of the practice of FGM among the Maa speaking communities of Laikipia County. The study focused on the understanding of female adolescent initiation into adulthood through the ARP in Laikipia. By focusing on the experience of Maa communities in relation to ARP and FGM phenomenon, the design supported in generating the rich data on the underlying meanings and lived experiences of the adolescent Maa girls transitioning into womanhood.

The phenomenological design involved gathering in-depth data and information on the participants' perceptions about FGM and ARP through inductive qualitative interviews, focus group discussions and participant observations. The emphases were on presenting information from the perspective of the research participants. The research design was, therefore, suitable for investigating the lived experience of the adolescent Maa girls of Laikipia on the effectiveness of ARP interventions in preventing FGM phenomenon through interviews and observation of individuals and groups.

3.4. Unit of Analysis

The units that are directly described for purposes of summing their characteristics in order to describe other larger group and or abstract phenomenon (Mugenda and Mugenda, 1999). The unit of analysis in this study was the individual adolescent girls who are traditionally defined as qualified to undergo rites of passage to womanhood among the Maa communities of Laikipia County.

3.5. Sources of Data

Primary and secondary data sources were utilized in the course of this study. The primary data are those which are collected afresh for use the first time and thus happen to be original in character (Kothari, 2008; 95). On the other hand, secondary data are those which have been documented and already been passed through some analytical processes (Kothari, 2008; 95). Primary data were obtained by conducting sixteen (16) face-to-face interviews with girls who have undergone ARP, one (1) FGDs with girls of 13 years and below, one (1) FGD with girls between 14 – 18 years of age, two (2) separate FGDs with female and male parents/ guardians of adolescent girls, one (1) FGD with prospective adolescent girls' suitors (Morans), one (1) Key Informant Interview with a female traditional excision performer, two (2) Key Informant

interviews with community leaders and local administration, four (4) Key Informant interviews with Advocacy and Human Rights Organizations and Religious leaders. The secondary data, on the other hand, were obtained through a progressive literature review of the sources of information that were considered relevant to the objectives of this study.

The research participants were mainly drawn from four (4) wards of the Laikipia North constituency, namely, Sosian, Segera, Mgogodo East, Mgogodo West, and five (5) wards of Laikipia North, including, Igwamiti, Ol-Moran, Rumuruti-Township, Githiga, Marmanet, and Salama.

3.6. Sampling Design

Sampling design is the procedure adopted by the researcher in the selection of the elements, individuals, entities, etc. from the population for investigation in a study (Kothari, 2004). The participants that were selected for both FGD and Key Informant Interviews (KII) were relatively homogenous groups with relatively similar experiences and who were familiar with the ARP and FGM practice. This study utilized the non-probability sampling methods to identify and contact participants from among parents and guardians of adolescent girls, traditional FGM rites performers, Maa community cultural custodians and local administration.

The study involved girls in pre-puberty to early adolescence age group of 11-17 years as a key source of information. It also involved parents and guardians of the adolescent girls, a female traditional excision performer, male adolescents who were considered prospective grooms to the girls, community leaders and local administration and, Human Rights Organizations and Religious leaders representatives.

The participants for this study were sampled from different wards of the two constituencies predominantly occupied by the Maa speaking communities, Maasai and Samburu of Laikipia County. There were four (4) wards in the Laikipia North constituency, namely, Sosian, Segera, Mgogodo East, and Mgogodo West, while Laikipia West had five (5) wards, Igwamiti, Ol-Moran, Rumuruti-Township, Githiga, Marmanet, and Salama from which participants were drawn. The study excluded the Rumuruti-Township because it is cosmopolitan with a large presence of non-Maa communities.

3.7. Data Collection Methods

This study utilized interviews and direct observations as the primary data collection methods. The interview methods included one-on-one meetings, Focus Group Discussions (FGD) and Key Informant Interviews (KIIs). Both direct observations and interviews took place in the field at the same time. Secondary data were collected through a desk review of the relevant literature relating to FGM and ARP among the Maa communities. These different methods were used to collect data from different kinds of respondents for the purpose of triangulation. The interviews mainly took the form of conversations on the subjects of FGM and ARP in order to create a relaxed and trusting atmosphere (Moustakas, 1994).

3.7.1. Direct Observation

This study used observation techniques throughout the field visits solely to collect data that may not have been easily verbalized about FGM and ARP especially because of fear of self-incrimination. The method was also used to collect data that were considered important to the study but may not have been included in the interview schedules before setting out to the field.

Direct observation methods provided the study with flexibility in getting more relevant data without the need to be structured around a hypothesis. However, to reduce any bias, data collected through observation were considered unique to that population or village and

therefore would not be generalized to others. This was to avoid the methodological pitfall that Moustakas (1994) cautions that “sometimes the researcher may see what they want to see”.

3.7.2. Interviews

The study used two interview methods

3.7.2.1. Key Informant Interviews

Key Informant interviews were used to elicit information from persons considered relevant in terms of their participation or influence on FGM practice and ARP campaigns especially the leaders of human right organizations and local administration. The selection of the participants for KIIs took into account specific roles that they could play in regard to FGM and ARP and policy and legislative frameworks implementation. The participants for this method included traditional FGM practitioners, community leaders, experts on Maa community culture and local administration. Each KII took approximately 45 minutes to one hour.

3.7.2.2. Focus Group Discussions

Focused Group Discussions were used to generate in-depth data on particular topical issues relating to ARP and FGM among the Maa communities. The method was applied to the small group meetings with adolescent girls, parents, and guardians of adolescent girls and, Morans. Each FGD took approximately one to two hours.

3.7.2.3. Desk Review

Desk review of existing or recorded information was the main source of secondary data for this study. The secondary sources were documents pertaining to particular topics relating to FGM and ARP in Kenya. These documents included books, journal articles, magazines,

existing legal material, previous research undertaken on FGM and ARP and reports by CSOs and Government agencies among others.

3.8. Data Collection Instruments

A research instrument is a "tool" for collecting data (Creswell, 2007). In this study, the following instruments were utilized:

3.8.1. Interview Schedule

Interview schedules were used for both FGD and KII to allow a systematic and consistent elicitation of data from the respondents. Before the interviews were conducted, consent to participate in the study was sought after explaining the purpose of the study and the research process to the potential participants. All the FGDs and KII were conducted using a combination of the local Maa languages, Swahili and, English as was appropriate to ease communication with the participants. The study also hired interpreters to facilitate communication with participants who would only be able to speak Maa languages.

3.8.2. Observation Guide

Observation guide was used especially during the FGD and KII with traditional rites of passage performer, girls who underwent FGM, parents, and guardians of girls who had undergone FGM. These groups of participants were considered to be uncomfortable verbalizing some matters relating to FGM especially because of fear of self-incrimination. This tool, therefore, helped in documenting information on subjects or behaviour that could not be articulated or verbalized. For example, the clothes and beads worn by girls would suggest whether or not they have undergone FGM if they were not willing to say.

3.9. Data Analysis and Interpretation

As Moustakas (1994) indicates, the research procedure starts with identifying the phenomenon under investigation. After collecting data using the different methods stated above, the data were analyzed by following Moustakas' phenomenological data analyzing procedure. The procedures include preparing data for the analyses, reducing the data, engaging in imaginative variation, and uncovering the essence of the experience.

This was a qualitative study and the data collected were analyzed by collating and constructing narratives around the study objectives. Data collected through key informant interviews, FGDs and observation were analyzed thematically. The themes were developed from the ARP interventions and outcomes as guided by the study questions, objectives and the conceptual and theoretical frameworks.

3.10. Ethical Considerations

This study observed a number of ethical rules and standards. First, before the commencement of fieldwork, authorization, and permission was sought from both the University of Nairobi and local administration in Laikipia County. The actual interviews were carried out with the assistance of local research assistants who were trained and sensitized on how to observe ethical rules pertaining to the conduct of social research. The local assistants also guided with the use of appropriate language given cultural sensitivity to the Maa speaking community.

During the field interviews, informed consent was sought from the participants and they were assured of the confidentiality of the information that they provided. The respondents were briefed beforehand about the average duration of the interviews and the venues. All fieldwork

team members were required to not to do anything to expose any participant to harm and also not to use any enticements on participants to take part in the study.

While pre-puberty to adolescents aged between 11-17 years old participated in one-on-one sessions, their parents partook in FGDs. The consent for girls were given by their parent or guardians most of whom were involved in the study as participants. The interview for the girls mainly focused on their experience with ARP rather than engaging them directly in the emotive subject of FGM.

CHAPTER FOUR: DATA PRESENTATION, ANALYSIS, AND INTERPRETATION

4.1. Introduction

This section presents the findings on the effectiveness of the ARP interventions in eradicating FGM among girls in pre-puberty to early adolescence age group of 11-17 years in the Maa-speaking communities of Laikipia County, Kenya. These findings are presented according to the study objectives which were:

- 1) To analyse the strategies employed to promote and secure the adoption of the ARP as an alternative to FGM among the Maa speaking communities of Laikipia.
- 2) To assess the attitudes and perceptions of the Maa speaking communities of Laikipia regarding the adoption of ARP as an alternative rite of passage for girls.
- 3) To analyse the impediments to the implementation of ARP interventions among the Maa speaking communities of Laikipia County.
- 4) To evaluate the mechanisms to strengthen ARP interventions among the Maa speaking communities of Laikipia.

4.2. Data Collection Period

The actual data collection took place between the 28th of September 2017 and 15th of October 2017. Based on identified gaps in the collected data during the report review process, the study undertook a follow-up field visit between 22nd and 28th of July 2018 to collect necessary data that was used for filling the information gaps. Subsequent to the second field visit, the researcher also used the prior contacts of participants to clarify information whenever it was necessary through telephone conversations.

The interviews with adolescent girls of 13 years and below were conducted on the weekends when they were out of school and this accorded the researcher an opportunity to engage the girls from different schools and classes. Likewise, interviews with community leaders and local administrators were conducted during the weekends since they were engaged with other community duties during the weekdays. The interview with a traditional FGM ritual performer took place late in the evening on her suggestion as a means of avoiding any public attention that would raise suspicion or lead to self-incrimination since the practice of FGM is legally prohibited. The study had intended to interview at least three such ritual performers but this did not materialize since it was difficult to identify more than one. The researcher learned that the community members were unwilling to reveal information about them for the fear of exposing them to legal action for engaging in outlawed FGM activities.

4.3. Strategies for Promotion of the ARP as an Alternative to FGM in Laikipia

This study established that there were different approaches that were used by the government and civil society organizations to promote and encourage the adoption of the ARP as an alternative to FGM among the girls of Maa-speaking communities of Laikipia, with varying degrees of success. The strategies identified included girl child education and empowerment, the involvement of men and Morans to influence adoption of ARP, and the establishment of Rescue Centres for FGM and child marriage escapees. Other strategies involved educating traditional FGM rites performers and offering them alternative livelihoods, creating public awareness on the health risks of FGM, use of mass media to promote the adoption of ARP, implementing legal measures for prevention of FGM, and involvement of Religious leaders in encouraging the adoption of ARP in place of FGM. These strategies were employed as elaborated below.

4.3.1. Education and Empowerment of Girls

Education of the girl-child was employed as a long-term strategy for ending the traditional rite of passage (FGM) because it provided girls with the knowledge to defend themselves as well as to resist or avoid the harmful ritual. Education served to sensitize and inform the girls about their rights with the result that they could exercise these rights and make appropriate decisions. This study found that free primary education (FPE) introduced by the Kenya government in January 2003 tremendously increased school enrolment rates, especially for girls who for a long time had been neglected in favor of boys. The FPE was subsequently used by the implementers of the ARP as a tool to ensure that both girls and boys were in school and out of the danger of the FGM and early marriages (UNICEF, 2016). A representative of the local administration emphasized these efforts by asserting that:

“It is illegal for a parent not to take their children to school, whether boys or girls. This has encouraged many children especially girls who were previously disadvantaged and that is why we have witnessed the emergence of a number of women leaders in the Maa community”.

This study, however, established that momentum for school enrolment had drastically dropped after the initial surge following the introduction of FPE in 2003 due to limited support from the government and high prevalence of poverty among the communities. A forty-year-old male parent participant in an FGD had this to say:

“The community does not find motivation in education anymore because children cannot proceed to higher levels. Education has not helped us get out of poverty and that is why we have continued with the practice. We do it but not as openly as we used to. The practice allows us to get a bride price and to maintain our family lineage”.

FGDs with both male and female parents of the adolescent girls revealed the benefits of education in preventing the practice of FGM. The group interviewees acknowledged that education had contributed to the prevention of the FGM and acceptance of ARP programs

thereby increasing knowledge about girls' rights. For instance, a fifty-year-old male participant in an FGD with parents observed that:

"I was challenged by my daughter who refused to undergo FGM. I was mad at her and I asked my brothers what to do. The girl ran away from home and returned after two months. My brothers did not accept her but I have accepted her since I know the pain of separating from a child. Today am happy that she refused and continued with her education because she is now happily married in town and employed. Girls who have undergone FGM are considered women who can be married immediately even to older men and start their families. These girls do not have the chance to continue with their education as my daughter did".

When asked about who made decisions on the rite of passage plan, a forty-five-year-old male parent answered:

"Of course, it is me who decides, but today I would be willing to listen to my daughter if she said that she did not want to undergo FGM. Unfortunately, all my daughters are already married and they underwent the ritual. My granddaughters will have a better chance to attend to their education because they will not be forced to undergo FGM since I am now better informed".

This suggests that the locus of control remained skewed in favor of the male parent and to some extent the male relatives of a girl's father. Whereas the ARP initiatives are designed to spread this locus of control to include the initiate, it was apparent that the culture of deferment to the male parent and the clan presented real challenges to the protection of the Maa girls' rights to education in Laikipia.

When asked how they would prefer their daughters initiated into adulthood, a female parent participant in a focus group discussion remarked as follows:

"I would not allow my daughters to go through the brutal ritual because it does not serve any purpose. Things have changed and we are more educated. It would be better for our young girls to continue their education and have better lives in their future families".

This indicates that FGM was gradually being recognized as an impediment to girls' education and also tended to put the girls' future lives in jeopardy.

When asked whether they would approve of their adolescent daughters enrolling in the ARP programs, a forty-year-old male parent participant in a focus group discussion remarked:

“My daughter is free to participate in the Alternative Right of Passage and I fully support ARP. Through this she may be able to continue with her education or may be able to get a scholarship, become a leader and support this poor village”.

An interview with a girl of about 19 years who had gone through the ARP indicated that she was able to go to school and that she felt more empowered compared her age-mates who had undergone FGM.

“At first it I thought that I had made a wrong choice to disobey the wishes of my family and community. Today even my parents, especially my mother is so happy for me because I have gone to school. They now believe that I will help in solving the problems like poverty that we face. I am now in college and my parents have given me the freedom to go out and participate in community development meetings organized by local NGOs while my age-mates are either already married off or cannot leave home”.

These statements show a steady rise in the levels of approval of the alternative rites of passages in the Maa communities of Laikipia. Most of the parents, especially the female ones, approved of the alternative rites of passage because it provided an opportunity for girls to continue their education and have stable families. However, a significant number of the male parent still held strong opinions that FGM was an important rite of passage for girls in the Maa communities.

A number of civil society organizations were reported as having provided scholarships for girls to make them remain in school and therefore enables them to escape facing the ‘cut’. The Pastoralist Child Foundation was one such organization working in Samburu and Maasai that used Mara educational sponsorships for girls to eliminate. The organization had given scholarships to enable girls who would otherwise have been mutilated and forced into early marriage to remain in school. The county and national governments through Constituency

Development Funds had also committed to eliminating female genital mutilation with most of the education funding used to provide scholarships for girls.

4.3.2. Involving Men and Morans to Encourage Adoption of ARP

Among the Maa communities, the Morans are the young men usually recognized by their colorful red, blue and white clothes, with necklaces of white beads and are the prospective suitors for the adolescent girls. Their acceptance of the girls who have undergone ARP would be critical to the prevention of the FGM. If they rejected these girls for marriage then a few girls would be interested in participating in ARP programs as an alternative rite of passage. A focused group discussion with the Morans revealed that they had embraced ARP programs and they were generally agreeable to providing support towards the prevention of FGM. They had also learned about the negative effects of FGM on girls. A twenty-five-year-old Moran noted that:

“In this community, we are about eight men who have married girls who underwent ARP and further formed champions for change group to educate other young men against FGM. We urge others to join us”.

On his part a twenty-seven-year-old Moran remarked:

“While at a workshop we were taught that girls who went through FGM would bleed uncontrollably and could die. This made me ask myself — what if that was my daughter? This is when I decided I would not let my daughters go through FGM. I also decided that I would start a campaign to help my community to stop this act. In this community, hospitals are located far and we have seen many women die because they bled excessively during childbirth. I believe this is because of FGM like we were taught in that workshop”.

The evidence from the interviews with the Morans revealed a marginal growth in support for ARP among this social group. It further affirmed that the involvement of men had the benefits of not only sensitizing them to the complications and sufferings that girls who had undergone FGM experienced, but also changing their attitudes to accepting girls who had embraced ARP. This change of attitude, however, did not appear to have significantly eroded the men and the community's attachment to the traditions that promoted FGM.

This was evident from an interview with local organization coordinator, Maundi Nimeri, which revealed that men and community leaders held most of the decision-making powers that allowed the practice to continue and could play a role in ending female genital mutilation and other harmful practices. The expert noted that:

“Challenging dominant norms of masculinity is an important step towards ensuring that men and boys are strong advocates for tackling the practice and for changing attitudes and behaviors in communities and society at large. The civil society groups have helped to break the silence, promote attitudinal and behavioral changes among men and women, as well as reduce the social pressure that perpetuates the practice”.

4.3.3. Rescue Centres for FGM and Child Marriage Escapees

The study identified a number of organizations involved in the support and protection of the girl child from early marriage and FGM in Laikipia. The organizations included AMREF, Tareto Maa, Samburu Girls Foundation, World Vision, Aphiaplus and Maundu Ni Meri Self Help Group. These organizations also provided safe homes, clothing, food, school fees for girls at risk of forced FGM and early marriage. In addition, they facilitated the reconciliation of the girls and their families as well as their reintegration into the community. During their stay at the rescue homes, the girls were educated on children’s rights and advised on how they could help girls in similar situations to avoid abuse. In all these efforts the organizations partnered with both church leaders and local authorities as they extended the education to the local communities. A coordinator of a local NGO, Ilamayio, involved in the protection and rescue of girls at risk of FGM and early marriages, observed as follows:

“The One More Day for Children, an NGO founded in Doldol, runs a rescue center for girls facing the threat of FGM. Once a girl is identified as being at risk and is put under the care of the center, she receives support and counseling while social workers and lawyers work to facilitate a family reunion. Local police will also carry out investigations, where necessary, with a view to conducting the prosecution in the children's court. However, of late this organization has not been very active, I think it is because of lack of funding support”.

The persistent threat of FGM and early marriages among the Maa girls in Laikipia was, however, evident from the International recognition of the girl child protection work led by Josephine Kulea, Founder and Executive Director of Samburu Girls Foundation. During the 4th International Day of the Girl Child, observed on 11 October since 2012, Kulea was recognized by US president as being part of the Kenyans who had rescued over 1,000 girls in Marsabit, Samburu, Laikipia, and Isiolo (<http://www.capitalfm.co.ke/news/2015,24.09.2017>). This number was incredibly high considering that it was recorded by a single organization between 2010 and 2013 –an indication that the rate of forced FGM was still high among these communities.

Officials of Rescue Centres and Girl-Child Support organizations also reported that they often linked the rescued girls with one another and provided support to the girls even after they returned to their homes. An FGD with girls who had participated in ARP confirmed that the rescued girls had links with each other and that they were also supporting in promoting of the rights of the adolescent girls. On this matter a seventeen-year girl participating in a focus group discussion observed:

“We want to maintain the grouping as girls who have been rescued because even now we are still in danger. We are constantly under pressure and we fear that we may be ‘circumcised’ even during childbirth. Together we shall be able to fight even for the rights of many more girls who are still young”.

This suggests that community pressure was the main cause of the girls sliding back into the FGM after initial acceptance of ARP. Although the ARP programmes imparted knowledge to the girls, the communities had not fully embraced ARP as an acceptable alternative to FGM.

4.3.4. Educating FGM Performers and Offering Alternative Livelihoods

This study found that a number of organizations such as Maundi Ni Meri self-help group provided education on alternative income generating activities such as poultry farming, goat rearing and vegetable farming to the community and especially to the traditional FGM ritual

performers. An interview was conducted with an individual who admitted to being a traditional FGM rite performer and who had been recruited into the program on the promotion of ARP. It is among this group that the study was able to identify the traditional ritual performer who agreed to be interviewed. It was, however, difficult to get other traditional ritual performers who were not members of the group. The interviewee reported that she had been involved in other training organized by a number of organizations in fields such FGM health risks, HIV & AIDS prevention, and Income Generation Activities (IGAs) and not necessarily as a traditional rite of passage performer. She acknowledged that she was empowered and was no longer interested in performing FGM on young girls. She, however, admitted to occasionally giving in to the demands and pressure from the community to perform FGM. On social pressure to perform FGM she said:

“Now I have chicken at home that I can sell to get income, I do not like to perform FGM on girls anymore. I have been taught about the harmful effects of FGM on girls. However, I must admit that men continue to call me to do the community ritual and I have done it, though I am not happy”.

When asked about her self-sustenance following the introduction of the ARP programs, she said:

“The ritual is not my main job, it just supplements what I get from other sources of income. Today girls are not as many as they used to be, so I have other alternative activities that earn me an income. Like any other person, I have to do other work to survive. I only do this because of the demand from the community”.

Although these initiatives focusing on FGM rites performers had some influence in persuading the excisors to end their involvement in FGM, they did not change the social customs that created the demand for their services (UNICEF, 2005). Such initiatives would, therefore, have to be complemented by efforts in addressing the demand for FGM since separately they did not have the necessary impact on ending FGM (UNICEF, 2005).

4.3.5. Creating Awareness on Health Risks of FGM

This study found that strategies involving education of communities on the negative consequences of FGM were used in the campaign to eradicate FGM. Informing communities and individuals of the health risks associated with FGM was a key component of the majority of the strategies for encouraging the abandonment of FGM. These interventions developed and communicated messages that emphasized the harmful physical effects the practice had on girls and women. An important aspect of this approach was that it could be used to break the silence in a sensitive social and political environment because it became acceptable to talk about FGM in these terms in public situations. One of the respondents, the founder of Ilamayio foundation said:

“We have taught the community on the short and long-term health complication triggered by FGM. We have educated the community on risks such as Childbirth complications, Sexual relations complications, Haemorrhaging, Psychosocial complications among others. It is good that the community especially women and girls are able to relate to these complications and are now changing their attitudes against FGM”

A group interview with mothers of adolescent girls who had undergone FGM revealed that some of them had experienced a number of negative health complications including excessive bleeding, genital tissue swelling, severe pain, urination problems, psychological pain, and death. These women reported that initially, they did not know that FGM was the main cause of the problems that they were experiencing. Following the education by civil society organizations, many of these women understood the causes of their health problems. They also reported that medical volunteers in the community were providing information on the health risks of FGM and offering medical services in response to complications arising from FGM. A thirty-one-year-old participant in a female parents' focus group discussion noted:

“For a long time I didn't know what my problem was, I had a lot of pain in my life. If this is my case, why would we let our young girls go through a similar situation”.

On the issue of health risks related to FGM, a female volunteer health worker remarked:

“Many women have consulted me about their health conditions because they are now aware. However, I cannot help them much. Their situation is irreversible. For now, I am only educating them so that they can realize the source of their problems and with that, they will not force their girls through the same problems. Some of the girls who have experienced health problems due to FGM have been transferred to Gender Recovery Centre in Nyeri, while others who can afford it, have gone to Nairobi Women Hospital in Nairobi for specialized medical care. The ones who have come back have been helpful in campaigning against FGM and promoting ARP. We believe that they are well-informed about the health risks of FGM”.

Empowerment through education was found to help the Maa people examine their own beliefs and values related to the practice in a dynamic and open way that was not perceived as threatening (Population Reference Bureau, 2006). This study observed that community education or awareness among the Maa community of Laikipia took various forms including literacy training, provision of information on human rights, general health, and sexual and reproductive health information. The community awareness campaigns were conducted by organizations such as AMREF, Tareto Maa, Samburu Girls Foundation, World Vision, Aphiaplus and Maundu Ni Meri Self Help Group. The participants, the Morans and girls who had undergone ARP, reported that they had been educated through formal workshops and use of traditional communication means such as poetry, folktale, song, dance, and sports. The participants indicated that the strategies used were identified as the ones that were cognizant of the cultural sensitivities of the Maa communities on the matter of rites of passage.

4.3.6. Use of Mass Media in the Promotion of ARP

This study found that most of the interviewees and participants had mainly heard of the anti-FGM campaigns through local radio stations and in particular Mayien FM, Radio Maa, and Orkonorei. The dominant broadcast messages, regularly conveyed with the help of health professionals that the participants reported they heard concerned the medical complications of FGM. This, they noted, had resulted in an increase in the number of women and girls

seeking medical care. Some of the participants also noted that they had seen billboards, posters, theatre performances and music campaigns encouraging the abandonment of FGM.

A report by 28 Too Many (2016) indicated that media campaigns had also been employed for opening up a platform for local influencing such as the Girl Generation, which is a global campaign launched in Kenya, The Gambia, and the UK in October 2014 that supports the African-led movement to end FGM. The campaign aims to amplify anti-FGM and ARP promotion messages. The *Guardian's* [Reference or alternatively explain who or what the Guardian is] global – End FGM – campaign also supports and publicises the work of grassroots campaigners in Kenya.

The findings, however, indicated that both conventional and non-conventional media had not made a significant difference in passing anti-FGM messaging because of the poor telecommunications network coverage in this area. One of the respondents in the FGD with Morans observed:

“Here in Laikipia, there are some areas that do not have radio receptions and the mobile network coverage. We don’t have smartphones that can access online information. We can only listen to the radio when we get to areas with coverage. Newspapers only reach this place on Sundays”.

4.3.7. Enforcement of Anti-FGM Policies

This approach consisted of advocating the enactment and enforcement of legislation against FGM (28 Too Many, 2016). The legal approach was found to be most effective when accompanied by awareness campaigns especially because the communities that practice FGM did not have reliable access to information and were not able to read and interpret these laws on their own. A report by 28 Too Many (2016) noted that the collaboration between sports team of the Maasai Cricket Warriors and sports development charity *Cricket without Boundaries* was a means of raising awareness on anti-FGM laws and empowering youth to

end the practice. These young sportsmen acted as champions for change in communities and used their reputations from athletics achievements to bring about social good.

This study revealed that there was little awareness among the Maa community on the existing laws against FGM. However, the community members had general knowledge that the practice of this traditional ritual was unlawful but was not quite sure of the particular laws.

This was evident from the remarks of one of the male parents FGD who observed:

“We don't know about those laws but we hear that it is bad to practice FGM. This is something that we have done since we were born, how can someone say that it is wrong. I have never seen anyone arrested. They just keep on threatening us”.

It was, however, evident from the interviews with the community leaders and the local administration that these leaders were well-informed about the existing anti-FGM laws. A local administrator had this to say on the anti-FGM laws:

“We are aware of the laws. What we lack are regular forums to educate the communities about them. We have been taught by civil society organizations in workshops mainly organized in towns like Nanyuki and Nairobi. We only need support to educate the community so that they also become aware of them”.

On the role of the local leaders and administrators in the prevention of FGM he observed:

“As a representative of the local administration, I have played a big role in community awareness, support to the girls, and enforcement of the laws against the ritual. I forward these cases to the police and I negotiate with hospitals to reduce the cost of treatment for FGM survivors. I hold periodic ‘barazas’ (public meetings) where I ask victims to come out and report. I work with civil society organizations like Caritas to organize road shows, and barazas where we sensitize the public, I mobilize people, I attend to the cases in my office and am available to answer any questions about FGM the public may ask”.

A report by *Equality Now* (2014) further revealed that the organization provided support in the translation of the Prohibition of Female Genital Mutilation Act language easy understood by the majority of these communities. This organization, therefore, supported the translation of the Act into Kiswahili language to expand its reach among the populations where the

practice was prevalent. It had also issued 1,000 of these copies to primary school head teachers to inspire teachers to play a role in eliminating the practice.

In terms of legal enforcement of the FGM prohibition, the Demographic and Health Surveys Programme report (2017) indicated significant reductions in the prevalence of FGM from more than 50 percent of girls in 1980 to 20 percent in 2010 among the Maa communities. The report further indicated that 71 cases related to the practice had gone to court and 16 of these cases had resulted in convictions by 2010. In addition to enforcing legislation and policies on FGM, Kenya has established mechanisms to monitor progress in eradication efforts and has allocated resources for implementation, including equipping relevant agencies with the requisite personnel, financial, technical and other resources. However, the Maa communities were found not to be fully informed on the legal measures to eradicate FGM. Among the Key Informants, it was found that the knowledge of the law on prohibition of FGM was only slightly better than the average person in the community since some of these had limited information on legal enforcement.

4.3.8. Role of Religious Leaders in Promoting ARP

Laikipia County has different religions, but Christians and Muslims are the main religious groups. The traditional rites of passage for girls were found to involve members of these two religious groups. Among some Muslim populations, one compelling factor given for practicing of FGM was the need to comply with Islamic teachings in favor of circumcision. However, the study found that although the Quran explicitly demands male circumcision, there is no reference to FGM. Among the Maa Christians, FGM was found to be practiced for cultural rather than religious reasons (World Bank Report of FGM 1994:4).

This study found that even though a large number of people in the study area were found to be Christians, most of the Maa community members maintained strong traditional beliefs and practices. There were comparatively few Muslims living in the area. Many of the study participants, however, indicated that they were willing to support and take part in the Alternative Rites of Passage. A religious leader in Maundu ni meri stressed that the justification of FGM was the local Maa traditions and the underlying beliefs and superstitions. He noted that the Christians and Muslims only appeared to have been assimilated into these customs since neither the Bible nor the Koran recommended that women are excised. The religious leader observed that:

“Since neither the Bible nor the Koran permits FGM, the alternative rite of passage provides a substitute that does not cause blood to be shed. We have many churches leading programs that seek to eliminate the practice of FGM. My church provides a safe home for girls who have escaped from the cut, counsels, and also educates them on their rights before they are reintegrated back into their families. We also have regular talks with the congregation as the mean of encouraging them to abandon FGM and embrace ARP. This is something that will obviously take a long time to achieve but parents are gradually accepting and the number of girls undergoing FGM is reducing”.

These findings show that the church played a key role in supporting the eradication of FGM among the Maa of Laikipia and provided safety for girls who needed to escape from the traditional ritual. For instance, during an FGD with female parents, when asked where they got information about ARP from, one of the participants responded as follow:

“I heard about the ARP for the first time in our church. The priest taught us that ARP is a safer way of girls’ initiation and does not lead to the shedding of blood, unlike FGM that is sinful. Our church has also provided safety to a number of girls who have run away from their homes due to pressure from the parents to undergo FGM”.

4.4. Attitudes and Perceptions of the Maa towards ARP

The study observed a mix of attitudes and perceptions toward the adoption of ARP as an alternative to FGM. Interviews with different categories of participants revealed that many

segments of the Maa community were progressively accepting and adopting ARP as the alternative rite of passage.

Interviews with girls who had undergone ARP showed that there was a notable change in the Maa girls' attitudes and perceptions regarding acceptance of the ARP in place of FGM. This was expressed by a fifteen-year-old girl who noted that:

"I prefer ARP because through it we are still taught how to keep societal norms and values, how to be good wives in the future and most importantly we get empowered by the training. The training includes so many things ranging from the economic, cultural and social awareness and skills. It includes all aspect that girls are trained on during the traditional rite of passage apart from shedding of the blood [cut]. Unlike FGM, ARP does not bring health complications".

In another interview, a sixteen-year-old girl had this to say:

"I am happy because of Maundu Ni Meri Self Help Group who informed me of the ARP program. By now I would have been married and would be having children. You see, even now I am going to school like my brothers and, when I finish my form four [high school] education, I will go to college. I hope to get a job and help both my parent and my own family".

The girls also felt that the traditional rite of passage, FGM, was slowly being replaced by the ARP. They indicated that there was a growing number of girls going through ARP whereas the incidence of FGM was on the decline. An interview with a fourteen-year-old girl revealed the following:

"In our village today many girls are initiated through ARP. Today at least half of the girls being initiated into womanhood do so through ARP and not FGM. Besides, it is difficult to know the girls who have undergone FGM because it is done in secret. Most girls are happy to undertake ARP and most of my friends have done so. Three of them actually underwent ARP with me and we graduated at the same time. Most young girls are very happy to go through ARP because of its benefits and the teachings we receive through the process"

The above statement is in accord with the KDHS (2013/14) report which indicated a decline in FGM prevalence among women aged 15–19 years at 11.4% compared to that of women aged 45–49 years at 40.9%, a trend that underscored the decline of FGM over time. An

analysis of the same report also showed that the FGM prevalence among the Samburu and Maasai had reduced by 11.6% and 15%, respectively compared to 3.4% for Somalis and 11.4% for Kisii.

Further, an interview with a seventeen-year-old girl also revealed that the girls who had gone through ARP were more empowered and aware of their rights. This is illustrated by her statement that:

“I participated in the ARP. We were taught our rights, including health rights. I usually encourage my fellow girls whom we were trained with to remember their rights and what they learned at the four days of anti-FGM training by World Vision. On behalf of all girls, we will throw away FGM. I also reach out to young girls with these messages and tell them not to give in to persuasions. Because we are many who are empowered and we also receive support from some of our parents, church and local administration, I feel safe today”.

The girls’ statements were corroborated by an official of the NGO Maundi ni meri NGO who reported that:

“During the ARP training, the girls attend classes, sleep, and play together for four days. Some of these girls arrive a little shy or hesitant at first, but by the second day, they’ve made friends. Most of the girls are amazing, they show positive energy towards the training, thirst for new knowledge, and determination to achieve their dreams. They want to be teachers, nurses, doctors, lawyers, political leaders, etc. They know they can achieve their dreams if they take education seriously. When they come back to the community, I see so much hope and empowerment in their eyes”.

Further, an FGD with mothers of girls who had undergone ARP revealed a positive change of attitudes towards ARP as an alternative rite of passage. Most of the participants in the two FGDs noted that ARP helped in rescuing them from the yoke of FGM. The study recorded a number of contributions that represented positive attitudes and perceptions towards ARP. A nineteen-year-old young mother who had escaped from the FGM said:

“FGM is still practiced by some people in the Maa community in Laikipia. However, unlike in the past where the practice was associated with open celebration, it is now being done secretly. The community fears the government because it is against the law. Civil society organizations, paralegals, and

chiefs have also created awareness that the 'cut' is against the law and the women who conduct cutting now fear to perform the ritual openly”.

On the changes attributed to ARP, a fifty-year-old participant in a focus group discussion with male parents observed that:

“The ARP has introduced a number of changes in comparison to the traditional rituals. One such change is that some members of the Maa community do sing Christian songs on the celebration day of ARP instead of the traditional Maasai songs they used to sing during the traditional rites of passage”.

There were, however, some community members, especially male parents of adolescent girls who expressed a strong attachment to the traditional practice of FGM and were thus reluctant to embrace ARP. An FGD with men and Morans, for instance, revealed some of the reasons why the Maa community valued FGM and were not ready to entirely abandon the practice. The primary reason was found to be the desire to maintain the skewed power relations between men and women in favor of the former. As one man remarked during the discussion:

“The ARP will make girls go to school and come back to disobey men. I still believe that we should maintain our culture and take the girls through the traditional rite of passage”.

The second reason identified for the preference of FGM to ARP was that it provided the means through which wealth and inheritance devolved to families and kinship lines in form of bride price. FGM signified the readiness of an adolescent girl to marry and with that the qualification of her family to receive a sizeable number of livestock and other gifts as bride price. A Moran participating in an FGD had this to say on the subject of bridewealth:

“Once girls have gone through FGM, they are supposed to be married and bring more cows to the family. These girls cannot inherit property. They can only bring wealth. The inheritance is only passed down the family through the male line and women can only claim property through their husbands”.

The third reason for supporting the practice of traditional rite of passage as opposed to ARP was the role that it played in controlling women's sexuality. Excising part of women's genitalia, they believed, significantly lowered their sexual desires. This perception was evident from the views of a Moran who observed:

“Women are only supposed to be married to one man, only a man can marry more than one woman. An unexcised girl does not have sexual control and can have many men, and that is not allowed in our community and can bring immorality. Even if that girl is a virgin and has not undergone FGM, then she has little chance of marriage”.

These reasons partly confirmed the common concern that girls were married off immediately after undergoing the traditional ritual especially to much older men who already had other wives. A discussion with a thirteen-year-old girl who was approaching the initiation age corroborated these views. When asked about her plans for initiation, the girl said that she feared being scorned or rejected by the community if she would not undergo FGM as illustrated below:

Interviewer: *What are the plans for your initiation?*

Respondent: *My family has planned that I will undergo FGM and I will comply.*

Interviewer: *why?*

Interviewee: *My cousins have been “circumcised” [cut] and I would not like to be rejected. I would not want to be a laughing stock in the community. If I don't go through the traditional ritual, then I will be rejected by suitors and I will bring shame to my parents.*

This attitude was further confirmed in an interview with a fifteen-year-old girl who had undergone the ARP.

“I am so thankful to my parents that I did not undergo FGM because my friend underwent the cut and had to be married off immediately and this forced her to drop out of school”.

She went on to say:

“This subject of alternative rites of passage should be taught in school right from primary, so that many girls who have not had a chance to experience it, can learn in school. The school is the best place because it is hard for some girls to be allowed by their parents to participate since these parents strongly believe that the Maa community culture and traditions must be preserved”.

4.5. Impediments to the Implementation of ARP Among the Maa of Laikipia

Most of the participants in this study reported that since from time immemorial, FGM played an important role in the Maa girls' transition to womanhood, they had retained most of its aspects in ARP save for the 'cutting'. However, the study revealed a range of constraints and challenges that impeded the efforts to prevent FGM while promoting the ARP. The participants reported the challenges and constraints to include:

4.5.1. Inadequate Enforcement of Policies and Laws

Whereas the participants acknowledged that they were familiar with the legislation that prohibited the practice of FGM and the prescribed penalties for its violation, the Maa of Laikipia experienced a dilemma on how to harmonize the formal and traditional legal structures to resolve non-conformity in relation to rituals. Moreover, customary beliefs and values seemed to support female genital mutilation. Furthermore, prosecutions were a rare occurrence partly due to non-reporting of the cases to the formal justice system.

The study participants also cited investigation challenges that tended to frustrate law enforcement officials when addressing suspected violations of FGM prohibition laws. This they partly attributed to the secret nature of the practice and the taboos associated with the ritual. Community members were reported to be prohibited from freely commenting on or disclosing matters pertaining to the ritual. Furthermore, it was never obvious that a girl had been subjected to FGM based on physical appearance making it difficult for law enforcement officials to suspect any legal violations. In addition, the vast and harsh terrain of Laikipia County made it difficult for officials to reach most of the remote villages where these rituals would be taking place.

Interviews with some key informants further revealed that formal justice systems were not easily accessible in the area due to the vastness and poor infrastructure in the area. Most of these justice facilities were located far away from the Maa occupied areas of the county making it costly and inconvenient to seek their services whenever FGM prohibition policies were contravened. In most instances, therefore, the elders would resort to the traditional systems to resolve cases of violations of the anti-FGM laws, notwithstanding the injustice these could cause to the survivors of FGM. As a forty-year-old church leader observed:

“The major problems we experience particularly with regard to FGM include means of transporting the suspects to police stations, which are situated far away. We also experience the unavailability of health facilities to take girls for purposes of collecting medical evidence. In many cases, survivors are made to walk long distances to health facilities even though they could be in pain. Poverty also tends to inhibit many of the girls from accessing justice in the formal courts”.

The study further found that very few cases of FGM were ever reported to the local administration. It was also reported that the girls were often scared of reporting the violations committed by their parents to authorities. The problem was further compounded by the reluctance of the local communities to talk about the traditional rituals openly. A community leader lamented that it was usually hard for the local administration to take action in such circumstances due to lack of cooperation from members of the public.

“I receive an average of six cases of FGM per year as most of the cases are not reported. The few cases that I ever receive are usually reported either by a local civil society organization, girls who have gone through formal education, church leaders or community health volunteers. I have never received any case directly from the girls who have been violated. Most of these cases do not have evidence and it is hard to trace these girls who are violated”.

4.5.2. Low Capacity of Stakeholders to Manage the Challenges of FGM

An investigation of the incidence of FGM in the Maa areas of Laikipia revealed that the collection of reliable data on female genital mutilation in Kenya, in general, remained a major challenge to stakeholders in the anti-FGM campaigns. An official of an FBO, Living In Faith

Association observed that this was largely due to the limited capacity of relevant officials and the inadequacy of applicable guidelines. Many front-line professionals, such as teachers, medical professionals, and child protection officers, were not trained in or conversant with the relevant laws. Some of the stakeholders were reported to be unfamiliar with the issues of FGM and were unable to or failed to record cases appropriately. Likewise, it was observed that whereas there was sufficient empirical evidence to show that female genital mutilation could result in deaths, government agencies in Laikipia were reported not to collect or maintain official data on injuries and deaths associated with the practice. Hospitals in the area were also found not have policies of recording female genital mutilation-related deaths. This was a drawback to the implementation of ARP since it made it difficult for the government to undertake proper policy-making and to allocate resources without adequate data and evidence.

4.5.3. Inadequacy of Rescue Facilities for Girls

Interviews for this study revealed that civil society organizations and religious institutions were the main entities that provided refuge for the girls in danger of forced FGM but these services were usually available for a limited time only. This study also found that despite the importance of rescue homes to the protection and subsequent re-integration of girls into their families, the resources and support necessary for long-term sustainability of these rescue homes in Laikipia were not guaranteed. In some cases, women were found to be willing to support daughters who opted to renounce FGM, but often lacked resources that could be used to provide or sustain the support. In an interview with an official of the Maundi Ni Meri Self Help group the official noted:

“Despite the commitment of the Government of Kenya to promote alternative rites of passage, support in the form of shelters and other services for victims and girls at risk are inadequate. The county government of Laikipia has also not made provisions in law or policy to offer adolescent girls adequate protection from the risks of female genital mutilation”.

4.5.4. Culture and Poverty as Impediments to ARP Campaigns

The links between poverty, the traditional rite of passage (FGM) and early marriages were found to be strong among the Maa community of Laikipia. The FGD with girls below the age of 18 showed that marriages among early adolescent Maa girls of Laikipia occurred often in close succession with FGM rituals. The interviews also revealed that in most situations, these adolescent girls were married to older men whose sexual history were not known to them and often had multiple wives thereby exposing them to risks of HIV and other sexual infections.

Key informant interviews with local community leaders showed that the adolescent Maa girls not only faced the risks of early marriage but also dropped out of school, often as soon as they went through the FGM rites. One local leader observed:

“Because of the level of poverty, most parents marry off girls once they have undergone FGM to get money to pay for school fees for their sons. The community, therefore, marries these girls off for survival and to get wealth”.

This study also found that the traditional ritual performers engaged in the exercise as a means of surviving protracted poverty. An interview with a ritual performer revealed that she often gave in the requests from the community members to perform the ritual against the law due to the gifts she received and the sustenance this work provided. She admitted that:

“As the “circumciser” [‘cut’ performer], this activity contributes a small part of my income. I get gifts like goats that I can sell or rare. The ritual performance is important to parents as well because they get cattle when the girls are married off. So people benefit. The girl ‘benefits’ as do her parents and the community”.

4.5.5. Influence of Age Groups and Peer Pressure on ARP Initiates

The Maa social structure was found to be built around age groups and that girls of the same age group not only grew and spent most of their lives together but also were expected to undergo initiation together as members of the same age group. These age groups were

particularly found to have a negative influence on the ARP promotion campaigns. A focused group discussion with girls aged between 14 and 18 years showed that the age groups made it difficult for these girls to break out and to commit themselves to the ARP due to social pressure. The community, therefore, viewed as outcasts, girls from eligible age groups who failed to submit to the traditional rites of passage. One of the participants in an FGD with adolescent age girls noted that:

“Age group system is a common thing here. So a particular age group will grow up together and when they are grown, they undergo the ‘cut’ together and also engage in other community activities as a group. They will move together until graduation into adulthood through FGM and those who will not graduate through this traditional ritual will be ridiculed. It is this age-group pressure that makes it difficult for girls to accept ARP. In the beginning, some of the girls who had taken part in ARP retracted and opted for FGM because of this peer pressure”.

An interview with a seventeen-year-old secondary school girl who had pulled back into accepting FGM after initially taking part in the ARP underscored the impact of social pressure exerted by age groups on the choices and the behavior of adolescent Maa girls. She had this to say about her decision to accept FGM after initially participating in the ARP program:

“Age groups are gradually weakening because now we have dispersed, some in boarding primary schools and others are away in boarding secondary schools. So it takes a while before we come together. However, girls who are not able to move from home are obliged to live closely together and often face intense social pressure”.

4.5.6. Cultural Secrets and Taboos Involved in Girls’ Initiation

FGM was found to have deep cultural significance for the Maa, making it a very sensitive subject to address in the community. Large segments of the Maa community and families were found not ready to go against the traditions and preferred to continue with the practice of FGM even though they understood that it was harmful. Apart from its deep-rooted cultural significance among the Maa, FGM was reported to be intertwined with a range of Maa cultural secrets and taboos. An interview with officials of an advocacy and human rights organization,

ILAMAYIO Foundation, revealed that often their invitations to the community members to participate in anti-FGM workshops drew very few participants. According to these officials, this could be attributed to two factors; the fear of ostracism to the people who embraced ARP and, a silent rejection by the community of attempts to interfere or change their traditions. One official of the ILAMAYIO observed thus:

“Because FGM is a deeply entrenched and sensitive matter, organizations that have tried to introduce ARP have faced some forms of rejection from the Maa community in the course of their work. Although most forms of rejection are subtle they are occasionally overt and involve the community elders walking away during educational forums. Sometimes the community members do not turn up when invited for ARP activities or the families prevent their daughters from attending workshops because they do not agree with the eradication of FGM”.

As a forty-year-old participant in a focus group discussion with men observed that:

“Even though police are often deployed in the region to investigate some reported incidents of violations of anti- FGM laws, they face the challenge of getting information usually by not being allowed to enter some manyatta (villages). The police also claim they do not have adequate numbers of officers to deal with the task of enforcing the FGM prohibition laws”.

All these observations demonstrate that the secrets and taboos associated with the FGM rituals frustrate the campaigns against the practice among the Maa of Laikipia. They further show that the community’s embrace of the ARP is largely tenuous.

4.6. Mechanisms to Strengthen the Implementation of ARP in Laikipia

The study participants suggested a number of strategies that CSOs and government entities could employ to strengthen ARP interventions among the Maa community in Laikipia. These strategies include:

4.6.1. Working with Community-based Paralegals

Interviews with civil society organizations in Laikipia revealed that paralegals would play an important role in campaigns to eradicate the practice of FGM and mitigate gender-based violence. They noted that paralegals would also impart basic legal knowledge to communities and support the community members in their quest for justice in cases of infractions pertaining to FGM prevention laws. Since the paralegals would be drawn from the local community, their familiarity with the local context and culture would assure their acceptance within the Maa community and ease suspicion against ARP programs. The paralegals would in this manner play a critical role in the monitoring of the implementation of ARP interventions.

The importance of the role of paralegals was underscored in the interview with the Morans when a thirty-five-year-old Moran observed:

“These people called paralegals have taught us about the constitution and the rights of girls. I am beginning to accept that it is wrong to “circumcise” [subject] young girls [to FGM] because we are interfering with their rights. So encouraging the work of paralegals will be necessary since they will be part of us. Since they belong to this culture and will have ready access to community members, I am confident they will be effective in their work here”.

4.6.2. Early Interventions through Rights of Children Clubs

An interview with the staff of a child rights and protection organization, Cradle, revealed that the strategy of early involvement of children in schools in the fight against gender-based violence and child rights violations had proved effective in the campaigns against FGM in Laikipia. The informants also stressed the importance of involving children in the FGM eradication efforts, as peer influence was a key factor in swaying many girls to willingly undergo the ‘cut’. Apart from Cradle, other organizations in Laikipia that had adopted the Rights of Children Clubs approach in their efforts to eradicate FGM and related child rights violations among the Maa included Caritas, and Girl Child Network (GCN). These organizations sensitized children in upper primary and secondary schools on the dangers of

FGM. They involved boys with the aim of encouraging them to accept ‘uncircumcised’ women for wives when they grow up. Boys were thus involved in programmes as change agents with the message impressed upon them that un-excised girls also made good wives. These clubs were also used to reach more pupils in school through drama and debates.

A program officer at The Cradle described how this clubs strategy worked as follows:

“The strategy is used to reach pupils through the clubs rather than as individual pupils so as to ensure sustainability. The project also works with teachers who are in charge of the clubs. The strategy has been very successful in imparting knowledge to children in the fight against all forms of gender-based violence including FGM. If this strategy can be replicated in all schools in the Maa community of Laikipia, then girls would have known about their rights and would be able to defend themselves and avoid this brutal FGM practice”.

4.6.3. Economic Empowerment to the Community

Recognizing that girls were often viewed as conduits for tapping wealth in form of the bride price to the impoverished Maa families following FGM initiation, the civil society informants recommended the strengthening of alternative livelihoods as a strategy in entrenching ARP. They emphasized that if the community had access to alternative livelihoods, the parents would not circumcise their girls so as to marry them off in exchange for cattle. The women who traditionally performed the ritual would also have legal sources of income and would no longer rely on performing FGM as a means of earning a living. In addition, if the community was economically empowered, many girls would continue their education as opposed to a situation where boys were given priority due to limited family resources for education.

This view was exemplified in the observations of a sixty-year-old participant in a focus group discussion with female parents who said:

“It is because of poverty that we practice FGM. So men are just using culture as an excuse but the reality is that we need a livelihood. If we can get income then we shall have the capacity to prevent and respond to FGM as well as access justice”.

This study also found that some organizations gave grants for income generation activities as a way of encouraging excision performers to renounce the practice of cutting girls and to adopt goat keeping as an alternative source of livelihood. However, a review of a report on a similar project sponsored by the International NGO, CARE Kenya (AMREF, 2014), revealed that their project on alternative income for traditional FGM performers in refugee camps did not stop the practice. The report shows that the traditional ‘cut’ performers continued the practice in the camps without charging any fees since they had alternative sources of income from the project. To the contrary, the project recorded the highest number of girls cut in the year they disbursed the funds. While such efforts would at best encourage a few individual practitioners to stop, they appeared to have little or no effect on the demand for the FGM services. Traditional practitioners tended to revert to cutting within a short period of introducing or phasing out of these programs. Based on this, the implementers of the ARP need to focus on its integral that include the involvement of men, legal measure, empowerment of girls, peer-based group support, community paralegals among other strategies rather than focusing on the one aspect of livelihoods.

4.6.4. Integrated Programs on Promoting ARP

Civil society and stakeholder representatives reported that most FGM eradication programs in Laikipia tended to operate with minimal or no collaboration among them. In many instances, the ARP interventions had a narrow focus and were too limited in scope to be effective in eradicating FGM among the Maa people of Laikipia. This challenge was highlighted by a male forty-year-old primary school teacher in a focus group discussion who observed:

“If we can have integrated services (medical, legal, peer-based support groups etc.) to a range of the target groups in the community with sharing of roles to each partner according to their capacities and priorities, then we shall

succeed in this war. Let the organizations implementing ARP work together and bring their services in one basket, then FGM will be a thing of the past”.

On the other hand, a twenty-six-year-old female officer working with the organization, Living in Faith Association noted as follows:

“Approaches that focus on girls but fail to engage the wider community are less successful in eradicating FGM. Many NGOs, including The Pastoralist Child Foundation, One More Day for Children and The Transformational Compassion Network working on anti-FGM campaigns among the Maa communities need to take a more holistic approach by introducing alternative rites of passage, holding community discussions, engaging men and boys, educating various community members, appointing local campaign champions and mediators, organising public meetings and granting scholarships on condition that girls remain uncut”.

4.6.5. Expanded Role of Men in Promoting ARP

The involvement of men and boys and particularly the incorporation of elders and Morans was found to be critical to strengthening the fight against FGM during focus group discussions with both male parents and Morans. This view was corroborated by a study by Mary Wandia (2016) on the perceptions of 18-25 years old men concerning the demand for FGM among future spouses in a small town in West Pokot, where FGM was reported to be between 85% and 96% that assessed the willingness among a section of men to marry un-excised women.

The key finding was that:

“The majority of young men who viewed themselves as having a ‘modern’ outlook and with aspirations to marry ‘educated’ women were more likely not to support FGM. . . . [T]he young men viewed themselves as valuable allies in ending FGM but voicing their opposition to the practice was often difficult”.

The importance of engaging men and boys in ending FGM in Kenya aptly captured in the film

“Warriors”. One of the actors in the film, a Maasai warrior, Sonyanga Olong’ais remarked:

“In our society, the women or the girls are treated as inferior, and it’s no good. That is something we have to change. It is very hard to go against the elders, but cricket is giving us that courage, and that confidence”.

In the film, when the Warriors met with their elders to discuss FGM, one of the elders' main concerns was that young Maasai men would not marry girls who had not undergone the FGM initiation. An important step towards the renunciation of FGM occurred when the Warriors assured the elders that it was no longer necessary.

4.6.6. Strengthening of Anti-Female Genital Mutilation Board

The board's responsibility was to act in accordance with the obligation that Section 27 of anti-FGM act placed on the Kenyan Government to protect women and girls from FGM, provide support services to victims and undertake public education programmes to warn of the dangers of FGM. To achieve these aims, members of the Board would need to work at all levels, from national through to the community and in partnership with stakeholders and grassroots organizations. However, multiple interviews with various segments of the Maa community in Laikipia revealed that only the local administration and school teachers were aware of the existence of the board. Furthermore, this study found that the anti-FGM board did not have a strong local presence in Laikipia. The stakeholders implementing various ARP programs in Laikipia did not, therefore, have a focal point of coordination to deliver effective services to the girls and women in the area of FGM prevention. In addition, this study identified the need to align the anti-FGM board's mandate to the role of the County Governments in the anti-FGM campaigns especially with respect to resource allocation and securing local support for these efforts.

CHAPTER FIVE: SUMMARY OF THE FINDING, CONCLUSION, AND RECOMMENDATIONS

5.1. Summary of the findings

The study findings indicated that ARP programs had made great steps towards eliminating the practice of FGM among the Maa communities of Laikipia County. The study participants confirmed that, unlike in the past where the practice was associated with open celebration, it had turned into a secret undertaking following the anti-FGM legislation and campaigns. This turn of events was attributed to the ARP interventions by both civil society organizations, government, and church that had increased the communities' awareness of the unlawfulness of the FGM practice. Nonetheless, participants admitted that the traditional ritual still existed in some areas but was practiced in secrecy with the community not allowed to talk about it in public for fear of self-incrimination as recounted by a thirty-five-year-old female parent participant:

“The practice still exists in some areas. However, nowadays we do not really know the number of those who have undergone FGM in the recent past, we just hear the rumours after it has happened. The community stopped the public celebrations which involved songs and slaughter of the cows and therefore it is hard to know. Only family members can know but they are not allowed to speak about it in public until the girl heals”.

This changing trend from public celebrations to “commitment” to secrecy reflected the level of knowledge and information received by the Maa communities through the ARP on the government regulations. This further demonstrates that communities, parents and ritual practitioners understood the practice was unlawful and infringed on the rights of adolescent girls. Further, it was notable that the levels of reporting of FGM incidents and convictions of the perpetrators remained low because of Maa community aversion for addressing traditional ritual matters through the formal judicial system. A local administration official said during an interview that only six cases had been reported in the previous three years.

In general, the study found that there was a marked change in attitudes and perceptions toward the acceptance of ARP in the Maa communities of Laikipia. A number of the female participants who had undergone the traditional rite of passage testified that they would not wish to subject their daughters to the same pain they had gone through themselves. Further, a forty-year-old female participant in FGD also narrated the pain they had gone through and they said they were willing to support their daughters to escape the knife.

“If my daughter tells me to help her move away from home, I will have to look for money even if it means borrowing to help her move. My plan is to have some savings so that I could help when the day comes. I will give her money to make a visit to the town. But the better thing is to have her go to a school far from home”.

Girls who went through the ARP training confirmed that they felt more empowered and safe in the community. They had gained knowledge from the training itself and were able to go to school like their male counterparts in addition to gaining the courage to make their own decisions. These girls were also involved in reaching out to more girls in the community and sensitizing them on education and their rights as narrated by a sixteen-year-old during the face-to-face interview.

“Today, I feel more empowered. Because of ARP. I have been able to go to school and also reach out to other girls in school. I believe that I will earn an income to support my parents and family”.

Further, this study confirmed the prevalent notion in the community that the women who had not undergone the cut were regarded as children irrespective of their age within society. Undergoing the cut therefore significantly altered the power structure among women in the society, hence increasing the interest in ‘cut’. This study found out that despite this historical fact of disrespect to women not initiated through FGM and the resultant pressure on girls to seek the “cut”, both men and women, especially through public education and the Church influence, had come to accept and respect ARP initiates. This was illustrated by a thirty-year-old woman in an FGD who observed as follows:

“Yes, we have been taught by these organizations and the church. I was blind but now I can see. Today, I know my place and you cannot treat me like a child. I still respect my husband but I love him because he has learned to treat me like a mature person. Nowadays we all sit on the table to eat together including my daughters and if for example want to sell a cow he must tell us”.

The positive change of attitudes and perceptions toward girls initiated through ARP was also evident among the Morans. A group of Morans was reported to have married “uncircumcised” girls and that they had also formed a network to protect girls from FGM.

“We have formed a network that plays a key role in the campaign to end FGM and promoting ARP in this communities. We have used various mean like speaking to our fellow Morans, with women and even the elders to educate them”.

The study also identified the strategies that would be employed by the stakeholders to strengthen the implementation of the ARP program within the Maa communities of Laikipia. The critical finding was that none of these strategies was effective on its own and therefore an integrated approach combining multiple plans and programs needed to be employed. Nevertheless, the foundation of the ARP would largely revolve around girl-child education and empowerment programs. Most of the respondent underscored the role played by girls' education and empowerment in providing information and knowledge not only relevant in fighting for their rights but also in accessing opportunities for the entire community's benefit. This was stressed in a statement during KII by fifty-year-old local male participants as follows.

“Education is the only things that our girls need. The community has only given this opportunity to boys. Girls who are educated will be able to defend their rights. Such a girl [educated] has the ability to make a decision, provide for her family more than the man and ultimately the entire society will be happy”.

This study also found that the success of ARP depended on a community-based approach to guarantee local community acceptance and support. The study found that a section of the Maa communities was still deeply suspicious of the ARP implementers making it hard for them to freely honor or participate in the activities. The community needed to be involved right from

the design of these ARP programs so that their socio-cultural expectations were taken into account to dispel any such suspicions.

5.2. Conclusion of the study

The finding of this study provides a pointer to the effectiveness of ARP interventions towards prevention of FGM practice among the Maa speaking communities of the Laikipia County, Kenya. In spite of Maa communities being ultra-conservative with a strong traditional rite of passages as part and parcel of their cultural system, the study found that ARP programs had made great steps towards eliminating the practice of FGM. The majority of participants were aware of the ARP interventions and there was a growing positive attitude change towards its promotion, a fact that was underscored in its growing acceptance. A sizeable segment of the study participants who had been educated and sensitized on ARP recognized its benefits especially in enabling girls to enjoy their rights, dignity and, general community growth. Despite these positive changes, however, the study noted that ARP campaigns still faced resistance in some situations due to strong cultural and traditional attachment to FGM among the Maa community. Additionally, the study also identified new strategies that were culturally sensitive and more acceptable that could be employed by stakeholders to strengthen ARP interventions.

5.3. Recommendations

First, there is a need for proper coordination mechanism for all stakeholders implementing ARP interventions in Laikipia County for synergy and greater impact. The anti-FGM coordination board as government agencies with this mandate needs to ensure stronger stakeholder coordination right from the grassroots to the National level.

Secondly, the County Government of Laikipia needs to improve investments towards the health sector. The practice of FGM has a direct impact on the health women and girls' health, the county government through the Ministry of Health should, therefore, invest both in health infrastructure that helps in addressing immediate medical complications emerging from the practice of FGM as well as long-term prevention programs such as ARP.

Thirdly, the ARP interventions need to target the morans who are the prospective suitors of the girls. The acceptance of the ARP by the Morans who are the prospective suitors of the adolescents is thus important in reducing the pressure of the girls to participate in the FGM ritual.

Last but not least, there is a need for community involvement in the entire implementation cycle of ARP interventions within the Maa community of Laikipia by the human rights organizations and churches. This approach does create strong ownership by the community and eliminates impediments to the implementation of the ARP programs as reported by the study.

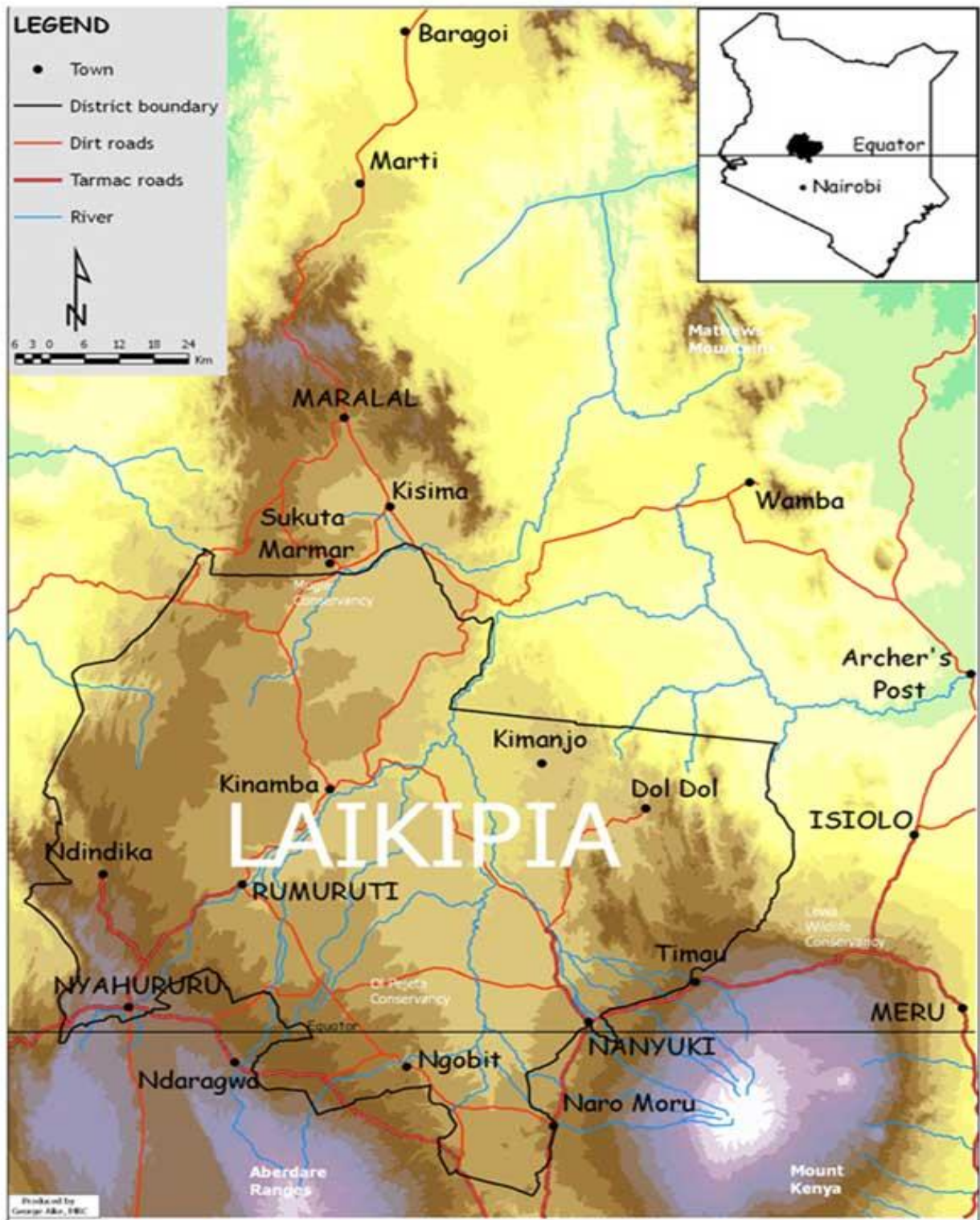
REFERENCES

- Abusharuf, R. M., (2007). *Female Circumcision: Multicultural Perspectives*. Penn Press.
- Ajzen, I., & Timko, C. (1985). Correspondence between health attitudes and behavior. *Journal of Basic and Applied Social Psychology*, I, 259-276
- Ballenger, T. (2008). Legal and Non-Legal Approaches to Eradication. *Journal of Law & Social Challenges Female Genital Mutilation*, 12(2), 45-56.
- Chebet, S.K. (2007). *A Curriculum of Tumdo Ne Leel: A Coming of Age Concept*. Eldoret, Moi University Press.
- Chege, J., Askew, I., Igras, S., & Mutesh, J. K. 2004. Testing the effectiveness of integrating community-based approaches for encouraging abandonment of female genital cutting into CARE's reproductive health programs in Ethiopia and Kenya. Washington, D.C.: Population Council.
- Constitution of Kenya, 2010. Bill of Rights
- Creswell, J.W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.), Thousand Oaks, CA: Sage.
- Döcker, M. (2011). *Overcoming Female Genital Cutting: An examination of approaches to overcome the harmful traditional practice: A child's rights perspective*. World Vision Institute for Research and Innovation
- FIDA Kenya, (2012). *Protection Against Female Genital Mutilation: A Review of the Implementation of the Children's Act*.
- GTZ (2007) *Female Genital Mutilation in Kenya*.
- Humphreys, E., Sheikh, M., Njue, C., and Askew, I. (2007). *Contributing towards efforts to abandon Female Genital Mutilation/Cutting in Kenya- a Situation Analysis*. Nairobi. Population Council and UNFPA
- Government of Kenya, (2008). *Kenya Demographic and Health Survey: Demographic and Health Survey Report*. Nairobi. Government Printer.
- Government of Kenya, (2014). *Kenya Demographic and Health Survey: Demographic and Health Survey Report*. Nairobi. Government Printer.
- Government of Kenya, (2010). *Population and Housing Census*. Nairobi. Kenya National Bureau of Statistics. <http://www.knbs.or.ke/Census%20Results/KNBS%20Brochure.pdf>
- Government of Kenya, (2010). *Kenya Population and Housing Census: Basis Report*. Nairobi. Kenya National Bureau of Statistics.

- Kerlinger, F. N. (1986). *Foundations of Behavioral Research* (Holt, Rinehart and Winston, New York, NY).
- Kombo D. K. & Tromp D. L. A. (2010), *Proposal and Thesis Writing: An Introduction*. Nairobi: Paulines Publications Africa, Nairobi.
- Langdrige, D. (2007). *Phenomenological psychology: Theory, research and method*. Harlow: Pearson Education. Lincoln, Y.S & Guba, E.G. 1985. *Naturalistic inquiry*. Sage: Beverly Hills, C.A.
- Maasai culture and status of Alternative Rite of Passage in the Fight to End FGM. Maasai Association, 19 July 2017. Available at <http://maasai-association.org/>
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Mugenda, A. G. (2008). *Social science research: Theory and principles*. Nairobi: Applied.
- Mugenda, M. O. and Mugenda, A.G.2003. *Research Methods: Quantitative and Qualitative Approaches*. Nairobi: Acts Press.
- Mugenda, O. & Mugenda, A. 1999. *Research Methods: Quantitative and Qualitative Approaches*. Nairobi - ACTS.
- Muteshi J and Sass J (2005) *Female Genital Mutilation in Africa: An analysis of current abandonment approaches*. Nairobi: Africa Center for Technology Studies Press 12 June 2018 <http://www.sciepub.com/reference/131253>
- Njue C, and Askew I (2004) *Medicalization of Female Genital Cutting among the Abagusii in Nyanza Province, Kenya*. FRONTIERS, Population Council of Kenya
- Njue C, and Askew I (2004) *Medicalization of Female Genital Cutting among the Abagusii in Nyanza Province, Kenya*. Frontiers, Population Council
- Orotho. A.J., (2003). *Essentials of Education and Social Science Research Methods*. Nairobi: Masola Publishers.
- Population Council, (2007). *Contributing towards efforts to abandon Female Genital Mutilation/Cutting in Kenya, A Situation Analysis*.
- Program for Appropriate Technology in Health (PATH) (1997). *The Facts, Female Genital Cutting*.
- Rockmore, T. (2011). *Kant and phenomenology*. Chicago, IL: University of Chicago Press.
- Russell B. H. (2000), *Social Research Methods: Qualitative and Quantitative Approaches*, Thousand Oaks, CA, Sage.
- Spear & Richard Waller (eds.), *Being Maasai: Ethnicity and Identity in East Africa*. London
- Thomas, L. M. 1992. *Imperial concerns and Women affairs*. *Journal of Africa*

- Toubia, N. (1994). Female Circumcision as a Public Health Issue. *New England Journal of Medicine*. 33(4), 56-66.
- UNICEF (2012). Innocent Report Card Measuring Child's Poverty, New League tables of child poverty in the World's rich county. New York.
- UNICEF (2016), Female Genital Mutilation/Cutting: A Global Concern, New York
- United Nations Population Fund (UNFPA) (2007). A holistic approach to the abandonment of Female Genital Mutilation/Cutting. UNFPA.
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. New York, NY: SUNY Press.
- W.H.A (61.16) Resolutions on the Elimination of Female Genital Mutilation. Available at: http://www.who.int/gb/e/e_wha61.html
- W.H.O. (1998). *Female genital mutilation: an overview*. Geneva: World Health Organization
- W.H.O/UNICEF/UNFPA. (2012). *Female Genital Mutilation; A joint Statement Switzerland: United Nations*.
- Wandia, Mary (2016) 'WANDIA: Kenya doing well in fighting FGM, but should do more', Citizen Digital, 4 February, 2018. Available at <http://citizentv.co.ke/news/wandi-kenya-doing-well-in-fightin-fgm-but-should-do-more-113636/>.
- WHO & UNICEF. (2012). *Countdown to 2015-Building a Future for Women and Children: The 2012 Report*. Washington, D.C: 2012. United Nations.
- WHO. (2008) UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNIFEM, W.H.O. 'Female Genital Mutilation; an Intragency Statement'. Geneva: World Health Organization. <http://www.dw.com/en/the-challenge-of-eradicating-fgm-among-kenyas-maasai/a-19029709>

LAIKIPIA COUNTY MAP



Source: maphill.com

INTERVIEW GUIDES

Informed Consent Form for Focus Group Discussions (FGD)

Consent form section

Good Morning/afternoon/evening,

My name is _____, a student at the University of Nairobi undertaking a study leading to a Degree of Master of Arts.

This study will involve collecting information from the Maa speaking communities living in Laikipia West and North constituencies about female initiation rites locally known as Emuratata oo Ntoyie, with special attention to alternative rites of passage, known as “Circumcision by Words”.

This report will be used primarily for academic purposes but may also be shared with local organizations in Laikipia that would be interested in learning about Circumcision by Words.

You have been chosen because we believe that you have knowledge of this subject. If you agree to take part in the discussion, we would like to assure you that we will not record your name and that we undertake to ensure that nothing we record from what you say could be traced back to you or your family. Further, we affirm that your agreement to participate in this study is not forced or made out of any undue influence. Please be assured that we are only interested in your honest answers to the questions we will have on this subject of ARP and that we will not consider any of your answers to be right or wrong.

We expect that this discussion will take between one to two hours of your time. If you do not want to discuss some or any of the issues, you do not have to and you can end your participation at any time you choose. Thank you for your cooperation.

I agree to take part in this study as explained above: Name:.....

Signature of the participant or their agent: Sign.....Date.....

Signature of interviewer: Sign..... Date.....

Informed Consent Form for Key Informant Interview (KII)

Consent form section

Good Morning/afternoon/evening,

My name is _____, a student at the University of Nairobi undertaking a study leading to a Degree of Master of Arts.

This study will involve collecting information from the Maa speaking communities living in Laikipia West and North constituencies about female initiation rites locally known as Emuratata oo Ntoyie, with special attention to alternative rites of passage, known as “Circumcision by Words”.

This report will be used primarily for academic purposes but may also be shared with local organizations in Laikipia that would be interested in learning about Circumcision by Words programs.

You have been chosen because we believe that you have knowledge of this subject. If you agree to take part in the discussion, we would like to assure you that we will not record your name and that we undertake to ensure that nothing we record from what you say could be traced back to you or your family. Further, we affirm that your agreement to participate in this study is not forced or made out of any undue influence. Please be assured that we are only interested in your honest answers to the questions we will have on this subject of ARP and that we will not consider any of your answers to be right or wrong.

We expect that this discussion will take between 45 minutes to one hour of your time. If you do not want to discuss some or any of the issues, you do not have to and you can end your participation at any time you choose. Thank you for your cooperation.

I agree to take part in this study as explained above: Name:.....

Signature of the participant or their agent: Sign..... Date.....

Signature of interviewer: Sign..... Date

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(6) [a] What in your view are the advantages of participating in ARP?.....
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.....

[b] What would you like to do to receive the benefits of ARP?.....
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.....

(7) [a] What in your view are the disadvantages of participating in ARP?.....
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[b] Which of these disadvantages bothers you the most? (Why).....
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(8) [a] What would you like to have an opportunity to discuss with your parents/guardians in relation to your initiation?.....
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.....

(9) [a] Who among your family and relatives would have a say on your decision to participate in the initiation process?.....
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.....
.....
.....

[b] In your community who has a say on your involvement in initiation? (Explore for nature of the say and what you feel/think about it).....
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(10) [a] Where do you believe you can report to if you feel forced to participate in an initiation activity?.....
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.....

[b] What experience do you have of being forced to seek refuge in a safe place due to pressure to participate in initiation activities?.....
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.....

(11) What challenges have you met after you made the decision to participate in the ARP?.....
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.....
.....

(12) Would you encourage other girls in your circumstance to participate in in ARP?.....
.....
.....

Thank you for your time

ANNEX 2, discussion with parents and guardians of adolescent girls (2
FGD with women & men)

- (1) As a parent of an adolescent girl, what plans do you have for your daughter(s) to be initiated into adulthood?.....
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- (2) [a] Why would you approve of your adolescent daughter enrolling in the ARP programs?.....
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- [b] Why would you disapprove of your daughter on enrolling into ARP?.....
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.....
- (3) What information or knowledge have you received about the participation of adolescent girls in alternative initiation activities? (*From who, when, where, how many times, what content and what medium or means?*)
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- (4) Who among your family and relatives would have a say on how your daughter should be initiated into adulthood?
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- (5) As a parent how would you prefer your daughter is initiated into adulthood?
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- (6) In your community who has a say on your daughter's initiation? (What say; what consequences do their say have?)
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(7) What are the circumstances under which your preference for the initiation of your daughter would come into conflict with the desire of the members of your community?
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.....

(8) [a] What conflicts have you ever had with any individuals or groups in relation to the initiation of your daughter/s?
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.....

[b] What opportunities do you have to report on any attempt to oppose your decisions on your daughter's initiation?
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.....

(9) What programs are you aware of in your community to guide parents of adolescent girls on initiating their daughters in a manner that is approved by law or government?
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.....

(10) What opportunities do you have to secure your daughters escape to safety whenever there is a threat to their wellbeing arising from matters concerning initiation?
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.....

Thank you for your time

ANNEX 3, discussion with traditional FGM practitioners

(1) What information have you received regarding the alternative rites of passage for girls in your community? (*From who, when, where, how many times, what content and what medium or means?*)

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(2) What role do you play in supporting this alternative rite of passage?

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(3) What do you believe are the goals of these alternative initiation activities?

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(4) In what ways have these ARP altered your role in initiating girls into adulthood in the community?

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(5) What opportunities do you have to sustain yourself since the introduction of ARP?

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(6) What support have you received for the sustenance of your livelihood since the introduction of the new initiation? (*From who, when, nature of support*)

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(7) [a] What is your relationship with individuals and groups involved in the promotion of ARP in this community?

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.....

[b] How can your relationship with these groups or individuals be made better?

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.....

Thank you for your time

ANNEX 4, discussion with prospective adolescent girls' suitors (Morans)

(1) What information or knowledge have you received about the alternative initiation of girls in your community? (*From who, when, where, how many times, what content and what medium or means?*)

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(2) [a] What aspects of the alternative initiation of adolescent girls do you approve of? (Why)

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[b] What aspects of the alternative initiation of adolescent girls do you disapprove of?

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.....

(3) What programs to promote the participation of adolescent girls in ARP have you been involved in? (*By who, when, where, content, what form*)

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(4) [a] What role do you have in promoting the ARP programs?

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[b] Which of these roles do you find most important? (*Why?*)

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(5) What do you believe is the importance of initiation of girls to you decisions on marriage?

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(6) What would you desire to see happen in relation to the initiation of girls in your community?

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Thank you for your time

ANNEX 5, KII with community leaders and local administration

(1) What programs do you implement in relation to prevention of FGM?

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(2) What challenges do you experience in enforcing policies on FGM?

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(3) What mechanisms do you use to ensure that there is compliance with policies on initiation of girls in the community?

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(4) What awareness and sensitization programs do you implement in relation to initiation of adolescent girls into adulthood in this community?

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(5) Who do you partner with to conduct the awareness and sensitization activities on ARP?

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(6) [a] What support do you offer to adolescent girls participating in ARP?

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[b] What support do you offer to parents and guardians of adolescent girls participating in ARP?

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(7) What obstacles do you encounter in the promotion of ARP in your area of operation?

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(8) What achievements or benefits have you realized since the introduction of ARP in this area?

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Thank you for your time

ANNEX 6, KII with Advocacy and Human Rights Organizations & Religious leaders

1. What programs do you implement in relation to prevention of FGM?

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2. What challenges do you experience in enforcing policies on FGM?

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3. What mechanisms do you use to ensure that there is compliance with policies on initiation of girls in this community?

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