

**THE INFLUENCE OF FEMALE GENITAL MUTILATION ON GIRLS'
PARTICIPATION IN EDUCATION: A CASE OF PRIMARY SCHOOLS IN
MBEERE NORTH SIAKAGO SUB-COUNTY, EMBU COUNTY, KENYA**

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**A Research Project Report Submitted in Partial Fulfillment of the
Requirement for the Award of Master of Arts in Peace Education, of the
University of Nairobi**

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DECLARATION

This research project is my original work and has not been presented for a degree in any other University.

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This research project has been submitted with my approval as a University Supervisor.

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DEDICATION

This research work is dedicated to my, mother Flora Cianjuki Njiru for her overwhelming support in my education, you are my pillar. I appreciate you mum.

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ABBREVIATIONS AND ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the child
CEDAN	Convention on the Rights of Children
CRC	Convention on the Rights of the Child
DHS	Demographic Health Survey
DRC	Democratic Republic of Congo
FBO	Faith Based Organizations
FC	Female Circumcision
FGM	Female Genital Mutilation
GEMA	Gikuyu, Embu Meru association
ICESCR	International Covenant on Economic Social and Cultural Rights
KCPE	Kenya Certificate of Primary Education
KRT	Kapsteno Roturo Tipin
KTN	Kenya Telecommunication Network
MGDs	Millennium Development Goals
MYWO	Maendeleo ya Wanawake Organization
NGO	Non Governmental Organization
OAK	Organization of African Instituted Churches of Kenya
OCPD	Officer in Commanding Police Division
SPSS	Statistical Package for Social Science Service
UK	United Kingdom
UN	United Nation
UNICEF	United Nations Children Education Fund
USA	United States of Am
WHO	World Health Organization

ABSTRACT

The purpose of this study was to identify the factors influencing the girls' performance in education in Mbeere North, Siakago Sub-County, in Embu County. The study employed a descriptive research design and targeted students in 10 public primary schools to represent the 95 public primary schools within Mbeere North, Siakago Sub-County. The main respondents were; primary school students and teachers. Stratified random sampling technique was used. The target population was divided into strata on the basis of sub-groups. In this regard, a total of 40 respondents were sampled from the 10 primary schools selected of virtue of sex, age, role and the kind of information needed representing the 95 public primary schools. The study used questionnaire and focus groups discussions. Purposive sampling technique was utilized to help identify the interviewees and the female students. All respondents completed questionnaires and the questionnaires were edited for completeness and consistency, checked for errors and omissions and then coded. The quantitative data were processed with the help of Statistical Package of Social Science (SPSS) software programme while the qualitative data were subjected to content analysis from where relevant information was extracted. The data were presented using tables to give a clear picture of research findings at a glance. The findings of the study indicate the influence of socio-cultural factors such as Female Genital Mutilation (FGM), early marriages, school absenteeism and school dropout.

It is the role of the government that parents and the community should be sensitized on the importance of girl child education. The results revealed that in Mbeere North Siakago Sub-County, Embu County FGM has an influence on girls' performance in education, FGM influences girls dropout rates from schools, there is a significance difference between in age of marriage between girls who have undergone through FGM and those that have not. It also revealed that there is a relationship between FGM and girls absenteeism in schools. Based on the study findings the researcher recommended that the government should ensure that parents and the community are sensitized on the importance of girl child education. It also recommended that FGM should be understood by the community as a gender inequality ad gender based violence, therefore elected leaders should lobby on its abolition. Further the study suggested that a study to be carried out on boys so as compare the findings with those of this study.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Female Genital Mutilation which is also known as Female Genital Cutting and Female Circumcision is defined by the World Health Organization (WHO, 2010) as ‘all practices that involve partial or total removal of the female external genitals (or other injuries to the female genital organs) for non-medical reasons. The FGM is practiced as a cultural ritual by ethnic groups in 28 countries in sub-Saharan stretching from Senegal in West Africa to Egypt in North Africa, to Somali in East Africa and the Democratic Republic of Congo (DRC) in Central Africa and North East Africa and to a lesser extent in Asia, Middle East, South Africa and within immigrant communities elsewhere. Affected girls and women are also increasingly found in Australia, Canada, Europe, New Zealand, and the USA primarily amongst immigrants’ communities who originate from societies where FGM is a traditional practice (UNICEF, 2009).

Usually the practice is typically carried out with or without anaesthesia, by a traditional circumciser using a knife, razor or sharpened iron blade. The age of initiates varies from community to community: some at infancy, others before puberty stage and even to pregnant women. The practice occurs among all educational levels, social classes, and many religious groups although no religion mandates it. The procedure also varies from community to community or ethnic group (Population Council, 2007). FGM is pertinent to the achievement of four Millennium Development Goals (MDGs). MDG3-promote gender equality and empower women; MDG4-reduce child mortality, MDG5-reduce

maternal mortality and MDG6-combat HIV/AIDS, malaria and other diseases.FGM is a gender-based human right violation (Efua Dorkenoo, 1995)

1.1.1 The Origin of FGM

The precise origin of female genital mutilation/cutting is not known, it has been practiced for over 2000 years (Slack, 1988). It predates Islam, Christianity and other major religions. It is practiced by Muslims, Christians (Catholics, Protestants and Copts), animists and non- believers in a range of communities. Some anthropologists trace the practice to 5th century BC Egypt, with infibulations being referred to as “Pharaonic Circumcision” (Slack, 1988). Other anthropologists believe it existed among Equatorial African herders as a protection against rape for young female herders, a custom amongst stone-age people in Equatorial Africa, or as “an outgrowth of human sacrificial practice, or some early attempt at population control” (Lightfoot-Klein, 1983). There were also reports in the early 1600s of the practice in Somali as a means of extracting higher prices for female slaves and in the late 1700s in Egypt to prevent pregnancy in women and slaves (Mackie, 1996). The origin literary stands to be from Africa, no wonder 28 countries are practicing it within the African continent.

1.1.2 Why FGM is performed

The FGM is part of rites of passage in the development of girls/women in communities that practice it (Population Council, 2007). This is because the rite of passage is a ritual event that marks a person’s transition from one status to another. The rites of passage are used to explore and describe various other milestones in an individual’s life, for any marked transitional stage, when ones social status is altered (Embu Report, 2008). The milestones include transition from puberty, coming out of age, marriage and death. To the

anthropologists, the rites of passage show what social hierarchies, values and beliefs which are important to the specific culture. FGM is seen as fundamental to human growth and development as well as socialization in many African communities (Population Council, 2004 and 2007).

The FGM function by rituals marking the transition of someone to a full group membership (Boyle, 2002). It also links the individual initiate to the community and the community to the broader and more potent spiritual world. The practice is linked to individual and community development, thus becoming very vital to the individual life. To the communities practicing FGM, one is not recognized or accepted as she has not undertaken what it requires to be part and parcel of the society. By undergoing the FGM one produces cognitive dissonance (Aronson & Mills, 1959) which heightens group attraction among initiates after the experience, arising from internal justifications of the effort used. The initiates also produce conformity among new members. Initiation (FGM) increases the feeling of affiliation (Lodewijkx et al, 2005). Typically, majority of women and girls have undergone through the practice which is an ethnic marker, rooted in gender inequality, ideas about purity, modesty and aesthetics and attempts to control women's sexuality especially before marriage. To communities and countries that practice FGM both men and women support it, particularly women who see it as a source of honour and authority, and as an essential in rearing girls (daughters). Women are perpetrators of the practice (Coexist, 2012).

Initially the practice was known as female circumcision (FC) until 1980s when Kenya Missionary Council began to use the terminology 'sexual mutilation of women' in 1929 after Marion Scott Stevenson (1871-1930), a Missionary from Scotland. It was in 1970s when the name Female Genital Mutilation was coined by Australian-American feminist from Hosken (1920-2006), the author of the Hosken Report: Genital and Sexual Mutilation of females (1979). It was in the year 1990 when the name started to be used by the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children and then WHO recommended it to the United Nations the following year. Since then, the terminology has become a dominant terminology with the medical literature to differentiate the severity of the procedure from that of the male circumcision which involves the removal of the foreskin.

1.1.3 Factors that sustain FGM

In communities that practice FGM as a tradition, the girls/women who do not undergo the practice are discriminated and stigmatized against for non-compliance with traditional norms. Stigmatization and discrimination may be extended to even marriage that such cannot get marriage partners and if married the bride price paid to the bride's family by the bride groom may not be paid if the bride has not undergone the practice. The family's 'honour' is considered besmirched in such societies since the bride has not gone through the FGM practice. Since majority of Africans belief in ancestral worship, women are usually instilled with fear of the unknown through curses and the evocation of ancestral wrath. This is because the unexcised women are considered as physically dirty and may be barred from activities like cooking as they are regarded to be 'unclean and impure' and could even be barred from key social functions within the society and deprived

access to resources. The practitioners are provided with economic incentives as they perform the mutilations. They are also given an elevated status because of the activities they perform, wield considerable powers and to some extent may resist the banning of FGM practice (Population Council, 2004 and 2007).

When the girls/women undergo the FGM, they are provided with rewards: such as public recognition and celebrations, gifts, the potential for marriage, respect and the ability to participate in social functions as adult women. Such rewards may motivate the girls in looking forward to undergoing the rite. Some other benefits cited for FGM practice by UNICEF(2013) includes the hygiene, social acceptance, marriageability, preservation of virginity and fidelity reduction of female sexual desire and religious requirements. It also enhances male sexual pleasure. Uncircumcised women are seen as highly sexualized, presupposing the woman to be 'wholish and childish' (Martha Nassbaum, 1999). Since circumcision reduces women's desire, the husband can easily get more several wives, thus FGM serves the interests of male sexuality (Berg and Denison, 2011).

1.1.4 Historical Perspective of FGM in Kenya

According to Kenyan history basically to the Kikuyu tribe which was the main ethnic tribe in the country, the practice was practiced to both boys and girls; excision to girls and removal of foreskin to boys. Since it was an ethnic marker, the unexcised women/girls were called (irigu), who were seen as outcasts, unmarriageable and in most cases ended, up to prostitution. The whole practice ritual was referred to as 'irua'. The Kikuyu elders feared the unexcised girls would be married to the Europeans thus a weapon of acquiring more land from the Kikuyus. The years 1929-1931 was known in the country's history as Female Circumcision Controversy. This was the same to the

Meru ethnic group that had a council called 'Kiama kia ntonye' (the council of entering). These ethnic groups being members of GEMA (Gikuyu, Embu and Meru Association), Mbeere community which is a sub ethnic of Embu was not exceptional in practice. Their criticism of benefits of FGM was same to those given by UNICEF reports of 2013. The tribal is that the operation is an essence of an institution with enormous educational, social, moral and religious implications apart from the operation itself (DHS, 2008-2009).

1.1.5 FGM and participation of girls in education

FGM has affected girls' education within the Mbeere North, Siakago Sub-County. This is so because the community has put much effort in the practice than it has on education. The parent is ready to meet all that is required for the ceremony preparations than meeting the school's needs. Since the decisions to have one's child (girl) circumcised is usually driven by societal, household, husband and family considerations, it becomes very hard not to meet the requirements. As the families concentrate on this, very few put in mind the importance of education to the girls. Education is not seen as a priority compared to the practice. Due to this fact when the girls undergo the practice they embrace the transition wholly affecting their educational performance. It is due to this fact that after the practice girls feel fully mature for marriage (Population Reference Bureau, 2001) since during seclusion, the counseling offered is never linked to the formal education but rather on marriage and family life.

Majority of girls within the Mbeere North, Siakago Sub-County, drop at primary levels where, after dropping out join casual labour of khat (miraa) picking every early morning which is a form of child labour as 'miraa' business is the most booming within the . In the process they get early pregnancies and finally early marriages. To those who

persevere though having undergone FGM, secondary education becomes the highest level of education to them. Very few excel to join universities or other education tertiary since much strength is laid on rituals and practices (FGM). This causes Mbeere girls and women to be discriminated in gender division of labour as they are not highly educated as compared to other regions of the country like, Central, Western, and Rift Valley among others. They are forced to land on jobs that are of low grades as they never advanced in education. To the uncut, they concentrate much on education to compensate and increase their chances of being accepted in the community.

1.1.6 FGM and tribal affiliation

Globally, 20000 girls in the UK are at the risk of FGM every year, 3million girls are at risk every year in Africa, 101 million girls aged 10 and above in Africa have undergone FGM (Population Council,2007) and 140 million girls and women worldwide have undergone FGM. This portrays that it is not only in Mbeere North, Siakago Sub-County, in Embu County, Kenya that girls and women are at risk of FGM.

In June 1999, the Ministry of Health prepared a National Plan of Action for the elimination of FGM. What was contained in the Plan were the results of a 1998 Demographic and Health Survey of 7881 women nationally that showed 37.6% of Kenyan women had been subjected to one of this procedures. Among all ethnic groups in Kenya (42) the practice is not common to among the two largest groups in Kenya's far west, the Luo's and the Luhya's. The tribal affiliation was as indicated by the table below: The June 1999 Ministry of Health National Plan of Action for FGM elimination.

Table 1.1 Kenya tribal affiliation on FGM-

TRIBAL AFFILIATION	PERCENTAGE %
Somali	97.7
Kisii	97
Maasai	89
Kalenjin	62
Taita Taveta	59
Meru/Embu/Mbeere groups	54
Kikuyu	47
Kamba	33
Mijikenda/Swahili	12
Luo	0.8-1
Luhya	0.8-1

Source: DHS (1998)

1.2 Statement of the Problem

As the young girls continue to engage in the practice majority of them will no longer concentrate on education rather considering themselves mature, start looking for future marriage partners who distract them from total participation in education as they wish to please the would-be husbands (Population Reference Bureau, 2001). Less concentration to education will cause them not to perform, drop out of school due to not performing well and fear to become a laughing stock of their school level when they fail to perform. Absenteeism will become rampant to girls causing non performance and failure for entry in secondary level. In relation to psychological

issues surrounding FGM, data suggests that following FGM ,women were more likely to experience psychological disturbance,(have psychiatric diagnosis, suffer from anxiety, somatization ,phobia, and low esteem) (Berg and Denison, 2010).

1.3 Purpose of the Study

The purpose of the study was to find out the influence of female genital mutilation (FGM) on girls' participation in education in Mbeere North, Siakago Sub-County in Embu County, Kenya.

1.4 Objective of the Study

The objectives of the study on the influence of Female Genital Mutilation on girls participation in Mbeere North Siakago Sub-County in Embu County were:

1. To establish the influence of FGM and girl's performance in education in Mbeere North Siakago Sub-County in Embu.
2. To determine the extent to which FGM influences girls' dropout rate from schools in Mbeere North Siakago Sub-County in Embu.
3. To establish if there is a significant difference in age of marriage between girls who have undergone FGM and those who have not in Mbeere North Siakago Sub-County in Embu.
4. To find out the relationship between FGM and girls' absenteeism in schools in Mbeere North Siakago Sub-County in Embu.

1.5 Research Questions

The study attempted to address the following research questions:

1. Is there a significant difference in performance between girls who have undergone FGM and those who have not?
2. Is there a significant difference in dropout rate from schools between girls who have undergone FGM and those who have not?
3. Is there a significant difference in age of marriage between girls who have undergone FGM and those who have not?
4. Is there a significant difference in girls' absenteeism in schools between those who have undergone FGM and those who have not?

1.6 Significance of the study

The study is important as it may enable the government to empower girls/women within the community and be sensitized on the importance of girl child education. The community should also be made aware that FGM is a gender inequality; therefore, the practice should be abandoned and totally banned from operation through lobbying by the elected leaders. The religious leaders also need to take a strong stand in disbanding the FGM since it is neither supported by the Bible nor Quran nor any other religious book (DHS, 2008-2009). The educated society should stand as a role model to enhance the importance of girl/women education and eradicate FGM as gender inequality and gender based violence. They need to call workshops to sensitize on the same issues to both men and women so as to make informed decisions to engage in campaigns against FGM. It will also expose what is happening within the diverse communities to girls so as to create more rescue centres like Tasaru Rescue Centre for Girls in Narok. NGOs to chip in and rescue those girls who have been forced to undergo the cut (Population Council, 2007). It may also be a way out of saving our girls/women from cultural practice of FGM.

1.7 Delimitation of the Study

Though FGM is practiced globally, the researcher limited herself to Kenya, on Meru/Embu/Mbeere groups which have 54 percent of practice and especially to Mbeere tribe of Mbeere North, Siakago Sub-County, and . The reasons for this were:

1. The larger Embu/Meru/Mbeere group is so wide for the researcher to travel all over and cover it exhaustively.
2. Mbeere has heterogeneous population which ensures a wide spread of potential respondents to the study.
3. The cost and time required to conduct the study was low since the study was limited to a restricted geographical area and time.

1.8 Limitations of the Study

Mbeere tribe is found in two districts namely Siakago Sub-County which constitutes of Gitiburi and Evurori locations making the Mbeere North and Gachoka Sub-County constituting Mavuria and Mbeti locations which is Mbeere South. Majority of inhabitants of the area are the Ambeere people though there are also others who have established themselves within the area as business people, government and parastatal workers and those who have settled after purchasing land from the indigenous people. Due to the diversity of the community, the researcher restricted herself on Mbeere North, Siakago Sub-County.

The means of transport was very poor since all roads are earth and not tarmacked causing the transport system to be poor especially during rainy seasons. The best possible means of transport for proper coverage was the 'bodaboda' (motorcycle) which easily took advantage of the situation and charge heavily. The respondents felt that unless they were

paid they cannot fill the questionnaires nor be interviewed. They were also not free to give accurate information since FGM is part of their culture though the researcher assured them of the confidentiality of their identity. In order to distribute the questionnaires fairly, the reached respondents represented the target population. Within the context and in spite of all constraints, considerable efforts were made not to allow the challenges to compromise the quality of the report and also ensured that the overall objectives and intended purpose is achieved.

1.9 Assumptions of the Study

The study was based on the assumptions that: the respondents will be willing to spare their time to respond to the items on the questionnaires in order to provide vital information for the research. All the respondents will be willing to cooperate so that the responses given may be accurate hence the whole study not to be flawed. The respondents will be willing to give out the full information considering that issues related to FGM and sex are treated sacred, secret and personal.

1.10 Ethical Considerations

The study was conducted in an ethical manner. The purpose of the study was explained to respondents and assured that the information given would be treated confidentially and their names would not be divulged. Informed consent form was sought from all the participants that agree to participate. A research approval was sought and given a letter of approval from the University of Nairobi. According to Polit and Hungler (1997), the participation of human subjects in research, especially if one is researching experiences, was taken care of to ensure the participants are protected.

1.10 Definitions of Significant Terms

Culture- particular people believes that are value orientation and value system, which give meaning, logic and significance to their existence and experience in relation to both the universe and human beings which are shared and conveyed to further generations.

Education- it is to acquire knowledge, skills, and attitudes.

Excision- to remove some parts of the body through cutting (the female private parts).

Female Genital Mutilation – It is the removal of external private parts of a woman's genitalia organs

Gender Based Violence- any act of violence that results in physical, sexual, or psychological harm or suffering to women; including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

Initiation- introduction to a member group by means of a special ceremony

Participation- to be fully involved in a situation that is beneficial to somebody

Performance – Advancement in education

Rites of Passage- it is a ritual event that marks a person's transition from one status to another.

Transition- it is the changing from one state to another. E.g. the transition from childhood to adulthood (adult life)

1.11 Organization of the study

The study is organised into five chapters. Chapter one is the introduction and it presents; background to the study, statement of the problem, purpose, objectives, research

questions, significance, limitations, delimitations, assumptions and organization of the study. Chapter two deals with the literature review in relation to the study objectives. It also presents the theoretical and conceptual frameworks. Chapter three comprises of research methodology under; introduction, research design, target population, sample size and sampling techniques, research instruments, validity and reliability of the data, piloting, data collection procedures and data analysis techniques. Chapter four covers data analysis, interpretation and discussion of research findings. Chapter five presents the summary of the findings, conclusions, and recommendations of the study. It also presents suggestions for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Chapter two gives an outline of the literature review in relation to the influence of FGM on girls' participation in education to school students in Mbeere North, Siakago Sub-County, in Embu County. The literature review is important since it tries to capture how FGM in other areas is in the process of being eliminated after the realization that FGM is a violation of human rights of girls and women (UNIFA 2013) and that it reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women. Majority of people especially the educated have realized that the practice violates a persons right to health , security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment and the right to life when the procedure results to death (UNIFA,2005) Since the FGM has no health benefits but rather harms girls and women by involving the removal and damaging healthy and normal female genital tissues, and interfering with the natural functioning of their bodies. The objectives of the study spell out how FGM affects the girls' performance in education in one way or another within the Mbeere North, Siakago Sub-County.

As the rite of passage is associated to rituals into womanhood (Coexist 2012) thus necessary for girls to go through in order to become a responsible adult member of the society. To those communities where FGM is performed as rite of passage into adulthood (Meru and Embu) girls are cut at around the age of puberty (Population Council, 2007). They do not belief that one can become responsible until undergoing through the rite yet we are aware that FGM cannot stand as a measure of responsiveness of a person. It is a

personal attribute. Low income and minimal education in most of the families influence the girls in the engagement to FGM (2008 survey). Where poverty is high, the people tend to abide too much in traditions. Also due to minimal education, the community is not aware of the negative effects of the FGM.

Stigmatization and discrimination of girls who are not cut drives them to the practice. They do desire to have marriage partners and for bride prices to be paid to their families as undergoing the practice make them eligible and if they do not undergo it, no man would desire to marry them. The girls also do not wish to besmirch the family 'honor' if they fail to undergo the practice. According to UNICEF (2013), factors such as hygiene, social acceptance, marriageability, preservation of virginity and fidelity, reduction of female sexual desires and enhancement of male sexual pleasure may play a major role in influencing the girls to engage in FGM. The practice is considered to be rooted in male dominated societies that have attempted to subjugate women and repress their sexuality. As the community wish to preserve culture from generation to generation, women become perpetrators of the practice as they push girls to the practice so as to initiate them into the community traditions.

2.2 Relationship between FGM and students performance

FGM decreases the performance and attendance of girls at school. This is caused by the girls being taken out of school to be cut and the healing process taking a prolonged period resulting to further school absence. This has an effect in their performance. At times the preparations begin long before schools close; this causes psychological effects to girls (Berg and Denison, 2011). Total concentration for education is affected as girls are double minded on what they are to encounter or undergo over the holidays. In many

cases, FGM has a negative impact on a girl's education. According to Population Reference Bureau (2001), there is a general correlation that the higher a woman's education level is, the less likely she is to be in favor of FGM practices. As FGM is considered by many groups to be a rite of passage into womanhood, it is likely that a girl's education will end in order for her to be married (Population Reference Bureau, 2001). Health complications that girls suffer as a result of FGM cause irregular school attendance, thus non-performance and low performance trend on education. Some girls experience a lot of health hazards associated with the practice. Others encounter permanent problems like being anemic due to high incidents of postpartum haemorrhage particularly where health services are poor or inaccessible (WHO, 2008) which will affect their school attendance and performance.

2.3 Contribution of FGM on dropout rates of girls from schools

FGM has a relationship with issues such as girls not completing their education and having poor literacy. This is seen when the majority of the girls who undergo FGM consider themselves ready for marriage and take education as a lesser priority. Thus school priority is deterred. Initiation affects girls both school attendance and academic performance. The cut girls find it difficult to concentrate in their school studies as they know at the back of their minds that the next option is to get married (Population Reference Bureau, 2001). They become unteachable as they have no interest in learning. Much clashing with the school authority and the uncircumcised peers cause them to drop out of school. As the teachers punish them, engage them in activities which they term as childish, yet they are mature (through the cut) causes conflicts which girls will not condon until they finally drop out of school as they want to be recognized as mature girls.

As they undergo the rite, girls no longer concentrate on learning but rather on beauty for attraction by opposite sex, letter writing to boys within the school and outside school. Currently, the mobile phones take a greater part as they make calls and sending messages which are never known the content capturing their minds. Such causes lack of concentration and as they mount up with outside business, they stop performing and finally end up dropping out of school. The girls will no longer become socio-economic producers as they drop out of school .This causes them to be marginalized in the informal sector unlike those who concentrate in education.

2.4 How FGM facilitates early marriages to school girls

Majority of the girls once they have undergone FGM are considered mature and ready for marriage (Population Reference Bureau, 2001).They drop out of school and engage in family life. As the initiation marks the transition from childhood to adulthood (Embu Report, 2008), girls tend to exploit that chance by engaging in relations with men looking forward to be married. Some would have marriage partners arranged by their parents as to their desires to which family they wish their daughter to be married in. As the class concentration is diverted to their expectation of marriage, back to school after initiation, girls no longer concentrate on learning but rather become unruly and in disciplined. They are likely to play truancy and drop out of school in-order to fulfill their priority and expectation (marriage) (Population Reference Bureau, 2001) and to protect their ego and self esteem. They also tend to engage in sexual relations resulting to early pregnancies and early marriages becoming young mothers. According to ‘The Star ‘magazine number 2145 dated Wednesday, September 17,2014 page five, Plan International a local NGO stated that Kenya has one of the highest early marriage prevalence rates in the world .The

Director ,Sherman said on average, one out four girls get married before their eighteenth birthday (The Star 17 Sept 2014).

2.5 How FGM contributes to girl absenteeism in schools

The FGM contributes to girls' absenteeism as the healing takes a prolonged duration which will force the initiated girls fail to attend school sessions (Population Reference Bureau, 2001). This automatically contributes to their non performance. As the girls are withdrawn from school by parents to attend the lengthy initiation ceremonies, they become absent in such duration of time until those ceremonies are over. By that time, it means that girls are not attending school, thus become even prone to absenteeism. Some of the girls who undergo the FGM experience some health complications which force them not to attend school regularly (Berg and Denison, 2011). This could be due to excessive bleeding during the operation or any kind of health hazard related to the practice (WHO, 2008) and such would keep the school going girls out of school.

There is also the tendency of feeling mature after the initiation. This makes the 'mature' girls not to be regular school attendants as their focus now is no longer in education but to other issues related to life so as to get spouses to marry them. The initiation ceremony takes long in preparation. As they continue to unfold, girls would miss school for such reasons as being taken to the seclusion for counseling before the actual initiation. Such also causes absenteeism from school. The psychological disturbance as the girls are aware that come certain time they are to undergo the initiation causes them to be absent minded and also physically (Berg and Denison, 2011).

2.6 The Effects of FGM on girls/women

FGM affects the physical and psychological health of girls and women, decrease their attendance and performance at school; fail to meet their gender equality rights and risks their lives at the time of the operation, at marriage and during child birth (Berg and Denison, 2010). FGM affects up to 3 million girls in a year, one every 10 seconds (28 Too Many, 2013). The FGM has a relationship with other issues such as girls not completing their education and having poor literacy, early or arranged marriages. As they marry early, it leads to early childbirth with resulting complications for many of obstetric fistula. It also leads to early marriage breakdown (divorce) since the two who are getting married are not mature and provoke one another easily especially when the intimacy is over and cannot take things any more. The only option is divorce.

2.7 How to Eradicate FGM

Though the practice was made illegal, NGO and UN agencies agreed that information, instruction and persuasion are the only effective tools to change the practice at the grassroots (UNICEF, 1997). Progress of eradicating FGM can continue in a positive direction accounting to measures relating and considering FGM within the framework of the millennium development goals, facilitating education on health and FGM .Improving and managing health complications of FGM, tackling the medicalisation of FGM, more resources and funding on the psychological consequences of FGM. There should be increased advocacy and lobbying, increased law enforcement and equipping of law enforcing agents, increased use of media and recognizing role of faith-based organizations.

The practice is carried out by communities as a heritage of the past and is often associated with ethnic identity. FGM is a rite of passage into womanhood (Coexist ,2012) and necessary for a girl to go through in order to become a responsible adult member of the society. The traditionalists have such strong believes on FGM yet it is not by undergoing FGM that one can become a responsible member of the society. This is so because there are those communities that do not practice the rite yet their women are responsible and productive in the society. Also through the eradication of FGM, those women who have not undergone the rite are still capable. Thus FGM can not stand as a measure to responsiveness of a person since that is a personal attribute. Since FGM is an inherent violation of human rights, it needs to be ended. Women in rural areas are more likely to undergo FGM. The variations of prevalence based on place of residence are probably rooted in such factors as the area's ethnic composition, dominant religion, affiliation, and level of urbanization (Carr& Dara, 1997).

Kenya is classified by UNICEF as a Group 2 country, where FGM prevalence is intermediate and only certain ethnic groups' practice FGM, at varying rates (UNICEF, 2005). The prevalence ranges from 0.8% in the west to over 97% in the North-East of Kenya (Population Council, 2004) just as among the Abagusii, yet according to UNICEF and other NGOs, medicalisation obscures the human rights issues surrounding FGM and prevents the development of effective and long-term solutions for ending it (UNICEF, 2005).

The Ambeere are Bantu people closely related to the Kikuyu, Embu and the Meru. They are agriculturalists and mostly Christians and inhabit the Embu County in Eastern province. According to Embu report (2008), FGM is part of a rite to adulthood and done

around the onset of puberty. It is estimated that 51.4% of their women have undergone FGM (DHS, 2009). One survey from the 2008 reported that FGM prevalence in Embu/Mbeere women was highest in groups with low income and minimal education. Studies have shown that education influences the perceptions of FGM as educated women are more aware of the health consequences. There is therefore a general correlation that the higher a woman's level of education, the less likely she is to be in favor of the practice (Population Reference Bureau, 2001).

Table 2.1 prevalence of FGM by level of education

No education	Primary Incomplete	Primary Complete	Secondary Plus
53.7	28.8	26.4	19.1

Source: DHS 2008-09

FGM keeps thousands of girls out of school every year. This can be because parents take them out of school to attend lengthy initiation ceremonies, in which FGM is a key part. It can also be as a result of health complications girls suffer as a result of FGM causing them not to attend school regularly (Berg and Denison, 2010) This could be girls being anemic due to much bleeding during the operation or other health hazards associated with the practice (WHO, 2008). The more they fail to attend school, the more they fail to produce good performance.

Majority of girls once they have undergone FGM are considered ready for marriage, as a result, their schooling may be seen as of less priority. This will cause majority to drop off from school due to early marriages and becoming young parents (Population Reference Bureau, 2001). Their school participation is deterred and they will no longer become

social-economic producers since their dreams have been shut down for failure to continue with their education. It is only through keeping girls in education that there can be a huge impact on helping to combat FGM. This is because if school girls can learn about the severe negative impacts of FGM, in future can use this knowledge to help their own daughters. They can only learn about their rights in school and develop the skills and confidence to claim them. Initiation affects girls' both school attendance and academic performance.

Although initiation marks the passage from childhood to adulthood (Embu Report, 2008), school authorities continue to treat initiated girls who return to school as children. They expect them to participate in certain activities and punish them in a manner which is considered inappropriate for 'adults'. Initiated girls also find it difficult to concentrate in their studies because their next expectation is marriage (Population Reference Bureau, 2001). They are difficult to teach and easily lose interest in learning. Those girls who have not been initiated tend to perform better in schools because they are more obedient and respectful to the teachers as opposed to the circumcised girls. They manage to get good education which compensates for them not being cut and increase their chances of being accepted in the community.

Some parents are ready and willing to cover the cost of initiation than to cover formal schooling costs and expenses, they also contribute to their girls' non performance in school(Onsomu et al,2005) Though the circumcision ceremonies are scheduled during school holidays, the process begins earlier, leading to absenteeism from school. There is also psychological disturbance that is connected with the practice. So instead of concentrating on class work, they concentrate much on what will take place during the

holiday, thus not performing. Once the girls are circumcised they perceive themselves as adults, on returning to school they have a negative influence on their uncircumcised peers, they are rude to especially the female teachers; they become much in disciplined. This causes a sharp decline in their academic performance and they are likely to play truant and eventually drop out of school to protect their esteem. This will contribute to girls becoming victims of child labour, early pregnancies and premature irresponsible parents. It also leads to HIV/AIDS infection (Population Council, 2007).

Rebecca Pateli, the headteacher of OI Denyo Nyokie Primary School in Narok, confessed that there had been several incidents of injury and even death from FGM. The villagers and circumcisers would not admit that the girls died of FGM though there are those who die. This is true as reported by Kenya Television Network (KTN) on 16th April, 2014 in the same county (Narok North) that a primary student died after undergoing FGM causing demonstrations within town by the school students and from anti FGM campaigners who were against the incident. The area OCPD directed the arrest of all those involved. It was also reported in the same day, from the same county that a chief was arrested after arranging FGM for his two daughters.

2.8 FGM and Laws

(International and Regional treaties)

Kenya has signed several international human right conventions, providing a strong basis for the characterization of FGM as a violation of international human rights.

1. Convention on the Elimination of Discrimination Against Women (CEDAW)
2. Convention on the Right of the Child (CRC)

The two clearly prohibits traditional practices that discriminated against women and harm children. Article 2 of CEDAW directs ‘State Parties..... (f) To take all appropriate measures, customs and practices, which constitute discrimination against women’. Other Articles includes Article 5, Article 24(3), 19 (1). All these articles point to the responsibility of the nation to prevent harmful practices such as FGM under CEDAW and CRC.

3. International Covenant on Economic, Social and Cultural Right (ICESCR).

Under the ICESCR, FGM is a violation of the rights to health. Such Articles include Article 12(2) that the steps to be taken by states parties to the present Covenant to achieve the full realization of [the right to health] FGM thus violates the convention due to the numerous health consequences.

4. African Charter on the Rights and Welfare of the Child (ACRWC).

This requires member states of the African Union to abolish customs and practices harmful to the ‘welfare, dignity, normal growth and development of the child and in particular: (a) those customs and practices discriminatory to the child on the grounds of sex or other status’.

5. Maputo Protocol to the African Charter on Human and peoples’ Right on the Rights of women in Africa (the ‘Maputo Protocol’).

It explicitly refers to FGM. Under Article 5, ‘state parties shall prohibit and condemn... through legislative measures backed by sanctions, b) all forms of female genital mutilation, scarification and Para-medicalisation of female genital mutilation and all other practices in order to eradicate them.

6. African Charter on Human and People’s Rights (the ‘Banjul Charter’)

It includes provisions related to the right to health (Article 16), right to physical integrity (Article 4 and 5)

7. The African Union declared the years from 2010 to 2020 to be decade for African women and Kenya is expected to continue its commitment to promote and protect the rights of women.
8. In December 2012, the UN passed an historic resolution calling on countries to eliminate FGM and in 2013, the 97th UN Convention on the status of women's agreed conclusions included in a reference to the need of states to develop policies and programmes to eliminate FGM as well as other forms of violence against women (UN,2012)

National Laws include:

1. The of suffrage, consent and marriage where the age of suffrage is 18 and of consent is 16 the minimum for marriage is 18, the Children's Act of 2001 forbids early or forced marriages
2. First anti-FGM Act (2001)
3. Second Anti-FGM Act (2011) where the parliament passed and signed into law on 6th October 2011 on prohibition of Female Genital Mutilation (30th September 2011)

The government of Kenya passed the prohibition of Female Genital Mutilation Act 2011 to replace the existing law. Though with all these many laws signed, the FGM continues to be practiced. The eradication takes a slow phase though drastic implementation is difficult but it is taking a slower phase than expected since the government has been enforced with all the mandates to eradicate the vice. So we need to see it work faster than it is currently.

As in Pokot where approximately 20 communities members are advocating against FGM with creation of Kapsteno Rotwo Tipin ‘say no to circumcision of girls’ (KRT) and beyond FGM (28 Too Many in Country Research, 2012), it is not possible for Mbeere community to take such strong measures as they find FGM as a shame and sacred and should not be addressed openly. It is also taken as a personal domestic responsibility such that making it difficult to eradicate. Very few who would address such incident publicly, as one is seen as a victim of circumstance (if she underwent through the practice) though she acted during the time of ignorance when she was not aware of the negative effects of it. So, there are no approaches on individual households on educating and sensitizing parents against FGM. The Pokot people have embraced the practice as unfit to their children and the forthcoming generation and that’s why they have stepped forward to eradicate which is not so to Mbeere community; it is a personal issue.

The Maendeleo ya Wanawake (MYWO) have worked in areas like Kisii, Nyambane, Samburu, Meru, Tharaka Nithi, Meru South, Narok, Murang’a, and Nandi districts through sensitization, education, publicity through tradition and modern media. It seems that the Maendeleo ya Wanawake members within Mbeere are not very effective since they are not standing on the platform and condemn the practice openly and even if they do, they are not taking initiatives to bush fire the villages so that people can understand the seriousness of the practice and the repercussions related to girls’ health and its effects on their education.

There are also no rescue centres where girls can run to and be accommodated in such a case when they are being forced to undergo FGM (Population Council, 2007). Unlike the Organization of African Instituted Churches (OAK), anti-FGM in Maasai and Pokot and

the Seventh Day Adventist Church in Kisii who runs community workshop for women to sensitize and raise awareness of the negative effects of FGM and promoting sensitization programmes to church goers, the Mbeere religious leaders seem to be so lenient in that they feel ashamed, a taboo to talk about FGM since just like sex education, it is referred to as private and sacred affairs which need not be spoken openly yet they are ruining their congregations. FGM as a form of gender based violence, the practice perpetuates the women to maintain subordinate roles and contribute to the low political participation and to their lower level of education, skills and work opportunities.

2.9 Other Factors Affecting Girls Attendance and performance in School

The issue of absenteeism to girls is also attached to underwear and sanitary protection during menstruation. The cost of sanitary protection and inner clothes (Camfed, 1994) may also contribute in making the performance in girls not good than that of boys in the same level. This is so because at the onset of menstruation, girls who have no inner wears and sanitary protection remain at home menstruating and this undermines their confidence on their return to school and ultimately contributes to no performance and early drop outs. Though the Ministry of Education has introduced the issuance of sanitary protection to girls child in public schools undergoing menstruation, girls are faced with a greater challenge when they reach home with the package; they are snatched by their elder sisters, aunts and even their own mothers. They are again left helpless and have to miss school during that time. We can not also fully predict whether all the girls have inner wear to uphold the sanitary protection, thus declined academic performance.

Gendered division of labour also affects the girls' performance (Onsomu et al, 2005; Hungi and Thuku, 2010). This is so because the girls at home are burdened with all domestic chores; fetching water, home care, washing utensils, cooking, taking care of the younger siblings; leaving the girls so preoccupied with no spare time to read, complete their homework, be well prepared for learning and for active participation in class. They feel frustrated when teachers harass and humiliate them due to non-performing. Some of the girls also encounter negative/hostile learning environments which is not conducive for positive learning. This is especially when they are to trek longer distances to and from school yet in some schools they have to be in school very early in the morning otherwise the gate will be closed for late comers. As they are outside the gate for late-coming, they feel frustrated and humiliated yet cannot help in late coming. This exposes them to danger which can compromise with their learning atmosphere and thus fail to perform.

General poverty (Onsomu et al, 2005; Hungi and Thuku, 2010) majority of parents are unable to meet the cost of education since the education is financed through cost sharing with the parents bearing the bigger share of burden. When parents are faced with scarce resources, they tend to choose to educate the boys at the expense of the girls. As the girls are sent home to collect funds, they lag behind academically. Girl factor also influences girls' participation. They have negative attitudes towards education, low motivation and lack concentration in school. They tend to hate some subjects especially for teachers who hold grudge with them. Thus, having effects on the girl child performance. Family factors also contribute where the level of parents' education is low, and can not fully contribute to their girls' performance as they are illiterate. Parents also contribute by having negative attitudes towards girls' education; this is attributed to traditional socio-cultural

beliefs regarding gender roles and abilities. African culture dictates women to exclusively assume the role of mothers and wives. Women are seen as nurturing beings, thus expected to be home makers and care takers of the children, being obedient and sub servants to men. They are also seen as less capable, physically, mentally and in all areas outside their accepted roles than men. This attitude directly and indirectly has a negative effect on girls' participation in education in general.

Violence and verbal abuse contributes to poor class attendance in girls. A girl verbally abused or sexually harassed by her teacher is more likely to skip the teachers' class in order to avoid further abuse or harassment. Various types of violence and abuse have a high negative impact on girls' ability to concentrate in class, which in turn has an impact on their class participation and performance.

2.10 Theoretical Framework

According to the oxford dictionary, a theory is a formal set of ideas that is intended to explain why something happens or exists or are principles on which particular subject is based. This study adopted the liberal feminism theory.

2.10.1 Liberal Feminism Theory

The liberal feminism is an individualistic form of feminists' theory, primarily focusing on women's ability to show and maintain their equity through their actions and choices. Liberal feminism argues that society holds the false belief that women are, by nature, less intellectually and physically capable than men thus discriminating against women in academy, forum, and the market place. The primary goal of liberal feminism is gender equality in the public sphere. The liberal feminism promotes the ending of domestic

violence and sexual harassment which have to do with removing obstacles to women as living on an equal level with men. FGM acts against gender equality against girls/women. It is also a sexual harassment against girls/women.

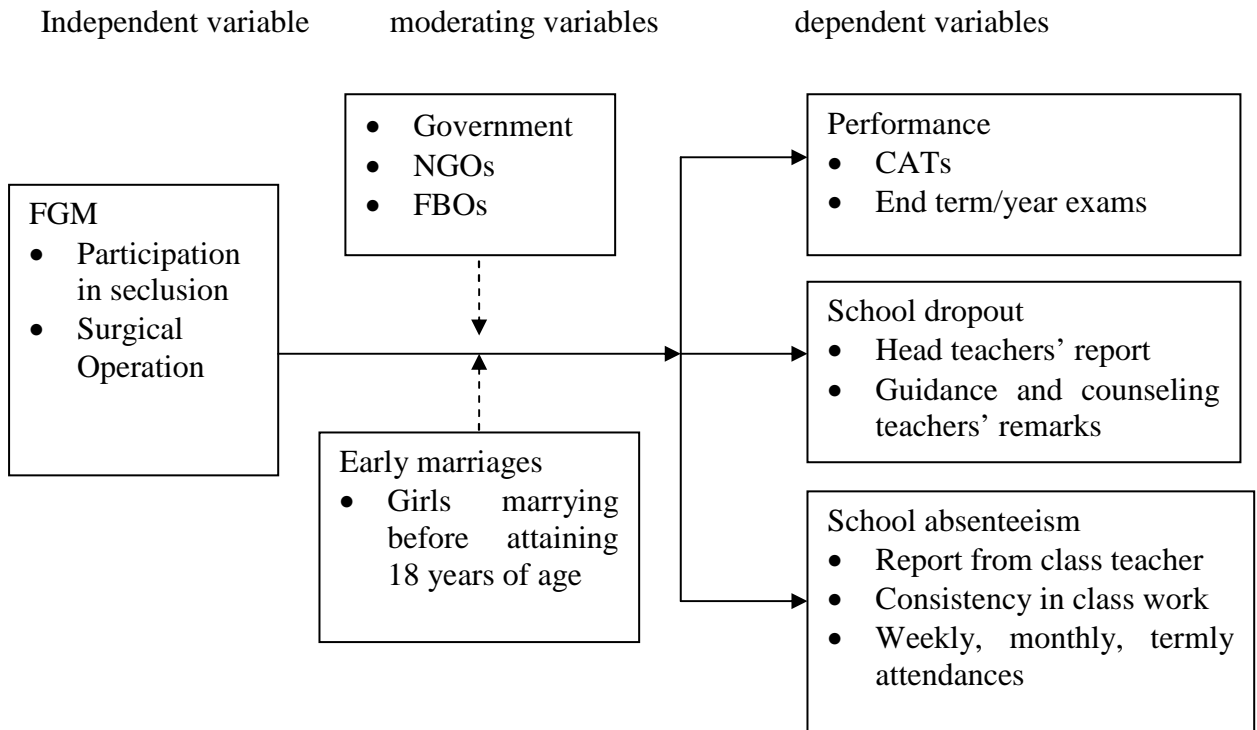
As the theory supports the affirmative action legislation requiring employers and educational institutions to make special attempts to include women in the pool of applicants, on the assumption that past and current discrimination may simply overlook many qualified women applicants. Though there are the biological based differences between men and women, liberal feminism does not accommodate them as adequate justification for inequality such a wage gap between men and women. Feminism theory aims at understanding the nature of gender inequality. It focuses on analyzing gender inequality. Themes included in its exploration are discrimination, objection, (especially sexual objection) oppression, patriarchy, stereotyping, art history, contemporary art, and aesthetics (Gilligan and Carol, 1997). Since feminism theory advocates or supports the rights and equality of women; empowering women against sexism and sexist oppression, it is in deed the best theory that suits this research. FGM is gender discrimination since its primary goal is gender equality in public sphere. It is therefore against FGM which alters natural rights of girls/women.

2.11 Conceptual Framework

The conceptual framework is a diagram representing variables in the study. The framework illustrates the interrelationship between the dependent and independent variables. The dependent variables which is analysed by FGM, includes the girls' performance, school girls' drop out rate, in girls and girl's absenteeism while independent

variable is the FGM expressed through participation in surgical operation and seclusions before and after the operation. Early/child marriage becomes the intervening variable.

Figure 2.1: Conceptual Framework



CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter focuses on various methodologies of research. It covers the research design, target population, sample and the sampling procedure, research instruments, validity and reliability of the instrument, data collection and data analysis procedure.

3.2 Research Design

The research design for this study ‘the influence of FGM in girls’ participation in education’ was a comparative survey research. Mugenda (2003) defines survey as an attempt to collect data from members of a population in order to determine present status of that population with respect to one or more variables. A comparative survey research compares results from more than one variables. The researcher conducted a prior survey to gather information from the two groups; that which has practiced FGM and that which has not in order to sample the respondents into two groups. The study involved the use of the two groups and compare which among the two performs well. Survey research seeks to obtain information that describes phenomena by asking individuals about their perceptions, attitudes, behavior or values. FGM is an existing phenomena. People need to give out their views about it.

3.3 Target Population

This study targeted students in primary schools within Mbeere North, Siakago Sub-County. In this case the target population for the study was primary schools within the district. The reason why the study only targeted the primary school students and not secondary students is due to the fact that primary students are the ones that are largely

affected by the FGM practice since the practice is performed during the age of puberty (Population Council, 2007) and primary students are the ones in that stage. As students enter the Secondary level, they are usually above the stage of puberty; the surgical operation stage. The teachers are with the students daily and are able to identify their behavior before and after the practice. Teachers are able to detect any truancy in relation to their normal behavior and how they relate with those who have not yet gone through the practice; whether they are harsh and stigmatizing them or not.

3.4 Sample Procedure

To get sample population for this study, stratified random sampling technique was used. The target population was divided into strata on the basis of sub-groups in order to achieve desired representation from the various subgroups in the population for instance teachers and students. The researcher employed purposive random sampling to sample girls for the two selected groups of respondents since they have desired characteristics for the field study. Comparative analysis was used as the two groups were compared. In this regard a total of 20 respondents from each group was sampled from 10 primary schools representing the entire population of 95 schools. Students were considered due to the fact that they are the ones at risk of FGM and that teachers are always with the students and can identify any changed behavior. 5 area chiefs were considered as the schools are in their administrative jurisdiction and are aware of what goes on within these schools. The table below shows the sample frame:

Table 3.1 sample procedure

Respondent category	Total population	Sample percent	Sample size
Number of Primary schools	95	10	10
Number of primary school-heads	95	10	10
Number of guidance and counseling teachers	190	10	20
Number of girls (class 6-8)	570	20	40
Number of chiefs	50	5	5
TOTAL	1000	10%	85

3.5 Methods of Data Collection

The study used questionnaires to collect empirical data from the obtained sample size. Each item on the questionnaire was developed to address specific objective and research question. The questions in the questionnaire were structured (close-ended), unstructured (open ended) or contingency questions. The structured questions had a listing of all possible alternatives from which the respondents selects the answer that best describes their situation while unstructured questions gave the respondents complete freedom to respond to the question in his/her own words. Contingency questions are subsequent questions that the researcher may employ to probe for more information. The questionnaires were administered to the respondents by the researcher.

To assign meaningful numbers of responses, variables were measured at interval or ratio scale while questionnaires rating employed Likertscale (Dankit, 2004). Likert Scale is

used to measure perception, attitudes and behavior. The rating scale consists of number and description which are used to rate or rank the subjective and intangible component in research. The numbers in the Likert Scale are ordered such that they indicate the presence or absence of the characteristic being measured.

3.6 Research instruments

3.6.1 Validity

According to Mugenda and Mugenda (2003) validity is the accuracy and meaningfulness of inferences based on research results. It is a procedure that qualifies an instrument or a tool used in research to be accurate, true, meaningful, correct and right, while Mugenda (1999) describes the validity in quantitative research as 'construct validity'. The construct is the initial concept, notion, question or hypothesis that determines which data is to be gathered and how it is to be gathered. They also assert that quantitative researchers actively cause or affect the interplay between construct and data in order to validate their investigations through application of a test or other processes. The involvement of the researcher in the research reduces the validity of the test. There was incorporation of data quality in the entire study process especially at data collection to include completion of questionnaires, legibility of records and validity of responses.

3.6.2 Reliability

Mugenda and Mugenda define reliability as the measure of the degree to which a research instrument yields consistent results of data after repeated trials. Reliability is influenced by random error in research. Random error is the deviation from a true measurement due to factors that have not effectively been addressed by the researcher. The research attempted to minimize random error and hence increased reliability in data. The

researcher used test-retest method which involves administering the same instrument twice to the same group of subjects giving time lapse between the first and the second test. The researcher selected an appropriate group of subjects administering the test to the subjects keeping all initial conditions constant. These subjects were administered the same test after a duration of one to four weeks before administering the test for a second time, then correlate the scores from both testing periods to give reliable results.

The researcher then used a Pearson's product moment formula for test retest to compute the correlation coefficient in order to ascertain reliability. If a correlation coefficient of above 0.5 going towards +1 is observed then the instrument was judged as reliable for the study.

$$r = \frac{N \sum xy - (\sum x) (\sum y)}{\sqrt{(N \sum x^2 - (\sum x)^2) (N \sum y^2 - (\sum y)^2)}}$$

Where $\sum xy$ = sum of cross product of the values of each variable

$\sum x$ = sum of first set of scores

$\sum y$ = sum of second set of scores

N = the total number of respondents

$\sum x^2$ = sum of first set of scores

$\sum y^2$ = sum of second set of scores

Therefore for this study the research instrument realized a correlation coefficient of 0.74, that was deemed reliable.

3.7 Methods of Data Analysis

This process of data analysis involved editing completed questionnaires for completeness and consistency, error checking, omissions and then coding. Since the study was seeking to establish the extent to which independent variables influence the dependent variables

the data were analyzed through descriptive analysis. The descriptive statistics was employed since it describes or summarizes the data. The purpose of descriptive statistics is to enable the researcher to meaningfully describe a distribution of scores or measurements using a few indices or statistics. The study being a social science, measures of central tendency was used to give expected summary statistics of variables being studied. Since the researcher want to find out whether FGM influences girls' participation in education, the researcher needed descriptive statistics that give a measure of relationship between the two variables In this comparative survey, a correlation coefficient was appropriate if both variables are measured at ratio or interval scales (or either the variables is a dichotomous variable). Correlation coefficient was used to test significant measure of relationship while Pearson product moment was used since most of the data is ordinal in nature. The questionnaires were dispatched by the researcher then coded, cleaned then data fed into the Statistical Package for Social Science (SPSS) for analysis and presented by use of tables.

3.8 Operation definition of variables

Table 3.2: Operationalization table of variables

Objectives	Variable	Indicators	Measure ment	Scale	Data collection methods	Tool of Analysis
To establish the influence of FGM and girl's performance in education	<u>Independent</u> FGM <u>Dependent</u> Girls' performance	CATs End term/year exams	Frequency Percentage	Ordinal Nominal	Questioners Observation	SPSS on collected data Comparison Pearson's relation
To determine the extent to which FGM influences girls' dropout rate from schools	<u>Independent</u> FGM <u>Dependent</u> Girls' dropout rate	Head teachers' report Guidance and counseling teachers' remarks	Frequency Percentage	Ordinal Nominal	Questioners Observation	SPSS on collected data Pearson's Comparison
To establish if there is a significant difference in age of marriage between girls who have undergone FGM and those who have not	<u>Independent</u> FGM <u>Dependent</u> Difference between age of marriage	Girls marrying before attaining 18 years of age	Frequency Percentage	Ordinal Nominal	Questioners Observation	SPSS on collected data Pearson's Comparison
iv. To find out the relationship between FGM and girls' absenteeism in schools.	<u>Independent</u> FGM <u>Dependent</u> Girls absenteeism	Report from class teacher Consistency in class work Weekly, monthly, termly attendances	Frequency Percentage	Ordinal Nominal	Questioners Observation	SPSS on collected data Pearson's Comparison

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

The purpose of this study was to investigate the factors influencing the girls' performance in education in Mbeere North, Siakago Sub-County, in Embu County. It was guided by the following objectives; establish the influence of FGM and girls' performance in education; to determine the extent to which FGM influences girls' dropout rate from schools; to establish if there is a significant difference in age of marriage between girls who have undergone FGM and those who have not; and to find out the relationship between FGM and girls' absenteeism in schools. The study targeted students in 10 public primary schools. The main respondents were; primary school students, teachers, head teachers and chiefs, a total of 75 respondents participated in the study. The study used questionnaires to collect empirical data from the obtained sample size. This chapter presents the instrument return rate, demographic information of the respondents and the factors influencing girls' performance in primary education.

4.2 Instrument return rate

The researcher administered 75 questionnaires to the respondents during data collection. A response rate of 50% is adequate for analysis and reporting, a rate of 60% is good and a response rate of 70% and over is excellent (Mugenda and Mugenda, 1999). However, all the 75 questionnaires were returned from the respondents, representing 100% response rate. This response rate was very good for the study. This response rate was realized since the researcher personally visited the primary schools built rapport with the respondents on the purpose of the study.

4.3 Respondents' demographic data

The personal information of the respondents was sought to get an insight on the respondents' characteristics in relation to the study's objectives. This included gender, academic qualification, age, students' classes and religion. Table 4.1 presents respondents gender distribution.

Table 4.1 Respondents gender

Gender	Teachers		Head teachers		Chiefs	
	F	%	F	%	F	%
Male	15	75.0	8	80.0	4	80.0
Female	5	25.0	2	20.0	1	20.0
Total	20	100.0	10	100.0	5	100.0

Information in Table 4.1 shows that 75%, of the teachers, 80% of head teacher and chiefs who participated in the study were males respectively. This was an indication that in the study area participation in education suffers gender disparity, therefore gender hinders girls' participation in education due to the unequal representation.

The study necessitated finding out respondents' age distribution; the teachers, head teacher and chiefs responses were as shown in Table 4.2.

Table 4.2 Teachers', head teachers' and chiefs' age distribution

Age in years	Teachers		Head teachers		Chiefs	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Below 30	4	20.0	0	0.0	0	0.0
31-40	5	25.0	1	10.0	1	20.0
41-50	10	50.0	2	20.0	2	40.0
Above 50	1	5.0	7	70.0	2	40.0
Total	20	100.0	10	100.0	5	100.0

From the study findings half of the teachers (50%), were aged between 41 and 50 years, while 70% of the head teachers were over 50 years. On the chiefs' case majority of them, 80%, were over 40 years. This was an indication that the respondents were in a position to give accurate information on the study items due to their advanced ages. Students' ages was also sought and presented as shown in table 4.3 below.

Table 4.3 Students' age distribution

Age in years	Students who have not undergone FGM		Students who have undergone FGM	
	Frequency	Percentage	Frequency	Percentage
12-14	8	80.0	2	20.0
15-16	2	20.0	6	60.0
above 17	0	0.0	2	20.0
Total	10	100.0	10	100.0

From the study findings shown in Table 4.3, majority of the students (80%) who had not undergone through FGM were between 12 and 14 years old, while majority of those (60%), that had undergone through the cut were between 15 and 16 years old. This was an implication that students undergo through FGM in the cliff of puberty hood.

It was important for this study to find out respondents' academic qualification and relate it to girls' participation in education. The responses were as shown in Table 4.4.

Table 4.4 Teachers' and head teachers' academic qualification

Qualification	Teachers		Head teachers	
	Frequency	Percentage	Frequency	Percentage
Certificate	5	25.0	0	0.0
Diploma	10	50.0	1	10.0
Undergraduate	5	25.0	6	60.0
M. Ed	0	0.0	2	20.0
Phd	0	0.0	1	10.0
Total	20	100.0	10	100.0

Table 4.4 shows that half of the teachers (50%), were diploma holders while majority, of their school heads (60%), were graduates. This shows that teacher qualification was not a hindering factor to girls' participation. The study findings also revealed that majority of the area chiefs were form four graduates. The study then sought to find out the duration teachers had been in the teaching profession to establish whether their experience could contribute to girls' participation in education. Their responses were presented as shown in Table 4.5.

Table 4.5 Teacher and head teachers' length in service

No of years	Teachers		Head teachers	
	Frequency	Percentage	Frequency	Percentage
Less than 3 years	4	20.0	1	10.0
3-5 years	11	55.0	1	10.0
5-7 years	5	25.0	6	60.0
Over 7 years	0	0.0	2	20.0
Total	20	100.0	10	100.0

The study findings shows that majority of the teachers (75%), had taught for less than five years while majority of the school heads (90%), had taught for more than five years. Also, 80%, of the chiefs indicated that they had been in office for more than five years. This was an indication that the respondents were in a better position to give information on the trend of girls' participation for the long duration they had been in service, they were also in a position to give information of FGM practices of the communities the study area. The chiefs were requested to indicate whether they advocate for FGM continuation in the area, and their responses presented in Table 4.6.

Table 4.6 Chiefs responses on whether they advocate for FGM continuation

Response	Frequency	Percentage
Yes	4	80.0
No	1	20.0
Total	5	100.0

From the study findings, an overwhelming majority of the chiefs, (80%), indicated that they advocate for FGM continuation. This was an indication that FGM was deep rooted

in the community. The researcher then sought to find out the reasons for this advocacy of the practice. Majority of the chiefs (80%) who had indicated that they advocate for the continuation of the practice stated that they felt that this was a way of preserving the communities' culture and passing it on to the younger generation. These findings agree with Coexist (2012), who stated that FGM is a rite of passage into womanhood and necessary for a girl to go through in order to become a responsible adult member of the society. Therefore, the practice is carried out by communities as a heritage of the past and is often associated with ethnic identity. They that felt that this practice should stop indicated that by eradication this practice girls' participation would be increased and the lives of women would be improved generally. This concurs with

4.4 FGM and girl's performance in education

To establish whether FGM influences girls' performance in education the researcher sought to compare the students on the performance between those that had undergone through the cut and those that had not. Therefore teachers and head teachers were requested to rate the extent to which FGM causes low performance trend in girls' performance in class. Their responses were as shown in Table 4.7.

Table 4.7 Teachers' and head teachers' responses on the extent to which FGM causes low performance trends in girls' performance

Response	Teachers		Head teachers	
	Frequency	Percentage	Frequency	Percentage
Very high extent	10	50.0	7	70.0
High extent	5	25.0	1	10.0
Moderate extent	5	25.0	1	10.0
Low extent	0	0.0	1	10.0
Total	20	100.0	10	100.0

From the study findings in Table 4.7, half of the teacher respondents (50%) and 70%, head teachers indicated that FGM causes low performance trends in girls' performance. While only 10%, of the head teachers felt that the effect was only at a low extent. This was an indication that FGM was a contributing factor to girls' non performance in education. It was thus important for the study to find out the performance of girls in class so as to compare the difference in both categories of girls. The findings were presented in Table 4.8.

Table 4.8 Girls' performance in class

Performance	Students who have not undergone FGM		Students who have undergone FGM	
	Frequency	Percentage	Frequency	Percentage
Average	2	10.0	7	70.0
Good	0	10.0	2	20.0
Below average	8	80.0	1	10.0
Total	10	100.0	10	100.0

Table 4.8 shows that majority of the teachers (80%), agreed that the girls who have undergone through FGM performed below average in class while their counterparts who have not undergone through the cut performed on average. This was an implication that the practice interferes with girls' performance in class, hence the performance difference. The study further sought to find out whether girls who have undergone FGM perform better than those who have not and presented the students' responses on table 4.9.

Table 4.9 Students' responses on whether girls who have undergone FGM perform better than those who have not

Responses	Students who have not undergone FGM		Students who have undergone FGM	
	Frequency	Percentage	Frequency	Percentage
Yes	8	80.0	0	0.0
No	2	20.0	10	100.0
Total	10	100.0	10	100.0

Information from table 4.9, shows that students responses differed since 80%, of the students who have undergone through the cut agreed that they perform better than their counterparts who have not undergone through the cut. However girls who have not undergone through FGM all (100%) disagreed with the statement. The girls were then requested to indicate their reasons on the difference on performance and the findings were as shown in Table 4.19.

Table 4.10 Students reasons on performance difference between girls who have undergone through FGM and those that have not

Students' reasons	Students who have undergone FGM		Students who have not undergone FGM	
	Frequency	Percentage	Frequency	Percentage
	Uncut girls concentrate in education	1	10.0	2
Uncut girls get a lot of attention from teachers	1	10.0	2	20.0
Uncut girls are always present in school	2	20.0	5	50.0
Education is not important to cut girls	6	60.0	1	10
Total	10	100.0	10	100.0

Table 4.10 shows that girls who have undergone through FGM lack the passion for education thus 60% of them indicated that education was not important for them while other 20%, indicated that they are not present in school at most of the times like their uncut counterparts. Moreover 10% gave excuses that uncut girls are given more attention than them by their teachers thus the performance difference. This was an indication that education ceases to be priority after girls have undergone through FGM. The researcher sought to find out the aspects of training during FGM preparation sessions. Table 4.11 shows the research findings.

Table 4.11 Students’ responses on the learning aspect taught during FGM preparation sessions

Aspect taught	Frequency	Percent
Educational aspect	2	20.0
social aspects	8	80.0
Total	10	100.0

Information presented in table 4.11 shows that majority, 80%, of the students who have undergone through FGM indicated that the sessions they are given during preparation of FGM are on social aspects in live rather than of educational nature. This imply that girls are prepared for future social phenomena thus drawing them away from schooling.

It was important for this study to compare between students’ who have/not undergone through FGM and class performance. This was to highlight various factors under consideration in regards to the influence of FGM on girls’ participation in education. A scale of 1-5 where; 1 = Strongly disagree and 5 = Strongly agree. Table 4.12 shows the respondents’ agreement and disagreement to the factors under consideration in regards to the influence of FGM on girls’ participation in education. Table 4.12 presents the findings.

Table 4.12 Teachers and head teachers' responses on factors related to FGM and girls performance

Factors under consideration	Teachers				Head teachers			
	Agreement		Disagreement		Agreement		Disagreement	
	F	%	F	%	F	%	F	%
FGM contributes to low performance trend in girls' performance	10	100.0	0	0.0	9	90.0	1	10.0
FGM decreases the performance and attendance of girls' at school	9	90.0	1	10.0	9	90.0	1	10.0
The prolonged healing after the practice contributes to low performance	7	70.0	3	30.0	8	80.0	2	10.0
There is a general correlation between woman's education and FGM practice	10	100.0	0	0.0	7	70.0	3	30.0
Health hazards experienced during the practice may cause poor performance	10	100.0	0	0.0	10	100.0	0	0.0

Table 4.12 shows that teacher respondents were in overwhelming agreement on the statements showing the influence of FGM on girls' performance. Since all the teachers agreed that FGM contributes to low performance trend in girls' performance, there is a general correlation between woman's education and FGM practice and health hazards experienced during the practice may cause poor performance. While 90% of the teachers agreed that FGM decreases the performance and attendance of girls' at school and 70%

agreed that the prolonged healing after the practice contributes to low performance. This was an indication that the practice highly influences girls performance due to health hazards experienced during the practice and the prolonged healing after the practice contributes to girls' low performance as agreed to by all teachers. This concurs with Jamah (2014) who in his Daily nation article stated that United Nation's Secretary General launched a landmark global media campaign against Nation FGM in a fresh bid to eliminate the retrogressive practice. This report stated that girls record low performance trend in all aspects of life.

4.5 FGM influences girls' dropout rate from schools

To establish whether FGM influence girls' dropout rate from schools the researcher sought to compare the students on the dropout rates between those that had undergone through the cut and those that had not. Table 4.13 shows teachers and head teachers' rating on the extent to which FGM influences dropout rates of girls.

Table 4.13 Teachers' and head teachers' responses on the extent to which FGM influences girls' dropout rate

Response	Teachers		Head teachers	
	Frequency	Percentage	Frequency	Percentage
Very high extent	5	25.0	7	70.0
Moderate extent	5	25.0	1	10.0
High extent	10	50.0	1	10.0
Low extent	0	0.0	1	10.0
Total	20	100.0	10	100.0

Majority, 90%, of the head teachers and all the teacher indicated that FGM influence girls' dropout rate at a very high extent. This was an implication that many girls leave school before the completion of the whole cycle after undergoing through the practice. Then the researcher sought to find out what are the priorities of girls after going through FGM. Responses were presented in Table 4.14

Table 4.14 Students responses on their priorities after FGM

Priorities	Frequency	Percent
Getting married	6	60.0
Looking for a job	3	30.0
Going to school	1	10.0
Total	10	100.0

Table 4.14, shows that 60% of the girls who have undergone through FGM prioritize to get married while 30% would want to look for jobs and only 10% would want to continue with schooling. These findings are an implication that girls no longer prioritize education after being cut and are eager to get married because they feels like they have been promoted into adulthood, hence their participation is hindered when girls drop out of school to go looking for jobs or get married at this tender ages.

Thus the study necessitated on findings out what girls are counselled about during seclusion of FGM and presented the findings as shown in Table 4.15.

Table 4.15 Students responses on what they are counselled about during seclusion of FGM

Responses	Frequency	Percent
Being a good wife	4	40.0
Child bearing	2	20.0
Taking care of a family	4	40.0
Total	10	100.0

Table 4.15 shows that 40% of the girls indicated that they are counselled on ways of being good wives and taking care of a family respectively, while 20% are counselled on child bearing and 20% are counselled about care of the family. Thus they are diverted from education to get prepared for a new ‘adult life’ since they are considered to as adults after the practice. Therefore the findings were an indication that girls will be prompted to dropout of school after the practice when they consider themselves ready to start their own families.

It was important for this study to find out whether girls fit in school after the practice and requested to know whether they are in conflict with the school management after going back to school. The research findings show that all the girls who had undergone through FGM indicated that they were in conflict with school management at one time or the other. Hence the researcher sought to find out the reasons as to why there was conflict after FGM. The responses were presented as shown in Table 4.16.

Table 4.16 Students responses on reasons as to why they are in conflict with school management after FGM

Reasons	Frequency	Percent
Feel that they are mature	6	60.0
Teachers discriminate they	2	20.0
They do not respect teachers	2	20.0
Total	10	100.0

From the study findings 60%, of the students who have undergone through FGM indicated that they felt mature after the cut thus causing them to be in conflict with school management and teachers. Consequently, 20% of the students indicated that teachers either discriminate against them or do not respect them respectively. This was an indication that girls feel that they were their teachers equals after the practice thus they are in conflict at most of the times.

It was also important to find out whether participation was influenced by FGM and the teachers and head teachers were presented with statements to show the influence. They were to agree or disagree to a scale of 1 to 5 where 1 = strongly agree and 5 = strongly disagree. Their responses were presented in table 4.17.

Table 4.17 Teachers' and head teachers' agreement and disagreement on factors of FGM that causes girls' school dropout

Factors under consideration	Teachers				Head teachers			
	Agreement		Disagreement		Agreement		Disagreement	
	F	%	F	%	F	%	F	%
FGM contributes to girls' dropout rates from school	8	80.0	2	20.0	9	90.0	1	10.0
Girls' become indiscipline after undergoing the rite of passage	9	90.0	1	10.0	10	100.0	0	0.0
FGM has a relation with issues like girls not completing their education	7	70.0	3	30.0	6	60.0	4	40.0
School attendance and academic performance is usually affected after FGM	9	90.0	1	10.0	10	100	0	0.0
FGM causes girls' to focus more on outside issues than on education	10	100.0	0	0.0	10	100.0	0	0.0

Table 4.17 majority of the teachers agreed that FGM contributes to girls' dropout rates from school since they were in agreement with 90%, of the girls' becoming indiscipline after undergoing the rite of passage, 70%, attendance and academic performance are usually affected after FGM and FGM causes girls' to focus more on outside issues than on education at, 100%. The study findings also revealed that head teachers were in agreement that FGM has a relation with issues like girls not completing their education. The findings on the time of healing the scar after FGM were presented in table 4.16.

Table 4.18 Students responses on time taken on healing the scar after FGM

Time taken	Frequency	Percent
More than a month	8	80.0
Less than a month	2	20.0
Total	10	100.0

Table 4.16 shows that 80%, of the girls who have undergone through FGM indicated that it took them more than one month to heal the scar after FGM. This was an indication that due to the prolonged absence they end up dropping out from school hindering their participation. This is in line with Berg and Denison (2010) who indicated that FGM affects the physical and psychological health of girls and women, decrease their attendance and performance at school; fail to meet their gender equality rights and risks their lives at the time of the operation, at marriage and during child birth

4.6 Influence of differences in age of marriage between girls who have undergone FGM and those who have not

To establish whether Significant differences in age of marriage between girls who have undergone FGM and those who have not. The study sought to establish whether girls get involved in the practice on their free will or are forced. Their responses were presented in Table 4.19.

Table 4.19 Students’ responses on whether they FGM was forced onto them

Responses	Frequency	Percent
Forced	2	20.0
My own wish	8	80.0
Total	10	100.0

The study findings in Table 4.19 shows that 80% of the girls who undergo through FGM are not forced into it but they get into it on their own free will. This was an indication that FGM was deep rooted in the society’s culture thus most of the girls are never forced to get the cut. Thus girls’ participation is highly affected by the fact that girls are willing to undergo through FGM.

The study thus necessitated finding out the extent to which FGM influence girls age of marriage and the teachers’ and head teachers’ responses were presented in Table 4.20.

Table 4.20 Teachers and head teachers’ response to the extent to which FGM influence the age of marriage of girls

Response	Teachers		Head teachers	
	Frequency	Percentage	Frequency	Percentage
Very high extent	10	50.0	7	70.0
Moderate extent	5	25.0	1	10.0
High extent	5	25.0	1	10.0
Low extent	0	0.0	1	10.0
Total	20	100.0	10	100.0

Table 4.20 shows, that 50% and 70% of teachers and head teachers respectively indicated that FGM influence the age of girls’ marriage to a very high extent. These findings were an indication that after FGM majority of the girls will get married unlike their

counterparts who do not involve in the practice who will continue with education. This concurs with Population Reference Bureau, (2001) that stated that majority of the girls who undergo FGM consider themselves ready for marriage and take education as a lesser priority. Thus school priority is deterred. Initiation affects girls both school attendance and academic performance. The cut girls find it difficult to concentrate in their school studies as they know at the back of their minds that the next option is to get married.

The researcher then sought data from chiefs on advocating continuation of the practice and challenge faced after the practices and presented the findings in Table 4.21.

Table 4.21 Chiefs’ advocating on the continuation of FGM and challenges faced after the practice

Count		Challenges after FGM		
		increased insecurity	prevalence of many idle youths	Early marriages
Advocate for FGM	Yes	1	3	1
Continuation	No	4	2	4
Total		5	5	5

Information from table 4.21, 4 of the chiefs agreed that they advocate for FGM continuation despite their awareness on the challenges faced by girls who have undergone through the practice. These challenges include prevalence of many idle youths as indicated by 3 of the chiefs while early marriages and insecurity cases are equally resultants of the communities’ embrace of these practices. These findings agree with Population Reference Bureau report of 2001, that stated that FGM is considered by many

groups to be a rite of passage into womanhood; it is likely that a girl's education will end in order for her to be married.

Head teachers and teachers were issued with factors under consideration on FGM causing girls to get into early marriage and its influence on participation to respond to a scale of 1 to 5 on the extent they agree or disagree to the factors. Their responses were presented in table 4.22.

Table 4.22 Teachers' and head teachers' responses on the extent to which FGM influences girls age of marriage

Factors under consideration	Teachers				Head teachers			
	Agreement		Disagreement		Agreement		Disagreement	
	F	%	F	%	F	%	F	%
Does FGM facilitate early marriage to school girls	10	100.0	0	0.0	9	90.0	1	10.0
Parents arrange for marriage partners for their girls' though they are still at school	9	90.0	1	10.0	10	100.0	0	0.0
Majority of girls drop out of school due to early pregnancies	7	70.0	3	30.0	6	60.0	4	40.0
FGM can destabilize girls learning	9	90.0	1	10.0	10	100	0	0.0
After the practice girls focus more on marriage life than on education issues	10	100.0	0	0.0	10	100.0	0	0.0

Table 4.22 shows that 100%, of teachers and 90%, of head teachers indicated that FGM facilitates early marriage to school girls, they indicated that this is largely contributed by parents who arrange for marriage partners for their girls' though they are still at school. At other instances girls who undergo through FGM engage in relationships thus 70%, and 60% of teachers and head teachers respectively indicated that majority of girls drop out of

school due to early pregnancies. Hence the study findings imply that after the practice girls focus more on marriage life than on education issues reducing their participation.

Table 4.23 Chiefs’ promotion to stopping FGM and address FGM in Barazas

Promotion to stopping FGM				
Count		stop FGM		Total
		practice	Rescuing afflicted girls	
Do you address FGM	Yes	0	1	1
in Barazas	No	2	2	4
Total		2	3	5

Table 4.23 reveals that 4 of the chiefs in the study area do not address matters related to FGM in barazas while as the remaining 1 who addresses on the practices only participate in rescuing afflicted girls. This is an indication that even the administration do not put up measures to stop the practice. Thus, FGM has a relationship with issues such as girls not completing their education and to get married.

4.7 The relationship between FGM and girls’ absenteeism in schools

To establish the relationship between FGM and girls’ absenteeism in schools the researcher sought to compare the students on the relation between those that had undergone through the cut and them that had not. Teachers and head teachers’ responses on the extent to which FGM influences absenteeism of girls in school were presented in table 4.24.

Table 4.24 Teachers’ and head teachers’ responses on the extent to which FGM influences girls absenteeism in school

Response	Teachers		Head teachers	
	Frequency	Percentage	Frequency	Percentage
Very high extent	15	75.0	8	80.0
Moderate extent	0	0.0	1	10.0
High extent	5	25.0	1	10.0
Low extent	0	0.0	0	0.0
Total	20	100.0	10	100.0

Table 4.24 shows that an overwhelming majority of the teachers and head teachers, 75% and 80% respectively indicated that FGM influence girls’ absenteeism in school at a very high extent. This was an implication that girls are in and out of school after undergoing through FGM. The study then sought to find out how regularly girls attended school and presented the comparison of attendance between girls who have undergone through the cut and those who have not in Table 4.25.

Table 4.25 Students' responses on school attendance

School attendance	Students' who have undergone through FGM		Students' who have not undergone through FGM	
	Frequency	Percentage	Frequency	Percentage
Regular	2	20.0	10	100.0
Irregular	8	80.0	0	0.0
Total	10	100.0	10	100.0

Table 4.25 shows that majority 80% of girls who have undergone through the cut attend school irregularly while them that have not undergone through the practice attend school regularly. This was an indication that FGM influence absenteeism of students due to the difference in attendance. It was thus important for the study to find out the time stayed at home by girls after FGM while schools are in session. Students' responses were presented in Table 4.26.

Table 4.26 Length of time girls stay at home after FGM when school opened

Length of time	Frequency	Percentage
2 weeks	2	20.0
3 weeks	4	40.0
4 weeks	2	20.0
More than a month	2	20.0
Total	10	100.0

Information in table 4.26 shows that most 40%, of the girls stay at home for three weeks after school open, while 20% are away from school for two, four weeks and more than a month respectively. This was an indication that after FGM girls are absent from school for weeks and even months as they go through the healing process, thus their participation is affected as normal learning is administered to their present counterparts.

Head teachers and teachers were issued with factors under consideration on FGM causing girls to absent themselves from school to respond to a scale of 1 to 5 on the extent they agree or disagree to the factors. Their responses were presented in table 4.24.

Table 4.27 Head teachers and teachers' responses on the extent to which they agree or disagree to factors related to FGM that cause girls' absenteeism

Factors under consideration	Teachers				Head teachers			
	Agreement		Disagreement		Agreement		Disagreement	
	F	%	F	%	F	%	F	%
The prolonged preparation and healing keeps girls out of school	10	100.0	0	0.0	10	100.0	0	0.0
Girls' absenteeism from school contributes to poor performance	9	90.0	1	10.0	9	90.0	1	10.0
Some health complications experienced forces girls to be out of school regularly	7	70.0	3	30.0	7	70.0	3	30.0
Tendency of feeling mature conflicts with school rules and regulations keeping girls out of school	10	100.0	0	0.0	10	100	0	0.0
Psychological disturbance can be linked to the FGM	10	100.0	0	0.0	10	100.0	0	0.0

The information in table 4.27 shows that there is a great relationship between FGM and girls participation in education. These findings revealed that 100% of teachers and head teachers were in full agreement that the prolonged preparation and healing keeps girls out of school, tendency of feeling mature conflicts with school rules and regulations keeping girls out of school. Moreover ,70% of the teachers and head teachers agreed that some health complications experienced forces girls to be out of school regularly. This was an

implication that girls suffer psychological disturbance after FGM that caused their irregular attendance and eventually leading to drop out or poor performance.

The chiefs were requested to indicate on measures to be taken so as to improve girls' participation and their responses tabulated in Table 4.28.

Table 4.28 Measures proposed by respondents to improve girls' participation

Measures	Teachers		Head teachers		Chiefs	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Arresting parents and circumcisers	4	10.0	0	0.0	3	60.0
Awareness forums	10	60.0	7	70.0	1	20.0
Door to door campaign	5	25.0	2	20.0	0	0.0
Set-up rescue centres	1	5.0	1	10.0	1	20.0
Total	20	100.0	10	100.0	5	100.0

From the study findings in table 4.28, majority of the teachers (60%) and head teachers (70%) indicated that there should be awareness forums to sensitize the communities on the dangers of FGM on girls' education. While majority of the chiefs (60%) indicated that arresting parents and circumcisers would promote girls participation. This was an implication that more needs to be done to ensure girls' participation in education as well as enforcing the already in place laws against the practice. This is in line with the report the government of Kenya passed on the prohibition of Female Genital Mutilation Act 2011 to replace the existing law, though with all these many laws signed, the FGM continues to be practiced. The eradication takes a slow phase, though drastic implementation is difficult but it is taking a slower phase than expected since the government has been enforced with all the mandates to eradicate the vice.

CHAPTER FIVE
SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSIONS, AND
RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the findings of the study, discussions, conclusions and recommendations arrived at. It also gives suggestions for further studies.

5.2 Summary of the findings

The influence of Female Genital Mutilation was analysed, the results were expected to establish if FGM influences girls' participation in education, the extent to which FGM influences girls' dropout rate from schools, the difference in age of marriage between girls who undergo through FGM and those who have not and absenteeism of girls who have undergone through FGM in schools in Mbeere North, Siakago Sub-County, Embu County, Kenya.

According to the results, FGM influences girls' performance at a very high extent. Majority, 80%, of the girls that have undergone through the cut registers below average performance, while 70%, of the girls who have not undergone through the cut perform averagely. From the study findings most, 40%, of the students who have undergone through the cut concentrate more on outside school issues which distract them from paying attention to teachers which is translated in their dismal performance. A large percentage of the respondents showed that(60%), of the girls do not perform well after the cut. 70% of the students supported this while 90% of the head teachers and 80% of the teachers were in favour with this argument. 55% of the chiefs attributed students' performance to FGM.

From the results of the study 90%, and 100% of the teachers and head teachers respectively indicated that FGM influence girls' dropout rates at a very high extent. Majority of the students, 80%, agreed that more girls who have undergone through the cut are more likely to drop out of school than those that have not. These findings concurred with information from 90%, 60% and 55% of the teachers, head teachers and chiefs respectively who indicated that girls who undergo through the cut hardly neither continue with secondary education nor join tertiary education. The teachers, 80% expressed their disappointment in parents who embrace the practice and encourage their girls to discontinue schooling and engage in other practices related to FGM. The head teachers reported and showed records of the majority of girls dropping out of school after FGM while the guidance and counselling teachers expressed efforts of following girls from their homes after dropping out of school in order to continue with education.

The study findings revealed that girls who have undergone through FGM are married off at an early age than those that have not undergone. However, only 10% of the girls who have undergone through the practice are likely to continue with education since majority 90% of these girls prioritize marriage to schooling. 75% of the chief indicated that most parents arrange early marriages for their girls thus forcing them to flee from home and are housed in relatives' homes. Moreover, 45% of the chiefs stated that there has been an increase of idle youths in the villages owing to FGM as girls feel they are mature enough to quit schooling to look for marriage suitors and at times resulting to early pregnancies.

According to the research findings, it was realized that non performance in girls attributed by absenteeism from school. The study findings revealed that all the students who have undergone through FGM attend school irregularly while their counterparts who

have not undergone through the practice are regular school attenders. This was also reported by 80% of the teachers and 90% of the head teachers who indicated that prolonged healing, seclusion period and the state on girls feeling mature attribute to absenteeism of girls in schools.

5.3 Discussions of the findings

This section deals with discussions of the study findings that compare and contrast with other empirical findings reviewed in chapter two.

According to the study it has come out clearly that FGM has an influence on girls' performance. This study finding concurs with Berg and Denison (2011) who asserts that psychological effects experienced during the FGM affects girls' performance.

The respondents reported that FGM contributed to drop out rates of girls from schools in Mbeere North Siakago sub-county, Embu County. The respondents reported that when majority of the girls who undergo through FGM consider themselves mature, education is taken as of lesser priority. Since FGM prepares girls for marriage, majority of the girls wish to fulfil what it takes for a cut woman to get married. These findings concurs with Population Reference Bureau (2001), report which states that when girls undergo through FGM they wish to please the would- be husbands, hence less concentration is given to education. Since there is no performance in schools girls start feeling ashamed when defeated in class work and they end up dropping out of school to alleviate from shame. Girls become unteachable as they clash with school authority when given school activities they tend to see as childish thus dropping out of school to be free.

Based on the study findings respondents reported that FGM facilitates early marriage to school girls in Mbeere North, Siakago Sub-County. It was reported that majority of the girls who undergo the FGM hardly join the neither secondary education nor tertiary level. They get married off immediately after undergoing through FGM. These findings agreed with Embu Report (2008) which states that initiation is a transition from childhood into adulthood. Girls tend to exploit that chance by engaging themselves in relationships with men looking forward to marriage. The respondents also pointed out that some marriages are usually arranged by girls own parents. Girls tend to play truancy and engage in sexual relations resulting to early pregnancies and early marriages.

The respondents reported that FGM contributed to girls' absenteeism in schools in Mbeere North, Siakago Sub-County. The respondents felt that when girls are taken out of school due to early preparations for FGM, prolonged healing and withdrawal from school to attend the lengthy initiation ceremonies, girls become absent in such a duration of time. This concurs with Population Reference Bureau (2001) which states that FGM healing takes a prolonged duration which forces initiated girls fail to attend school sessions. The findings also agree with Berg and Denison (2011) who points out that some girls who undergo FGM experience some health complications which force them not to attend school regularly and also become absent mind-set due to the psychological disturbance associated to FGM. This causes the girls to be physically absent of school and also be absent minded through physically in school.

5.4 Conclusions

The findings of the study has revealed that FGM influences girls participation in education, FGM influences girls dropout rate from school, there is a significant difference

in age of marriage between girls who have undergone through FGM and those that have not undergone through the practice. More so, there is a relation between FGM and girls absenteeism in school in Mbeere North, Siakago Sub-County, Embu County.

The findings further revealed that when girls engage in FGM, they lack basic education which causes gender disparity in realization of opportunities in life.

5.4 Recommendations

Based on the findings and conclusions of the study, the researcher made the following recommendations;

1. The government should ensure that parents and the community are sensitized on the importance of girl child education.
2. Faith based organizations (FBOs) should educate people on dangers related to FGM practice since it's neither supported by any religious book. This is will ensure that girls are not endangered due to the continued practice of these vice.
3. FGM should be understood by the community as a gender inequality and gender based violence, therefore elected leaders should lobby on its abolition.
4. The government through local administration and other children activists should be in the creation of rescue centers within the districts so that those girls who are forced to undergo FGM can have a safe place to run to.
5. The community heritage conservers should introduce other alternative rite of passage to replace the FGM so that there is no vacuum left in rearing the girl

child. This is bound to continue unifying the communities in their initiation practices so as to pass on their heritage to the new generation to come.

5.5 Suggestions for further research

Since the research was carried out on girls, the researcher recommends that a similar stand be carried out to boys as to why they do not perform to compare the findings of the standing with those of this study. The study can also be replicated with adjustments in scope and valuables to determine any similarities or differences with the findings of the study. The study should also be conducted using the interview schedule as the research instruments with the head teachers, teachers, chiefs and students as the target population.

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APPENDICES

Appendix 1: Letter of permission to carry out research



UNIVERSITY OF NAIROBI

COLLEGE OF EDUCATION AND EXTERNAL STUDIES
SCHOOL OF CONTINUING AND DISTANCE EDUCATION
DEPARTMENT OF EXTRA-MURAL STUDIES

Main Campus

Gandhi Wing, Ground floor

P.O Box 30197

NAIROBI

REF: UON/CEES/SCDE/DEMS/NEMC/DF VOL. 5/409

TO WHOM IT MAY CONCERN

RE: AJERICA KAATHI NJIRU-REG NO. L51/75307/2012

This is to confirm that the above named person is a student at the University of Nairobi College of Education and External Studies, School of Continuing and distance Education, Department of Extra Mural Studies Pursuing Master Degree in Peace Education.

She is proceeding for a research entitled “The influence of female genital mutilation (FGM) on girls’ participation in education at primary level in Mbeere North Siakago Sub-County ,Embu County, Kenya..”

Any assistance offered to her will be highly appreciated.

.....

PROF. JOYCE MBWESA

ASSOCIATE PROFESSOR

DEPARTMENT OF EDUCATIONAL STUDIES

UNIVERSITY OF NAIROBI

APPENDIX 2: LETTER TO THE RESPONDENT

AJERICA NJIRU,
UNIVERSITY OF NAIROBI,
SCHOOL OF EDUCATION.
JUNE, 2014.

Dear respondent,

I am a student in the school of Continuing and Distance Education, University of Nairobi pursuing a Master of Arts in Peace Education degree. I am conducting a study titled “The influence of Female Genital Mutilation (FGM) on girls’ participation in education at primary level in Mbeere North Siakago Sub-County, Embu County, Kenya.”

You have been selected to participate in the study and I am therefore requesting you to kindly help by filling in the questionnaire attached to the best of your knowledge. The information sought is for academic purpose only and your response will be treated as in strict confidentiality and in no instance will your name be disclosed to a third party or appear in the final report.

Your cooperation will be highly appreciated,

Thank you in advance, I remain,

Yours truly,

.....

Ajerica Kaathi Njiru

L51/75307/2014

APPENDIX 3: QUESTIONNAIRE FOR HEAD TEACHERS

Instructions: This questionnaire is to collect data for purely academic purposes. All information will be treated with strict confidentiality. Do not write your name or any identification on this questionnaire. This questionnaire is divided into respondent sections. All respondents MUST complete their sections. Put tick (✓) to the correct option, or fill in appropriately the blanks provided as applicable to you.

1. What is your gender?
a) Male () b) Female ()
2. The age group of respondents
a) Below 30 () b) 31-35 () c) 36-40 () d) above 41
3. What is your academic background
a) Certificate () b) Diploma () c) Undergraduate d) others () d) None ()
4. How long have you been in the profession
a) Less than 3 years () b) 3-5 years () c) 5-7 years () d) over 7years ()
5. How do you promote girls participation in education
.....
6. Do you believe that FGM affects girls participation in class
a) Yes () b) No ()
7. Do you identify any significant difference in general performance between girls who have undergone FGM and those who have not gone through it in various subjects
a) Yes () b) No ()

FGM and low performance trend in performance

8. How does FGM contribute to low performance trend in performance
a) Very high extent () c) High extent ()
b) Moderate extent () d) Low extent ()
9. To what extent do you agree with the following statements on FGM and low performances trend in performance rank by placing a tick in the appropriate place
1-Strongly disagree 3- Moderately agree 5-Strongly agree
2-Disagree 4-Agree

Factors under consideration	1	2	3	4	5
FGM contributes to low performance trend in girls' performance					
FGM decreases the performance and attendance of girls' at school					
The prolonged healing after the practice contributes to low performance					
There is a general correlation between woman's education and FGM practice					
Health hazards experienced during the practice may cause poor performance					

FGM and girls' drop out from schools.

10. To what extent does the FGM contribute to girls' dropout rates from schools?
- a) Very high extent b) High extent
c) Moderate extent d) Very low extent
11. To what extent do you agree with the following statements on FGM and girls' drop out rates from school? Rank by placing a tick in the appropriate place.
1. Strongly agree
 2. Moderately agree
 3. Moderately agree
 4. Strongly disagree
 5. Disagree

Factors under consideration	1	2	3	4	5
FGM contributes to girls' dropout rates from school					
Girls' become indisciplined after undergoing the rite of passage					

FGM has a relation with issues like girls not completing their education					
School attendance and academic performance is usually affected after FGM					
FGM causes girls' to focus more on outside issues than on education					

FGM and early marriages

12. How does FGM facilitate early marriage?

- A. Very high extent B.High extent C.Moderate extent D.Low extent
E.Very low extent

13. To what extent do you agree with the following statements on FGM and girls early marriages? Rank by placing a tick in the appropriate place.

1. Strongly agree
2. Disagree
3. Moderately agree
4. Agree
5. Strongly agree

Factors under consideration	1	2	3	4	5
Does FGM facilitate early marriage to school girls					
Parents arrange for marriage partners for their girls' though they are still at school					
Majority of girls drop out of school due to early pregnancies					
FGM can destabilize girls learning					
After the practice girls focus more on marriage life than on education issues					

FGM and girls’ absenteeism from school

14. To what extent does FGM contribute to girls’ absenteeism from schools

- a) Very high extent c) moderate extent e) Very low extent
 b) high extent d) Low extent

15. To what extent do you agree with the following statements on FGM and girls’ absenteeism from schools? Rank by placing a tick in the appropriate place

1. Strongly agree 3. Moderately agree 5. Strongly agree
 2. Disagree 4. Agree

Factors under consideration	1	2	3	4	5
The prolonged preparation and healing keeps girls out of school					
Girls’ absenteeism from school contributes to poor performance					
Some health complications experienced forces girls to be out of school regularly					
Tendency of feeling mature conflicts with school rules and regulations keeping girls out of school					
Psychological disturbance can be linked to the FGM					

16. As a school administrator how many estimated cases of girls do you administer who drop out of school due to FGM participation per year. How do you help them?.....

17. How many cases of early marriages are identified within your school within a year? How do you reduce the problem of early marriages within your school?

18. Are early marriages linked to student to student or student with outsiders? How do you treat such cases?

.....

19. As a school administrator, when a girl drops out of school within your school, what measures do you take especially to take the girl back to school?

.....

20. What challenges do you encounter in administration in trying to ensure peace and harmony prevails within the institution due to the presence of two groups within the school?

.....

Thank you for participating

APPENDIX 4: QUESTIONNAIRE FOR TEACHERS

Instructions: This questionnaire is to collect data for purely academic purposes. All information will be treated with strict confidentiality. Do not write your name or any identification on this questionnaire. This questionnaire is divided into respondent sections. All respondents MUST complete their sections. Put tick (✓) to the correct option, or fill in appropriately the blanks provided as applicable to you.

1. What is your gender?
a) Male () b) Female ()
2. The age group of respondents
a) Below 30 () b) 31-35 () c) 36-40 () d) above 41
3. What is your academic background
a) Certificate () b) Diploma () c) Undergraduate d) others () e) None ()
4. How long have you been in the profession
a) Less than 3 years () b) 3-5 years () c) 5-7 years () d) over 7years ()
5. How do you promote girls participation in education
.....
6. Do you believe that FGM affects girls participation in class
a) Yes () b) No ()
7. Do you identify any significant difference in general performance between girls who have undergone FGM and those who have not gone through it in various subjects
a) Yes () b) No ()

FGM and low performance trend in performance

8. How does FGM contribute to low performance trend in performance
a) Very high extent () c) High extent ()
b) Moderate extent () d) Low extent ()
9. To what extent do you agree with the following statements on FGM and low performances trend in performance rank by placing a tick in the appropriate place

1-Strongly disagree

3- Moderately agree

5-Strongly agree

2-Disagree

4-Agree

Factors under consideration	1	2	3	4	5
FGM contributes to low performance trend in girls' performance					
FGM decreases the performance and attendance of girls' at school					
The prolonged healing after the practice contributes to low performance performance					
There is a general correlation between woman's education and FGM practice					
Health hazards experienced during the practice may cause poor performance					

FGM and girls' drop out from schools.

10. To what extent does the FGM contribute to girls' dropout rates from schools?

a) Very high extent ()

b) High extent ()

c) Moderate extent ()

d) Low extent ()

11. To what extent do you agree with the following statements on FGM and girls' drop out rates from school? Rank by placing a tick in the appropriate place.

1. Strongly agree

2. Agree

3. Moderately agree

4. Strongly disagree

5. Disagree

Factors under consideration	1	2	3	4	5
FGM contributes to girls' drop out rates from school					

Girls' become indisciplined after undergoing the rite of passage					
FGM has a relation with issues like girls not completing their education					
School attendance and academic performance is usually affected after FGM					
FGM causes girls' to focus more on outside issues than on education					

FGM and early marriages

12. How does FGM facilitate early marriage?

- A. Very high extent
- B. high extent
- C. moderate extent
- D. Low extent
- E. Very low extent

13. To what extent do you agree with the following statements on FGM and girls early/child marriages? Rank by placing a tick in the appropriate place.

- 1. Strongly agree
- 2. Disagree
- 3. Moderately agree
- 4. Agree
- 5. Strongly agree

Factors under consideration	1	2	3	4	5
Does FGM facilitate early marriage to school girls					
Parents arrange for marriage partners for their girls' though they are still at school					
Majority of girls drop out of school due to early					

pregnancies					
FGM can destabilize girls learning					
After the practice girls focus more on marriage life than on education issues					

FGM and girls' absenteeism from school

14. To what extent does FGM contribute to girls' absenteeism from schools
- c) Very high extent c) moderate extent e) Very low extent
d) high extent d) Low extent
15. How do you create a conducive learning environment between the group which has undergone FGM and that which has not
.....
16. As a guiding and counseling teacher in your school, which are the most rampant conflicts within the students that you solve and how do you solve them?
.....
17. How do you guide and counsel the girls who get pregnant in school in order for them to continue with schooling after they deliver?
.....
18. How do you counsel the students who have not undergone FGM so that they can feel accepted within the school environment?
.....
19. How do you address issues within the school so that all groups remain equal
.....
20. How do you address issues of maturity within the school so that all groups are balanced?
.....

Thank you for participating

APPENDIX 5: QUESTIONNAIRE FOR THE ADMINISTRATIVE CHIEF

Instructions: This questionnaire is to collect data for purely academic purposes. All information will be treated with strict confidentiality. Do not write your name or any identification on this questionnaire. This questionnaire is divided into respondent sections. All respondents MUST complete their sections. Put tick (√) to the correct option, or fill in appropriately the blanks provided as applicable to you.

1. What is your gender
a) Male () b) Female ()
2. Age group of the respondent
a) 30-35 () c) 41--45 ()
b) 36-40 () d) above 46 years ()
3. What is your academic qualification
a) Std 7 () b) Form 4 with diploma () c) Others ()
d)Form 4 with certificate () e) Form 6 ()
4. How long have you been in the administration?
a) Below 5 years () c) 11-15 years ()
b) 6-10 years () d) above 15 years
5. In your own opinion would you advocate for the continuation of FGM and why?
.....
6. What challenges does the society face after FGM ceremonies?
.....
7. How can girls' education performance be promoted?
.....
8. Why is FGM practiced within your jurisdiction?
.....
9. In your own opinion would you advocate for the continuation of FGM practice and why?
.....
10. What challenges does the society face after the rites of passage ceremonies?
.....

11. Which types of incentives do you think should be provided to girls in order to improve their performance?
.....

12. Why is FGM prone within the Mbeere North, Siakago Sub-County?
.....

13. What measures can be taken to control FGM?
.....

14. As an administrator, do you address issues related to FGM in barazas
a) Yes () b) No ()
If YES what challenges do you face as you address these issues? If NO; why
.....

15. Being the government representative in the location which measures have you taken to sensitize against FGM practice
.....

16. Do you believe the level of education and economic status of the individual and area contributes to FGM practice? If so, how?
.....

17. What happens to the girls who drop out of school in your location?
.....

18. Are there some parents who marry their girls off when under age in your location?
If yes, what measures do you take to such parents?
.....

19. How do you treat early/child marriage in your location?
.....

20. Have ever been involved by the school administration on solving absenteeism and truancy cases within schools? If yes, how did you solve them?
.....

If no, how did you take the school administration?
.....

Thank you for participating

**APPENDIX 6: QUESTIONNAIRE FOR STUDENTS WHO HAVE
UNDERGONE FGM**

Instructions: This questionnaire is to collect data for purely academic purposes. All information will be treated with strict confidentiality. Do not write your name or any identification on this questionnaire. This questionnaire is divided into respondent sections. All respondents MUST complete their sections. Put tick (✓) to the correct option, or fill in appropriately the blanks provided as applicable to you.

1. Please show your gender
a) Male () b) Female ()
2. Indicate your age in years
a) 12-14 () b) 15-16 () c) above 17 ()
3. What class are you in this year
a) Std 6 () b) Std 7 () c) Std 8 ()
4. What is your religion
a) Christian Protestant () c) Muslim () e) Others ()
b) Christian Catholic () d) Hindu ()
5. How is your school attendance
a) Regular () b) Irregular
6. At which class did you undergo the FGM
a) Std 6 () b) Std 7 () c) Std 8 ()
7. How long did you remain at home not attending classes after schools were opened
a) 2 weeks () b) 3 weeks () c) 4 weeks () d) More than a month ()
8. How do you perform in class
a) Average () b) Good () c) Below average ()
9. Would you attach non-performance with the regular school absenteeism?
a) Yes () b) No ()
10. Do girls who have undergone the FGM, perform well compared to those who have not
a) Yes () b) No ()
11. After the FGM practices, are there attached cases of indiscipline to such girls?
a) Yes () b) No ()

12. Do girls drop out of school after FGM?
 a) Yes () b) No ()
13. Are there some girls who get married after the practice?
 a) Yes () b) No ()
14. How long does the healing of the FGM scar take
 a) More than a month () b) Less than a month ()
15. Were you forced to undergo the FGM or your own wish
 a) Forced () b) my own wish ()
16. What is the priority of girls' after undergoing the FGM practice

17. What are you often counseled about during the seclusion after FGM

18. Is it true that majority of girls who have undergone FGM often conflict with the school management and drop out of school? If yes, why?

19. Between the girls' who have undergone FGM and those who have not, which group performs well and why?

20. Is seclusion counseling related to education or social aspects?

Thank you for participating

**APPENDIX 7: QUESTIONNAIRE FOR STUDENTS WHO HAVE NOT
UNDERGONE FGM**

Instructions: This questionnaire is to collect data for purely academic purposes. All information will be treated with strict confidentiality. Do not write your name or any identification on this questionnaire. This questionnaire is divided into respondent sections. All respondents MUST complete their sections. Put tick (✓) to the correct option, or fill in appropriately the blanks provided as applicable to you.

1. Please show your gender
b) Male () b) Female ()
2. Indicate your age in years
b) 12-14 () b) 15-16 () c) above 17 ()
3. What class are you in this year
b) Std 6 () b) Std 7 () c) Std 8 ()
4. What is your religion
c) Christian Protestant () c) Muslim () e) Others ()
d) Christian Catholic () d) Hindu ()
5. How is your school attendance
b) Regular () b) Irregular
6. At which class majority of girls undergo the FGM
b) Std 6 () b) Std 7 () c) Std 8 ()
7. Have you ever witnessed girls not performing after undergoing FGM?
a) Yes () b) No ()
8. Have you ever witnessed girls dropping out of school after undergoing the FGM practice?
a) Yes () b) No ()
9. Are you aware of some girls from your school who have been involved in early/child marriages before completing their primary level of education
a) Yes () b) No ()
10. What group of girls is mostly involved with early pregnancies within the school?
a) Those who have undergone FGM ()
b) Those who have not undergone FGM ()

11. In your own opinion is the FGM the way of approving girl's maturity?
 a) Yes () b) No ()
12. Which group performs in class
 a) Those who have undergone FGM ()
 b) Those who have not undergone FGM ()
13. Does FGM contribute to psychological effects to the students?
 a)Yes () b)No ()
14. During the FGM preparation and after ceremonies, which group is prone to school absenteeism?
 a) FGM practitioners ()
 b) Non FGM practitioners
15. According to your own observation, which group excels most in majority and joins higher education
 a) Those who have undergone FGM ()
 b) Those who have not undergone FGM ()
16. What would you advice the teenage girls?

17. Can you join FGM activists to campaign against FGM? Why?

18. What do girls who have undergone FGM busy themselves with?

19. What is the best advice to the parents who commit their girls to FGM?

20. In your own opinion would you advocate for girls to undergo FGM practice?
 Why?

Thank you for participating



Figure 1: Location of places where FGM is practiced. Source: Afrol news