FACTORS INFLUENCING THE PRACTICE OF FEMALE GENITAL MUTILATION AMONG WOMEN: A CASE OF KAJIADO WEST CONSTITUENCY, KAJIADO COUNTY, KENYA

BY

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2015

DECLARATION

This research project report is my original work and has not been presented for the award of a degree or any other award in this University or any other Institution of higher learning for examination.

…………………………………   ……………………….

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

…………………………………   ……………………….

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DEDICATION

This project report is dedicated to my wife Irene Nairesiae Tirike, my daughter precious Sanaipei Tirike, My father, Peter Seketian Sakuda and finally my mother Nancy Wamboi Saku who supported in the completion of this project report writing. Thank you and God bless you abundantly.

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ABBREVIATIONS AND ACRONYMS

FGM	Female genital mutilation
AIDS	Acquired Immune Deficiency Syndrome
ARP	Alternative Rights of Passage
FGD	Focus Group Discussion
HIV	Human Immune-Virus
NGOs	Non-Government Organizations
PATH	Programme for Appropriate Technology in Health
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USE	Universal Secondary Education
WHO	World Health Organization

ABSTRACT

This study tries to investigate the factors influencing the practice of female genital mutilation among women: a case of kajiado west constituency, Kajiado County. The main purpose of the study is to identify factors influencing the practice of female genital mutilation among women in Kajiado County. The study was guided by the following research objectives: to establish the influence of traditional beliefs on the practices of Female Genital Mutilation (FGM); to assess the influence of illiteracy level on the practices of FGM; to establish the influence of sensitization on the practice of FGM; and to determine the influence of religion on the practice of FGM in Kajiado West Constituency. The research design was a descriptive survey method. The target population of this study consisted of the 30,500 resident from 2650 households in Kajiado West Sub County**.** A sample of 335 respondents was picked using simple stratified random sampling techniques from 2650 households in Kajiado West Sub County. In executing this study, both qualitative and quantitative methods were used. Qualitative methods was used included individual interviews and questionnaires. Data was then be analysed using SPSS such as descriptive statistics mean scores and standard deviations frequencies distributions and percentages. The study found out that, Women are given the respect they deserve after undergoing FGM. Also a woman is considered mature, obedient and aware of her role in the family and society if they undergo that practice. It is recommended that the local leaders together with other stakeholders should enforce women and girls' rights through participatory/advocacy for education-in-culture and culture-in- education. The study concludes that the practice of FGM is a social consequence that is affecting a number of women and young girls socially, psychological and physically. The campaigns needed to include topics on human rights violations and the harmful effects caused by FGM. Issues dealing with culture are so sensitive and therefore those planning to tackle the issue of female genital mutilation that is deeply rooted in culture and traditional beliefs, should have enough knowledge on other people's culture and should not generalize culture. The study recommends that the local leaders together with other stakeholders should enforce women and girls' rights through participatory/advocacy for education-in-culture and culture-in- education.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Female Genital Mutilation (FGM), is the ritual removal of some or all of the external female genitalia (Bosch, 2011). The procedures differ according to the ethnic group. They include removal of the clitoral hood and clitoral glans (the visible part of the clitoris), removal of the inner labia and, in the most severe form (known as infibulation), and removal of the inner and outer labia and closure of the vulva (Antia & Stinson, 2009). The practice is rooted in gender inequality, attempts to control women's sexuality, and ideas about purity, modesty and aesthetics. It is usually initiated and carried out by women, who see it as a source of honour, and who fear that failing to have their daughters and granddaughters cut exposed the girls to social exclusion. Over 130 million women and girls have experienced FGM in the 29 countries in which it is concentrated (Gruenbaum, 2006). The United Nations Population Fund estimates that 20 percent of affected women have been infibulated, a practice found largely in northeast Africa, particularly Djibouti, Eritrea, Somalia and northern Sudan.

According to World Health Organization female genital cuttings area common problem in approximately 28 countries in Africa. In about 85% of these countries, female genital cutting takes the form: Clitoridectomy (where all or part of the clitoris is removed) or Excision (where all or part of the labia monorails cut) About 15% of the cases of this practice in Africa are of the most extreme form called infibulations in which all or parts of the external genitalia are removed followed by the stitching and narrowing of the vaginal opening. According to figures released by the World Health Organization, about 50% of Nigeria's female population

is circumcised with the most common forms being Clitoridectomy (Yoder, P. et al 2004). Despite all influence of modernization, earnest and conscientious activity such as awareness programs, public orientations, funding of researches, publication by the governmental and non-governmental organization and also private individual both at the National and International level to eliminate this unfair practice, the practice is still in existence till date. In Nigeria, there are still cases in which children at infancy and childhood age are been circumcised in isolation as a result of their cultural and religious belief, norms and myths, and the likes. This study aims at putting light into the women knowledge and their practice of female genital cuttings, precisely among those women of reproductive age.

The practice of FGM in the UK focus only on minors. During the past decades several international and national humanitarian and medical organizations have drawn worldwide attention to the physical harms associated with FGM (Bosch, 2011). The World Health Organization and the International Federation of Gynecology and Obstetrics have opposed FGM as a medically unnecessary practice with serious, potentially life-threatening complications (WHO, 2006). Several countries, including Sweden and the UK, have banned it regardless of consent, and the legislation would seem to cover cosmetic procedures. Sweden, for example, has banned operations on the external female genital organs which are designed to mutilate them or produce other permanent changes in them regardless of whether consent to this operation has or has not been given.

Developing countries over the last decades have experienced unprecedented growth in social, economic and cultural aspects. The development and the use of technologies to the increased access to education have changed the way individuals and groups inter relate with each other. On the other side traditional patterns of culture, social and economic life persists and

contributes to maintaining cultural malpractices, including FGM (Gruenbaum, 2006). These cultural malpractices stand in the way in the achievement of the Millennium Development Goals Number 4 and 5 while disregarding progress that has already been achieved so far. Onuh et al., (2006) note various reasons have been given for the practice of FGM in these different geographical and cultural settings ranging from culture, religion to superstition. This is also supported by Oloo et al., (2011) who identifies that the main reasons for the continuation of FGM are firstly, as a rite of passage from girlhood to womanhood; a circumcised woman is considered mature, obedient and aware of her role in the family and society. Secondly, FGM is perpetuated as a means of reducing the sexual desire of girls and women, there by curbing sexual activity before, and ensuring fidelity within, marriage (Yoder, P. et al 2004).

In Africa FGM has been practiced for other reasons than those that border on cultural, traditional and religion. The main reason being the social and cultural significance of the practice as opposed to the medical justification of the practice in Europe and North America in the last two centuries (Yoder, P. et al 2004). Advances in Science and medicine could easily disapprove such medical justification unlike social and cultural aspects in the African context. In the FGM practicing societies in Africa, uncircumcised women are recognized as unclean and are not allowed to handle food and water.

It is also believed the practice of FGM is be known to have existed in ancient Egypt, among ancient Arabs in the middle belt of Africa before written records were kept. It is therefore difficult to document the first operation or determine the country in which it took place. However, documentalists suggest that FGM dates back to 25 B.C. (El Sadaawi, 1980; Lightfoot – Klein, 1989). The most radical form, infibulation that the Somali community

practices, is called pharaonic type. Although this might imply that the practice started in ancient Egypt, there is no certainty that it started in Egypt or some other African country then spread to Egypt. The pharaonic cut is more popular among the Muslim population in Africa (Bosch, 2011). Both Muslims and non-Muslims alike practice FGM. This practice is not known in many Muslim countries such as Iran, Saudi Arabia and Iraq to name but a few. In Kenya there are many non-Muslim communities practicing it while many other Muslim communities who do not practice FGM. Hence this means this practice has no known Islamic origin (Abdi, 2007) Both Muslims and non-Muslims a like practice FGM. This practice is not known in many Muslim countries such as Iran, Saudi Arabia and Iraq to name but a few (Abdi, 2007).

In Kenya, the practice of female mutilation is considered dangerous and the country has imposed laws to prevent the practice from continuation. Evidence from the recently launched Kenya Demographic and Health Survey (KDHS) 2008-2009 indicates that the overall prevalence of FGM has been decreasing over the last decade (Antia & Stinson, 2009). In 2008/9, 27% of women had undergone FGM, a decline from 32% in 2003 and 38% in 2008. Older women are more likely to have undergone FGM than younger women, further indicating the prevalence is decreasing. However, the reverence has remained highest among the Somali (97 percentages), Kisii (96%), Kuria (96%)) and the Maasai (93%)), relatively low among the Kikuyu, Kamba and Turkana, and rarely practiced among the Luo and Luhya (less than 1%). The practice of FGM occurs mainly at the teenage and adolescent years; however it is also practiced at later ages. Kenya Demographic and Health Survey (2009) results show broad range of age at circumcision. One-third of circumcised women say they were 14-18 years old at the time of the operation, 19 percent were 12-13 years old, and 15 percent were

10-11 years old. Twelve percent of women were circumcised at 8-9 years of age, and an equal proportion was circumcised at 3-7 years of age. Only 2 percent of women were circumcised before 3 years of age.

Shell-Duncan and Hernlund (2000) note efforts to abandon the practice in Africa can be traced back to the beginning of the twentieth century when missionaries and colonial authorities emphasized the alleged adverse health effects and framed the practice as "uncivilized, barbaric, and unacceptable in the eye s of Christianity (Yoder, P. et al 2004). In response, FGM became an instrument of war to the ethnic independence movement among the Kikuyu reacting against what they perceived as cultural imperialistic attacks by Europeans. Other ethnic groups like Meru, Kisii, Kuria & Kalenjin affected by the British prohibition of the procedure drummed help to strengthen Mau Mau movement against British colonial rule in the 1950s (FIDA Kenya, 2009)

1.2 Statement of the Problem

The issue about female genital cuttings has been an issue that needs intervention that is more urgent, the practice have caused several argument and disputation (Bosch, 2011). The following are the problems in question, which this study exposes. Although a female genital cutting has been a pervasive practice for thousands of years, recently there has been increasingly vehement opposition, even from members of the practicing cultures (Antia & Stinson, 2009). Revulsion from a physical perspective, the belief that the practice is degrading to women, and the knowledge that the practice often is carried out unnecessarily as a result of inaccurate and destroying beliefs and myths surrounding the operation, have all contributed to this opposition. The dominant and most widely based objection to the practice is the concern

over the pain and physical damage, even death, that female genital cutting has caused so many women and children (Gruenbaum, 2006).

As a result of the above reasons, female genital cutting does not justify its horrible practice. The local leaders together with other stakeholders should enforce women and girls' rights through participatory/advocacy for education-in-culture and culture-in- education. Despite the fact that female genital cuttings are an illegal and unlawful practice in some part of the world, this practice is still very much common mostly in less developed country (Antia & Stinson, 2009). This gender based practice is terribly performed by a traditional practitioner or (quack) untrained person, usually an old woman in the particular family set up or in the community who use a several types of tools, such as a scalpel, piece of glass, to perform the practice harshly in an unhealthy, unsterile conditions which usually lead to hemorrhage and mostly the victim used to bleed to death.

1.3 Purpose of the Study

The purpose of the study is to identify factors influencing the practice of female genital mutilation among women in Kajaido West Constituency in Kajiado County.

1.4 Research Objectives

1. To establish the influence of traditional beliefs on the practices of Female Genital Mutilation (FGM) in Kajaido West Constituency.
2. To assess the influence of literacy levels on the practices of FGM in Kajiado West Constituency.
3. To establish the influence of community sensitization on the practice of FGM in Kajiado West Constituency.

4. To determine the influence of religion on the practice of FGM in Kajiado West Constituency.

1.5 Research Questions

1. What is the influence of traditional beliefs on the practices of Female Genital Mutilation (FGM) in Kajiado West Constituency?
2. What is the influence of illiteracy levels on the practices of FGM in Kajiado West Constituency?
3. What is the influence of community sensitization on the practice of FGM in Kajiado West Constituency?
4. What is the influence of religious factors on the practice of FGM in Kajiado West Constituency?

1.6 Significance of the Study

The study is significant and sociologically relevant because it provided insights into the causes and persistence of FGM practice and its effects on the girl child, other serious long term health effects are also common. These include urinary and reproductive tract infections, caused by obstructed flow of urine and menstrual blood, various forms of caring and infertility. Epidermal inclusion cysts may form and expand, particularly in procedures affecting the clitoris. These cysts can grow over time and can become infected, requiring medical attention such as drainage. Moreover FGC would expose women to greater risk of HIV. Clearly, stopping FGC reduced the above health problems. The study is an attempt to reveal the major responsible factors and their negative contribution to female genital mutilation and health problem of women so that governmental and non – governmental

organizations could take intervention measures and set appropriate plans to tackle the existing female genital circumcision by identifying and giving priority to the areas where this kind of practice is performed.

1.7 Limitations of the Study

Time limitations was great constraints to the researcher since the study entails physical travelling over distances of the cumbersome and public means of transport. The entire County is quite vast and may not be covered totally.

The study was constrained by insufficient finances since it entailed assistance of research assistants at the data collection point.

Climate change was a limitation of the study that is heavy rains may interruption data collection. This was encountered by use a four by four vehicle.

The researcher encountered language barrier in collecting data in Kajiado West County where respondent may not understand English. The researcher used an interpreter to curb the challenge

Female circumcision is a deeply embedded cultural tradition in Kajiado West County that is handed down from one generation to another. Like all matters regarding human sexuality and reproduction, FGM is regarded as a taboo that should not be mentioned in public, leave alone discussed with strangers. The women who are looked down upon by their counterparts may not open up and may be seen as divulging the communities' secret.

Those who support FGM may give biased information. Fourthly, FGM is currently being practiced in secrecy after several presidential decrees and enactment of the Child's bill, which criminalized it. The interviewees might withdraw from participation openly for fear of intimidation.

1.8 Delimitation of the Study

The study was confined to Kajiado west constituency in Kajiado County to investigate female genital mutilation among women of Kajaido west constituency. This offered the opportunity for a rich source of data. The researcher has significant knowledge of the Kajiado west constituency.

1.9 Basic Assumptions of the Study

The study assumed that all the respondents were honest and truthful when answering the questions. It is also assumed that the respondents was objective and competent in answering questions.

1.10 Definition of Significant Terms Used in the Study

Community Sensitization: is a non-associative learning process in which repeated administrations of a stimulus results in the progressive amplification of a response.

Cultural factors: are the established beliefs, values, traditions, laws and languages of a nation or society. These factors also include the artistic values, marriage customs and religious beliefs that are indigenous to a particular region.

Female genital mutilation (FGM), for purposes of this study, the terms female genital mutilation is the ritual removal of some or all of the external female genitalia.

Gender: It refers to cultural definition of men, women, boys or girls used to categorize them into different areas of responsibilities, opportunities and roles within society. Gender refers to femininity and masculinity which are socio-cultural constructions.

Illiteracy level: lack of ability (especially knowledge or education) to do something

Religion: is an organized collection of beliefs, cultural systems, and world views that relate humanity to an order of existence.

Stigmatization: The process by which people are viewed negatively and are often discriminated against by others.

1.11 Organization of the Study

Chapter one of the study contains introduction, giving a background of the study while putting the topic of study in perspective. It gives the statement of the problem and the purpose of study. This chapter outlines the objectives, limitations, delimitations and the assumptions of the study.

Chapter two provides the theoretical foundation of the study and the literature review on issues related to factors perpetuating the persistence of FGM practice, despite the growing awareness of its dangers on the girl child's formal education, particularly at the basic level.

Chapter three consists of research methodology which was used in the study. It covers the research design, target population, sample design, data collection, validity and reliability of data collection instruments, data analysis techniques, and ethical considerations.

Chapter four covers data analysis, presentation and interpretation of the study findings. This was followed by chapter five

Chapter five contains summary of the findings, discussions, conclusions and recommendations.

CHAPTER TWO

LITERATURE OF REVIEW

2.1 Introduction

This chapter provides the theoretical foundation of the study and the literature review on issues related to factors perpetuating the persistence of FGM practice, despite the growing awareness of its dangers on the girl child's formal education, particularly at the basic level.

2.2 Female Genital Mutilation (FGM)

FGM is an internationally recognized term for operations that involve cutting away part or all of the female genitalia. The practice is erroneously termed as "female circumcision", which implies equivalence to male circumcision. Historical origins of female circumcision are unknown. Some reference estimated 2,000 years and stated during what Muslims call "algahiliyyah" the error of ignorance. The term to define the practice of female genital mutilation has undergone a number of changes. Boyle (2005) writes that WHO adopted to use the term female circumcision because this practice was referred to as a social and cultural issue as opposed to a medical issue.

According to Shell-Duncan et al (2000), the term female genital mutilation (FGM) was adopted at the Third Conference of the Inter African Committee on Traditional Practices Affecting the Health of Women and Children in 2000 and is now used in the World Health Organisation and other United Nations documents to emphasis the violation of human rights involved. At the community level, using the term mutilation can be viewed as being judgemental and condemnatory. Female Circumcision is used by practicing communities

because it is a close literal translation from their own languages. In 2006, the Reproductive Educative and Community Health Programme (REACH), a United Nations Population Fund programme, opted to use female genital cutting (FGC) instead of female genital mutilation which was thought to imply excessive judgment by outsiders as well as insensitivity towards individuals who have undergone the procedure, (Ni Mhordha 2007; Shell-Duncan et al 2000).

In some African cultures, it is erroneously believed that a woman's genitals can grow and become wild, hanging down between her legs, unless the clitoris is excised (World Bank Report on FGM, 2005). Some groups believed that a woman's clitoris may damage the baby during child birth, and the baby will die (World Bank Report on FGM, 2005). This is contrary to what happens in other parts of the world where uncircumcised women give birth to healthy babies. However, with respect to the above, comes a question that lingers in the minds of many academics, including the researcher:"why has this cruel practice persisted despite the existing awareness of its dangers on the girl child and the many concerted efforts to eradicate it?" The response to this question is based on the resilience of the African traditional cultural norms and values.

In the biography of Waris Dirie (2009), a Somali model, narrates how her own mother held her down while a local woman was cutting away her genitals with a blood stained razor. She laments; "when I think about it, it disturbs me, she says" Waris Dirie's (2009) campaign has been made much more difficult because most people who practice FGM consider it simply their heritage, but according to her, FGM has nothing to do with tradition or religion. It is mainly about power and control. "It is men showing that they are physically stronger, but being cowardly by controlling women or girls and torturing them", she says. Some studies have however, indicated that some men from circumcising communities do not necessarily

want cut women, dismissing it as an all women affair. Elsewhere in Africa, female circumcision is explicitly intended to show a woman her confined role in the society and restrain her sexual desires.

FGM is more than cutting a part of the body. A study done in Sudan in 300 polygamous Sudanese men identified that each of they had one wife who had been infibulated and one or more who had not (Gruenbaum, 2006). 266 expressed a definite sexual preference for the uninfibulated wife; in addition, 60 said they had married a second, infibulated wife because of the penetration difficulties they experienced with their first wife (22). Under such conditions, marital dissolution may occur, especially if a woman's fertility is affected. The age at which the mutilation is carried out varies.

The practice may be carried out during infancy, childhood, at the time of marriage or during a first pregnancy. The most common age seems to be between four and ten, although it appears to be falling, indicating a weakening of the link to initiation into adulthood some groups believed that a woman's clitoris may damage the baby during child birth, and the baby will die (World Bank Report on FGM, 2005). This is contrary to what happens in other parts of the world where uncircumcised women give birth to healthy babies.

Something most people do not think about is the fact that many immigrant women from practicing countries have already undergone FGM by the time they move to other countries and, consequently, they have to deal with health professionals of all levels,8 especially when having children. Utz-Billing (2008) asserts that importance should be afforded to the cultural sensitivity of the health/medical professionals towards these communities. These women should not be viewed necessarily as victims at the mercy of health professionals, but neither

should they be seen as a people who have made individual choices to accept the "barbaric" procedure by allowing themselves to be circumcised or infibulated. Being a doctor herself, Utz-Billing makes very important observations from medical and societal perspectives.

2.3 Traditional Beliefs and Female Genital Mutilation

According to Kanitsaki (2004) "Culture includes a particular people's beliefs, value orientations and value systems, which give meaning, logic, worth and significance to their existence and experience in relation to both the universe and other human beings" (p.142). Culture determines both who you are and what you are, and critically is the determiner of gender roles and identity. Jones (2000) recognized that each culture has a distinctive moral code. FGM was traditionally associated with rites of passage ceremonies. Demographic and Health Despite the increased awareness of the dangers of FGM on the girl child, particularly on her educational development and empowerment, FGM has persisted in practice by both the elites and the less educated worldwide, especially in Africa.

For Johnstone (2000), "culture exists logically prior to ethics, not the other way around"; that it is culture that produces the framework in which the ethical dimension occurs. One position that has been drawn from this concept is that of cultural relativism. Cultural relativism postulates that any practices grounded in cultural beliefs are not appropriate to be analyzed by anyone outside of that culture (Gruenbaum, 2006). As it is the culture that determines the ethical framework any externally referenced analysis would leave the analyst open to the accusation of moral imperialism. As stated by Midgley (2011), this occurs where a culture believes 'that their way of moral knowing and thinking is not only superior but 'right', and is thus something to be applied universally to others whose moral systems they have judged to

be inferior even ‘savage’.’ When confronted with the trauma of FGM Type III from a western cultural perspective, it is difficult to avoid the trap of moral imperialism.

Hughes (2006) contrasts whether FGM is a matter of custom and tradition or an abuse of human rights. The argument, brought forward by Hughes, is the World Health Organization’s (2009) view that Female Genital Mutilation is a deeply rooted, traditional practice that has adverse physical and psychological consequences, in effect making FGM a form of violence against women.

For Hughes therefore, FGM constitutes. This includes the Kajaido county of Kenya. It is noted that very little attention has been devoted to this fundamentally important problem; yet it is a well-known fact that formal education and training of girls and women are quite critical for long term social development. In this regard, it is vital that more information relating to this problem be sought to entrench effective strategies to arrest this menace otherwise girls will continue to trail behind in development. This is more critical as the Kajaido county girl does not go back to school after circumcision as she considers herself as a woman and is also viewed so by her society and opts for marriage. This marks the end of her formal education and hence the end of her social development and eventual empowerment.

Female genital mutilation (FGM) is a psycho-socio-cultural phenomenon known to most as simply female circumcision. The main aim of this chapter is to examine scholarship on the subject and determine which part of the practice of FGM has rarely or never been researched. This study showed a gap in the literature that my research has attempted to fill. Momoh (2005) says that in societies that practice female genital mutilation a number of cultural elements are present. According to her these include particular beliefs, behavioural norms,

custom rituals, and social hierarchies, religious, political and economic systems. She goes on to write that culture is learnt and children learn from adults. Female genital mutilation has been supported by centuries of tradition, culture and false beliefs and it is perpetuated by poverty, illiteracy as well as the low status of women in societies (ibid).

Lightfoot-Klein (2011), argues that custom, the penalty for not practicing which is total ostracism, make up some of the reasons for female genital mutilation. According to Lightfoot-Klein other reasons for female circumcision seem to be the same in most African societies and are based on myths and ignorance of biological and medical facts. To some practicing communities, the clitoris is seen as repulsive, filthy, foul smelling, dangerous to the life of newborns and hazardous to the health and potency of the men (ibid). Sarkis (2005) writes that some of the reasons advances for FGM include family honour, cleanliness, protection against spells, insurance of virginity and faithfulness to the husband. Simply terrorizing women out of sex are sometimes used as excuses for the practice of FGM. Other scholars have associated the justification for this practice with a manifestation of deep rooted gender inequality that assigns the female gender in an inferior position in society and has profound physical and social consequences (Yoder, P. et al 2004; WHO 2008).

Traditionally, in many African and Middle Eastern cultures, circumcision was carried out by traditional birth attendants and circumcisers who were not medically trained, and although, of late, some medical professionals are taking part in this practice, there has never been a medical reason identified for carrying out the procedure. Suardi et al. (2010), in a case study on a young refugee victim of FGM, assert that FGM is generally performed by lay persons, including family members, often with non-sterile instruments and without anesthesia, analgesics, or antibiotics. FGM is also associated with substantial morbidity and medical

complications that have been extensively documented (Yoder, P. et al 2004). However, in my experience as a person from a community that practices FGM, although the outcome might be true, this claim is slightly exaggerated, because unless a girl's family member was a birth attendant or a traditional healer, it is unlikely that one would be able to perform the task of circumcising.

FGM is practiced because it is seen as a rite of passage from childhood to adulthood. The cultural significance of the practice is seen to be the preservation of chastity and to ensure marriageability of the girl child. The roots of the practice run deep into the individual's psychology, sense of loyalty to family and belief in a value system (WHO 2008). The above justifications are similar to what Gollaher (2000) writes about the reasons advanced for circumcision. These closely relate to perceived benefits circumcision comes with. Social pressures in communities where most women are circumcised provide an environment in which circumscion becomes a requirement for social acceptance hence the continuous practice (Centre for Reproductive Rights 2003). Toubia (2005) summarizes the reasons as follows: beauty/cleanliness, male protection/approval, health, religion and morality.

Female genital mutilation (FGM) is performed on women and girls of a variety of ages. The most common age is about ten years, but it is practiced on newborns and on adolescents usually before marriage (Annas, 2009). Ethnic groups perform on adult women with consent when they are married into their group. However, during times of political unrest mutilation has been found forcibly imposed on all ages. In extreme culturally specific cases, FGM is carried out on widows if they had previously escaped the practice (Dorkenoo, 2004).

2.4 Literacy Level and Female Genital Mutilation

The practice of FGM among the Maasai community of Kajiado west is embedded in the various socio-cultural traditions, beliefs, power inequalities, gender relations, and the ensuing compliance of women to the dictates of their traditional communities. The timing for the completion of the curriculum is also unrealistic as the teaching and learning processes are slowed down due to the processes involved. According to UNESCO (2005) inclusive method is the way forward for the hearing impaired. This is the inclusion of training to eliminate illiteracy by mainstreaming schools. The hearing impaired face great challenges in their strive to attain the academic goals. FGM compounds the problems further as it does not discriminate against them where it is practiced. This study will focus on the impact of FGM on the education of girls with hearing impairment. The impact will be measured in terms of Class attendance, discipline, academic performance, transition to the next level of education and if there are administrative arrangements to assist girls continue with their studies.

The education process must thoroughly teach meaningful health education and training in being a woman. The practice is common across the Maasai and thrives partly because of their geographical isolation and the high illiteracy rates. While any form of circumcision presents a danger to the women involved, the use of a method called "Pharaonic" circumcision is particularly harmful. It involves cutting of the labia majora, labia minora and the clitoris, as well as both an external and internal stitching of the genitalia after the cutting process is completed.

The subjects discussed should relate to FGM, early marriage, human reproduction, pregnancy, childbirth, breastfeeding, hygiene, and nutrition. Educational ceremonies may last

for several weeks or months and girls would leave these as women who are ready for marriage (Pracht, 2011). The difference is, she really is ready and prepared mentally. Traditional birth attendants and retired excisors will play a major role in the campaign against the harmful traditional practices. It will be these women, who have proven to be very determined in carrying out social practices, which will continue to carry on the revised practice of education. They will also be provided income for teaching girls to become women in the educational programs. In order for them to educate, these ‘mothers of the community’ women must first attend training workshops on the educational process (Pracht, 2011).

Although the law in Kenya prohibits the “Pharaonic” circumcision, its practice among the Maasai groups is still pervasive and encouraged by the local culture. There is very limited gender awareness and little knowledge on legal rights, especially those of children among the Maasai. Vested interests also serve to perpetuate the practice since it is a source of income for its practitioners, who are mostly specialized circumcisers, TBAs (traditional birth attendants) and midwives. The high illiteracy rate and low level of general awareness among the maasai often lead the local community to confuse religious and cultural practices. Although local religious leaders managed to generate a considerable awareness among their communities, perception of girls’ circumcision as a religious belief is still prevalent among men and women on an equal footing. In all parts of the world, women are facing threats to their lives, health and wellbeing as a result of being overburdened with work and of their lack of power and influence. In most regions of the world, women receive less formal education than men do, and at the same time, women’s own knowledge, abilities and coping mechanisms often go unrecognized.

Education is one of the most important means of empowering women with the knowledge, skills and self-confidence necessary to participate fully in enhancing socioeconomic change (Ongong'a, 2000). In all parts of the world, women are facing threats to their lives, health and wellbeing as a result of being overburdened with work and of their lack of power and influence. In most regions of the world, women receive less formal education than men do, and at the same time, women's own knowledge, abilities and coping mechanisms often go unrecognized. For instance, as the principal providers of family health care, women tend to the sick and disabled and protect children. Although not officially recognized as health workers, women are responsible for 70 to 80 percent of all the health care provided in developing countries (16). Education is one of the most important means of empowering women with the knowledge, skills and self-confidence necessary to participate fully in enhancing socioeconomic change.

The education process must thoroughly teach meaningful health education and training in being a woman. The subjects discussed should relate to FGM, early marriage, human reproduction, pregnancy, childbirth, breastfeeding, hygiene, and nutrition. Educational ceremonies may last for several weeks or months and girls would leave these as women who are ready for marriage (Pracht, 2011). The difference is, she really is ready and prepared mentally. Traditional birth attendants and retired excisors will play a major role in the campaign against the harmful traditional practices. It will be these women, who have proven to be very determined in carrying out social practices, which will continue to carry on the revised practice of education. They will also be provided income for teaching girls to become women in the educational programs. In order for them to educate, these 'mothers of the

community' women must first attend training workshops on the educational process (Pracht, 2011).

2.5 Sensitization and the practice of Female Genital Mutilation

The study reviews the available literature about the clinical care of women with FGM and identified four areas with significant evidence gaps, and controversy regarding optimal management. These include; obstetric outcomes and post-partum care, defibulation (surgical opening of the labia) outside of pregnancy or labour, clitoral reconstruction and training, skills and confidence of healthcare providers. Shell-Duncan et al. (2000) point out that FGM captures popular imagination and triggers emotional responses. They show that it is impossible to offer simplistic solutions or answers, and they attempt to show the importance of the intersection of global discourse and local practice.

Gruenbaum (2006), argues that FGM is seen by some as both socially oppressive and physically harmful to women and girls, and the discontinuance of the genital surgeries is seen by others as improving the status of women. She adds that FGM evokes strong negative reactions that are based on humanitarian and feminist values rather than prejudice. Gruenbaum's study helps to illustrate that there are a lot of similarities between Somalia and Sudan, which makes her scholarship very useful for my study. They have also tried to raise questions about exotic and seemingly cruel traditions and also about the assumptions of scholars concerning medicine, female bodies, and the right to speak.

The Shell-Duncan et al. book seems to be arguing that many scholars assume that practitioners of FGM are viewed as barbaric and backwards, which angers the practitioners and makes them defensive. It is true that some Western scholars see anything that is culturally

different from their own culture as backwards and untoward. That said, however, I believe that some scholars genuinely care about change for women. Such scholars can be more helpful if they are supported and listened to. It would also be much better for Western scholars to not look down upon the African scholars because, as Africans, they are the insiders and they know what is going on in their own backyard.

According to Shell-Duncun (2000), the study will alienate the scholars but is advising them to be less arrogant as they do not have the insider's advantage and should not talk negatively about what is happening in the Third World. In fact, the arguments go further to say that even Third World scholars who are educated in the West should not comment negatively on issues of the Third World since they are allegedly too Westernized thus the study focuses on the importance of minimizing the negative psychological and physical health outcomes of women and girls living with FGM. Research and strong evidence-based guidelines on the clinical management of FGM are vitally important in the elimination and prevention of FGM, as are effective policies and public awareness. Our clinical guideline on the management of FGM reviews the latest scientific evidence and provides guidance for healthcare professionals involved in the care of women who have undergone FGM. We are currently revising this guideline and will take into account any new evidence in the area. Much progress has been made over the past three years to mainstream FGM into existing strategies and close gaps in the identification, recording and sharing of information. However, much more can be done and this research highlights the need for further evidence to improve the clinical care of women with FGM.

2.6 Religion and Female Genital Mutilation

FGM under the confident of religion is practiced in numbers of communities who commonly perceive it to be demanded as a religion obligation. Some religious scholars from Sudan believe both male and female circumcision is obligatory, and others encourage female excision as a "preferable good deed" (Dorkenoo, 2004). This may have been initiated when Egypt's prominent Islamic leader issued, "FGM is an Islamic duty to which all Muslim women should adhere." Regions that are mostly Christian actually have the highest percentage of women affected by FGM (Boyle, 2002). However, neither the Koran, which is the sacred Muslim text, nor the Bible has mention of FGM or a requirement to follow such traditions (Davis, 2011). It will be difficult to convince believers of these communities to stop the practice of FGM without a strong stand by religious leaders forbidding it (Dorkenoo, 2004).

The right to religious freedom is an important human right to everyone. The Universal Declaration of Human rights protects the right to freedom of the thought and conscience and religion. The issue of religious freedom arises because some of the religious institutions are practicing FGM as a matter religion. There is no support of FGM in the Koran, but a number of African communities, where Islam is practiced they believe that FGM is a part of religion. Therefore, Interference of the practice in those religions to discontinue the practice is regarded as a violation of their religious right.

The education of the communities must be a kind of ritualistic replacement for the bloody ritual of female genital mutilation. The education needs to be able to keep the other foundations in the community constant while replacing the actual genital mutilation. The main

support for FGM comes from the women who enforce it. Education must therefore find an alternative economic option for the women who depend on the income that FGM provides. These women will then find they no longer need to rely on harming young girls for income and will eventually reject the practice (Lightfoot-Klein, 2011). Societies that practice FGM believe that women are better after excision. Women's virginity is highly valued and it is believed that FGM proves to verify this trait in girls. Education will include the common myths of FGM and how it does not ensure virginity.

In addition, women can maintain a higher level of hygiene and be more enjoyable for their husbands if they are not excised (Davis, 2011). The last two foundations for the FGM belief, religion and bride wealth, may be more complicated in the belief revision. In order to stop FGM followers who practice for the sack of religion, religious leaders must take a firm stand of forbidding the practice. Otherwise it will still be considered a requirement by religion, therefore, individuals and whole communities will continue to fulfill their religious duty despite its severe consequences (Dorkenoo, 2004). The bridewealth given for women who have been forced to undergo FGM may have to be abandoned. However, if the education is successful in replacing FGM, women who have not undergone the procedure may still be eligible for the bridewealth given by the husband. 26 However, education may also strengthen women's rights and will therefore lose the need for them to be 'purchased' (Walley, 2007).

The controversy towards female circumcision in Kenya goes back to colonial times when the missionaries of Scotland Church in Central Province and the government of the day condemned the act as immoral and unhygienic. Thiongo (1965), reports that female circumcision was also condemned on medical grounds. In 1921, some missionary churches in Guthumo, Kijabe and Kambui urged their followers to stop carrying out female circumcision.

This made the government of the day to take a positive stand against FGM. In 1924, Kikuyu Central Association (KCA) was formed and took a firm stand in supporting the colonial government in condemning and regulating FGM. This led to some areas adapting to less severe form of FGM which was clitoridectomy. But Meru and Embu communities still continued with infibulations. In 1945, the colonial government set up a parliamentary inquiry on FGM and it affirmed that FGM constituted a medical and health problem. It therefore, recommended the government to adapt a policy on a slow but a careful education, enlightening the natives about the customs and traditions which served no purpose. From 1926 to 1956, the colonial government enacted various legislations seeking to change FGM by reducing the severity of the act, defining age of circumcision and endorsing parental consent before the procedure could take place. In 1957, the Local Native Council passed a ban on all forms of FGM but the locals did not respect the ban as they took it to be colonial oriented.

In the Somali situation, there are also accompanying rituals that do not involve visible gifts. This means, for example, that the ululation that follows the birth of boys is a sign of the community, especially women, accepting an individual and showing pride in inducting that individual into the societal norms. For girls following the ritual of their circumcision, there is a period of convalescence, when the girls will not have any chores and somebody is at their beck and call. For the young girls all of this special attention makes them readily accepting of circumcision without questions, and what is more, they eagerly anticipate the practice as a necessity for them to belong to their intimate community. My analysis of the situation leads me to conclude that Hosken (2003), in his study, oversimplifies the issue by pinning the practice to a barbaric tradition and assuming that no changes are taking place.

2.7 Theoretical Framework

This study is based on William Ogburn's "Cultural Lag Theory" (1964:86-95). The proponent of the theory argues that within society as a whole, a change takes place in the material culture and that adaptive non-material culture (belief systems) changes extremely slowly in spite of changes elsewhere. The term cultural lag refers to the notion that culture takes time to catch up with technological innovations. Different rates of changes in material and non-material parts of culture account for this lag and social problems and conflicts are caused by this lag.

2.2.1 Cultural Lag theory

The Cultural Lag theory will be used in this case. William Ogburn (1964) argues that within society as a whole, change takes place in the material culture, and that adaptive non-material culture changes extremely slowly in spite of changes elsewhere. Different rates of change in elements of non-material culture account for cultural lag. In this sense, Ogburn conceptualizes cultural lag as the failure of ideas, attitudes, aspects of institutions' and practices to keep pace with changes in societal development. The kajaido west girl child is therefore caught up in this web of non-adaptability of elements of non-material culture. There is therefore a need to provide information that emphasizes the need for alternative by providing such information that the individual will make socially responsible choices to move from a passive observational role to an active participant in social change.

2.2.2 Social Theory and Female Genital Mutilation

Female genital mutilation is a deeply rooted historical, cultural and religious tradition that has been the subject of considerable debate. Baron and Denmark (2006:339), argue that from a

human rights point of view it is an unsafe and unjustifiable practice that violates bodily integrity; and feminists argue that it is an inhumane form of gender-based discrimination that capitalises on the subjugation of women, yet nations that endorse the practice define it as an integral feature of the culture. In social theory, the intention to perform a particular act is seen as a consequence of the relative weight of attitudes and normative considerations. Packer (2005:224) argues that attitudes are determined by beliefs about the consequences of a particular behaviour. Normative considerations consist of social pressure to perform or not to perform a particular behaviour. The norms on which these considerations are based are communicated by important „others‟ through socialization and social interaction and the individual's motivation or desire to comply with these.

Similarly Barth (1984) argues that human behaviour is shaped by consciousness and purpose. It is explained by the utility of its consequences in terms of values held by the actor and the awareness on the part of the actor of the connection between an act and its specific results. The perception of other people in the community shapes one‟s behaviour and way of life. Jenkins says that, "Individuals are unique and variable, but selfhood is thoroughly socially constructed: in the processes of primary and subsequent socialisation, and in the ongoing processes of social interaction within which individuals define and redefine themselves and others throughout their lives" (Jenkins 2006). Socialization therefore plays an important role in the development of values and this affects the way people behave later in life.

Change and mutability are endemic in all social identities but they are more likely for some identities than others. In cases where locally perceived embodiments is a criterion of any social identity, fluidity maybe the exception rather than the rule (Jenkins 2006). For the case of female genital mutilation, change is bound to be slow because of the fact that its

justification is embedded in the culture of the people practicing it. Individuals seek to comply with the belief they perceive the significant leaders of their community hold, notably that girls should be circumcised. The theories referred to above explicitly incorporate the influence of the immediate social context on individual behaviour, (Packer 2005). A web of socio-cultural norms where a person lives affects their behaviour and decision making. In Africa social and cultural norms remain strongly in favour of female circumcision. The family and community are the most significant transmitters and guardians of norms. It is through the family that the practice of female circumcision is maintained and upheld as a tradition

2.8 Conceptual Frameworks

The conceptual framework depicts the relationship between the independent variables

Independent Variable

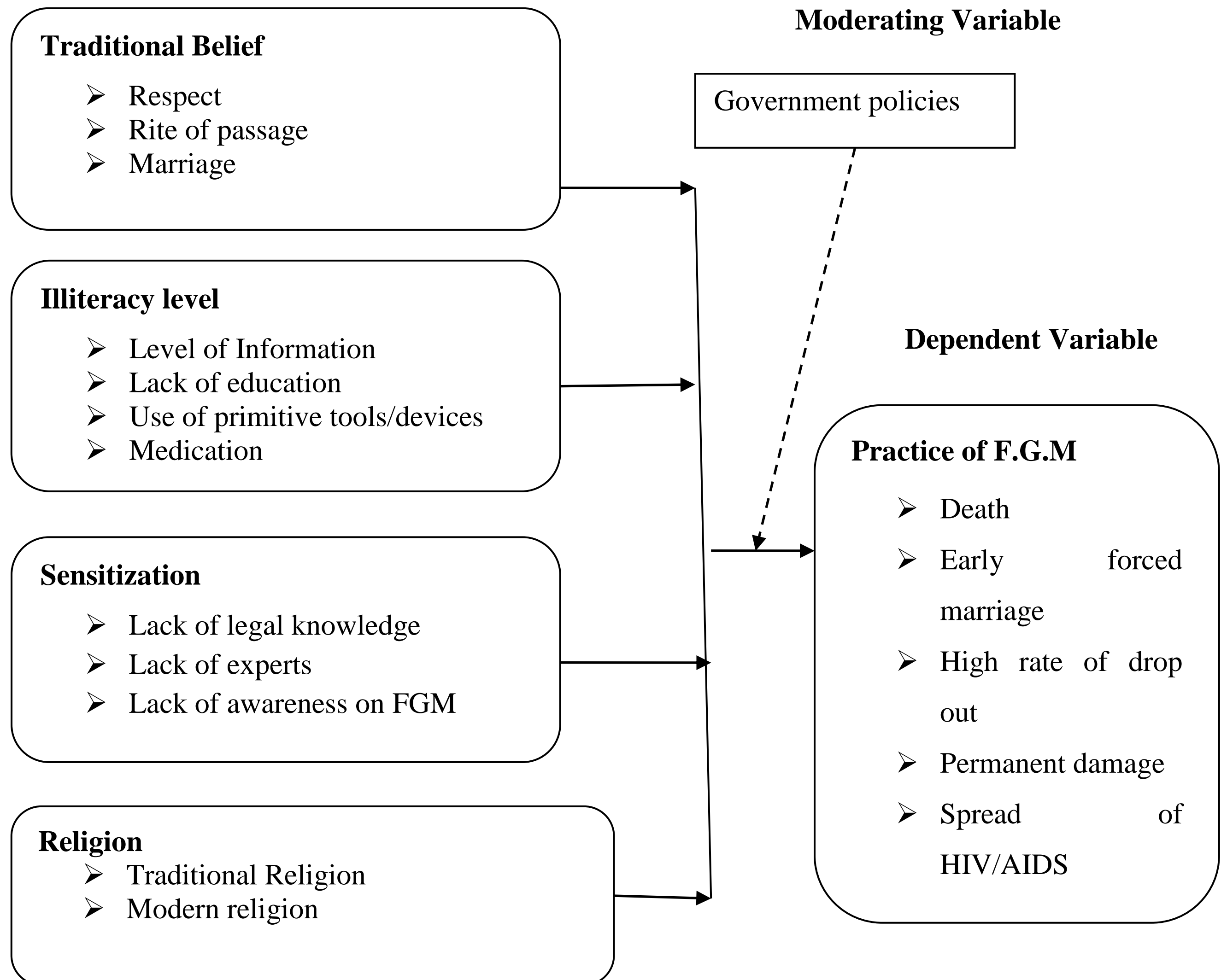

Figure 1: Conceptual framework

2.9 Knowledge Gap

The study reviews existing evidence and key knowledge gaps in the clinical care of women with FGM. It also identifies research priorities to improve the evidence necessary to establish further guidelines for the best multidisciplinary, high-quality care for women with FGM. The study reviewed the available literature about the clinical care of women with FGM and identified four areas with significant evidence gaps, and controversy regarding optimal management. These include; Obstetric outcomes and post-partum care, defibulation (surgical opening of the labia) outside of pregnancy or labour clitoral reconstruction Training, skills and confidence of healthcare providers.

Previous studies conducted in Africa have suggested that FGM is associated with an increased risk of obstetric complications, such as caesarean section, post-partum hemorrhage, episiotomy and low birth weight. However, studies performed in Western settings suggest that a high standard of obstetric care can reduce such risks. The study highlights that obstetric outcomes should be evaluated for age, socio-economic status, reproductive history, and health affecting a pregnancy, in addition to FGM type. Future research should also take into account the quality and utilization of healthcare services.

2.10 Summary of Literature Review

Provides literature on issues related to factors perpetuating the persistence of FGM practice, despite the growing awareness of its dangers on the girl child's formal education, particularly at the basic level. A highlight on FGM as a traditional practice that is intended for cultural identity and graduation of a girl into womanhood or adulthood in preparation for marriage in the kajiado west community will be provided. This section, therefore, explored this view more

profoundly through a review on the subject and related theoretical field. The general purpose of this literature and theoretical review will be used to identify possible factors enhancing the persistence of FGM practice in spite of its dangers on the girls and consequently how it affects their education and empowerment**.** The Cultural Lag theory will be used in this case. William Ogburn's (1964) argues that within society as a whole, change takes place in the material culture, and that adaptive non-material culture changes extremely slowly in spite of changes elsewhere. Different rates of change in elements of non-material parts of culture account for cultural lag. In this sense, Ogburn conceptualizes cultural lag as the failure of ideas, attitudes, and aspects of institutional practices to keep pace with changes in material culture. In this study however, two elements of non-material culture, which refer to formal education and belief systems of FGM practices are misadjusting. One part of the non-material culture (attitudes to FGM) lags behind education (another part of non- material culture). The kajiado west girl child is therefore caught up in this lag of non-adaptability.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the methodology that was used in the research study. It describes the type of research design that will be used, target population, sample design, data collection, validity and reliability of data collection instruments, data analysis techniques, and ethical considerations.

3.2 Research Design

The research design was descriptive survey method aimed at establishing factors influencing female genital mutilation in Kajiado West Constituency in Kajiado County. Phil (2006) says that descriptive research studies are designed to obtain information concerning the current situation and other phenomena and wherever possible to draw valid conclusion from the facts discussed. According to Zinkmund (2000), “descriptive research studies are based on some previous understating of the nature of the research problem”. This is a survey research to explore the existing status of two or more variables at a given point in time. These methods were preferred because it allows for prudent comparison of the research findings. Descriptive survey attempts to describe or define a subject often by creating a profile of a group of problems, people or events through the collection of data and tabulation of the frequencies on research variables or their interaction as indicated. The design is adopted in this study to allow the researcher to gather information, summarize, present and interpret for the purpose of clarification.

3.3 Target Population

According to Trochim (2006), Target population refers to the entire group of households or objects to which researchers are interested in generalizing the conclusions. The target population of this study consisted of the 30,500 resident from 2650 households in Kajiado West Sub County.

3.4 Sample Size and Sampling Procedure

This section provides the sample size and sampling procedure.

3.4.1 Sample Size

Sampling technique provides a range of methods which enables reduction of data to be collected, by focusing on data from a sub-group rather than all cases of elements. A sample of 335 respondents were picked using simple stratified random sampling techniques from 2650 households in Kajiado West Sub County using Krejcie and Morgan (1970) table in appendix IV for determining sample size.

The 335 sample size was clustered purposively from each ward in four groups namely men, women, leaders and advocacy experts to attain appropriate presentation of the study area.

Table 3.1: Sample size

Wards Names	Target Population	Sample Size	Women	Men	Leaders	Experts
Magadi	200	25	11	10	2	2
Mosiro	300	38	17	17	2	2
Ewauso	650	82	39	39	2	2
Keekonyoikie	880	111	53	54	2	2
Illoodo Kilani	620	78	37	37	2	2
Total	**2650**	**335**	**157**	**157**	**10**	**10**

3.4.2 Sampling Procedure

Sampling means selecting a given number of subjects from a defined population as representative of that population. Any statements made about the sample should also be true of the population (Orodho, 2002).

The researcher randomly sampled an appropriate number of divisions within each category of members on female genital mutilation in Kajiado West Constituency. The probability of selection of each division was proportional to their population, so that divisions with larger populations had a proportionally greater chance of being included in the sample. Simple stratified random sampling was used to select the 335 households in Kajiado West Sub County.

3.5 Research Instruments

The research instrument of the study the question and interview guide. The questionnaire contained questions which comprises of linker scale, closed-ended question and also a few open ended questions. These types of questions was accompanied by a list of possible alternatives from which respondents are required to select the answer that best describes their situation. According to Sproul (2008), a self-administered questionnaire is the only way to elicit self-report on people's opinion, attitudes, beliefs and values.

The researcher developed questionnaires that were used to obtain important information about the population. The questionnaires were distributed by the enumerators to respondents to solicit the relevant information.

The questionnaire for respondents comprised of part A and part B. Part A collects the background information of respondents. While Part B comprises of factors influencing the practice of female genital mutilation among women in Kajiado west sub-county. The questionnaire comprised of both close-ended and open-ended items.

The researcher developed the interview guide inline with the objectives of the study on factors influencing the practice of female genital mutilation among women of Kajaido West Constituency in Kajiado County.

3.5.1 Pilot Testing

According to Trochim (2006), Pilot testing is a small-scale trial, where a few examinees take the test and comment on the mechanics of the test. In test development projects of all kinds, the trialing of new items is typically taken into Pilot Testing. According to Mugenda and

Mugenda, (2003) pre-testing allows errors to be discovered before the actual collection of data begins and 10% of the sample size is considered adequate pilot study that is one university equating to ten purposively selected respondent perceived to be knowledgeable in procurement matters.

Researcher conducted a pilot test to ensure that there is validity and reliability of instrument using Cronbach's alpha while conducting the research in order to obtain data that is consistent with the main objective. Piloting was done in Narok County with same research area characteristics, which helped in revealing questions that might be vague, which allows for their review until they convey the same meaning to all the subjects

3.5.2 Validity of Instruments

Joppe (2000) provides the following explanation of what validity is in quantitative research where Validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are. In other words, does the research instrument allow you to hit "the bull's eye" of your research object? Researchers generally determine validity by asking a series of questions, and often looked for the answers in the research of others.

Wainer and Braun (2008) describe the validity in quantitative research as "construct validity". The construct is the initial concept, notion, question 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 investigation, usually by the application of a test or other process. In this sense, the involvement of the researchers in the research process would greatly reduce the validity of a test. Data quality

was incorporated in the entire study process especially at the data collection point to include completeness of questionnaires, legibility of records and validity of responses. At the data processing point, quality control included; data cleaning, validation and confidentiality. There are three types of validity which was addressed and stated; Face validity with pre-testing of survey instruments was a good way used to increase the likelihood of face validity. Content validity the use of expert opinions, literature searches. Validity was done with the help of the supervisor.

3.5.3 Reliability of Instruments

Joppe (2000) defines reliability as the extent to which results are consistent over time and an accurate representation of the total population under study is referred to as reliability and if the results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable.

The most popular methods which was used in estimating reliability is the use of measures of internal consistency. Ten questionnaires was pre-tested through a pilot test with individuals in the study to avoid double inclusion of pre-test participants in the main study. Their feedback helped in making vital adjustments to enhance reliability and validity of the study findings. To ascertain the reliability of the data collection instrument were examined by professionals who include researchers and supervisor.

Reliability is influenced by random error. As random error increases, reliability decreases. Random error is the deviation from a true measurement due to factors that have not effectively been addressed by the researcher (Mugenda & Mugenda, 2003). The researcher

attempted to minimize random error and hence increase the reliability of the data collected by administering the same instrument twice to the same group of subjects.

3.6 Data Collection Procedure

The researcher obtained a permit from National council for Science and Technology based on authorization letter from The University of Nairobi. The permission was requested to conduct the research in the study area. It is worth noting here that the replies was given to the officer in charge, it may take a long time, in some cases and therefore may require her to follow up with telephone calls and by paying visits.

The data was collected using a self-administered questionnaire through the use of research assistants. Nevertheless, where it proves difficult for the respondents to complete the questionnaire immediately, the researcher left them with the research assistants to pick on a later date. In the course of piloting, the researcher visited the area of the study and administers the instruments.

Interviews were conducted among the political leaders, Ngos and Experts advocating for FGM

3.7 Data Analysis Techniques

According to Zinkmund (2000), the process of data analysis involved several stages: the completed questionnaires were edited for completeness and consistency, checked for errors and omissions and then coded to SPSS. Data was then analysed using descriptive analysis such as descriptive statistics mean scores and standard deviations frequencies distributions and percentages.

3.8 Ethical Cconsideration

The study was conducted in an ethical manner. The respondents were explained the purpose of the study and they were assured that the information given was treated as confidential and their names were never be divulged. Informed consent were sought from all the participants that agree to participate (Zinkmund, 2000). A research approval was also soughed. The researcher personally administered the questionnaire to the respondents.

Their confidential information was only accessed by the researcher and the supervisor. They are not required to provide any identifying details and as such, transcripts and the final report was not reflect the subjects identifying information such as their names, in the case they are not comfortable with it. After the study has been completed and a final report written, the tools used to collect data was destroyed.

3.9 Operationalization of Variables

This section analyses the operational definition of variables on the factors influencing women participation in political process in Kenya. Variable are given in Table 3.2.

Table 3.2: Operationalization of Variables

Objectives	Variable	Indicators	Tools of Analysis	Measurement scale	Data collection methods	Type of da Analysis
factors influencing the practice of female genital mutilation among women of Kajaido west constituency in kajiado County	practice of female genital mutilation among women	Death, Early forced marriage, High rate of drop out, Permanent damage, Spread of HIV/AIDS,	Mean Standard deviation	Ordinal Nominal	Questionnaires Interview guide	Qualitative quantitative data analysi
To establish the influence of traditional beliefs on the practices of Female Genital Mutilation (FGM) in Kajaido West Constituency.	Independent variable traditional beliefs	Respect Rite of passage Marriage	Frequency Percentage Mean Standard deviation	Ordinal Nominal	Questionnaires Interview guide	Qualitative quantitative data analysi
To identify the influence of illiteracy level on the practices of FGM in Kajiado West Constituency.	Independent variable illiteracy level	Level of Information Lack of education Use of primitive tools/devices Medication	Frequency Percentage Mean Standard deviation	Ordinal Nominal	Questionnaires Interview guide	Qualitative quantitative data
To establish the influence of sensitization on the practice of FGM in Kajiado West Constituency.	Independent variable sensitization on the practice of FGM	Lack of legal knowledge, Lack of experts, Lack of awareness on FGM	Frequency Percentage Mean Standard deviation	Ordinal Nominal	Questionnaires Interview guide	Qualitative quantitative
To determine the influence of religion factors on the practice of FGM in Kajiado West Constituency.	Independent variable religion factors on the practice of FGM	Islamic Christians Hindu	Frequency Percentage Mean Standard deviation	Ordinal Nominal	Questionnaires Interview guide	Qualitative quantitative data

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

4.1 Introduction

This chapter presents the data analysis, presentation, interpretation and discussion of data collected from the study. The purpose of the study was to find out the factors influencing the practice of female genital mutilation among women in Kajiado west constituency, Kajiado County. The respondents finding were analyzed and presented in tables and percentage form.

4.2. Response Rate

This refers to the percentage of the study who responded to the questionnaire. According to Mugenda and Mugenda (1999) a response rate of 50 percent is adequate for analysis and reporting. In this study, 335 respondents of the sampled population participated in the study. This was a representative sample. Only questionnaires that was administered were returned, the response was as in table 4.3 below.

Table 4.3: Response Rate

Category	Frequency	Percentage
Response	301	89.85%
Non-response	34	10.16%
Total	**335**	**100%**

From the findings, 89.85 % of the sample population responded to the questionnaire while 10.16% did not.

4.3 Background Information of the Respondents

Background information is the general description of something or someone. This study found out the description of individuals i.e. residents of Kajiado west constituency, Kajiado County. The researcher considered the following factors as background information: Gender, Marital status, age and the level of education of Kajiado west members.

4.3.1 Gender

Gender is defined as the state of being a male or a female. The study did find out the gender status of the interviewee at Kajiado West County.

Table 4.4: Distribution of Respondents by Gender

Gender	Frequency	Percentage
Male	167	55.48%
Female	134	44.52%
Total	**301**	**100%**

Respondents were required to give their status of their gender, the study found out that from the male were the majority and were represented by a percentage of 55.48%. The female gender followed with a percentage of 44.52%. The results are shown in Table 4.4 above.

4.3.2 Marital Status

Marital status is the condition of being single, married, divorced just mention a few.

Table 4.5: Distribution of Respondents by Marital status

Marital Status	Frequency	Percentage
Married	152	50.50%
Single	85	28.24%
Divorced	19	6.31%
Separated	25	8.31%
Widower	20	6.64%
Total	**301**	**100%**

Respondents were asked to give their marital status. The findings as shown in the table 4.3 above indicates that, those who are married are leading in terms of population, followed by the respondents who are single in the second position, Respondents who separated came in third. Meanwhile those who are widowed came in fourth and closely followed by those who divorced in the fifth position with a representation of 50.50%, 28.24%, 8.31%, 6.64% and 3.31% respectively. The results are shown in the table 4.5 above.

4.3.3 Age of Respondents

Age is defined as a distinct period of history. This study found out the ages of the respective respondents who managed to respond to the questionnaire and the result are presented in the Table 4.6.

Table 4.6: Distribution of Respondents by Age

Age Bracket	Frequency	Percentage
18-24 yrs.	58	19.27%
25-30 yrs.	45	14.95%
30-35 yrs.	45	14.95%
36-40 yrs.	60	19.93%
41-45 yrs.	55	18.27%
46- 50 yrs.	20	6.64%
Over 50 yrs.	18	5.98%
Total	**301**	**100%**

Respondents were asked by the researcher to give their age bracket in which they belong. From the findings, respondents who aged between 36-40 years were the leading in numbers with a percentage of 19.93%, closely followed by those who aged between 18-24 years with a representation of 19.27% in the second position. Respondents who aged between 41-45 years came in third with a representation of 18.27%. Respondents who aged between 25-30 years and 30-35 years were fourth in the table with percentage of 14.95% each. In the fifth position was a group of those who aged between 46-50 years with a percentage of 6.64% while the sixth and the last group in terms of numbers was the one of those who aged over 50 years with a representation of 5.98%. The results are shown in the table 4.6 above.

4.3.4 Level of education

This is the highest level of qualification to which one has attained in education.

Table 4.7: Level of Education of Respondents

Education Level	Frequency	Percentage
KCSE level	111	36.88%
Diploma level	96	31.89%
Undergraduate level	45	14.95%
Masters level	44	14.62%
PhD level	5	1.66%
Total	**301**	**100%**

Respondents were asked to give the level of education they have attained. The results is arranged from the highest to the lowest in terms of numbers. The findings shows that most of the respondents have attained up to a level of KCSE with a representation of 36.88%, those who attained the diploma level were second with a representation of 31.89%, the third group was the one of those who attained the undergraduate level with a percentage of 14.95%, Respondents who attained the Masters level followed so closely with a percentage of 14.62% in the fourth position. The fifth and the last group was for those who managed the PhD level of education with a representation of 1.66%. The results are shown in the table 4.7 above.

4.4 Traditional Beliefs on FGM Practices

Traditional beliefs on female genital mutilation are the assumptions and convictions that are assumed to be true by a certain group of people .In this study the conviction is toward FGM, an activity observed to be mostly practiced by Kajiado West County members. The researcher

considered the impacts of traditional beliefs, perception of the members of the community, their opinion and the challenges facing them while dealing with this practices.

4.4.1 Traditional beliefs influence on FGM

This section represent how the respondents responded to the issue of traditional beliefs toward Female Genital Mutilations.

Table 4.8: Traditional Beliefs

Factors to consider	Frequency	Percentage
Yes	286	95%
No	15	5%
Total	**301**	**100%**

Respondents were asked to indicate if the traditional beliefs influence on the practices of Female Genital Mutilation (FGM) in Kajaido West Constituency. From the findings the results shows that majority of the respondents said yes with and they are represented by 95%, the rest were those who denied and are represented by 5%. The result is represented in the table 4.8 above.

4.4.2 Assumptions and Convictions toward FGM

In this section the study took some statement which have not been proven and required the interviewee to judge according to their opinions.

Table 4.9: Table to represent statements of traditional beliefs towards FGM

Factors Under Consideration	Mean Score	Standard deviation
Women are given the respect they deserve after undergoing FGM	4.2	0.0564
There is traditional believe that after the rite of passage, woman is considered mature, obedient and aware of her role in the family and society	4.1	0.0254
The extent at which marriage influence the rate of Female genital mutilation (FGM)	4.2	0.0125
Rite of passage influence the rate of Female genital mutilation (FGM)	3.9	0.0242
Cultural relativism postulates that any practices grounded in cultural beliefs are not appropriate to be analyzed by anyone outside of that culture	3.4	0.0254
Marriage influence the rate of Female genital mutilation (FGM)	4.1	0.0682

Respondents were required to give their suggestions on whether women are given the respect they deserve after undergoing FGM. This study found out that most of the respondents agreed with a mean score of 4.2. This tallies with Boyle (2005) who suggested that WHO adopted to use the term female circumcision because this practice was referred to as a social and cultural issue as opposed to a medical issue. On the issue of the rate at which marriage influence Female genital mutilation (FGM) was equally with a mean score of 4.2. The rite of passage, a woman is considered mature, obedient and aware of her role in the family and society, still respondents responded and agreed with a moderate extent with a mean score of 4.1. This finding is in line with, Momoh (2005) who says that in societies that practice female genital mutilation a number

of cultural elements are present which include beliefs, behavioral norms, custom rituals. The factor of if Marriage influence the rate of Female genital mutilation (FGM) was agreed to a moderate extent with a mean of 4.1. There is great perception that if you did not have FGM, forget about having a husband Waritay (2013) indicate that, If a woman had not been cut, they would have to be cut when getting married or during childbirth. Women believed that if a woman is not cut she will not attract a dowry and get married.

The factor of if the Rite of passage influences the rate of Female genital mutilation, was agreed to a small extent with mean score of 3.9. This finding is in line with the literature of WHO (2008), who states that the cultural significance of the practice is seen to be the preservation of chastity and to ensure marriageability of the girl child. The roots of the practice run deep into the individual's psychology, sense of loyalty to family and belief in a value system.

The issue of Cultural relativism postulates that any practices grounded in cultural beliefs are not appropriate to be analyzed by anyone outside of that culture was agreed to some extent with a mean score of 3.4.This tallies with the literature of which states, One position that has been drawn from this concept is that of cultural relativism. Cultural relativism postulates that any practices grounded in cultural beliefs are not appropriate to be analyzed by anyone outside of that culture Gruenbaum (2006).

4.4.3 Opinion on the Influence of Traditional Beliefs on the Practices of Female Genital Mutilation

This section entails the suggestion to which the members of Kajiado West County considers as the best opinions or solution towards the impacts of traditional beliefs on this particular practice. Majority of the Respondents were asked to give their opinions on the strategies to eradicate FGM based on the traditional belief. Many people still need to be made aware of the consequences of FGM and this awareness-raising should target remote communities in a combination of the following ways (Waritay & Wilson, 2013). Various methods for awareness-raising through sensitisation and outreach should be used including: information sessions in churches, community meetings targeting different group's especially traditional leaders, education in schools. Some of the respondents included Facilitating Alternative Rites of Passage FGM has been ritualised in many communities. It is considered a coming of age ceremony as girls are considered ready for marriage afterwards. Creating alternative rites of passage would preserve the positive socio-cultural aspects of the ritual, but not require girls to undergo FGM. The potential of this strategy is limited to those communities where FGM is associated with such rites of passage. However, there is a trend in some communities to cut girls at a younger age with less ritual so this would be of less benefit in such communities (Waritay& Wilson, 2013).

4.4.4 Challenges faced in dealing to traditional belief that leads to FGM

In this section the interviewee's response which is the challenges facing them as they try to solve the problem of FGM has been analyzed and represented below.

Majority if the respondents concluded that the main challenge of eradicating this practice is that Many communities believe that FGM is a necessity if women wanted to get married as it is seen as a sign of maturity, and it affords them respect in the community. In one community, one of the

women commented that, if you didn't have FGM, forget about having a husband (Waritay & Wilson, 2013). One of them indicated that If a woman had not been cut, they would have to be cut when getting married or during childbirth.

4.5 Level of literacy

The level of litracy is the state of not knowing how to read and write. This study found out the influence of the illitracy, their imagination and peceptions from various statements, their opinions to the level of illtracy on the practice and finally the challenges faced while handling the isssue of illitracy.

4.5.1 Influence of Literacy to FGM

This section determines if the level of Literacy has influence the level of Female Genital Mutilation at Kajiado wet County.

Table 4.10 The influence of illiteracy toward FGM

Factors to consider	Frequency	Percentage
Yes	214	71%
No	87	29%
Total	**301**	**100%**

Respondents were asked to indicate if there is an influence of illtracy toward Female Genital mutilatio practice, majority said yes with a representation of 71% while the rest denied and are represented by a pertcentage of 29%. The result is shown in table 4.10 above.

4.5.2 Literacy Statements on FGM

This section include the analysis of various statements required by the study from the respondents of Kajiado West County.

Table 4.11: Table to represent statements of levels of illiteracy towards FGM

Factors to consider	Mean Score	Standard deviation
Lack of information influence practices of Female Genital Mutilation (FGM) in Kajaido West Constituency	4.5	0.2763
Lack of education influence practices of Female Genital Mutilation (FGM) in Kajaido West Constituency	4.3	0.2354
Use of primitive tools influence practices of Female Genital Mutilation (FGM)	3.9	0.1254
Lack of educational campaigns that are meaningful health education and training in being a woman	4.1	0.0214
Lack of Medication influence practices of Female Genital Mutilation (FGM)	3.7	0.0254
Educational ceremonies influence practices of Female Genital Mutilation (FGM) in Kajaido West Constituency	3.5	0.0374

Respondents were required to give their thought on the following issues. The first one was lack information influence practices of Female Genital Mutilation (FGM) in Kajaido West Constituency. This factor was agreed by a mean of 4.5. This finding indicated that lack of education then is the cause of FGM practice. Ongong'a (2000) suggest that in most regions of the world, women receive less formal education than men do, and at the same time, women's own knowledge, abilities and coping mechanisms often go unrecognized. Second was the issue of lack of education influence practices of Female Genital Mutilation. This factor was agreed with a mean of 4.3. Ongong'a (2000) stated that Education is one of the most important means of empowering women with the knowledge, skills and self-confidence necessary to participate fully

in enhancing socioeconomic change. The third issue was considered was lack of educational campaigns that are meaningful health education and training in being a woman. This factors was equally agree by those who managed to respond with mean score of 4.1. This study goes hand in hand with UNESCO (2005) inclusive training method is the way forward for the hearing impaired. This is the inclusion of training to eliminate illiteracy by mainstreaming schools. Fourth factor was the use of primitive tools influence practices of Female Genital Mutilation (FGM). This issue was agreed to a small extent with a mean of 3.9. It has also been theorized that the practice of excision resulted from a primitive man's desire to gain mastery over the mystery of female sexual function. By excision of the clitoris, sexual freedom in women could be curbed and women were changed from common to private property, the property of their husband's alone. Excision, since it removed the organ most easily stimulated, was thought to reduce a woman's sexual desire (Lightfoot, 1989).

Lack of Medication influence practices of Female Genital Mutilation was the fifth rated factor by the respondents with a mean of 3.7. Western providers will most likely encounter delayed complications of infibulation, whose severity usually correlates with the extent of introital obstruction or scarring. Infibulated women can have keloids, adhesions, and dermoid cysts that obstruct the introitus, or further narrow the vaginal opening (Diamondstone, 2009).

Educational ceremonies influence practices of Female Genital Mutilation (FGM) in Kajiado West Constituency. This factor was agreed to some extent in that the mean was 3.5 maybe because most of the girls are now discouraged from attending such ceremonies. This study is in line with Pracht (2011) who stated that educational ceremonies may last for several weeks or months and girls would leave these as women who are ready for marriage and in this case they must undergo FGM to attain this objective.

4.5.3 Opinion on the influence of illiteracy levels on the practices of FGM

This section presents the suggestions by the respondents of illiteracy towards the practice of FGM in Kajiado West County. Most respondents indicated by proving an alternative source of income. In Kajiado west county, there have been initiatives to educate those who perform FGM about the health risks involved and support them in developing alternate sources of income. This can be followed by a public or private ceremony, which may involve circumcisers denouncing the practice and symbolically surrendering their instruments. Although these initiatives have been successful in supporting cutters in ending their involvement in the practice, they do not change the social norms that encourage families to continue to seek out individuals who are willing to perform the practice. Such initiatives may complement approaches that address demand for FGM, but alone it does not end FGM (Waritay& Wilson, 2013).

Another opinion was working alongside others. There should be joint efforts at Kajiado West County by various community groups, including coordination with the government, NGOs and schools. Another thing that should be emphasized is the importance of interfaith collaboration between Christians and Muslims; their churches and mosques (Waritay& Wilson, 2013).

4.5.4 Challenges faced in dealing the issue of illiteracy toward FGM

This section represents the analysis of the challenges facing the residence of Kajiado County while dealing with issue of illiteracy as an effect towards FGM.

Respondents were required by the study to give the challenge towards the opinion on the effects of illiteracy towards FGM. Most respondents indicated the link with male circumcision, the traditional practice of male circumcision and FGM appear of significant importance in the Maasai community. When girls see the boys "becoming men" after being circumcised and being

accepted into the community, they too want the same social acceptance and thus go through with theirs. It was also stated that women who have not undergone FGM cannot "receive" their sons into the homestead after the traditional male circumcision ceremony. After a man has been circumcised, he is permitted to build the homestead gate, and traditionally many rites are performed at the gate. It is for this reason that the homestead and receiving a son from circumcision has such significance (Waritay & Wilson, 2013).

Another challenge that was considered was Myths and beliefs, In Kenya, the on-going belief in "Maasai" is mentioned as a reason for FGM in half the communities. The HIV/AIDs believed to be a disease of the male and female genitalia, which could only be cured by performing FGM this was also a myth perpetuated by witch doctors. It is in fact a bacterial infection of the genitalia most probably caused by a lack of access to clean water (Waritay & Wilson, 2013). Hanny (1989), an expert on FGM who spent years in Kenya, Egypt, and Sudan, explains that it is believed in the Sudan that the clitoris will grow to the length of a goose's neck until it dangles between the legs, in rivalry with the male's penis, if it is not cut.

4.6 Community Sensitization

Community sensitization is the attempt of making oneself or others aware of and responsive of a certain idea, event, situation and phenomenon. The following are factors considered in this section; Community sensitization as an influence to the practices of FGM, statements regarding the community which might have an effect to the practice of FGM in one way or another, respondents opinions and challenges of community sensitization toward FGM practice at Kajiado West County.

4.6.1 Community sensitization influence on the practices of FGM

This sections gives the analysis of if the community sensitivity as an influence toward the practice of Female Genital Mutilation (FGM) according to the respondents.

Table 4.12: The influence of community sensitivity toward FGM

Factors to consider	Frequency	Percentage
Yes	196	65%
No	105	35%
Total	**301**	**100%**

Respodents were asked to indicate if the community sensitization influence on the practices of Female Genital Mutilation. Most of the respondents agreed and are represented with a percentage of 65% while those who did not agree were represented by a percentage of 35%. The result are shown in the table 4.12 above.

4.6.2 Community Sensitivity Statements on FGM

This sections analyses the assumptions on the community sensitivity toward FGM according to the respondents.

Table 4.13: To display the analysis of Community Sensitivity Statements on FGM

Factors to consider	Mean Score	Standard deviation
Extent of mobilization at communities level to shun Female Genital Mutilation	3.9	0.0254
Creating awareness on the negative side of Female Genital Mutilation	4.1	0.0253
Lack of legal knowledge influence practices of Female Genital Mutilation (FGM)	4.3	0.0125
Lack of experts influence practices of Female Genital Mutilation (FGM)	3.5	0.0187
Lack of awareness on FGM influence practices of Female Genital Mutilation (FGM)	4.2	0.0821

Lack of legal knowledge influence practices of Female Genital Mutilation was agreed by respondents with a mean of 4.3. The community needs organizations and individual as well who can enlighten the entire community that, FGM is harmful to our young girls. This is evident by the literature of Gruenbaum (2006) who argues that FGM is seen by some as both socially oppressive and physically harmful to women and girls, and the discontinuance of the genital surgeries is seen by others as improving the status of women.

Lack of awareness on FGM influence practices was tallied and the result shows that this factor had a mean score of 4.2. This finding tallies with, Pracht (2011), who states that, the high illiteracy rate and low level of general awareness among the Maasai often lead the local community to confuse religious and cultural practices.

Creating awareness on the negative side of Female Genital Mutilation was agreed to some extent with a mean of 4.1. This is observed because the decision of FGM is mostly made by the elders who are not much educated, hence forcing the go ahead of this practice. This is supported by Ongong'a, (2000) who indicate that, although local religious leaders managed to generate a considerable awareness among their communities, perception of girls' circumcision as a religious belief is still prevalent among men and women on an equal footing.

Respondents were asked to give their opinion on the extent of mobilization at communities' level to shun Female Genital Mutilation. This factor was agreed to some extent with a mean of 3.9. From the finding most women wanted to do away from this practice, but it is assumed in Maasai land that the decision makers are them who in this case supports the practice. This finding is in line with Shell-Duncan et al. (2000) who suggests that in all parts of the world, women are facing threats to their lives, health and wellbeing as a result of being overburdened with work and of their lack of power and influence. In most regions of the world, women receive less formal education than men do, and at the same time, women's own knowledge, abilities and coping mechanisms often go unrecognized.

Lack of experts influence practices of Female Genital Mutilation was the least agreed factor with a mean score of 3.5. Experts are not very much located in the Kajiado West County. As we have learnt from the background information most of the respondents are those with education level of KCSE. It would also be much better for Western scholars (experts) not to look down upon the African scholars because, as Africans, they are the insiders and they know what is going on in their own backyard Shell-Duncan (2000) suggests.

4.6.3 Opinion on Community Sensitivity towards the practices of FGM

This sections analyses the suggestions given by the respondents of the issue of community sensitivity towards Female Genital Mutilation practice. When respondents were asked to give their opinions, most of them indicated providing a safe space, by creating appropriate spaces and opportunities in communities for discussion where individuals feel safe and confident to share their views community members can control their own development rather than be the passive recipients of communication messages (Waritay & Wilson, 2013). Safe houses enable young girls to receive protection from FGM as well as an opportunity to continue their education. They also facilitate a process of reconciliation and reintegration between girls and their families and the community. In isolation, safe houses are unlikely to have a significant impact on ending the practice of FGM (Waritay& Wilson, 2013).

Another challenge which was considered was to create awareness. Awareness of FGM should be raised by way of cinema/theatre/DVDs particularly good for reaching out to non-churchgoers. As literacy levels are low in some areas, leaflets are of limited value. Music and choirs are also a good way of raising awareness and also creating social groups and producing caps and T-shirts with anti-FGM messages for members.

4.6.4 Barriers of Community Sensitivity towards FGM

This section gives the result analyzed based on the information submitted by the interviewees. It entails challenges to the opinion regarding community sensitivity towards Female Genital Mutilation (FGM).

Most Respondents indicated that the Maasai communities viewed FGM as a traditional practice and a sign that a girl has transitioned from childhood to adulthood. People still want to "cling to

tradition". The Maasai believed that FGM is a blood offering to the ancestors to ensure good rains and prevent disease or that FGM would lead to women bearing many children. The traditional leaders used to lead the cutting and would announce when it would take place after they had consulted the local gods (Waritay & Wilson, 2013).

4.7 Religion

Religion practice is a set of beliefs concerning the cause, nature and purpose of the universe, especially when considered as the creation of the superhuman agency usually involving devolution and ritual observances and often concerning the conduct of human affairs. The study focused on levels of Religion, statement, opinions and possible challenges to the opinions stated on the practices of Female Genital Mutilation (FGM).

4.7.1 Levels of Religion on the practices of Female Genital Mutilation FGM

This section give the analyzed results that provided by respondents on if the level of religion affects the practice of FGM.

Table 4.14 Levels of Religion on the practices of Female Genital Mutilation FGM

Factors to consider	Frequency	Percentage
Yes	181	60%
No	120	40%
Total	**301**	**100%**

Respondents were asked to suggest if levels of illiteracy influence on the practices of Female Genital Mutilation. The study found out that, the majority agreed with that statement and are

leading with 60%, the rest disagreed and are represented by 40%. The result are shown in the table 4.14 above.

4.7.2 Levels of Religion Statements on FGM

This section analyses the statements as a requirement by the study. The study entails the religion matters on FGM.

Table 4.15: To display the analysis of Levels of Religion Statements on FGM

Factors to consider	Mean Score	Standard deviation
FGM is perceive it to be demanded as a religion obligation be it being Christian or traditional religion	4.5	0.2756
FGM is traditional duty to which all traditional religious women should adhere.	2.5	0.4518
It is difficult to convince believers of these communities to stop the practice of FGM	2.2	0.1253
The right to religious freedom influence practices of Female Genital Mutilation (FGM)	2.1	0.1486
The issue of religious freedom arises because some of the religious institutions are practicing FGM as a matter religion.	4.2	0.0214

Respondents were asked to give their suggestion on FGM perceive it to be demanded as a religion obligation be it being Christian or traditional religion. This factors moderately agreed by most respondents as with a mean score of 4.5. This finding corresponds with Dorkenoo (2004), who indicates that, some religious scholars from Sudan believe both male and female circumcision is obligatory, and others encourage female excision as a preferable good deed.

The issue of religious freedom arises because some of the religious institutions are practicing FGM as a matter religion matters on FGM was equally agreed with a mean of 4.2. This

discovery jibes with Dorkenoo (2004) who indicates that the issue of religious freedom arises because some of the religious institutions are practicing FGM as a matter religion. There is no support of FGM in the Koran, but a number of African communities, where Islam is practiced they believe that FGM is a part of religion.

The issue of if FGM is traditional duty to which all traditional religious women should adhere was disagreed by most respondents with a mean score of 2.5 since not all religious women follow this kind of practice, neither the Koran, which is the sacred Muslim text, nor the Bible has mention of FGM or a requirement to follow such traditions (Davis, 2011).

The difficultly to convince believers of these communities to stop the practice was disagreed by most respondent though it's difficult to convince since it's a practice which was started by our ancestors but in the near future the practice is expected to end due to the influence from the experts and religious leaders. This factor had a mean score of 2.2. This finding from the study correspond with Dorkenoo (2004), who indicates it will be difficult to convince believers of these communities to stop the practice of FGM without a strong stand by religious leaders forbidding it.

The issue of the right to religious freedom influence practices of Female Genital Mutilation was disagreed with a mean of 2.1. The right to religious freedom is an important human right to everyone. The Universal Declaration of Human rights protects the right to freedom of the thought and conscience and religion, but the practice of FGM is harmful and should be avoided. The argument, brought forward by Hughes, is the World Health Organization's (2009) view that Female Genital Mutilation is a deeply rooted, traditional practice that has adverse physical and psychological consequences, in effect making FGM a form of violence against women.

4.7.3 Opinion on the Levels of Religion towards the practices of FGM

This section provides full analyses of opinions given by the respondents as the requirement by the study. The opinions are based on the level of religion towards Female Genital Mutilation at Kajiado West County.

Most respondent indicated that, organization like the religious groups should engage with the other bodies to solve the issue of FGM. Some people think that it is the church's job to take a lead in combating FGM. Others think it is the job of the church, government and the community to stop FGM collaboratively and that the church should lead this response. Another Opinion considered was Advocacy. Success in promoting the end of FGM also depends on the commitment of government, at all levels, to introduce appropriate social measures and legislation, complemented by effective advocacy and awareness. Civil society forms an integral part of this enabling environment. The church should consider working with the media in advocating for the end of FGM and should lobby for the following changes at a national level

This section gives the challenges to the opinion suggested by the respondents of the level of religion toward Female Genital Mutilation. One of the challenge which was considered was Peer pressure. This is high amongst young girls to undergo FGM that in one community girls had resorted to cutting themselves with razor blades. One church elder said, the men do not like FGM, the women do not like it, but they get it done because of peer pressure. Also traditional elders and parents push for FGM in many communities. Respondents also did consider that the church plays enlightenment, educative and eradication roles in conjunction with other partners. For instance, World Vision as a Para-church seeks to promote human transformation, seek justice and bear witness to the kingdom of God as they serve the poor and oppressed. Its

transformational development goal is wholeness of life with justice, dignity and hope for all people, women and girls included.

4.8 Discussions of findings

The study established the influence of traditional beliefs on the practices of Female Genital Mutilation. Women are given the respect they deserve after undergoing FGM. Also, woman is considered mature, obedient and aware of her role in the family and society if they undergo that practice. This finding was supported by the literature which indicates, that each culture has a distinctive moral code. FGM was traditionally associated with rites of passage ceremonies. Demographic and Health Despite the increased awareness of the dangers of FGM on the girl child, particularly on her educational development and empowerment, FGM has persisted in practice by both the elites and the less educated worldwide, especially in Africa (Jones, 2000).

Rite of passage was other factor which the study found to be the tradition root cause of the practice in Kajiado West County. This finding is in line with the literature of WHO (2008), who states that the cultural significance of the practice is seen to be the preservation of chastity and to ensure marriageability of the girl child. The roots of the practice run deep into the individual's psychology, sense of loyalty to family and belief in a value system.

The study established the influence of illiteracy levels on the practices of FGM in Kajiado West Constituency. Lack information in the Maasai communities living in the Kajiado West County is a major problem. Ongong'a (2000) suggest that in most regions of the world, women receive less formal education than men do, and at the same time, women's own knowledge, abilities and coping mechanisms often go unrecognized. Education is one of the most important means of empowering women with the knowledge, skills and self-confidence necessary to participate fully

in enhancing socioeconomic change. Another issue was the issue of educational influence which motivated them to get married of which they must undergo the "cut" for them to attain that objective. Pracht (2011) who stated that educational ceremonies may last for several weeks or months and girls would leave these as women who are ready for marriage and in this case they must undergo FGM to attain this objective.

The study established the influence of community sensitization on the practice of FGM in Kajiado West Constituency. The results indicate that the awareness creation on the negative side of Female Genital Mutilation is important to the community in fighting this practice. This is observed because the decision of FGM is mostly made by the elders who are not much educated, hence forcing the go ahead of this practice. This is supported by Ongong'a, (2000) who indicate that, although local religious leaders managed to generate a considerable awareness among their communities, perception of girls' circumcision as a religious belief is still prevalent among men and women on an equal footing.

The absences of expertise in the influence of the community members to eradicate FGM was a major problem, this does not only affect the girl physically but also psychologically. Gruenbaum (2006), argues that FGM is seen by some as both socially oppressive and physically harmful to women and girls, and the discontinuance of the genital surgeries is seen by others as improving the status of women.

According to the participants, those who are from Islamic religion had different perception about the practice compared to Christians. Islamic believers were at first supporting FGM because of the information they received from their parents and community elders when they were young that it was part of the Islamic rule.

Some women mentioned that after the practice, one feels incomplete, she meant one of their important parts of their body that makes them feel as women is missing. She also mentioned some of the churches in her own country, which have shown cooperation in campaign against FGM these were: Evangelical Lutheran churches, Seventh Day Adventist church, Catholic Church, Anglican Church.

The FGM belief, religion and bride wealth, may be more complicated in the belief revision. In order to stop FGM followers who practice for the sack of religion, religious leaders must take a firm stand of forbidding the practice. Otherwise it will still be considered a requirement by religion, therefore, individuals and whole communities will continue to fulfill their religious duty despite its severe consequences (Dorkenoo, 2004).

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the study findings, discussions, conclusions and recommendations. It also makes suggestions for further research. The findings are summarized in line with the objectives of the study which was to examine the factors influencing the practice of female genital mutilation among women: a case of kajiado west constituency, Kajiado County.

5.2 Summary of findings

For the first objective that was to establish the influence of traditional beliefs on the practices of Female Genital Mutilation (FGM) in Kajiado West Constituency. The result indicate that, Women are given the respect they deserve after undergoing FGM. Also a woman is considered mature, obedient and aware of her role in the family and society if they undergo that practice. The second objective was to establish the influence of literacy levels on the practices of FGM in Kajiado West Constituency. Most of the respondent accepted that the issue of illiteracy has an impact in the influence of Female Genital Mutilation practice. Education inadequacy then is the cause of FGM practice. Skills and self-confidence necessary to participate fully in enhancing socioeconomic change. The third objective was to establish influence of community sensitization on the practice of FGM in Kajiado West Constituency. The community needs organizations and individual as well who can enlighten the entire community that, FGM is harmful to our young girls. This will enhance awareness and education programs among members of the community. The fourth objective was to establish the influence of religious factors on the practice of FGM in Kajiado West Constituency. Religion should introduce appropriate social measures and

legislation, complemented by effective advocacy and awareness. Civil society forms an integral part of this enabling environment.

5.4 Conclusion

The discussion is focused on the results, challenges, and limitations encountered during this research process. The result confirms that the practice of FGM is a social consequence that is affecting a number of women and young girls socially, psychological and physically. To eradicate the practice, there is a need for education campaigns in the communities that practice FGM. Although many African countries have criminalized the practice of FGM, this is not enough because the practice is deeply rooted in cultural and traditional practices. The campaigns needed to include topics on human rights violations and the harmful effects caused by FGM. Issues dealing with culture are so sensitive and therefore those planning to tackle the issue of female genital mutilation that is deeply rooted in culture and traditional beliefs, should have enough knowledge on other people's culture and should not generalize culture.

5.5 Recommendations

The following are recommendations of the study

1. Local leaders should come together with other stakeholders should enforce women and girls' rights through participatory/advocacy for education-in-culture and culture-in-education.

2. The Ministry of Education, Science &Technology needs to strengthen its facility-level supervision mechanisms in both rural and urban area in south west Kenya to stop its staff from performing the practice. The Ministry should develop guidelines for the local government supervisors on the appropriate actions to take to detect and deter the practice.

3. Education on existing policies and laws is needed so that providers and other community leaders and even religion leaders can understand and discuss female genital cuttings issues competently, dissuade communities from continuation, support women and girls who oppose the practice, and manage complications arising from it.

4. More severe punishment should be taken against those that are caught practicing the practice of female genital cuttings. Local administration personnel (such as police, chiefs, Children's Officers, and social workers) should actively pursue those known to be involved and to close unregistered facilities and seasonal clinics and also those that practice it in isolation.

5. Finally research on the knowledge and practice of female genital cuttings and other socio-demographic and economic variable must be done in other to figure out more factors that may influence and promote the practice in kajiado west constituency.

5.6 Suggestion for Further Research

When studying about people and their culture, also historical, economical social, political and geographical factors need to be taken into consideration, because they are part of the people and their life.

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APPENDICES

Appendix I: Letter of Introduction

Dear Respondent,

REF: TO WHOM IT MAY CONCERN

I am a master's student at the University of Nairobi pursuing a Master of Arts in Project Planning and Management. I am expected to undertake a research on factors influencing the practice of female genital mutilation among women in of Kajiado West Constituency, Kajiado County**,** Kenya. Your cooperation and assistance are required to enable me complete the exercise. This information will be strictly used for the intended academic purpose and will be treated with utmost confidentiality.

Thanking you in advance.

Yours faithfully

Samson Tirike Seketian

Appendix II: Questionnaire for the Household Head

The research instrument has been formulated to collect data for the purpose of the research meant to create greater understanding on factors influencing the practice of female genital mutilation among women in of Kajiado West Constituency, Kajiado County, Kenya. Please note that your response to these questions will be confidential and shall be used for the purpose of this research only.

INSTRUCTIONS

Please tick where appropriate and for explanation, please be brief

Part One: Background Information

1. Please indicate your gender

   Male ( ) Female ( )

2. What is Marital status?

   Married ( )

   Single ( )

   Divorced ( )

   Separated ( )

   Widower ( )

3. What is your Age?

   (i) 18-24yrs ( ) (ii) 25-30yrs ( ) (iii) 30-35yrs ( )

   (iv) 36-40yrs ( ) (v) 41-45yrs ( ) (vi) 46- 50yrs ( )

   (vii) ( )

4. What is your highest level of education?

   - KCSE [ ]
   - Diploma [ ]
   - Undergraduate [ ]
   - Masters [ ]
   - PhD [ ]

PART TWO: TRADITIONAL BELIEFS ON FGM PRACTICES

5. Does traditional beliefs influence on the practices of Female Genital Mutilation (FGM) in Kajaido West Constituency?

   Yes ( ) No ( )

6. To what extent do you agree with the following statements? (Select all the appropriate)

Give your ratings in the scale of 1-5 (where 1= disagree, 2= indifferent, 3= Agree to a small extent, 4= Agree to a moderate extent, 5= strongly agree

Variable	**1**	**2**	**3**	**4**	**5**
Women are given the respect they deserve after undergoing FGM					
There is traditional believe that after the rite of passage, woman is considered mature, obedient and aware of her role in the family and society					
The extent at which marriage influence the rate of Female genital mutilation (FGM)					
Rite of passage influence the rate of Female genital mutilation (FGM)					
Cultural relativism postulates that any practices grounded in cultural beliefs are not appropriate to be analyzed by anyone outside of that culture					
Marriage influence the rate of Female genital mutilation (FGM)					

7. What your opinion on the influence of traditional beliefs on the practices of Female Genital Mutilation (FGM) in Kajaido West Constituency?

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8. What are some of the challenges faced in dealing with this issue?

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PART THREE: LEVEL OF LITERACY

9. Does levels of illiteracy influence on the practices of Female Genital Mutilation (FGM) in Kajaido West Constituency?

   Yes ( ) No ( )

10. To what extent do you agree with the following statements? (Select all the appropriate)

Give your ratings in the scale of 1-5 (where 1= disagree, 2= indifferent, 3= Agree to a small extent, 4= Agree to a moderate extent, 5= strongly agree

Variable	**1**	**2**	**3**	**4**	**5**
Lack of information influence practices of Female Genital Mutilation (FGM) in Kajaido West Constituency					
Lack of education influence practices of Female Genital Mutilation (FGM) in Kajaido West Constituency					
Use of primitive tools influence practices of Female Genital Mutilation (FGM)					
Lack of educational campaigns that are meaningful health education and training in being a woman					
Lack of Medication influence practices of Female Genital Mutilation (FGM)					
Educational ceremonies influence practices of Female Genital Mutilation (FGM) in Kajaido West Constituency					

11. What your opinion on the influence of illiteracy levels on the practices of Female Genital Mutilation (FGM) in Kajaido West Constituency?

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12. What are some of the challenges faced in dealing with this issue?

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PART FOUR: COMMUNITY SENSITIZATION

13. Does community sensitization influence on the practices of Female Genital Mutilation (FGM) in Kajiado West Constituency?

    Yes ( ) No ( )

14. To what extent do you agree with the following statements? (Select all the appropriate)

Give your ratings in the scale of 1-5 (where 1= disagree, 2= indifferent, 3= Agree to a small extent, 4= Agree to a moderate extent, 5= strongly agree

Variable	**1**	**2**	**3**	**4**	**5**
Extent of mobilization at communities level to shun Female Genital Mutilation					
Creating awareness on the negative side of Female Genital Mutilation					
Lack of legal knowledge influence practices of Female Genital Mutilation (FGM)					
Lack of experts influence practices of Female Genital Mutilation (FGM)					
Lack of awareness on FGM influence practices of Female Genital Mutilation (FGM)					

15. What your opinion on the influence of community sensitization on the practices of Female Genital Mutilation (FGM) in Kajaido West Constituency?

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16. What are some of the challenges faced in dealing with this issue?

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PART FOUR: RELIGION

17. Does levels of Religion on the practices of Female Genital Mutilation (FGM) in Kajaido West Constituency?

    Yes (   )   No ( )

18. To what extent do you agree with the following statements? (Select all the appropriate) Give your ratings in the scale of 1-5 (where 1= disagree, 2= indifferent, 3= Agree to a small extent, 4= Agree to a moderate extent, 5= strongly agree

Variable	**1**	**2**	**3**	**4**	**5**
FGM is perceive it to be demanded as a religion obligation be it being Christian or traditional religion					
FGM is traditional duty to which all traditional religious women should adhere.					
It is difficult to convince believers of these communities to stop the practice of FGM					
The right to religious freedom influence practices of Female Genital Mutilation (FGM)					
The issue of religious freedom arises because some of the religious institutions are practicing FGM as a matter religion					

19. What your opinion on the influence of Religion on the practices of Female Genital Mutilation (FGM) in Kajaido West Constituency?

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20. What are some of the challenges faced in dealing with this issue?

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Thank you for responding to the questionnaire. Your time is highly appreciated.

Appendix III: Interview Guide for the Key Informant

1. Name of key informant
2. Position or title
3. For how long have you worked with the institution?
4. Are you familiar with the government policy as regards to female genital mutilation?
5. Tell me more about your programs concerning female genital mutilation?
6. How effective is this policy in reducing the practice?
7. Is this practice on the decrease/increase? Why?
8. Have you handled any complaints concerning this practice?
9. What strategies have been put in place by this institution to fight this practice?
10. What are some of your achievements?
11. What is the influence of traditional beliefs on the practices of Female Genital Mutilation (FGM) in Kajaido West Constituency?
12. What is the influence of illiteracy levels on the practices of FGM in Kajiado West Constituency?
13. What is the influence of community sensitization on the practice of FGM in Kajiado West Constituency?
14. Tell me about female genital mutilation (what it is, why is it practiced, how is the practice perceived in the community, are there any changes in attitudes as regards to this practice).
15. What is the influence of religious factors on the practice of FGM in Kajiado West Constituency?
16. What are some of the challenges faced in dealing with this issue?
17. Any suggestions in relation to future strategies?

Appendix IV: Table for Determining Sample Size for a Given Population

Table for Determining Sample Size for a Given Population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	351
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	181	1200	291	6000	361
45	40	180	118	400	196	1300	297	7000	364
50	44	190	123	420	201	1400	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	379
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	100000	384

Note: "N" is population size
"S" is sample size.

Source: Krejcie & Morgan, 1970

Appendix VI: Kajiado West Constituency Map