

**INFLUENCE OF FEMALE GENITAL MUTILATION ON SCHOOLING OF
GIRL CHILD IN MARGINALIZED COMMUNITIES: A CASE OF
MASALANI LOCATION, GARISSA COUNTY.**

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DECLARATION

This research project proposal is my original work and has not been presented for a degree in any other University or for any other award. No part of this research thesis may be reproduced without prior written permission from the author .

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DEDICATION

I dedicate this project to my family members for their tireless efforts to see me make a breakthrough in academic welfare.

ACKNOWLEDGEMENTS

My first thanks to Allah for the provision of power of mind that gave a success in my education. I also send thanks to all lecturers for their tireless efforts in shaping my knowledge in the field of project planning and management. Special appreciation to my supervisor Dr. Angeline Mulwa for her tireless efforts in my work, thanks a lot for encouragement, advices, guidance and counseling I would also like to express my gratitude to all those who gave their time and assistance towards the completion of this project report. Finally specials thanks go to my family members and classmates for their encouragement.

May God bless you all.

ABSTRACT

The purpose of the study was to determine the influence of the practice of female genital mutilation on the schooling of girl child in marginalized communities with reference to Masalani location. The study sought to achieve the following specific objectives: To establish the extent to which health condition as a result of FGM influences the schooling of girl child; to establish the extent to which early marriages as a result of FGM influences the schooling of girl child; and to establish the extent to which attitude towards FGM influences the schooling of girl child in marginalized communities. The study adopted a descriptive survey research design and was guided by the General Systems Theory which states that each and every concept is a system (Gochmans, 1968). The study targeted health administrators, school administrators, parents and girls in secondary schools in the area of study. The study was carried out with a target population of 95. The researcher used stratified random sampling technique to select the respondents. From each stratum, 70 %(67) respondents were selected and used to gather the required information. Questionnaires and group discussions were used to obtain important information about the population. The data collected was analyzed using descriptive statistics including means, mode, standard deviation, frequencies and percentages. The study established that health condition influence female genital mutilation on school girl child in Masalani location to a great extent. The management of health condition from FGM in Masalani location was also wanting as it was found to be just average. Further, early marriage influence FGM on school girl child to a high extent. It was also found that attitudes influence FGM on school girl child in Masalani location. The study will provide relevant information to Marginalized communities that will help address the outstanding challenges of female genital mutilation on education among their school going children. The study will provide relevant information that will help the government to formulate and implement such policies that will support the continuity of implementation of war against female genital mutilation on education. Further, the scholars and researchers will use this study as a source of secondary data to review their literature.

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LIST OF ABBREVIATIONS/ACRONYMS

AIDs	Acquired Immunal deficiencies
ASAL	Arid and Semi-Arid Land
EFA	Education for All
FGM	Female Genital Mutilation
HIV	Human Immuno Virus
MDG	Millennium Development Goals
UN	United Nations
UNDP	United Nations Development Programmes
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of Study

Female Genital Mutilation (FGM) has been practiced for centuries in 28 African countries and several others in the developed world¹. The practice, concentrated most heavily in Africa, has been defined by World Health Organization (2005) as any procedure that involves partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons. WHO estimates that approximately 140 million girls and women have experienced the cut worldwide with an average of two million girls at risk of being circumcised annually (Chege, & Sifuna, 2006).

According to Noddings (2002), female genital mutilation is mostly performed as a rite of passage from childhood to adulthood and is undertaken in most communities between the ages of four and 14 years. However, the age varies from area to area. For example, in southern Nigeria female genital mutilation is performed on babies in the first few months of life while in Uganda it is performed on young adult women. It is difficult to summarize the cultural significance of the practice in a few sentences because the cultures in which it occurs are very diverse. The reasons and meaning mostly revolve around social definitions of femininity and attitudes towards women's sexuality.

Clift & Jensen (2005), asserts that, a common feature is the social conditioning of women to accept female genital mutilation within social definitions of womanhood and identity. This leads them to perpetuate and defend the practice. Although many of these societies acknowledge the dampening effect of genital mutilation on women's sexual pleasure, preservation of chastity is not always the goal. In Egypt, Somalia and Sudan, for example, extramarital sex is completely unacceptable and female genital mutilation is used to ensure that it does not occur. In Kenya, Uganda and West African countries such as Sierra Leone, a girl may have a child out of wedlock to prove her fertility, then undergo genital mutilation and be married afterwards.

Nahid Toubia and Rainbo (1999), asserts that for a mother in a society where there is little economic viability for women outside marriage, ensuring that a daughter undergoes genital mutilation as a child or teenager is a loving act to make certain of her marriageability. Because of the very private nature of the practice, the operation is performed at the request of the family and condoned by society as part of its cultural identity. The roots of the practice run deep into the individual's psychology, sense of loyalty to family and belief in a value system.

Female genital mutilation (FGM), also known as female genital cutting and female circumcision, is defined by the World Health Organization (WHO) as all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is typically carried out on girls from a few days old to puberty. It may take place in a hospital, but is usually performed,

without anaesthesia, by a traditional circumciser using a knife, razor, or scissors. According to the WHO, it is practiced in 28 countries in western, eastern, and north-eastern Africa, in parts of the Middle East, and within some immigrant communities in Europe, North America, and Australasia. The WHO estimates that 100–140 million women and girls around the world have experienced the procedure, including 92 million in Africa. The practice is carried out by some communities who believe it reduces a woman's libido (Clift & Jensen, 2005).

According to Jacqueline and Smith (1995), it is primarily a cultural practice, not a religious practice. But some religions do include FGM as part of their practices. Procedures vary throughout the world but the WHO classifies FGM2 into four types as follows: Type 1: Excision of the prepuce with or without excision of the clitoris. Type 2: Excision of the clitoris with partial or total excision of the labia minora. Type 3: Excision of part or all of the external genitalia and stitching together of the exposed walls of the labia majora, leaving only a small hole (typically less than 5cm) to permit the passage of urine and vaginal secretions. This hole may need extending at the time of the menarche and often before first intercourse. Type 4: Unclassified, covers any other damage to the female genitalia including pricking, piercing, burning, cutting or introduction of corrosive substances.

Chege & Sifuna (2006), points that, female circumcision is today discussed at international and national forums as a violation of human rights and as inimical to female reproductive health. Yet, to a considerable number of people in countries where FGM is

practiced, the argument for its continuation is that the practice is a traditional cultural rite of passage. Precisely, it is by virtue of it being a rite of passage that circumcision results in most harm. It passes off young girls into adulthood and others into marriage when they are psychologically and physically not ready for it. Circumcision of girls makes them feel grown up, and they have no qualms having sexual relations with adult men, and grown men also view them as mature women, ready for sexual relationships.

In areas where girls are circumcised there are higher rates of teenage pregnancy and school drop outs. Teachers report that there is a noticeable drop in school performance soon after circumcision (Family Planning Association of Kenya). A majority of Kenyans will agree that female circumcision is no longer a necessity, that it greatly affects the status and development of girls and women, and that it is a reproductive and human rights issue. But, it is still a cultural practice and some communities are not ready to abandon it yet (Leye, Roelens, and Temmerman, 2004).

Education is seen as an important factor in the abandonment of FGM in Masalani locati, with schools providing a valuable forum in which to address FGM. It is recommended that partners work closely with schools and mosques, building the capacity of teachers to help them overcome social inhibitions and discuss FGM with pupils. However, families whose children are not attending school are less likely to be involved in activities to learn about FGM and the rights of young girls and women.

It is recommended, therefore, that agencies also target some of the more marginalized in communities, in particular those families outside the school networks, many of whom have limited levels of literacy (Jacqueline and Smith, 1995).

The health consequences of female genital mutilation are both immediate and long-term. The extent and duration of the consequences depend on the extent of the cutting, the skill of the practitioner, the nature of the tools and the environment and the physical condition of the girl or woman. The physical side-effects are much better understood than the effects on mental or sexual health. FGM puts children at risk of life threatening complications at the time of the procedure as well as health problems that remain with her for life. They may suffer bleeding at the time of the procedure or develop severe infection, both of which can lead to death if not treated promptly. Those who do not develop life-threatening complications will still suffer from severe pain and trauma.

Geveva (1997), observe that, the procedure also permits the transmission of viral infections such as hepatitis which can lead to chronic liver diseases and even HIV. The women may suffer complications such as recurrent infections, pain and obstruction associated with urination and they are at higher risk of painful menstruation and intercourse, pelvic infection and difficulties in becoming pregnant. Retention of urine and recurrent infections often require repeated hospital admissions and some women carry a risk of developing nephritis. The development of cysts and keloids at the site of the scar are very common, often causing embarrassment and marital problems, and usually require surgery for removal.

According to lama (2005), during pregnancy there are many further complications that may occur as a direct result of the FGM. Labour may become obstructed and if early medical intervention is not provided this may lead to the death of both baby and mother. WHO estimates that many women giving birth die in the process, simply as a result of FGM. If the mother and baby survive there is the risk of damage to the vagina leading to the formation of fistulas into the bladder or bowel, which cause constant incontinence as a result of a vessico-vaginal fistula or recto-vaginal fistula. Women in this condition are often rejected by their family and become social outcasts.

During the seven years that the Masalani districtl Hospital has been functional, the fistulae of over 100 women have been surgically repaired. Apart from the many physical complications, the girls and women experience considerable psychological problems including depression, anxiety and post-traumatic stress disorder. These psychological problems are exacerbated at the time of marriage and often lead to increased distress and fear of intercourse. If de-infibulation is performed the woman is again exposed to the life threatening complications of sepsis and bleeding, and the transmission of chronic infections such as HIV and Hepatitis and also damage to the urethra if, as is common, the operator makes an error when performing the cut (Colclough, 1994).

The Kenyan constitution defines marginalized community as; one that, due to its small size, has been unable to participate fully in the economic and social life in Kenya. Secondly it could be a traditional community that out of desire to protect its culture and identity remains uninterested in the social and economic life in Kenya. Thirdly it could be

an indigenous community that has maintained a traditional lifestyle and livelihood based on a hunter gatherer economy. Fourthly, the definition covers pastoral persons and communities, nomadic or settled communities that due to geographic isolation marginally participate in the integrated social and economic life in Kenya. Despite having the facts about the existence of marginalized/indigenous groups in Kenya, many Governments in Africa have not accepted the word indigenous to be used in their constitution.

For instance access to healthcare is a major problem in pastoralist communities and the communities travel an average of 40 to 80km to a health facility. Such areas like Pokot have only two Secondary Schools and few teachers compared to the number of students. Education in ASALs has been greatly affected by cattle rustling, tribal clashes, water scarcity, lack of electricity and poverty. Article 53(1) (b) states that every child has the right to free and compulsory basic education and thus the pastoralist children have equal chance to access education like any other child in Kenya.

With all these opportunities for marginalized/minority groups in the new constitution, the questions of judicial reform come to the fore. The only way for the marginalized to access justice in the narrow prism of courts would be if the judges are ready and willing to entertain and redress their claims. The strength and independence of the Judiciary is a key plank in the rule of law. The marginalized communities must engage in judicial reform efforts. This can be done by advancing the inter-section of formal and informal justice systems.

1.2 Statement of Problem

Immediate consequences of FGM include severe pain and bleeding, shock, difficulty in passing urine, infections, injury to nearby genital tissue and sometimes death. The procedure can result in death through severe bleeding leading to hemorrhagic shock and neurogenic shock as a result of pain and trauma, and overwhelming infection and septicemia.

Women who have had Female Genital Mutilation (FGM) are significantly more likely to experience difficulties during childbirth and that their babies are more likely to die as a result of the practice. Complications include the need to have a caesarean section, dangerously heavy bleeding after the birth of the baby and prolonged hospitalization following the birth. The degree of complications increased according to the extent and severity of the FGM. There also arises formation of a keloid scar because of slow and incomplete healing of the wound and infection after the operation leading to production of excess connective tissue in the scar.

Vulvar dermoid cysts and abscesses are a very frequent complication and result from the edges of incision being turned inwards and inclusion of the epithelium. Damage to the Bartholin's duct can also lead to cysts and abscesses. Wound infection and urinary tract infection due to urine retention, the use of no sterile equipment and the application of local dressings of animal feces and ashes. The infecting organisms may ascend through the short urethra into the bladder and the kidneys.

Circumcision also had serious social ramifications for marginalized communities and women, which may include: Being removed from school prematurely; once circumcised, girls as young as ten years were expected to take on adult roles and responsibilities; Suffering psychosocial distress and isolation if their classmates and friends were not circumcised; Early marriage, often too much older men, and childbirth; and risky sexual behavior, since circumcision marks one's entry into adulthood.

This exacerbates the spread of HIV/AIDS and other sexually transmitted diseases and has resulted in early pregnancy and childbirth. It was in this height that the study assessed the influence of female genital mutilation on education of girl child in marginalized communities in Kenya, with reference to Masalani location.

1.3 Objectives of the Study

1.3.1 General Objective

The general objective of this study was to determine the influence of the practice of female genital mutilation on the schooling of girl child in marginalized communities with reference to Masalani location.

1.3.2 Specific Objectives

The study was guided by the following objectives:

- i. To establish the extent to which health condition as a result of FGM influences the schooling of girl child in marginalized communities

- ii. To establish the extent to which early marriages as a result of FGM influences the schooling of girl child in marginalized communities
- iii. To establish the extent to which attitude towards FGM influences the schooling of girl child in marginalized communities

1.4 Research Questions

The following research questions guided the study:

- i. How does health condition as a result of FGM influences the schooling of girl child in marginalized communities?
- ii. To what extent does early marriages as a result of FGM influences the schooling of girl child in marginalized communities?
- iii. How does the attitude towards FGM influence the schooling of girl child in marginalized communities?

1.5 Significance of the Study

The study is premised on the effects of female genital mutilation on education of girl child in marginalized communities. The study will provide relevant information to Marginalized communities that will help address the outstanding challenges of female genital mutilation on education among their school going children.

This study will benefit different scholars and resource to further understand female genital mutilation on education and the related areas. Further, the scholars and researchers will use this study as a source of secondary data to review their literature.

The government has the holistic equipment of ensuring victory of war against female genital mutilation on education. The study will provide relevant information that will help the government to formulate and implement such policies that will support the continuity of implementation of war against female genital mutilation on education. Government and different organizations are actively involved in shaping the social welfare, which in turn drives the economic growth and development, and therefore they require information on war against female genital mutilation on education, and this study will do so.

1.6 Limitations of the Study

The study was limited by scope and methodology. For instance not all the responses to the items in the questionnaire were sincere. It is further observed that it is common that most institutions are known to be suspicious of strangers and investigation and therefore only release limited information. However, a letter of introduction that were attached to the questionnaire provide assurance of confidentiality in handling of the information which was collected, hence reducing the effects of this limitation in the study findings. Another possible limiting factor is the fact that the researcher was carry out the study within a limited financial outlay and time constraints. It was therefore necessary to sample out a small number of respondents which may not guarantee the generalisability

of the findings. Stratified and simple random sampling techniques was used in order to ensure unbiased selection.

1.7 Scope of the Study

The study was confined at Marginalized communities in masalani location where it determine the influence of female genital mutilation on education of girl child in marginalized communities. The study adopt descriptive research design, where the target population of 200 respondents was divided into stratus and stratified random sampling technique used to formulate the sample size. The study was done by March 2013.

1.8 Assumptions of the Study

1. That all the respondents would be cooperative in providing the required information.
2. That the respondents would read and understand the questionnaire.
3. That the relevant and updated records would be obtained from schools, District Education Officer and District Quality Assurance and Standards officers.
4. That findings and recommendations of this study would be found useful by Ministry of Education, teachers and the entire stakeholder's fraternity in enhancing the girl child self esteem and participation in education.

1.9 Theoretical Framework

The study was guided by the General Systems Theory which states that each and every concept is a system (Gochmans, 1968). Systems Theory was proposed in the 1940's by

the biologist Ludwig von Bertalanffy (General Systems Theory, 1968) and furthered by Ross Ashby (Introduction to Cybernetics, 1956). It has also been used by many researchers including Dunlop (1957) and Kretner (2000). Von Bertalanffy emphasized that real systems are open to, and interact with, their environments, and that they can acquire qualitatively new properties through emergence, resulting in continual evolution. Rather than reducing an entity (e.g. the human body) to the properties of its parts or elements (e.g. organs or cells), systems theory focuses on the arrangement of and relations between the parts, which connect them into a whole (holism).

This particular organization determines a system, which is independent of the concrete substance of the elements. A system may be defined as a set of elements standing in interrelation among them and with environment. A system can be closed or open. We term a system 'closed' if no material enters or leave it; it is called 'open' if there is import and export of material. Living systems are not closed systems in true equilibrium but open systems in a steady state. An open system is defined as a system in exchange of matter with its environment, presenting import and export, building-up and breaking-down of its material components. Therefore, the concept primary/secondary school education is an open system since it can be affected by both internal and external environment.

As a system primary schools consist of teachers, head teachers, pupils and non-teaching staff who interrelate with each other with the common goal of improving the cognitive, social, intellectual and physical abilities of the child. As an open system the operations of

primary school can also be affected by external environment like culture, socio-economic factors and government legislation. Basing on system theory, this study shall be developed on the premise that culture (practice of FGM) will interfere with girls' access to primary school education in this area. If girls do not access the basic primary schooling in marginalized areas, then the entire education system shall be inefficient. This was also be a bottleneck to the overall attainment of UPE and EFA goals by 2015.

1.10 Definition of significant terms

Alternative rite of passage	A ritual or ceremony signifying an event in a person's life indicative of a transition from adolescence to adulthood.
Attitude	In this study it refers to the feelings and opinions of the educational stakeholders towards the effects of FGM on education of girl-child in secondary schools.
Culture	is the custom, beliefs, way of life and social organization of particular peoples
Female Genital Mutilation	comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons
Participation	Meaningful involvement in educational matters regarding decision making and action.
Self esteem	It means a feeling of pride in oneself. In this study, it is used to refer to a reflection of a person's overall evaluation or appraisal of her own worth.
Stakeholders	Refers to key players in the education system. In this study, they include; the Government, the community, head teachers, teachers, pupils and NGOs who contribute towards the enhancement of girl-child education.

1.11 Organization of the study

Chapter one dealt with the influence of female genital mutilation on schooling of girl child in marginalized communities with reference to masalani location, Garissa County. The research objectives and research questions was also mentioned. The significance of the study, statement of problem, limitation of the study, scope of the study, assumption of the study were all discussed. Chapter two presents literature review related to the study. The chapter three of this report is the research design and methodology that was used to conduct the research. It included target population, sample size, sampling technique, research instrument and data analysis technique. Chapter four entails data presentation, analysis and interpretation and lastly chapter five contains summary, discussion, recommendation and issues for further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter deals with the review of literature related to this study. The literature review is important since it enables the researcher to identify the gaps to be filled; identify what has already been done and therefore avoiding unnecessary repetition and above all, broaden knowledge in the study area. In reviewing the related literature, the researcher will draw heavily from research journals, dissertations and theses, books, newspapers, magazines, Ministry of Education circulars, pamphlets as well as seminar papers.

2.2 Health effects of FGM

The immediate physical health consequences include haemorrhage, pain, shock, trauma, which can lead to unconsciousness or death, infections and abscesses; Unhygienic conditions, use of contaminated instruments, bare hands and applications of substances such as herbs or ashes to the wound frequently cause serious infections, acute urinary retention, injury to the adjacent tissue; e.g Urethra and the Vaginal opening, perineum and rectum/anus, fractures and dislocation, and failure to heal.

Long-term consequences that are also most likely to occur are; cysts and abscesses on the vulva: recurrent urinary tract infections and incontinence; difficulties in menstruation; chronic pelvic infection: obstetric complication, keloid scar formation. The psycholosexual consequences include: sexual dysfunction which may occur in both partners as a result of painful intercourse and reduced sexual sensitivity following

clitoridectomy and narrowing of the vagina opening, clitoral neuroma, perineal lacerations and possible brain damage to infants during birth.

Among many communities, FGM has deep cultural significance. It gives women and girls a sense of belonging to the community. Families who promote FGM claim that the practice has been there since time immemorial and feel obliged that their traditions are followed. Among other reasons is that FGM enhances a girl's marriage prospects and allows them to become mothers and socially acceptable. Girls who are not circumcised stand to be ridiculed, stigmatized and are not allowed participating in community activities. Male dominance in society has contributed to the prevailing notions of significance of the practice Swanson (2000).

There are certain factors that contribute to the cultural importance of FGM. In some communities, the ritual is often associated with presentation of gifts to the girl and a great honour to the family. A girl who is circumcised brings great honour to the family and is likely to fetch high bride price. For the women who perform circumcision, it is a lucrative business and a source of income. Sometimes it is not remuneration but the prestige and power of the position that compels practitioners to continue (UNICEF, 2005).

Gachiri and Ephigemia (2000) say that Female Genital Mutilation (FGM) may be viewed through the human rights lens by recognizing that the practice violates the set of universally accepted minimum standards. This is not only because it is discriminatory

against women but also because of its side effects, which effectively affect women's enjoyment of their human rights by either ending it or significantly lowering its quality.

It is a human rights abuse that functions as an instrument for socializing girls into prescribed groupings hence denying them the right to self-determination (Masterson and Swanson, 2000) identifies the justifications for FGM as being based on aspects of tradition, religion and notions of women's sexuality. The latter is most prominent as the reasons put forward for the practice of FGM is that it controls sexuality.

The latter is most prominent as the reasons put forward for the practice of FGM is that it controls sexuality. It has been claimed that the cut preserves the girl's virginity and protects marital fidelity because it diminishes her sexual pleasure in a woman during sex. Without this part women are condemned to a life of only giving pleasure to men and not receiving any. This effectively makes FGM discriminatory as compared to male circumcision where the practice is beneficial and not aimed at denying men any rights. The practice of FGM is also a violation of other human rights which include; Right to be free from gender discrimination, right to life and to physical integrity, right to health and rights of the child (UNICEF, 2005).

It is worth noting that as much as the FGM is still valued by a number of communities practicing it, it has several negative effects which include the painful surgical procedure, done without any anesthetic causing psychological trauma, severe blood loss and bleeding of lesser degree which results in anemia. The FGM wound is prone to bacterial infections, if this remains localized it causes pain and inflammation and possibly an

abscess, if it becomes generalized, it causes septicemia which may be fatal. Tetanus is another fatal complication likely to arise. The use of non-sterile instruments can cause the spread of viral infections like HIV/AIDS, hepatitis and genital infections. Wrong techniques used during the procedure may cause scarring of the urethra and nerves. Obstruction to the urine flow, if total can cause kidney failure and death.

Long term psycho-sexual dysfunction causes marital disharmony because of deep psychological wounds resulting in anxiety, depression, frigidity and irritability. Social consequences include the loss of trust in those who should be seen as supports and care givers such as mothers and other older women (Gachiri and Ephigemia, 2000).

2.3 Early Marriages

Early marriage is defined as marriage by people below 18 years of age. Many families in Masalani face challenges in providing for their children, and the most common solution is to marry daughters off at a young age. It is highly perceived that a daughter's marriage increases the wealth of the girl's family through combined cattle and cash dowries, and since a girl joins her husband's family upon marriage, her father is relieved of the financial burden of taking care of her.

The fathers tend, therefore, to believe that their family will not benefit from investing in a daughter's education. For those few families that are able to pay education costs, there is a preference for educating sons first. Early marriage in place of education is also motivated by a number of other factors: girls are usually ridiculed by their peers if they

are still in school after circumcision, and in Maasai culture, women are traditionally valued on the basis of how many children they can produce for their husbands, not by how educated they might become.

Many families in Masalani area cannot afford to give their children formal schooling, so to protect their daughters from lives of poverty they choose to marry them off at a young age. Because girls are traditionally considered children until they are circumcised, it is seen as imperative for a girl to undergo the circumcision rite before she is married, yet she is a school girl.

This strongly ingrained cultural belief propels families to go to great lengths to complete the circumcision. Most young school going girls starve to death due to poor health from circumcision. Most painfully, after the rite the school girls from my community as young as 10 years old undergoing circumcision and being married as they presumed mature.

Early marriage and female genital mutilation (FGM) are widely practiced in impoverished Mali where together they constitute the single biggest threat to the human rights of young girls, according to aid organizations.

2.4 Attitude

Female genital mutilation (FGM) has gained increased attention in policy and research over the last decades due to its impact on women's health, including severe violation of human rights. With an incidence of 2.2 million women per year, global prevalence is

increasing rapidly. More than 135 million women now have experience of FGM. The problem is mainly confined to Africa and some middle-eastern countries. Also, with increasing migration, the problem is expected to increase in the high-income countries.

Because of the negativity surrounding discussion of the practice, many families are not willing to talk about the practice in public. Many of us who have been formally educated and exposed to the Western world understand that female circumcision, particularly the surgical part of the ceremony, must end. But effective efforts to do so must come from within the families in Masalani location. Women and men must be educated about the dangers in order for them to find workable alternatives to a practice that has been a significant part of culture for generations.

Eradication of FGM practice necessitates a substantial effort to improve knowledge and awareness among the community. Grassroots programmes organized by the international bodies that focus on improving the human's right awareness and knowledge have had great success in reducing the incidence of the practice. Sudan is one of African countries with very high prevalence rate of female genital cutting, though the findings of this study indicate that without addressing the midwives any strategy to reduce the practice ultimately could fail. In Masalani area, there is lack of support by religion and law to fight the FGM practice and we believe that the confusing role of the religion and ambiguous law are essential reasons for the continuation of the FGM practice. Thus involvement of religion persons and educationalists together with a clear cut law to punish the circumcisers will decrease its prevalence in this country.

Women who are aware of the negative health consequences of FGM are found to favor discontinuation of FGM. Educational interventions that emphasize the negative consequences of FGM can help to lower favorable attitude among Egyptian women. Brief counseling on the unsafe consequences of FGM by the healthcare provide can also help to inform women about the health-related consequences of this practice. This will go down to cater for the school girl Childs as they will grow up with the same awareness n attitudes if well informed.

It is not surprising to note this contradiction among our respondents; this is because strong social reasons maintain the high level of FGM among Sudanese girls. In most areas in Sudan uncircumcised girl is viewed as odd and unmarriageable, this strongly influences the midwives to continue in practicing FGM. The vast majority of the respondents have an opinion that FGM decreases the sexual pleasure, however Okonofua et al. reported that FGM did not attenuate sexual feeling and that it may predispose women to adverse sexuality outcomes such as early pregnancy and genital tract infection

The current study is the first to examine the attitude of the women regarding discontinuation of FGM in Masalani location. Existing empirical findings on this topic, for the most part, have focused on the attitudes of the health service providers. Findings of the current study not only support provision and dissemination of adequate education about FGM but add to the existing knowledge by pointing to the role of decision-makers and leaders in the community and religious leaders as the channels of intervention to modify cultural beliefs about FGM.

2.5 Gender Disparity in Education

The gender disparity in academic performance between boys and girls is experienced both at primary and secondary school levels in Kenya where girls are generally outperformed in key subjects like Mathematics and Science. This also explains underrepresentation of girls at the university education level, where girls' enrolment is only 30-35 per cent of the total enrolment. Besides, girls are seriously underrepresented in more prestigious courses like Engineering, Medicine, and Information technology (Bunyi, 2004; Court, 2004).

It may therefore seem reasonable to note that compared to boys, girls are underrepresented in primary education in terms of enrollment, progression and completion. Although there seems to be gender parity in terms of enrollment at national level, there are wide disparities in some provinces such as North Eastern, Rift Valley and Coast provinces and generally girls are out-performed by boys in national in almost all the subjects (Abagi, 2003). Given this scenario in gender disparities in education in Kenya, the major question is 'What are the factors behind these gender disparities?' In other words 'Why are girls lagging behind despite the government commitment to expand and offer equal opportunities for all school-age children?' The following section provides some answers to this question.

The participation of girls in primary education in Kenya, like in other countries in Sub-Saharan Africa, is influenced by a complex interplay between out-of school and in-school factors. These factors influence and determine parents' and communities' commitment to

investing in and supporting their girls' education. They also impact on how well the girls learn and perform in school (Abagi, 2003). Ultimately, they militate against the achievement of basic education for all. It is imperative to note two issues. First, these factors are common in every community in Kenya although their intensity varies from region to region. Second, in-school based obstacles to girls' education have not been an area of much focus in research and debates in Kenya.

Girl Child Network (2004) says that if the community obstacles to education are not tackled, girls will not participate in education effectively because of the inhibiting school environments and processes. Some of the major factors include: parental negligence, traditional cultural practices, poverty, lack of learning space parental death, family instability/death in families. Other factors identified as negatively impacting on the education of girls include domestic chores, girls' negative attitudes towards education and parental discrimination Republic of Kenya (1999).

Three common traditional socio-cultural practices are attributed hindering the girl child participation in education. These include early marriages, female genital mutilation (FGM) and family perception of the girl child education (Abagi, 1999). In a study by Girl Child Network (2004) on The Status of Gender Equity and Equality in Primary Education in Kenya, respondents from Keiyo, Mandera, Nyeri and Transmara districts reported that girls fail to enroll in school due to FGM. The teachers from Keiyo district felt that FGM is a major issue that inhibits girls' participation in school. Once the girls undergo the ritual they feel that they have become old and mature. In school they become

shy and uninterested, thus their participation in school reduces. Most of them get married and others simply dropout of school and stay at home. This is the case in the other districts where this ritual is undertaken since this is a cultural practice and all girls are expected to undergo the ritual. The study also found out that early marriages are common in nearly all the districts including Bomet, Meru, Kisii, Kajiado and islands in Lake Victoria such as Mageta. According to the respondents, parents deny their daughters education and marry them off for selfish reasons.

2.6 Female Genital Mutilation

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for non-medical reasons or not. According to WHO (1997) classification, there are four types of FGM. These include: Clitoridectomy – partial or total removal of the clitoris and/or the prepuce (Clitoridectomy). Excision: Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision). Infibulation: Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and /or labia majora, with or without excision of the clitoris (infibulations). It is the most extreme form of FGM and accounts for almost 15% of all FGM procedures. Infibulation is also known as “pharaonic circumcision”. Unclassified: All other harmful procedure to the female genitalia for non- medical purposes, for example; pricking, piercing, incising, scraping and cauterization.

2.7 Reasons for FGM practice

There are a plethora of reasons advanced in support of FGM continuation. The reasons vary from one practicing community to the other across the world. Generally, most reasons revolve around, passing on traditions and culture with great significance placed on the pursuit of mythical, religious, magical and aesthetic lives of the group of people practicing such a custom.

A number of reasons given by a majority of them appear to be ambiguous and may sound a 'culture shock' to an outsider as such reasons are not backed by any substantive evidence but only perpetuated through complex set of belief systems and taboos (UNICEF, 2005). Several research conducted through interviews from communities supporting the practice gave major reasons as it is a norm to be passed on through generations, feminine hygiene, fertility enhancement, a rite of passage, virginity preservation, socio-political integration and maintenance of societal cohesiveness as well as economic reasons. However, marriageability and control of sexual morals accounts for the universality and persistence of FGM (UNICEF, 2005).

In her book *the female circumcision controversy: An Anthropological perspective*, Ellen Gruenbaum (2001) argued that FGM is carried out to pass the traditions of the society to the next generation to appease ancestors, and to fulfill religious obligations especially among Muslims, where FGM is practiced with a misguided belief that it is a requirement of their religion.

This misconception has since been refuted by sheiks (Islamic religious leaders) as not being found in Koran verse. The sub-regional conference on FGM/C hosted by the government of Djibouti in February 2005 affirms that FGM practice is contrary to the religious beliefs of Islam and 'there is no text in the Koran *sharia* or prophetic *sunna* addressing FGM' (UNICEF 2005, Innocenti Digest).

Poldermans (2006) also noted that the claim that FGM is a requirement of Islam is a fallacy, because even the radical Islamic countries such as Iran do not practice it. Wangila and Nyangweso (2007) argued that FGM is a highly valued ritual in many cultures, whose purpose is to mark the transition from childhood to womanhood, therefore it is an important rite of passage from one stage of life to the other.

It is intended to impart the skills and knowledge a woman needs to fulfill her duties as a wife and a mother. FGM is traditionally practiced as ritual signifying the acceptance of a woman into society and establishes her eligibility for marriage as it is extremely difficult, if not possible for a woman to get married if she has not have her clitoris cut off in such societies. A girl who does not have her clitoris removed is considered a great danger and a fatal to a man if her clitoris touches his penis (Sarkis, 2003). Immediately after the genital cut, an elaborate series of ceremonies accompany the event, and special songs are song with dancing and chanting intended to teach the already circumcised girls their duties and community desirable behavior as wives and mothers.

Then they are confined in seclusion in the bush for a number of days or months from which they are trained on proper wifely duties followed by a colorful graduation celebration to mark the pass out.

During graduation day the initiates are offered gifts and praises through songs and ululations. As such, the pride and prestige are bestowed upon the girls who have successfully endured the pain without crying and so to their parents who acquire new higher status in the society as a result of it. On the other side, the girls who did not undergo it are mocked instead along with their parents. In some circumstances women who have not undergone FGM face derision from other women who have undergone the ritual.

In marriage, circumcised girls do provide their parents a lot of wealth through dowry, also referred to as bridewealth or bride price payment from whoever they will marry typically in form of livestock and in some cases money exchanged. On the other hand, uncircumcised girls are not married within the community and if any marriage it is with the outcasts of the society or outsiders who will risk to do so. For those who are lucky to get husbands, it is a taboo for their parents to receive a dowry as they believe the bride is not pure. More often than not, the girls who do not heed the call for the practice are cursed, blamed and ostracized or even banished from the society. They believe that an uncircumcised girl is unhygienic, smelling, their genital organs are unsightly and when one marries will exhibit unbridled and voracious appetite for promiscuous sex. Because of this, FGM becomes a valued mandatory social rite. In fact most girls are willing to

succumb to the tormenting pain amidst subsequent dangers of long term health problems to secure this pride, respect, and acceptance and to overcome prejudices shown to uncircumcised girls.

However, whether they wished to be excised or not, the choice is not within their decision because of the patriarchal structure of these societies, where women are dependent on men for social and economic survival. For instance, the Kalenjins community of Kenya, an ethnic group from which my mother hails from, believes that a person attending uncircumcised girl during childbirth will die whenever she sees or touches her clitoris due to a bad omen associated with it and for this reason, no one is willing to risk her life to assist uncircumcised girls in periods of child labor, but to be abandoned to deliver babies by themselves in the bushes far from the homestead and kill the babies.

Therefore, to discourage pregnancies from uncircumcised girls, FGM is the panacea that is done earlier before girls reach puberty. Similarly, the Somali ethnic group found in north eastern part of Kenya highly value virginity for the honor of her family and future husband. A girl is not allowed to engage in sex before marriage for any reason whatsoever. To ensure this, the Somali girl is obliged by her culture to face the worst kind of FGM (Type III or Infibulation) where genital parts are cut and “stitched up” and only “opened” (de-infibulation) for her husband during their first conjugal right (Amnesty International USA, 2008).

Though this type of process extremely narrows and interferes with the natural shape of the vagina for sexual intercourse, the husband is supposed to be man enough to penetrate his wife. If he does not do so, it becomes imperative for the groom to use yet another knife to enable him to sexually access his wife.

Like other men in many societies, pastoralist men in their jealousy and deliberate intent to subjugate women by controlling their sexuality, believe that FGM inhibits women's urge for sex, inspires submissiveness, reduces infidelity, promiscuity and instills chastity and therefore the deadening of woman's sexual pleasure by mutilation is the only way of guaranteeing her virginity and fidelity. In some cultures, a potential mother in law uses FGM to discover virginity status of the bride. If she is found not to be virgin, her husband to-be has the right to reject her and demand a return of the pride price. When a woman is rejected in this manner, her family as well as the whole clan is disgraced and stigmatized, leaving the woman with little choice but to vanish from the area forever before facing the wrath of the angry family members.

It is clear that there are still several myths surrounding the FGM practice such as FGM inhibiting women's urge for sex, inspiring submissiveness, reducing infidelity, promiscuity and instills chastity. Since fidelity and chastity are moral values in the society the communities still practicing FGM remain convinced that deadening of woman's sexual pleasure by mutilation is the only way of guaranteeing her virginity and fidelity.

This belief itself poses a great challenge to the alternative rites of passage. The proposed study seeks to assess the potency of the alternative rites practice in mitigating the negative effects associated with FGM and in specific its capacity to enhance the girl-child self esteem and participation in education.

Serbin (1993) notes that the FGM practice has several psychological effects on the lives of girls and women. Girls have reported disturbance in eating, sleep, mood and cognition shortly after experiencing the procedure. Many girls and women experience fear, submission or inhibition and suppressed feelings of anger, bitterness or betrayal. Studies from Somalia and Sudan indicate resulting negative effects on self- esteem and self-identity (Gachiri and Ephigemia, 2000).

Rahman & Toubia (2000) argue that Governments should devote resources to supplying information to FGM practicing communities about this practice and human right in general. The information should emphasize the potential psychological and physical impact of FGM on women, Girls and Community at large examine the history and purpose of FGM. Promote human rights and demonstrate the manner in which human rights are affected by FGM and focus on needs of women, and girls while involving the entire community. Self-esteem beliefs are especially sensitive to contextual variation in a particular task or activity (Pajares, 2001). In a school learning programme, a student's writing self esteem may vary depending on whether he/she is asked to write an essay, a poem, or a creative story.

2.8 Summary

The immediate risks after FGM are hemorrhage (excessive bleeding), severe pain, and infection (including abscesses, tetanus, and gangrene). The most severe consequence is death due to excessive blood loss. Circumcised women are also at risk for pelvic infection of the uterus and fallopian tubes. Women being forcefully held down for FGM risk fracture or dislocation of hip and leg bones. School-age girls who have been subjected to FGM are often considered grown up and eligible for marriage. In some areas of Kenya they are then married off following the procedure and drop out of school.

Many families in Masalani area cannot afford to give their children formal schooling, so to protect their daughters from lives of poverty they choose to marry them off at a young age. Because girls are traditionally considered children until they are circumcised, it is seen as imperative for a girl to undergo the circumcision rite before she is married, yet she is a school girl. This strongly ingrained cultural belief propels families to go to great lengths to complete the circumcision.

Because of the negativity surrounding discussion of the practice, many families are not willing to talk about the practice in public. Many of us who have been formally educated and exposed to the Western world understand that female circumcision, particularly the surgical part of the ceremony, must end. But effective efforts to do so must come from within the families in masalaani location.

2.9 Conceptual Framework

This study was guided by the following conceptual framework:

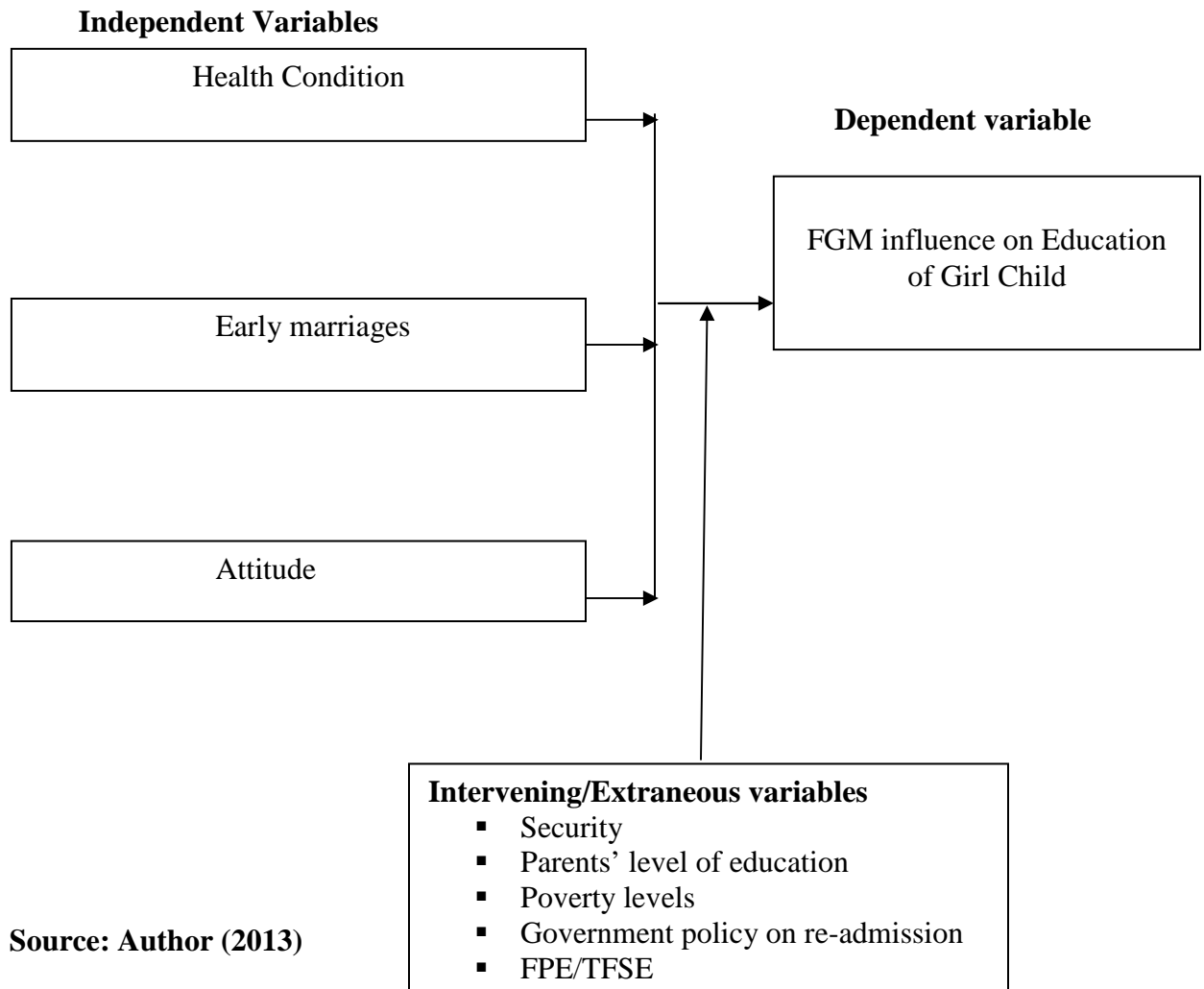


Figure 1 Conceptual Framework

As shown in Fig.1 education of a girl-child can be influenced by health conditions, early marriages and attitudes towards FGM. Other factors like security, parents' level of education, poverty levels, government policy on re-admission to school of teenage

mothers and Free Primary Education and Tuition Free Secondary Education are the intervening variables that tend to interfere with the influence of FGM on girl-child education.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter presents the research methods that the researcher adapted in undertaking this study. The chapter highlights the research design, target population, sampling techniques, sample size and the data collection and procedure that were used in this study.

3.2 Study Design

A research design according to Zikmund (2003) is a framework for conducting the business research project. It details the procedures necessary for obtaining the information needed to structure or solve business research problems. Descriptive research design was used in this study. Mugenda and Mugenda (1999), observes that, descriptive research is appropriate because of its specific nature and fact that it facilitates a general understanding and interpretation of the problem. Ghauri and Granhaug (2002) agree that in descriptive research, the problem is structured and well understood. The major purpose of descriptive is to provide information on characteristics of a population or phenomenon.

Descriptive Survey research design is intended to collect information about the aspects of education that is of interest, to policy makers, curriculum experts and Educators (Borg and Gall, 1989; Orodho, 2005; Kothari, 2009). It explores and describes the opinions, feelings, views, preferences and attitudes of the selected sample of the population of the study. According to Mitzel (1982), Survey research design is the most widely used for obtaining insights into variables of study and how ideas relate to the research problem. It

is therefore suitable for this study because the factors to be investigated and data collection procedures were descriptive in nature (Koul, 1984). The design was adopted because the population to be studied is too large to be observed directly and thus economically viable both in time and money of taking a sample of population to generalize results for the whole population, resulting to in-depth, rich and meaningful research findings.

3.3 Target Population

Mugenda & Mugenda (1999) describes target population as a complete set of individual cases object with some common characteristics to which researchers want to generalize the results of the study. The population that is actually surveyed is the study population. The study was focused on health administrators, school administrators, parents and students. The team provided useful information as they were involved in policy formulation and implementation of war against female genital mutilation on education. The study was carried out with a target population of 95.

3.4 Sample size and Sampling Techniques

The researcher used stratified random sampling technique to select the respondents. According to Mugenda and Mugenda (2003), in stratified random sampling, subjects are selected in such a way that the existing sub-groups in the population are more or less reproduced in the sample. Kerlinger (1973) observed that sample drawn randomly is unbiased in a way that no number of populations has any chance of being selected more than the other. From each stratum, 70% respondents were selected and used to gather the required information. The sample size was tabulated as follows:

Table 3.1 Sample Size

Categories	Target Population	Sample size	Percentage
Health administration	10	7	10
Schools Administration	15	11	16
Parents	40	28	42
Girl students	30	21	31
Total	95	67	100

Source: Author (2012)

3.5 Data Collection Instruments

The researcher used questionnaires to collect data. According to Foddy (1994), a questionnaire is a research instrument consisting of a series of question and other prompts for the purpose of gathering information from respondents. Questionnaires are commonly used to obtain important information about the population.

Each item in the questionnaire were developed to address a specific objective, research question or hypothesis of the nature of the information required, and so that it may not leave out important information required in the study. The respondents are given an opportunity to think more about the requirements in the questionnaire. The questions used were both structured (close-ended) and open-ended (unstructured).

Structured or close-ended questions are questions with a list of all possible alternatives from which respondents select the answer that best describes their situation. They are easier to analyze since they are in an immediate form, and are economical to use in terms of time and finance. Unstructured or open-ended questions are questions which give the respondent complete freedom of response. These free responses permit an individual to respond in his/ her own words. They permit a greater depth of response. They are simpler to formulate mainly because the researcher do not have to labour to come up with appropriate response categories. The questionnaire was self administered by the researcher by hand delivering it to the organization under study and collecting it after a few days. The advantage is that the researcher personally introduced the study to the respondents and clarifies any doubts or questions that arose.

Focus group discussion (FGD) was also used for intensive investigation (Kothari, 2008). This enabled the researcher to obtain more information in greater depth. Further, personal information as well as supplementary information about the respondent's personal characteristics is easy to get through FGD. This tool was complementary to the questionnaire that was administered.

3.6 Reliability and Validity of Research Instruments

This sub-section presents details on how validity and reliability of research instruments to be used for this study was tested.

3.6.1 Validity of the Research Instruments

Validity is concerned with whether the instrument measures what it is supposed to measure or it is the degree to which results obtained from the analysis of the data actually represent the phenomenon under study. Mugenda and Mugenda (2003) notes that validity has to do with how accurate the data obtained in the study represents the variables of the study and is a true reflection of the variables. It is only then that inferences based in such data would be accurate and meaningful. To ascertain validity of the questionnaire the researcher consulted experts and experienced personnel in the research methodology from University of Nairobi to make criticism and comments on the format of the instruments. Their comments were incorporated in the questionnaires before the final administration of the instruments on the participants of the study. Also, during the pilot study to be designed and conducted, the researcher freely interacted with the respondents. The friendly atmosphere enabled the researcher to discover some short-comings in the research instruments and, therefore, make necessary adjustments before using them for the actual study.

3.6.2 Reliability of the Research Instruments

A measure is considered reliable if a research's finding on the same test given twice is similar. Reliability ensures that there is precision with which data is collected. If the same results are gained time after time, no matter how many times you conduct a piece of research, this suggests that the data collected is reliable (Mugenda & Mugenda, 2003). Reliability of the questionnaire was tested through a pilot study in which the questionnaires were pre-tested to a sample group similar to the actual sample. This is

important in finding out any deficiencies in the questionnaire and rectifying them before the actual questionnaire were issued out. A correlation coefficient of more than 0.5 implies that the research instruments were reliable and therefore the researcher adopted the research instrument.

3.7 Data Collection Procedures

Before collecting data, the researcher sought for an introductory letter from Nairobi University addressed to National Council for Science and Technology. Thereafter, a permit and an authorization letter to carry out research were issued by National Council for Science and Technology. The researcher then proceeded to inform the DC and Education Officer about the intended research. Their authorization letters were collected by the researcher. The researcher then proceeded to the field where she administered the research instruments to the actual respondents.

3.8 Ethical Considerations

Kombo and Tromp (2006), note that researchers whose subjects are people or animals must consider the conduct of their research, and give attention to the ethical issues associated with carrying out their research. This study deals with people as respondents. Ethical measures are principles which the researcher should bind himself or herself with in conducting his/her research (Schulze, 2002). In this study, the researcher follows the following research ethics: Permission to conduct the research:

In this study, the researcher sought permission from the University to apply for research permit from NCST. An introductory letter was also presented to the relevant office so as to carry out the research. Informed consent: Participants was given enough information pertaining to the study before the administration of the research instrument. The possible benefits and value of the study was also explained to the participants.

Confidentiality and Anonymity: A researcher has to be responsible at all times and be vigilant, mindful and sensitive to human dignity. In this study, participants' confidentialities was not be compromised, as their names would not be used or appear in the collection of data. No private or secret information was divulged since the right of confidentiality of the participants was respected To establish good working relationship with the participants, the researcher endeavour to develop a rapport with them.

3.9 Data Analysis

The data collected was both qualitative and quantitative in nature. This data was checked for errors established were corrected. The information was coded and analyzed using descriptive statistics including means, mode, standard deviation, frequencies and percentages. The data was presented in tables and figures.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter deals with data analysis, presentation, interpretation and discussion of the research findings. In the first section, descriptive statistics are used to provide background information of the respondents who participated in this study. The second section presents the analysis of the responses to the specific objectives of the study as provided by the respondents in the questionnaires. The purpose of this study was to assess the influence of female genital mutilation on education of girl child in marginalized communities in Kenya, with reference to Masalani location. The study sought to achieve the following objectives:-

1. To establish the extent to which health condition as a result of FGM influences the schooling of girl child in marginalized communities
2. To establish the extent to which early marriages as a result of FGM influences the schooling of girl child in marginalized communities
3. To establish the extent to which attitude towards FGM influences the schooling of girl child in marginalized communities

4.2 General information about the Respondents

The study sought general information of the respondent who participated in this study. The information sought was gender, age bracket, level of education and working experience.

4.2.1 Designation of the Respondents

Table 4.1 shows the categories of respondents who participated in this study.

Table 4.1 Designation of the Respondents

Designation	F	%
Health administrator	7	11.5
School administrator	10	16.4
Parent	24	39.3
Student	20	32.8
Total	61	100

As shown in Table 4.1, 39.3% (24) of the respondents were parents, 32.8% (20) were students whereas 16.4% (10) were school administrators. The remaining 11.5% (7) were health administrators.

4.2.2 Gender of the Respondents

The results are shown in Table 4.2.

Table 4.2 Gender of the Respondents

Gender	f	%
Male	27	44.3
Female	34	55.7
Total	61	100

Results indicated in Table 4.2 reveals that slightly above half (55.7%) of the respondents were female while 44.3% (27) were male.

4.2.3 Age Bracket

The respondents were required to state their age. The respondents are stated in Table 4.3.

Table 4.3 Age of the Respondents

Age bracket	F	%
Below 18 yrs	20	32.8
18-23 yrs	6	9.8
24-29 yrs	11	18.0
30-35 yrs	16	26.2
36-41 yrs	3	4.9
42 yrs and above	5	8.2
Total	61	100

It is evident from Table 4.3 that 32.8% (20) of the respondents were below 18 years while 26.2% (16) were 30-35 years. Further, 18% (6) were 18-23 years. There were 4.9% who were 36-41 years with 8.2% (5) above 42 years old.

4.2.4 Highest Education Level

The study sought to identify the highest level of education of the respondents and the responses are presented in Table 4.4.

Table 4.4 Educational level of the Respondents

Educational level	F	%
KCPE	19	31.1
KCSE	8	13.1
Certificate	2	3.3
Diploma	13	21.3
Degree	12	19.7
Masters degree	5	8.2
None	2	3.3
Total	61	100.0

As revealed in Table 4.4, 31.1% (19) had attained primary level of education and thus they had a KCPE certificate as their highest level of education. Diploma holders represented 21.3% (13) of the respondents who participated in this study while 19.7% (12) were degree holders. Only 8.2% (5) were masters degree holders as 3.3% (2) did not have any level of education.

4.2.5 Working experience

Table 4.5 shows respondents on the working experience as a teacher

Table 4.5 Working Experience

Working experience	F	%
Less than 1 year	3	4.9
5-7 yrs	4	6.6
11 and above	1	1.6
2-4 yrs	1	1.6
8-10 yrs	1	1.6
Never been a teacher	51	83.6
Total	61	100.0

It should be noted that 6.6% (4) of the respondents had worked for 5-7 years as 4.9% (3) had worked for less than 1 year. An equal proportion of 1-6% (1) had worked for 2-4 years, 8-10 years and above 11 years respectively. However, majority (83.6%) of the respondents were not teachers, thus no experience in teaching.

4.3 Health condition

The respondents were asked to state whether health condition influence female genital mutilation on school girl child. Their responses are stated in Table 4.6.

Table 4.6 Responses on health conditions and FGM

Statement	F	%
Yes	38	62.3
No	23	37.7
Total	61	100.0

Table 4.6 shows that 62.3% (38) of the respondents stated that health condition influence female genital mutilation on school girl child in Masalani location. However, 37.7% (23) stated that health condition does not influence FGM on school girl child in the area of study. They were further asked to state the extent to which health condition influence FGM on school girl child. Their responses is presented in Table 4.7

Table 4.7 Extent to Which Health Condition Influence FGM on School Girl Child

Response	F	%
Very great	7	11.5
High	14	23.0
No effect	7	11.5
Relative	22	36.1
Low	11	18.0
Total	61	100.0

As shown in Table 4.7, 11.5% (7) stated that it affects school girl child very to very great extent while 23.4% (14) asserted that it affects school girl child to a high extent. Further, 36.1% (22) stated that it influence a school girl child in relative and (18.0% (11)

asserted that its effect is low. Another 11.5% (7) stated that it does not have any effect on school girl child in the area where the study was done.

Concerning the management of health condition from FGM in Masalani location, Table 4.8 shows that 24.6% (15) of the respondents stated that the management was above average as 23% (14) stated that it was below average. Another 21.3% (13) stated that it was average as 14.8% (9) considered it exceptional. Only 16.4% (10) stated that the management of health condition for FGM in Masalani location was poor.

Table 4.8 Management of Health Condition from FGM

Response	F	%
Exceptional	9	14.8
Average	13	21.3
Below average	14	23.0
Above average	15	24.6
Poor	10	16.4
Total	61	100.0

4.4 Early Marriages

The respondents were asked to state whether early marriages influence FGM on school girl child in the Masalani location. The responses are shown in Table 4.9.

Table 4.9 Whether Early Marriages Influence FGM on School Girl Child

Statement	F	%
Yes	46	75.4
No	15	24.6
Total	61	100

Table 4.9 shows that 75.4% (46) stated that early marriage influence FGM on school girl child and the remaining 24.6% (15) stated that it does not. The respondents were required to state the extent to which early marriage influence FGM on school girl child, their responses are as shown in Table 4.10.

Table 4.10 Extent to Which Early Marriage Influence FGM on School Girl Child

Response	F	%
Very great	18	29.5
High	23	37.7
Relative	20	32.8
Total	61	100.0

It is indicated in Table 4.10 that 37.7% (23) stated that early marriage influence FGM on school girl child to a high extent while 32.8% (20) stated that it is relative. Another 29.5% (18) stated that it affects FGM on school girl child to a very great extent.

The respondents also rated the performance of early marriages resulting from FGM on school girl child in Masalani location as being above average and another 229.5% (18) rated it as being average. There were 18% (11) who rated it as exceptional whereas 13.1% (8) considered it being below average. Only 3.3% (2) rated it as poor.

Table 4.11 Performance of Early Marriages Resulting From FGM on Girl Child

Response	F	%
Exceptional	11	18.0
Average	18	29.5
Below average	8	13.1
Above average	22	36.1
Poor	2	3.3
Total	61	100.0

4.5 Attitudes

The study sought to establish the effect of attitudes on FGM of school girl child in Masalani location. The responses are shown in Table 4.12.

Table 4.12 Whether Attitudes Influence FGM on School Girl Child

Statement	F	%
Yes	52	85.2
No	9	14.8
Total	61	100.0

As indicated in Table 4.12, 85.2% (52) of the respondents stated that attitudes influence FGM on school girl child in Masalani location. The remaining 14.8% (9) were of different opinions. They asserted that attitudes do not influence FGM on girl child. The respondents were further asked to rate the attitudes effect on FGM on school girl child in Masalani location. The responses are shown in Table 4.13.

Table 4.13 Rating the Attitudes Effect on FGM on school girl child

Response	F	%
Very high	19	31.1
High	17	27.9
Not effect	2	3.3
Very low	20	32.8
Low	3	4.9
Total	61	100.0

Table 4.13 shows that 31.1% (19) and 27.9% (17) rated attitudes effect as very high and high respectively. Another 32.8% (20) rated it effect as very low whereas 4.9% (3) stated that it was low. Only 3.3% (2) stated that there was no effect of attitude on FGM on school girl child in Masalani location. The respondents were asked to rate attitudes in Masalani location. The results are indicated in Table 4.14.

Table 4.14 Rating Attitudes

Response	F	%
Very effective	5	8.2
Fair	22	36.1
Less effective	16	26.2
Effective	15	24.6
Poor	3	4.9
Total	61	100.0

As shown in Table 4.14, 36.1% (22) stated that the attitudes was fair while 26.2% (16) stated that it was less effective and another 24.6% (15) considered it as effective. However, 8.2% (5) and 4.9% (3) considered it very effective and poor respectively.

CHAPTER FIVE

SUMMARY, DISCUSSION AND RECOMENDATIONS

5.1 Introduction

This chapter presents summary of the findings and conclusions. Recommendations from the study and suggestions for further research are also included in this chapter. The chapter is based on the findings of the preceding chapter, objectives of the study and the research questions that were to be answered by the study. The study combined two approaches to data analysis: quantitative and qualitative. This chapter is divided into four sections. The first section presents a summary of the research findings, the second part presents conclusion, and the third contains recommendations and lastly suggestions for further research.

5.2 Summary of the Findings

5.2.1 General Information on the Respondents

The findings of the study indicate that respondents who participated in this study were parents (39.3%), students (32.8%), school administrators (16.4%) and health administrators (11.5%). Slightly above half (55.7%) of the respondents were female while the remaining were male. Majority of the respondents were below 42 years since only 8.2% were above 42 years old. It was further established that majority of the respondents were either KCPE certificate holders or diploma holders and only a few were degree holders and masters' degree holders.

5.2.2 The Extent to Which Health Condition Influences the Schooling of Girl Child

The study sought to establish whether health condition influence female genital mutilation on school girl child. The findings reveals that majority of the respondents agreed that health condition influence female genital mutilation on school girl child in Masalani location. They stated that health condition influence FGM on school girl child to a great extent. However others were of the contrary opinion. They (11.5%) stated that it does not have any effect on school girl child in the area where the study was done.

Concerning the management of health condition from FGM in Masalani location, majority of the respondents considered it as being average whereas only 16.4% stated that the management of health condition for FGM in Masalani location was poor.

5.2.3 The Extent to Which Early Marriages Influences the Schooling of Girl Child

Majority (75.4%) of the respondents stated that early marriage influence FGM on school girl child. According to the respondents, early marriage influence FGM on school girl child to a high extent. The respondents also rated the performance of early marriages resulting from FGM on school girl child in Masalani location being above average and only 3.3% rated it as poor.

5.2.4 Extent to Which Attitude towards FGM Influences Schooling of Girl Child

The study sought to establish the effect of attitudes on FGM of school girl child in Masalani location. It was found that attitudes influence FGM on school girl child in Masalani location. Over half of the respondents rated the effect of attitude on school girl

child in Masalani location as high whereas only 3.3% stated that there was no effect of attitude on FGM on school girl child in Masalani location.

5.3 Discussion

Based on the findings of the study, it can be discussed that health condition influence female genital mutilation on school girl child in Masalani location to a great extent. The management of health condition from FGM in Masalani location was also wanting as it was found to be just average. Further, it can be discussed that early marriage influence FGM on school girl child to a high extent.

Concerning the effect of attitudes on FGM of school girl child in Masalani location, it was found that attitudes influence FGM on school girl child in Masalani location. Over half of the respondents rated the effect of attitude on school girl child in Masalani location as high.

5.4 Recommendations of the Study

Based on the findings of this study, the following recommendations are made: To avoid disruption of the school programmes and school dropout, the government and institutions should put in place measures to curb forced practice of FGM and instead promote or embrace the practice of the alternative rites of passage; Since attitude influences FGM on school girl child more campaigns and seminars need to be conducted in the area of study in order to make the community aware of the negative effects of FGM; There is need to widen the scope of the alternative rites curriculum in order to cover all aspects of life

necessary to enable children to grow both physically, spiritually and mentally; Guidance and counseling should be strengthened in all schools and even other levels of education. It should be geared to building self esteem, action against violence, exploring personal abilities, developing health lifestyles, and creating role models and taking leadership roles in the community.

5.5 Suggestions for Further Study

The knowledge yet unknown is enormous. This realization could not have come at a better time than in the course of this study. In an effort to fill up hitherto existing gaps emerged. The following are areas suggested for further study: first, a similar study can be done in other regions in the country; and second, a study on the effect of FGM on self-esteem and academic performance of learners should be conducted in the area of study.

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APPENDIX 1 –TRANSMITTAL LETTER

AMINA KASSIM YUSSUF
P.O BOX 448-70100
GARISSA-KENYA.

9th April, 2013

Dear Sir

RE-INFORMATION FOR MASTER PROJECT

I would like to kindly request you to provide information on influence of female genital mutilation among school girl child in masalani location. You are required to fill in the questionnaire according to the instructions given. I appreciate your assistance despite your busy schedule and kindly request you to cooperate and contribute positively. Any information given will be treated with confidentiality and used for the purpose of the research only.

With kind regards

Yours faithfully

Amina Kassim Yussuf.
L50/77376/2012
Phone no 0721925431.

APPENDIX 2: QUESTIONNAIRE

Dear respondent this questionnaire aims to collect information related to the factors that influence female genital mutilation among school girl child in Masalani location. The information given is for academic purpose only and will be treated as very confidential. Please fill the question according to the instructions given.

SECTION A: PERSONAL DETAILS

1. What is your gender?
Male Female
2. What is your age bracket (years)?
18-23 36-41
24-29 42 years and above
30-35
3. What is your highest education Level?
Certificate Diploma
Degree Masters Degree
4. for how long have you worked as a teacher?
Less than 1 year 2—4 years
5—7years 8—10 years
11 years and above

SECTION B: HEALTH CONDITION

5. a) Does health condition influence female genital mutilation on school girl child in masalani location?

Yes

No

b) Please explain

.....
.....

c) To what extent does health condition influence female genital mutilation on school girl child in masalani location?

Very great

Relative

High

Low

No effect

d) How would you rate management of health condition from FGM in masalani location?

Exceptional

Above average

Average

Poor

Below average

SECTION C: EARLY MARRIAGES

6. a) Does Early marriages influence female genital mutilation on school girl child in Masalani location?

Yes

No

b) Please explain

.....
.....

c) To what extent do early marriages influence female genital mutilation on school girl child in Masalani location?

Very great	<input type="checkbox"/>	Relative	<input type="checkbox"/>
High	<input type="checkbox"/>	Low	<input type="checkbox"/>
No at all	<input type="checkbox"/>		

d) How would you rate the performance of early marriages resulting from female genital mutilation on school girl child in Masalani location?

Exceptional	<input type="checkbox"/>	Above average	<input type="checkbox"/>
Average	<input type="checkbox"/>	Poor	<input type="checkbox"/>
Below average	<input type="checkbox"/>		

SECTION D: ATTITUDES

7. a) Does attitudes influence female genital mutilation on school girl child in Masalani location?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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b) Please explain

.....
.....

c) How would you rate the attitudes effect on female genital mutilation on school girl child in Masalani location?

Very great	<input type="checkbox"/>	Very high	<input type="checkbox"/>
High	<input type="checkbox"/>	Low	<input type="checkbox"/>
No effect	<input type="checkbox"/>		

d) How would you rate attitudes in Masalani location?

Very effective

Fair

Less effective

Effective

Poor

Thank You in Advance for Your Cooperation and Information