MEASURES INFLUENCING ERADICATION OF FEMALE GENITAL MUTILATION PRACTICES AMONG THE MAASAI COMMUNITY IN MAPARASHA CONSTITUENCY KAJIADO COUNTY, KENYA

BY

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DECLARATION

This research project report is my original work and has not been submitted for examination in any other University.

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DEDICATION

This work is specifically dedicated to my father Edward Nickson Nambisia for his numerous support, patience and encouragement and my late mother Mary Angeline Nambisia for believing in me.

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LIST OF ABBREVIATIONS AND ACRONYMS

ARP : Alternative Rites of Passage

CBO's : Community Based Organizations

CEDAW : Convention on the Elimination of all Forms of Discrimination against Women

DEO : District Education Officer

FGM : Female Genital Mutilation

GBV : Gender Based Violence

GOK : Government of Kenya

GTZ : German Technical Corporation

KDHS : Kenya Demographic Health Survey

MOH : Ministry of Health

MYWO : Maendeleo ya Wanawake Organisation

NAGFEM : Network against Female Genital Mutilation

NGO's : Non-Governmental Organizations

PATH : Program for Appropriate Technology in Health

UDHR : Universal Declaration on Human Rights

UNICEF : United National International Children Education Fund

UNPA : United Nations Parliamentary Assembly

WHO : World Health Organization

ABSTRACT

This research study aimed at investigating the measures influencing eradication of female genital mutilation practices among the Maasai community in Maparasha constituency in Kajiado County. In respect to this, the background of the study highlights the global regional and local perspective of FGM. On the other hand the statement of the problem identifies the need to concentrate on acknowledging the contributions made towards eradication of FGM despite the numerous research studies that have been done. There was need to carry out the study as there are many measures in place to eradicate FGM which the researcher have tackled in the study with very little results from the people on the continued practice to date. The consequence of not carrying the study may lead to more people in Maparasha constituency especially the women being taken for granted and denied their rights, thus the need to enlighten them. Regular studies are an important tool for highlighting new evidence that eventually contributes to the improvement of existing strategies and government policy. The purpose of the study was to investigate the measures influencing the eradication of female genital mutilation practices among the Maasai community. Key factors influencing eradication of FGM are such as: girl child education, international regulatory institutions, introductions of alternative rites of passage, the new legal framework and community based rescue centres formed the objectives of the study and the research questions. The study has both policy and academic significance. The research findings are expected to assist the Maasai community and community based organizations in effectively advancing eradication of FGM, and scholars may also use the findings to expand other areas of research. The target population was 666 which comprised of male village elders-60, women village elders- 40, girls from the community who were employed-396 and community members-170. All of these respondents came from Maparasha constituency in Kajiado County. Probability sampling technique and specifically stratified random sampling was adopted. Furthermore the selection of the sample from each category was done using stratified random sampling with a sample size of 250. A descriptive survey research design was used. The study used questionnaires as the main data collection instrument. Completed instruments were assembled, edited, coded and interpreted in relation to the research objectives. Data analysis was done using descriptive statistics for quantitative data by use of Statistical Package of Social Scientists Program (SPSS) and content analysis for qualitative data. The following statistical measures were used to draw inference from the responses of the respondents: percentages and frequency counts, the study had a response rate of 91.2%. The study had 250 respondents as the sample size. Out of 250 questionnaires distributed to the targeted population 228 questionnaires were returned. From the study, basing on gender, majority (68 percent) were female while the remaining (32 percent) of the respondent were male. Furthermore, that majority of respondents were of the age category of 19-29 with 42.1%. The study also revealed that girl-child education had played the most important part in FGM eradication among the Maasai. It also revealed that majority of the respondents (56.1%) agreed that the current Constitution of the Republic of Kenya (2010) protects children from FGM. Alternative Rites of Passage was also considered as a vital FGM eradication measure since majority of the respondents 48.2% agreed that public ceremonies were held to celebrate girl's entry into womanhood without necessarily going through FGM. Majority of the respondents (46.9) also agreed that CBRC'S had created awareness on the need to eradicate FGM, majority of respondents. Conversely, 42.5% agreed that the international organizations have educated them on the dangers and harms associated with FGM.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Female Genital Mutilation (FGM) is a globally recognized term that refers to all procedures that involve partial or total removal of the external genitals or other forms of harm to the female reproductive organs for cultural or any other non-medical reasons (Ministry of Health, 1999). The practice can be traced back in the BC184-424 and is a practice that is not new to any part of the World. According to the Ministry of health, approximately 130 million women living today in the world have undergone FGM. In Africa FGM is deeply embedded majorly due to cultural and traditional beliefs (Momoh, 2006), while in other parts of the world reasons ranging from, health, social acceptance, religion and even rite of passage have been cited. Majority of researchers and authors however have cited religion as the primary source of FGM. Though there has been tremendous progress in trying to curb this practice due to the World-Wide Anti-FGM Campaigns, it still continues to harm the girl child by exposing her to physical and psychological health risks (WHO, 2000).

Female Genital Mutilation refers to the cutting or alteration of the female genitalia for social rather than medical reasons (Rahaman and Toubia, 2004). According to Sarkis (2008), it is any practice which includes the removal or alteration of the female genitalia. On the other hand WHO while defining FGM states that it comprises of all methods or alterations of the female genitalia which involves the partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural, religious or other non-therapeutically reasons (WHO, 2005). Female Genital Mutilation as a practice is an old affair although its origin seems

not to be very clear. According to Kiragu (2005), this practice can be traced back to ancient Egypt some 2000 years ago. Furthermore some authors have associated the practice with African Culture (Giggs, 2006).

Traditionally FGM is called “Female Circumcision” but the discovery of the physical and psychological harm associated with the practice leading to violation of human rights has consequently led to the term “Female Genital Mutilation”. The practice varies from one region to another and thus found all over the world (Hosken, 20080. It is in practice in one form or the other in 28 countries in the African continent, in a few countries on the Arab Peninsula, among some minority communities in Asia and among migrants from Africa. It is also believed that the practice was common in many western countries (Rahman, and Toubia, 2004). Other Scholars such as Lock argue that FGM acted as a form of birth control among the Hittites (Lock etal 2004).

Hosken asserts that between 100 Million women worldwide are estimated to have undergone FGM while another 2 Million are estimated to have faced the tortured annually (Hosken, 2008). In addition to this the practice is forced on approximately 6000 girls worldwide daily. In some parts of Africa, FGM is normally delayed until during pregnancy or until two months before a woman is done for delivery, while some cultures also perform the practice after death where the woman was not circumcised when she was still alive (Rushwan, 2004).

While it is evident that the findings of FGM have continued to expose the harmful nature of FGM, the prevalence levels in some parts of the world especially in Africa is an issues of concern. Many reasons have been mentioned in relation to why practice FGM with majority

deeply embedded on cultural beliefs. However the bottom line is that the practice violates human dignity (WHO, 2009). FGM has been found to cause physical, psychological and psychosexual harm on women. Despite the efforts made by several stakeholders o eradicate the vice especially in Africa where it still remains an epidemic that ought to be dealt with.

The widespread practice of female genital mutilation in Kenya has for a long time raised major concerns to many not only locally but also internationally. Female Genital Mutilation (FGM) has been defined as the intentional removal of part or all of the external genitalia, or other damage to the female genitalia for cultural or other non medical purposes (Abdallah, 2010). It has also been referred to as the practice of ceremonially altering the appearance of a young girl or woman's vagina using various types of genital cutting, the extent to which varies by geographical regions. FGM remains one of the most common forms of harmful practices in Kenya. The cut is chiefly practiced among pastoralist communities, the Maasai being one of them. It is also strongly believed that adolescent girls ought to undergo a rite of passage and that FGM is a crucial part thereof. Conversely, FGM in its nature is a rite that has brought a lot of controversy considering that despite the efforts being made to eradicate the practice many still associate it with a cultural norm that women must undergo. It is worth stating that although the practice still exists in Kenya especially among the Maasai Community, several factors have been influential in eradicating this scourge, (Hakola, 2010).

In Kenya, FGM is practiced widely among many ethnic communities despite the constitution declaring the practice illegal. According to the Kenya Demographic and Health Survey (KDHS), (2008) 28% of women had undergone FGM by 2008 though there was significant drop compared to 32% in 2003. Studies depict a higher proportion of women (30.6%) in rural areas having undergone through the practice as compared to 16.5% in the urban regions.

Conversely, studies have revealed that FGM though reducing gradually still remains an issue of concern in many communities with the Maasai Community FGM prevalence rate at 93% just slightly lower than the Somali community at 97% despite the intervention by the government civil society organizations, faith based organizations and bilateral agencies (UNFPA, 2011).

In the year 2011 the existing anti-FGM law was replaced by the more robust Prohibition of Female Genital Mutilation Act 2011. This blocked loop holes in the previous law, criminalizing all forms of FGM performed on anyone, regardless of age, aiding FGM, taking someone abroad for FGM and stigmatizing women who have not undergone FGM. As per now there are many local NGOs, CBOs, faith-based organizations, international organizations and multilateral agencies working in Kenya to eradicate FGM. A broad range of initiatives and strategies have been used. Among these are: health risk/harmful traditional FGM practices approach; addressing the health complications of FGM; educating traditional FGM practitioners and offering alternative income; alternative rites of passage (ARPs); religious-oriented approach; legal approach; human rights approach; intergenerational dialogue; promotion of girls' education to oppose FGM and supporting girls escaping from FGM/child marriage (Population Council, 2007).

FGM has also been referred to as the practice of ceremonially altering the appearance of a young girl or woman's vagina using various types of genital cutting, the extent to which varies by geographical regions. FGM remains one of the most common forms of harmful practices in Kenya. The cut is chiefly practiced among pastoralist communities, the Maasai being one of them. It is also strongly believed that adolescent girls ought to undergo a rite of passage and that FGM is a crucial part thereof. Conversely, FGM in its nature is a rite that has brought a lot of

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The Maasai Community is an indigenous tribe based mostly in the southern part of Rift Valley in Kenya. The people are mostly pastoralists with a few practicing farming activities. The Maasai are among the few Kenyan communities that still strongly practice their traditional beliefs, among which include FGM (Karanja, 2003). They are reported to be numbering 841,622 in Kenya according to the 2009 national census (KNBS, 2009). Overtime the Maasai have resisted the urge by the government to adopt a sedentary lifestyle and instead opting to demand grazing right to many National Parks in Kenya since they are community gifted with cattle that they believe descended from their god “Enkai” (Maasai Education Discovery, 2001).

The Maasai practice polygamy, early marriages and are deeply rooted in their culture and traditional belief and religion as part of their social life. The people are mostly pastoralist with a few practicing farming activities (Maasai Education Discovery, 2001). The Maasai are among the few Kenyan communities that still strongly practice their traditional beliefs. Among these traditional practices is the female genital mutilation rite that is done to initiate a girl into womanhood (Karanja, 2003). FGM has been practiced in this community for many years with many people still adamant to continue with the practice and thus explained the slow progress in eradicating the practice. In order to conserve culture and as a result of the greed that men have to profit from marrying off their daughters for wealth, the Maasai still practice this tradition.

Section 14 of the children's act in Kenya protects children against harmful cultural practices under which FGM falls (Children's, Act, 2001). Despite the laws that have been put in place for over a decade, the practice still remains rampant, especially among the Maasai (Maasai Education Discovery, 2001). Whereas some people reason that FGM is part of initiating a girl into maturity, some feel that FGM is illegal and ought to be abolished considering the health, stigmatization and psychological damage that it causes. Several initiatives have been important in trying to eradicate this vice and this explains the decline in the rate of the practice (Toubia 2005). This is why this study will revisit and investigate these factors on ground, thus the main objective of the study.

Before Maasai girls get married they must go through circumcision in a ceremony. The type of circumcision that the Maasai women go through is called clitoridectormy in which the entire clitoris or part of the clitoris and at times the adjacent labia is removed. The primary reason is that it is considered to be a rite of passage. It is also worth noting that FGM among the Maasai is a cultural aspect and not religious practice. It is seen as an opportunity granted to a girl from childhood to womanhood. Furthermore, it is believed that the rite has an ability to reduce the women's libido thus making them faithfully to their husband and avoiding pre-marital sex and adultery. The harm associated with the practice is evident by the excessive bleeding that they endure (Maasai Education Discovery, 2003).

1.2 Statement of the Problem

The passage of the Constitution of Kenya in 2010 has seen a paradigm shift in terms of the perspective on harmful cultural practices. Various regulatory provisions and institutions have consequently been entrenched, both domestically and internationally. However, the clamour against the FGM practice has borne little results, as FGM has proved to be resilient in

marginalized communities, and particularly the Maasai, (Momoh, 2006). It could be attributed to the high illiteracy levels, or general neglect by the state.

It is worth stating that FGM is a matter that requires immediate attention. According to the ministry of education, since the fight against FGM started there has been a decline in the rate of practice among the communities practicing the rite thus decreasing the rate of school dropouts and increasing the number of girls that enrol for primary education, (Ministry of Education, 2003).

With measures in place not only on paper but also practically, girl child empowerment has been boosted over the past few years courtesy of the efforts made to eradicate FGM, (KDHS, 2008). Despite the fact that there is still remarkable persistence of the practice especially among the pastoralists communities, tremendous efforts have been made to reducing the prevalence rates of the practice in Kenya. To this end therefore, this study seeks to acknowledge the efforts towards eliminating FGM by examining the factors influencing eradication of FGM in Kenya specifically focusing on the Maasai community.

It is evident that studies such as the one done by UNICEF in 2008, have been done on the causes and effects the factors of FGM; however minimal efforts have been put to explore the contributions on the efforts made towards eradicating the practice. That is why this research study intended to investigate the measures influencing eradication of FGM in Kenya with the Maasai Community as the case study. The study intended to focus on Kajiado County since the practice of FGM is widespread and rampant hence the prevalence rate of FGM in the county up to date is a major concern prompting more focus on the study.

1.3 Purpose of the Study

The purpose of the study was to investigate the measures influencing eradication of female genital mutilation practices among the Maasai community Maparasha constituency in Kajiado county.

1.4 Objectives of the Study

The study was guided by the following objectives:

i. To examine how legal framework influences eradication of female genital mutilation among the Maasai community in Maparasha constituency in Kajiado county.
ii. To establish how introduction of alternative rites influences eradication of female genital mutilation among the Maasai community in Maparasha constituency in Kajiado County.
iii. To assess how community based rescue centres influence eradication of female genital mutilation among the Maasai community in Maparasha constituency in Kajiado County.
iv. To determine how international regulatory instruments influence eradication of female genital mutilation among the Maasai community in Maparasha constituency in Kajiado County.
v. To examine how girl child education influences eradication of female genital mutilation among the Maasai Community in Maparasha constituency in Kajiado County.

1.5 Research Questions

The study sought to answer the following research questions:

i. How do the legal framework influence eradication of female genital mutilation among the Maasai community in Maparasha constituency and Kajiado County?

ii. How do the introduction of alternative rites influence eradication of female genital mutilation among the Maasai community in Maparasha constituency in Kajiado County?

iii. Does community based rescue centres influence eradication of female genital mutilation among the Maasai community in Maparasha constituency in Kajiado County?

iv. How do international regulatory instruments influence eradication of female genital mutilation among the Maasai community in Maparasha constituency in Kajiado County?

v. How does girl child education influence eradication of female genital mutilation among the Maasai community in Maparasha constituency in Kajiado County?

1.6. Significance of the Study

The study may be of significance to the following stakeholders:

The Government of Kenya may significantly benefit from this study. The government through the Ministry of Health (MOH) has for a long time been devising means of curbing FGM and positive results have been seen. However the government as not fully acknowledged the efforts put by the stakeholders involved. It is because of this that the government may benefit by receiving the full report so the contributors on ground so as support them where necessary.

The Maasai Community is also likely to benefit from the study bearing the fact that it focuses at investigating FGM in their community. To this end the members in the community will not only value the importance of eradicating female genital mutilation but also appreciate the role played by other stake holders in eradicating FGM, for instance community base organizations, international organizations and also the legal institutions.

Community Based Organizations may also benefit from the research since they may have reliable data collected by the researcher. In this case the researcher will submit most hard and soft copy of this research work to the CBO's for them to refer in case they need any clarification. Furthermore CBO's that have rescue centres may have substantial knowledge on how to improve on dealing with girls who escape FGM.

Scholars may also benefit from the findings of this study especially those interested in doing further research as far as female genital mutilation is concerned. This is because it might equip academicians aspiring to conduct similar research with the necessary knowledge. As a result they may be in position to adopt the most appropriate approach of meeting their targets.

1.7. Limitations of the Study

Financial limitation was a major limitation. Due to the expensive nature of research the researcher incurred costs to facilitate travelling from one place to another, stationary expenses, typing and printing expenses and binding expenses.

Time factor was also another limitation that the researcher faced. Due to the demanding nature of research, collecting, interpreting and analyzing data was a time consuming affair. To handle this challenge the researcher sought for a time off from her employer during which she comfortably collected interpreted and analyzed data.

1.8 Delimitations of the Study

The study was conducted within the locality of Kajiado County. To this end, it is important to note that there were other communities that practiced FGM in the other parts of the Kenya such as the Kuria and the Kisii in Western Kenya, the Kalenjin community and the Somali from the North–Eastern part of Kenya. In this case the major focus was on the Maasai Community to whom the practice of FGM was still common. The researcher focused on the on Kajiado County due the persistent problem of FGM that has been there despite of the measures in place.

Communication was also a major challenge in terms of getting the questionnaires answered and thus the researcher got an interpreter for translation purposes.

1.9 Basic Assumptions of the Study

The study assumed that the information provided from the field was accurate and authentic hence the analysis was convenient to the study.

1.10 Definition of Significant Terms used in the study

The study developed the following contextual relevant terms as used in the study;

Eradication of Female Genital Mutilation: This refer to the strategies adopted to alleviate procedures that involve partial or total removal of the external genitals or other forms of harm to the female reproductive organs for cultural or any other non-medical reasons.

Alternative Rites of Passage: Refers to those strategies adopted in order to dodge or escape any harmful practice or to replace an existing practice especially in traditional norms and beliefs.

Female Genital Mutilation Practices: These refer to the procedures that involve partial or total removal of the external genitals or other forms of harm to the female reproductive organs for cultural or any other non-medical reasons.

Girl – Child Education: This refers to the education focussed on the girl-child due marginalization or subordination or even victimization.

International Organisations and instruments: Refer to laws provided by the international community to safeguard the rights of women, child and men in the different nations, for instance CEDAW and UDHR.

Legal Framework: This is a framework of laws to ensure protection of human rights and good governance.

1.11. Organization of the Study

This study investigated the measures influencing eradication of FGM in Kenya with the Maasai Community in Kajiado County as the case study.

Chapter One highlights the background of the study, the statement of the problem, the purpose of the study, the objectives of the study, research questions, the significance of the study, the significance of the study, the limitations of the study, the scope of the study, the basic assumptions of the study, definition of terms and the organization of the study with presents the flow of the study.

Chapter Two presents the literature review which highlights some of the studies done by different authors related to female genital mutilation. In line with this it revisits information provided by several authors female genital mutilation. The chapter also highlights the FGM prevalence rate in Kenya, its rationale among the Maasai community and the factors influencing reduction of FGM practices. The chapter also shows the thematic framework in which all the theme will be reviewed in details. Furthermore the chapter shows the theoretical framework of the study and the conceptual framework which presents the dependant and the dependant variable.

Chapter Three presents the research methodology. This chapter therefore contains details on the research design, target population, sampling strategy, research instrument, validity and reliability, data analysis and the ethical considerations.

Chapter Four gives the key results of the study based on both the set objectives and the research questions. The researcher will make observations based on the results of the salient features of the study. The results of the study are presented in the form of frequency distribution tables. Each table drawn represents the frequency of responses or opinions of different questions asked in the questionnaires and a discussion of the same follows.

Chapter Five consists of a summary of the findings of the research, conclusions relating to the research objectives, conclusions relating to the research objectives, suggestions and recommendations on the eradication of FGM in Kenya. The chapter also presents areas of further research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter describes the review of related literature on Female Genital Mutilation (FGM) and past theories related to the study. The chapter also covers related literature on the developed themes derived from the objectives of the study. The chapter also contains a conceptual framework showing the relationship between the variables.

2.2 The Concept of Female Genital Mutilation

Female genital mutilation is common in many cultures in Africa and the Middle East, varying in form and severity as a result of each group's socio-cultural norms and belief systems (WHO, 2004). The practice is done is several forms which include clitoridectomy, excision and infibulations. Clitoridectomy involves the removal of the clitoral hood with or without removing the entire clitoris, excision is the removal of the clitoris together with part or all of the labia minora and infibulations which is the removal of part or all of the external genitalia and stitching and narrowing of the virginal opening leaving a small hole for urine and menstrual flow (WHO, 2005). It is however important to note that the classification varies in cover age of the victim and grouping of the various forms of FGM vary with different categorizations (Brusila, 2008). The practice has not been exempted in western counties either is it believed that there is evidence of issues arising from the practice of FGM in Canada, the United States, Britain, Western Europe, Australia, and New Zealand.

Currently, only anecdotal accounts outline the range and forms of female genital mutilation allegedly practiced in North America, Europe, Australia and New Zealand. However there is evidence of information for the regions where FGM remains a traditional custom. For

instance Sunna circumcision continues to be predominant in North and South Yemen, Saudi Arabia, Iraq, Jordan, Syria, and Southern Algeria. Cases of excision are found throughout Africa, including Egypt, Mozambique, Botswana, and Lesotho. Infibulations remains customary in Somalia, Ethiopia, the Sudan, Kenya, Nigeria, Mali, Burkina Faso (previously Upper Volta), and parts of the Ivory Coast. According to Du Rocher (2009), although little information is available, it has been documented that this procedure is practiced by Muslim populations in the Philippines, Malaysia, Pakistan, Indonesia, Brazil, Mexico, and Peru.

In Kenya, FGM has taken a centre stage in many ethnic groups with the role of religion being a complex and controversial reason for the practice. According to a study by the Kenya Demographic and Health Survey in 2008, of the women surveyed in one study, only 7% felt that FGM is required by their religion. Those who were already circumcised were more likely to believe it is required by their religion (DHS, 2008-09). On the other hand while focussing on the Somali and Kisii, two of Kenya's ethnic groups with the highest percentage of women circumcised it was established that unlike Islam where practise common among the Kisii it is culture which promoted the practice and not Christianity that the Kisii community mostly practice. Furthermore the proportion of women in the North Eastern province (home of the Somalis who practice near universal FGM who believe cutting is required by Islam is extremely high, at 86.5% (DHS, 2008-09) a reason as to why the practice still has a high prevalent rate in thus explaining the resistance to ending FGM in some groups (Population Council, 2009). The percentage of Muslim women circumcised (44.4%) is nearly double to that of Christian women (17.7%). However, the same survey suggests that more Christian women (26%) are in favour of continuing FGM than Muslim women (15%). Religious groups and officials are involved in the eradication of FGM. In general, there is some preliminary

evidence that taking a religion-based approach in such communities may be a more successful technique than traditional strategies (Population Council 2009).

Table 2.1 Types/Forms of Female Genital Mutilation

Classification of FGM	**Name**
Forms of FGM	**Form**
TYPE I	Clitoridectomy
TYPE II	Excision
TYPE III	Infibulations

Adapted from (WHO, 1995)

According to the Kenya Demographic and Health Survey (KDHS), the overall prevalence of FGM in Kenya has been decreasing annually. In the year 2008-2009, on average 27% of female respondents had undergone FGM, a tremendous decline from 35% in the year 2003. The study also revealed that the practice is still higher among older women with 15% women aged 15-19 undergoing through it in contrast to 49% of those aged between 45 to 49. In another study carried out by KDHS in 2008-2009 for the entire country, 97.5% of women in North Eastern Kenya had undergone FGM as compared to only 10% in Western Kenya. In Nyanza province located in Western part of Kenya, in Kuria and Kisii districts 34% of the women were circumcised in contrast to Nairobi at 10% and in coast province, (DHS, 2008-09).

Analysis of all the data on FGM per province in the Kenyan context reveals that ethnicity could be one of the strongest factors influencing FGM practice in Kenya. The practice remains high among the Somali community (97%), Kisii (96%), Kuria (6%) and the Maasai (93%). However the practice is relatively low among the Kikuyu, Kamba and the Turkana. It is less than

1% among the Luo and Luhya Community. The practice is also believed to be high in rural areas as compared to the urban areas since 31% of woman in rural areas are believed to have gone through FGM as compared to only 17% of women in the urban areas (DHS, 2008-09). According to Kavel (2004) some studies also attribute the prevalence rate to the levels of education since 54% of women without any formal education are believed to have undergone FGM as compared to 19% of women who have attained secondary education.

Table 2.2: FGM Prevalence among Ethnic Communities in Kenya

Ethnic community	Prevalence rate
Somali	97%
Kisii	96%
Kuria	96%
Masai	93%
Kalenjin	62%
Taita/Taveta	59%
Meru / Embu	54%
Kikuyu	43%
Kamba	33%
Mijikenda/Swahili	12%
Luhya	1%
Luo	1%
Others	Below 1%

Adapted from KDHS (1998)

2.3 Legal Framework on Eradication of FGM

The legal framework plays an important role towards eradicating harmful traditional practices among which include Female Genital Mutilation. A research study carried out in the USA by the American College of Obstetricians and Gynaecologists 2003 asserts that legal vacuum doctors and others who provide social services that could educate and inform communities about FGM and protect uncircumcised girls are caught in the ethical bind of trying to show respect for another culture and at the same time guide people away from a harmful

practice that is very much a part of that culture. For instance, in response to growing concern about FGM, the American College of Obstetricians and Gynaecologists released a statement opposing all medically unnecessary surgical modification of female genitalia (although doctors here continue to perform cosmetic reduction surgery on both the clitoris and the labia), and declared that FGM should be stopped; but its guidelines end there. Some hospitals and doctors continue to reinfibulate women and to say nothing against parents' plans to circumcise their daughters. An article published in 2003 in the *American Journal of Obstetrics and Gynaecology* clinically details one obstetrician's efforts to deliver a child vaginally from an infibulated woman. The article, written as a guide for dealing with such a situation, ends with a recommendation on how to perform reinfibulation and concludes, "The issue of whether the woman will want her own infant daughter circumcised also needs to be discussed so that she can make an individual, culturally appropriate and educated choice (American Journal of Obstetrics and Gynaecology, 2003).

It is internationally accepted that, apart from serious threat to the health, FGM is considered to be the most offensive form of violation of fundamental human rights of girls and women as recognised by various international legal instruments. Indeed, female genital mutilation violates and impairs or nullifies the enjoyments of human rights of girls and women. It associates with violation of children's right to health which are protected under article 24 of the CRC. The article recognises the right of the child to the enjoyment of the highest attainable standard of health. Moreover, article 14(1) of the African Charter entitles every child the right to enjoy the best attainable state of physical, mental and spiritual health. In this case the study will focus on the Constitution of the Republic of Kenya (2010), the Kenya law report and the children act (2001).

In Kenya, The constitution having been adopted in 2010 guarantees every person the right to freedom of belief and opinion in Article 32(2). However it also protects a person from any form of torture. Article 29(1) state that "every person has the right to freedom and security which includes the right not to be subjected to torture in any manner whether physical or psychological. It is worth stating that since FGM has no any health benefit, it can only be referred to as a form of physical and psychological torture (The Constitution of the Republic of Kenya, 2010). Furthermore the Kenyan parliament passed a bill on 8th September 20111 to prohibit the practice of FGM and safeguard against violation of a person's mental integrity through the practice of FGM as enshrined in the new constitutionals dispensation. In addition the commission for the Implementation of the Constitution (CIC) headed by Charles Nyachae acknowledges the fight against FGM and have endorsed strategic implementation plan to eradicate FGM.

Furthermore, the Kenya Law Report (KLR) has also played a vital role in eradicating FGM. According to the KLR, there is need to establish more stick laws to eradicating FGM and punish its practitioners. However it should be noted that KLR just provides provisions in the penal code pertaining to offences against-person and health" that might be applicable. The KLR further prohibits the practice of FGM in government controlled hospitals and clinics. This is evident by the fact that in 1982, the director of medical services instructed all hospitals to stop the practice stating that all medical practitioners undertaking the vice would be prosecuted before the courts of law.

In addition, The Children Act (2001) has also helped reduce the prevalence of FGM in Kenya. Having been enacted in 2001 and come into force in 2002, the act provides articles that

decamping the practice. Section 14 stipulates that “No person shall subject a child to female circumcision early marriage or another cultural rite, custom or traditional practice that are likely to negatively affect the child’s life, health, social welfare, dignity or psychological development. Section 119 (1) further provides that a child in need of care and protection is one “who being female is subjected or is likely to be subjected to female circumcision or early marriage or to customs and practices prejudicial to the child life, education and health (The children’s Act, 2001).

The enactment of the children’s act since it enactment has tremendously reduced the prevalence of FGM in Kenya in some communities. However according to the Kenya Demographic Health Survey (KDHS) despite the existence of children’s Act, some communities are still adamant and still perform FGM on children, for instance. In Maasai Community where the scourge paints a dark picture of the children’s act (KDHS, 2003)

2.4 Alternative Rites of Passage on Eradication of FGM

Alternative Rites of Passage was first introduced in 1990 by Maendeleo Ya Wanawake Organization (MYWO), as a local women’s development movement in conjunction with PATH as an alternative ritual among the communities that practiced FGM (MYWO, 2008). It aimed at dodging the actual cutting of the female genitals but maintained the essential components of female circumcision ceremony such as the public declaration, partying and giving of gifts. The idea behind ARP was to persuade communities to maintain their public celebrations of the passage to womanhood but without the harmful cutting the first conference held by MYWO on the alternative rites of passage was in August 1996 with 29 girls participating, since the

conference many more have taken place with the number of girls participating increasing per conference (MYWO, 2008).

Focusing on community sensitization MYWO implemented FGM sensitization activities with the idea of an alternative ritual for those girls who made the decision to stop the practice in their own families. In this case information raising awareness of the health risks of the practice and the ways in which it violates human rights are disseminated to the women at grassroots level (Izett and Toubia (2003) describe this while discussing behavioural change. Community sensitization activities therefore ought to provide sufficient and appropriate information to stimulate contemplation about a change MYWO also organizes public meetings small group meetings and workshops targeting various groups in the community. Nevertheless, several communities still held the belief that FGM was critical to a woman who wanted to enter into womanhood and therefore some form of public declaration that a girl has successfully finished this stage of passage remained an important part of their culture. In this case it was urged that preventing the cut would be inhibited. This provided an alternative rite which did not involve FGM but still valued in the community thus the introduction of seclusion and training public ceremonies among other practices (MYWO, 2008).

Seclusion and training, in order to mimic the traditional practice in which girls are secluded immediate after the cut and taught by their aunts about women's roles cultural values and sexually, the girls going through the alternative ritual also under go through three to five days of seclusion coupled with rigorous training. During this time the girls are accommodated in good hotels and provided with formal faming life skills, community values and education of reproductive health. This practice is almost similar to the traditional practice except that the girls do not go through the cut (FGM), (Muteshi, 2005).

During the period of seclusion the girls remain indoors and can only be visited by previous initiates who may have undergone the training before. In this a female relative, parents, neighbour or friend was accepted (Herlund & Shell, 2007). Public ceremony (Graduation), after the period of that rigorous training the end would be a "graduation" ceremony where religions leaders, political and government leaders would be invited to give speeches mostly condemning FGM. The girls appeal to the elders to cease circumcision and instead focus on girl child education. A demonstration was also evident in which the girls match into the market centres protesting while dancing and singing traditional songs many of which condemned FGM, early marriage and encouraged girl child education. It is also important to note that the timing and nature of public ceremony are normally decided depending on the social-cultural factors in which the alternative rituals take place. The ceremonies take place immediately after completion of the seclusion training and therefore require the complete participation of both the girls and their parents (WHO, 2005).

2. 5 Establishment of Community-Based Rescue Centres on Eradication of FGM

Community -Based Rescue Centres, (CBRC) play an important role by adopting a multi-faceted approach in campaigning against FGM. CBRC issue centres involve in educating the community against FGM. They create community awareness about FGM by organizing workshops and seminars that target specific groups, including community leaders. In this case religious leaders, village chiefs, elders, FGM practitioners and peer educators involved in the mission of rescuing girl child from FGM (Wangila, 2007).

An Empirical study by Diop and Askew (2005) highlight significant findings of operations research studies undertaken in Senegal, Burkina Faso, and Mali. Their analysis

deepens our understanding of the importance of including community perspectives on the practice, especially its negative health outcomes, as well as lessons learnt about the role of health providers and the conversion of traditional practitioners. Community interventions that use an integrated approach, including public declarations and social support for forgoing FGC, are exemplified by the Village Empowerment Program (VEP) conducted by Tostan, a Senegalese NGO. One of the most successful projects in Africa, Tostan's VEP mobilizes whole villages to sign on to plan their campaign "so that no one carried a stigma" by dissenting and abstaining from performing the ritual (see WHO 1999: 115). Diop and Askew's chapter not only provides empirical data about the effectiveness of common intervention strategies but also illuminates the social processes through which they work.

Most communities in Kenya are patriarchal communities, (male dominated) thus women are seen as inferior therefore cannot make decisions or even own resources. Due to this, community based rescue centre are forced to organize separate seminars for men and women, after which they are educated on the dangers of FGM by demonstrating the side effects of FGM (NAFGEM, 2011). Furthermore girls are given knowledge about the Children's Act, (2001) that prohibits and punishes perpetrators of FGM. They are also educated on other related criminal offences such as rape, defilement and drug abuse. Further still, open forums are presented for both women and girls given their own account FGM so as to demonstrate practically the nature in which FGM is dangerous (Children's Rights, 2001).

Conversely, in most societies in Kenya, the girl-child is seen as a source of income due to the anticipated bride price that their parents are likely to get. Due to this, parents tend to be motivated by wealth thus giving their daughters away early for marriage meaning that girls as young as nine years are sometimes given away and thus have to undergo FGM, which in the

long-run forces them to drop out of school. As a result, Community Based Rescue Centres play an important role in identifying such cases and rescue the girls as easy as they can and educate the community on why they do that for the benefit of the girls. This strategy has proved to involve members of the community to campaign for girl safety, thus a sense of ownership and promote long-term sustainability and rapid elimination of FGM, (Messito, 2004). Furthermore Community-Based Rescue Centres monitor rescue and support girls who have been sensitized and who have run away from their families to escape FGM. They further provide temporary accommodation to young women who run away from FGM. According to Karanja (2004), the main objective is to ensure that the girls who have been thrown out of their homes or run away as a result of refusing FGM or early marriages are sheltered and supported morally, socially and eventually returned to their homes through a reconciliatory process.

In order to achieve this successfully, Community-Based Rescue Centres work in partnership with county authorities to protect run-away girls or women. Once a girl runs to the rescue centre, a Children's Officer or police or the chief is notified to ensure that the girls are safe, protected and free from any form of abuse. In the centre, the girls are given counselling and knowledge on the dangers of FGM. The officials in these rescue centres work hand in hand with administrative authorities to give early warnings and protection initiatives that in the long run save the girls from going through FGM. This measure has worked since the authorities have managed in numerous occasions to arrest the parents and perpetrators of FGM for prosecution, (NAFGEM, 2011). Most importantly, Community-Based Rescue Centre also organizes reconciliatory meetings between the girls and their own parents. During the process parents and relatives are educated on the health complications of FGM and an anti-FGM laws that they may face if they are to continue with the practice.

Furthermore, the parents or guardians are urged to respect the decision of the girl not to undergo FGM so as to continue with education knowledge on early marriages and forced marriages are also given so as to enable them see the negative aspects of the practice. In the event of successful meetings the girls are returned to their parents or guardians accompanied with village elders or chiefs. In addition they receive frequent visits to monitor their progress and behaviour both at home and academically. To keep in communication with the rescue centres, the girls in some rescue centres are provided with mobile phones so as to keep in touch with the rescue centre and report any person threatening to force them to practice FGM (WHO, 2008)

However, in the event that the reconciliatory meetings are not successful, the girls are returned back to the rescue centres for protection until fruitful talks are arrived at during which they are provided with free education up to secondary level. After clearing secondary education, they are also provided with the option of staying in the rescue centres or deciding to go back home (Muteshi, 2005).

2.6 International Instruments on Eradication of FGM

Since 1997 tremendous international contributions of the international community in fighting FGM has been very evident. This has been done through partnering with local institutions, working with the communities affected at grassroots level, conducting research and formulating policies to eliminate FGM (WHO, 2005). Several countries have succeeded in adopting strict laws to incriminated FGM. In Europe, countries such as Belgium, France and United Kingdom (UK), have ratified strict laws aiming at prosecuting FGM perpetrators on the basis of the penal code. In Africa, in 2007, FGM was banned in Criteria, but in Somalia due to the nature of lawlessness in the country, there is a still high prevalence level of FGM.

Nevertheless, the country has ratified the covenant of civil and political rights and the covenant of economic, social and cultural rights. The fruits were seen in 1988, when the government endorsed a campaign to stop the FGM practice and all of its forms. Unfortunately, the follow up for the campaign was interrupted and quieted down with the downfall of the government in 1991 (Rahman et al, 2008).

With the dawn of the new era, sensitization on the need to abolish FGM has taken legal twist with the adoption of several conventions such as, the Universal Declaration of Human Rights (UDHR), the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) and the rights of the children enslaved at the Maputo Protocol, all of which have played a pivotal role in the fight against FGM. Furthermore, there have been international conferences and seminars which all aim at eradicating harmful, social and cultural practices among which FGM is one. In 2008, the Social Council and the Health Assembly vowed to issue a devoted resolution to promote action towards eradicating FGM. In 2008, a new statement emphasizing the FGM atonement advocacy was stressed by the United Nations (WHO, 2008).

One of the major international bodies that have been instrumental in the fight against FGM is the Norwegian Church Aid. This was started by the Norwegian government to initiate dignity and self-esteem among the women who were in the communities practicing FGM. According to a report on the Norwegian Church Aid work, on FGM, there has been tremendous decline in FGM practices since the initiative started. The report shows that some communities such as the Kisii in Western Kenya have declined the practice courtesy of the Aid and hence have vowed to fight the vice with the practitioners who perpetuate the vice. The initiative has encouraged dialogue, dissemination of information and education among women with an aim of sensitizing the masses on the dangers of FGM thus the reduction in the prevalence rate (*World*

Bank Report) on FGM, 2005). Further still, the Norwegian government in collaboration with civil society organizations in Kenya has agreed on the adoption of a legal instrument to redress FGM (World Bank Report on FGM, 2005).

The contribution of the German Development Cooperation has also been very eminent. This has been done through GTZ. The government of Kenya, civil society organizations and development partners has worked with GTZ in the fight against FGM in Kenya for over a decade. Since its inception, GTZ has adopted broader frameworks and more responsive programs focused at preventing Gender Based Violence (GBV). It has strongly encouraged policy formulation and legal reforms to reduce FGM prevalence. To this end, the organization has provided links of partnering with local institutions such as the Ministry of Health, Ministry of Gender, the Gender commission and civil society networks. For instance, GTZ supported the inclusion of FGM within the National Gender Based Violence Framework and supported the revision and dissemination of the children's act and the sexual offences act. At the moment, GTZ is in a mission to promote a comprehensive literature research aimed at updating information about a policy brief to inform and adopt policy and strategy formulation. GTZ has also brought together all stakeholders in the fight against GBV and FGM, support inclusions of all aspects of GBV and FGM in the county and national level thus empowering girls and women a move that is extremely vital towards the eradication female genital mutilation practices. (World Bank Report on FGM, 2005).

2. 7 Girl-Child Education on Eradication of FGM

Girl Child Education plays a key role in eliminating FGM since illiteracy remains at a critical level in Kenya and the lack of basic education is a root cause for perpetuating social

stigmas surrounding FGM as they relate to health, sexuality and women's rights. According to (UNICEF, 2005) FGM hinders girls' ability to obtain basic education and prevents them from pursing higher education and employment opportunities and instead diverts girl's attention to early marriages. On the other hand, much as Anti-FGM programmes tend focus on advocating and promoting girl's education, there is also need to equally educate men and boys on FGM (Karanja, 2003).

Population Reference Bureau, (2006) asserts that Girl Child education has enabled ethnic communities to look in to their own beliefs and values related to the practice in a dynamic and open way that is not experienced or seen as threatening. In this case takes various forms of training, including literacy training, analytical skills and problem-solving as well as through the provision of information on human rights, religion, general health, sexual and reproductive health (UNICEF, 2005). In Narok County the need to promote sensitization of girl-child education to ensure girls do not drop out of schools has also been instrumental in discouraging FGM. In this case for instance, girls who leave rescue centres are provided with opportunities to join secondary schools for higher education by which they are able to acquire professionalism and training courses to help them become self reliant and dependent. Among the Kuria community, Classes and workshops are done to include the use of traditional means of communication such as theatre, poetry, storytelling, music and dance, as well as more modern methods, such as computer-based applications and mobile phone messages. Communities based educational activities also build on and expand their work with the mass media such as drama, video and local radio. 'Champions' against female genital mutilation, such as public personalities, can also be used to relay information and messages about female genital mutilation (Population Reference Bureau, 2006). However, educational activities must reach all groups in

the community with the same basic information to avoid misunderstandings and to inspire inter-group dialogue (UNICEF, 2005).

Furthermore through girl-child education girl are able to develop and nurture entrepreneurial skills so as to improve on their standards of living. This promotes the economic and social development of their families and thus become role models for younger girls who desire to follow their footsteps by not going through FGM. Conversely, despite these efforts there are still high illiteracy levels among some communities such as the Maasai since the community does not value female education and would rather marry off their young girls for economic benefits (Population Reference Bureau, 2006).

2.8 Theoretical Framework

Feminist perspective argument is based on the need to protect women's human rights. The feminists' debate over women's rights as human rights poses complex questions on cultural, political, social, and economic conditions. According to Barbara, (2008) one of the most important activities to feminists is the eradication of FGM as a harmful practice and promoting women's empowerment and integration in all societies. The arguments of feminist anthropologists for altering discriminatory practices of other cultures are similar of anthropologists trying altering discriminatory practices of other cultures. Women, particularly in developing countries, are faced with constant challenges to maintain tradition in the face of rapidly changing social conditions due to globalization and culture change. When the maintenance of tradition involves human violations, these challenges can become life threatening, and female genital mutilation is one of the traditions that can become life threatening of women and girls that involved to this practice.

Feminist scholars and anti-FGM activists such as Hosken, Rahman and Toubia interpret FGM as an assault on women's sexuality as well as an oppressive and cruel act which has a

grave and catastrophic impact upon women and girls' health They further associate FGM with a patriarchal desire and need to control women, their bodies, and their sexuality in order to maintain female chastity and fidelity. Therefore, the theory creates a relationship with the study in that the two studies focus on women's' sexuality and girls' health in general.

2.9 Conceptual Framework

A conceptual framework is that logically, developed, described and elaborated network of interrelationships among variables which are deemed to be integrated as part of the dynamics to be investigated. According to Seraken (2003), it states the researcher's ideological stand from his or her agreement or disagreement with the issues at hand. A conceptual framework has to have both independent and dependant variables. In this case the independent variables are; the legal framework, alternative rites of passage, community-based rescue centres, international agencies and instruments and girl child education. On the other hand the dependant variable is Eradication of female genital mutilation In Kajiado County.

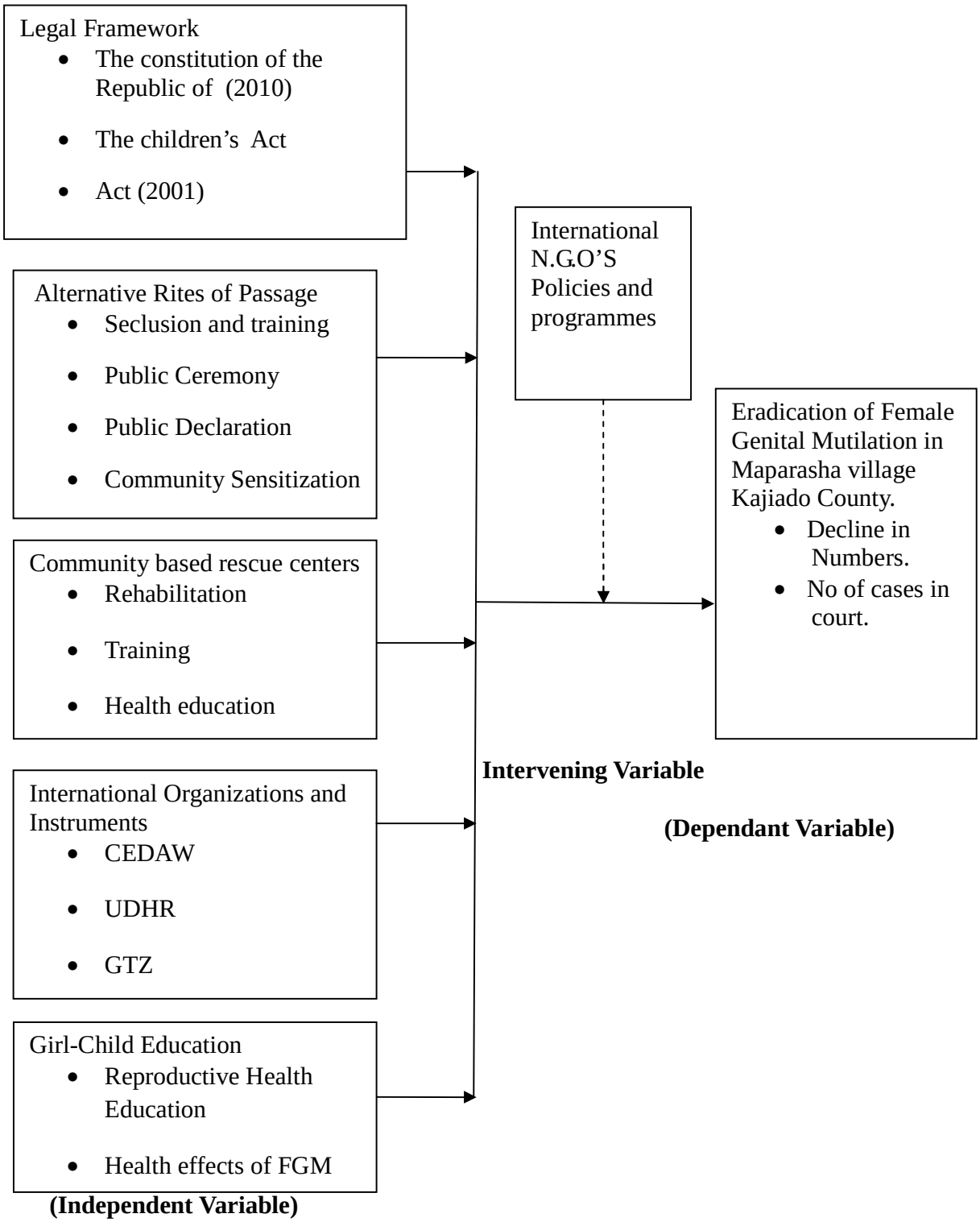

Figure 1: Conceptual framework

The conceptual framework shows the indicators of each independent variable.

The legal framework has two indicators (the constitution (2010) and the Children's Rights (2001) which are intervened by government policies to influence eradication of FGM. Alternative rites of passage have seclusion and training, public ceremonies, and community sensitization as indicators. However government policies still have to intervene in order for them to influence eradication of FGM. Community based rescue centres have rehabilitation training and health education as indicators that influence FGM through the intervention of government policies. International organizations and instruments have CEDAW, UDHR, GTZ and Norwegian Church Aid as indicators while Girl Child Education as an independent variable has reproductive health education and the effects of FGM as indicators that influence eradication of FGM. It is also important to note that government policies intervene all these variables in order to eradicate FGM.

2.10 Knowledge Gap

The Feminist Theory on which the study is related focuses much on women's' sexuality and health in general. The Feminists' debate over women's rights as human rights poses complex questions on cultural, political, social, and economic conditions. Barbara, (2008) assert that one of the most important activities to feminists is the eradication of FGM as a harmful practice and promoting women's empowerment and integration in all societies. The theory has however not looked into the various factors that influence the eradication of FGM that are under investigation in the study.

2.11 Summary of Literature Review

From the above literature review it is evident that there is sufficient research on as the causes and effects are concerned but limited research has been done on the factors influencing the eradication of FGM. To this end the study aims at investigating these factors with the Maasai community in Kajiado County. The chapter has highlighted the FGM prevalence rate in Kenya, its rationale among the Maasai community and the factors influencing reduction of FGM practices. The chapter has also focused on related theories such as the Feminist Theory and how it is linked to the study.

Furthermore the key themes have been categorical analysed. The legal framework having been put into place plays key role in curbing FGM practice. The constitution, the Children's Act, CEDAW among other frameworks have stressed on the need to eradicate FGM. However it is important that this does not remain on paper and thus the need to push for serious implementation. Furthermore there is need to curb corruption so that FGM perpetrators do not go free when accused on performing the act.

Alternative rites of passage on the other hand cannot be left out since in cooperating African cultural norms in a appositive way help many girl and women from "going through the knife". MYWO in collaboration with other stakeholders still have enormous tasks to liberate the natives on the need to protect the girl chid. Sensitization and community outreach is still a campaign that needs to be taken seriously.

Community-based rescue centres must also be credited for the rescue operations that they have been undertaking to rescue the girls who would rather gone through FGM. Most importantly is the fact that they organize reconciliation meeting to ensure that the rescued girls can return back to their homes after the entire period of seclusion. International legal instruments such as UDHR and CEDAW cannot be overlooked since they affirm to the girls the international support toward eradication of FGM.

Lastly but not least, the role played by the girl child education cannot also be overlooked. In this case communities have been challenged to look into her own belief and value related to the practice in a dynamic and open manner thus the inclusion of formal education into the cultural practices. The need to give the girl chid education empowers them and ultimately gives them a sense of independent decision making and the awareness to know that FGM is a social vice that ought to be eradicated.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research methodology that was used to conduct the study. This includes; research design, target population, sample size and sampling strategy, research instrument, validity and reliability of instruments, data collection procedures, data analysis techniques, ethical considerations and the table of operationalization of variables.

3.2 Research Design

This study used a descriptive survey research design. This research design aims at determining and reporting the way things are (Mugenda and Mugenda, 2003). It attempts to describe any possible behaviour, attitudes, values and characteristics. This type of research design was used to investigate the measures influencing eradication of female genital mutilation in Maparasha constituency, Kajiado County. The study targeted individual households as they represent the basic decision making level in a society.

3.3 Target Population

This refers to the members of a real or hypothetical set of people to which the researcher wishes to generate the results of the research. The study was conducted among the Maasai community members in Maparasha village in Kajiado County. The study targeted 666 respondents comprising of 60 Male Village elders, 40 Women Village Elders, 170 women (community members) and 396 girls employees.

Table 3.1 Target Population

Category	Population	Percentage
Male village elder	60	9.00%
Women elders	40	6.10%
Women community members	170	25.53%
Girls	396	59.37%
Totals	**666**	**100.00**

3.4 Sample Size and Sampling Procedure

This section describes sample size and sampling procedure used in the study.

3.4.1 Sample Size

The researcher used Yamene's formula (1967) to determine the sample size. In this case, for a given population of 666 a sample size of 250 was used to represent a cross-section of the population.

3.4.2 Sampling Procedure

Sampling refers to the process of selecting a number of individuals for a study in such a way that the individuals selected represents the large group from which they are selected (Mugenda and Mugenda, 2003).The researcher used stratified random sampling to select the sample from Maparasha constituency, Kajiado county. This enabled the researcher to easily control the sample size in strata. It also increased statistical efficiency; provide data to represent and analyze the sub-groups as well enable the researcher to use different methods in the strata. The categories of the respondents were essentially sampled in this study courtesy of the positions they held in the society and age (girl or woman). This provided an ample avenue for them to give accurate information needed in the study. The researcher was able to arrive at 250 sample size from the target population across the target population with majority being girls who were the

affected group in the research study. The illustration below shows how the sample size was arrived at.

$$n = \frac{N}{1 + N\{e\}^2}$$

Where;
n= Sample size
N= Population Size
e= Significance Level of error {0.005%} or 5%

N= 666
e= 0.05 or 5%

$$n = \frac{666}{1+666\{0.005\}^2}$$

$$n = \frac{666}{1+666\{0.0025\}}$$

$$n = \frac{666}{1+1.664}$$

$$n = 250$$

Therefore the sample size is = 250

3.5 Research Instruments

The researcher used questionnaires as the main research instruments for data collection used from the members of the community in Kajiado County. According to Onen (2004) a questionnaire is a collection of items to which a respondent is expected to react, usually in written form. The questionnaires had both structured questionnaires (containing close or restricted questions) and unstructured questionnaires (designed for free response from respondents). The Questionnaire was distributed in 6 sections i.e Section A was general information from the respondents, Section B was Influence of Legal Framework on eradication of FGM, Section C was Influence of Alternative rites of passage on eradication of FGM, Section D was Influence of Community Based Rescue Centres on eradication of FGM, Section E was

Influence of International Organization and Instruments on eradication of FGM and the final section F was Influence of Girl child education on eradication of FGM. The questions were addressed to general respondents in Maparasha village in Kajiado County and each section was to solicit the response on the factors influencing eradication of FGM in their community. A sample of the questionnaire that was used in the study can be viewed on Appendix II. These were distributed among the community members of the county depending on the sample size. The advantage of selecting this method is that it enabled the respondents to express general attitudes and options that helped the researcher interpret their responses to structured questions. Moreover the respondents were free to express their views genuinely due to confidentiality hence accuracy in the research findings. The interviews provided the researcher with more insight on the measures of eradication of FGM As a result; the researcher was in a better position to answer the research questions of this study.

3.5.1 Piloting Testing of the instruments

This involves trying out in the field once the research questions have been formulated. The questions are pre-tested to a selected sample used before finalizing them. According to Borg (2007), this should be done two months prior the actual day of data collection. This is to ascertain the reliability of the data collection instruments. In this case deficiencies such as the insufficient space to write, wrong phrasing of questions, vague questions and clustered questions are detected (Borg, 2007). It is the degree to which a test measures what it purposes to measure. To establish this, the researcher carried out a pre-test whereby the draft questionnaire was given out to a few respondents who filled them in. These questionnaires were later collected for analysis to establish difficulties experienced in their adoption for use in the field. Adjustments

were then made, after which a final re-test was done to see if the respondents were then able to fill in the tools without any problems. The final questionnaire was then ready for deployment in the field during the study.

3.5.2 Validity of the Research Instruments

Validity is the degree to which a test measures what it purpose to measure. According to Cook and Campbell (1979), it is the best available approximation to the truth or falsity of a given inference, proposition or conclusion. In this case face and content validity which are commonly used in research of this nature was applied to determine if the instrument measured what it was supposed to measure. To establish face and content validity a panel of experts examining the research work during the research was asked by my supervisor to give opinion as to whether or not the instrument met this criterion. According to Carmine and Zeller (1979), validity can be assessed using expert opinion and informed judgment from the supervisor.

3.5.3 Reliability of Research Instruments

Reliability refers to the ability of an instrument to produce similar results at different times with the same respondents (Shaughnessy and Zechmeister, 1997).The study used a three step measure of reliability. The research used the most common measure of internal consistency known as Cronbach Alpha which indicates the extent to which a set of items can be treated as measuring a single latent variable. The recommended value of 0.7 was used as cut off point since a Cronbach Alpha value of less than 0.7 implies that internal consistency among items is weak (Nunnally, 1978). Pre-testing will be done to ensure proper reliability of the instruments. Cronbach Alpha's formula can be summarised as:

Suppose that we measure a quantity which is a sum of K components

(*K-items* or *testlets*):$X = Y_1 + Y_2 + \cdots + Y_K$. Cronbach's α is defined as

$$\alpha = \frac{K}{K-1}\left(1 - \frac{\sum_{i=1}^{K} \sigma_{Y_i}^2}{\sigma_X^2}\right)$$

where σ_X^2 the variance the observed total test scores, and $\sigma_{Y_i}^2$ the variance of component *i* for the current sample of persons.

If the items are scored 0 and 1, a shortcut formula is

$$\alpha = \frac{K}{K-1}\left(1 - \frac{\sum_{i=1}^{K} P_i Q_i}{\sigma_X^2}\right)$$

Where P_i is the proportion scoring 1 on item *i*, and$Q_i = 1 - P_i$. This is the same as KR-20.

Alternatively, Cronbach's α can be defined as

$$\alpha = \frac{K\bar{c}}{(\bar{v} + (K-1)\bar{c})}$$

where K is as above, $\bar{v}$ the average variance of each component (item), and $\bar{c}$ the average of all covariance between the components across the current sample of persons (that is, without including the variances of each component).

The standardized Cronbach's alpha can be defined as

$$\alpha_{\text{standardized}} = \frac{K\bar{r}}{(1 + (K-1)\bar{r})}$$

Where K is as above and $\bar{r}$ the mean of the $K(K-1)/2$ non-redundant correlation coefficients. On the other hand a commonly accepted rule of thumb for describing internal consistency using Cronbach's alpha states that a greater number of items in the test can artificially inflate the value of alpha and a narrow range can deflate it as shown below.

Table 3.2: Cronbach Alpha's Table

From the table, we can see that below the value of 0.7 shows that it's unacceptable.

Cronbach Alpha	Internal consistency
$\alpha \geq 0.9$	Excellent (High-Stakes testing)
$0.7 \leq \alpha < 0.9$	Good (Low-Stakes testing)
$0.6 \leq \alpha < 0.7$	Acceptable
$0.5 \leq \alpha < 0.6$	Poor
$\alpha < 0.5$	Unacceptable

Source: (Cronbach Alpha Formula, 2007).

3.6 Data Collection Procedures

The researcher used questionnaires as the main research instruments from the members of the community in Kajiado County. According to Onen (2004) a questionnaire is a collection of items to which a respondent is expected to react, usually in written form. The questionnaires had both structured questions (containing close or restricted questions) and unstructured questions (designed for free response from respondents). Secondary data is described as data which is used for other purposes than the one it was originally collected for. The study sourced secondary data from accredited journal articles that are in line with the objectives of this study which were then correlated with the findings of this study. By so doing, the researcher gained the ability to critically analyze and answer the research questions of this study. It also gave the researcher the ability to develop comprehensive and elaborate conclusions. The researcher engaged the services

of the two research assistants who were oriented on what is expected before sending them to the field to assist in the distribution and collection of the questionnaires.

3.7 Data Analysis Techniques

As outlined earlier that the data generated was subjected to quantitative analysis to create percentage tables, graphs and charts. Statistical package for Social Sciences (SPSS) Version 17 and Microsoft Excel 2007 packages were used. SPSS was use to carry out analysis on data collected from households to generate simple frequencies and percentages. Some of the quantitative data analyzed included, the gender of respondents, marital status, highest levels of education attained by respondents among other things. Qualitative data on the other hand was used through the direct observations while distributing the questionnaires and written documents from various journals, after which, themes were generated for purposes of reporting.

3.8 Ethical Considerations

For the purpose of this study, permission was sought from the relevant authorities and a letter was granted to allow the researcher to carry out the study. In order to avoid suspicion and scepticism the researcher assured the respondents utmost confidentiality and that the information they provided would only be used for academic purposes. The researcher sought the consent of each respondent to get the data and issues of confidentiality. The identities of the respondents were also kept confidential by assigning unique codes to questionnaires rather to use names or telephone numbers. Furthermore, while collecting data the researcher acknowledged all the sources of information collected from textbooks and other research materials respectively.

3.9 Operational Definition of Variables

An operational definition of a variable is a definition of the variable in terms of how, specifically, it is to be measured. For some variables, this is not much of an issue. You can usually determine whether someone is female or male by looking at them or by asking them.

Table 3.3: Operationalization table of Variables

Objectives	**Variables**	**Indicators**	**Measurement scale**	**Type of Analysis**	**Tools of Analysis**
1. to examine whether the legal framework influences eradication of female genital mutilation among the Maasai community	Legal framework	The Constitution of Kenya (2010) The Childrens' Act 2001	Ordinal	Descriptive	Mean
2. to establish whether introduction of alternative rites of passage influences eradication of female genital mutilation among the Maasai community	Alternative rites of passage	Public ceremony Public declaration Community sensitization	Ordinal	Descriptive	Mean
3. to investigate whether community based rescue centres influence eradication of F.G.M among the Maasai	Community based rescue centres	Rehabilitation Training Health	Interval	Descriptive	Mean

community		education			
4. to explore whether international regulatory instruments influence eradication of F.G.M among the Maasai community	International organization and instruments	CEDAW UDHR GTZ Norwegian AID	Ordinal	Descriptive	Mean
5. to examine whether girl child education influences eradication of F.G.M among the Maasai community	Girl child education	Reproductive Health Education Health effects of FGM	Interval	Descriptive	Mean

Table 3.4 Operationalizing the Dependant Variable

Main Objective	**Variables**	**Indicators**	**Measurement scales**	**Type of Analysis**	**Tools of Analysis**
To investigate the measures influencing eradication of female genital mutilation practices among the Maasai community.	Female genital mutilation practices among the Maasai community in Maparasha constituency Kajiado County.	Decline in Numbers. No of cases in court.	Ordinal	Descriptive	Mean

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter presents the study findings which have been discussed in line with the study objective themes and sub-thematic areas as follows: Questionnaires return rate, demographic characteristics of respondents, theme from objectives; To examine how legal framework influences eradication of FGM, To establish how introduction of alternative rites influences eradication of FGM. To assess how community based rescue centres influence eradication of FGM. To determine how international regulatory instruments influence eradication of FGM. To examine how girl child education influences eradication of FGM in Maparasha constituency in Kajiado County.

4.2 Questionnaire return rate

Target respondents were the community members in Kajiado County. Out of 250 questionnaires distributed to the sample 228 questionnaires were returned. It is out of these questionnaires' responses that the presentation of the general information and the other analysis was done. Questionnaires which were not returned were treated as missing data and did not affect the final results of the study since the researcher had gotten a response rate of above 70%. A return rate of 91.2 percent was realized as presented in Table 4.1.

Table 4.1: Questionnaire return rate

Questionnaires	**Frequency**	**Percentage**
Returned Questionnaires	228	91.2
Questionnaires not returned	22	8.8
Totals	**250**	**100**

This response rate was good and adequate. According to Babble (1995) he suggested that a response rate of 70% and above was satisfactory for data analysis.

4.3 Demographic characteristics of respondents

Personal information of the respondents was based on gender of the respondents, age of the respondents, position of the respondent, level of education, marital status and the community address of FGM.

4.3.1: Distribution of respondents by Gender

Table 4.2 shows the distribution of respondents by gender. The findings on the gender of the respondents, majority 156 (68 percent) were female while the remaining 72 (32 percent) of the respondent were male.

Table 4.2: Distribution of respondents by Gender

Gender	Frequency	Percent
Male	72	31.5
Female	156	68.5
Total	**228**	**100.0**

Gender of the 228 respondents is important since it may be associated with the matching of those highly associated and affected by FGM. Male dominance have always been blames as one of the reasons for the high prevalence of FGM, however this may not be the case ground since more women were associated with FGM in this study. From the results shown in table 4.2. Majority of the respondents were female and they were the majority who were affected by FGM and were therefore eager to participate in the research.

4.3.2 Distribution of Respondents by Age

Age was one of the major determinants in the study so as to be able to know the age group of the respondents and also be able to know and understand the measures that were in place to eradicate FGM. Table 4.3.shows the distribution of respondents by age.

Table: 4.3: Distribution of Respondents by Age

Respondents Age bracket	Frequency	Valid Percent
Below 18 Years	83	36.4
19-29 Years	96	42.1
30-39 Years	27	11.8
40-49 Years	14	6.1
Over 50 Years	8	3.6
Total	**228**	**100.0**

It shows that majority of respondents were of the age category of 19-29 with 42.1%. On the other hand those respondents of below 18 years were 83 with 36.4%. Those of the age bracket of 30-39 years were 27 respondents with 11.8%, those of the age bracket of 40-49 years were 14 with 6.1% and those of the age bracket of over 50 years were 8 comprising 3.5%. Age 19-29 years were the highest respondents from the study, the researcher wanted to know the cut off age of the respondent in the practice of FGM and the response gotten was highest at the age between 19-29 where majority of the respondents were affected by the practice.

4.3.3 Religious Affiliation of Respondents

Table 4.4 show the religious affiliation of respondents. Religious affiliations being part of one's environment is bound to influence their perceptions and decision making process since

it's a way of socialization. "What is your religious affiliation?" Is the question that was asked to the respondents.

Table: 4.4: Religious Affiliations of Respondents

Religious Affiliation	Frequency	Percent
Christian	201	88.2
Muslim	0	0.0
Hindu	0	0.0
African Indigenous religion	27	11.8
Total	**228**	**100.0**

When asked of their religious affiliation, out of the 228 respondents 201 of them representing 88.2% were Christians while 27 of them representing 11.8% were still practising African indigenous religions. There was no respondent practicing Islam or Hinduism from the responses. This implies that there was still a blend of the African traditional beliefs of the Maasai community and Christianity. However, those who upheld the African Indigenous beliefs indicated high prevalence of FGM. This could also explain why FGM still practice among the Maasai Community despite the numerous efforts to eradicate the practice.

4.3.4 Position of the Respondents

Position of the respondent was important in the study so that the research is able to know the most affected people from the respondents and in the category they fall, The position influences FGM since the girls are the ones whom the practice is carried out on. Table 4.5 shows the position of the respondents. Findings indicated that there were 21 male village elders comprising of 9.21%, women elders were 36 comprising of 15.8%, women community members were 78 comprising of 34.2% and the targeted girls were 93 comprising of 40.8%.

Table 4.5: Position of the Respondents

Position of the Respondents	Frequency	Percent
Male village elders	21	9.2
Women elders	36	15.8
Women community members	78	34.2
Girls	93	40.8
Total	**228**	**100.0**

From the results of the position of the respondents, the researcher was able to get the information that the most affected group were the girls, this shows that they need to be educated more on the measures of eradicating FGM since they are the ones who are affected even more with the practice.

4.3.5 Highest Level of Education

Table 4.6 shows the distribution of respondents by their highest levels of education. The respondents were asked to tick their level of education provided in the questionnaire. This is important as it could give a pointer to whether education levels have any influence on perception of households when it comes to the practice of FGM. The levels provided were primary education, secondary education (O-Level), A- Level education, Diploma and Bachelors degree and above.

Table 4.6: Distribution of respondents by education level

Education level	Frequency	Percent
Bachelor's Degree & Above	12	5.3
Diploma	17	7.5
A-Level Education	18	7.9
Certificate	34	14.9
Secondary Education (O-Level)	46	20.1
Primary Education	101	44.3
Total	**228**	**100.0**

From the given data in the Table 4.6 the highest level of education of most of the respondents in the sample were those that had attained primary education (101 respondents) comprising of 44.3% followed by those that had attained secondary education (46 respondents) comprising of 20.2%. Those that had A-level certificates were only 18 comprising of 7.9% this indicated that majority of the respondents did not attain A-level thus the level of ignorance in the practice of FGM. Those that had certificates were 34 comprising of 14.9%. Diplomas holders were 17 respondents 7.5%. On the other hand those who had attained a bachelor's degree were 12 comprising of 5.3%. This figures indicated that majority of the respondents had attained primary level and thus the level of FGM practice was high in Maparasha constituency due to ignorance.

4.3.6 Marital Status of Respondents

It was important to know one's marital status so that the researcher can be able to understand the status of the most affected group after the study to be able to come up with good recommendation at the end of the study. Also to be able to know the age at which most respondents got married and be able to relate it with the study. Marital status of respondents of the sample is illustrated in the table 4.7. When asked of their marital status, the study established that both married and unmarried employees are included into the sample. Table 4.7 indicates that out of 228 respondents, majority (172) were married comprising of 75.4% while 56 were unmarried comprising of 24.6%. This statistic was important especially when the researcher analyzed it in relation to age at which most of the community members of the Maasai got married.

Table 4.7: Marital Status of Respondents

Marital Status	Frequency	Percent
Married	172	75.4
Unmarried	56	24.6
Total	**228**	**100.0**

In this case the researcher established that women as young as below 15 years had been married off at an age which most of them have been initiated into FGM. From the responds gotten from the respondents, it was seen that for one to be appreciated in marriage one had to undergo FGM, and thus the reason for early marriage. It was necessary for the study to be able to investigate the marriage aspect so as to be able to know the measures that can help prevent this belief especially in marriages. It is not therefore surprising that most of the respondents were females and had already been married as a very tender age. Table 4.7 shows the marital status of the respondents.

4.4 Community Address on FGM

The researcher sought to find out whether the respondents agreed that there community had taken any steps to address issues concerning on FGM. Out of the 228 respondents 138 comprising of 60.5% concurred that the community had taken steps to address issues on FGM. On the other hand 78 comprising 34.2% did not concur with that while 12 representing 5.3% were not sure whether the community had taken any steps to address any issues on FGM. This implies that much as the FGM practice exists among the Maasai community tremendous efforts had been done to reduce its prevalence levels.

Table 4.8: Community Address on FGM

Statement	Frequency	Percent
Yes	138	60.5
No	78	34.2
Not Sure	12	5.3
Total	**228**	**100.0**

The information was important for the researcher to enable the researcher be able to know the gaps that need to be addressed on the measures of eradicating FGM. Table 4.8 shows the responds from the community on FGM. On the other hand it depicts the fact that the community was willing to participate in FGM eradication. Furthermore this also shows that there has been sufficient awareness on the danger of FGM.

4.5 Legal Framework on Eradication of FGM

The section was based on ways in which adopted legal framework in Maparasha village Kajiado county influence eradication of FGM. Table 4.9 shows the responses made by the responses. The respondents were asked to respond to whether there were clear legal frameworks to eradicate FGM, whether there were training opportunities for the community to understand the laws, efforts made by law enforcement officers, whether FGM practitioners were punished, in case they were caught practicing FGM and whether the respondents were aware the constitution prohibits FGM.

Basing on the existing legal framework in your community, please tick (√) on cell for each statement in the table below on a likert scale of 1-5
Strongly Agree-5, Agree-4, Neutral-3, Disagree-2, Strongly Disagree-1

Table 4.9: Influence of Legal Framework on Eradicating of FGM

Statement	SA		A		N		D		SD	
	F	%	F	%	F	%	F	%	F	%
The community has clear legal framework on eradicating FGM	28	12.3	96	42.1	50	21.9	42	18.4	12	5.2
There are training opportunities on need to understand laws put in place to eradicate FGM	12	5.3	18	7.9	67	29.4	88	38.6	43	18.9
The enforcement officers are present to ensure the practice of FGM remains illegal	-	-	20	8.8	58	25.4	106	46.5	44	19.3
FGM practitioners are arrested if found practicing FGM	40	17.5	96	42.1	40	17.5	32	14.0	20	8.8
Children Officers are on grass root level to protect the children from being forced into FGM	-	-	30	13.2	138	60.5	48	21.1	12	5.3
I'm aware that the current constitution and the laws on children rights prohibit FGM	73	32.0	128	56.1	27	11.8	-	-	-	-

When asked whether the Maasai community had adopted clear legal frameworks on eradicating FGM, 12.3% of the respondents strongly agreed with this, 42.1% agreed while 21.9% were not sure on whether there was a clear framework on eradicating FGM. 18.4% on the other hand did not agree 5.20% strongly disagreed with this statement. This implies that though 42.1% of the respondents acknowledge that there were laws in place to eradicate FGM, there is still need for the community to be sensitized and educated. It can also be argued that some members of the community are still ignorant and that not all are aware of the existing laws.

When asked whether there are training opportunities to understand the existing laws put in place to eradicate FGM, majority (38.6%) did not agree while 18.9 % strongly disagreed. This can imply that whereas there are laws against FGM in place they are not sufficiently implemented. According to the KDHS (2003), while the public acknowledges that the Constitution of the Republic of Kenya prohibits FGM, many people are not aware of the other

laws such as the Children's Act, CEDAW and UDHR. There is therefore need to educated the community on the laws that protects the girl-child against FGM.

The researcher further sought to find out whether there are law enforcement officers on ground to incriminate FGM, majority of them (45.0%) the respondents agreed that there were law enforcement officers, while 32.5% were not sure of their presence. None of the respondents strongly agree with the statement. This implies that law enforcement officers should make their presence felt by strongly incriminating FGM and arresting the perpetrators where necessary. Accordingly, a majority 47.5% were not sure whether the available child officers protect the children from being forced into FGM. None of the respondents strongly agreed with the statement while 20% agreed with the statement. 10.0% of the respondents strongly disagreed with the statement.

Nevertheless majority of the respondents (56.1%) agreed that the current Constitution of the Republic of Kenya (2010) protects children from FGM with 32.0% strongly accepting the existence of the laws. 11.8% of the respondents were not sure. On the other hand none of the respondents disagreed with the statement. This implies that whereas the community is aware of the constitution safeguarding the right of the girl-child pertaining FGM the laws are not being radically implemented and thus the existence of the FGM practice.

4.6 Alternative Rites of Passage on Eradicating of FGM

Alternative rite of passage was important for the researcher so that the researcher could be able to know whether the rites of passage had any impact on FGM eradication. This section was based on ways in which adopted alternative rites of passage influence on Eradicating of FGM in Maparasha constituency in Kajiado county influence eradication of FGM. In this case

the respondents were asked to respond to whether they were aware of the existence of alternative rites of passage; whether seclusion and training are forms of alternative rites of passage, whether community sensitization was done and whether public ceremonies and declaration are done to replace cultural practices as alternative rites of passage. Table 4.10 shows the responses made by the respondents.

Basing on the existing alternative rites of passage in your community, please tick (√) on cell for each statement in the table below on a likert scale of 1-5.
Strongly Agree-5, Agree-4, Neutral-3, Disagree-2, Strongly Disagree-1

Table 4.10: Influence of Alternative Rites of Passage on Eradicating of FGM

Statement	**SA**		**A**		**N**		**D**		**SD**	
	F	**%**	**F**	**%**	**F**	**%**	**F**	**%**	**F**	**%**
I'm aware of the existing alternative rites of passage to replace FGM in our community	45	19.7	107	46.9	14	6.1	38	16.7	24	10.5
Our community has Seclusion and training as a form of alternative rite of practice	43	18.8	121	53.1	6	2.6	31	13.6	27	11.8
Community Sensitization is done to adopt alternatives on the procedures of FGM	83	36.4	105	46.2	-	-	24	10.5	16	7.0
Public ceremonies are held to celebrate girls entry into womanhood without necessarily going through FGM	57	25.0	110	48.2	32	14.0	18	7.9	11	4.8
Public declaration are done as a form of alternative rite of passage	65	28.5	118	51.8	45	19.7	-	-	-	-

The researcher sought to find out if the respondents were aware of alternative rites of passage to replace FGM in the community. A slight majority of the respondents 46.9%agreed to this statement with 19.7% strongly agreeing. With 6.1% not sure if alternative rites of passage existed. However 16.7% and 10.5% disagreed respectively. Furthermore the respondents agreed that seclusion at training was adopted as alternative rites of passage with 18.8% and 53.1% of

respondents strongly agreeing and agreeing respectively. On the hand 2.6% were not sure while 13.6% and 11.8% disagreed and strongly agreed respectively.

When asked if public ceremonies are held to celebrate girls entry into womanhood without necessarily going through FGM. Majority of the respondents 48.2% agreed with 25.0% strongly agreeing, 14.0% were not sure, 7.9% disagreed with 4.8% strongly disagreeing. This implies that after seclusion and training majority of girls were publicly declared as to have gone through education that would enable them celebrate entering womanhood instead of going through FGM. This depicted a tremendous positive response in fighting FGM through alternative rites of passage. Majority of the respondents also agreed that public declaration was done to fully declare girls as to have crossed womanhood with 51.8% agreeing and 28.5% strongly agreeing. However, 19.7% were not sure whether public declaration was done.

The researcher further sought to enquire if government officials were invited to warn the community on the dangers of practising FGM, whether during seclusion and training girls were given education on the dangers of FGM, whether gifts and certificates were offered to the graduates after the period of seclusion and training and whether they thought the alternative rites of passages available complied with the Maasai culture. Table 4.11 presents the responses given by the respondents.

Basing on the efforts made by alternative rites of passage on eradication of FGM practices please tick (√) one cell for each statement provided below on a likert scale of 1-5:
Strongly Agree-5, Agree-4, Neutral-3, Disagree-2, Strongly Disagree-1

Table 4.11: Dangers of practising FGM

Statement	SA		A		N		D		SD	
	F	%	F	%	F	%	F	%	F	%
During the public ceremonies governmental officials are invited to warn community members on the practice of FGM	43	18.9	76	33.3	60	26.3	29	12.7	20	8.8
During seclusion and training the girls are given education on the dangers and health repercussions of FGM	63	27.6	138	60.5	27	11.8	-	-	-	-
Gifts and Certificates are given to the graduates one they finish their period of seclusion and training	40	17.5	94	41.2	54	23.7	24	10.5	16	7.0
I think the alternative rites of passages do not comply with the Maasai Culture	26	11.4	36	15.8	36	15.8	83	36.4	47	20.6

When asked whether government officials were invited to warn FGM perpetrators of the practice, a slight majority (33.3%) concurred with 18.9% strongly agreeing. However 26.3% were not sure if they were invited. On the other hand 12.7% did not agree with these sentiments. 8.8% of the respondents strongly disagreed. This implies that government officials were slightly serious with dealing with FGM eradication.

The researcher sought to find out if girls were given education on dangers and health repercussions of FGM. 60.5% of the responses agreed with 27.6% of them strongly agreeing with the statements. 11.8% were not sure while no respondents disagreed with the sentiments. This shows that there was vigorous sensitization on the need to eradicate FGM due to the health implication it causes. However, majority of the respondents 23.7% were not sure if the girls are given gifts and certificates once they finish seclusion and training.

When asked if they thought alternative rites of passages comply with the Maasai culture majority (36.4%) disagreed with 20.6% strongly disagreeing, 11.4% strongly agreed while 15.8% agreed. 15.8% were not sure. This implies that much of these alternative rites of passage

were effective in reducing FGM prevalence they were not entering complying with the Maasai culture and thus need to revise them.

4.7 Community Based Rehabilitation Centres (CBRC's) on Eradicating of FGM

This section was based on ways in which Community Based Rehabilitation Centres influence eradication of FGM in Maparasha village Kajiado county influence eradication of FGM. In this case the respondents were asked to respond to whether CBRC's have created awareness on the need to eradicate FGM, whether CBRC's target school girls who have dropped out of school as a result of parents not paying school fees due to decline of going through FGM, whether CBRC's target girls who have been adversely affected by FGM and need medical health and counseling, whether children officers are always ready to receive escape girls, whether reconciliatory meeting between parents and escape girls are always successful. Table 4.12 shows the responses made by the respondents.

Basing on the efforts made by community-based rescue centers on eradication of FGM practices please tick (√) one cell for each statement provided below on a likert scale of 1-5:
Strongly Agree-5, Agree-4, Neutral-3, Disagree-2, Strongly Disagree-1

Table4.12: Influence of Community Based Rehabilitation Centres (CBRC's) on Eradicating of FGM

Statement	SA		A		N		D		SD	
	F	%	F	%	F	%	F	%	F	%
CBRC's have created awareness on the need to eradicate FGM	51	22.4	107	46.9	33	14.5	21	9.2	16	7.0
CBRC'S also target school girls who have dropped out of school due to decline of parents paying school as a result of them not going through FGM	9	3.9	54	23.7	87	38.2	39	17.1	39	17.1
The CBRC's also target girls who have been adversely affected by FGM and need medical health and counselling	56	24.6	83	36.4	40	17.5	29	12.7	20	8.8
There are Children officers who are always ready receive escape girls and those thrown out of their homes as a result of them	22	9.6	43	18.9	93	40.8	67	29.4	3	1.3
Reconciliatory meeting between the escape girls and parents by the CBRC officers are always successful	55	24.1	90	39.5	12	5.3	55	24.1	16	7.0

The researcher sought to find out whether CBRC'S have created awareness on the need to eradicate FGM. Majority of respondents (46.9) agreed while 22.4% strongly agreed. 14.5% of the respondents were not sure if CBRC, have created awareness on the need to eradicate FGM. On the hand 9.2% of the respondents disagreed with these sentiments with 7.0% of the respondents strongly disagreeing. When asked whether CBRC's target school girls who have dropped out of schools due to decline of parents paying school fees as a result of them not going through FGM. Majority (38.2%) were not sure, 3.9% strongly agreed, 23.7% agreed while 17.1% and 17.1% disagreed and strongly disagreed respectively.

When asked whether CBRC'S target girls who have been adversely affected by FGM and need medical health and counselling. Majority composing 36.4% agreed, 24.6% strongly agreed, 17.5% were not sure while 12.7% and 8.8% disagreed and strongly disagreed respectively. The

researcher further sought to inquire if reconciliatory meetings between escape girls and parents are always successful. In this case, majority of the respondents (24.1%) disagreed while 7.0% strongly disagreed. On the other hand, a slight majority of 24.1% strongly agreed and 39.5% of the respondents agreeing with the sentiments. It was evident that measures had been put in place to eradicate FGM in Maparasha constituency but very few people aware and majority were ignorant of the same.

4.8 International Instruments and Organizations on Eradicating of FGM

This section was based on ways in International Instruments and Organizations influence eradication of FGM in Maparasha village in Kajiado County. In this case the respondents were asked to respond to whether the community was aware of the presence of international organizations seeking to eradicate FGM, whether they have educated them on the dangers and harm associated with FGM, whether they have educated on the dangers and harm associated with FGM, whether they offer medical health to those affected with FGM and whether they are educated on the international legal instruments adopted to render FGM illegal. Table 4.13 shows the responses made by the respondents.

Basing on the existing international organizations and the legal instruments adopted to eradicate FGM, please tick (√) one cell for each statement provided in the table below on a likert scale of 1-5:
Strongly Agree-5, Agree-4, Neutral-3, Disagree-2, Strongly Disagree-1

Table 4.13: Influence of International Instruments and Organizations on Eradicating of FGM

Statement	SA		A		N		D		SD	
	F	%	F	%	F	%	F	%	F	%
I'm aware of the presence of international organizations seeking to eradicate FGM in our community	45	19.7	82	35.9	-	-	56	24.6	45	19.7
International organizations have educated me on the dangers and harm associates with FGM	68	30.0	97	42.5	-	-	38	22.5	25	5.0
International organizations in our community offer medical healthcare to those adversely affected by FGM	22	9.6	43	18.9	111	48.7	35	15.4	17	7.5
Through the international organizations I'm educated on the on the legal instruments adopted and render FGM illegal	61	26.8	106	46.5	-	-	38	16.7	23	10.1

The researcher sought to enquire whether the community was aware of the presence of international organizations seeking to eradicate FGM in Maparasha village in Kajiado County. Majority of the respondents (35.9%) agreed with this statement with 19.7% strongly agreeing. 24.6% disagreed while 19.7% strongly disagreed. When asked on whether the international organizations have educated them on the dangers and harms associated with FGM, 42.5% agreed with 30.0% strongly agreeing. 22.5% of the respondents disagreed with 5.0% strongly disagreeing. Furthermore, the researcher sought to find out whether the international organizations in the community offered medical healthcare services to those adversely affected by FGM. In this case 48.7% of the responses were not sure, 15.4% disagreed with this statement, 18.9% agreed with 9.6% strongly agreeing.

4.9 Girl Child Education and Eradication of FGM

Girl child education is important for the researcher to be able to know if there is any impact on the child's education in relation to FGM eradication. This section was based on ways

in Girl Child education influences eradication of FGM in Maparasha village in Kajiado County. In this case the respondents were asked to respond to whether schools in the community accepted girls who have not gone through FGM, whether girls who have gone through FGM were accepted back to school despite the cutting, whether education on the dangers and the consequences of FGM practices was incorporated in school curriculum and whether girls are given reproductive health education and the need to stay safe from FGM. Table 4.14 shows the responses made by the respondents.

The following is a list of facet (factors) that are related to Girl-Child Education. Read each facet carefully then using a tick (√) the column that represents your opinion on a likert scale of 1-5: Strongly Agree-5, Agree-4, Neutral-3, Disagree-2, Strongly Disagree-1

Table 4.14: Influence of Girl Child Education on Eradicating of FGM

Statement	SA		A		N		D		SD	
	F	%	F	%	F	%	F	%	F	%
Schools in our community accept girls who have not gone through FGM	63	27.6	94	41.2	20	8.8	42	18.4	9	3.9
Girls who have gone through FGM are accept back to school despite the cutting	121	53.1	67	29.4	40	17.5	-	-	-	-
Education of the dangers and the consequences of FGM practices are incorporated in school curriculum	37	16.2	82	35.9	40	17.5	37	16.2	32	14.0
Girls are given reproductive health education and the need to stay safe from FGM	47	20.6	126	55.3	-	-	30	13.2	25	10.9

When asked on whether schools in the community accepted girls who have not gone through FGM, majority of the respondents (41.2%) concurred with 27.6% of the respondents strongly agreeing. 18.4% of them disagreed with 3.9% strongly disagreeing. Only 8.8% were not sure with this statement. The researcher further sought to find out whether girls who have gone

through FGM were accepted back to school despite the cutting. In this case, majority of the respondents (53.1%) strongly agreed while a slight number (29.4%) agreeing. 17.5% of the respondents were not sure. When asked if education on the dangers and the consequences of FGM practices was incorporated in school curriculum, 35.9% agreed with the statement, 16.2% strongly agreed, 16.2% disagreed while 14.0% strongly disagreed. On the other hand 17.5% were not sure. Finally the researcher sought to find out if girls were given reproductive health education and the need to stay safe from FGM. Majority of the respondents (55.3%) agreed, 20.6% strongly agreed, 13.2% disagreed while 10.9% strongly disagreed. From the findings of the study, it was seen that girls were still accepted fully back to school despite of the practice of FGM and therefore encouraged girls to fill appreciated and work on stopping the practice.

4.10 Eradication of FGM in Maparasha constituency in Kajiado County.

It was important for the researcher to carry out a study on the current number in practice of FGM in the area and if they were any court cases regarding the practice so that the researcher can be able to come up with good conclusions, recommendation and areas of further studies.

Table 4.15 Eradication of FGM in Maparasha constituency in Kajiado County.

Statement	SA		A		N		D		SD	
	F	%	F	%	F	%	F	%	F	%
Is the practice of FGM declined?	159	70.0	20	8.8	30	13.2	11	4.8	8	3.5
Do we have still court cases regarding FGM practise?	159	70.0	21	9.0	28	13.0	10	4.7	10	4.7

Figure 4.15 shows the response made by the respondents in Maparasha constituency.Majority of the 70% agreed that the practice in the area had gone down in addition to the court cases which had also declined by 70%.

CHAPTER FIVE

SUMMARY OF FINDINGS, DISCUSSIONS, CONCLUSSIONS AND RECCOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the study findings, discussions, conclusions and recommendations.

5.2 Summary of the Findings

This section presents the findings from the study. The section is organized into subsections based on demographic information, Influence of Legal Framework on Eradicating of FGM, Influence of Alternative Rites of Passage on Eradicating of FGM, Influence of Community Based Rehabilitation Centres (CBRC's) on Eradicating of FGM, Influence of International Instruments and Organizations on Eradicating of FGM and Influence of Girl Child Education on Eradicating of FGM.

5.2.1 Demographic Characteristics of respondents

Majority (68 percent) were female while the remaining (32 percent) of the respondent were male. Nearly half of the respondents were of the age category of 19-29 with 42.1%. On the position of the respondents the findings showed that there were 21 male village elders comprising of 9.21%, women elders were 36 comprising of 15.8%, women community members were 78 comprising of 34.2% and the targeted girls were 93 comprising of 40.8%. On religious affiliation, out of the 228 respondents 201 of them representing 88.2% were Christians.

The highest level of education of most of the respondents was primary education (101 respondents) comprising of 44.3% followed by those that had attained secondary education (46 respondents) comprising of 20.2%. On their marital status, out of 228 respondents, majority (172) were married comprising of 75.4% while 56 were unmarried comprising of 24.6%.

5.2.2 The Legal Framework on Eradicating of FGM

According to the findings, 12.3% of the respondents strongly agree that there was a clear framework on eradicating FGM, 42.1% agreed while 21.9% were not sure on whether there was a clear framework on eradicating FGM. When asked whether there are training opportunities to understand the existing laws put in place to eradicate FGM, majority (38.6%) did not agree while 18.9 % strongly disagreed. Furthermore, majority of the respondents (45.0%) agreed that there were law enforcement officers, while 32.5% were not sure of their presence. Nevertheless majority of the respondents (56.1%) agreed that the current Constitution of the Republic of Kenya (2010) protects children from FGM with 32.0% strongly accepting the existence of the laws. 11.8% of the respondents were not sure.

5.2.3 Alternative Rites of Passage on Eradicating of FGM

A slight majority of the respondents 46.9% agreed that they were aware of alternative rites of passage to replace FGM in the community with 19.7% strongly agreeing. Conversely, 6.1% not sure if alternative rites of passage existed. However 16.7% and 10.5% disagreed respectively. When asked if public ceremonies are held to celebrate girls entry into womanhood without necessarily going through FGM. Majority of the respondents 48.2% agreed with 25.0% strongly agreeing, 14.0% were not sure, 7.9% disagreed with 4.8% strongly disagreeing. The researcher sought to find out if girls were given education on dangers and health repercussions of FGM. 60.5% of the responses agreed with 27.6% of them strongly agreeing with the statements. 11.8% were not sure while no respondents disagreed with the sentiments.

5.2.4 Community Based Rehabilitation Centres (CBRC's) and Eradication of FGM

On whether CBRC'S had created awareness on the need to eradicate FGM, majority of respondents (46.9) agreed while 22.4% strongly agreed. 14.5% of the respondents were not sure if CBRC, have created awareness on the need to eradicate FGM. On the hand 9.2% of the respondents disagreed with these sentiments with 7.0% of the respondents strongly disagreeing. On whether CBRC's target school girls who have dropped out of schools due to decline of parents paying school fees as a result of them not going through FGM. Majority (38.2%) were not sure, 3.9% strongly agreed, 23.7% agreed while 17.1% and 17.1% disagreed and strongly disagreed respectively. When asked whether CBRC'S target girls who have been adversely affected by FGM and need medical health and counselling. Majority composing 36.4% agreed, 24.6% strongly agreed, 17.5% were not sure while 12.7% and 8.8% disagreed and strongly disagreed respectively. Majority of the respondents (24.1%) disagreed that reconciliatory meetings between escape girls and parents are always successful while 7.0% strongly disagreed. On the other hand, a slight majority of 24.1% strongly agreed and 39.5% of the respondents agreeing with the sentiments.

5.2.5 International Instruments and Organizations on Eradication of FGM

On whether the community was aware of the presence of international organizations seeking to eradicate FGM in Maparasha village in Kajiado County, majority of the respondents (35.9%) agreed with this statement with 19.7% strongly agreeing. 24.6% disagreed while 19.7% strongly disagreed. 42.5% agreed that the international organizations have educated them on the dangers and harms associated with FGM with 30.0% strongly agreeing. 22.5% of the respondents disagreed with 5.0% strongly disagreeing. In addition 48.7% of the responses were

not sure whether the international organizations in the community offered medical healthcare services to those adversely affected by FGM while 15.4% disagreed with this statement, 18.9% agreed with 9.6% strongly agreeing.

5.2.6 Girl Child Education and Eradication of FGM

On whether schools in the community accepted girls who have not gone through FGM, majority of the respondents (41.2%) concurred with 27.6% of the respondents strongly agreeing. 18.4% of them disagreed with 3.9% strongly disagreeing. Only 8.8% were not sure with this statement. Majority of the respondents (53.1%) strongly agreed that girls who have gone through FGM were accepted back to school despite the cutting, while a slight number (29.4%) agreeing. 17.5% of the respondents were not sure. Furthermore, 35.9% agreed that education on the dangers and the consequences of FGM practices was incorporated in school curriculum, 16.2% strongly agreed, 16.2% disagreed while 14.0% strongly disagreed. On the other hand 17.5% were not sure. Finally, Majority of the respondents (55.3%) agreed that girls were given reproductive health education and the need to stay safe from FGM. 20.6% strongly agreed, 13.2% disagreed while 10.9% strongly disagreed.

5.2.7 Eradication of FGM in Maparasha constituency Kajiado County.

On whether the numbers had gone on the practice of FGM, it was noted that the practice had gone in the area by 70% which also indicated that the number of court cases on the practice had also declined in the area.

5.3 Discussions

The legal framework on eradication of FGM from the research carried, the legal framework awareness is in place but actualizing the practice and the rules in place is still a major problem as it was seen that still most parts of Maparasha constituency the girls did not know their rights and thus continued allowing FGM as a step to womanhood. From the study, the children's act since its enactment has tremendously reduced the prevalence of FGM in Kenya in some communities. However according to the Kenya Demographic Health Survey (KDHS) despite the existence of children's Act, some communities are still adamant and still perform FGM on children, for instance. We are also able to see from United States of America the practice is still being practiced in some parts of the country despite of the threat of their medical licences being taken away from them, An article published in 2003 in the *American Journal of Obstetrics and Gynaecology* clinically details one obstetrician's efforts to deliver a child vaginally from an infibulated woman. From the study and the research taken, the researcher can confirm that the practice of FGM is still adamant despite the existence of legal framework in place.

On Alternative rites of passage on eradicating FGM, the researcher was able to see that the majority of the people 46.9% in Maparasha constituency in Kajiado County agreed that they were aware of alternative rites of passage to replace FGM in the community. From the study, the community sensitization MYWO implemented FGM sensitization activities with the idea of an alternative ritual for those girls who made the decision to stop the practice in their own families. In this case information raising awareness of the health risks of the practice and the ways in

which it violates human rights are disseminated to the women at grassroots level (Izett and Toubia (2003) describe this while discussing behavioural change. This is in agreement with the research.

To determine how community based rescue centres influence eradication of FGM, from the research, the researcher was able to get the majority of the respondents (24.1%) disagreed that reconciliatory meetings between escape girls and parents are always successful while 7.0% strongly disagreed. On the other hand, a slight majority of 24.1% strongly agreed and 39.5% of the respondents agreeing with the sentiments. On the other hand from the study according to Karanja (2004), the main objective is to ensure that the girls who have been thrown out of their homes or run away as a result of refusing FGM or early marriages are sheltered and supported morally, socially and eventually returned to their homes through a reconciliatory process. This puts the researcher not in agreement with the study that the reconciliatory process works for the Community based rescue centres.

To determine how international instruments influence eradication of FGM, from the research in Maparasha constituency majority of the respondents (35.9%) agreed with this statement with 19.7% strongly agreeing. 24.6% disagreed while 19.7% strongly disagreed. On the other hand the study shows that the contribution of the German Development Cooperation had also been very eminent. This has been done through GTZ. The government of Kenya, civil society organizations and development partners has worked with GTZ in the fight against FGM in Kenya for over a decade. Since its inception, GTZ has adopted broader frameworks and more responsive programs focused at preventing Gender Based Violence (GBV). This is in agreement the research as the international instrument were used in eradicating FGM.

To determine how girl child education influences eradication of FGM, from the research the researcher was able to get good response from the respondents on whether schools in the community accepted girls who have not gone through FGM, majority of the respondents (41.2%) concurred with 27.6% of the respondents strongly agreeing. Population Reference Bureau, (2006) asserts that Girl Child education has enabled ethnic communities to look in to their own beliefs and values related to the practice in a dynamic and open way that is not experienced or seen as threatening. . In this case takes various forms of training, including literacy training, analytical skills and problem-solving as well as through the provision of information on human rights, religion, general health, sexual and reproductive health (UNICEF, 2005). This findings were in agreement with the research.

On the eradication measures in place, From the findings, the researcher was able to note that the number had decreased by 70% on the court cases on the practice of FGM which also indicated that the practice had gone down in Maparasha constituency Kajiado County.

5.4 Conclusions

Legal frameworks, the government and the local agencies need to strengthen public awareness around the existing laws in relation to FGM and the process of reporting cases of FGM to the authorities. The government also needs to enforce the laws more diligently at local and national levels. On the other hand, the involvement of medical staff in perpetuating FGM must be addressed by the government more strictly. The Ministry of Health has in the past issued prohibitions against the practice, but it appears not to have succeeded in changing behaviour. It is important to revisit this issue, and enforce the prohibition more effectively, with stricter sanctions

The Community based organizations working in Maparasha constituency should shift their focus from hosting rescue camps during circumcision seasons towards a broader programme including a clearly identified, locally acceptable Alternative Rites of Passage, in order to foster acceptance of an alternative rite of passage. This is because from the research findings, rescue camps have not succeeded in gaining local acceptance, and are therefore limited in their effectiveness and are unsustainable.

The international Organization based in Kajiado County need to have more interventions to help girls cope with the tremendous social pressure that forces them to submit to the practice, of FGM, for example through girl empowerment programmes. These could range from informal clubs in schools or churches to more structured residential courses. In addition, increased community education is needed on the negative health and social effects of FGM and its illegality. Programmes should engage the whole community, including boys, men, local authority staff, teachers, community and church leaders, and traditional circumcisers and health professionals.

Girl child education local schools should engage the girls in the community in discussion about sexual morality and FGM. This is because sexual morality is no longer a valid reason for continuing with FGM, and sexual activity among young people is a societal issue which is not solved through FGM. The schools should also as encourage girls to stay in school, supporting teachers in discussing FGM with girls and boys, and work hand in hand with local churches to actively oppose FGM, implementing girl empowerment and ARP programmes. Schools also provide an excellent avenue to address FGM and encourage the young people to reject it. The respondents rated girl child education as what they viewed as the most important in the eradication of FGM.

On eradication measures, they should be more measures in place so as to decrease further or end the number of cases in court on the practice of FGM.

This will improve on this body of knowledge thus finding better ways of eradication the practice not only among the Maasai Community but also among other communities practicing FGM.

5.5 Recommendations

1. Law enforcement officers should make their presence felt by strongly incriminating FGM and arresting the perpetrators where necessary.

2. Fight to eradicate FGM ought to be a collective responsibility since from the findings some members of the community were still ignorant and that not all are aware of the existing laws.

3. Lastly, more research is needed on the Maasai people, to understand better the measures that can promote broader social change and respect for the rights of children and women, which is necessary for the complete abandonment of FGM.

5.6 Areas of Further Study

This study proposes the following as areas requiring further research:

1. It would be imperative to look at the impact of adopting these FGM eradication measures on academic performance.
2. This study was carried out only with the Maasai Community in mind. There is therefore a need to investigate whether other communities would exhibit similar findings.
3. There is need for further studies on attitude and perceptions on harmful traditional practices towards women and children with a view to abolishing such practices.

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Appendix I

Introduction Letter

EDITH MUGADISI NAMBISIA
L50/68823/2011
P.O BOX NAIROBI

TO THE RESPONDENT,
KAJIADO COUNTY

Dear Respondent,

RE: REQUEST TO FILL A RESEARCH QUESTIONAIRE

My name is Edith Mugadisi Nambisia a student at The University of Nairobi pursuing a Masters of Art in Project Planning and Management. I am investigating a study on the ***Factors Influencing Eradication of Female Genital Practices in the Maasai Community in Kajiado County.***

In order to complete this research work the researcher would like to kindly request you to fill in the questionnaire provided to assist in collecting accurate data for the purpose of helping eradicate female genital mutilation practices in Kenya. It is also the assurance of the researcher that the information given will be treated with utmost confidentiality and will not be used for any other purpose other than for the purpose of this project.

Your response will be highly appreciated. Thank You in advance.

Yours Sincerely,

EDITH NAMBISIA.

Appendix II

QUESTIONNAIRE ADDRESSED TO THE RESPONDENT

Questionnaire for Investigating the Factors Influencing Eradication of Female Genital Mutilation Practices among the Maasai Community in Maparasha constituency in Kajiado County.

This research study aims at investigating the factors influencing eradication of female genital mutilation practices in Kenya specifically covering the Maasai community in Kajiado County. In order to conduct this research study the questionnaire attached below has been developed as the main instrument of data collection. It is the researcher's request that in order to achieve accurate data the respondent answer the questions according to what he or she believe is true and avoid leaving blanks.

SECTION: A

By the means of tick () kindly indicate an option that best describes you where appropriate. Also fill in the blanks where necessary.

1. Your Gender

   (a). Female (b). Male

2. Your age Bracket

   a) Below 25 years

   b) 25 – 30 years

   c) 31 – 35 years

   d) 36 – 40 years

   e) 41 – 45 years

   f) 46 – 50 years

   g) Over 51 years

3. Your Religious Affiliation

a) Christian

b) Muslim

c) Hindus

d) Any other specification

4. Your level of Education

a) Primary Education

b) Secondary Education (O level)

c) A – level Education

d) Diploma

e) Bachelor Degree

f) Masters Degree and above

5. Marital Status

a) Married b). single

6. Present position held in the community

a). Village Elder b). Women's Elder c). Community Member

7. Has your community taken any steps to address issues concerning FGM?

a). Yes b). No c). Not sure

SECTION B: INFLUENCE OF LEGAL FRAMEWORK ON ERADICATING FGM

1. Think of the present legal initiatives in the community. Basing on your opinion tick (√) one cell for each statement provided in the table below on a likert scale of 1-5 with 1- Strongly agree, 2- Agree, 3- Neutral, 4- Disagree, 5-Strongly Disagree

Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The community has clear legal framework on eradicating FGM					
There are training opportunities on need to understand laws put in place to eradicate FGM					
The enforcement officers are present to ensure the practice of FGM remains illegal					
Fgm practitioners are arrested if found practicing FGM					
Children Officers are on grass root level to protect the children from being forced into FGM					
I'm aware that the current constitution and the laws on children rights prohibit FGM					

2. In your opinion do you believe the legal framework in Kenya influences eradication of FGM practices in your community?

a). Yes b). No

3. Comments

_____

_____

SECTIONC: INFLUENCE OF ALTERNATIVE RITES OF PASSAGE ON ERADICATION OF FGM

1. On a scale of 1-3, how would you rate the influence of alternative rites of passage on eradication of Female Genital Mutilation Practices in your community?
N.B Circle the number that you deem appropriate.

1 ◄——— 2 ———► 3

Highly Influences Neutral Slightly Influences

3. Basing on the existing alternative rites of passage in your community, please tick (√) on cell for each statement in the table below on a likert scale of 1-5

Strongly Agree	5
Agree	4
Neutral	3
Disagree	2
Strongly Disagree	1

Statements	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly disagree**
I'm aware of the existing alternative rites of passage to replace FGM in our community					
Our community has Seclusion and training as a form of alternative rite of practice					
Community Sensitization is done to adopt alternatives on the procedures of FGM					
Public ceremonies are held celebrate girls entry into womanhood with necessarily going through FGM					
Public declaration are done as a form of alternative rite of passage					

4. The following is a list of facet (factors) related to alternative rites of passage. Read each facet carefully then using a tick (√) the column that best represent your feelings on a likert scale of 1-5

Strongly Agree	5
Agree	4
Neutral	3
Disagree	2
Strongly Disagree	1

Statements	**Strongly agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
During the public ceremonies governmental official are invited to warn community members on the practice of FGM					
During seclusion and training the girls are given education on the dangers and health repercussions of FGM					
Gifts and Certificates are given to the graduates one they finish their period of seclusion and training					
I think the alternative rites of passages do not comply with the Maasai Culture					

4. Give two suggestions on what the community should do to improve on the implementation on the alternative rites of passage to eradicate FGM

I. _____
_____

II. _____
_____

SECTION D: INFLUENCE OF COMMUNITY-BASED RESCUE CENTERS (CBRC,s) ON ERADICATION OF FGM

1. In your own opinion do you believe that Community-based rescue centers influence eradication of FGM in your community?

a). Yes b). No

3. Basing on the efforts made by community-based rescue centers on eradication of FGM practices please tick (√) one cell for each statement provided below on a likert scale of 1-5

Strongly Agree	5
Agree	4
Neutral	3
Disagree	2
Strongly Disagree	1

Statements	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
CBRC's have created awareness on the need to eradicate FGM					
CBRC'S also target school girls who have dropped out of school due to decline of parents paying school as a result of them not going through FGM					
The CBRC's also target girls who have been adversely affected by FGM and need medical health and counselling					
There are Children officers who are always ready receive escape girls and those thrown out of their homes as a result of them declining FGM practices					
Reconciliatory meeting between the escape girls and parents by the CBRC officers are always successful					

I. Give two suggestions on what the CBRC's should do to improve on their efforts towards eradicating FGM

_____

_____

II. _____

_____

SECTION E: INFLUENCE OF INTERNATIONAL ORGANIZATIONS AND INSTRUMENTS ON ERADICATION OF FGM

1. In your own opinion do international organizations and instruments influence eradication of FGM practices in your community?
a). Yes b). No
2. If yes, how does it influence FGM eradication levels?

a) Very High

b) High

c) Average

d) Low

e) Very low

5. Basing on the existing international organizations and the legal instruments adopted to eradicate FGM, please tick (√) one cell for each statement provided in the table below On a likert scale of 1-5

Strongly Agree	5
Agree	4
Neutral	3
Disagree	2
Strongly Disagree	1

Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I'm aware of the presence of international organizations seeking to eradicate FGM in our community					
International organizations have educated me on the dangers and harm associates with FGM					
International organization in our community offer medical health to those adversely affected by FGM					
Though the international organizations I'm educated on the on the legal instruments adopted and render FGM illegal					

4. Give at least two suggestions on what the International organizations should do to improve their efforts to eradicate FGM practices in your community.
   I. _____
   _____
   II. _____
   _____

SECTION F: INLUENCE OF GIRL-CHILD EDUCATION ON ERADICATION OF FGM

1. Think of your present Education system in Kenya .In your opinion does it really help in eradicating FGM practices in your community?

a). Yes b). No

2. The following is a list of facet (factors) that are related to Girl-Child Education. Read each facet carefully then using a tick (√) the column that represents your opinion on a likert scale of 1-5

Strongly Agree	5
Agree	4
Neutral	3
Disagree	2
Strongly Disagree	1

Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Schools in our community accept girls who have not gone through FGM					
Girls who have gone through FGM are accept back to school despite the cutting					
Education of the dangers and the consequences of FGM practices are incorporated in school curriculum					
Girls are given reproductive health education and the need to stay safe from FGM					

4. Give at least two suggestions on what the academic institutions in your community should do to promote girl child education with the aim of eradicating FGM.

I. _____

_____

II. _____

_____

SECTION G: ERADICATION OF FEMALE GENITAL MUTILATION IN MPARASHA VILLAGE KAJIADO COUNTY

1. Is the practice of FGM in Maparasha constituency still taking place?

   a). Yes b). No

   If yes, what is number of FGM practise since the measures in place?

2. Are there any court cases regarding the FGM practice in Maparasha constituency?

Thank you for your cooperation!

Appendix III

Schedule of Research Activities

Month	**OCT 2013**	**OCT 2013**

Week Activities	**1**	**2**	**3**	**4**	**5**	**6**	**7**
Proposal Writing							
Proposal Presentation							
Defence							
Data Collection							
Data Analysis							
Report writing							
Report submission							

Appendix IV

Budget for the study

ACTIVITY	**SOURCE OF REVENUE (KSHS)**	**AMOUNT (KSHS)**
Typing and printing of research proposal	Personal source of income	3,500.00
Binding of research proposals (6 copies)	”	500.00
Development of research instruments (questionnaires)	”	750.00
Data Collection	”	1,500.00
Data analysis and report writing	”	4,500.00
Data processing printing and binding of final research project (6 copies)	”	4,500.00
Estimated travelling expenses	”	5,000.00
Total (Kshs)		**20,250.00**