

**THE INFLUENCE OF FEMALE GENITAL MUTILATION ON GIRL  
CHILD PARTICIPATION IN PUBLIC PRIMARY SCHOOLS IN WAMBA  
WARD SAMBURU EAST SUB-COUNTY, SAMBURU COUNTY, KENYA.**

**BY**

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**A RESEARCH PROJECT REPORT SUBMITTED IN PARTIAL  
FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF  
DEGREE OF MASTER OF EDUCATION IN SOCIOLOGY OF EDUCATION  
OF THE UNIVERSITY OF NAIROBI.**

**NOVEMBER, 2015**

## DECLARATION

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

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## **DEDICATION**

My sincere dedication goes to my parents for their love, overwhelming contribution towards my education, encouragement and guidance in life is highly appreciated. I also give my dedication to my sisters and brothers for the hope, strength and understanding they always gave me throughout the entire study period. From them I learnt the spirit of perseverance and the motto to never give up. This inspired me and made me whom I am today.

## ACKNOWLEDGMENTS

I would like to acknowledge the Almighty God in a special way for his abundant love, inspiration, good health and stamina throughout the entire study period. My extended appreciation goes to the University of Nairobi Educational Foundations department for giving me an opportunity to study in their institution. My special thanks go to my supervisor; Dr. Lewis Ngesu for imparting in me the knowledge of the task. My sincere thanks are further extended to my lecturers at the department of Educational foundations who assisted me to reach this far. I will always be grateful to them. Further appreciation goes to Kikuyu Chief Librarian, Mr. Peter Mataji for posting me with the relevant literature review.

I would also like to acknowledge my friends and course mates, especially Pamela Ndege who when I found this project writing wanting, did encourage me therein. They made this project writing a reality. My gratitude is further extended to my informants in Samburu East Sub – County who willingly spared their time and volunteered information during my research. This includes the head teachers in the ten sampled schools. Again my heartfelt acknowledgement goes to the young beautiful girls who volunteered information concerning this very sensitive and sacred topic. I hope that these research findings will go a long way in changing their lives and be one of the tools for change towards their empowerment. I will not forget the assistant sub- County Commissioner Samburu East, Mr. Tobias Okoth who took his time and guided me in the area throughout the entire field work period. Mr. Murumbi: Officer commanding police division (O.C.P.D) Samburu East for the means of transport and security that you accorded to me as I made patrol in all the sampled schools. Thank you. God bless you all.

## Table of Contents

<b>Content</b>	<b>Page</b>
DECLARATION .....	ii
DEDICATION.....	iii
ACKNOWLEDGMENTS .....	iv
LISTS OF TABLES .....	viii
LIST OF FIGURES .....	ix
ABBREVIATIONS AND ACRONYMS.....	x
ABSTRACT .....	xii

### **CHAPTER ONE**

#### **INTRODUCTION**

1.1 Background to the Study .....	1
1.2 Statement of the Problem.....	10
1.3 Purpose of the Study .....	11
1.4 Objective of the Study .....	12
1.4.1 General objective .....	12
1.4.2 Specific objectives .....	12
1.5 General research ques tion.....	12
1.5.1 Specific research questions.....	12
1.6 Significance of the Study.....	13
1.7 Limitations of the study.....	14
1.8 Delimitations of the Study.....	15
1.9. Basic Assumptions of the Study .....	16
1.10 Operational definitions of significant terms .....	16
1.11 Organization of the study.....	18

### **CHAPTER TWO**

#### **LITERATURE REVIEW**

2.1 Introduction.....	19
2.2 FGM in theoretical context.....	19
2.2.1 FGM and laws, International and Regional treaties .....	23
2.2.2 Contribution of FGM on academic performance.....	25

2.2.3 Contribution of FGM on dropout rates of girls from schools.....	26
2.2.4 Contribution of FGM on early marriages of school girls .....	27
2.2.5 Contribution of FGM to girls absenteeism in schools .....	30
2.3 Current campaigns on FGM eradication.....	31
2.4 Summary of the literature review .....	36
2.5 Theoretical framework.....	38
2.6 Conceptual framework of the study.....	40

### **CHAPTER THREE**

#### **RESEARCH METHODOLOGY**

3.1 Introduction.....	41
3.2 Research Design .....	41
3.3 Target Population.....	43
3.4 Sample Size, Sample Frame and Sampling Technique .....	43
3.4.1 Sampling procedure .....	44
3.5 Data Collection Instrument.....	45
3.6 Validity of instruments .....	46
3.7 Reliability of the Instruments .....	46
3.8 Data Collection Procedure.....	47
3.9 Data Analysis Techniques .....	47
3.10 Ethical Considerations .....	50

### **CHAPTER FOUR**

#### **DATA ANALYSIS, PRESENTATION AND INTERPRETATION**

4.1 Introduction.....	51
4.2 Instrument return rate .....	51
4.3 The influence of FGM on girls' academic performance in schools in Wamba ward in Samburu Sub-County .....	57
4.4 The influence of FGM on girls' dropout rate from schools in Wamba ward, Samburu Sub-County in Samburu .....	62
4.5 Difference in age of marriage between girls who have undergone FGM and those who have not in Wamba Ward, Samburu Sub-County in Samburu .....	66
4.6 The relationship between FGM and girls' absenteeism in schools in Wamba Ward, Samburu Sub-County in Samburu.....	69

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction.....	73
5.2 Summary of the study.....	73
5.3 Summary of the major findings.....	74
5.3 Conclusions.....	77
5.4 Recommendations.....	78
5.5 Suggestions for further research.....	80
<b>REFERENCES .....</b>	<b>81</b>
<b>APPENDICES.....</b>	<b>91</b>
Appendix 1: Letter of transmittal .....	91
Appendix 2: Interview schedule for head teachers.....	92
Appendix 3: Students' questionnaire.....	94
Appendix 4: Observation checklists for the girls and wider society .....	98
Appendix 5. Preference of FGM in Africa .....	99
Appendix 6: Kenya tribal affiliation on FGM .....	100
Appendix 7: Research permit .....	101

## LISTS OF TABLES

<b>Table</b>	<b>Page</b>
Table 4. 1: Respondents distribution by sampled schools .....	52
Table 4. 2 Mean Age of respondents .....	52
Table 4.3: Age of Respondents.....	53
Table 4. 4: Distribution of respondents by the time/class they underwent FGM. ....	55
Table 4. 5: Responses on knowledge of awareness of girls getting married after FGM .....	56
Table 4. 6: Distribution of responses on the link between non performance and absenteeism .....	58
Table 4. 7: Chi –Squire Test results.....	59
Table 4. 8: Comparative analysis of performance between those girls who have undergone FGM and those who have not .....	60
Table 4. 9: Total enrolment by gender per class for the ten sampled schools .....	63
Table 4. 10: Discrepancies between the males and females in Wamba ward KCPE enrolment in 2014 .....	63
Table 4. 11: Reasons why girls drop out from school .....	65
Table 4. 12: Chi-Square test results.....	65
Table 4. 13 Whether the respondent is aware of girls getting married after FGM....	68
Table 4. 14: Responses on girls rate of school absenteeism after undergoing FGM.	69
Table 4. 15: Responses on link between girl’s non performance and absenteeism...	70
Table 4. 16: Responses on duration of Healing of FGM scar .....	71
Table 4. 17: Girls school attendance rate.....	71



## LIST OF FIGURES

<b>Figure</b>	<b>Page</b>
Figure 2.1 Conceptual Framework .....	40
Figure 4. 1: Responses on whether the respondents underwent FGM by choice or otherwise .....	54
Figure 4. 2 Responses on Girls/ respondents priorities after FGM .....	57
Figure 4. 3: Age and class at which the respondents experienced FGM.....	68

## **ABBREVIATIONS AND ACRONYMS**

<b>AMRUT</b>	:	Amada Murgat Universal Relief Team
<b>ASAL</b>	:	Arid & Semi –Arid lands
<b>CEDAW</b>	:	Convention on the Elimination of All forms of Discrimination Against women.
<b>CRC</b>	:	Convention on the Rights of the Child.
<b>EFA</b>	:	Education for all
<b>FAWE</b>	:	Forum for African women Educationalists -
<b>FPE</b>	:	Free Primary Education
<b>GBV</b>	:	Gender based violence
<b>GOK</b>	:	Government of Kenya
<b>KDHS</b>	:	Kenya Demographic & Health Survey.
<b>MOH</b>	:	Ministry of Health
<b>MYWO</b>	:	Maendeleo Ya Wanawake Organization
<b>NCCS</b>	:	National council for Children services
<b>NGOs</b>	:	Non- Governmental organizations
<b>OCPD</b>	:	Officer commanding police division
<b>PATH</b>	:	Programme for appropriate technology in health
<b>SDGs</b>	:	Sustainable Development goals
<b>SPSS</b>	:	Statistical Package for Social Science
<b>UN</b>	:	United Nations
<b>UNDP</b>	:	United Nations Development Programmes

- UNESCO** : United Nations Educational Scientific and Cultural  
Organization
- UNFPA** : United Nations population fund
- UPE** : Universal Primary Education

## ABSTRACT

This study aimed at establishing the influence of FGM on girl child participation in public primary schools in Wamba Ward Samburu East sub county of Samburu County. The specific objectives were to establish the influence of FGM on girls performance, absenteeism, dropout rate and early marriages. Literature relating to FGM, overview of FGM, theoretical context, influence of FGM on girl child participation, absence and performance in education, Laws and conventions on FGM and current campaigns on eradication of FGM was used in the study. In order to support the study, the researcher employed the Liberal Feminism theory which focuses on analyzing gender inequality and how girls miss opportunities through education. A detailed description of research design was used (survey), target population, sample size, frame and sampling procedure, reliability, validity, data collection, analysis techniques and ethical considerations of the study have been given in the project. Questionnaires, interview and direct observations by the researcher were used to collect data. The study involved 96 girls and 10 head teachers as the respondents who were obtained through the use of double simple random sampling. Questionnaire return rate was 96% which is acceptable. The data that was collected was analyzed using SPSS after coding of qualitative data and presented in the form of charts, tables, figures, and graphs. The study findings indicated that the girls within Wamba ward are poorly enrolled in primary schools, others drop at the above findings, the study also revealed that FGM has an influence on girls' participation in education and that there is a difference in age of marriage between girls who have undergone FGM and those that have not. Further, absenteeism from school is caused by FGM as the pupils have to be in seclusion for a period of time to heal from the cut. In conclusion, it was found out that FGM is a major problem in the Wamba Ward as well as in other communities. This study concluded that because of FGM in Wamba ward, the girls are unable to participate actively in education due chronic absenteeism, dropping out, early marriage as well as having dismal academic performance. Parents were noted to have contributed immensely to FGM and its attendant effects. The study recommends that the government and Faith Based Organizations sensitize the community on the importance of girl child education, create more awareness on the dangers of FGM, provision of funds to the rescue centres, education fraternity to set up strong counseling units in schools as well as build more boarding schools in the County to curb the problem. The researcher suggests an investigation on the most appropriate alternative rites of passage for girls in Wamba Ward, other factors that hinder girl's education in Wamba ward in Samburu County and the role of mass media as a source of information on the dangers of FGM in Kenya areas for further research in relation to FGM.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background to the Study**

Female Genital Mutilation (FGM) has been defined by World Health Organization (2005) as any procedure that involves partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons. WHO estimates that approximately 140 million girls and women have experienced the cut worldwide with an average of two million girls at risk of being circumcised annually. A similar report on female genital mutilation released by the World Health Organization in February 2013, notes that 140 million girls and women globally are living with the long-term consequences of female genital mutilation. The practice, accounts for growing cases of mortality in developing countries, Kenya included.

In industrialized countries, genital mutilation occurs predominantly among immigrants from countries where FGM is practiced. It has been reported in Australia, Denmark, France, Italy, UK, USA, Sweden, Britain and Netherlands. Doctors from their own communities who are residents there sometimes operate on girls illegally. More frequently, traditional practitioners are brought within the country or girls are sent abroad to be mutilated (World Bank Report on FGM 2005: 122).

The practice, concentrated most heavily in Africa, is widespread and forms an interrupted belt across the centre of the continent that extends to the length of Nile .It has been practiced for centuries in 28 African countries where more than 100 million

women have been circumcised. Some of the states and estimated percentage of circumcised women include Somali (98%), Sudan (89%), Ethiopia (85%), Eritrea (95%), Mali (94%), and Sierra Leone (90%), Burkina Faso (70%); Gambia (80%), Chad (60%), Congo, (98%), Egypt (97%), Kenya, Liberia (60%), Nigeria, Togo, Guinea, Guinea-Bissau (50%), Cote d'Ivoire (43%), Djibouti (98%) (Source: United Nations, The World Women 2000). The practice is equally practised among Muslim population in Arabia, Malaysia, Pakistan, Indonesia, Mauritania, Australia among the Aborigines, among a few minorities of Middle East (See appendix 5).

Although some scholars tried to establish the factors that contribute to FGM persistence and its effects on the academic and professional development of the girl child, such factors have not been exhaustively investigated. Whereas much attention has been paid to the physical and health effects of FGM on the girl, the social effects, especially adaptation to a formal school setting after FGM practice, socialization and the acquisition of knowledge have been neglected. As a consequence no concerted effort has been made to empower these girls to improve educational prospects as a way of effectively competing academically and professionally on the same level as uncircumcised girls and boys.

FGM is an entrenched cultural practice in over 50% of Kenyan ethnic groups. The event is regarded as a significant point of reference in most conversations that reflect on their origin and unity among the communities that practice it.(Murray,1974). The practice is believed to be so entrenched in the culture of many African societies such that it is seen as a way of life. Those rejecting it are seen to get off their traditional

roots. This might explain why the practice is rampant and persistent in the areas.(Aoko,2010). The Kenya Demographic and Survey Data (KDSD 2003:57) reveals that FGM is nearly universal among the Somalis (97%), Kisii (96%) and Maasai (93%). It is also common among the Taita (62%), Kalenjin (48%), Embu (44%) and Meru (42%). The levels are lower among the Kikuyu (34%) and Kamba (27 %). Among the Luo and Luhya affiliation is rare. It is estimated that only 15% out of 72 counties in Kenya who do not practice FGM. (See appendix 7)This action is a violation of the right of children of primary school age which is provided for by law (Children's Act 2001), which advocates for, amongst others, the right to education. The survey showed that there is a strong relationship between educational level and circumcision status. This action goes against the Kenyan government's commitment to international declarations, protocols and conventions as resolved in world conferences on EFA (Jomtiem Thailand, 1990, and Dakar Senegal, 2000) and by the Sustainable Development goal for Africa,UN,2015 especially goal four which emphasises on ensuring inclusive and quality education for all and promote lifelong learning by 2030.

On the same note, Non – legal measures against the practice have also been in place for over a decade in many countries. Activism by women groups, both African and international have made female genital mutilation one of the issues affecting women and children's rights. This has resulted to strong condemnation of female circumcision and strong recommendations for actions to stop the practice in the declaration of two recent world conferences; The international conference on population and development (Cairo,1994) and the World conference on Women

(Beijing, 1995). The practice was declared as a human rights violation by both forums.

At the ICPD (1994), FGM was identified as a basic human right violation and a lifelong threat to women and girls and all Governments were urged to prohibit and urgently stop the practice wherever it exists in these countries. The ICPD recommended that Governments and communities take steps urgently to stop the practice of FGM and to protect women and girls from such similar unnecessary and other dangerous practices (UNFPA, 1995). Despite the mounting pressure from all the above campaigns to abandon the practice of female circumcision, the practice has continued up to the present date especially among the Samburu where up to 99% still practice it, among other communities.

The right to education has been re-affirmed internationally (UNICEF, 2001). Article 28 of the United Nations Convention on the rights of the child states that every child has a right to education no matter what his or her circumstances and the Government of Kenya has stated its commitment to making this a reality (Republic of Kenya, 2005). Indeed the Government of Kenya seeks to ensure equity in terms of equal access to education (Republic of Kenya, 2005). This commitment to achieving equity is of utmost importance since equity in education is a fundamental principle of the Education for All (EFA) agenda. According to UNESCO (2008), equity in education should ensure provision of appropriate, relevant and viable learning opportunities to all children without distinction of location.



Literacy and provision of education has been emphasized upon throughout the world. Studies have shown that uneducated child or adult is a large liability to the society. Free Primary Education (FPE) was viewed as a step towards achieving universal basic education and as a part of scaling up poverty reduction. The removal of school fees contributed to poverty reduction by ensuring universal access to basic education. This in turn could help break the cycle of intergenerational poverty. Direct costs can include general fees, examination fees, and costs of textbooks, uniform, materials, feeding, transportation salary top-ups, sports and culture. There are also indirect costs which include cost of labour at home or work. By eliminating direct costs of schooling, families could send their children to primary school. However, at the global level the United Nations came up with a target that all member states should achieve. They include: ensuring that by the year 2030 all children particularly girls, children in difficult circumstances and those belonging to the ethnic minorities should have access to a complete free compulsory and good quality primary education; ensure that the learning needs of all young people and adults are in line with Sustainable Development Goals, goal number one which advocates to end poverty in all forms everywhere and goal no five, to achieve gender equality and empower all women and girls by 2030 (UN, 2015).

Since the inception of the framework of Education for All; adopted in 2000 at the World Education Forum in Dakar, many governments in Sub-Saharan Africa made have tremendous progress to ensure that children, especially girls of school-going-age, have access to free primary education (FAWE, 2000). Most governments have developed policy instruments and initiated interventions to mobilize, advocate,

and build capacity to promote education for all children. Recent research on education for girls in sub-Saharan Africa for instance; (Kirk, 2008; Chege & Sifuna, 2006; Ongaga & Ombonga, 2009) reveal that when girls are empowered and given opportunities to speak up for themselves, they develop resilient characteristics which provide them with the capacity to adapt to challenging and threatening circumstances in their communities.

Kenya as one of the signatory was compelled to implement this UNESCO (2001) mandate to provide high standard and high quality primary education for every child. Kenya is one of the countries in Africa where school enrolment for girls at primary school level is 50% of the total enrolment, but this decreases to below 30% as they ascend academic ladder to secondary level. Tawanda and Gordon (2004) in their study established that gender disparity continues to persist in certain areas and that there are persistent constraints that continue to hinder girls from being enrolled in school. This therefore calls for concerted efforts to help in promoting the enrolment of girls in order to achieve gender equality to access education for girls. The failure to enrol and retain female students in both primary and secondary schools constitutes a serious drain and loss on the country's budget in education, particularly when secondary education opportunities are expected to increase.

In Kenya for example, girl-child education is elusive. Mwangi, (2004) wrote that a combination of poverty, disease and backward cultural practices continued to deny the girl-child her right to education. Even with the introduction of free primary education, access to education is still remaining a wide dream to many Kenyan

children. Despite the introduction of free primary education in the country which accounted for an increase in enrolment, a sizeable number of children, especially girls, still find themselves out of school due to a number of reasons. These reasons include: demands for their labour in the homes such as assisting in looking after their young siblings; child marriage, doing house chores, death of their mother, and looking after the sick member of the family.

The Samburu have a deep-seated patriarchal family set up in which men are the heads of the family and are the major decision makers and custodians of cultural values which cement and maintain cultural identity. The fundamental requirement in identity is recognition and acceptance from others. Her identity is linked to the existing norms and values which prescribe the rules and requirements of behaviour which must be followed in order to achieve recognition. Therefore among the Samburu one has to undergo female circumcision in order to be accepted and recognized as “Samburu “by others (Nasesia, 2011). Based on the above, the rationale for persistence of this practice in this community can be understood from a male perspective as women on their own without the support of men cannot easily succeed in rooting out the practice. In most patriarchal societies, the role of men in decision making is paramount, the Samburu are not an exception.

The Samburu people have practiced FGM for years and being conservatists and not readily giving into current changes in the world despite all the efforts being undertaken by various advocacy groups to stop the cruel practice. Due to this rigidity, the Samburu community has lagged behind in education. The County

statistics indicate that boy's population in public primary Schools is higher by far as compared to those of girls. For instance, statistics from the D.E.O's office in 2015 indicates that in all the public primary schools in Wamba Ward boys' population is 3221 while that of girls is 2519. This is a clear indication of gender disparity in terms of participation in education despite the introduction and advocacy of free primary Education in the country and the entire Ward. This gender disparity in Education participation is attributed to by the persistence of FGM as a cultural practice among the many.

Some of the propagated reasons for the persistence of female genital mutilation in Samburu East Sub-County includes the following; it's a rite of passage which is socially accepted by 99 percent of the community hence a prerequisite for passage into womanhood. Secondly it is seen as a precursor for marriage to a Samburu man. Thirdly, men including the educated ones insist that their girls must undergo the rite so as avoid promiscuity in life. If a girl is not circumcised, she is considered inferior by others, cursed and she will be targeted at her child birth when the act will be done on her. This makes most girls yearn to undergo the cut to avoid misfortunes in the future as a result of 'curse' from the larger society. Again it enables a girl to be respected and recognized as a member of the village and community who strongly upholds and respects the norms and Samburu culture. On the same note circumcised girls are highly valued unlike their uncircumcised counterparts. This motivates each girl to strive to undergo the cut than being regarded as an outcast in the community. In addition, it enables ones sister to undergo the rite.FGM enables one to have many girls or women of her age attend her wedding and circumcision day; it therefore

makes one feel that she is not alone but part of the community. Finally, ones future children will not be seen as bringers of bad omen that would cause people in her community to start dying. Kithure, et al (2013).

It is in this background that the study sought to find out how FGM has influenced girls' education within Wamba Ward, Samburu East Sub-County. Majority of girls within Wamba Ward, Samburu East Sub-County are poorly enrolled in primary schools, others drop at primary levels and get married and others perform poorly due to absenteeism. To those who persevere though having undergone FGM, secondary education becomes the highest level of education to them. Very few excel to join universities or other education tertiary since much strength is laid on rituals and practices (FGM). This causes Samburu girls and women to be discriminated in gender Ward of labour as they are not highly educated as compared to other regions of the country like, Eastern, Central, Western, and Rift Valley among others where girls and women seem to be far in terms of participating in Education. As a result, they are disadvantaged in the job market.

The above argument creates the basis for this study because it focused on the influence of FGM on girls' participation in education in Wamba Ward. This argument was built by assessing how cultural practice contributes to girls' absenteeism from school and how this results in poor academic performance. A trend of poor academic performance may eventually make the girls drop out of school and get married at tender ages.

## **1.2 Statement of the problem**

A major barrier to girl-child participation in formal education is the cultural and traditional values and the daily realities of poverty that stand between girls and their prospects for educational opportunities. Cultural practices such as female genital mutilation (FGM) perpetuate gender imbalance in terms of educational attainments. This is occasioned by absenteeism and student drop out and is becoming a great concern for many governments. Despite many policies and strategies developed to enhance a smooth transition rate in school there are still some students especially girls who withdraw from school prematurely to get married, thereby thwarting educational attainments. The Universal Declaration of Human Rights, Article 26, for instance categorically states that everyone has the right to education (UNESCO, 2005). This is equally echoed in the Sustainable Development Goal number five, which targets to achieve gender equality and empower all women and girls by 2030.

The WHO, UNESCO and other organizations have collected large sets of data on FGM and its negative impact on the plight of the girl child. From these data a number of empirical analyses have been carried out to provide insights into the major constraints it has on education and the general welfare of girls. The studies however do not give a comparative analysis in performance and the influence of FGM on girls' participation in education of between those who are not circumcised and those that are circumcised. The Children's Act of 2011 passed by the Kenyan Government states that a child has a right to citizenship, education & religion among others. However, in Samburu East Sub-County, girls are not participating as they should be from the free primary education. As the young girls continue to engage in the FGM

practice majority of them may not concentrate on education rather considering they mature, start looking for future marriage partners who distract them from total participation in education as they wish to please the would-be husbands (Population Reference Bureau, 2001).

The main concerns to be brought forth in this study is how FGM, a cultural practice influences participation of girls' in schools in Wamba Ward of Samburu county. Poor participation of girls in primary schools is steadily overwhelming in Samburu East Sub-County. The study was to fill the gap by assessing the influence to which this cultural practice hinders participation of girls in education. This study is therefore prompted by the trend of poor participation of girls in Samburu East Sub-County and set to investigate the influence of FGM on participation of female learners in primary schools in Samburu East Sub-County of Samburu County. The variables to be looked at in this regard would be academic performance, absenteeism, dropout rate from school and the difference in age at marriage between girls who have undergone the cut and those who have not.

### **1.3 Purpose of the Study**

The purpose of the study was to determine the influence of female genital mutilation on female students' participation in primary public primary schools in Wamba ward, Samburu East sub- County.

## **1.4 Objective of the Study**

### **1.4.1 General objective**

The overall objective of the study was to establish the influence of Female Genital Mutilation on girls Participation in Wamba ward, Samburu East Sub-County in Samburu County.

### **1.4.2 Specific objectives**

- i) To establish the influence of FGM on girls' academic performance in school in Wamba ward Samburu Sub-County in Samburu.
- ii) To assess the influence of FGM on girls' dropout rate from schools in Wamba ward, Samburu Sub-County in Samburu.
- iii) To establish the difference in age of marriage between girls who have undergone FGM and those who have not in Wamba ward, Samburu Sub-County in Samburu.
- iv) To find out the influence of FGM on girls' absenteeism in schools in Wamba ward, Samburu Sub-County in Samburu.

## **1.5 General research question**

- i) What is the influence of FGM on girls' participation in public primary schools in Wamba Ward?

### **1.5.1 Specific research questions**

The study addressed the following specific research questions.

- i) How does FGM influence girls' academic performance in school in Wamba ward Samburu Sub-County in Samburu?



- ii) What is the influence of FGM on girls' dropout rate from schools in Wamba ward, Samburu Sub-County in Samburu?
- iii) What is the marriage age difference between girls who have undergone FGM and those who have not in Wamba ward, Samburu Sub-County in Samburu?
- iv) How does FGM influence girls' absenteeism in schools in Wamba ward, Samburu Sub-County in Samburu?

### **1.6 Significance of the Study**

The study findings, conclusion and recommendations will contribute to the existing body of knowledge about FGM, its causes, persistence of practice and its effects on the girl-child, particularly on her education. The study aims at providing useful insights and groundwork for future researchers hence it is an academic study intended to enrich the existing body of knowledge.

Secondly, study will examine and provide an understanding on the impact of Female genital Mutilation on girl child education. It will give a starting point on guidance and counselling of girls targeted for FGM. The study will provide the right information to be used by school Curriculum developers in the designing of appropriate curriculum to be used against therefore mentioned cultural practice. It will enlighten those involved in FGM campaigns on the areas that need to be looked into.

The information collected will also add to the scanty information that was available on factors that influence the girl child participation public primary school, this will help identify specific mobilization campaigns and strategies by the Area Educational

Officials to address the situation. The parents and teachers will use the research findings in counseling female students towards completing their education and underlining the benefits of graduating at all levels of education.

The study is important as it may enable the government to empower girls/women within the community and be sensitized on the importance of girl child education. The community should also be made aware that FGM is a gender inequality; therefore, the practice should be abandoned and totally banned from operation through lobbying by the elected leaders. The religious leaders also need to take a strong stand in disbanding the FGM since it is neither supported by the Bible nor Quran nor any other religious book (DHS, 2008-2009).

Finally, the awareness created will enlighten educators, campaign designers, education providers, social workers and stakeholders in laying ways of overcoming the practice. It brings to light issues on gender inequalities, marginalization of women and its impact on development. The overall findings of the project will also provide a guide to policymakers, stakeholders and project officers on the best strategies to apply in introducing and sustaining to end this cultural practice in Wamba ward, Samburu East Sub-County.

### **1.7 Limitations of the study**

The biggest challenge in this study was to fund the exercise. To overcome this limitation, the researcher solicited the necessary funds from the higher Education loans board. Secondly due to the vastness of Samburu County and the time limit, the research was carried out in a few public primary schools in Samburu East of

Samburu County. To overcome this limitation, the study was conducted among school heads, and students in one ward out of the three wards in Samburu East Sub-County. The study is therefore limited in generalization to other Sub-Counties in Samburu County and even the whole country where the same practice is done on girl child. Thirdly is the means of transport which is quite very poor since all roads are earth and not tarmacked causing the transport system to be poor especially during rainy seasons. The best possible means of transport for proper coverage was the 'bodaboda' (motorcycle) which was easily took advantage of the situation and charge heavily. To overcome this limitation, the researcher was to solicit enough funds from her Mwalimu Sacco account.

### **1.8 Delimitations of the Study**

The scope of the study was limited to the eastern side of Samburu County in Kenya and the schools that were studied are the public primary schools. The major focus of this study was public primary schools in Samburu East Sub County. Though in Kenya there are many other communities that practice this harmful cultural practice for instance FGM, the scope of this study cannot allow us to study the entire Kenyan region and therefore the scope was limited to the Wamba ward and due to the vast nature of Samburu county and the time allocated for the study, the specific area of study was focus on Wamba ward of Samburu East Sub-County only. The findings was then be used to generalize the percentage of the then poor participation of a girl child in public primary schools.

### **1.9. Basic Assumptions of the Study**

The research was conducted based on the following assumptions;

- i) That the learners and teachers would provide the details required by the research instrument.
- ii) That the pupils would provide truthful, honest and objective responses that would be a reflection of how the afore mentioned cultural practices had impacted on their education.
- iii) That the sample would be a representative of the target population affected by FGM in Kenya.
- iv) That the research instruments would not be a problem to the respondents.

### **1.10 Operational definitions of significant terms**

This study focused on the following key terms: Female Genital Mutilation (FGM), academic performance, girl child, drop out and participation. The following are definitions of terms as used in this study.

**Academic performance:** This was operationalized as the ability to study and remember facts, being able to study effectively and see how facts fit together and form larger patterns of knowledge, and being able to think for yourself in relation to facts and being able to communicate your knowledge verbally or down on paper. The grades acquired by the girl child in Kenya Certificate of Primary Education.

**Drop-out:** This refers to children leaving school and not re-enrolling in their immediate or any other school, before they have completed the cycle.

**Female Genital Mutilation:** Female Genital Mutilation (FGM) is simply “the collective name given to several different traditional practices that involve the cutting of female external genitalia” (Rahman & Toubia, 2000:3). UNICEF, WHO & UNFPA, 1997, issued a joint policy statement on FGM which gave the following definition: “Female genital mutilation comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or other non-therapeutic reasons” (WHO, 1997:1). It is sometimes referred as female circumcision which often involves cutting which is much more severe and extensive to the pubic part of a girl or woman. For the purpose of this study Female Genital Mutilation (FGM) was referred to the practice of surgically removing all or part of the female external genitalia for non-medical purposes.

**Girl-child:** This refers to a female child from birth to young womanhood of not more than 18 years of age. In the context of this study, the above term was referred to the way a girl child is fully enrolled, retained in school as well as performing well at the end of the eight year course.

**Participation:** From the context of the study, this is to be fully involved in a situation that is beneficial to somebody's private life. In this study, the term is referring to meaningful involvement in educational matters regarding decision making and action. These actions include; enrolment, retention and academic performance of a girl child in public schools.

### **1.11 Organization of the study**

The research project is organized into five chapters. Chapter one deals with the background of the study, statement of the problem, purpose of the study, research objectives, research questions, significance of the study. It further includes limitations, delimitations, basic assumptions, definitions of operational terms widely used in the study and organization of the study. Chapter two contains a review of literature that relates to FGM, overview of FGM, theoretical context, influence of FGM on girl child participation, absence, early marriages, dropout and performance in education, Laws and conventions on FGM, current campaigns on FGM, theoretical framework and conceptual framework of the study.

Chapter three consists of detailed descriptions of research methodology, target population, sample size, frame and sampling procedure, research instruments, reliability, validity, data collection, analysis techniques and ethical considerations of the study. Chapter four consists of data analysis, results and discussions of the findings. The main focus is on answering the research question coming from the research problem. The findings have been presented in the form of tables, figures, charts and each is discussed by the researcher. Chapter five consists of summary of the research findings, summary of major findings and conclusions, policy implications and recommendations suggestions for further research.

## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURE**

#### **2.1 Introduction**

Chapter two gives an outline of the literature review in relation to the influence of FGM on girls' participation in education to school students in Wamba ward, Samburu Sub- County in Samburu County. FGM in other areas is in the process of being eliminated after the realization that FGM is a violation of human rights of girls and women (UNIFA, 2013) and that it reflects deep rooted inequality between the sexes and constitutes an extreme form of discrimination against women.

#### **2.2 FGM in theoretical context**

It is estimated that over 130 million girls and women have undergone some form of cutting, and at least 2 million girls are at risk of undergoing the practice every year (WHO, 2005).

World Health Organization (WHO) classifies FGM in to four categories;

Type 1 Excision of the prepuce with partial / total excision of the clitoris known in several areas as Sunna.

Type 2 Excision of the prepuce and clitoris with partial / total excision of the labia minora.

Type 3 Partial / total excision of the external genitalia and stitching the vagina opening with its consequent narrowing (also known as infibulations or pharaonic form.

Type 4 Includes several types of genital manipulation, pricking, piercing, incision and stretching of clitoris or labia, burning the clitoris, seraping the tissue

surrounding the vagina, introduction into the vagina of corrosive substance or herbs.

In many communities, FGM is performed as a rite of passage from childhood into adulthood. During this period, the girl is equipped with skills for handling marriage, husband and children. The process of becoming a woman contributes heavily to the maintenance of non-material custom and tradition by linking the girls to the lifestyles and roles played by other women. FGM represents an act of socialization into non-material cultural values. Family and communities that practice FGM affirms their relationships with the beliefs of the past by continuing the tradition, they maintained the community customs and preserve cultural social identity. Those who uphold cultural customs in this regard may have little consideration for education for their girls because they would simple want to belong. Without this practice one would be seen as an 'outcast' and be stigmatized.

Demographic and health survey findings (2002) indicate the following: The average age is 7-10 years for FGM in Egypt, Somali, Central African Republic and during infancy, before one year of age in Eritrea and Mali. The level of preparedness of girls to adult hood and the general social responsibilities begin early and little focus is given on educational matters. According to UNICEF (2013), factors such as hygiene, social acceptance, marriage ability, preservation of virginity and fidelity, reduction of female sexual desires and enhancement of male sexual pleasure may play a major role in influencing the girls to engage in FGM. The practice is considered to be rooted in male dominated societies that have attempted to subjugate women and repress their sexuality. As the community wish to preserve culture from generation to



generation, women become perpetrators of the practice as they push girls to the practice so as to initiate them into the community traditions.

In Kenya, three types of circumcision are practiced; these include Sunna, excision and infibulations. Sunna is the most prevalent in Kisii district, while Meru and Narok districts predominantly practice excision, which also appear to be prominent in all districts. A significant number of Samburu girls (19.6%) undergo infibulations (Aoko, 2010). The causes for practicing FGM are based on myths and ancient cultural beliefs, religion, aesthetics, sociological and psychological issues. The ages at which girls are circumcised in Kenya vary from one community to another and ranges from 5 to 20 years. It is a pre-adolescent activity in Kisii, Kuria, Somali and Borana a teenage undertaking in Nandi, Embu, Meru, Nyambene, Nyeri, Muranga, Samburu and Garissa districts.

As mentioned earlier, female circumcision has been practiced in Kenya for centuries. A World Bank report on FGM (1994), estimates that at least 50% of Kenya's female population has already been circumcised. High rates of female circumcision are found in districts, which include Kisii (98%), Narok (96%), Samburu (91.3%), Meru (73%), Nyambene (80%), Garissa (90%), and Murang'a (60%), Somali (98%). This is proof of the existence of FGM. Further findings indicate that the rate of female circumcision varies across age groups with women in the older age groups having higher rates than the younger ones.

Based on the MYWO (1991) study, women aged 50 years and above were all found to be circumcised compared to 51.45 of those aged 14 years and below among some

of the communities which circumcise women. This action is a violation of the rights of children of primary school age which is provided for by law (Children's Act 2001), which advocates for, amongst others, the right to education. The survey showed that there is a strong relationship between educational level and circumcision status. This action goes against the Kenyan government's commitment to international declarations, protocols and conventions as resolved in world conferences on EFA (Jomtiem Thailand, 1990, and Dakar Senegal, 2000) and by the Sustainable Development Goals, 2015.

Chege & Sifuna (2006) noted that parents tend to discourage too much education for their daughters. There is always the fear that if a girl is highly educated she may find it difficult to get husband or be a good wife. They argue that women stay away from much too education in order to remain manageable and to avoid entering fields, which would make it difficult to follow their husbands in case of transfer.

Sifuna 2006, Eshiwani (1993), observed that cultural factors affect academic achievement of girl's student. In most cases, girls are more disadvantaged by cultural factors operating within home and school than boys. This was too echoed by UNESCO (1992) in their studies that there was a general trend across all countries which reported on the matter that girl student performance weakens relatively to the performance of boys at some point in the school cycle.

The Gachathi report (1976) concluded that the education of women is much less developed than that of men due to traditional believes and prejudices held by people in the society. FGM has become a part of the Samburu community and there is no

way one can detach herself from it. If one defies from it, she is considered an outcast or seen as bringing a bad omen. If a girl became pregnant before being cut, she was still be cut at the time of birth. Majority of the Samburu men was never refuse to have their daughter circumcised because everyone in the community would know it would mean that no Samburu men would ever marry the girl. Those who didn't get circumcised or ran away are tracked down and cut to avoid bringing a curse to their siblings. The literature review of the study was spell out how FGM affects the girls' Participation in education in one way or another within the Wamba ward, Samburu East Sub-County. FGM rates among 15-49 year olds have declined from 37.6 percent to 27.1 per cent over a ten year period. However, with one in four girls in Kenya are still cut, the percent remains too high, and efforts to end the practice need to be steeped up. With increasing numbers of Kenyan women and girls calling for an end to FGM, their voices must be now being heard. In Samburu last December, the council of elders read to the Media a community edict asserting their zeal to continue circumcising their girls. This was done in the presence of their elected leaders. Only one can guess where their loyalty lies (Standard paper, 5<sup>th</sup> February 2015)

### **2.2.1 FGM and laws, International and Regional treaties**

Kenya has signed several international human right conventions, providing a strong basis for the characterization of FGM as a violation of international human rights. It is however notable that despite all these commitments by the government, Nongovernmental organizations and other bodies, FGM continues to be administered in Samburu county and particularly Wamba Ward. These include:

- i) Convention on the Elimination of Discrimination Against Women (CEDAW)

- ii) Convention on the Right of the Child (CRC)
- iii) International Covenant on Economic, Social and Cultural Right (ICESCR).
- iv) African Charter on the Rights and Welfare of the Child (ACRWC).
- v) Maputo Protocol to the African Charter on Human and peoples' Right on the Rights of women in Africa (the 'Maputo Protocol').
- vi) African Charter on Human and People's Rights (the 'Banjul Charter')
- vii) The African Union declared the years from 2010 to 2020 to be decade for African women and Kenya is expected to continue its commitment to promote and protect the rights of women.
- viii) In December 2012, the UN passed an historic resolution calling on countries to eliminate FGM and in 2013, the 97th UN Convention on the status of women's agreed conclusions included in a reference to the need of states to develop policies and programmes to eliminate FGM as well as other forms of violence against women (UN, 2012)
- ix) The of suffrage, consent and marriage where the age of suffrage is 18 years and of consent is 16 years the minimum for marriage is 18, ( Children's Act of 2001).
- x) First anti-FGM Act (2001) and Second Anti-FGM Act (2011)
- xi) Kapsteno Rotwo Tipin 'say no to circumcision of girls' (KRT) (Pokot)
- xii) Maendeleo ya Wanawake (MYWO) have worked in areas like Kisii, Nyambene, Meru, Tharaka Nithi, Meru South, Narok, Murang'a, and Nandi districts through sensitization, education, publicity through tradition and modern media.
- xiii) Anti-FGM in Maasai and Pokot and the Seventh Day Adventist Church in Kisii

### **2.2.2 Contribution of FGM on academic performance.**

FGM has a direct impact on the importance of the girl child Education. Mbugua (1997) observes that there is a noticeable drop in school performance and attendance at soon after circumcision. (KEFEADO, 2001) attributes the poor performance to reduced interest in school work. There is also wastage of learning hours due to the girls being taken out of school to attend the long preparation for the ceremony and a prolonged recovery period resulting to further school absence. This has an effect in their performance. At times the preparations begin long before schools close; this causes psychological effects to girls (Berg and Denison, 2011, Behrendt and Moritz, 2005). Total concentration for education is affected as girls are double minded on what they are to encounter or undergo over the holidays. In many cases, FGM has a negative impact on a girl's education.

According to Population Reference Bureau (2001), there is a general correlation that the higher a woman's education level is, the less likely she is to be in favour of FGM practices. This is equally echoed by Chege (1983), who stated that where girls themselves are left to choose whether to be in school or go for initiations, the choice is for initiation. Health complications that girls suffer as a result of FGM cause irregular school attendance, thus non-performance and low performance trend on education. Some girls experience a lot of health hazards associated with the practice. Others encounter permanent problems like being anaemic due to high incidents of postpartum haemorrhage particularly where health services are poor or inaccessible (WHO, 2008). Other psychological and psychometric disorders associated with FGM include disordered eating and sleeping habits , changes in mood and symptoms

of impaired cognition that include sleeplessness, recurring nightmares, loss of appetite, weight loss or excessive weight gain as well as panic attacks and difficulties in concentrating and learning. FGM leads to drop in performance. It was realized that girl's performance drop due to wastage of learning period as they prepare and engage in FGM ceremonies. These psychosomatic and psychological disorders have adverse effects on girls affecting their concentration and this leads to drop in performance.

### **2.2.3 Contribution of FGM on dropout rates of girls from schools**

FGM has a relationship with issues such as girls not completing their education and having poor literacy. This is seen when the majority of the girls who undergo FGM consider they ready for marriage and take education as a lesser priority. Thus school priority is deterred. The cut girls find it difficult to concentrate in their school studies as they know at the back of their minds that the next option is to get married (Population Reference Bureau, 2001). They become 'unteacheable' as they have no interest in learning. Much clashing with the school authority and the uncircumcised peers cause them to drop out of school.

There is a general tendency for girls to drop out of school after undergoing circumcision. The MYWO strategic plan (2002-2007) sees FGM as one of the core reason why girls drop out before completion of basic primary education. The issue of girls dropping out of school before completion is common among practising communities. Among the Pokot, FGM has been a major contributor to drop outs (Daily Nation, 12<sup>th</sup> December, 2005). The Elimu Yetu Coalition (2005) has reported that among the Maasai, FGM has led to early withdrawal of girls from

schools. Some of the reasons given as to why girls do so after FGM including the feeling of adulthood after undergoing the rite.(KEFEADO). Wamahiu (1995) in her research titled ‘let them be heard “-the voice of the innocent” says girls themselves perceive schooling as a waste of time after initiation because they wait for marriage as the next greater goal in life. This was too confirmed by Murad (1998) in his findings, which states “it is perceived in many countries that school is not necessary after initiation”.

World Bank (2005), Murad (1998), added that genital mutilation is now referred to as symbolic of violence against girls in many communities. This practice hampers advancement in education for girls since they are bogged down with management of these initiations rather than being engaged in educational work, Family Health International journal: 2009. United Nations report of 2004, Beijing China stated that many tribes keep girls at home for mutilation during poverty while boys go to school. FGM is a major cause of drop out in FGM practicing communities. This is mainly due to feeling of being grown the associated with the practice. Girls who get pregnant out of engaging in sex due to their newly acquired status face the problem of dropping out of schools. When girls drop out they are denied the right to education as they are either married or seek employment.

#### **2.2.4 Contribution of FGM on early marriages of school girls**

Majority of the girls once they have undergone FGM are considered mature and ready for marriage (Population Reference Bureau, 2001). This assertion is also echoed in the Pambazuka issue 173), which states that in communities where FGM is

practised, it is viewed as a prerequisite for marriage. They drop out of school and engage in family life. The MYWO strategic plan (2002-2007) highlights that girls undergoing the practice are deemed mature and ready for marriage. UNICEF (2004) asserts that in some communities in Somalia, girls cannot be married without undergoing FGM. As the initiation marks the transition from childhood to adulthood (Embu Report, 2008), girls tend to exploit that chance by engaging in relations with men looking forward to be married. Some would have marriage partners arranged by their parents as to their desires to which family they wish their daughter to be married in. As the class concentration is diverted to their expectation of marriage, back to school after initiation, girls no longer concentrate on learning but rather become unruly and in disciplined. They are likely to play truancy and drop out of school in order to fulfil their priority and expectation of marriage (Population Reference Bureau, 2001) and to protect their ego and self esteem. They also tend to engage in sexual relations resulting to early pregnancies and early marriages becoming young mothers.

Mbugua (1997) gives social risks of FGM as early marriage, drop out and teenage pregnancies. Similar views are held by Gachiri (2000) who observes that FGM leads to illegitimate births, these results from the fact that the circumcised girls feel grown up and they start engaging in sexual activity early. Those who get pregnant at this age are forced to drop out of school. In Samburu community, after girls undergo FGM they are regarded a mature women by the entire community and so expected to get married hence they are made to drop from school to fulfil so.



IRIN News (January, 18<sup>th</sup> 2007) said that in some communities, FGM is a prerequisite to marriage failing to comply with the tradition may constitute grounds for divorce and / or forced excision. In others, bride price may be significantly lower for the uncircumcised girls this is so in Samburu Community. The Sudan DHS (1990), states that uncircumcised girls are generally viewed as unmarriageable. This is important where women's roles are clearly delineated, where marriage is seen as an economic necessity and where a woman derives value from her family role as a wife and mother. The Dominion News (11<sup>th</sup> Feb, 2005), it was reported that uncircumcised girls among the Somali have a harder time finding a partner for marriage and often their dowry is affected because they are considered virginal. A World Vision report on Somali (18<sup>th</sup> Aug, 2007) says that circumcision is believed to increase girl's chances of marriage because it preserves the much valued dignity. The Muslims Women's League(2006) states that FGM has tremendous significance in terms of desirability of a young woman for marriage ,which provides a major means for achieving economic strength and independence. Thus being unsuitable for marriage further worsens women's ability to prosper. FGM is a tool used by traditionalists to degrade a woman's status in society. It promotes poverty as it signals towards early marriages.

The early marriages also deny girls a chance to education which is very important for economic empowerment (Kahoro, 2007). This was too echoed by the UNFPA director general, Dr Babatunde Osotimehim, in releasing the recent population situation report who said: "Girls who remain in school longer are less likely to become pregnant. Education raises their self-esteem, status and gives them more say

in decisions affecting their lives.’’ He notes that education reduces the incidences of child marriage and delays child bearing. Female African Women Educationalists (FAWE:2007) carried out a study on education of girls and women in Africa and reported that after initiation rites, girls may be forced into marriages and in cases where they pursue education, school becomes inconducive to them (FAWE: 2007). It is for this reason that communities with traditional inclinations regard initiation as more important than schooling (for example in a press report of Daily Nation of 2009). It was revealed that some parents in Nyambene district declined to pay school fees for their daughters who refused to take part in initiation ceremonies. It is very therefore important to avoid FGM in order to avoid inconveniences of schooling for the girl child in Kenyan Education system.

#### **2.2.5 Contribution of FGM to girls absenteeism in schools**

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

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

### **2.3 Current campaigns on FGM eradication**

It is estimated that over 130 million girls and women have undergone some form of cutting, and at least 2 million girls are at risk of undergoing the practice every year (WHO Report on FGM, 08/03/2005 at [www.unicef.org/protection](http://www.unicef.org/protection)). The causes for practicing FGM are based on myths and ancient cultural beliefs, religion, aesthetics, sociological and psychological issues. The serious complication of FGM overrides its cultural significance and makes it a health and human rights issue. Owing to its gross effects on the girl child and women, FGM can still be condemned, although a cultural tradition. Since the function of culture and tradition is to provide a framework or harmless practice, cultural argument can never be used to promote violence against persons, male or female. Nevertheless, the elimination of FGM should be developed and implemented in a way that is seen in the cultural and social background of the communities that practice it. Behavior changes where people understand the hazards pertaining to the practice and then they realize that it is

possible to give up harmful practices, non-material culture, without giving up meaningful aspects of material culture (World Bank Report on FGM 2005:48).

The European Parliament in September 2001 adopted a resolution on FGM which calls on its member states to punish any resident who has committed the crime on FGM. It has been outlawed in several European countries. It is perhaps one of the worst violations of the fundamental human rights of children and women. FGM is depicted as one of the worst forms of gender-based violence practiced in eastern and western Africa. The battle against FGM is also a fight for gender equality and the rights of girls and women to live dignified lives. The move was initiated to ensure that the dignity and self esteem of women in communities that carry out this practice are enhanced.

Results of a recent evaluation of Norwegian Church Aid work on FGM in Africa shows some encouraging outcomes for instance; the study shows that there is some increased knowledge of the female physiology and the health consequences of FGM. The evaluation report of the Norwegian Church Aid work on FGM notes a gradual change in attitude among individuals in communities that carry out the dehumanizing ritual. Families such as that of a Nousamma Patriarch in Mali have decided not to circumcise their girls and have maintained the tempo for the past two years. The report also shows that some communities whose men would hitherto not marry an uncircumcised girl begin to soften their stand. Dialogues and debates among women generated by these events have helped to provide a voice for women and elevated

their social status as key players in the battle against FGM. (World Bank Report on FGM 2005:78).

FGM has been outlawed in numerous countries. In Africa, for instance, Burkina Faso, Central Africa Republic, Cote D'Ivoire, Djibouti, Ghana, Guinea, Togo, and Senegal Tanzania among others have outlawed it. In Kenya, a presidential declaration has denounced the practice (World Bank Report on FGM 2005:40). The revised edition of the Kenya Constitution 2010(1998) Section 74 protects every individual from torture, inhuman and degrading treatment. "No person shall be subjected to any torture or human or degrading punishment or other treatment". (The Constitution of Kenya, 2010:51). Article 231 of the Kenya penal code Act Cap 63(1970: 86) states that: "Any person who, with intend to maim, disfigure or disable any person or to do some grievous harm to any person is guilty of a felony and is liable to imprisonment for life, with or without corporal punishment".

The Children's Act (2001) enacted by parliament outlaws FGM. Section 14 of this Act states that: "No persons shall subject a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development." In 2011, another law was passed that specifically criminalizes FGM. Under this legislation, anyone who conducts FGM, who pays someone else to perform the practice either in Kenya or abroad, or who provides premises to carry it out, is guilty of an offence. Possession of instruments used in FGM is outlawed, as is failing to report the act (Training manual for health Providers

on FGM 2004:79). If a girl dies as result of FGM, those responsible can be convicted of murder. The law in Kenya is very clear in that it prohibits girls from obtaining circumcision. However, in many communities these practices continue in broad daylight.

In marginalized areas such as some parts of Samburu, female circumcision is done with the blessings of parent's and local administrators who also have their girls cut. Many view it as a precursor to marriage and child bearing, with girls as young as ten being subjected to it before being married off to men who sometimes are older than their fathers. In this land, girls get circumcised anytime after reaching 10-years-of-age, a brutal yet culturally important rite of passage. To these girls, anyone who is not circumcised is looked down upon and considered a child despite her age. Surprisingly, although they are aware of the dangers and risks associated with female circumcision and forced marriage, they do not see their rights as being infringed. When told that these actions are against the laws of this Country they argue otherwise, because to them the only law they follow is their cultural law, traditions and beliefs. In the year 2013, the County Commissioner Samburu East, Mr. Murungi had called a meeting with the village elders to tell them to stop the practice. The area chief, being a Samburu, had warned the County Commissioner that it was impossible. The Villagers who attended the baraza listened for a while then walked away vowing never to give up FGM in the Community. They even prayed to God that the County Commissioner's wishes would not come true and swore to themselves never to allow that to happen in their community.

The World Vision in Kenya is greatly involved in the campaign against FGM. This finds its roots in its motto: Vision, Mission and Care values all of which are supposed to be people-centered and gender sensitive. The vision reads in part: "Justice, peace and dignity upheld for all people while the core value reads in part: "We value people; we regard all people as created in the image of God." The organization's policy on women reads in part: "World Vision celebrates the diversity and dignity of women and men expressed in scriptures...." The policy further stated that the World Vision's Biblical and theological stance value the equal worth and dignity of women and men. The policy stipulates that the organization supports women. From the foregoing literature and concerns, the researcher is prompted to carry out an in-depth investigation on the factors for the persistence of FGM practice, despite the growing awareness of its harmful effects on the girl child's education particularly in Wamba Ward of Samburu East Sub- county. It is noted that in this study area there are other NGOs that have been beefing up campaigns against this practice, but very little effort has been realized for instance, the Kenya Red Cross society and Amrut. Intensive efforts have been made by these organizations to clamp down FGM practice. There is also the development arm of the Catholic Diocese of Maralal Samburu Central of Kenya. The Organization implements projects in this region where this is a stipulated rite of passage for girls. It is on the forefront to fight this practice and this is been done through a variety of activities.

The Gender Desk of the church is mandated to ensure that gender issues are addressed in each and every project implemented in Samburu County. Also, staff and policy makers have been trained on the harmful side effects of female genital

mutilation. In each and every training session for our beneficiaries, there has to be a component on Gender Based violence which is equally aired through Serian FM, a radio station in this community. Through partnering with Organizations such as the World Vision , the Ministry of Gender and Community based Organizations such as “Nairetu Women and Girls Empowerment Programme” The Church has managed to increase its reach in Samburu although many cases of FGM are still report as others go undetected.

#### **2.4 Summary of the literature review**

The participation of girls in primary education in Kenya, like in other countries in Sub- Saharan Africa is influenced by a complex interplay between out-of school and in-school factors. This implies that the cultural activities performed out of school such as FGM has a profounding effect on the performance of girls in schools. Factors such as absenteeism, early marriages, dropping out and poor performance can be associated with FGM. These factors influence and determine parents’ and communities’ commitment to investing in and supporting their girls’ education. They also impact on how well the girls learn and perform in school. Ultimately, they militate against the achievement of basic education for all. From the literature, it is imperative to note that these factors are common in every community in Kenya although their intensity varies from region to region and that in-school based obstacles to girls’ education have not been an area of much focus in research and debates in Kenya. These factors are shared by Wamba Ward dwellers in Samburu East Sub- County.



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

Three common traditional socio-cultural practices are attributed to hindering the girl child participation in education. These include early marriages, female genital mutilation (FGM) and family perception of the girl child education (Abagi, 1999). In a study by Girl Child Network (2004) on The Status of Gender Equity and Equality in Primary Education in Kenya, respondents from Keiyo, Mandera, Nyeri and Transmara districts reported that girls fail to enrol in school due to FGM. Once the girls undergo the ritual they feel that they have become old and mature. In school they become shy and uninterested, thus their participation in school reduces. Most of them get married and others simply dropout of school and stay at home. Literature indicates that early marriages are common in nearly all the districts where FGM is carried out. It is upon this literature review especially areas concerning trends and patterns of enrolment and completion rates of girls in primary schools by gender that it is noted that women in most parts of the World have trailed behind men in educational participation. Sanderson(1994:45-46) states that girls who have undergone circumcision, or whose bride-price have been paid, often undergo attitudinal changes and reject formal education, perceiving themselves as adults and

schools as institutions for “children” . The above literature has clearly indicated the influence that FGM generally has in participation in education. The studies carried out have been done in different settings which may not be a reflection of Wamba Ward in Samburu East Sub-County. The studies also have not shown the influence that FGM has on girls’ absenteeism in education. This study therefore singled out Wamba ward and sought to find out the level of participation in education of girls who are cut and those who have not undergone the cut.

## **2.5 Theoretical framework**

The study is based on liberal feminism theory. Its proponent is Catherine Mackinnon. The liberal feminism is an individualistic form of feminists’ theory, primarily focusing on women’s ability to show and maintain their equity through their actions and choices. Liberal feminism argues that society holds the false belief that women are, by nature, less intellectually and physically capable than men thus discriminating against women in academy, forum, and the market place. The primary goal of liberal feminism is gender equality in the public sphere. The liberal feminism promotes the ending of domestic violence and sexual harassment which have to do with removing obstacles to women as living on an equal level with men. FGM acts against gender equality against girls/women. It is also a sexual harassment against girls/women. The theory supports the affirmative action legislation requiring employers and educational institutions to make special attempts to include women in the pool of applicants, on the assumption that past and current discrimination may simply overlook many qualified women applicants. Though there are the biological based differences between men and women, liberal feminism does not accommodate

them as adequate justification for inequality such a wage gap between men and women.

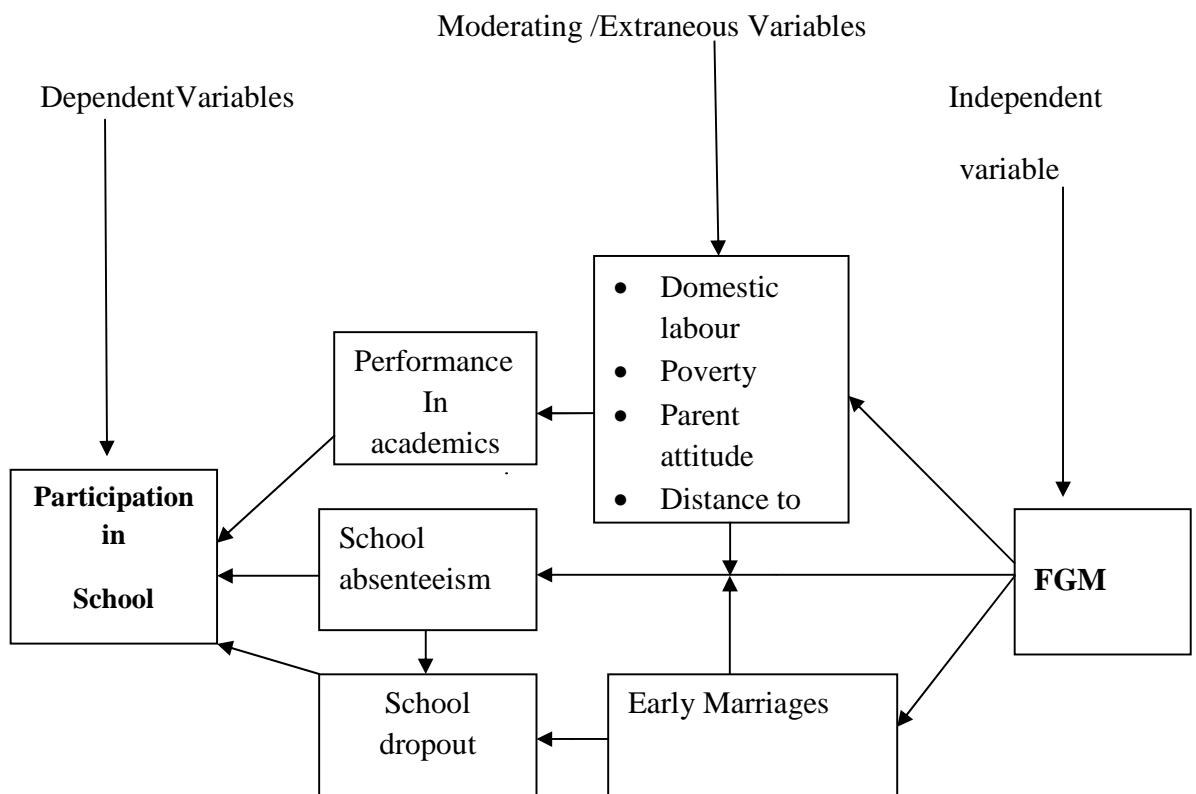
Feminism theory aims at understanding the nature of gender inequality. It focuses on analyzing gender inequality. Themes included in its exploration are discrimination, objection, (especially sexual objection) oppression, patriarchy, stereotyping, art history, contemporary art, and aesthetics (Gilligan and Carol, 1997). Since feminism theory advocates or supports the rights and equality of women; empowering women against sexism and sexist oppression, it is indeed the best theory that suits this research. FGM is gender discrimination since its primary goal is gender equality in public sphere. It is therefore against FGM which alters natural rights of girls/women.

This theory is relevant to this study in the sense that it helped the researcher to analyze the aspects of the Samburu culture, for example, their beliefs and practices that was explain female genital mutilation. A gender relation was also used to help the researcher to establish the effect of FGM and early marriages on girls and women in Samburu sub-County. Patriarchy hinders women and girls from being involved in development activities in the society. Culture is a product of patriarchy and in patriarchal societies, it is the men who become rulers over their wives and this means women do not make decisions in both public and private spheres. A woman cannot decide on the number of children to have and when to have them and also who among girls and boys should go to school, and in most cases girls do not go to school, hence they are disadvantaged in their personal growth as well as that of their entire community.

## 2.6 Conceptual framework of the study

The conceptual framework is presented in figure 2.1 shows the relationship between variables in the study and their relationships. The conceptual framework helps to point out the relationships proposed. It also tests the significance of the proposed relationships.

**Figure 2.1 Conceptual Framework**



The independent variable is the female genital mutilation. The influence of FGM on girls included early marriages, dropping out, poor academic performance, absenteeism which affects girl's participation in school negatively. The moderating variables are the poverty, domestic labour, distance and parent's attitude towards a girl child Education.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter describes the research methodology which was used to conduct the study. It entails the research design, target population, sample and sampling technique, data collection instrument, validity of instruments, reliability of instruments, data collection procedure, data analysis technique and ethical considerations of the study. The study mainly used qualitative analyses but elements of quantitative analyses were also employed to prove and substantiate some findings. These research techniques were based on the theoretical perspective of the study in order to find answers to the research questions stemming from the research problem of the study.

#### **3.2 Research Design**

The study employed survey research design. According to Best (1970) and Cohen and Manion (1980) surveys can be defined as systematic descriptions of the facts and characteristics of a given population accurately and objectively. A survey can be extensive and cross-sectional, dealing with a relatively and objectively a large number of cases at a particular time. Mugenda and Mugenda (2003) argue that the purpose of survey research is determining and reporting the way things are. Anol (2012) noted that survey research is intended to produce statistical information about aspects of education that interest policy makers and educators. The study fit within the provisions of survey because it was carried out within a short time frame, as it is cross-sectional and the researcher collected data, reported the way things were

without manipulating any variables and it allowed for a variety of data gathering techniques. Secondly it sort to obtain information that described existing phenomena by asking individuals about their perceptions, behaviour, attitudes, values and characteristics of a population. It was also the best method for collecting data for the purposes of describing a population which was too large to observe directly.

A qualitative approach was appropriate since it encompasses a variety of designs and methods focusing on common features such as holistic approach, human experience and people in their natural setting, a high level of researcher involvement and the production of descriptive or narrative data. Rolfe (2006:305-306) is of the opinion that any attempt to establish consensus on quality criteria for qualitative research is unlikely to succeed for the simple reason that there is no unified body of theory, methodology or techniques that can collectively be described as qualitative research. On the other hand, Babbie (1994:280) contends that qualitative research is especially appropriate to the study of topics where attitudes and behaviours can best be understood within their natural social settings and in an ongoing process that cannot be predicted in advance.

Quantitative data analysis was helpful in evaluation because it provided quantifiable and easy to understand results. Quantitative data can be analyzed in a variety of different ways. Quantitative Research is considered to have as its main purpose the quantification of data. This allows generalizations of results from a sample to an entire population of interest and the measurement of the incidence of various views and opinions in a given sample. Quantitative methods of data analysis were of great

value to the researcher in drawing meaningful results from a large body of qualitative data. The main beneficial aspect was that it provided the means to separate out the large number of confounding factors that would have obscured the main qualitative findings (Webster 1985).

### **3.3 Target Population**

Target population is a large population from which a sample population is selected (Brinker 1988). Kothari (2004) defines target population as the number of respondents in the total environment of interest to the researcher. The Target population for this study consisted of all the head teachers and female pupils in public primary schools in Wamba ward, Samburu Sub-County, Samburu County. According to the 2015 statistics from Samburu East Sub County Education office, there are 24 public Primary schools in Wamba ward, Samburu East sub - County. The target population for this study was 24 head teachers and 2519 girls from schools in Wamba Ward, Samburu East Sub –County ,Education office, (2015) .

### **3.4 Sample Size, Sample Frame and Sampling Technique**

A sample is a small population selected for observation (Best and Kahn 2002). An ideal sample should be large enough to serve as an adequate representation of the population about which the researcher wishes to generalize and small enough to be selected economically in terms of subject availability and experience in both time and money. Gay (1992) recommends that when the target population is small (less than 1000 members) a minimum sample of 20% is adequate for educational research. To get sample population for this study, the researcher grouped the target population

into two categories: Head teachers and female pupils in order to achieve desired representation from the various subgroups in the population.

### **3.4.1 Sampling procedure**

A sample frame was obtained from the records at the Wamba ward education offices. The total number of schools in this area is 24 public primary schools with a total population of 2519 girls and 24 head teachers. Ten public primary schools were randomly selected and girls from the ten selected schools in classes 6, 7 and 8 were purposefully targeted for the research since they were knowledgeable, had experience or were potential candidates of FGM. The girls from the ten schools were identified by using double sampling technique. In double sampling technique, initially a sample of units is selected for obtaining auxiliary information only, and then a second sample is selected in which the variable of interest is observed in addition to the auxiliary information

(<https://onlinecourses.science.psu.edu/stat506/node/49>). Out of the target population of 2519 pupils, the researcher collected auxiliary information from a sample drawn from 500 pupils (20% of the target population) after which a further sample of 100 pupils was randomly selected out of the 500 pupils for the purpose of responding to the questionnaires.

A total of 10 respondents from each group were randomly sampled from 10 primary schools representing the entire sample of 100 girls as shown in Table 3.1 below. The head teachers were purposively selected because they are always in touch with the students, parents and the entire community and deal with issues related to FGM.



**Table 3. 1:Sample procedure and sample size**

<b>Respondents</b>	<b>Total population</b>	<b>Sample size</b>	<b>Sample percent</b>
Total number of primary schools	24	42	10
Number of Head teachers in the schools	24	42	10
Total number of girls (Class 6-8)	2519	20	100

### **3.5 Data Collection Instrument**

Data was collected by the use of questionnaires, interview and observation. Wiersman (1986) asserts that the most suitable instrument for descriptive research is the questionnaire. Questionnaires were used because they present an even stimulus potential to large numbers of people simultaneously and provide the investigation with an easy accumulation of data. Gay (1992) maintains that questionnaires give respondents freedom to express their views or opinions and also to make suggestion. There was only one type of a questionnaire, for the girls. This questionnaire had two sections; the first was to establish the background information about the female student. The other section was to establish the effect of FGM on girl child participation in primary Education. Head teachers were interviewed using interview schedule and guide. An interview guide or “schedule” with a list of questions or general topics that the researcher wanted to explore during the interview was used to ensure good use of limited interview time. The questions and topics were to keep interactions during interviews more focused. Interviews are justified on the grounds that they are suited for occasions where the questionnaire is not satisfactory (Lofland and Lofland, 1984). Qualitative interviews may be used either as the primary

strategy for data collection or in conjunction with observation, document analysis or other techniques (Anol, 2012). In keeping with the flexible nature of qualitative research designs, interview guides was modified over time to focus attention on areas of particular importance, or to exclude questions the researcher has found to be unproductive in relation to the objectives of the research (Lofland and Lofland, 1984).

### **3.6 Validity of instruments**

According to Orodho (2005), validity refers to the length to which an instrument measures what is was supposed to measure. The instrument was evaluated for content validity that is the level to which the questionnaire contents which include the use of appropriate vocabulary, sentence structure and whether the questions are suitable for the intended respondents. To test for content validity, the items were ordered from general to specific and were related to the research topic. A pilot study was carried out prior to the actual study consisting of a sample of 5 head teachers and 20 girls, giving a total of 25 cases, which is the minimum number of cases required for conducting statistical analysis as recommended by Mugenda and Mugenda (2003) This was to ascertain the reliability and validity of the instrument and to improve the instruments and procedures.

### **3.7 Reliability of the Instruments**

Reliability according to Mugenda and Mugenda (2003) is the degree to which a research instrument can yield consistent results after repeated trials. Reliability of the questionnaire was ascertained through a pilot study in which the questionnaires were

pre-tested to a sample group similar to the actual sample. This was important in finding out any deficiencies in the questionnaire and rectifying them before the actual questionnaires was issued out. To establish the reliability, twenty questionnaires were given to a few respondents (pupils) before the actual study. Five head teachers were also interviewed before the actual study. This was aimed at determining whether the respondents understood the questions. The data collected was then analyzed using statistical package for social sciences (SPSS) with an aim of testing the research instruments to be used as well as the research questions to determine whether they would achieve the desired objectives of the study.

### **3.8 Data Collection Procedure**

A research permit was obtained from the National Council of Science, Technology and Innovation after the approval of research proposal by the University. A copy of research permit was presented to the Samburu County Director of Education (CDE), and the County commissioner for Samburu East- Sub County for security reasons. The researcher visited the selected schools and administered the questionnaires to the female students. Face to face interviews was with the head teachers of the selected Schools of Wamba ward of Samburu East Sub- County. Observation checklists were used by the researcher herself to observe the observable behaviour of girls and the wider community.

### **3.9 Data Analysis Techniques**

Before the actual data analysis, the gathered data was validated, edited and then coded. In the validation process, the questionnaires were checked to determine

whether an acceptable number of responses had been obtained in terms of proportions of the issued questionnaires. Questionnaires were also checked for completeness. Information from interview guides was expected to be straight forward since the questions had been validated in relation to content and also since the researcher ensured relevance during administration and discussion with the respondents. During editing, the questionnaires were scrutinized to check whether there were errors and omissions, adequate information and legibility and whether the responses were relevant.

The third step in data processing involved coding. After going through all the collected questionnaires, uniform categories of responses was identified, classified and fed into appropriate categories in a computer worksheet using SPSS Version 20.0. According to Rubin and Luck (1992), in any study it is imperative that an appropriate analytical technique should be adopted so as to bring out the quantitative meaning of the data. Data was analyzed using both quantitative and qualitative approaches. The qualitative method that was applied to this study is content analysis. This was done by analysing information from newspapers, academic reports and online reviews. The data was analyzed concurrently so that it could facilitate flow and consistency of information since the data was based on similar research objectives. Qualitative data was to clarify information, give explanations and opinions that may not have been captured in the questionnaire.

The qualitative data was also analyzed through the selection of concepts, categories and themes. In order to easily condense and categorize the thematic concepts, the notes from the key informants were coded in special numbers based on the research

questions in the order for the heads of various primary schools. The process involved reading through the data and then developing codes that drew connections between categories and themes. This approach of assessing qualitative data, enabled the researcher to capture the main themes that may be realized from the study and to get extensive quotes and "rich details" to support them.

Coding of the data was done according to the preset questions in the interview schedule which involved looking for similarities and differences in the data collected to be able to form themes and categories and converting them into numeric format. The key themes were summarized, transcribed and included quotations to illustrate the concepts. Field notes were made and compiled immediately as they occurred so as not to lose any important information that would have been used to supplement the interviews carried out. This would generate interpretations about the phenomenon of interest. Analysis of quantitative was done by employing SPSS (Statistical Package for the Social Sciences) to analyze responses from the closed-ended questions being assigned numbers, for instance 1 for Yes and 2 for No. The open-ended questions, responses were numbered according to themes with each theme having a code. Frequency tally was then used to assign each expected response in the data to the theme it closely corresponded to. Information was then generated and presented in the form of graphs, tables and charts indicating frequencies and percentages.

### **3.10 Ethical Considerations**

The researcher observed confidentiality especially from the information given on questionnaires. The respondent's information was not be used for any other purposes other than educational purposes to insulate one against violation of privacy. The respondents' names were not written on the questionnaires or interview schedules. The respondents consent was sought before administering or conducting interviews or questionnaires. The researcher did a personal identification before respondents and her mission was clearly stated.

## **CHAPTER FOUR**

### **DATA ANALYSIS, PRESENTATION AND INTERPRETATION**

#### **4.1 Introduction**

This chapter presents the findings of the study, their analysis and interpretation. The chapter is divided into the following sections:

- The influence of FGM on girls' academic performance in schools
- The influence of FGM on girls' dropout rate from schools
- There difference in age of marriage between girls who have undergone FGM and those who have not.
- The influence of FGM on girls' absenteeism in schools.

The above sections correspond with the research objectives and questions in chapter 1 section 1.4. Both qualitative and quantitative analysis approaches have been used in data analysis, thus reflecting the mixed model research design followed in the analysis. Data for the study was collected from two sub-sample groups of respondents: head teachers and girls, linked to the target population of students in Wamba Ward as well as observations made by the researcher from the wider community.

#### **4.2 Instrument return rate**

100 questionnaires were administered to the respondents and a response of 96 percent obtained. This is gives an excellent data for analysis. The response rate was realized because of the personal visit to the study site. The interview schedule was administered to the respondents in the selected 10 schools through a face to face

interview. This enabled the researcher to collect a rich data which was later used to confirm and to corroborate the data gathered from the questionnaires. The first section of this presentation gives the general demographic characteristic of the respondents and determines the nature of data that was collected. An analysis and presentation regarding the variables that were investigated is represented in frequency tables, pie-charts and graphs. Results in Table 4.1 shows respondents distributions.

**Table 4. 1: Respondents distribution by sampled schools**

<b>Name of school</b>	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
Wamba D.E.B	10	10.4	10.4	10.4
Nagor-oworu	10	10.4	10.4	20.8
Wamba C.C.M	10	10.4	10.4	31.3
Ntapes	6	6.3	6.3	37.5
Golgtim	10	10.4	10.4	47.9
Ikisin	10	10.4	10.4	58.3
Lolkuniani	10	10.4	10.4	68.8
Lodungokwe	10	10.4	10.4	79.2
Sionta	10	10.4	10.4	89.6
Lengarde	10	10.4	10.4	100.0
Total	96	100.0	100.0	

**Table 4. 2 Mean Age of respondents**

<b>Descriptive Statistics</b>					
	<b>N</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. Deviation</b>
Age of Respondents	96	13	17	14.18	1.095
Valid N (list-wise)	96				



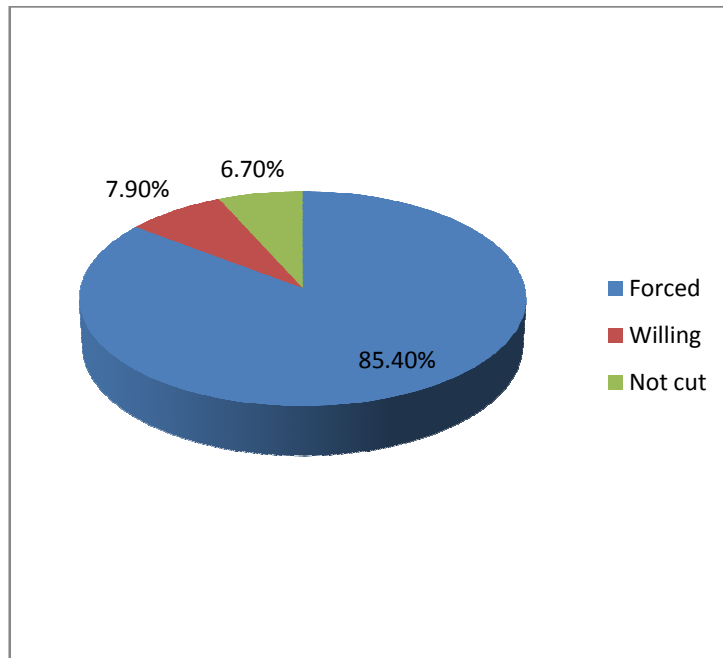
The results in Table 4.2 shows that the mean age of respondents in the schools in Wamba ward from standard 6 to 8 is 14. According to the Kenyan constitution, a child is defined as anyone in the age group of between 1 to 15 years (GOK, 2010). This is an indication that the target population is still relatively young. These are basically children who require parental consent on issues regarding social aspects of life including FGM. The analysis on Table 4.3 indicates that majority of the respondents are 13 years of age and this emphasises the fact that all the decisions undertaken with regards to FGM is made for them by the older people who take care of them.

**Table 4.3: Age of Respondents**

<b>Age</b>	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
13	32	33.3	33.3	33.3
14	31	32.3	32.3	65.6
15	19	19.8	19.8	85.4
16	12	12.5	12.5	97.9
17	2	2.1	2.1	100.0
Total	96	100.0	100.0	

Evidence of parental consent was realized when the study sought to find out whether the respondents was forced to undergo FGM. The Figure 4.1 displays the fact that 85.4 percent of the girls saying they were forced into FGM. This data implies that most parents still uphold the cultural practice and that they seemingly value it more

than education. The struggle to eradicate FGM becomes a challenge because most parents force their children into the practice.



**Figure 4. 1: Responses on whether the respondents underwent FGM by choice or otherwise**

The study was done amongst students who are in class 6,7 and 8 because they seem to be in a better position to comprehend the self administered questionnaires and give relatively accurate response as compared to their counterparts in the lower classes whose language prowess is not as strong. Another reason for studying this group of pupils was arrived at after the pre-test of the research instruments was done and it was realized that the standard 6, 7 and 8 pupils would be appropriate for the study.

**Table 4. 4: Distribution of respondents by the time/class they underwent FGM.**

<b>Class/Time of FGM</b>	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
Std 6	34	35.4	35.4	35.4
Std 7	21	21.9	21.9	57.3
Std 8	9	9.4	9.4	66.7
Before going to school	18	18.	18.8	85.4
No experience with FGM	14	14.6	14.6	100.0
Total	96	100.0	100.0	

The relationship between age and FGM was investigated and the results presented in Table 4.4 seems to indicate that the peak of FGM is in class six as it shows that 35.4 percent of the respondents underwent FGM while they are still in standard six. 18.8 of the respondents were circumcised before going to school. Those who undergo FGM while in standard eight however seem to be a smaller group at only 9.4 percent. The above table shows contrast to the findings done by WHO (2010) which showed a declining prevalence of FGM amongst the Kenyan pastoralist communities.

One of the reasons for girls undergoing FGM was to fulfil a customary marital obligation and the culture expects the girls to get married as soon as they are circumcised. The analysis in Table 4.5 indicates the respondents' awareness of girls getting married after FGM.

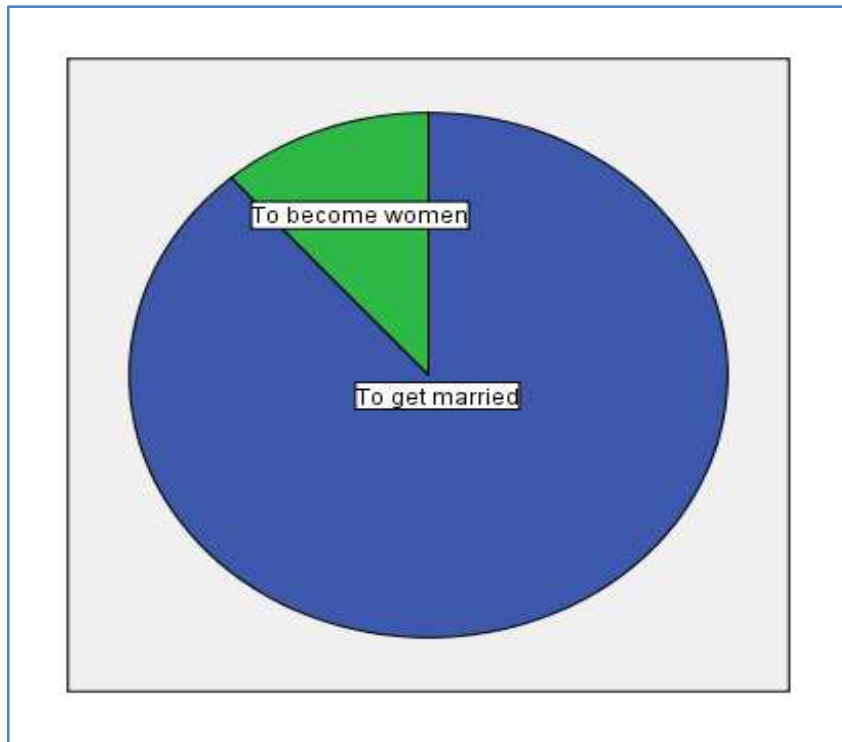
**Table 4. 5: Responses on knowledge of awareness of girls getting married after FGM**

Awareness	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	71	74.0	74.0	74.0
No	25	26.0	26.0	100.0
<b>Total</b>	96	100.0	100.0	

In order to have an in-depth understanding of the underlying issues of FGM, the study sought to establish other reasons why the practice is still very popular and why pupils get married soon after FGM, despite the efforts to eradicate it. Figure 4.2 below shows the various priorities taken by the respondents after FGM. 88.4 percent of girls prioritize marriage while 11.5 percent only desire to become ‘women.’ This data emphasizes factors which hinder the girls from pursuing education. This data was confirmed by the key informants who reported that most girls after undergoing FGM see themselves as grown women and tend to develop a negative attitude towards participation in school activities. Cases of indiscipline therefore manifest in the students character; as they begin to see the teachers as their equals and decline to take instructions from them.

The head teachers reported that the girls’ attitudes are influenced by the parents who emphasize on the importance of getting circumcised. Their main priority is to receive the bride price from the dowry paid in preparation for marriage. Another driving factor to this practice is poverty and the girls are seen as a source of ‘wealth’ because they are traded for bride price. A head teacher in one of the schools reported that

“some girls are moved by their mothers on issues of FGM. They are convinced that FGM is good for them and they go for it willingly unaware of the dangers it poses in their lives.



**Figure 4.2 Responses on Girls/ respondents priorities after FGM**

### **4.3 The influence of FGM on girls’ academic performance in schools in Wamba ward in Samburu Sub-County**

Participation in schools’ programmes can be measured through a record of school attendance and academic performance. This section sought to establish the relationship between FGM and academic performance. This analysis was used to show the relationship between FGM against the variables of performance in class and linking it to absenteeism as presented in Table 4.6

**Table 4. 6: Distribution of responses on the link between non performance and absenteeism**

If non performance is linked to absenteeism			Performance		
			Average	Good	Total
If non performance is linked to absenteeism	Yes	Count	57	25	82
		Expected Count	55.5	26.5	82.0
		% within If non performance is linked to absenteeism	69.5%	30.5%	100.0%
		% within Performance in class	87.7%	80.6%	85.4%
		% of Total	59.4%	26.0%	85.4%
	No	Count	8	6	14
		Expected Count	9.5	4.5	14.0
		% within If non performance is linked to absenteeism	57.1%	42.9%	100.0%
		% within Performance in class	12.3%	19.4%	14.6%
		% of Total	8.3%	6.3%	14.6%
Total		Count	65	31	96
		Expected Count	65.0	31.0	96.0
		% within If non performance is linked to absenteeism	67.7%	32.3%	100.0%
		% within Performance in class	100.0%	100.0%	100.0%
		% of Total	67.7%	32.3%	100.0%

The deduction derived from the above table is that non performance is linked to FGM. This results from the longer duration that a student spends out of class due to the recovery process after the FGM has been performed on them. 87.7 percent of the respondents were in agreement that absenteeism affects performance in class. A higher percentage of 61 recorded average performance against 31 percent of the

respondents with good performance. This tendency suggests that if the learners could be left to spend more time in school, then their academic performance would be good.

Chi-square test was conducted to establish whether a statistical significant dependency exists between FGM and performance in school and how absenteeism from school affects performance. The computed value of 0.367 in table 4.7 below with a 1 degree of freedom indicates that there is a significant relationship between FGM and absenteeism. The probability of the corrected value is 0.367 with an associated significance level of 0.54. The results of the analysis as shown in Table 4.7.

**Table 4. 7: Chi –Squire Test results**

<b>Chi-Square Tests</b>					
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.837 <sup>a</sup>	1	.360		
Continuity Correction <sup>b</sup>	.367	1	.545		
Likelihood Ratio	.806	1	.369		
Fisher's Exact Test				.370	.267
No of Valid Cases	96				
a. 1cells (25.0%) have expected count less than 5. The minimum expected count is 4.52.					
b. Computed only for a 2x2 table					

In relation to academic performance, the students were asked their opinion on performance and how it is affected by FGM. The findings are shown in Table 4.8

**Table 4. 8: Comparative analysis of performance between those girls who have undergone FGM and those who have not**

<b>Respondents</b>	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
Those who have not undergone FGM	50	52.1	52.1	52.1
Those who have undergone FGM	8	8.3	8.3	60.4
Doesn't affect performance	38	39.6	39.6	100.0
Total	96	100.0	100.0	

Even though the data presented above shows a mixed reaction, 52.1 percent of the respondents agreed that affects performance and that those who have not undergone FGM usually perform better than their counter parts that have undergone FGM. 39.6 percent however indicated that there is no difference in performance between the two groups. The above presentation is supported by the question that assessed the reason for the difference in performance. It was reported that, those who have undergone FGM are seemingly 'grown ups' and experience challenges in school. They tend to display disobedience and arrogance towards their instructors. This in turn affects academic performance. Other underlying factors were also displayed. These included pregnancy and early marriage.



As part of the qualitative approach to the research design, interviews were conducted with ten head teachers on the general situation of FGM. They perceived that FGM is a challenge and that it affects academic performance. However, when asked whether the problem was extensive, it was agreeable that it is still persistent and that intervention is needed to curb it.

During the interviews, the head teachers revealed that from their experience the girls who successfully went through the rite qualified for marriage and therefore dropped out of school. This way, it was agreed that FGM impacted negatively on the education of the girl child. They further said that those who had attained the age of being circumcised but did not undergo the rite were normally stigmatized. They were unable to concentrate on their class work and were most likely to perform poorly in their examinations. This was yet another negative impact for FGM not only on those who underwent it, but also those who had not as they were forced by circumstances to undergo the cut so as to belong just to end up dropping out of school immediately after the cut. These findings were in the agreement with Mwaniki (1986:24) and Namu (1969:56) who consecutively thus observed: “this adversely affects girls’ education who immediately after then believe that they are old enough to engage in sexual intercourse quite often”, and “girls often drop out of school immediately after the cut and end up in early marriages thus resulting into premature pregnancy, early or forced marriage and finally school dropout”.

#### **4.4 The influence of FGM on girls' dropout rate from schools in Wamba ward, Samburu Sub-County in Samburu**

The researcher analyzed the data obtained from the D.E.O's office for the previous year (2014) on the enrolment by gender, for the Kenya Certificate of Secondary Education (K.C.P.E). The Table 4.9 allows easy access to data to find answers to the research questions and not to quantify the data for purposes of analyses. The data collected from the head teachers indicated that even though girls drop out of school at a young age, there was a general decline in enrolment of boys from class one to eight. This was not expected because the challenge under investigation was on FGM and how it affects the girls' participation in school. The record indicated that by class eight, only less than half of the original number was enrolled. This too was a serious issue since it also indicated that there was a high rate of dropout among boys in Samburu Sub-County. It was therefore concluded that there was a general decline in pupil's numbers, irrespective of sex, from lower to higher classes. This therefore meant that other reasons, beyond cultural practices might also be to blame. The head teachers cited such reasons as high poverty levels in the area and the lack of money for basic needs for the school going age children hence high dropouts.

**Table 4. 9: Total enrolment by gender per class for the ten sampled schools**

School	Males	Percentage	Females	Percentage
Wamba D.E.B	325	52.25	297	47.7
Nagor-oworu	122	59.8	82	40.2
Wamba C.C.M	480	48.44	485	51.5
Ntepes	458	49.19	473	50.8
Golgtim	81	64.8	44	35.2
Ikisin	50	58.82	35	41.17
Lolkuniani	43	58.14	33	41.9
Lodungokwe	235	59.5	160	40.5
Sionta	97	61	62	39
Lengarde	74	55.2	60	44.8
Total	1965	53.17	1731	46.83

Source: Samburu County Education Office, (2015)

**Table 4. 10: Discrepancies between the males and females in Wamba ward****KCPE enrolment in 2014**

Name of school	Boys	Valid percent	Girls	Valid Percent
Wamba D.E.B	40	66.67	20	10.4
Nagor-oworu	12	85.71	2	14.2
Wamba C.C.M	47	67.14	23	48.93
Ntepes	28	44.4	35	55.6
Golgtim	8	44.4	10	55.6
Ikisin	9	47.3	10	52.6
Lolkuniani	15	51.7	14	48.2
Lodungokwe	23	67.65	11	32.35
Sionta	9	60	6	40
Lengarde	15	100	0	0
Total	203		137	40.29

Source: Samburu County Education Office (2015)

From the qualitative interviews from the head teachers from the varied sampled schools it was noted that enrolment of pupils in class one always indicate equity as pertained gender from class or standard one to five as shown in Table 4.10. Thereafter the difference between boys and girls was significantly varied as more boys than girls get registered in class six, seven and eight. In class 8 the difference between boys and girls was 40.29%. This could only be explained by the fact that there was an increase in the number of dropouts amongst female learners within the study area, because the proportion of girls relative to boys declined from lower to higher standards. Most girls from class six had attained an age at which they were subjected to FGM. From the interviews with head teachers on the age group involved in FGM, six out of the ten interviewed agreed that the girls who were subjected to FGM were within the ages of between 12 to 15 years while four of them said that the age group involved in FGM was 7-12 years. This information corresponds to what was earlier on reported that majority of girls getting circumcised when they get to class six. One of the head teachers reported that the girls get circumcised at the tender age when they are in primary school, in most cases by the time they reach class six and then drop out. Very few even complete the primary cycle. Table 4.11 shows the findings.

**Table 4. 11: Reasons why girls drop out from school**

Girls dropout and reasons			Reasons for girls drop out		
			Getting married	Pregnancy	Total
Do girls drop out from school after FGM	Yes	Count	57	27	84
		Expected Count	60.4	23.6	84.0
		% within Do girls drop out from school after FGM	67.9%	32.1%	100.0%
		% within Why girls drop out	82.6%	100.0%	87.5%
		% of Total	59.4%	28.1%	87.5%
	No	Count	12	0	12
		Expected Count	8.6	3.4	12.0
		% within Do girls drop out from school after FGM	100.0%	0.0%	100.0%
		% within Why girls drop out	17.4%	0.0%	12.5%
		% of Total	12.5%	0.0%	12.5%

**Table 4. 12: Chi-Square test results**

Chi-Square Test						
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)	
Pearson Chi-Square	5.366 <sup>a</sup>	1	.021			
Continuity Correction <sup>b</sup>	3.894	1	.048			
Likelihood Ratio	8.579	1	.003			
Fisher's Exact Test				.018	.014	
N of Valid Cases	96					
a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.38.						
b. Computed only for a 2x2 table						

The study identified other factors responsible for school dropout as pregnancy and indiscipline in school because those who have undergone FGM are purported to be 'women'. The most important factor was FGM which was reported to have affected those who were subjected to it. From the qualitative interview with the head teachers, it was established that some of the girls who underwent FGM never resumed their studies as reported in table. It was therefore evident from the interviews that the majority of the girls who underwent FGM dropped out of school. FGM therefore might be contributing largely to the high level of girl-child dropouts within Wamba Ward of Samburu sub-county. This evidence is supported by the Chi-square test (Table 4.12) which indicates a significant level of the relationship between FGM dropping out of school due to pregnancy and early marriage.

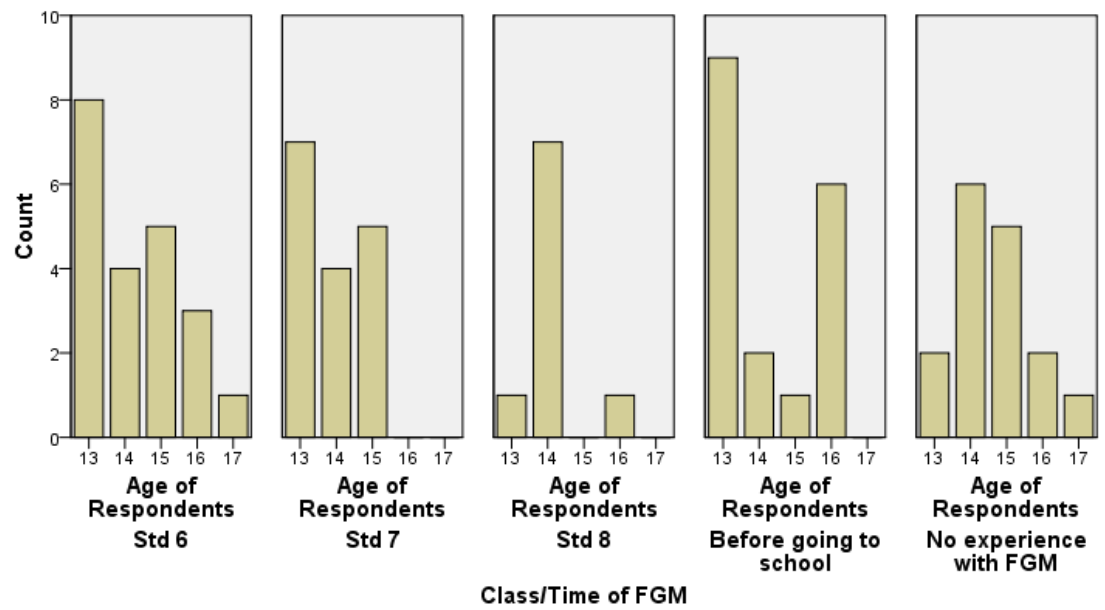
This study concurs with Mbatia (2005), that the enrolment of boys in ASAL areas was higher than that of girls throughout the years covered by the study. Education of sons is considered an investment in security for old age (Psacharopoulos & Woodhall, 1997).

#### **4.5 Difference in age of marriage between girls who have undergone FGM and those who have not in Wamba Ward, Samburu Sub-County in Samburu**

The study sought to explore the difference in age between pupils who get married at an early age and link it to FGM. This data was collected and analysed qualitatively from the interview sessions with the key informants. The respondents were in agreement that the girls who undergo FGM get married at very tender ages. This correspondence is confirmed by Mwiti (2006) who revealed that this practise is common in other parts of the country such as Kilifi, Busia, and most parts of North

Eastern Kenya. It was reported that girls are sometimes pulled out of school and married off. Ombongi (2008) in his study carried out in Isiolo, one of the arid districts; found that early marriages influenced participation in education. Girls in standard 8 or between 12 and 14 years were withdrawn from school to be married off to wealthy men in the community in exchange for dowry. The study goes on to say that girls who remained in school were under constant pressure from their peers and community members including their own parents to drop out of school. The researcher observed an underage girl who had been brought up in the community get rescued from early marriage by Wamba nomadic rescue centre for girls coordinator (Rebecca Lesiriko) as they were reporting the matter at Wamba police station. It was claimed that the father had received 8 cows as bride price from a 72 year old man who had three other wives.

The study carried out in Wamba Ward revealed that the peak of FGM is at standard six. It was established from table that the average age of the girls in class 6 is 14. This information can be deduced to imply that most girls are ready for marriage by the time they turn 14 years of age. Figure 4.3 shows the findings



**Figure 4. 3:** Age and class at which the respondents experienced FGM

As indicated in the Table 4.13 below, 71 percent of the respondents were aware of their friends and age mates getting married off after undergoing FGM while 25% claimed they were not aware of this situation.

**Table 4. 13 Whether the respondent is aware of girls getting married after FGM**

Awareness	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	71	74.0	74.0	74.0
No	25	26.0	26.0	100.0
Total	96	100.0	100.0	



**4.6 The relationship between FGM and girls’ absenteeism in schools in Wamba Ward, Samburu Sub-County in Samburu**

In order to establish the relationship between FGM and absenteeism the study sought to find out the duration that the girls take at home after undergoing FGM. As indicated in Table 4.14, most students take up to one month at home as they heal from the scar caused by FGM.

**Table 4. 14: Responses on girls rate of school absenteeism after undergoing FGM**

<b>Duration</b>	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
2 weeks	22	22.9	22.9	22.9
3 weeks	18	18.8	18.8	41.7
4 weeks	39	40.6	40.6	82.3
More than a month	4	4.2	4.2	86.5
No experience with FGM	13	13.5	13.5	100.0
Total	96	100.0	100.0	

To further emphasize on the relationship between the relationship between performance and FGM the students were further asked to state whether there was a significant difference in performance between girls who underwent FGM and those who did not. Their response was presented in a frequency table below. It was established that absenteeism caused by FGM affects performance. 85.4 percent of the respondents linked performance to absenteeism as illustrated in Table 4.15.

**Table 4. 15: Responses on link between girl’s non performance and absenteeism**

<b>Response</b>	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
Yes	82	85.4	85.4	85.4
No	14	14.6	14.6	100.0
Total	96	100.0	100.0	

More emphasis on the above finding was presented by the key informants who had a general feeling that absenteeism was caused by FGM to a greater length than other factors such as the distance from school and poverty. The researcher observed that girls who wanted to have access to education or for whatever reasons cannot conform to past patterns of behaviour are either pressurized by the wider society to do so or become outcasts. Groups such as Samburu Girl Child Education Support( Sagep) and Global Literacy Project have found themselves resented by the Samburu elders who feel threatened by their work for they claim it are aimed at breaking down the very core of the Samburu traditional culture. The practice therefore puts women at a disadvantage since they are not economically empowered yet the group’s main objective is on the promotion of girl child education.

Table 4.16 shows the duration of healing of the scar caused by FGM. This aspect varies from one individual to another. 52.1 percent of the respondents reported to taking less than one month while 47.9 percent reported that they take more than one month. This presentation on Table 4.16 further confirms the implication of absenteeism caused by FGM.

**Table 4. 16: Responses on duration of Healing of FGM scar**

<b>Responses</b>	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
More than one month	46	47.9	47.9	47.9
Less than one month	50	52.1	52.1	100.0
Total	96	100.0	100.0	

Other factors that are linked to absenteeism as reported by the key informants include long distance from school to home, poverty, and parental attitude. The respondents were all in agreement that due to the long distances that children cover from school to home, they skip some schooling days and attending of school become irregular. Poverty was the other factor that was cited by the key informants. It was reported that most of the parents would wish to marry off their daughters in order to receive the bride price which they consider more valuable as compared to the fruits of education which take too long to be realized.

**Table 4. 17: Girls school attendance rate**

<b>Attendance</b>	<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
Irregular	71	74.0	74.0	74.0
Regular	25	26.0	26.0	100.0
Total	96	100.0	100.0	

Table 4.17 above on the response on school attendance shows that majority of girls (74%) who have undergone through the cut attend school irregularly while them that

have not undergone through the practice attend school regularly. This was an indication that FGM influence absenteeism of students due to the difference in attendance. It was thus important for the study to find out the time stayed at home by girls after FGM while schools are in session.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS**

#### **5.1 Introduction**

The previous chapter presented and analyzed the findings of the empirical study. This chapter presents a summary of the study and the research findings. Conclusions are drawn and recommendations made on possible ways of improving approaches to drug abuse among the youth in schools. Possible areas for further research are also proposed.

#### **5.2 Summary of the study**

The overall purpose of this study was to find out the influence of FGM on girls participation in education. The specific objectives set for this study was expected to conform that indeed FGM influences girls' participation in schools. The variables that were investigated in this regard included: academic performance in schools, dropout rate from schools, difference in age of marriage between girls who have undergone FGM and those who have not and absenteeism in schools.

The literature review in chapter 2 shows the overreaching effects that FGM has on girls' participation and in particular its effect on education. The factors associated with FGM are many and varied and they include a desire to belong to the community that practices FGM, a desire to be respected amongst age groups and a desire to have an 'honourable' marriage. Other factors include, pressure from the parents who value FGM and consequently marriage as opposed to pursuing educational goals.

The research design of the study was survey research design. The study fitted within the provisions of survey because it was carried out within a short time frame, as it is cross-sectional and the researcher collected data, reported the way things were without manipulating any variables and it allowed for a variety of data gathering techniques.

Data was collected from the respondents using questionnaires, interview and observations by the researcher. The data was coded and analyzed using SPSS. The findings were presented in the form of charts, graphs, tables and figures. From the findings, conclusions about the study were made and recommendations suggested.

### **5.3 Summary of the major findings**

From the study, it was established that, FGM influences girls' performance at a greater length. The study showed that 85.4 percent of the respondents have undergone through FGM. The girls who have undergone FGM are reported to record low and average performance in academics as compared to the girls who have not undergone FGM. From the study findings, the students who have undergone FGM are easily distracted from participation in academic activities hence poor performance. Among the reasons behind this dismal performance is the general negative attitude that some develop towards academics. This behaviour emanates from the parents who value the cultural activities much more than education. Dismal performance in schools concurs with the findings of (Berg and Denison, 2011, Behrendt and Moritz, 2005). Total concentration for education is affected as girls are double minded on what they are to encounter or undergo over the holidays. These studies confirm that FGM has a negative impact on a girl's education. There is

however a small percentage of respondents who reported that FGM had no effect on performance. The issue therefore may need further investigation of relating the performance in K.C.P.E with FGM.

The study also found that FGM contributes heavily to the rampant dropout rate from school. The key respondents attributed this drop out to the rigorous preparations before the initiation ceremony is performed. The enrolment at the level of the Kenya Certificate of Primary Education (K.C.P.E) implied that there are more girls than boys who complete their primary education. The difference in enrolment in 2015 indicated that the boys were 59.71 percent while the girls 40.29 percent. This study is in line with the findings of the WHO (2008) that associated the practice of FGM to be the one responsible for psychological and psychometric disorders that make the girls lose concentration in school thus opting to drop out.

The study also confirmed that FGM has a relationship with issues such as girls not completing their education and having poor literacy. This is seen when the majority of the girls who undergo FGM consider they ready for marriage and take education as a lesser priority. Thus school priority is deterred. The cut girls find it difficult to concentrate in their school studies as they know at the back of their minds that the next option is to get married (Population Reference Bureau, 2001). They become 'unteachable' as they have no interest in learning. Much clashing with the school authority as they become defiant and undisciplined. There is also a tendency of them not cooperating with their counterparts who have not undergone FGM as they see

themselves to be more 'valuable'. This attitude destroys the team spirit culture that promotes cohesion and unity amongst learners.

Another issue that was investigated is the relative age of marriage between those who have undergone FGM and those who have not. The study established that most girls undergo the cut when they reach class six at an average age of 14. This is done with parental consent as most of them are forced into the 'cut'. Because the initiation ceremony is a transition from childhood to womanhood, the girls are expected to get married as soon as they undergo FGM. Those who do not get married are also reported to get sexually active resulting to early pregnancies. The practice of FGM is valuable in some communities and the states that uncircumcised girls are generally viewed as unmarriageable. This study complies with the Dominion News (11<sup>th</sup> Feb, 2005), it was report that uncircumcised girls among the Somali have a harder time finding a partner for marriage and often their dowry is affected because they are considered virginal. Education in this regard is seen as a secondary luxury and that those who pursue it do not get husbands in their respective communities. The results from this study therefore confirm other studies that have been carried out with regard to FGM and how it contributes to girls dropping out of school. The results from the K.C.P.E however paints a picture that the variance between the boys enrolment and the girls enrolment is merely 20 percent, a gap which can be filled if concerted effort is enhanced towards the eradication of FGM.

With regard to absenteeism, the study found that most girls spend considerable time in seclusion as they prepare for the ceremony. This is followed by a period of recuperating after the operation has been performed. Cumulatively, the girls spend



averagely one month away from school. Absenteeism is also linked to a below average performance in school because those who are circumcised tend to have limited contact hours with their teachers in school. The study found that 70 percent of the girls who undergo FGM attend school irregularly.

A study carried out by the WHO (2008) confirms the findings of absenteeism from school and report that the health complications that girls suffer as a result of FGM cause irregular school attendance, thus non-performance and low performance trend on education. Some girls experience a lot of health hazards associated with the practice. Others encounter permanent problems like being anaemic due to high incidents of postpartum haemorrhage particularly where health services are poor or inaccessible (WHO, 2008).

### **5.3 Conclusions**

It was found out that FGM is a major problem in the community where this study was carried out as well as in all other communities practicing the vice as revealed by available literature. This study has revealed that because of FGM in Wamba ward of Samburu sub-county, the girls are unable to participate actively in education and this makes the girls' education standard generally low in the area. The study also revealed that FGM results in chronic absenteeism from school which culminates to dismal academic performance in class and eventually compounds to high dropout rates from school as a result of this vice. Early marriages are also reported on the girls who undergo FGM since the community prioritizes marriage over education. With the support from their parents the girls abandon their chances in education and

opt for marriage. Parents were noted to have contributed immensely to FGM and its attendant effects.

#### **5.4 Recommendations**

- i) Create more awareness on the dangers of FGM and influence on the education of the girl child by re-evaluating FGM and speeding up eradication campaign so that a multi-sectoral approach is adopted such as integrating FGM awareness with ante-natal and post-natal programs. Organizations working to eradicate FGM can do so through a range of initiatives at local level, including public education and workshops, drama and songs, training for health care providers and fostering community decisions to stop infibulating their girls. This will equally require dialogue with community chiefs or elders, as the attitude of senior males in the community are crucial to changing customs. Elders are the ones who ensure that the practice is fulfilled and followed to the letter.
- ii) Sensitization of community gate keepers who include political and religious leaders as well as county governments and other administrators to change mentalities of the men in the Samburu Community since they are the ones that insist for their girls to undergo the cut so as to be respected and valued as eligible members of the community. Faith based organization (FBOs) should educate people on dangers related to FGM practice since it's neither supported by any religious body. This will ensure that girls are not endangered due to the continued practice of the vice.
- iii) The community heritage conservers should introduce other alternative rite of passage to replace the FGM so that there is no vacuum left in rearing the girl

child. This is bound to continue unifying the communities in their initiation practices so as to pass on their heritage to the new generation. The idea behind ARP (Alternative rites of passage are that the celebration of girl's rite of passage in to womanhood can be maintained without undergoing genital cutting. The ARP ceremony observes and respects the Community's tradition while ensuring that girls graduate into womanhood without being subjected to the painful cut. This new ideology has worked in other areas in Kenya for instance in Maasai land where 1200 girls transitioned to womanhood in ARP that shuns FGM

- iv) Provision of funding to the rescue centres and NGO's in the areas that are involved in the fight against this retrogressive cultural practice. The government through local administration and other children activists should be in creation of more rescue centres within the county so that those girls who are subjected to FGM , Early marriages and any other form of gender related violence have a safe landing.
- v) The government should ensure that parents and the entire community are sensitized on the importance of a girl child Education. On the same note, the government should ensure that those practicing FGM should be prosecuted; reason being that FGM promotes premarital sex, early marriage and absenteeism from school.
- vi) There is need for the education fraternity to set up strong counseling units at both the county and school levels to emphasize on the negative effects of FGM and reduce stigmatization on the uncircumcised girls. The education administrators should as well implement the requirements of Kenyan Education Act 2013 that gives affected girls a chance to continue with their education. This will also

facilitate improvement in the participation of the girls in schools. In regard to distance to schools, the researcher recommends that the Government and N.G.O's should build more boarding schools in the County to curb the problem. This will lead to more pupils' access and being retained in the schools. This will as well enhance their academic performance.

### **5.5 Suggestions for further research**

The study gives the following suggestions as areas of study for future research in Samburu County and its environs:

- i) Investigation on the most appropriate alternative rites of passage for girls in Wamba Ward
- ii) Study on other factors that hinder girl's education in Wamba ward in Samburu county
- iii) The role of mass media as a source of information on the dangers of FGM in Kenya.

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**APPENDICES**

**Appendix 1: Letter of transmittal**

**UNIVERSITY OF NAIROBI**

**COLLEGE OF EDUCATION AND EXTERNAL STUDIES**

**P. O. BOX 30197-00100,**

**NAIROBI**

**DATE:** \_\_\_\_\_

The principal

School.....

Dear Sir/madam,

I am a post graduate student at the department of Educational Foundation at the University of Nairobi. I am carrying out a study on the influence of FGM on girl child participation in Education in Public Primary Schools in **Wamba ward of Samburu –East Sub County.**

Since you are directly involved, your cooperation and honest responses are important. All your responses was treated with outmost confidence.

Thank you very much for your time.

Yours faithfully,

**GLADYS NYAMBURA NJOGU**

## **Appendix 2: Interview schedule for head teachers**

Instructions: This interview schedule is to collect data for purely academic purposes.

- All information was treated with strict confidentiality. The findings of this study was used to meet the requirements of Masters of project planning course. Do not write your name or any identification on this interview schedule.
  - You have been selected to participate in this research. Respond to this interview Schedule by ticking inside this box or filling in the empty spaces.
1. What are the common cultural practices in this region?
  2. a) Are there girls in your school that you know that have undergone the FGM?  
b) If yes, how can you rate their behaviour in school?
  3. Do you believe that FGM affects girls participation in class?
  4. Do you identify any significant difference in general performance between girls who have undergone FGM and those who have not gone in various subjects?
  5. Does FGM contribute to girl's drop out from schools?)
  6. As a school administrator, when a girl drops out of school within your school, what measures do you take especially to take the girl back?
  7. How does FGM facilitate early marriage?
  8. Are these early marriages linked to student to student or student with outsiders?
  9. Are there girls who have married away from their parents in this school?
  10. Do we have cases of those girls who come back to school after being married?  
What makes them come back?
  11. As an administrator, how do you reduce the problem of early marriages within your school?



12. Do you think FGM contributes to girls' absenteeism from schools? Explain your answer?
13. What has been the response (reaction) of the politicians / provincial administrators towards this FGM practice?
14. What challenges do you encounter as an administrator in trying to ensure peace and harmony prevails within the institution due to the presence of two groups within the school?
15. In your own opinion, what do you think can be done to minimize this practice that hinder a girl child a quality participation in Education?

END.

Thank you for participating.

### Appendix 3: Students' questionnaire

Please feel free to answer the questionnaire as frankly as possible. Responses to these questions will be treated confidentially. Do not write your name anywhere on this paper. Please tick (✓) on the appropriate choice(s) which you think is the answer(S) or more correct response(s) to the questionnaire. You should note that all the answers you give are correct according to your opinion/ judgment.

#### Section A: Personal data

1) Name of the school ..... (Optional)

2) What is the type of your school?

Day [ ] Boarding [ ]

3) How old are you? .....

4) In what class are you?

Standard six [ ]

Standard seven [ ]

Standard eight [ ]

5).What were your feelings upon receiving admission to this school?

Excited [ ] Scared [ ] Disappointed [ ]

6). What is your religion ?

a) Christian Protestant [ ]      b) Christian Catholic [ ]      c) Muslim[ ]      d)

Others[ ]

## Section B: FGM and girl child participation in Education

Answer the questions as honestly as possible, tick (  ) in the box which best represent your most appropriate feeling to the statement or give an explanation where needed.

1). How is your school attendance?

- a) Regular [  ]      b) Irregular [  ]

2). At which class did you undergo the FGM?

- a) Std 6 [  ]      b) Std 7 [  ]      c) Std 8 [  ]      d) before going to school [  ]

3). How long did you remain at home not attending classes after schools were opened ?

- a) 2 weeks [  ]      b) 3 weeks [  ]      c) 4 weeks [  ]      d) More than a month [  ]

4). How do you perform in class?

- a) Average [  ]      b) Good [  ]      c) Below average [  ]

5) Do you know some of your friends in your school who have been circumcised?

- a) Yes [  ]      b) No [  ]

6). Would you attach non-performance with the regular school absenteeism?

- a) Yes [  ]      b) No [  ]

7). After the FGM practices, are there attached cases of indiscipline to such girls?

- a) Yes [  ]      b) No [  ]

8). Is it true that majority of girls who have undergone FGM often conflict with the school management and drop out of school?

- a) Yes [  ]      b) No [  ]

b) Why do girls drop out after FGM? Explain your answer

9). How long does the healing of the FGM scar take?

- a) More than a month [ ]      b) Less than a month [ ]

10). Were you forced to undergo the FGM or it was your own wish?

- a) Forced [ ]      b) My own wish [ ]

11). What is the priority of girls' after undergoing the FGM practice?

.....

12). Are you often counselled about life and during the seclusion and after FGM?

.....

13). Is seclusion counselling related to education or social aspects?

.....

14). Are you aware of the girls getting married after circumcision?

- a) Yes [ ]      b) No [ ]

15). What reasons lead them get married after circumcision?

- a) Sexual urges [ ]  
b) They feel they are grownups [ ]  
c) Parents want them to get married [ ]

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

.....

17). In your opinion what needs to be done to improve girls Participation in Education by:-

- a) The girls.....  
b) The parents.....

- c) The school.....
- d) The community.....
- e) The government .....

END.

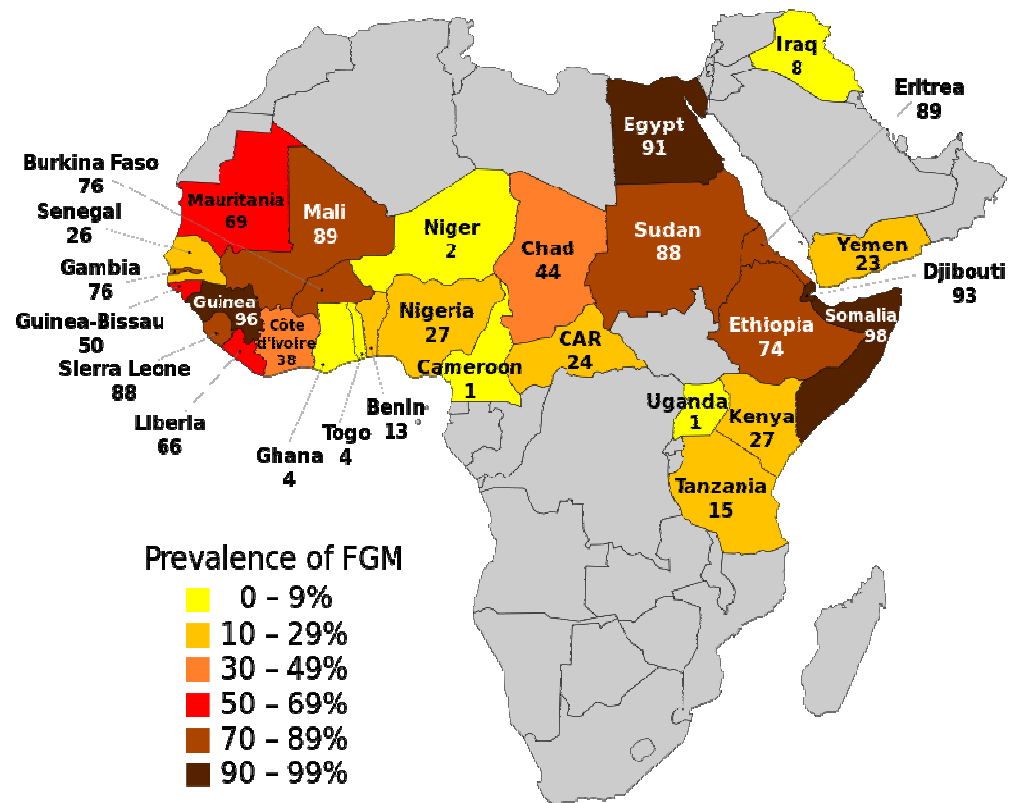
Thank you for participating.

#### **Appendix 4: Observation checklists for the girls and wider society**

Aspects of life to observe:

1. Enrolment in the class between girls & boys in terms of their population.
2. Growth pattern of girls/ maturity in terms of those who are young and old in school.
3. Behaviour of girls in the presence of men when interacting with them.
4. How many girls have been married off and why and how did the parents and the girls react.
5. Transition as seen in the number of girls who have dropped out of school before completing their K.C.P.E.
6. Whether both home and school environment are conducive for learning.

## Appendix 5. Preference of FGM in Africa



Source: [https://upload.wikimedia.org/wikipedia/commons/5/51/FGM\\_prevalence\\_UNICEF\\_2013.svg](https://upload.wikimedia.org/wikipedia/commons/5/51/FGM_prevalence_UNICEF_2013.svg)

## Appendix 6: Kenya tribal affiliation on FGM

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

*Source: DHS (1998)*





# Appendix 7: Research Permit

# Appendix 7: Research Permit

**CONDITIONS**

1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit
2. Government Officers will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two(2) hard copies and one(1) soft copy of your final report.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice.

  
**REPUBLIC OF KENYA**

  
**National Commission for Science, Technology and Innovation**

**RESEARCH CLEARANCE PERMIT**


**Serial No. A 6433**

**CONDITIONS: see back page**


**THIS IS TO CERTIFY THAT:**  
**MISS. GLADYS NYAMBURA NJOGU**  
**of UNIVERSITY OF NAIROBI, 44321-100**  
**Nairobi, has been permitted to conduct**  
**research in Samburu County**


**on the topic: THE INFLUENCE OF FEMALE GENITAL MUTILATION ON GIRL CHILD PARTICIPATION IN PUBLIC PRIMARY SCHOOLS IN WAMBA DIVISION, SAMBURU EAST SUB-COUNTY, SAMBURU COUNTY, KENYA.**

**for the period ending:**  
**30th November, 2015**

  
**Applicant's Signature**

**Permit No : NACOSTI/P/15/9050/7832**  
**Date Of Issue : 2nd September, 2015**  
**Fee Received :Ksh 1,000**



  
**Director General**  
**National Commission for Science, Technology & Innovation**



**NATIONAL COMMISSION FOR SCIENCE,  
TECHNOLOGY AND INNOVATION**

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Fax: +254-20-318245, 318249  
Email: secretary@nacosti.go.ke  
Website: www.nacosti.go.ke  
When replying please quote

9<sup>th</sup> Floor, Utalii House  
Uhuru Highway  
P.O. Box 30623-00100  
NAIROBI-KENYA

Ref: No.

Date:

**2<sup>nd</sup> September, 2015**

**NACOSTI/P/15/9050/7832**

Gladys Nyambura Njogu  
University of Nairobi  
P.O. Box 30197-00100  
**NAIROBI.**

**RE: RESEARCH AUTHORIZATION**

Following your application for authority to carry out research on "*The influence of Female Genital Mutilation on girl child participation in public primary schools in Wamba Division, Samburu East Sub County, Samburu County, Kenya,*" I am pleased to inform you that you have been authorized to undertake research in **Samburu County** for a period ending **30<sup>th</sup> November, 2015.**

You are advised to report to **the County Commissioner and the County Director of Education, Samburu County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

  
**DR. S. K. LANGAT, OGW**  
**FOR: DIRECTOR-GENERAL/CEO**

Copy to:

The County Commissioner  
Samburu County.

The County Director of Education  
Samburu County.