

**EFFECTS OF ALTERNATIVE RITE OF PASSAGE ON GIRLS' EDUCATION AMONG
THE KEIYO COMMUNITY OF ELGEYO MARKWET COUNTY, KENYA.**

JULIETH F. GITAGNO

**A THESIS SUBMITTED TO THE GRADUATE SCHOOL IN PARTIAL FULFILMENT
FOR THE REQUIREMENTS OF THE AWARD OF THE DEGREE OF MASTERS OF
ARTS IN GENDER AND DEVELOPMENT STUDIES, EGERTON UNIVERSITY.**

EGERTON UNIVERSITY

MARCH 2015.

DECLARATION AND RECOMMENDATION

I declare that this thesis is my original work and has not wholly or in part, been submitted or presented for examination or award of a degree in any other university.

CANDIDATE

Signature..... Date.....

Julieth Fernandes Gitagno

Registration No: GM11/3141/11

RECOMMENDATION

This thesis has been forwarded with our approval as the university supervisors

Signature: Date.....

Prof: Okere, Mark

Department of curriculum, Instruction and Educational Management

Egerton University

Signature: Date.....

Dr. Parsitau Damaris, S

Department of History, Philosophy & Religious Studies

Egerton University

COPYRIGHT

© 2015 Julieth Fernandes Gitagno

No part of this thesis may be used or reproduced in any form or by any means of electronics mechanical, photocopying, recording or any information storage or retrieval system without prior permission the author or Egerton University on that behalf. All rights reserved.

DEDICATION

I dedicate this work to all well-wishers who want to see the practice of female circumcision eradicated through promotion of culture.

ACKNOWLEDGEMENTS

First and foremost I would like to give glory and honor to God for enabling me to conduct this research and write the thesis.

I am greatly indebted to all those who have offered me assistance- moral, intellectual and material in course of my postgraduate studies. My sincere thanks go to Egerton University and, in particular The Institute of Women, Gender and Development Studies for offering me admission to the M.A (Gender and Development Studies) programme.

I am sincerely grateful to my university supervisors, Prof. Mark Okere, of Department of Curriculum, Instruction and Education Management and Dr. D.S Parsitau- Director Institute of Women, Gender and Development Studies, who guided me in drafting the proposal, and supervised the research and writing of the thesis. Their patience and encouragement throughout the period of this study are fully appreciated.

My thanks also go to Hon. Dr. Susan Chebet, Women Representative of Elgeyo-Marakwet County and all her staff members in the county office who gave me overwhelming support during fieldwork.

I want to thank all my lecturers, staff at the Institute of Women, Gender and Development Studies, my fellow graduate students in the M.A (Gender and Development Studies) for their valuable contribution, support and constructive comments

I am grateful to all my informants and respondents they patiently answered my questions during fieldwork, thus enriching the study with essential written and oral data.

Finally I must thank my husband Dr. T.K Serrem and my children Ben Kipkoech and Jacqueline Chelimo for the moral and material support they gave all through my course. Without their strong support, understanding and encouragement, I could not have made it.

ABSTRACT

Alternative Rite of Passage (ARP) is an interventionist programme that was introduced in the 1990's in different communities that still practice female initiation rites of passage to adulthood as a viable alternative to the controversial Female Circumcision (FC) also known as FGM. ARP simulates the traditional rituals as closely as possible without the physical operation of the genitals. Despite massive awareness about the harmful effects of female circumcision on women's and girls' reproductive health, education and human rights violation, and the law prohibiting the practice being in place, to date girls still undergo female circumcision within the Keiyo community. This study examined the emergence, success and failures of Alternatives Rite of Passage in light of girls' education in Keiyo district. The study focused on the Keiyo people of Kenya, who have interacted with ARP since 2003. The study used a cross-sectional survey. One of the division was purposively chosen. A sample of 155 girls who had undergone the Alternative Rite of Passage were identified through the purposive sampling technique. The data were collected using questionnaires, interviews and focus group discussion conducted among community's leaders and elders. Validity and reliability of the instruments, in a pilot study, were established through expert opinion and Cronbach reliability test, respectively. The data obtained were analyzed by use of descriptive and inferential statistics using SPSS Software, version 22. Statistics were tested at 5% level of significance while descriptive data were presented in percentages and frequency. The results showed that ARP approach has been accepted in Keiyo community as a rite of passage to replace the traditional rite of passage, it has also contributed positively in fostering girls' education in Keiyo community and the community has a positive perception of ARP approach. However, interviews of community's leaders and elders indicated that the mechanisms that sustain the practice of Female Circumcision are still firmly rooted in the culture. This study is significant in that the outcome may guide the expansion of existing approaches to FC eradication. One of the recommendations is that ARP crusaders should reach to the people who still practice female circumcision through education and awareness campaign with respect and understanding of community's customary beliefs.

TABLE OF CONTENTS

DECLARATION AND RECOMMENDATION	ii
COPYRIGHT	iii
DEDICATION	iv
ACKNOWLEDGEMENTS	v
ABSTRACT.....	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	xi
LIST OF FIGURES	xiii
LIST OF ABBREVIATIONS	xiv
CHAPTER ONE	1
INTRODUCTION	1
1.1 Background Information	1
1.2 Statement of the Problem	8
1.3 Purpose of the study	8
1.4 Objectives of the study	8
1.5 Research Questions	9
1.7 The Scope of the Study	9
1.8 Delimitation of the Study	10
1.9 Assumptions of the Study	10
1.10. Definition of terms	11
CHAPTER TWO	13
LITERATURE REVIEW	13
2 Introduction.....	13
2.1 Historical Background of Female Circumcision	13
2.2 Meaning and Classification of Female Circumcision	14
2.3 Prevalence of Female Circumcision.....	15
2.3.1 Female Circumcision among the Keiyo	17
2.4 Complications and Effects of Female Circumcision.....	19

2.5	Effects of FC on Girls' Education.....	22
2.6	Reasons for Persistency of Practice of Female Circumcision.....	23
2.7	Laws for the Elimination of Female Circumcision	27
2.8	Development of Alternative Rite of Passage Programme (ARP) Strategy	31
2.8.1	Alternative Rite Passage in Keiyo.....	33
2.9	Challenges Facing ARP	35
2.10	The Progress Made by ARP in Eradicating Female Circumcision	36
2.11	Related Studies.....	37
2.12	Theoretical framework	38
2.12.1	Edwards Wilson's theory of Sexual Differences and Inequality	38
2.12.2	Human Right Approach	40
2.13	Conceptual framework	41
CHAPTER THREE		43
METHODOLOGY		43
3	Introduction.....	43
3.1	Research Design.....	43
3.2	Location of Study	43
3.3	Population	43
3.4	Sample Size and Sampling Procedure.....	44
3.5	Research Instrument.....	45
3.6	Validity.....	46
3.7	Reliability.....	46
3.8	Data Collection.....	47
3.9	Data Analysis	47
CHAPTER FOUR.....		49
FINDINGS AND DISCUSSIONS.....		49
4.1	Introduction	49
4.1.2	Characteristic of the Respondents.....	50

4.1.3	Age of ARP Graduates	50
4.2	Location of the ARP Graduates	52
4.3	Characteristic of Members of the Community.....	53
4.3.1	Age of Community Members.....	53
4.3.2	Gender of the community.....	54
4.4	Characteristics of Trainers of ARP Programme.....	54
4.4.1	Age of the Trainers of ARP.....	55
4.4.2	Education Level of ARP Trainers.....	55
4.5	Religion of the respondents.....	55
4.6	Characteristics ARP Training	56
4.6.1	ARP Training Participants	58
4.7	Acceptance of ARP by the Graduates	58
4.7.1	Introduction.....	58
4.7.2	Perceptions of ARP Graduates on the Practice of FC	60
4.7.3	Acceptance of ARP approach and ARP graduates by the community	61
4.7.4	Resistance to ARP	63
4.7.5	Reversion to Female Circumcision by ARP Graduates.....	64
4.8	ARP Approach and Girl’s Education.....	65
4.8.1	Introduction	65
4.8.2	Contribution of ARP approach to school Attendance	65
4.8.3	Contribution of ARP approach to performance in school.....	66
4.8.4	Contribution of ARP in preparing girls for the competitive world.....	67
4.8.5	Contribution of ARP Approach to Completion of Studies.....	69
4.9	Community’s perceptions on ARP approach.....	70
4.9.1	Introduction	70
4.9.2	Perception on ARP Approach as a rite of passage.....	70
4.9.3	Perceptions of ARP approach on girls’ sexuality	71
4.9.4	Perceptions of ARP as a training method	72

CHAPTER FIVE	75
SUMMARY, CONCLUSION AND RECOMMENDATION.....	75
5.1 Introduction	75
5.2 Summary	75
5.3 Conclusions	76
5.4 Recommendations	77
5.5 Recommendation for further research.....	78
REFERENCES.....	79
APPENDICES	87
APPENDIX A:.....	87
MAP OF KEIYO DISTRICT	87
APPENDIX B:	88
QUESTINNAIRE FOR ARP GRADUATES.....	88
Section A: General information	88
Section B: Acceptance and/or Resistance of ARPAApproach	88
Section C: Effects of ARP on education	90
APPENDEX C.....	91
QUESTINNAIRE FOR COMMUNITY’S PERCEPTIONS TOWARDS ARP APPROACH;.....	91
APPENDIX D.....	93
INTERVIEW SCHEDULE FOR TRAINERS OF ARP PROGRAMME.....	93
APPENDIX E	94
INTERVIEW SCHEDULE FOR THE DIRECTOR OF COMMUNITY BASED ORGANIZATION	94
APPENDIX F.....	96
FOCUS GROUP DISCUSSION GUIDE FOR PARENTS OF ARP GRADUATES AND COMMUNITY LEADERS.....	96
APPENDIX G.....	97
TUMDO NE LEEL CONCEPT: OUTLINE OF CURRICULUM.....	97
APPENDIX H.....	100
RESEARCH PERMIT	100

LIST OF TABLES

Table 1:	Broad Categories of Female Circumcision operation According to WHO (1995)
Table 2:	Prevalence of Female circumcision in Kenya According to KDHS Report (2008)
Table3:	Sample Distribution
Table 4:	Summary of Data Analysis Procedure.
Table 5:	Age of ARP Graduates.
Table 6:	Level of Education of Fathers of ARP graduates
Table 7:	Level of Education of Mothers of ARP graduates
Table 8:	Age of Community members
Table 9:	Gender of Community members
Table 10:	Education levels of ARP trainers
Table 11:	Duration of ARP Training
Table 12:	Number of ARP Participants
Table 13:	Perceptions of ARP graduates on Appropriateness of ARP approach in Replacing Female Circumcision.
Table 14:	Reasons for Appropriateness of ARP approach in replacing Female Circumcision
Table 15:	Perceptions of ARP Graduates on the practice of female circumcision
Table 16:	Awareness of the effects of Female Circumcision
Table 17:	The perceptions of ARP graduates on the Acceptance of ARP approach and ARP graduates by the community
Table 18:	Awareness of Existence of Female Circumcision
Table 19:	Reasons for Persistence of the practice of Female Circumcision
Table 20:	Reversion to Female Circumcision after undergone ARP Training
Table 21:	ARP Contribution towards school attendance
Table 22:	Explanation on how ARP motivates school attendance
Table 23:	Contribution of ARP towards better performance in school
Table 24:	Reasons for Performing better in school
Table 25:	Contribution of ARP in preparing girl for competitive world
Table 26:	Explanation on how ARP prepares girls for competitive world
Table 27:	Contribution of ARP to completion of school.

- Table 28: Explanations for ARP contribution to completion of school.
- Table 29: Community's perceptions on ARP as a rite of passage from childhood to adulthood
- Table 30: Community's perceptions on ARP approach on graduates Sexuality.
- Table 31: Community's perceptions on ARP approach as a training method.

LIST OF FIGURES

- Figure 1: Conceptual Framework.
- Figure 2: Locations within the study area.

LIST OF ABBREVIATIONS

ARP	Alternative Rite of passage
AIM	African Inland Mission
CBO	Community Based Organization
CHRD	Centre for Human Rights and Democracy
COVAW	Coalition of Violence Against Women
FC	Female Circumcision
FGC	Female Genital Cutting
FGM	Female Genital Mutilation
FGS	Female Genital Surgeries
IAC	Inter-African Committee on Traditional Practices Affecting the Health of Women and children
KDHS	Kenya Health and Demographic Health surveys
MOH	Ministry of Health
MYWO	Maendeleo ya Wanawake Organization
NGO	Non-governmental Organization
PATH	Program for Appropriate Technology in Health
RBA	Rights Based Approach
REACH	Reproductive, Education and Community Health Programme
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background Information

Rites of passage for both male and females are considered very important religious and cultural events by the communities that practice them. These rites mark their passage from puberty to adulthood. It is through rite of passage that both males and females are considered adults and can therefore marry or participate in adult ceremonies and become full members of the society. The teaching given during seclusion are meant to prepare them for the responsibilities of marriage and parenthood, without which teaching youth would be ill prepared for future life (Mbiti, 1991).

Among these rites of passage is Female Circumcision also known as Female Genital Mutilation (FGM), Female Genital Cutting (FGC), or Female Genital Surgeries (FGS) which is partial or total cutting away of the female external genital. It is one of the most treasured traditional practices among African societies and other parts of the world. In Kenya the practice is not only popular but prevalent with 38% of women reported being circumcised (KDHS, 1998). The practice is also found in over a half of the districts in the country. It is especially popular and prominent among the Somali (97%), Kuria (96%), Kisii (96%), Maasai (89%), Kalenjin, (62%), Taita Taveta (59%) and Meru/Embu (54%) groups, and to a lesser extent among Kikuyu (43%), Kamba (33%) and Mijikenda/Swahili (12%) (KDHS, 2003). In these communities, female circumcision defines reproduction, sexuality, womanhood, adulthood, power, religion and diverse kinds of identity (Kattam, 1996).

The term FGM or FGC is used widely by human rights advocates contrary to communities that practice it who believe that, female circumcision is analogous to that of male circumcision. The human rights advocates have adopted the term to clearly indicate the harm caused by the practice. The practice of female circumcision damages female sexual organ unlike non-mutilating of male circumcision in which the foreskin is cut off from the tip of penis without damaging the organ itself. Who argue from medical point of view that, the degree of cutting in female circumcision is anatomically much more extensive compared to that of male circumcision. Comparatively, the male equivalent to the mildest form, (clitoridectomy) would be the amputation of the most of the penis, while male equivalent to

the extreme form (infabulation) would be the removal of the penis its roots of soft tissue and part of the scrotal skin. (Peters& Wolper, 1995).

Furthermore, in contrast to female circumcision, male circumcision has significant health benefits that outweigh the very low risk of complication when performed by adequately – equipped and well trained health providers in hygienic settings. Male circumcision has been shown to lower men’s risk of HIV acquisition by about 60% (Gray et al.2007) and is now recognized as an intervention to reduce infection in men in settings where there is high prevalence of HIV (UNAID, 2007).

Despite lack of consensus in the use of terminology and understanding between the communities where female circumcision takes place and human rights advocates, in this research the term Female circumcision (FC) is used instead of FGM or FGC. This is because the terminology is an appropriate one when referring to the practice among the Keiyo, it is also analogous to male circumcision and portrays the rite positively. It is important therefore to use the terminology as the term of reference in this particular community and a need to understand the cultural significance attached to the practice in order to set the right approach in working towards its eradication.

The condition in which this procedure is performed is unhygienic and poses a health hazard to girls and women. Most circumcisions are carried out with unsterilized instruments such as razors, scissors or kitchen knives which are shared among several initiates risking the spread of HIV and AIDS. (Lightfoot-Klein 1991).

Female circumcision can be associated with immediate and long term complications. It has been suggested that some of the most immediate complications can include severe pain, trauma, tetanus, urine retention, urethral or anal damage, excessive bleeding, and shock. While the long term health and physical complication may include urinary and bladder incontinence, recurrent urinary tract infections, lack of sexual stimulation and painful sexual intercourse, infertility, vaginal cysts and abscesses, blockage of menstrual flow and elevated risks of obstructed labor (WHO, 1996).

Apart from physical and psychological trauma caused by Female circumcision, the practice also reflects deep-rooted inequalities between the sexes, and constitutes an extreme form of

discrimination against women. Female circumcision is commonly carried out on minors and is therefore a violation of the rights of the girl child. The practice also violates the rights to health, security and physical integrity of the person, the rights to be free from torture, inhuman or degrading treatment, and the right to life when the procedure results in death.

Researchers have shown that, socialization process that accompanies the practice may also entrench gender ideologies and practices that might contribute to the disempowerment of women. This is because, girl initiates undergo a systematic integration of social structure and institutions in which men dominate, oppress and exploit women as expressed within a patriarchal context. Thus girls and women under this system were put on an inferior social, political and economic status as well as being made submissive to their male counterparts. This explains how gender relations were created and presented through initiation, Kattam (1996), Kenyatta (1953), Ronoh *et al*, (2010).

The result of the practice of Female Circumcision are health problems for women, inhibits their education opportunities and reduces women participation in development due to diminished self-esteem, hence denying them social, psychological and economic empowerment in the community hence the well-being of women is affected in totality. The chain reaction of the effects of the rite cannot be addressed singly because one problem leads to another calling for complete replacement of the rite an alternative practice which promotes the well-being of girls and women.

Historically, efforts to eliminate female circumcision have often been unsuccessful. The efforts started as early as 1800s where the African Inland Mission (AIM) began work in Kenya in 1895, and by the year 1914 the mission was offering systematic teaching on the effect of female circumcision to all patients who went to Kijabe hospital as a result female circumcision became the center of controversy in Kikuyu areas in the 1920s and 30s (Kibor, 1998).

In the 1930s again there was an attempt to eliminate female circumcision by the Presbyterian Church of East Africa (PCEA) and colonial administration in Kenya by enacting laws and church rules in order to discourage the practice but such actions only succeeded in provoking anger against foreign intervention. Failure by missionaries to appreciate indigenous culture and use of their position and strength to impose their culture especially through opposition to

female circumcision produced defense of this practice among many communities.(Ronoh, *et al.*(2010).Later attempts by the Kenya government to pass laws and coercion as means of forcing communities to abandon the practice in the 1940s and 50s were also ineffective. Research findings do suggest however, that where church and religious leaders are actively against female circumcision a behavior change is likely to occur (Chege, *et al.*(2001).

Globally attempts to curb the practice have been put in place. A number of international organizations and conferences have highlighted the danger of FC and declare support for efforts to eradicate the practice. The World Health Organization (WHO) has been supporting governments' efforts against FC by facilitating research and distribution of information about the practice (WHO, 1996).Furthermore, WHO has published a joint statement on the FC in collaboration with United Children's Fund (UNICEF) and The United Nation Population Fund (UNFPA). Since then African countries have started preparing plans of action using multi-sectorial approach to eliminate FC (WHO, UNICEF, UNFPA) (1997).

The formation of Inter African Committee on Traditional Practice affecting the health of women and children (AIC) in 1984 in Dakar Senegal was the result of international efforts to get African regional voice in an international campaign against FC. The AIC is an African regional umbrella body that has been working on policy programmes and actions to stop FC with the mission to free African region from FC and gender related harmful practices (AIC, 2000). The major contribution which AIC has made is to raise awareness at all level of policy on harmful practices particularly FC and advocate their recognition and/or integration in various United Nation and regional human rights, treaties, statements and declaration of major UN conferences on women (*Ibid*).

The 1994 International Conference on Population and Development urged governments to prohibit female circumcision wherever it existed and to give vigorous support to efforts among NGOs and community organization and religious institutions to eliminate such practices. (UNFPA 2007). During the fourth World Conference on Women in Beijing in 1995, it was recommended that all governments should ensure that all women access information on harmful effects of female circumcision. In addition the Cairo Declaration recommended that governments should adopt specific legislation addressing female circumcision (Cairo Declaration, 2003). The major impacts of these conferences and declaration are public awareness of negative effects of FC, demystification of FC, open anti-

FC declaration by some members of communities who used to practice FC. This resulted in decrease of the practice of female circumcision in some countries like Ethiopia, Guinea, Nigeria, Central Africa and Djibouti (UNFPA 2007).

Campaigns and laws against the practice have resulted in driving the practice underground. Many communities are carrying out the rite secretly by changing the venue and mode of dressing or involve medical personnel (medicalization) to appear modern and harmless for fear of being prosecuted and punished (Population Council 2002). This has made it difficult for the government to eliminate the practice completely.

The problem of female circumcision lies in the social, cultural and religious values of the people that practice it. Advocates of the practice do not see it as harmful but as a way of life of a people. In fact people who practice female circumcision are honorable, upright, moral people who love their children and want the best for them. The Royal Australian College of Obstetrician and Gynecologists (1997), noted that in all cases of female circumcision the intention is not of violence but rather to ensure the future welfare of the child according to long standing traditional (Mackie 1998).

Scholars, activists, Faith Based Organizations (FBOs), governments and international agencies have approached the eradication of female circumcision from many angles starting from health, education, human rights, hygiene and spiritual perspectives but without success. This is despite massive awareness of harmful and negative effects of the practice, the social benefits are deemed higher than its disadvantages (UNICEF 2005a). This is because the practice of female circumcision is highly regarded as cultural and religious events which are embedded in coming of age rituals and sometimes for entry into women's secret societies which are considered necessary for girls to become adult and responsible members of the society.

It became therefore difficult for these approaches to eradicate the practice of female circumcision because they do not address these core values, the myths, or the enforcement of mechanism that support the practice. They make no attempts to be sensitive to peoples' cultures and traditional. (WHO, 1999). In addition there was lack of suitable replacement of the cultural values that are attached to the initiation aspect of the practice (Chebet, 2007).

Amnesty International (1998), observed that eradicating the practice must be presented as a question, not of eliminating the rite of passage but redefining or replacing the rite in a way that promotes positive traditional values while removing the danger of physical and psychological harm. Intervention strategies that led to the creation of a cultural vacuum were avoided and alternative rite of passage for young girls were encouraged (WHO 1996).

The concept of Alternative Rite of Passage (ARP) was first introduced in Kenya, in the 1990s by The Programme for Appropriate Health Technologies (PATH). Maendeleo ya Wanawake Organization (MYWO), Kenyan national women's body, with the objective of improving living standards of families and communities, worked with PATH to develop and introduce the first ARP in Tharaka Nithi in Meru in 1996, with 29 girls participating. It was called *Ntanira Na Mugambo* in Meru language which means "Excision by Words". (Chege *et al* 2001).

The initiates went through one week of intensive instruction through guidance and counseling on various issues but did not undergo the actual circumcision. They also obtain all the information and privileges associated with traditional coming of age ceremonies which included exchange of gifts, eating good food, dancing and a public declaration for community recognition

Moreover, upon graduation the initiates were presented with certificates and in 1997 the number of supporters had grown to 200 families spread over three divisions in the district. In spite of the initial criticism towards the programme, it has increasingly gained popularity because it incorporated many aspects of their traditional and culture so they were not hostile to it (WHO 1999). Other communities such as Gucha, Maasai and Samburu were sensitized and gradually adopted it. By April 2001 it is suggested that, approximately 3000 girls from these communities had participated as initiates and graduated through these programmes (Chege, *et al.* 2001).

Another example of a successful ARP project, is that of Uganda's REACH programme in Kapchorwa district where by the community embraced ARP (Tuyizere, 2007).

In Senegal an International Educational NGO established in 1991 called Tostan was successful. By the year 2001, 274 villages of more than 250,000 people had agreed to give up

the practice of female circumcision. Tostan empowers people through education and knowledge to enhance their personal and community development (AIC, 2000). This attests that when people's cultural and religious sensitivities and sensibility are taken into consideration there are higher chances of ARP to be acceptable.

Despite this success in Kenya and some African countries, female circumcision remains one of the cultural elements which exhibit enormous resistance to change (Chebet & Dietz 2000). In spite of over 60 years of discouragement and being outlawed by the Kenya government in 1999, female circumcision still remains popular and widely practiced. At the same time while ARP has attained some level of success and acceptance there is still resistance and tensions with some ARP graduates reverting back to female circumcision due to peer pressure from society and culture (Koske, 2012).

Communities that still practice female circumcision report a variety of social, cultural and religious reasons for its persistence. Deeply rooted customs, linked to social and economic benefits are associated with FC. For instance, traditional circumcisers, decorators and initiators enjoy high status in society and are respected for their role in promoting girls to womanhood and they earn both respect and resources. Other reasons are social acceptance, to preserve virginity until marriage, to have better marriage prospect, to tame women's sexuality and lack of an appropriate replacement to fill the social vacuum of female circumcision (Chebet, 2009).

In Keiyo community, like other communities that practice female circumcision, the practice is an important rite of passage for girls with significant cultural and social values. Women undergo female circumcision in order to gain certain social benefits for example to qualify for marriage and gain access to resources such as land. Furthermore the concept of becoming a woman and being elevated to a higher social status after undergoing female circumcision is regarded as a family honor. It is also believed to bestow fertility and identity and is looked upon as a cleansing rite. In the past it was used as a test of chastity and so to morality as the initiate was examined for virginity before the actual circumcision (Chebet, (2007).

Female Circumcision has therefore become difficult for the government to eliminate completely. Recent articles of Kass weekly newspaper of 23-30 December 2012, and Daily

Nation of 25th December 2012 have shown that; the practice is still performed in secrecy or less severe forms posing difficulties in reporting and prosecution. Also formation of Anti-FGM board (Kenya Gazzette December, 2013) by the government, has shown that the practice has refused to go away.

This study examined and assessed Alternative Rite of Passage among Keiyo community with a view to highlighting both its success and failure in light of girls' education. The district was chosen because of female circumcision prevalence and also because it has an elaborate Alternative Rites of Passage programme. The programme is under the Community Based Organization (CBOs) which launched the practice known as "*Tumdo Ne neel*" a coming of an age concept in the year 2003 to address the problem of female circumcision among the *Kalenjin* community in Kenya specifically the Keiyo where the programme had been piloted. The aim of the programme was to work towards the abandonment of female circumcision and to facilitate the adoption and implementation of Alternative Rite of Passage.

1.2 Statement of the Problem

Despite massive awareness about the harmful effects of female circumcision on women's and girl's reproductive health, education and human rights violation, and the law prohibiting the practice (Bill No 32 of 2011) being in place, to date girls still undergo female circumcision in Keiyo community. This study investigated the effects of Alternative Rite of Passage on girls' education. It examined and assessed its' success and/or failure with the view to understanding community's perceptions of these rites.

1.3 Purpose of the study

The purpose of this study was to investigate the effects of Alternative Rite of Passage on girls' education among the Keiyo community.

1.4 Objectives of the study

The specific objectives of the study were:

- (i) To investigate acceptance and resistance of ARP approach.
- (ii) To investigate the effects of acceptance of ARP in fostering girls' education.
- (iii) To investigate the community's perceptions of ARP approach.

1.5 Research Questions

The study attempted to answer the following questions

1. What is the level of acceptance of alternative rite of passage in Keiyo district?
2. What is the contribution of Alternative Rite of Passage in fostering girls' education?
3. What are the perceptions of Keiyo community on ARP?

1.6 Significance of the study

The findings of this study can be used to inform policy makers, NGOs, Faith Based Organizations (FBOs), Human Rights Organizations and Government on the gaps of interventions in terms of legislative and policy reforms in relation to FC eradication. The findings may also motivate communities and organization that are working towards eradication of FC to support meaningful interventions that uphold cultural norms and practices and still empower the girl-child during their transition to womanhood, while preserving chastity and fulfilling ethical obligation.

Its recommendations may be significant in informing ARP-implementers in Keiyo on how the programme can be improved since the study examined a number of challenges facing the programme.

This study is significant in that an evaluation of ARP in Keiyo may inform the stakeholders about the achievement and progress made so far, while it can be used for further study.

1.7 The Scope of the Study

This study was carried out in Soy division of Keiyo District. The district was chosen due to high prevalence of female circumcision. In addition, the district has an elaborate programme of alternative rite of passage which was established in 2003 with the aim of eliminating female circumcision and facilitates the adoption of ARP among *Kalenjin* community specifically the Keiyo where the programme was launched.

Aspects studied during this research were effects of ARP on girls' education, acceptance and/or resistance and community's perceptions towards ARP. Men perceptions towards ARP were sought as they are the custodians of the culture, household heads and therefore key decision makers. A recent report by the UNFPA points out that the fight against female

circumcision will not be won until men change their attitudes about the rights of uncircumcised girls (The standard newspaper November 27, 2013). Women's perceptions were also examined because they are the ones who directly experience FC and their perceptions are crucial to the success of ARP.

Factors related to contribution of ARP in fostering girls education, acceptance and /or resistance and perception were variables under examination and ARP graduates were interviewed to investigate their views as they are the beneficiaries of ARP. This division gives valid and reliable results which may be generalized to other ARP initiates in *Elgeyo-Marakwet county*.

1.8 Delimitation of the Study

The following factors posed as limitations to this study:

- (i) Expensive in terms of time and resources. The researcher reduced the effect of this limitation by working in one division of Keiyo district.
- (ii) Language barrier. The researcher reduced this barrier by working with the researcher assistants from the locality
- (iii) Culture sensitivity: The researcher reduced this barrier by using the word female circumcision or traditional rite instead of FGM or FGC.

1.9 Assumptions of the Study

In this study, it was assumed that:

- (i) The respondents' views reflected their real perceptions and disclosed their real views.
- (ii) Laws that outlaw the practice of female circumcision did not in any way influence perceptions of respondents on ARP.

1.10. Definition of terms

Initiation: This refers to the rite of passage from childhood to adulthood which culminates in circumcision. It referred to all activities, and teaching imparted on the initiate before, during and after circumcision. Initiation is therefore broader than circumcision.

Circumcision: This refers to both physical surgical operation and the process of acquiring the status of adulthood certified by the physical operation.

Female Circumcision (FC), Female Genital Mutilation (FGM), Female Genital Cutting (FGC), Genital Surgeries: Refers to several different traditional practices that involves the removal or cutting part or all of the female genitalia.

Rite of Passage: Religious and cultural ceremonies to mark the transition from childhood to adulthood.

Alternative rite of passage: Initiation of girls into womanhood without subjecting them to genital surgical operation.

Tumdo Ne Leel: A coming of Age of Concept, a Kalenjin phrase for new initiating and graduating girls to womanhood promoting them to next social status without circumcision.

Gender: The socially constructed roles and responsibilities assigned to women and men in a given culture and societal structures that support them. Gender is learned and changes over time.

Gender Equity: A condition in which women and men participate as equals, have equal access to resources, and equal opportunities to exercise control.

Gender Equality: Means that there is no discrimination on ground of a person's sex in the allocation of resources, benefits or access to service.

Social-cultural: Combination of values and virtues cherished by society, lived and practiced as a tradition.

Culture: Culture is defined as learned/acquired and shared traditional behavior that supplies its members with physical, emotional and social needs. Culture is a way of life.

Reproductive Health: Is a state of complete physical, mental and social wellbeing, reproductive health deals with the reproductive processes functions throughout the life.

Empowerment: The process of generating and building capacities to exercise control over one's life.

Human Rights: Human rights are those rights that every human being possesses and entitled to enjoy by virtue of being human.

Feminist: A feminist is an individual (a man or a woman) who is aware of the oppression, exploitation or subordination of women within the society and who consciously acts to change or transform this situation.

Patriarchy: is a system of social structures and practices, in which men dominate, oppress and exploit women.

CHAPTER TWO

LITERATURE REVIEW

2 Introduction

The literature review is a summary of scholarly works, anti-FC programme, documents including reports evaluations, conferences papers and educational materials reviewed for the purpose of this study. The findings from literature review were used to guide the development of a survey questionnaires and interview schedule. It was also used to support interpretation of data collected. It is divided into the following sub-sections: Historical Background of Female circumcision, Meaning and classification of female circumcision, The Prevalence of Female circumcision in Kenya, Female Circumcision among the Keiyo, Complication and Effect of Female Circumcision, Effects of Female Circumcision on Girls' Education, Reasons for Persistency of practice of Female Circumcision, Laws for the elimination of Female Circumcision, Development of Alternative Rites of Passage strategy, challenges facing ARP, Progress made by ARP in eradicating Female circumcision and related studies. It ends with theoretical and conceptual framework.

2.1 Historical Background of Female Circumcision

Female circumcision is a tradition that has a long history, it has been suggested that it was first discovered in Ancient Egyptian mummies in the 5th century B.C, and it was described as operation performed in Memphis when women receive their dowries (Mahmoud, 1998, Kattam, 1996).

According to these two scholars, the origin of female circumcision can be traced to the patriarchal family system, which dictated that a woman could have only one husband, while a man could have several wives. This was to restrict women's sexuality for the preservation of the lineage. Patriarchal arrangement could not have been maintained successfully without a whole range of cruel and ingenious means devised to limit woman's sexual intimacy to her husband. To prevent women from stepping out of monogamous unit, infibulations was performed not only on virgins but also on widows, divorcees and women whose husbands had gone on journeys Kattam, (1996), Mahmoud, (1998).

Greek papyrus in the British Museum dated 163 B.C mentions circumcisions performed on girls at the age when they receive their dowries. Female circumcision was practiced as well by early Romans and Arab (Lightfoot-Klen, 1991).It is also practiced in Australia, Asia, Latin America, North America and Europe. As recently as 1950s, physicians in the United Kingdom and United States performed female circumcision to treat, lesbianism, masturbation and other sexual defamation (Rahman & Toubia, 2000).

2.2 Meaning and Classification of Female Circumcision

Female circumcision (FC) also known as Female Genital Mutilation (FGM), Female Genital Cutting (FGC) or genital surgeries refers to several practices that involve the removal or cutting of part or all of the female genitalia for non-medical reasons. The World Health Organization (WHO 1995) report suggests a four-type classification of female circumcision which includes varying degree of severity depending on the amount of tissue excised; namely; clitoridectomy, excision, infibulation and other unclassified variations. Table 1 shows a summary of classification of female operations.

Table 1
Broad Categories of Female Circumcision according to WHO (1995):

Category	Type	Explanation
I	Clitoridectomy	Removal of the prepuce with or without the removal of the entire clitoris.
II	Excision	Removal of the prepuce together with partial or total removal of labia minora
III	Infibulation	Removal of the prepuce and clitoris together with labia majora and labia minora and stitching up except for the vagina opening.
IV	unclassified	Includes; (i)Pricking, piercing or incision of the clitoris and/or labia. (ii)Stretching of clitoris and /or labia iii) Cauterization by burning of the clitoris and surrounding area. (iv)Any other procedure that fall under the definition of female circumcision given above.

Different communities practice different classification of female circumcision, for example in countries like Sudan, Somalia and Djibout, 80% to 90% of all FC is infibulations (The most extreme form of FC) as described by WHO. This is also practiced on smaller scale in parts of Mali, Ethiopia, Eritrea, Gambia and Egypt (Toubia, 1994). Also the older Marakwet women of Kenya went through the infibulations whereby after the operation, women held their legs tightly together for many days before the wound healed. The middle aged and younger women undergo clitoridectomy (Kibor,1998). In Keiyo community which is the focus of this study, female circumcision falls under categories I and II that is clitoridectomy and excision. The type depends on the circumciser and the amount of tissue she could get hold of due to the slippery nature of the organ. Flour is used to reinforce the grip in order to excise tissues as much as possible (Chebet, 2007).

2.3 Prevalence of Female Circumcision

Worldwide, it is estimated that between 85 and 114 million girls and women have been subjected to female circumcision. Each year, a further 2 million girls are estimated to be at risk, approximately 6,000 per day (Toubia, 1994). Most of them live in 29 countries of Africa. A global review of female circumcision today, shows that the custom is mainly practiced in the continent of Africa. In Africa the record shows that female circumcision is practiced in many cultures. According to the UNICEF report 2007, African countries with the highest percentage of FC prevalence in girls and women of 15-49 years are Somalia (with 97.9%), Egypt (with 95.8%), Guinea with (95.6%) Sierra Leone (with 94.0%), Djibuti is (93.1%), and Northern Sudan (with 90.0%), In East Africa Kenya, Tanzania and Uganda, the percentage are 32.2, 14.6 and 0.6 respectively. Women who have been subjected to female circumcision are also found among African immigrant communities in Europe, Canada, Australia and U.S

According to KDHS report 2008, female circumcision is prevalent in Kenya with 32.2% of women aged 15-49 reporting being circumcised and the practice is found in over half of the districts in the country. There are differences among ethnic groups, as shown in Table 2;

Table 2**Prevalence of FC in Kenya according to KDHS report (2008)**

District	Percentage
Kisii	97
Kuria	96
Maasai	89
Kalenjin	62
Taita Taveta	59
Meru/Embu	54
Kikuyu	43
Kamba	33
Mijikenda/Swahili	12

Source: Kenya Demographic and Health Survey (KDHS) 2008.

However, recent studies have indicated changes in attitudes, beliefs and practices in communities that traditionally have upheld the practice. For example, qualitative research by UNICEF/PATH among the Kikuyu and Kalenjin ethnic groups indicate that families with higher levels of formal education, higher economic status and that are Christian, are more likely to have positive attitudes towards abandoning the practice than other groups. (UNICEF, 2006)

These qualitative findings are confirmed by data from the 1998 KDHS, which indicate that the higher the level of mother's education the lower the prevalence of female circumcision. Women residing in rural areas are more likely (42%) to have been circumcised than those residing in urban areas (23%), and older women (35-49) were more likely to have been circumcised (47%) than those aged 15-24 years (33%).

Recent decline in the FC practice, measured by differences in those age group (35-49) versus (15-24) as reported in the KDHS (2003), is particularly pronounced among the Kalenjin (62% to 33%), Kikuyu (43% to 18%), and Kamba (33% to 12%), with the least decline amongst the Kisii (97% to 93%), Maasai (89% to 77%), and Kuria (96% to 94%). Furthermore, UNICEF report on the Daily Nation of July 2013, has reported a dramatic reduction in cases of female circumcision in Kenya. The report shows the practice has declined deepest in Kenya among

the 29 African countries and it has become rare among the Kalenjin and Kikuyu and almost disappeared among the Meru, at the same time, more than 95% of Somali and Kisii, girls are still being cut.

2.3.1 Female Circumcision among the Keiyo

Female Circumcision is prevalent among the Keiyo community which is the main focus of this study. Chebet and Dietz (2000) noted that, the origin and meaning of female circumcision among the Keiyo is not known and that the community does not have a particular terminology to denote the rite for male and female, but generally referred to circumcision as “*Kamuratanet*”. This is particularly in reference to male circumcision, “*Soet or tumdo*” meaning circumcision rite or ceremony. This is mainly because the Keiyo did not approach the rite from the act, to cut, but rather from the descriptive point of view which did not portray the meaning literally. The intended purpose was to hide the meaning from children and those who had not undergone the operation.

Female circumcision in Keiyo is held almost yearly preferable the month of December after annual harvest. The event depends on availability of food as a lot of food is needed to feed the initiates, weather conditions and absence of any foreseen calamity. It is normally referred as “*yatetab lagok*” which means ‘to open’ or a symbolic meaning denoting to move from one stage of life to another through ceremony (*tumdo*). Female circumcision is called *soet* to differentiate it from that of male counterpart which is referred to “*Kamuratan*” (Chebet and Dietz 2000).

The role of female circumcision in Keiyo community was to provide a transition from childhood to adulthood, a preparatory stage for marriage. Society held the practice with very high regard because it specifically prepares girls for marriage and procreation. The practice takes place in every village and involves all the women in community. The initiation rites are very elaborate and complex, covering three main stages, namely; the public circumcision, the period of seclusion and the coming out ceremony.

The public circumcision

The Keiyo practice female circumcision on girls at puberty. The types performed is either clitoridectomy (type one) or excision (type two). The event leading to actual circumcision

start by a group of families in the village who plan to recruit the girls who have attained the age of circumcision (puberty). This is followed by assembling girls at the appointed home where by the women of the village collect firewood, fetch water and smear the appointed house with the cow dung and red soil to decorate it. Outside the back door a structure locally known as *Korosiot* is constructed and decorated to mark the spot where the girls would be circumcised. This remains until the initiates graduate.

The inner house is divided into three parts. The first part is used for cooking, the second for women young and old and the third one known as *Suum* is for initiates who spent most of their time in this secluded room. It is here where they conduct their activities such learning, sleeping, eating singing and decorate themselves. The compound of the house is served as a reception ground for suitors who are potential husbands for the newly graduated would be wives known as *chepkelelin*.

The operation is performed early in the morning it is public and can be viewed by all present. The girls are taken to the place prepared for the occasion as the circumciser goes round performing the operation. During the operation the girl is supposed to bear the pain courageously and if she cries out she will not get a husband easily; or she will be married by an old man or a man who is not valued in the community. Her dowry would also be less and will bring shame to the entire family. The girls are therefore exhorted in song and word, to bear the pain without showing any sign of cowardice for her own sake and that of the family. The courage is meant to prepare her for childbirth when the girl will be expected to withstand the pain and be as calm as possible. This operation thus prepares the girl for the ordeal of childbirth, and what is expected of her as a mature woman.

Period of Seclusion

The process of initiation takes place after the wounds have healed. The initiates are fed with special diet meant to speed up the healing process in addition to fattening girls ready for marriage. The time of seclusion becomes a kind of a forum in which women vent their feelings and ideas amongst themselves. All the women of the village and invited relatives and friends would gather in the home where the initiates are and discuss issues. This is the only basically “female forum” as all other meeting places are male dominated. Circumcision therefore binds women together as a group and the new initiates.

During the seclusion period, the initiates ‘*Chemerinik*’ undergo a series of instruction and lesson about subordination and power, authority and challenges of life. Much of the teaching revolves around female sexuality, the role and responsibilities of a wife to the husband, family and community, the strength of women as a group, the respect owed to older people and family education in general. It is here where all the informal education on sensitive issues such as sexuality which are normally not discussed openly and had been initiated through socialization by the parents, aunties, grandparents and other members of the society are reinforced and discussed openly more than ever before Changwony, (1999).

Coming out Ceremony

The coming out ceremony locally known as *komong’u* come after the end of the seclusion period where by initiates are formally graduate from the training into responsible adults. The graduation ceremony is similar to the modern one where by the initiates are decorated and presented with gifts by parents, relatives and friends. Girls found to be virgin during circumcision are rewarded with special gifts by elders in the community these include cows and other valuable gifts. The father of such girls hosted a feast known as *kimarigi* for his age-mates to celebrate the honor he received when the daughter abstain from sexual intercourse. This is a virtue that is used to keep the girls out of irresponsible sexual behavior which may result in children out of wedlock.

The graduates are referred as “*Kwonyik*”, meaning women who are ready to ‘cook’ or marriageable. This means the girl is ready to take her place of cooking and bear children. The newly acquired status at the end of the seclusion period enables them to be referred as women and to be allowed to participate in the socio-cultural activities, since they are no longer children but adults. The circumcision therefore is the most important single rite which unites the Keiyo community in its celebration. It is a time of great joy and celebration friends, relatives and neighbors come together to celebrate. For girls the whole process is solely preparation for marriage.

2.4 Complications and Effects of Female Circumcision.

FC is performed not because of a disease. FC is a socially driven surgical procedure that causes grave physical, psychological and economical damage to women. All types of FC can have serious physical complications although those resulting from Infabulation which is the

extreme form of FC seem to be associated with more serious complications which occur more frequently and long lasting in light of women reproductive health and sexuality. The other types, hemorrhage may occur and protracted bleeding commonly leads to anemia. If bleeding is very severe and uncontrolled, it can result in death.

Infection and risk of contracting HIV/AIDS are commonly caused by unsterile cutting instruments. Traditionally, most Kenyan societies used only one tool to circumcise each and every girl in a row within the shortest time possible. This does not give the traditional surgeons' time to clean, let alone sterilize the tools before using it on the next initiate, as one of the circumcisers in Kuria told the People Newspaper on 13th January 2013, that she used kitchen knife before but now she uses razor blade which each girl brings for her own operation.

Infection can also occur within a few days after operation as the area is in constant contact with urine. If not treated promptly, general toxic infection or tetanus infection usually leads to death(Toubia,1994).Damage of the urethra or anus may be caused by an inexperience circumciser or girl's sudden movement before the wound heals. Pain, swelling and inflammation of the front of the vulva usually result in an inability to pass urine for hours or days. Urine retention increases pain and discomfort and can cause urine infection.

The majority of operations are done without anesthetic or in other communities like the Keiyo uses leaves of the nettle plant locally known as "*Siwot*" or "*Kimilgichet*" that cause a swelling of the clitoris before the actual cutting. This process causes a considerable pain and some of the initiates faint (Chebet, 2007).

With infibulations, there are a host of maternal and sexual problems caused by extensive cutting and stitching. Pain is more severe, bleeding, infection and urine retention is more common since the skin is stitched over the urethra. The menstrual flow is obstructed since the vaginal opening is completely blocked leading to frequent reproductive tract infections. Some health problem caused by infubulation which are permanent and more frequently are repeated urine infection, stones in the urethra and bladder, excessive growth of scar tissue at the site which may become disfigured, obstructed labor and pain during sexual intercourse (Physical and psychological trauma reinforcing each other (Toubia, 1994).

A 1991 survey of 1,222 women in 4 districts of Kenya; Narok, Gucha, Tharaka and Kisii indicated that: 48.5% of women experienced haemorrhage, 23.9% experienced infections, while 19.4% experienced urine retention at the time of operation (MYWO/PATH, 1993). Also a study of 33 infubulated women in delivery in Somalia's Benedir's Hospital found out that 5% of their babies died during delivery and 21% suffered from oxygen deprivation. (Nelson, (1996), Kiptiony,(2008).

Female circumcision was about pain endurance and perseverance in preparation for future responsibilities. The psychological preparation given to the girls during pre-circumcision times psyched the initiates to accept and look forward to the operation notwithstanding the pain and disadvantage accompanying it. Most circumcisions take place when a girl initiate is already receiving multiple messages about her position in society in general, and in regard to boys and men in particular. The messages are passed through systematic integration of the social structure and institutions which men dominate, oppress and exploit women as expressed within a patriarchal context. Thus, girls and women under this system were put on an inferior social and political status as well as being made submissive to their male counterparts (Ronoh *at el.*2010). This explains how gender relations were represented and created through initiation.

Furthermore, linking the operation and a girl's experience of her social feminization makes it difficult for the girls not to associate circumcision with some diminution of sexual desire; the message and the act appear to be interrelated. Socially, it is accepted for both male and female that women's sexual behavior was deemed to be controlled by undergoing circumcision to reduce libido and by so doing the purpose of women's sexual organ was meant for procreation and not for sexual pleasure while the male organ served both purposes; In other words female circumcision removes the woman's sexual organ and leaves her reproductive organs intact.

Female circumcision also has a range of other psychological and psychosomatic disorder. Girls may experience disturbances in sleep patterns, mood and cognition. Difficulties extend into adulthood with feeling of incompleteness, loss of self-esteem, depression, chronic anxiety, phobia, panic or even psychotic disorder (WHO 1996).

Interestingly, most of the communities, do not associate psychological suffering with female circumcision since they appear later in life, The effects are attributed to un-confessed sins such as adultery, lack of respect for elders and parents, stealing or a host of the other problems (Kibor, 1998).

2.5 Effects of FC on Girls' Education

The practice of female circumcision has negative and harmful effects on girls' health and consequently their education. According to WHO and UNFPA as cited in the (Ministry of Health, 2003 Report)it is argued that female circumcision has no known health benefits, on the contrary it is known to be harmful. The removal of health and normal tissues interferes with the normal functioning of the body, causing immediate and long term health complication making it difficult for girls to continue with their education.

Many studies have shown that, women constitute the highest percentage of illiterate people in the country. According to Education Report (1995:18) there is a long-standing imbalance in participation in formal education by girls especially in retention and completion at all levels of education and female circumcision is the major contributor of this situation. After circumcision many girls drop-out of school, this is because after this rite, girls are bestowed with procreative functions, which call for immediate marriage arrangements (Chebet & Dietz 2000).

A study done by Kattam, (1996), to establish the relationship between attitude towards circumcision and academic achievement among the Pokot, has shown that circumcised girls performed poorly compared to circumcised boys. This attests to negative influence that circumcision has on girls' academic achievement.

A recently article of The Rift Valley observer December 2013 page 3, shows the practice of female circumcision has adversely affected Girl-Child Education in the County of West Pokot where there is a low transition of girls from lower primary to upper primary and secondary school. However, since Anti-FC law was enacted 2 years ago, the cases of FC had drastically dropped and there is an increment in girl child enrolment in school and the ratio of boys and girls is almost the same.

Other studies that have been conducted on the effect of female circumcision on the schooling of girls yielded information that:

- i) Initiation ritual that continues over the period of months, so that during this time girls come to school late or not at all. After this interval girls have trouble catching up with the rest of the class if indeed they ever do.
- ii) School-age girls who have been subjected to circumcision are often considered grown up and eligible for marriage.
- iii) In some areas girls are married off following the procedure and drop out of school.
- iv) Sometimes this accords with the wishes of the girls themselves who lose interest in school and identify entirely with their role as wives.
- v) Some girls continue to go to school in spite of being married, but they soon became pregnant and cease school attendance at that point.
- vi) Many parents are unwilling to finance their daughter's education.
- vii) Many girls suffer from health problems, pain and trauma following the F.C procedure.
- viii) There is also an indication that girls who have undergone the FC are often absent or less attentive in class. This leads to poor performance and interruptions and premature termination of schooling. Tenges, (2011), Ondiek, (2010).

2.6 Reasons for Persistency of Practice of Female Circumcision

Female circumcision has a lot of cultural, social and religious significance for the communities which practice and value it. Many parents and women who allow their daughters to undergo female circumcision are doing so to conform to social traditions. The KDHS report of 2008/2009 showed that, 24% of women cited social acceptance as the most important reasons for female circumcision. Individual families who choose not to have their daughters undergo the practice risks stigmatization and social exclusion. In these communities female circumcision is often seen as a prerequisite for marriage; girls who have not undergone the procedure are deemed unmarriageable. This is consistent with the characteristic considered necessary for a woman to become a 'proper' wife and ensures and preserves girl's or woman's virginity, (Oloo & Wanjiru, 2011).

Culture has also been singled out as a major factor underlying resistance by communities to eradicate the practice. In some communities, female circumcision is an integral part of the rites that mark a girl's coming of age conferring a sense of pride and status to girls who undergo the procedure. The social pressure to continue this tradition can be so powerful, that some parents who would have abandoned the practice would submit their daughters to the procedure rather than risk the social consequences (Chege, *et al.*2001).

Where Female circumcision is widely practiced, it is supported by both men and women usually without question and anyone departing from the norm may face condemnation, harassment and ostracism. Female circumcision is a social convention governed by rewards and punishments which are acting as a powerful force for continuing the practice. In Keiyo community for example it is a taboo for uncircumcised girl or woman to give birth to a child. If a girl conceived before she was circumcised, she was subjected to cleansing to remove any form of uncleanness and bad omen. In extreme circumstances, the baby born to uncircumcised girl was strangled to death. The penalty was so harsh that not many women dared to engage in sexual intercourse before circumcision (Chebet, 2007).

In this view it has become very difficult for individual families to abandon the practice without the support of the wider community even if the practice is known to have negative effect on women and girls, Although the social benefits supersede the disadvantages, female circumcision has become an important part of the cultural identity of girls and women and also impart a sense of pride, a coming of age and a feeling of community membership.

The practice of Female circumcision is often upheld by local structure of power and authority such as traditional leaders, religious leaders, circumcisers, elders and even some medical personnel (WHO, 1995). In many communities older women who themselves have been circumcised become custodians of the practice. In Sierra Leone for example, circumciser are women leaders who control the secret societies and who, to their followers, are priestesses. The eradication of FC would mean loss of prestige and money. These older women consider the practice to be essential to the identity of girls and women and tend to see effort to combat the practice as an attack on their identity and culture hence resistance (Toubia, 1994).

Certain communities practice female circumcision because it is believed to confer to communities' membership Kipkorir, (1973) observes that circumcision makes one a man or a

woman of his or her community and that no event in life is of equal importance as initiation. Without it no one can exercise the obligation or expect the rights of adulthood. The practice is seen by many communities as an individual and family as well as the community concern; individual because it makes children into adult, in the full social sense; family because of the responsibilities involved, and community because this is the only time that culture values are passed to the younger generation.

Female circumcision is also associated with various myths. In some communities the excision of clitoris and labia are said to protect women from ancestral spirits and bad omen in life. The practice of bewitching women who marry before or without being circumcised to keep them from producing babies also drives many girls and women to support the practice. There is also a belief that many misfortunes and disasters such as famine and drought would result if customs are not adhered to (UNFPA report 2007).

In some communities female circumcision is thought to curtail sexual desire thereby ensuring marital fidelity and preventing sexual behavior that is considered deviant and immoral. Another reason is to make girls 'clean' and beautiful as the removal of genital parts such as clitoris is thought of eliminating masculine part and sometimes, a belief expressed by women themselves is that female circumcision enhances men's sexual pleasure (WHO report 1999).

In religious cycle, some religious leaders who support the practice tend to consider it a religious act and see effort to eliminate the practice as an attack on their culture and religion. (WHO 1995). Religious traditions are the custodians of female circumcision, it is perceived as of tremendous social, cultural and religious significance. This is because most cultures (such as traditional African culture) follow religious beliefs which explain the origin, personalities and mental capabilities of men and women which control sexuality, access to food, roles and responsibilities Tuyizere. (2007) observes that; most religions developed from myths and that people hold these myths to be true. Culture is therefore the custodians of religious beliefs and its role is to implement these beliefs.

Views on female circumcision are also used to stir up the historic rivalry between the European/ American Christian culture and African/Arabs Muslim civilizations Ronoh, *et al* (2010). In reality the battle is about power and dominance and about finding the way to justify the subordination and oppression of women. In studies conducted on the subject in many

communities, when researchers asked men and women why they perform female circumcision, the answers were clearly about patriarchal underpinnings of the practice and the ways in which women come to accept their secondary status. The inferior status of women in society is the fact that both men and women accept for example women were not allow to be leaders, to own property, to eat certain food (Tuyizeri, 2007).However, this has changed now and women have been given equal opportunity as men and cultures that are retrogressive and harmful to women are prohibited (Kenyan Constitution 2010)

All the reasons given in support of female circumcision by different societies are based on beliefs governed by taboos which can neither be proven scientifically nor theoretically. The reasons are almost similar and generally are:

- (i) Beauty/cleanliness: Female genitals are unhygienic and need to be cleaned; Female genital are ugly and will grow to become unwieldy if not cut back; circumcision is a fashionable thing to do to became a real woman.
- (ii) Male protection/ approval: Circumcision is an initiation into womanhood and into tribe; the non-circumcised cannot be married; circumcision enhances the husband sexual pleasure; circumcision makes sexual intercourse more desirable than clitoral stimulation.
- (iii)Health: Circumcision improves fertility and prevents maternal and infant mortality.
- (iv)Religion: God sanctifies circumcision.
- (v) Morality: Circumcision safeguards virginity; circumcision cures “sexual deviance” like frigidity lesbianism, and excessive sexual arousal. (Toubia, 1994)

In every society in which it is practiced, female circumcision is a manifestation of gender inequality that is deeply entrenched in social, economic and political structures and it represents society’s control over women. The socialization process that accompanies the practice of female circumcision entrenches gender ideologies that contribute to the disempowerment of girls and women. Also female circumcision of any type has been recognized as a harmful practice and a violation of the human rights of girls and women. (UNFPA, 2007). This study reveals the perception of female circumcision among Keiyo community.

2.7 Laws for the Elimination of Female Circumcision

There is a call worldwide to end the practice of female circumcision. There are many people the world over who would like to see the practice of female circumcision stopped. International standards applicable to the issue of female circumcision are already in place and most affected countries Kenya included have ratified them.

Many United Nations human rights treaty monitoring bodies have addressed female circumcision in their concluding observations on how states are to meet their treaty obligations. The Committee on the Elimination of All forms of Discrimination against Women, the committee on the Rights of the Child and the Human Rights Committee have been active in condemning the practice and recommending measures to combat it, including criminalization of the practice (WHO, 1999).

Some of International Treaties, Regional Treaties and Consensus documents which are strongly support the protection of the rights of women and girls to abandon female circumcision of which Kenya is the signatory; includes among others:

International Treaties and Instruments

- (i) Convention against torture and other cruel, inhuman or degrading treatment or punishment. (Ratified 26 June 1987)
- (ii) Convention on civil and political rights. (Ratified 23 March 1976)
- (iii)Convention on economic, social and cultural rights. (Ratified 3 January 1976)
- (iv)Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) (Ratified 3 September 1981)
- (v) Convention on the rights of the child. (Ratified 2 September 1990)

Regional Treaties

- (i) African charter on Human and peoples' Rights (The Banjul charter) and its protocol on the rights of women in Africa. (Ratified 21 October 1986).
- (ii) African charter on the rights and welfare of the child. (29 November 1999).
- (iii)European convention for the protection of human rights and fundamental freedoms. (3 September 1953).

Consensus Documents

- (i) Beijing Declaration and Platform for Action of the Fourth World Conference on women.(4-15 September 1995).
- (ii) General Assembly Declaration on the Elimination of Violence against women. (1993).
- (iii)UNESCO Universal Declaration on cultural Diversity. (Adopted 2 November 2001).
- (iv)United Nations Economic and Social council (ECOSOC), Commission on the status of women, Resolution on Ending Female Genital Mutilation. (March,2007). (An interagency statement UNAIDS, UNDP, UNECA, UNESCO, UNFPA,UNICHCR, UNHCR, UNCEF,UNIFEM, WHO, 2008).

The international bodies have shown a clear commitment to end the practice of female circumcision. The efforts of these bodies have led to international recognition of FC as the violation of women's human rights hence devised ways to stop the practice. As the result many African countries Kenya being one of them have benefited in terms of funds and research facilitated by international agencies.

Although in Kenya the practice was not subjected to any law for a very long time despite vehement fight against it by colonial government, missionaries and independent Kenya. Between 1926 and 1956, the colonial government enacted legislation that sought to ameliorate the practice by reducing the severity of the cut, defining age at circumcision and enhancing parental consent before a girl could undergo the procedure. However, due to opposition and related political resistance, the colonial government was forced to revoke all the resolution related to female circumcision in 1958 (Chege, 1993; Kenyatta 1938; Thomas, 1992).

In 1952, the Church of Scotland which had many followers in Kikuyu land in its effort to fight against female circumcision issued an order demanding that all their followers refrain from female circumcision lest their children be denied admission into mission school (*Ibid*).

In Independent Kenya, some key government officials including former president Hon. Daniel Moi have spoken against Female circumcision. In 1982, the former president condemned the practice and called for prosecution of those practicing it. Many years later

Kenya passed legislation banning female circumcision in 1990 (Myers, Sherman & Sokoni 2000). In 1999 the Kenyan Ministry of Health (MoH) developed a National Plan of Action for the Elimination of Female Circumcision in Kenya to eliminate the practice by 2019 (MoH 1999). This was followed by a move to enact the Children's Act. The Republic of Kenya (2001) Children Act clearly states that no person shall subject a child to female circumcision. February, 6, 2004 marked the first International Zero Tolerance to Female Circumcision Day and some African countries like Nigeria, Kenya, Cameroon, Tanzania have recently criminalized the practice (Holmes 2004).

In the current Kenyan constitution, International Conventions and Treaties have been adopted. Sections of Kenyan constitution such as chapter four, The Bill of Rights, Article 21 (1) specifically obliges the state to observe, respect, protect, promote and fulfill the rights and fundamental freedom of all. Further Article 53 (1) states that every person has the rights to be protected from torture, inhuman and degrading treatment. Also, the penal code sections 250 and 251, on the offence of assault and grievous bodily harm, make female circumcision unlawful. Section 20 notes that any conviction of FC related offences carries penalties of 12 months imprisonment or fine. Section 2 of the judiciary Act states that customary practices must conform to the principle of morality and justice. It is clear from this legal framework that the government is finally committed to end the practice of female circumcision (The Constitution of Kenya 2010).

Legislation making the FC a criminal offence is important in that it presents an unambiguous statement that the practice will not be officially tolerated. However, passing anti-FC legislation is one of the most controversial aspect of the FC elimination movement and sometimes it produces un-intended results such as driving the practice underground making it difficult to report for fear of prosecution and/or its incidence to increase as a sign of rebellion as reported in Sudan, and among the Meru and Sabaot of Kenya Chebet, (2007).

Further, legislation against female circumcision especially on health grounds has contributed to the argument about the merits of medicalization and clinicalization of female circumcision whereby doctors, nurses and paramedical practitioners perform female circumcision to reduce the health risks associated with using unhygienic instruments.(UNFPA. 2007).

However, many persons working on FC elimination acknowledge the need for a strong government stand reflected by the law. A survey done on anti-FC programme evaluation shows that 13% of the organizations reported that the passage of anti-FC law was a contributing factor to the success of their programme (WHO 1999). While 15% felt it would have negative effect. The biggest concern, expressed by supporters and opponents is the possibility that such law would drive the practice underground. The result of this study has shown that the law against FC is not effective because it doesn't protect grown-up married women who are at risk through coercion.

To date, though different communities still practice FC in Kenya, a dramatic reduction has been recorded in the year 2013. According to The United Nations Children funds (UNICEF) 27% of Kenyan girls and women were reported to have undergone the practice, compared to 38% 20 years ago. Among the community that the practice has become rare is Kalenjin and Kikuyu and almost disappeared among the Meru. At the same time more than 95% of Somali and Kisii girls are still being cut. The report further says that; most Kenyan girls and women see no benefit in this practice and this view is held by 59% of Kenyan women who have undergone the cut. The drop reflects the change in attitude (Daily Nation July 24, 2013).

Despite this achievement, the incidence of female circumcision is still reported in different parts of the country. Although is done in secrecy, law enforcers have been able to arrest the perpetrators, for example in Elgeyo-markwet county where 50 girls aged between 8-12 were circumcised at Mokoro location in Markwet East district and others had been lined for the same rite in Kibaimwa and Endo locations while another victim is nursing wounds after the husband colluded with some women to circumcise her.(The Standard December 12, 2012). Same incidence had been reported in Kuria. (The People January 13, 2014).

Nevertheless, the fight against female circumcision is still on and the latest effort by the current government to show its firm commitment towards its total eradication is the formation of Anti-female genital mutilation board on 23rd December 2013 and appointed Mrs. Linah Jebii Kilimo as the board chairperson. (Kenya Gazette, Special gazette notice Number 15737). Mrs. Kilimo who comes from the community which practice female circumcision is former Member of Parliament for Marakwet and while in parliament Kilimo is in record as one of women parliamentarians who fought to have the anti-FGM Act in place. She has contributed greatly in reduction of FGM cases among the Marakwet and records

indicate that the number of girls in school has increased while transition and retention levels have also increased in Marakwet. (The Star May 15, 2014). Mrs Kilimo has been instrumental in heightening political to address the issue, serving as an outstanding model for women, girls and activist both in Kenya and internationally.

2.8 Development of Alternative Rite of Passage Programme (ARP) Strategy

WHO (1999), cautioned that the practice of female circumcision will continue indefinitely unless effective interventions are found and any action against female circumcision must take into account the multiplicity of factors that sustain the practice. It is an issue that requires an understanding of the perception surrounding female circumcision. The cultural and social significance of the rite cannot be underrated because they help girls to learn virtues and values of their society. Any attempts to eradicate the practice must be presented as a question not of eliminating it, but redefining the function and designing an appropriate replacement that promotes the traditional values while removing the dangers of physical and psychological harm.

In Kenya, scholars, activists, NGOs, Faith Based Organization (FBOs) and the Government have used different intervention approaches to oppose female circumcision. These includes; health risk, female circumcision as harmful traditional practice, female circumcision and religion, legal and human rights and girl's education and empowerment without a success because none of the arguments met the social and cultural values of the communities

This important and valuable cultural practice yet harmful and negatively affects women and girls, has led the Government and other stakeholders to initiate Alternative Rites of Passage that is sensitive to people's social, cultural and religious significance without subjecting women and girls to the painful and controversial female circumcision.

In 1995, The Maendeleo ya Wanawake Organization (MYWO) and Programme for Appropriate Technology in Health (PATH) organized a national seminar which brought together leaders from all the districts which practice female circumcision in order to formulate an alternative and sustainable ritual strategy for girls.

Despite a rigorous campaign for the adoption of Alternative Rite of Passage (ARP), communities seemed to reject the concept as they took it to be a foreign idea which lacked community's input. There was therefore a need to contextualize ARP concept for communities to accept it. This was done through the coinage of terms such as *Ntanira na mugambo* (circumcise with words) among the Merus, a strategy that proved relatively successful.

The implementation of ARP stressed the importance of education especially to parents so that they might understand the consequences of this operation. The Inter -African Committee for example, choose to combat female circumcision by focusing on education, or consciousness rising. Informational campaigns are aimed largely at health professional, government official, media specialists and opinion leaders especially in rural areas. It follows the first 'E' of their triad of Education, Empowerment and Enforcement (Welch 1995).

The education strategy which was done by dissemination of information, providing courses at all level of schooling, mass mobilization through training and outreach programme seems to bear fruit and by the end of 1990s Female Circumcision rites were beginning to be replaced by an ARP in Kenya (Parsitau, & Chacha, 2012).

The new ritual follows a designed curriculum that mimics the tradition where girls are put in seclusion immediately after being circumcised and are taught lesson on adult life. The ARP initiates undergo four days to one week in "seclusion" with teaching. They are accommodated in community hall or a school and are provided with formal instruction of family life skills, community values and reproductive health. Informal discussions are held in the evening during which girls are taught about positive aspects of their culture (Chege *et al* 2001).

Secluded, the girls remain indoors and can only be visited by previous initiates, female relatives or parents. A woman who is either an aunt or a friend is assigned the role of a supporter or "godmother". She ensures that the girl gets to understand family life education

ARP curriculum must be one that convinces community that it can actually train daughters such that they will not be disadvantaged in marriage since one of the major objectives of the old rite of passage was to prepare girls for marriage. Changwony (1999) in a study on the role

of women in Keiyo traditional religious rite observed that; married women who do not know their duties were returned to their parents for training which was a shame to parents. ARP training that takes four to seven days in school or community hall seem to be too short and insufficient compared with the traditional seclusion and training which used to take a month or more to prepare girls to take their role as wives and mothers (Rono *et al* 2010). According to USAID (1999) as quoted in Kiptiony (2010),Kenya’s ARP course content covers the following topics:

- (i) Self-esteem: Coping with criticism.
- (ii) Responsibility for own decisions.
- (iii) Dating and Courtship.
- (iv) Coping with Peer Pressure.
- (v) Personal Hygiene.
- (vi) Marriage.
- (vii) Pregnancy and Prevention of Sexually Transmitted Infections (STIs) including HIV/AIDS.
- (viii) Contraception.
- (ix) FGM, early marriage and gender empowerment, including rights of the girl child.
- (x) Respect for the community and for elders.

The week’s ceremony ends with a “graduation” at a chosen day of “coming of age” where religious, political, government and communities leaders are invited to make speeches. During graduation the graduates are presented with the certificate and the community joins in the rituals where they dance, sing and feast with the initiates. The girls receive gifts from the family members, parents and friends. Through songs, dances and drama, the girls announce they have left female genital mutilation. At such a ceremony, the girls appeal to their elders to cease circumcising them, but let them complete their education.

2.8.1 Alternative Rite Passage in Keiyo

Alternative rite of passage in Keiyo community which is the focus of this study came as a result of the research done by Chebet (2007), to establish the effects of female circumcision on the well-being of women among Keiyo community of Kenya. The outcome of the study showed that, female circumcision was still practiced in Keiyo community and the effects

were enormous. The community was in great dilemma for girl's social behavior was wanting, early marriages, school drop-out and conflict among young couples was very high in the community.

The study also revealed that, the absence of an appropriate replacement to fill the social vacuum left by female circumcision when the practice was stopped is the cause of its persistence and the answer to this problem was found in ARP and in December 2003, the concept of *Tumdo Ne Leel*: A coming of age project was launched with specific objectives of:

- (i) Initiating girls without circumcision to attain adulthood in conformity with society's expectations of marriageable woman, after achieving personal setting goals in life.
- (ii) Instilling the value of education of girls for their advancement.
- (iii) Providing psychological support to victims of FC .
- (iv) Creating awareness to young girls on community's traditions and their transitional dynamics.
- (v) Developing a strategy to destroy demand for circumcised women by young men.
- (vi) Educating community on the negative effects of female circumcision.
- (vii) Imparting life skills for empowerment and self-reliance
- (viii) Providing forum for mothers and their daughters to discuss matters of mutual concerns (Chebet, 2007).

Tumdo Ne Leel: A coming of age concept is a Kalenjin phrase for the new initiation without circumcision. It is basically understood as new rite of passage from childhood to adulthood. It incorporates all cultural and traditional values and teachings of the Keiyo initiation ceremonies for girls within the modern society's social, cultural, health and economic empowerment of women and girls. The concept also fits well with other modern rites of passage in the community such as engagement and wedding which are done differently from the traditional ones.

The concept of *Tumdo Ne Lee* has since been implemented using the published curriculum 2007 (Appendix D) not only in Keiyo but other Kalenjin ethnic group successfully. The programme simulates the traditional initiation of the Kalenjin in practice and name. It is community specific as culture and it is user friendly, promoting sexual and reproductive

rights of women and girls. The programme of *Tumdo Ne Leel* is a diversion from activity against female circumcision which has taken several years, much resources and effort without a solution (Chebet, 2009).

This study has revealed that the programme of *Tumdo Ne Leelis* an answer which has been sought for a very long time as the majority of Keiyo community has accepted it and believed that local problem has got a local solution which is implemented by local people. This findings concurs with another successful ARP programme in Maasai land known as *Entito en main* Kimana village Kajiado county, whereby the community has accepted the programme and more than two thousands girls have benefited since it started in 2008 (The Standard May 18, 2014).

2.9 Challenges Facing ARP

There are many reasons why the practice of female circumcision is persisting. Apart from cultural reasons many people have economic stakes in the system. The traditional birth attendants (TBAs) earn their living not only by assisting at parturition but also by performing the various types of female circumcision. Circumcisers cum traditional trainers also are paid. To stop the practice is to deny these respectable people their earnings.

In communities where ARP has succeeded, the ex-circumcisers were converted to be trainers of the new rite of passage and continue to earn both money and enjoy high social status in their communities. Oloo *et al* (2001). This would be in line with the findings of this study as one traditional circumciser who has become ARP trainer reported to have changed her mind because of Christianity. Her views is captured in excerpt one.

Another challenge that has been highlighted in the recent articles is that of lack of funds and ignorance on child rights. In remote areas where information cannot be easily accessed and there are no churches the practice is still rampant. (Kiplagat, The Standard. February 17, 2014). In these areas funds from the government could be set apart to facilitate ARP programme while NGOs which can reach such the remote areas can work in collaboration with government officials to sensitize these community.

2.10 The Progress Made by ARP in Eradicating Female Circumcision

Chelala, (1998) anticipates the alternative rite to have hopes of success because it offers an attractive alternative rather than a blunt prohibition to a long established cultural practice. According to PATH-Kenya, 14 ARP seminars had taken place in Kisii, Meru, Narok and Tharaka Nithi districts. Four years after the first ceremony nearly 3,000 girls had gone through ARP ceremonies (WHO, 1999). Different churches for example The Adventist church in Nyamira and Catholic church in Nandi districts are implementing ARP as a church project. WHO/UNFPA, (2003).

Furthermore, the recent evaluation research by UNICEF indicated a sharp drop in the practice of female circumcision in Kenya and changes in attitudes and behavior in both men and women. Kenyan groups have claimed success based on the increasing number of families enrolling in ARP and the number of families emulating the approach.

In a survey among anti-FC programme implementers to assess programme approval by different categories of people, 94% reported that girls and 81% reported that boys respectively were in favor of their FC elimination programmes. As a result, it was recommended that anti-F.C implementers should particularly focus on youth, both as key change agents and potential victims (Yoder, et al. 2004).

According to WHO (1999), the implementation of ARP proved that ARP is an effective strategy in communities where girls are initiated during adolescent years (12-19) and it is acceptable to the community since it mimics traditional practice. WHO also observed ARP can be an entry point for family life education in rural communities and can also promote family dialogue on sexuality issues.

There is currently an extensive network of African Organizations working to stop FC, including women's NGOs, Faith Based Organization, human rights and legal organizations who have been aided by international donors and technical agencies for example, World Health Organization (WHO), The United Nations Children Fund (UNIFEC) and United Nations population Fund (UNFPA) have provided technical, administrative support to wide range of organizations in many spheres of activities including ARP. These agencies have adopted formal policies and programme plans to address the issue. In Uganda, the Sabinu

Elders Association (SEA) embraced ARP and was awarded the 1998 United Nations population award for promoting ARP (Eliah, 1999).

The ARP programme, if it can be replicated and domesticated by other communities which practice female circumcision as an alternative rite of passage that promote their social and cultural values, the programme will be the lasting solution for a long war against the practice of female circumcision (Chebet, 2009).

2.11 Related Studies

Literature on Alternative Rite of Passage is scarce. However few studies that have been conducted on Alternative Rites of Passage since the approach was introduced in the 1990s, in Tharaka, Gucha and Narok Districts found out that; the intensive community sensitization about female circumcision and offering Alternative Rites have played a role in attitudinal and behavioral changes and that girls who have undergone ARP are more aware of reproductive health issues and have positive gender attitudes (Chege, *et al*2001).

The study by Oloo, *et al.* (2001) on the role of Alternative Rites of Passage in Kisii and Kuria districts found that: factors like level of education, religion and economic status have a lot of influence on parent's decision to choose to take their daughter for alternative rite.

Another study done by Kiptiony, (2008) on A knifeless Rite: Influence of Selected Characteristics on the Marakwet of Kenya's Perception of the Counseling-Based Alternative Rite of Passage and Level of Awareness of Effects of FGM found out that: factors like age, religion, social economic status, have effects on the perception of ARP.

This study was followed by the paper written by Kiptiony, *et al*(2011), on "Effects of level of education on perception of ARP of the Markwet community" has indicated that education plays a very important role in eradication of Female circumcision and that those who have high rating of ARP have very high level of education and therefore illiteracy has a hand in continuation of Female Circumcision.

In Keiyo community where the ARP was introduced in 2003, there is no study conducted to investigate the success or failure of ARP in this particular community. This study investigated success or failure of ARP in Keiyo community.

2.12 Theoretical Framework

The study applied Edwards Wilson's theory of Sexual Differences and Inequality as well as Human Rights Approach (HRA). The two theories have merit in that Edwards Wilson's theory of Sexual Difference and Inequality use biological make-up of men and women to justify male supremacy over female and their desire to control women's sexuality, while HRA theory explains equality between sexes and the need to recognize the dignity of every human being.

2.12.1 Edwards Wilson's Theory of Sexual Differences and Inequality

Edwards Wilson's theory is one of the Biological Essentialism Philosophies and Gender which came at the second half of the nineteenth century the time when there was a great social change in the United States. (Lipsitz, 1993). The social change was spurred by feminists who challenged the legal and social inequalities between sexes and demanded women's suffrage. As the result the National Women's Suffrage was found in 1869 and this was the beginning of a full-fledged women's rights movement in the United States. The movement demanded the right to vote, to be educated, to speak in public, to own property, practice law and to participate in all public affairs of the society.

The feminists challenge so threatened the social order that biological theorizing and philosophizing about men and women intensified in 1870s. Biological theories tried to reveal how science was intertwined with cultural ideology. Six scientists Edward Wilson being one of them developed theories which intended to keep women in their traditional cultural role.

Edward Wilson's theory declares that; both human behavior and organization were encoded in the genes, and the sexual differences and inequalities is based on the fact that the number of offspring a male can produce is biologically limited only by the number of fertile female he can inseminate, whereas the number of offspring a female could produce in her lifetime is limited. It is therefore important for females to retain their virginity as long as possible no matter how punitive the method used to achieve this goal until they get a male who is most likely to stay with her after insemination, being faithful and stay with one man invest their time in producing children and take care of them. (Tuyizere 2007).

Wilson's theory of sexual difference and inequality is supported by all the communities that still practice female circumcision. This is because in every community that Female

Circumcision is practiced the intended purpose is to show women their confined role in society and to restrain their sexual desire. Rahman & Toubia, (2000), asserts that men have women circumcised to reduce their sexual desire and thus maintain female monogamy. Also Lightfoot-Klein (1991), explains that Female Circumcision and especially infibulation is believed to reduce the sexual drive and to protect women not only from aggressive male but also from their own sexuality. Furthermore in Marakwet it is believed that extramarital affairs are the result of uncircumcised women and therefore female circumcision is essential genital alteration to reduce female aggressiveness in sexual relations. (Kibor 1998).

In addition this theory was used by socio-biologist to justify male promiscuity, rape, insemination of many women and aggressiveness towards each other especially when they fight over women. According to Wilson's theory they are competing for scarce reproductive resources. Also in these communities many men are intolerant of female infidelity, are polygamous and dominant over female. Female are encouraged to keep their virginity until marriage fidelity is emphasized, promiscuity is highly condemned and women are blamed for being barren. In this case Wilson's theory explains adequately why the practice of female circumcision is embedded in their culture.

However, many researches which have been conducted for example El Baashar (1979) and Dareer (1982) in Gruenbaun (2001) have concluded that; female circumcision does not diminish women's libido. By removing the most sensitive part of the female sexual organs hoping that promiscuity would be checked is not an effective means of diminishing sexual desire but to traumatize the victims and one of psychological scar is delayed sexual arousal as described by one of the woman in Sudan, that the trauma of circumcision was always with her and influenced her sex life. Grenbaun (2001).

Furthermore, infibulations can cause more promiscuity than preventing it because a girl can be re-infibulated to look like original one after a sexual encounter. Kibor, 1998 observed that, promiscuity has risen greatly in the marakwet society in recent years in spite of female circumcision. In support of this finding a study in Nigeria found that Female Circumcision neither lowers sexual feeling nor reduces promiscuity among women. (Kyuli & Akoko 2003). In another survey of 55 health care providers in Kenya, the notion that female circumcision reduces women's libido was given as a reason for supporting the practice as well as a reason to stop the practice. (Abwao, Mohamud and Omwenga 1996).

2.12.2 Human Right Approach

Edwards Wilson's theory of Sexual Differences and inequality only provides the biological explanatory to show why the practice of female circumcision is necessary despite its harmful effects. It does not provide biological understanding of the effects that are faced by girls and women. HRA will be used to highlight the rights of the children and individuals are abused when they are subjected to harmful cultural practices such as female circumcision. The practice not only causes suffering and even death but also is a major hindrance to development.

The Human Rights Theory for development asserts that there cannot be development without human rights. Women rights are human rights, which are universal and legal channels that guarantee protection of individuals and groups against actions or omissions that interfere with fundamental freedom, entitlement and human dignity. Violation of women human rights is discrimination against women which causes under-development not only for women but for the whole community and nation at large (Terry, 2007).

Human rights is a guiding principle for human development and therefore the approach recognizes the dignity of every human being without discrimination and seeks to promote equal opportunity, equity, accountability, empowerment and participation of both men and women in development process and benefit equally from it (Terry, 2007).

When women and girls are subjected to harmful cultural practices and violation of their rights, they not only have less freedom but spend most of their time in health related issues and they cannot participate in development process or any meaningful activities which will benefit them socially and economically. The linkage between Human Rights and development has been necessitated by persistent poverty and inequalities between nations and within nations. Abor, (2006) observes that both Human Rights and human development shared a preoccupation with necessary outcomes for improving people's lives. In this regard communities that still practice FC are less likely to be involved in development related initiatives due to inhibited rights.

The children's Right (2001) emphasize that every child has a right to care and protection from harmful practices as stipulated in the constitution. When a girl child is exposed to the

practice of FC her rights is violated and welfare her denied making it difficult to break a vicious cycle of illiteracy and poverty.

2.13 Conceptual Framework

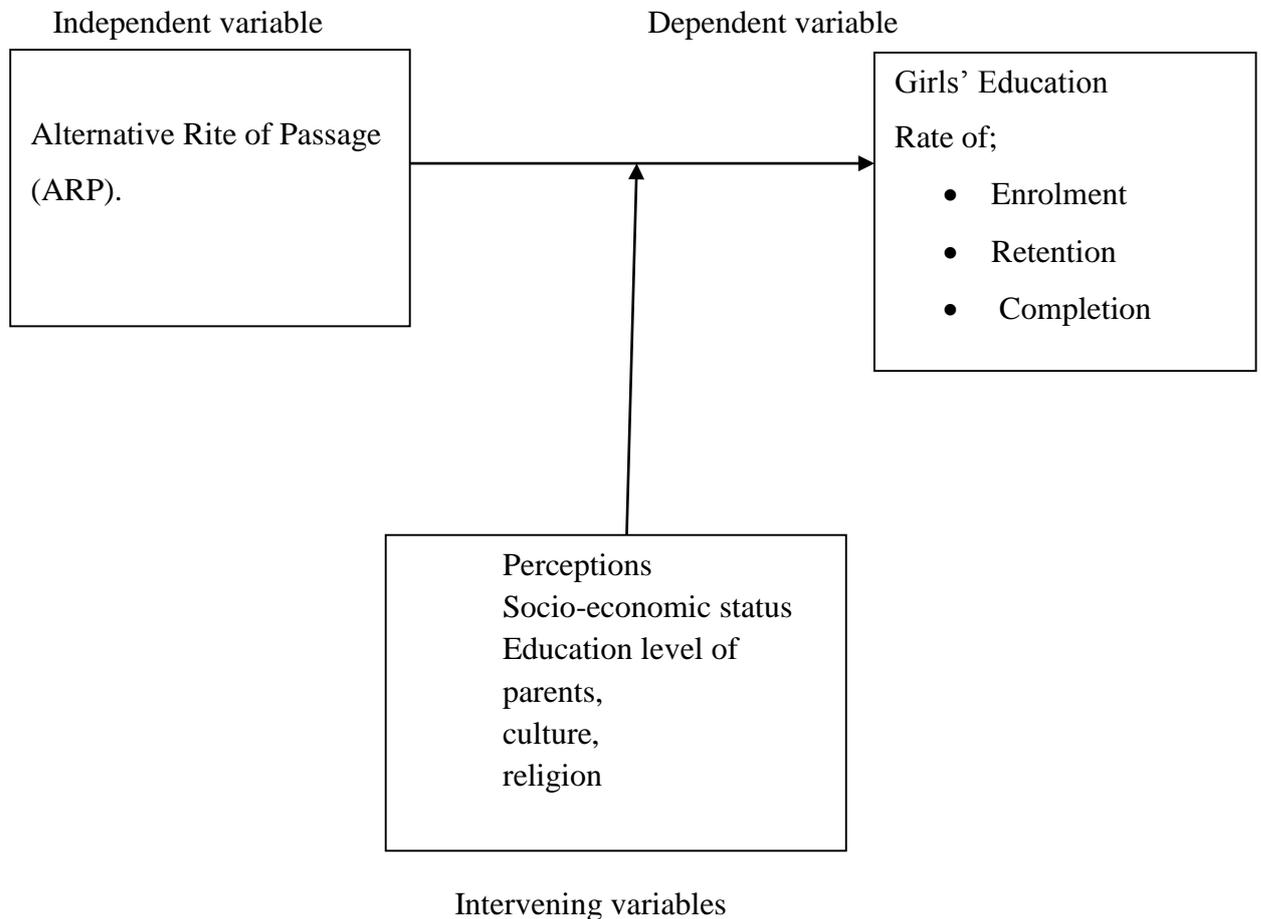


Fig. 1: Conceptual variables framework showing the relationship between the independent, dependent, and intervening variables.

It explains that, alternative rite of passage as an approach used to replace FGM has an effects on girls' education, in Keiyo community of which the people are of the same tribe and the majority are Christians.

The dependent variable shows the areas which girls' education can be negatively affected by the FC and the negative effects were acute in enrolment, retention and completion.

Decision to opt for the alternative rite of passage which intend to change this situation may be influenced by the intervening variables such culture, religion and social-economic. These will be controlled as follows; Culture: All keiyo people are of the same culture. Religion: Most of Keiyo people are Christians. Social-economic: The research focused on middle income population

CHAPTER THREE

METHODOLOGY

3 Introduction

This chapter describes the research methodology used in carrying out the study; It details the various processes that were followed in the entire research period. It includes the research design, the location of the study, the population, sample and sampling procedures. It also describes the data collection instruments, data collection procedures and data analysis process.

3.1 Research Design

This study employed *ex post facto* research design. *Ex post facto* research design is a method of teasing out antecedents of events that have happened and cannot, because of this fact, be engineered or manipulated by the investigator. This design is particularly suitable in social, educational and psychological context where the independent variable or variables lie outside the researcher's control. This design is therefore appropriate for this study because the researcher, rather than creating the treatment (ARP), sought to explore its effects after that treatment had occurred and try to relate this to dependent measure.

3.2 Location of Study

This study was conducted in Keiyo district in the Elgeyo-Marakwet County. The district was purposively chosen as mentioned in the previous chapters, because female circumcision is prevalent in the district. Community Based Organization (CBO) had also introduced Alternative Rite of Passage to Keiyo community, hence making the location ideal for this study. Soy division was purposively chosen for the study, this is where the center for Alternative Rite of Passage is (Centre for Social Transformation and Empowerment). The population for Soy division was 22,138 in 2001. (District Statistics Office, Iten 2001)

3.3 Population

The target population in this study was three thousands (3000) ARP graduates in Keiyo district. This was the total number of ARP graduates in Keiyo district by the time this study was conducted. The study focused on the effects of ARP on Girls' education. A total of 155 ARP graduates aged between 14-19 years from Soy division was the accessible population.

The study also targeted 80 members of the community (both males and females aged 35 and above), two focus groups of 10 and 15 people, 7 trainers of ARP programme and their director. A total number of 268 people.

3.4 Sample Size and Sampling Procedure

The sample size was obtained by the use of the formula indicated by Nassiuma (2000). The formula is considered to be appropriate because it utilizes the coefficient of variation and the error margin which are a measure of the reliability of the sample obtained, and the measure taken on the sample. The lesser the coefficient of variation and the error, the more reliable the sample is. The coefficient of variation should be less than 30% while the error margin should be less than or equal to 5%. The formula is as follows:

$$n = \frac{NC^2}{C^2 + (N - 1)e^2}$$

Where;

N- Population

n- Sample size

C- Coefficient of variation

e- Error margin

Since the population which was used in this study was large the error was set at 1.5% (e=1.5). Hence the sample size of 375 was considered to be suitable sample size. However, in this study, this number was not achieved due to limited resources and geographical nature of the area of study, the researcher managed to cover one division which had approximately 1,000 ARP graduates.

Mugenda and Mugenda (2003) indicated a sample of 10 to correspond to a finite population of 100. Using the available information, the sample 100 was considered suitable and an increase of 55 respondents was done to cater for attrition and spoilt returned questionnaires. Therefore the sample size was 155.

ARP training target the age between 12 to slightly above 20. In this study purposive sampling technique was used to handpick girls who are between 14-19 years old and are in secondary schools and/or colleges as this group is a direct beneficiary of ARP training.

Seven ARP trainers and a sample of 80 member of community (20 from each location within the study areas) aged between 35 and above was purposively chosen to respond to questionnaires. The director of the community organization and 2 focus groups were also interviewed to seek their perceptions on the ARP approach. The sample distribution is shown in Table 3

Table 3
Sample Distribution

Respondents	NO
ARP graduates	155
Community's members	80
Focus group	25
ARP trainers	7
Organization director	1
Total	268

3.5 Research Instrument

In this study, two sets of questionnaires, two structured interview schedule and two focus group discussion were used to collect data. One set of questionnaires was used to collect data from ARP graduates the second set was for members of the community. The interview schedule was used to gather responses in depth from the trainers of ARP programme and the director. Interviews were used in order to elicit deeper responses that could not easily be measured by questionnaire (Kathuri & Pals, 1993). 2 focus group discussions were conducted. The researcher aimed at probing more and allowed the interviewees to better explain their views, hence generate a clear in sight on the topic. As a result, more information was obtained. The interviews were recorded and later transcribed and studied more thoroughly during analysis.

Questionnaire

The first set of questionnaire (Appendix B and C) was administered to ARP graduate of age between 14 and slightly above 20. It consisted of 40 items that sought to find out the level acceptance of ARP approach, effects of accepting ARP on their education and their perceptions on ARP and FC approaches. It covered respondent's personal characteristic such

as age, religion and level of parent's education. Acceptance and/or rejection was rated using percentage, effects of acceptance of ARP on girl's education was rated using percentage and chi-square. ARP graduate's perceptions of ARP and FC approaches was rated on the likert scale.

The second set of questionnaire (Appendix C) was administered to members of the community. It consisted of 12 items aimed at determining community's perception on ARP approach. It was rated on the Likert scale.

The first interview schedule for trainers of ARP (Appendix D) consisted of 14 items which seeking to find out about ARP training, perception of ARP approach and ARP graduates, the effects of ARP on girl's education and the level of acceptance.

The second interview schedule (Appendix E) consisted of 22 items seeking to find out; about ARP training, challenges that face ARP approach, progress made by ARP approach in eliminating FC in Keiyo, level of acceptance of ARP approach and the future of ARP in Keiyo.

The focus groups discussion (Appendix F). Consisted of 5 items seeking to find out about their perceptions on the ARP approach and FC, their acceptance of ARP and their view on ARP approach in fostering girl's education.

3.6 Validity

The instruments were piloted in Ziwa Division Nandi County. This area was chosen because the majority of people are Kalenjin who had similar characteristics with the study division in terms of culture, Female circumcision and ARP prevalence. Thirty ARP graduate and four trainers having similar characteristics with those used in the actual study, participated in the questionnaire pilot test. Four community elders, who were purposefully selected, were interviewed. After the pilot test, research instruments were improved accordingly.

3.7 Reliability

The reliabilities of the instruments were tested using Cronbach Alpha method reliability test .Reliability coefficient of the graduate was .862 while that of the members of the community was.786.The instruments were therefore considered reliable as they met threshold required.(Mugenda& Mugenda 1999).

3.8 Data Collection

The researcher sought an introductory letter from the university's graduate school which facilitated the issuance of research permit from the National Council for Science, Innovation and Technology.

The researcher also contacted the Director of the Community Based Organization (CBO) and requested to facilitate smooth progress of the research and was at hand to give researcher orientation and also organize meetings with trainers of ARP programme in conjunction with the local authorities.

In addition, three research assistants from the community were recruited to help the researcher in administering questionnaires and interviews. The interviews were taped and also notes were taken. The questionnaires were distributed conveniently as those who were available in schools or villages were approached. The director, trainers and the focus groups were interviewed. The focus groups included community elders, church leaders, and ARP graduate parents.

3.9 Data Analysis

The quantitative data obtained were analyzed by use of descriptive and inferential statistics. Descriptive statistics involved frequency distributions and results presented in graphs, tables and percentage, means and standard deviation. Inferential statistics involved chi-square. Qualitative data used content analysis to analyze focus group discussion data while the perceptions of the community were gauged using Likert Scale, which was analyzed using Frequency and percentage. The data were analyzed by using the SPSS version 22. The data analysis is summarized in Table 4.

Table 4
Summary of data analysis procedure

Research question	Independent variable	Dependent variable	Method of data analysis
What are the levels of acceptance of ARP in Keiyo	ARP	Acceptance	percentage
What is the contribution of ARP in fostering girl's education.	ARP	-enrolment -attendance -completion.	Chi-square Frequency
What are the perceptions of Community on ARP approach	ARP	Perceptions	Percentage

CHAPTER FOUR

FINDINGS AND DISCUSSIONS

4.1 Introduction

This chapter presents the findings of the study while concurrently discussing the specific objectives of the study. The study sought to find out the effects of Alternative Rite of Passage on girls' education. The specific objectives were level of acceptance and/ or rejection of ARP approach, perceptions of ARP graduate as consumer of the new rite and that of the community and the contribution toward girls' education.

A total of 155 ARP graduates and 80 members of the community responded to the questionnaires. Seven ARP trainers, and the director of community based organization were interviewed and two focus groups discussion was conducted. These represented the whole division of Soy. The intended accessible population as indicated in chapter three was not achieved in this study. It was observed that time and resources were limited to go to all four divisions of Keiyo district and this became the delimitation of the study.

The data obtained from the respondents were analyzed using SPSS software version 22. The results of the analysis, which were carried out using both descriptive and inferential statistics, are presented according to research objectives. Also verbatim responses gathered from focus groups, seven trainers and the director of community organization through discussions and in-depth interviews are included to supplement the quantitative findings. The study sought to find out the answer to the research questions and results are presented in form of percentage scores means and also some of the results were tested at 5% level of significance.

The chapter has been organized into four sections namely; (i) characteristics of the respondents, this includes; age, place, religion and level of education. (ii) Acceptance of ARP training by girls and acceptance of ARP graduates by the community (iii).Contribution of ARP in fostering girls' education (iv) community's perceptions on ARP approach.

4.1.2 Characteristic of the Respondents

This section presents information on the general characteristics of the respondents who participated in the study. The respondents were 155 girls (ARP graduates), 80 members of community and 7 trainers of ARP programme who were asked to indicate several aspects of their personal background. These include age, location, religion, education level and gender. The data are important in determining if these factors have any influence on acceptability or rejection and perceptions of ARP approach.

Also the characteristic of ARP training which includes duration of the training and number of participants were indicated. The data are important because they enable the comparison between the new rite of passage (ARP) and the traditional rite of passage (FC).

4.1.3 Age of ARP Graduates

The study sought to find out the age of girls who attended ARP training. They were asked to state their age, and the results are shown in table 5.

Table 5
Age of ARP Graduates

Categories in Years	Frequency	Percent
14-16	66	42.6
17-19	70	45.2
20-22	14	9.0
23-above	5	3.2
Total	155	100.0

Mean 17.27 years, mean 17, mode 16, std dev 2.188, minimum 14 maximum 26.

From the table above, 42.6% were aged between 14-16 years of age, while 45.2% were between 17-19 years, 9% were between 20-22 years old and only 3.2% constituted respondents who were above 23 years.

From the result, it is true to say that most of the girls who undergo ARP training are between the ages of 14 and 19 years, (87.8%). These ages are within the age bracket to the age of girls who used to undergo female Circumcision. This age for girls to go for this training is important as it shows that the new rite has imitated the traditional one. Also the majority of

these girls are in secondary schools. This study concurs with what many studies conducted to assess ARP approach in different areas of the country for example PATH, (2001), MYWO (2001), and Chebet, (2007) which show that the number of girls who drop out of school is decreasing unlike the traditional one where-by the number of girls who used to drop-out of school was ever increasing.

4.1.4 Education level of the parents of the ARP graduates.

The study sought to know education level of the parents ARP graduates and the results are shown in Tables 6 and 7 respectively;

Table 6
Level of education of the fathers of ARP graduates

Level	Frequency	Percent
Not been to school	14	9.0
Primary school	41	26.5
Secondary school	58	37.4
College and University	42	27.1
Total	155	100

From the result, the majority of fathers have attained level formal education with the highest percentage of those who have attained secondary school (37.4). Those who have attained college and university 27.1%, while primary school 26.5%. Those who have not been to school constitute the smallest percentage (9.0). From the result it is true to say that fathers who are household heads and decision makers have attained some of formal education and are most likely to take their girls for ARP.

Table 7
Level of education of the mothers of the ARP graduates

Level	Frequency	Percent
Not been to school	37	23.9
Primary school	82	52.9
Secondary school	24	15.5
College and University	12	7.7
Total	155	100

The results show that majority of mothers of ARP graduates have attained education. The highest percent is primary school level (52.9), those who have not been in school constitute 23.9%, while secondary school is 15.5%. Those who have been in college and university

constitute the smallest percentage of 7.7. The result suggests that mother's education has impacted positively to their girl's education. A number of studies show that investing in women's education is the single investment that yields high returns as educated women are more likely to promote education of their girls. Chege *et al* (2001), Kiptiony, (2008).

It was important to find out parents' level of education as this may influence perception on ARP. This is illustrated by the study carried out by Chege *et.al*(2001) on Assessment of ARP in Gucha, Tharaka and Narok Districts . The study found out that parents who have been in school are most likely to take their daughters for ARP than those who have not been in school. In addition, a study by Oloo *et al* (2011) on Female Genital Mutilation practice in Kenya, The Role of Alternative Rite of Passage in Kuria and Kisii, suggested that education is an important factor in the abandonment of FC. WHO report (2013) on decline on FC in Kenya attributed the decline to higher level of education among the parents.

Furthermore, level of education may influence perceptions of ARP. This is illustrated by a study done by WHO between November 2001 and March 2003 at twenty eight obstetric center in Ghana, Kenya, Nigeria, Senegal, Burkina Faso and Sudan on FC and obstetric outcome. The study found out that the prevalent of the practice of FC is higher in areas where parents had no formal education.

The findings of this study concur with these studies as the majority of parents of ARP graduates have attained some level of formal education.

4.2 Location of the ARP Graduates

The study sought to know the location of the respondents and they were asked to state their location. The results are shown in Figure 2.

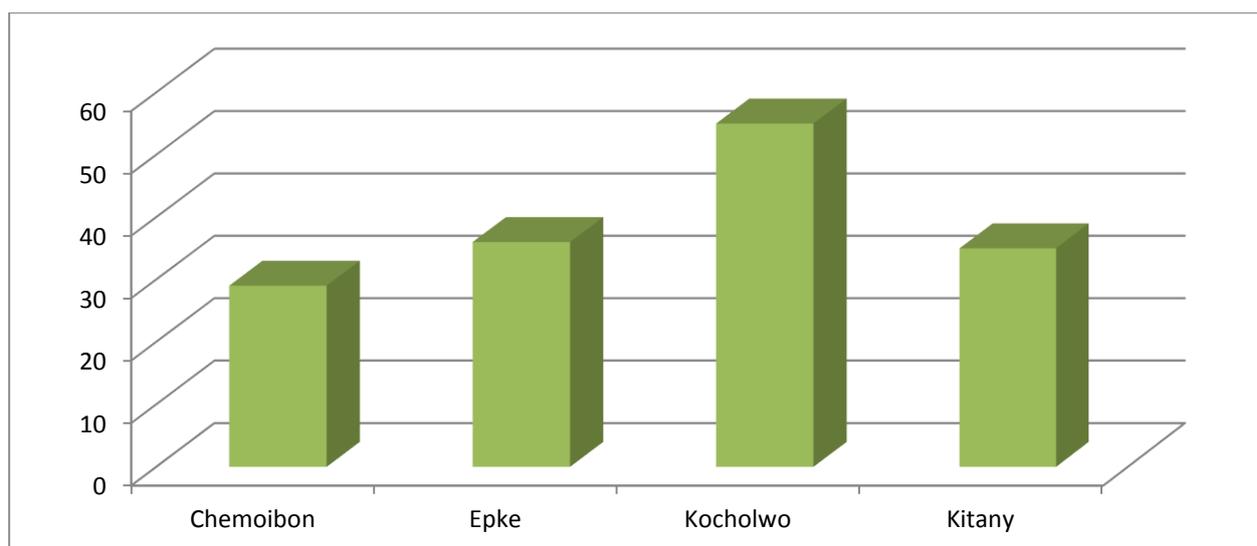


Figure 2: Locations within the study area.

From Figure 2 the majority of respondents (55%) are from Kocholwa location, while 36% are from Epke location. 35% are from Kitany and the least percent (26%) are from Chemoibon. This result implies that the area where graduates come from has an influence on ARP training. Comparing this study and that of MYWO and PATH (1996), there seems to be some important similarities that where parents are educated and religion is actively taught against the practice of Female circumcision more people accept ARP.

4.3 Characteristic of Members of the Community

A total of 80 member of the community 20 from each location of Soy division were asked to state their age and gender.

4.3.1 Age of Community Members

The study sought to find out the age of community members. They were asked to state their age, and the results are shown in table 8.

Table 8
Age of community members

Categories in Years	Frequency	Percent
30-40	7	8.6
41-50	14	17.3
51-60	32	39.5
61-70	25	30.9
<70	3	3.7
Total	81	100.0

Data in table 8 clearly indicates that a large proportion of respondents from the community were in 51-60 (39.5%) and 61-70 (30.9%) age bracket. 17.3% were aged between 41-50, 8.6% were aged between 30-40 and the smallest group (3.7%) was aged above 70 years old. Middle age and elderly people constituted the higher percentage of the community respondents. In the previous studies on FC elimination programmes, this group was considered to be most reluctant to abandon the practice. For instance, WHO (1999), found out that, this group consider the introduction of ARP programme to be an attack to their culture. Given that the majority of community respondents come from this age bracket, it showed a change of attitudes towards the practice of FC.

4.3.2 Gender of the Community

The study sought to find out the number of male and female respondents. They were asked to indicate their gender and the results are summarized in table 9

Table 9
Gender of community members

Gender	Frequency	Percent
Female	54	66.7
Male	27	33.3
Total	81	100.0

The number of female respondents was higher (66.7%) than that of male (33.3%). From the findings it is clear that, women have been the target of information, education and communication campaigns against FC as PRB (2001) observe. Although a recent study suggests that the war against FC will be won easily if men will be involved in Samburu for instance, leaders have mobilized young men (Morans) as a new tactic in fight against FC. Standard newspaper Wednesday, November 27, 2013

4.4 Characteristics of Trainers of ARP Programme

It was important to explore and describe the characteristics of trainers of ARP programme in a study of this nature. This is because the trainers could influence the community decision to engage in ARP and abandon FC. Age and education are characteristics investigated in accordance with the conceptual framework;

4.4.1 Age of the Trainers of ARP

The study sought to know the ages of ARP trainers, a total of seven trainers from Soy division of the Keiyo district were asked to indicate their age. The age ranges between 30 to 65 years old. These age bracket is lower compared to the trainers who used to perform and train the traditional rite of passage who included people of age brackets of 61-80 (Chebet, 2007).

According to UNFPA report (2001) the older generation who is the custodian of the culture would prefer the traditional practice to continue. These changes in ages of trainers in Keiyo indicate that the young and educated are more likely to disapprove the practice of female circumcision. Consequently, the community considers young and professional trainers to train girls to bring about the desired change

4.4.2 Education Level of ARP Trainers

The study further sought to know the level of education of trainers of ARP programme. The trainers were asked to state their level of education. The result is shown in Table 10.

Table 10
Education level of ARP trainer

Level of Education	Frequency	Percent
Primary	3	42.9
Tertiary	2	28.6
University	2	28.6
Total	7	100.0

The results indicate that the trainers of ARP had formal education. 42.9 had primary education while 57.2 had tertiary and university level. The level of education of ARP trainers is important in that they teach girls who are in school. Also some of the trainers of ARP programme are parents to these girls who use the training as the forum to encourage their daughters to focus on education.

4.5 Religion of the respondents

Many campaigns against the practice of female circumcision and for ARP are spearheaded by religious organization or churches. Research findings have suggested that where the church

and religious leaders are actively against the female circumcision, a behavior change is more likely to occur.

From the findings all of 155 ARP graduates, 80 members of community and 7 trainers are Christians. This explains the reasons of positive perceptions and massive acceptance of ARP among Keiyo community. This finding is supported by the study conducted by UNICEF (2004) in Garrisa and Moyale districts of Kenya, which found out that 30% of FC practitioners, said that religion leaders who are opinion shapers and respectable people in society provided the strongest impetus to influence the residents to abandon the practice.

The assumption of this study is that the Keiyo community was of the same religion (Christian) and therefore this is one of the factors that contribute to acceptability of the ARP approach. This was also confirmed by one of the respondent who used to participate in traditional rite of passage and now is ARP trainer who said religion has influenced her decision. Her view is captured in Excerpt one.

Excerpt ONE:

Response by one of ARP trainers;

Researcher: Before the introduction of ARP approach in Keiyo were you involved in traditional rite of passage?

Respondent: Yes, it was very important cultural practice and the community respected us.

Researcher: What made you change your mind and became ARP trainer?

Respondent: Religion. When Christianity came here it taught us about the negative effect of female circumcision and the few elite from the area have been role model for our girls.

4.6 Characteristics ARP Training

The study sought to find out the duration of ARP training; To determine the duration the graduate were asked to state how long was the training ? The results are given in Table 11.

Table 11
Duration of ARP Training

Duration (days)	Frequency	Percent
4	28	18.1
5	97	62.6
7	30	19.4
Total	155	100.0

Majority of ARP training (62.6%) were of 5 days, while 19.4 were of 7days and 18.1% were of 4days.

The ARP training, like traditional training takes place once a year normally towards the end of the year. The willing parents from different villages bring their daughters together for the training which takes between four to seven days. The content of the training is guided by the designed curriculum taught by professionals or elder women.

From the findings this was shorter time compared to the traditional rite of passage which initiates could take up to a month or more, undergone tedious and rigorous training. Chebet, (2007), Ronoh *et al.*, (2010).This finding concurs with the responses from the ARP trainers and the director of the organization who said the training period was not enough. Excerpt two reveals the results of trainers and the director on dissatisfaction of the duration of the training;

Excerpt Two

Qualitative data from trainers and director regarding the duration of the training

Researcher: The ARP training during seclusion is sufficient to make girls good wives.

Trainer 1:The curriculum of the programme covers a large area it need more time to cover all of it.

Trainer 2:We are making this programme shorter than it should be because of the costs.

Director: In reality the curriculum of programme is very good and if it is to be taught effectively more time is needed.

Researcher: What do you think would be enough time for ARP training?

Director: Two weeks would be enough.

4.6.1 ARP Training Participants

The number of participants of the training was important to determine the acceptability of the ARP approach. The graduates were asked the question; how many they were when they went for the training. The result is shown in Table 12.

Table 12
Number of ARP participants

Number of participants	Frequency	Percent
<50	29	18.7
51-100	26	16.8
101-200	11	7.1
>201	89	57.4
Total	155	100.0

The participants of ARP training range between 47 to more than 201. The majority of graduate (57.4%) were more than 201 participants , while18.7% were less than 50. 16.8% were between 51-100 while the smallest percent 7.1 were between 101-200. From the results it is true to say that ARP approach is growing by the years. This would be in line with the report by the WHO of 23rd July 2013 that Kenya is one of the countries that the practice has dropped sharply and the practice is almost disappearing among the Kalenjin community. Also the study done by Chebet (2009), suggests that the more the practice of female circumcision diminishes the more ARP approach is taking root and being acceptable by the community.

4.7 Acceptance of ARP by the Graduates

This section presents objective one of the study. The aim of the objective was to investigate the level of acceptance and/or resistance of ARP as a rite of passage to replace female circumcision.

4.7.1 Introduction

Three factors were used in this study to describe the level of acceptance to ARP approach, they included: (i) appropriateness (ii)perceptions of ARP graduates on the practice of female circumcision and (iii) acceptance of ARP approach and ARP graduates by the community.

To determine whether ARP was an appropriate approach to replace FC the girls were asked to answer yes or no to the question: “Do you accept ARP as appropriate approach for replacing female circumcision”. The results of the respondents are given in Table 13.

Table 13
Perception of ARP graduate on Appropriateness of ARP in replacing FC

	Frequency	Percentage
Appropriate	147	94.8
Not appropriate	8	5.2
Total	155	100

The majority of the respondents (94.8%) reported that ARP is an appropriate approach that could replace FC, while 5.2% of them felt that it was not appropriate. The result indicated a change in the perception of girls of this age in comparison to report five years ago where 80% of girls felt female circumcision was appropriate rite of passage (Chebet, 2007)

The ARP graduates were asked to state reasons why they felt that ARP was an appropriate approach to replace FC. The responses are summarized in Table 14.

Table 14
Reasons for appropriateness of ARP in replacing FC

Reasons	Frequency	Percent
Teaches good morals.	48	31.0
Teaches other aspects of life.	18	11.6
Safe rite of passage.	89	57.4
Total	155	100.0

The reasons given for its appropriateness are: 57.4% felt that ARP approach is a safe rite of passage because the operation was not performed. 31% felt ARP is appropriate because it teaches good morals. This sentiment concurred with the views of Zipporah Boen, the writer of the County newspaper of January 12, 2014 who stated that “the new rite of passage instills moral values in girls”. The small percentage (11.6%) felt that ARP is appropriate approach to replace female circumcision because it teaches other aspects of life.

The study also sought the views of focus group on appropriateness of ARP approach in replacing Female Circumcision. The response was as follows:

Excerpt three

Views of focus group discussion on appropriateness of ARP approach in replacing Female circumcision

Researcher: Do you think ARP approach is appropriate in replacing traditional practice?

Respondent 1: ARP approach is safe rite of passage since the old traditional circumcision led to some problems for example women becoming barren because they were spoilt during circumcision. This problem is not being experienced at the moment.

Respondent 2: In addition in the traditional after circumcision the children were not going back to school again but in ARP they are taught the importance of education.

Respondent 3: ARP teaches good manners and help mothers by telling girls what is happening in the world today.

4.7.2 Perceptions of ARP Graduates on the Practice of FC

The second factor that relates to the level of acceptance was the perception of ARP graduate on the practice of female circumcision. The question was asked what you think should be done to the practice of female circumcision. The answers are summarized in Table 15.

Table 15
Perception of graduates on the practice of FC

Perception	Frequency	Percent
Modified	22	14.2
Abolished	133	85.8
Total	155	100.0

The majority of respondents (85.8%) felt that the practice of female circumcision should be abolished while 14.2% felt that the practice should be modified. From the findings it is true to say that the ARP graduates want the practice of female circumcision to be abolished. This view is supported by the recent survey on female circumcision by UNICEF, which found out that most girls and women in Kenya see no benefit in the practice and want the practice to be

abolished. This view was similar to the report, in Daily Nation of July 24, 2013 that 59% of women who had undergone circumcision felt that female circumcision could be abolished.

The study also sought to know if the respondents were aware of physical effects of female circumcision. The respondents were required to respond to the question “Has the ARP crusader made you aware of the effects of female circumcision through teachings? The results are summarized in Table 16.

Table 16
Awareness of effects of the practice of female circumcision

	Frequency	Percent
Aware	147	94.8
Not aware	8	5.2
Total	155	100.0

Majority of respondents (94.8%) are aware of the effects of female circumcision and small percentage of 5.2% are not aware. From the results it is true that most respondents are aware of the effects of female circumcision. The study done by Chebet on female circumcision and its consequences on the wellbeing of women among Keiyo community (Chebet, 2007) revealed that female circumcision is still practiced within the Keiyo community despite many formal and informal campaigns to stop it. However, the prevalence is low compared to pre-colonial and early post-independence.

4.7.3 Acceptance of ARP approach and ARP graduates by the community

The third factor that is related to ARP acceptance is the perception of ARP graduates on acceptance of the ARP approach and ARP graduates by the community. The respondents were presented with three statements to answer yes or no. The result is shown in Table 17.

Table 17
Perceptions of graduates on the acceptance of ARP approach and ARP graduates by the community.

Statement	Accepted		Not accepted	
	No	%	No	%
Would say ARP has been accepted in Keiyo?	146	94.2	9	5.8
Do you think you will get men to marry you without being circumcised?	149	96.1	6	3.9
How do men regard ARP graduates	118	76.1	37	23.9
How do women regard ARP graduates	139	89.7	16	10.3

n=155

The findings indicate that majority of ARP graduates (94.2%) felt that the ARP approach has been accepted in Keiyo community, while 5.8% felt that the approach has not been accepted. 96.1% felt that they will get men to marry them without being circumcised while a small percent (3.9) felt that they will not. 76.1% of men accepted ARP graduate while 37% do not accept them.89.7% of women accepted ARP graduates while 10.3% do not accept them.

From the findings it is apparent that ARP approach and ARP graduates have been accepted by the majority in Keiyo community. The small percentage that has not accepted is representing 30% of people who still practice FC. This concurs with the views expressed by the focus group and the director of the community based organization captured in excerpt four;

Excerpt Four

The views expressed by the focus group and the director on acceptance of ARP approach and ARP graduates by the community;

Researcher: Would you say ARP approach has been accepted by the community?

Director: Only up to 70% have accepted but remote areas still practice FC. More work need to be done there.

Respondent 1: Many have accepted because of Christianity. But there are few people who have not accepted.

Respondent 2: It has been accepted by many but few people still practice female circumcision because they felt that ARP does not teach their girls properly.

Respondent 3: Not all have accepted those who agree are those who are educated and Christians.

Researcher: How does the community regard ARP graduates

Respondent 1: Most people have accepted them, they think they are matured and educated.

Respondent 2: Many felt that they are of good moral and when they see them they say these are our children and they are happy.

Researcher: Since the programme began is the rate of girls increasing, decreasing or remain constant?

Director: The numbers are increasing.

Respondent1: Since the programme began the numbers of girls continue to become bigger

Respondent 2: The numbers are increasing because people are changing and send their daughters for the ARP training.

4.7.4 Resistance to ARP

The level of resistance in this study was described using three factors, they included: (i) awareness of continuation of female circumcision in the area, (ii) reasons for its persistence, and (iii) reversion to female circumcision by ARP graduates.

To determine whether female circumcision was still practiced in the area respondents were asked to answer Yes or No to the question “are you aware of continued existence of any female circumcision in your area? The results are recorded in Table 18.

Table 18
Awareness of existence of female circumcision

Perception	Frequency	Percent
Aware	7	4.5
Not Aware	148	95.5
Total	155	100.0

The findings in Table 17 showed that the majority of respondents (95.5%) are not aware of existence of female circumcision in their areas while 4.5% are aware of the existence of the practice. This shows female circumcision is still practiced but by very small number of people. This result agrees with the finding that female circumcision is still practiced in this area but the prevalence is low.

The study also sought to know reasons for female circumcision persistence. The results are summarized in Table 19:

Table 19
Reasons for female circumcision persistence

Reasons	Frequency	Percent
Not applicable	150	96.8
Retain culture	5	3.2
Total	155	100

Reasons cited for its persistence by 3.2% of the respondents is to maintain Keiyo culture. This is the small percentage compared to the 76% respondents who were interviewed five years ago who thought the persistence was for the same reason. (Chebet, 2007)

4.7.5 Reversion to Female Circumcision by ARP Graduates

The third factor related to resistance of ARP approach is reversion of female circumcision by the ARP graduates. To find out whether there is any girls who have reverted back to female circumcision after undergone ARP training, the respondents were asked to answer Yes or No to a question; Do you know of any girl/s who has reverted back to female circumcision after undergone ARP training in order to be accepted by the community? The result is summarized in Table 20.

Table 20

Reversion to female circumcision after undergone ARP Training

Response	Frequency	Percent
Aware	2	1.3
Not aware	153	98.7
Total	155	100

The majority of respondents (98.7%) do not know of any girl/s who have reverted back to female circumcision after undergone ARP training. While 1.3% do know of girls who have reverted back to female circumcision. Again the result showed there is resistance but is small.

4.8 ARP Approach and Girl's Education

This section deals with the second objective. The aim of the objective was to investigate the contribution of ARP in fostering girl's education.

4.8.1 Introduction

Factors related to contribution of ARP in fostering girl's education are three. These are:

(i) school attendance (ii) performance and (iii) completion

4.8.2 Contribution of ARP approach to school Attendance

The respondents were asked to answer Yes or No to the question "Did ARP approach motivated you to attend school regularly? The result is summarized in Table 21

Table 21

ARP contribution towards school attendance

	Frequency	Percent
contribute	155	100.0

It was found out that 100% of the respondents thought that their regular attendance to school was as result of ARP training. Furthermore, the respondents were required to give explanation on how ARP training motivates to regular school attendance. The response was recorded in Table 22.

Table 22
Explanation on how ARP motivates school attendance

	Frequency	Percent
Teaches importance of education	48	31.0
Encourages girls' education	81	52.3
Teaches discipline	26	16.8
Total	155	100.0

The majority (52.3%) of respondent cited the ARP training encourages girl’s education, While 31% thought the training teaches importance of education. The small percent 16.8% thought that the training teaches discipline. Unlike the traditional rite of passage where by girl’s formal education was discouraged; instead girls were prepared to take their new role as wives and mothers (Chebet & Dietz 2000).

4.8.3. Contribution of ARP approach to performance in school

In order to determine whether ARP approach has contribute to girls better performance in school respondents were asked to answer Yes or No to a question “As ARP graduate did the programme help you to perform better in school?” The result was summarized in table 23

Table 23
Contribution of ARP toward better performance in school

Graduates Response	Frequency	Percent
Contributing	151	97.4
Not contributing	4	2.6
Total	155	100.0

Majority of respondents 97.4% felt that the ARP training helps them to perform better in school. Only 2.6% felt that the training did help them to perform better in school.

If the answer is yes respondents were required to explain how did the training help to better performance in school? The result is summarized in Table 24.

Table 24
Reasons for performing better in school

Graduates Response	Frequency	Percent
Motivate to work hard in school	98	63.2
Encourage to focus on studies	37	23.9
Encourage competition	20	12.9
Total	155	100.0

The result shown that 63.2% thought the training contributes to better performance in school because it motivates to work in school, while 23.9% thought the training encourage to focus on studies and 12.9% felt that the training encourages competition.

4.8.4 Contribution of ARP in preparing girls for the competitive world

The study sought to know if ARP contributes in preparing girls for today's competitive world. The respondents were asked to respond Yes or No to the question; do you think ARP training prepares girls for today's competitive world? Result is summarized in Table 25

Table 25
Contribution of ARP in preparing girls for competitive world

Graduates Response	Frequency	Percent
Contributing	155	100
Total	155	100.0

Given the result in table 22, the respondents (100%) felt that ARP training prepares girls for the competitive world. These findings reflect the success of the guiding curriculum (appendix D) of ARP

The overwhelming acceptance of ARP Training in Keiyo as the findings suggest, shows that ARP graduates have confidence in the curriculum which was tailored to suit the needs of the community. ARP curriculum in Keiyo provides a link between the old and the new in order to lay a foundation on the understanding of society's cultural and traditional practices. It retains the positive values for continuity and identity, hence giving a new looks to community tradition without losing their values and virtues.

ARP curriculum must include topics that the community agrees are vital for proper training of their daughters. The curriculum which lacks community input is normally rejected Chebet

(2007). In addition Kiptiony (2011) in her study on A knifeless Rite: Influence of Selected Characteristics on the Marakwet of Kenya’s Perception of the Counseling-Based ARP and levels of Awareness of Effects of FGM; showed an overwhelming views of Marakwet people who felt that ARP training should be sponsored and conducted by the Marakwet for it to be successful.

The views of the Keiyo community were sought and incorporated in designing of this curriculum, making it acceptable by the majority of the Keiyo community. In addition the curriculum embrace changes by reviewing the content accordingly to match the current situation. Excerpt five captured the views of director on ARP training curriculum;

Excerpt Five

Views expressed by the Director on ARP curriculum

Researcher: Who design ARP curriculum In Keiyo?

Director: The community old and young peoples’ views were incorporated.

Researcher: Do have room for improvement and /or correction?

Director: Yes on curriculum, Training of initiators (trainers) and the duration of initiation.

Researcher: How do you get feedback from the grass root?

Director: Through initiators, church, schools, parents of initiated girls and girls themselves.

The respondents were required to explain how ARP prepares girls for competitive world. The result is shown in Table 26;

Table 26
Explanation on how ARP prepares girls for competitive world.

Graduates Response	Frequency	Percent
Teaches what is happening in the world today	77	49.7
Encourage girls to compete with boys in studies	61	39.4
Teaches other aspects of life	17	11.0
Total	155	100.0

Result from the table 26, shows a number of explanations were given as to how ARP training prepares girls for the competitive world. 49.7% felt that ARP training teaches what is happening in the world today, while 39.4 felt that the training encourages girls to compete

with boys in studies. The least percentage (11.0) thought that the training teaches other aspects of life.

4.8.5 Contribution of ARP Approach to Completion of Studies

To determine whether ARP Approach contribute to completion of girls studies. The respondents were required to answer Yes or No to the question Did the ARP programme motivate you to complete studies? The results are summarized in Table 27;

Table 27
Contribution of ARP to completion of Studies

Response	Frequency	Percent	Statistics
Contributing	150	96.8	$X^2.=135.64$
Not contributing	5	3.2	df=1
Total	155	100.0	P=.000

The majority of the respondents 96.8% felt that the ARP programme has contribution to their completion of school while 3.2% felt that the programme did not contribute to their completion of school. To establish if the ARP contributes to graduates completion of studies the chi-square test was performed and result are given in table 27. The chi-square revealed that the distribution of observed frequencies differ significantly from the expected distribution. The ARP approach has contributed significantly to completion of studies.

The respondents were required to explain if they felt ARP has contributed to their completion of school. Three statements were presented to respondents to choose. Result is given in Table 28.

Table 28
Explanation for ARP contribution to completion of school

Statements	Frequency	Percent
Motivate to complete school to secure a job	93	60.0
Motivate to complete school and pursue Professional	33	21.3
Motivate to complete school to have better life	29	18.7
Total	155	100.0

The majority of respondents 60.0% thought that they are motivated to complete school because they want to secure jobs, 21.3% felt that ARP motivates them to complete school and

pursue professional to the highest level while 18.7% felt that if they complete their education they can have better lives.

Excerpt Six

Views expressed by focus group on contribution of ARP in fostering girls' education;

Researcher: Are there any changes in girls' academic progress?

Respondent 1: Yes there is a big change, because when you go to secondary schools you see that those who pass to go to university are ARP graduate, until people say it is like we have left the boy child behind.

Respondent 2: Yes there is positive academic progress because they receive advice on education and few elite from our area has been role model.

Researcher: Is there early marriage among ARP graduate?

Respondent 1: In my opinion many of ARP graduate continue with their education after this training.

Respondent 2: In tradition circumcision girls were discouraged to go back to school but in *Tumdo Ne Lee l* they are taught the importance of education.

Respondent 3: The reason I took my daughter to this programme is girls are talked on how to stay in school and complete their studies.

4.9 Community's Perceptions on ARP Approach

This section presents objective three of the study. The aim of the objective was to investigate the community's perceptions towards ARP approach.

4.9.1 Introduction

Factors related to perceptions towards ARP approach are (i) ARP as rite of passage (ii) Perception of ARP on girl's sexuality and (iii) ARP as a training method.

4.9.2 Perception on ARP Approach as a rite of passage

In order to determine whether ARP is rite of passage from childhood to adulthood, the respondents were presented with five statements to either agree or disagree. The results are summarized in Table 29.

Table 29
Community’s perceptions of ARP approach as a rite of passage

Statement	Agree		Uncertain		Disagree	
	No	%	No	%	No	%
ARP as rite of passage from childhood to adulthood.	67	82.7	-	-	14	17.3
ARP should replace female circumcision.	80	100	-	-	-	-
Female circumcision has no place in the modern world.	80	100	-	-	-	-
Female circumcision is a violation of women’s rights.	64	79.0	-	-	16	21.0
A girl does not have to endure the pain of circumcision for her to be considered a grown-up.	80	100	-	-	-	-

n=80

The results indicate that the majority of Keiyo community had a positive perception of the ARP approach as a rite of passage. The majority (82.7%) agreed that ARP approach could be used as a rite of passage from childhood to adulthood. 100% of the respondents felt that ARP should replace female circumcision and that the practice has no place in the modern world. The majority of the respondents (79.0) felt that female circumcision is the violation against women’s human rights and 100% felt that girls did not have to undergo the pain of circumcision to be considered grown-ups.

The respondents recognized that the new approach to be good and could replace the traditional approach as a rite of passage. This is contrary to opinion 5 years ago, where by female circumcision was the rite of passage of which girls should undergo to be considered adults (Chebet, 2007)

4.9.3 Perceptions of ARP Approach on Girls’ Sexuality

Three statements were presented to respondents to either agree or disagree in order to find out their perception on ARP approach and girls’ sexuality. The result is given on Table 30.

Table 30
Community's Perceptions of ARP on girls' sexuality

Statement	Agree		Uncertain		Disagree	
	No	%	No	%	No	%
ARP graduates have ability to be sexually self-controlled without being cut.	69	85.2	10	13.6	1	1.2
ARP graduates are able to remain faithful to their husband at all time.	70	86.4	8	11.1	2	2.4
ARP graduates know their roles as women and wives	70	86.4	-	-	10	13.6

n=80

The results show a high percentage (85.2) of the community agreed that ARP graduates have ability to control their sexuality without undergoing female circumcision. One of the reasons of female circumcision was to curtail female sexuality (Toubia, 1995). From members of Keiyo community' perceptions, circumcision has nothing to do with girls sexuality and they are able to remain faithful to their future husband.

4.9.4 Perceptions of ARP as a Training Method

The ARP approach like the traditional methods trains girls to be able to take their future role as women and wives. The study sought to find out whether this is true by inquiring from the respondents. Three statements were presented to them to either agree or disagree. The results are given in the Table 31

Table31
Community's Perceptions on ARP approach as training method

Statement	Agree		Uncertain		Disagree	
	No	%	No	%	No	%
ARP prepares one to be a proper and acceptable Keiyo woman.	69	85.2	-	-	10	14.8
The ARP training during seclusion is sufficient to make girls good wives.	52	64.2	-	-	28	35.8
ARP training is better than traditional training	69	85.2	-	-	11	14.8
I like ARP training because the initiates are taught to be focused on education and attain high goals.	80	100	-	-	-	-

n=80

The results showed that the majority (85.2%) of respondents agreed that ARP training prepares girls to take their roles as women, future wives and they are respected within the Keiyo community as accomplished women. 14.8% of the respondents disagreed.

64.2% Agreed that ARP training during seclusion is sufficient, 35.8% thought this time is not enough. The majority 85.2% of respondents felt that ARP training is better than traditional training and a small percentage of 14.8 felt that ARP training is not better than traditional training. 100% of respondents liked ARP training because it teaches initiates to focus on studies and attain higher goals.

From the results it is true to say that ARP approach has been accepted by the Keiyo community. This view is supported by the focus group discussion. The focus group views are expressed in excerpt seven;

Excerpt Seven

Views expressed by the focus group and the Director

Researcher: In Your own opinion do you think ARP is rite of passage from childhood to adulthood?

Respondent 1: Yes, because girls are taught our culture without being circumcised and are given advice on education.

Respondent 2: ARP teaching is good because since the traditional training ended and ARP started the girls have been taught how to live according to our culture. I am one of the parents who gave my daughter for ARP training and when she comes home she was asked by the boy who was staying with us what they have learned but the girl replied she cannot tell out what she has learnt unless you tell me first what you have learnt during your training. From this I learned that actually ARP emphasize on our culture and have some impact on our girls. I wish that the training could reach more girls and also the same girls could repeat the training every year.

Researcher: In your own view do you think ARP training educates girls on their sexuality as the traditional used to do?

Respondent1: Yes because our children are taught our old tradition and how to stay at the current generation, the importance of abstaining and how sexual transmitted diseases are spread also importance of education. This is good.

Researcher: Do you think ARP training prepares girls adequately to become women and wives?

Respondent 1: In ARP training girls also learn how to take care of themselves, the children and how to cook for husband. Although the marriage is still far they are trained to stay and continue with education and not to just rush for marriage.

Researcher: What are the most positive and most negative aspects about ARP approach?

Director: No negative the positive aspects are, behavior change among girls, replacement of FC and reduction of teenage pregnancies.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter presents the summary of the findings, conclusion reached, some recommendations and recommendations for further studies.

5.2 Summary

The central objective of the study was established the effects of ARP on girl's education among Keiyo community of Elgeyo-Marakwet of Kenya. Three objectives guided the study (i) acceptability of ARP as rite of passage, (ii) The effects of acceptance of ARP in fostering girl's education and (iii) perceptions of the community on ARP.

On the first objective the study revealed that; ARP approach has been accepted by the Keiyo community. 94.8% reported that ARP is appropriate rite of passage to replace FC. The major reason given for its appropriateness was that ARP is a safe rite of passage. The second objective study revealed that ARP approach has contributed positively in fostering girl's education in terms of rate of retention, completion and performance. The study found out that out of 155 girls 100% agree that ARP contribute to their attendance in school, 97.4% agreed that ARP help them to perform better in school and 96.8% felt that the ARP motivate them to complete their studies. The third objective, the study found out that; Keiyo community had positive perceptions on ARP approach. 100% agree ARP as a rite of passage from childhood to adulthood. 86.4% agreed that ARP graduates are morally upright and circumcision is not necessary to circumcise them in order to tame their sexual urges. 100% felt that ARP was an appropriate method of training.

From the findings of this study it can be summarized that;

- (i) ARP was acceptable by the Keiyo community as a rite of passage to replace FC.
- (ii) ARP has made a positive contribution in fostering girl's education.
- (iii) The Keiyo community had a positive perception on ARP.

5.3 Conclusions

(a) Based on these findings, the study concluded that:

ARP approach has been accepted in Keiyo community. The level of acceptance of ARP among the Keiyo community was significantly high. This shows ARP has won the confidence of men and women, young and old alike. The Keiyo community believes that ARP can transform girl into woman, ensures adult status without circumcision. This view is also expressed by one of the respondents and is captured in excerpt three ‘ARP is safe rite of passage since traditional circumcision led to some problems for example women become barren because they were spoilt during circumcision. This problem is not being experienced now’. This is a total transformation of Keiyo community as far as female circumcision is concerned. As Chebet (2007) found out; female circumcision was considered necessary as it provided transition from childhood to adulthood, a preparatory stage for marriage and procreation.

It is notable that the level of education and Christianity contributed to acceptability of ARP approach in Keiyo community. This findings is in agreement with previous study which revealed that where people are educated and church is active against Female Circumcision a behavior change is likely to occur (Chege, *et al* 2001).

(b) The ARP graduates and the community have rated ARP approach high in fostering girls’ education. The results suggested that ARP has put more emphasis on girls’ education. ARP has been used as a forum to motivate girls to work hard in their studies. Leaders and parents of ARP graduate have expressed their views on academic progress of their girls one of the view of the parent is captured in excerpt six; ‘There is a big change in academic progress of ARP graduates because those who go to university are ARP graduates’.

In additional the community is aware of the negative effect of FC on girls’ education. The view expressed by one of the respondent captured the essence of ARP as far as girls’ education is concerned; ‘In the traditional circumcision girls were not going back to school again but ARP girls are taught the importance of education’. These findings concur with the previous studies which shows that FC is one of the obstacles to girls schooling. Chebet, (2007), Kattam, (1996), Ondiek, (2010) and Tenges (2011).

(C) The score of community on perception of ARP as a Rite of Passage, Girls sexuality and as Training Method was high. This result suggests that the Keiyo community is in favor of ARP approach and therefore ARP has succeeded in Keiyo. The findings indicate a big change

of community's perceptions ten years ago were female circumcision was considered necessary. Chebet, (2007), Chege *at el*, (2001), Kibor, (1998).

This was achieved by gradual change of people's culture and attitudes through the programme of *Tumdo Ne Leel* A coming of age concept which they consider to be a home grown solution to female circumcision and all other problems emanating from the practice. It is important for ARP curriculum to earn the trust of the community for it to be effective. The study done by Kiptiony, (2008), on ARP in Marakwet community, revealed that the approach did not succeed because the community did not trust the curriculum and considered it to be inadequate and alien. The findings also concurs with the Amnesty International (1998) which suggested that; the practice of Female Circumcision should not be the question of eliminating the practice but of replacing with the rite which takes into consideration sensibility and sensitivity of people's culture and traditions.

5.4 Recommendations

Based on the findings of this study, the following recommendations were made.

- (i) ARP approach has shown that it is possible to replace old rite (FC) with new one. This can be replicated in other communities that still practice female circumcision.
- (ii) ARP training can be used as a forum to encourage girls to study hard in school and also to train women on income generating activities. From the study Keiyo community has benefited from ARP programme as it has been proven that all these aspects can be achieved.
- (iii) There may be a need for the Kenya Government through County Government and other funding agencies to allocate the budget to enable the proponents of ARP to reach places where the practice of FC is continuing. From the study there are still some remote areas that the practice is still going on.
- (iv) One of the challenges of ARP faced in Keiyo is lack of enough funds to cater for the expenses of the training. There also a need for the Kenya Government through County Government to allocate some funds to help to reduce the cost.
- (v) Another challenge faced in implementing ARP Training in Keiyo is poor advertising of the training. Media like Radio programme using local language can be used to advertise and educate local people on ARP training especially the places where the FC is still practiced.

- (vi) From the study it was noted that the majority of Keiyo community are Christians and that Christianity has helped in acceptability of ARP. Therefore the Christian teaching and ARP proponents need to work hand in hand to reach places where the FC is still practice.
- (vii) The ministry of Education through County Education Office need to work together in encouraging participation in adult education programmes in order to raise literacy level in Keiyo. From the study, it was evident that literacy played a role in high acceptability and positive perceptions on ARP in Keiyo community.
- (viii) The success of ARP approach in Keiyo as it was evident from the study is attributed to the fact that the community participated in the designing of the ARP curriculum as it was captured in excerpt five. It is important therefore for the community were ARP is implemented to be involved in the designing of ARP curriculum for it to be accepted and to remove the mistrust of being seen as inadequate and alien.

5.5 Recommendation for Further Research

A number of findings of the study raised questions, which require further investigation. The following are therefore suggested for further research:

- (i) Research to find out if there are girls who have passed through FC and be able to continue with their education.
- (ii) A comparison study between ARP graduates and non ARP graduates to determine their level of effects of FC.
- (iii) The study to examine other factors apart from social-cultural factors that hinder the total eradication of female circumcision.

REFERENCES

- Abor, A.P. (2006). Female Genital Mutilation: Psychological and reproduction health consequences, the case of Kayoro traditional area in Ghana. *A Journal of Gender and Behaviour*. Vol 4. Retrieved on 6/9/2013 from <http://www.info/viewarticle.php>.
- AICAD/Department of languages and Linguistics (2003). *Social Science Research: Getting Into the Field*. Egerton University Workshop.
- Abwao, S, Mohamud, A. & Omwenga, E. (1996). *Report on Health Care Providers' Knowledge, Attitudes and Practice of Female Excision in Nyamira, Kenya*. Programme for Appropriate Technology in Health (PATH) and Seventh Day Adventist. Rural Health Service.
- Amnesty International, (1998). *Stop Violence Against Women*. A Human Rights Information Pack. Retrieved October, 20 2013, from <http://www.amnesty.org/alib/intcam/femgen/fgm8.htm>
- An Interagency Statement. (2008). *Eliminating Female Genital Mutilation*. OHCHR,UNAIDS,UNDP, UNECA, UNESCO, UNIFPA,UNHCR, UNICEF, UNIFEM,WHO. Retrieved November 23 2013 from www.unfpa.org/publication/eliminating-female-genital-mutilation.
- Carr, J. (1997). Female Genital cutting: *Findings from the demographic and health surveys program*. Macro international, Calverton, U.S.A
- Cairo Declaration for elimination for Elimination of FGM. (2003, June 23). *Legal Tools for the Prevention of Female Genital Mutilation*. Cairo.
- Changwony ,D.J. (1999). *The Role of Women in Keiyo Traditional Religious Rites*. Unpublished MPhil Thesis. Moi university. Eldoret.
- Chebet, S. (2005) "Tumdo Ne Leel" *A coming of age concept annual report for 2003-2004*. Retrived on September 10, 2012 from <http://eldoretinfo>
- Chebet, S. & Dietz, T. (2000). *Climbing The Cliff: A History of The Keiyo*. Eldoret: MoiUniversity Press.
- Chebet, S. (2007). *Female Circumcision and its Consequence on the Well-Being of Women Among the Keiyo Community of Kenya: A Socio-Cultural Approach*. A Thesis submitted to the school of Environmental Studies in Partial fulfillment of the requirements for the Degree of Doctor of Philosophy in Environmental studies. Moi University.

- Chebet, S. (2009). *Protecting the Sexual Rights of Women Through Alternative Rite of Passage: The Case of Tumndo Ne Leel A coming of Age Concept*. A paper presented to the consultative meeting on methodological issues for FGM research Nairobi Kenya.
- Chelala, C. (1998). *New rite is alternative to Female Circumcision*. Retrieved 10/28/2012 from www.sfgate.com
- Chege, J. (1993). *The politics of gender and fertility Regulation in Kenya: A case study of Igembe*. "Ph.D thesis Lancaster University, U.K
- Chege, J.N, Askew & Liku, J. (2001). *An Assessment of the Alternative Rite Approach for encouraging abandonment of Female Genital Mutilation in Kenya*. Retrieved on February, 23, 2013. From <http://www.popcouncil.org/pdfs/frontiers/FR-final Reports/Kenya/FGC.pdf>
- Crane, E.A. Mohamud & A.Todd. (1998). *Towards the elimination of FGM: Communication for change. Curriculum for trainers of public health workers, community organizers, Youth advocates and teachers*, PATH, Washington, U.S.A
- Daily Nation Newspaper. Wednesday July 24, 2013; p 9 Sharp Drop in Kenya's Female Cut. UNICEF.
- Daily Nation Newspaper. Tuesday December 25, 2012. P.2 & 3. Who will stop the cut; Let girls be girls. By Cheron S.
- Eliah, E. Spring, (1999). *In Uganda Elders work with the UN to safeguard Women's Health. UN Chronicle. Vol 36 Issue:1. Gale Group. United Nations Publications*. Retrieved on September 26 2013 from www.questia.com
- Ellen, Gruenbaum, (2001). *The Female Circumcision Controversy: An Anthropology Perspective*. University of Pennsylvania Press.
- Gall M.D, Gall J.P & Borg W.R (2008). *Educational Research: An Introduction*; 8th Edition. Library of Congress Cataloging-in-Publication Data.
- Gupta, S.P (2004): *Statistical Methods*: Sultan Chand & Sons. New Delhi India.
- Gray, R.H, Kigozi G, Serwadda D, Makumbi F, Watya S, Nalugoda F. (2007): *Male Circumcision, for HIV Prevention in Men in Rakai, Uganda: A randomized Trial*. Lancet.
- Holmes, J. (2004). Saving girls should top world agenda. *Women's e news*. Retrieved on September 15, 2013 from <http://www.womensnews.com/article.cfm/dyn/aid/2108>

- Inter-Africa Committee Newsletter (December, 2000). *Inter-African Committee on Traditional Practices Affecting the Health of Women and children*. Retrieved on November, 16 2014 from <http://www.iac.ch/ICA>
- Inter-Africa Committee on Traditional Practices Zero Tolerance to FGM. (2004). *Common Agenda for Action for the Elimination of Female Genital Mutilation 2003-2010*. Second Edition. Pathfinder International, Ethiopia.
- Katam, T.C (1996). *The influence of circumcision on academic achievement and self concept: A case study of West Pokot District; Kenya*. Master's thesis Moi University.
- Kathuri, N.J & Pals, D.A. (1993). *Introduction to Educational Research*. Educational Media Center: Egerton University Press.
- Kass weekly magazine 23-30 December 2012, p.14 Anti FGM sensitization programme launched. By Richard, S.
- Kenya Gazette, Special Notice No 15737. December 23rd, 2013.
- Kenya Demographic and Health Survey (KDHS). (1998). *Key Findings*. Nairobi Central Bureau of Statistics.
- Kenya Demographic and Health Survey (KDHS). (2003). Preliminary Report. Ministry of Health; Kenya Medical Research Institute; Centre for Disease Control and Prevention. Central Bureau of Statistics, Nairobi Kenya and MEASURE DHS+ORC Macro Calerton, Maryland, USA. Retrieved on June 13th, 2013 from www.sbs.go.ke
- Kenya Demographic and Health Survey (KDHS). 2008 Preliminary Report on female circumcision is prevalence in Kenya. Ministry of Health; Kenya Medical Research Institute; Centre for Disease Control and Prevention. Central Bureau of Statistics, Nairobi Kenya and MEASURE DHS+ORC Macro Calerton, Maryland, USA. Retrieved on June 13th, 2013 from www.sbs.go.ke
- Kenyatta, J. (1953). *Facing Mount Kenya: The Tribal Life of the Gikuyu*. London: Secker and Warburg.
- Kibor, J.Z. (1998). *Persistence of Female Circumcision among the marakwet of Kenya: A Biblical Response to a Rite of Passage to a Rite of passage*. Unpublished PhD Dissertation. Trinity International University.
- Kipkorir, B.E and F.B Wellbourn (1973). *The Markwets of Kenya: A preliminary study*. Nairobi, East Africa Literature Bureau.
- Kiptiony, G. (2008). *A Knifeless Rite: Influence of Selected Characteristics on the marakwet of Kenya's perception of the counseling-Based Alternative Rite of Passage and Level of Awareness of FGM; A thesis submitted to Graduate School in partial fulfillment*

- of Requirements for the Award of the degree of doctor of Philosophy of Counselling Psychology of Egerton university.
- Kiptiony G, Kariuki, M and Makori, N. (2011). *Effects of Level Education on the Perceptions of Alternative Rite of Passage of the Marakwet of Kenya*. Paper presented at Kabarak University First International Conference 12/10/2011-14/10/2011,
- Kiptiony. G, kariuki, M and Makori, N. (2010). *Socio-Demographic Factors Influencing Female Genital Mutilation (FGM) and Alternative Rite of Passage (ARP) Practices of Marakwet in Kenya*. Organisation For Social Science Research In Eastern and Southern Africa. (OSSREA) Kenya Chapter Volume 1. Number 1. Egerton University Press.
- Kothari C.R (2008). *Research Methodology: Methods and Techniques: 2nd Revised Edition*; New Age International Publishers.
- Koske, L.C (2012). *A sociological analysis of factors that lead girls to undergo female circumcision after alternative rites of passage among the Abakuria of Kenya*: Masters Thesis Report; Egerton University.
- Kyuli, S. & Akoko, O. (2003, August 27). FGM ‘raises’ sexual feelings. East African Standard Midweek Magazine, P.5.
- Lightfoot-Klein, H. (April 30-May 3, 1991). *Prisoners of Rituals: Some contemporary Developments in the History of Female Genital Mutilation*. Paper presented at the Second International Symposium on Circumcision in San Francisco. Retrieved on November 2013 from <http://www.fgmnetwork.org/authors/Lightfoot-klein/prisonerofritual.html>
- Lipsitz, S. B (1993). *The Lenses of Gender Transforming the Debt on Sexual Inequalities*. Yale University Press, New Haven and London.
- Mackie, G (1998). *A Way to End Female Genital Cutting*. The Female Genital Cutting Education and Networking Project. Retrieved on October 8, 2013 from <http://www.fgmnetwork.org/articles/mackie1998.html>
- Maendeleo ya Wanawake Organization (MYWO) and the programme for Appropriate Technology in Health. (PATH) (1993). *Quantitative Research Report on Female circumcision in Four Districts in Kenya*. Nairobi: Maendeleo ya Wanawake Organization.
- Mahmoud, K. (1998). *Female Genital Mutilation; Historical, social, religious, Sexual and legal Aspects*. Cairo, Egypt: Faculty of Medicine, AIN SHANIZ University.

- Mathooko, J.M, Mathooko, F.M and Mathooko P.M (2007): *Academic Proposal Writing: A guide to preparing proposal for academic research*: Amu Press, Nakuru, Kenya.
- Mbiti, J.S (1991). *Introduction to African Religion (2nd Ed.)* Nairobi: East African Publishers Ltd.
- Ministry of Health (MoH) (1999). *National plan of Action for the Elimination of Female Cutting in Kenya: 1999-2019*. Ministry of Health, Government of Kenya, Nairobi.
- Mutai, B.K (2000). *How to Write Quality Research Proposal. A complete and Simplified Recipe*: Thelley Publication. Edinburgh. Scotland.
- Mugenda, O.M and Mugenda, A.G (2003). *Research Methods: Quantitative & Qualitative Approaches*: Acts Press. Nairobi Kenya.
- Myers, A, Sherman, S, & Sokoni, O. (2000). Female Genital Mutilation in Africa. *Trans Africa Forum: Justice for the African World*. Retrieve on 15/12/2013 from www.transafricaforum.org.
- Nassiuma D.K (2000). *Survey Sampling: Theory and Methods*: Nairobi University Press.
- Nelson, T. (1996, July-August). *Violence against women*. World watch. Vol. 9. Retrieved October 17, 2013 from www.questia.com
- Nigel, G. (2008): *Researching Social Life*: SAGE publication Ltd London.
- Oloo, H., Wanjiru, M. & Jones, K.N (2001) *Female Genital Mutilation Practices in Kenya: The role of alternative rites of passage; A case study of Kisii and Kuria districts*.
- Ondieki, A. C. (2010). *The Persistence of Female Mutilation (FGM) and its Impact on Women's Access to Education and Empowerment: A study of Kuria District, Nyanza Province, Kenya*. Thesis submitted to the Department of literature and Philosophy in Fulfillment of the Requirement of the Degree of Doctor of Literature and Philosophy in University of South Africa.
- Parsitau, D.S & Chacha, B.K (2012). A paper on transition and continuity: Re-inventing and Re-assessing women alternative rites of passage among indigenous pastoralists in Kenya.
- Peter, J. and Wolper, J. (1995). *Women's Rights-Human rights: International Feminist perspectives*. Routledge Press.
- People Newspaper on 13th January 2013. Pg 22 Why girls dread new year in Kuria. By Wahinya Henry
- Population Reference Bureau (PRB). (2001). *Abandoning Female Genital Cutting Prevalance, attitudes and efforts to end the practice*. Retrieved from www.measurecommunication.org on July 14, 2013.

- Population Council. (2002, April 9-10). *Using Operations Research to Strengthen Programme for Encouraging Abandonment of Female Genital Cutting. A Report of the Consultative Meeting on Methodological Issues for FGC Research*. Frontiers Programme of the Population council. Nairobi, Kenya. Retrieved on September 14th 2013 from <http://www.popcouncil.org/pdfs/frontiers/nairobi.fgcmgt.html>
- Rahman, A & Toubia, N. (2000). *FGM: A Guide to Laws and Policies Worldwide*. Zed books. New York.
- Republic of Kenya (2002, January 4). *Kenya Gazette Supplement Act, 2001 No. 95 (Acts No. 8)*. The Children Act, 2001. P493. The Government Printer, Nairobi.
- Ronoh, T.K, Micheni, S and Makori, G, (2010). *Female Genital Mutilation: conflict Over African Educational Practices Between the Missionaries and the Kipsigis of Kenya*. Organisation For Social Science Research in Eastern and Southern Africa (OSSREA) Kenya Chapter. Research Papers Volume 1. Number 1. Egerton University Press.
- Singh, A.K (1997). *Tests, Measurements and Research Methods in Behavioral Sciences*: Bharati Bhawan Publishers and Distributers.
- Standard Newspaper; February 17, 2014. Pg 20. Chiefs Cite Obstacles to Anti-FGM drive. By Kiplagat, R.
- Standard Newspaper; March 10, 2013. Pg 41 FGM Rates Falling in Kenya. UNFPA Report.
- Standard Newspaper; December 12, 2012. Pg 22. 500 girls line up to be circumcised despite ban. By Edwin Cheserek.
- Standard Newspaper, May 18, 2014.Pg 4 Alternative Rite of Passage embrace modern practice such as formal education, discouragement of FGM and early marriage. By Maureen Abwao and Brigid Chemweno.
- Tenges, M. L. (2011). *Effects of Female Genital Mutilation on Girl child's Participation in Primary school Education; A case Study of Ilchamus Community in Marigat District, Rift Kenya*. A Research Report Submitted to the Department of Psychology, Counseling and Educational Foundation in Partial Fulfillment for the Requirements of the Award of the Degree of Masters of Education in Guidance and counseling of Egerton University.
- Terry, G (2007). *Women's Rights*: Oxford University Press.
- The Constitution of Kenya, (2010).
- The Royal Australian College of Obstetrician and Gynecologists. (1997). *Health Consequences of Female Genital Mutilation*. Retrieved on October 23, 2013 from <http://www.fgnetwork.org/reference/.html>

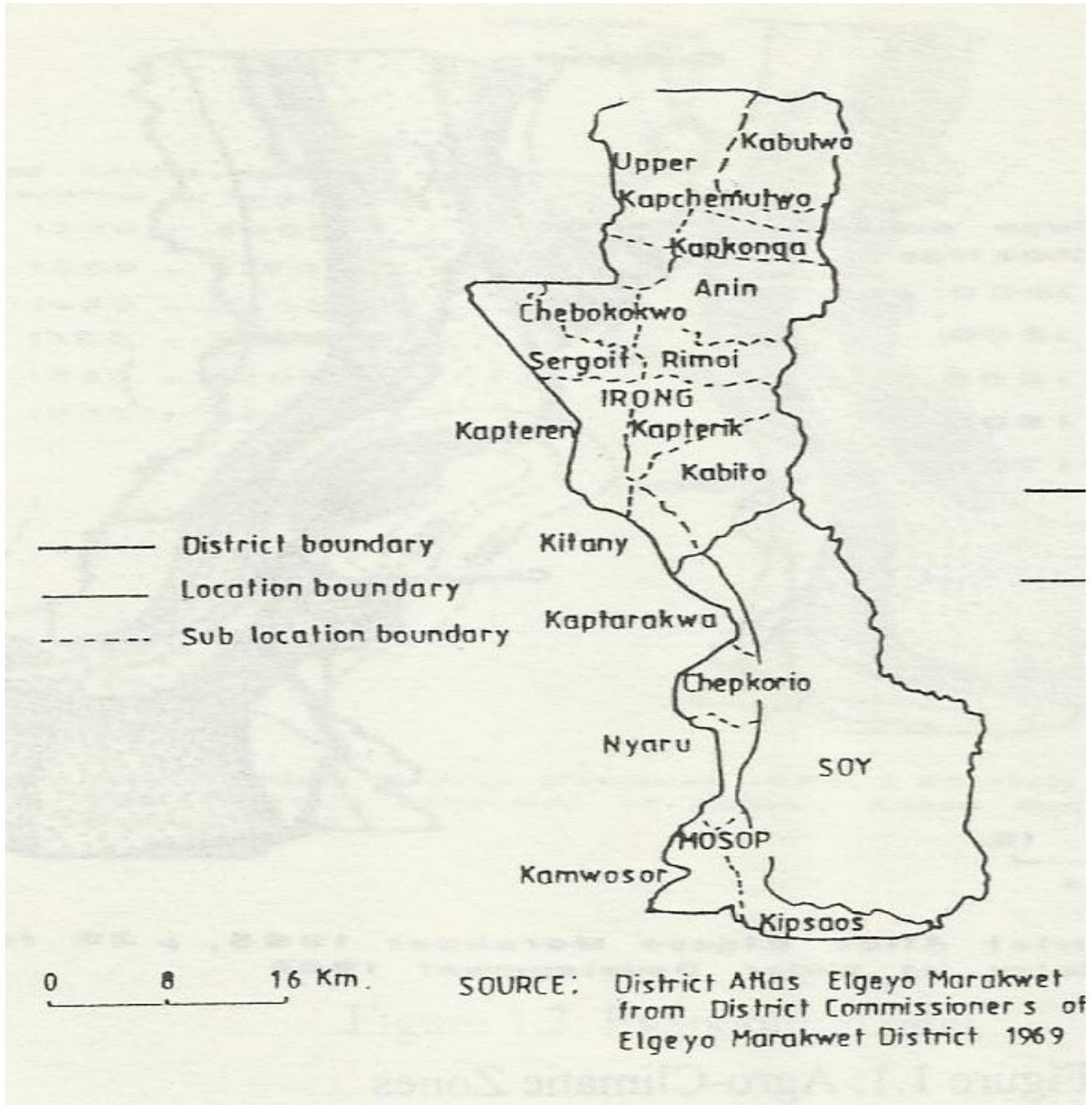
- The Fourth World Conference on Women in Beijing (1995). *Women and Health*. Retrieved on October, 20th 2013 from [http://www.beijing platformforaction.org/pdf/article/html](http://www.beijingplatformforaction.org/pdf/article/html)
- The Counties Magazine: Monday, January 12, 2014. Pg 9 New rite of Passage Instils Moral values in Girls. By Silas Koskei.
- The Rift Valley Observer Magazine: December 2013.Pg 3 West Pokot: Kiyapyap asks NGOs to tame FGM. By Kiplat Kaptuya.
- The Star Newspaper Thursday, May 15, 2014. Pg 29 How I Escaped FGM. By Mathew Ndanyi
- Toubia, N. (1994). Female circumcision as a public health issue. *New England Journal of Medicine*. 331R (12) p712-717. Retrieved on December 15, 2013 from http://www.unicef.org/infobycountry/kenya_35433.html.
- Tuyizere, A.P (2007). *Gender and Development: The role of Religion and Culture*: Fountain Publishers Ltd. Kampala.
- Thomas, L. (1992). “*Repugnant Customs*” Colonial Economies and Constitution of Authority, Administrative Intervention in the Practice of Excision and Abortion in Meru District Kenya 1908-38 E, 70. Research Seminar Paper USA: Northwestern University.
- UNFPA, (2007). *A Holistic Approach to the Abandonment of Female Genital Mutilation/Cutting*. New York, United Nation. Retrieved on October 15, 2013 from <http://www.fgmnetwork.org/articles/un.html>
- UNICEF,(2007). UNICEF Report on Countries where female genital mutilation has been documented. UNICEF Publication. Retrieved on 20, November 2013 from <http://www.iac.ch/IAC>
- UNICEF (August, 2006). Education and Awareness make progress against female genital cutting in Kenya. UNICEF Publication. Retrieved on 12, October 2013 from http://www.unicef.org/infbycountry/kenya_35433.html
- United States Agency for International Development (USAID), Intra-Agency working group on FGC. (1999). *Female Genital Cutting: The Facts and Myths*. USAID Final Report: USAID. Washington DC.
- Welch, C,E. (1995). *Protecting Human Rights In Africa: Roles and Strategies of Non-Governmental Organizations*. Philadelphia: University of Pennsylvania Press. Retrieved on September 24, 2012, from www.questia.com

- WHO, (1996). *Female genital Mutilation: Report of a WHO technical group, Geneva, 17-19 July 1996*. Geneva, World Health Organization.
- WHO, (1999). *FGM Programmes to Date: What works and What Doesn't. A Review*. Geneva Report No: WHO/CHS/WMH/99.5
- WHO, (1995). *Classification of FGC*. Geneva WHO.
- WHO, UNICEF, UNFPA, (1997). *Female Genital Mutilation: A Joint WHO/UNICEF/UNFPA Statement*. Geneva, World Health Organization.
- WHO and UNFPA, (2003). Ministry of Health; Kenya Medical Research Institute; Centre for Disease Control and Prevention. Central Bureau of Statistics, Nairobi Kenya and MEASURE DHS+ORC Macro Calverton, Maryland, USA. Retrieved on June 13th, 2013 from www.sbs.go.ke
- Yoder, P.S, Abderrahim, N. & ZhuZhuni, A. (2004). *DHS Comparative Reports No 7 Female Genital cutting in the Demographic and Health Surveys: a Critical and Comparative Analysis*. ORC marco, Calverton, Maryland USA.

APPENDICES

APPENDIX A:

MAP OF KEIYO DISTRICT



APPENDIX B:
QUESTIONNAIRE FOR ARP GRADUATES

Dear respondent

You are invited to participate in this study which seeks to investigate the effects of alternative rite of passage (ARP) on girls' education. Therefore you are requested to complete this questionnaire by ticking (✓) the appropriate places or filling the blank spaces. To ensure that the information you give will be effectively used, please respond to the items as honestly as possible. The information gathered through the questionnaire will be used for the purposes of this study only and will be treated with strict confidentiality.

Instructions

- (a) Please respond to all question
- (b) Read the question carefully and understand before writing your response.

Section A: General information

Please tick (✓) where appropriate or fill in the spaces provided

- 1. Age _____
- 2. Location _____
- 3. Religion _____
- 4. What is the level of parent's education? Father _____, Mother _____
(a) Not been to school () (b) primary school () (c) secondary school () (d) college and university ()

Section B: Acceptance and/or Resistance of ARP Approach

- 1. How did you learn about ARP training?
(a) Through church (b) Public meeting (C) Neighbor (d) School (e) others
- (2) How did you join ARP?

- (3) Where was the training?

- (4) How long was the training?

(5) Who were your trainers?

(6) How many were you? _____

(7) Do you accept ARP as appropriate approach for replacing female circumcision?

Yes () (b) No ()

(7a) If yes, give reasons _____

(7b) If no, give reasons _____

(8) Are you aware of continued existence of female circumcision in your area?

Yes () (b) No ()

(8a) If your answer is yes, give the reasons for its persistence.

(9) What do you think should be done to the practice of female circumcision;

Encouraged () (b) Discouraged () (c) Abolished () (d) Modified ()

(10) Have ARP crusaders made the community aware of the effects of female circumcision?

Yes () (b) No ()

(11) Do you know of any girl/s who has reverted back to circumcision after undergoing ARP in order to be accepted by the community?

Yes () (b) No ()

(12) Do think you will get men to marry you without being circumcised?

Yes () (b) No

(13) How do men regard ARP graduates? _____

(14) How do women regard ARP graduates? _____

(15) What would you like to tell fellow girls about ARP?

(16) Would you say ARP has been accepted in Keiyo? (a) Yes () (b) No ()

If no, what are the reasons for its resistance;

Section C: Effects of ARP on education

(1). Does ARP programme motivate you to attend school regularly? Yes () No ()

(2). Give explanation for your answer above

(3). As ARP graduate did the programme help you perform better in school?

Yes () No ()

(4). If your answer is yes explain how

(5). Did ARP programme motivate you to complete your studies?

Yes () No ()

(5b). Give explanation for your answer above

(6). As an ARP graduate do you intend to further your education to the highest level possible?

Yes () No ()

(6 b). If your answer is yes, did the programme influence your decision?

Yes () No ()

(6c) If yes, explain how

(7). Do you think ARP training prepares girls for today's competitive world?

Yes () (b) No

(7b). If yes explain how

APPENDIX C

QUESTIONNAIRE FOR COMMUNITY'S PERCEPTIONS TOWARDS ARP APPROACH;

Dear respondent

You are invited to participate in this study which seeks to investigate the effects of alternative rite of passage (ARP) on girls' education. Therefore you are requested to complete this questionnaire by ticking (✓) the appropriate places. To ensure that the information you give will be effectively used, please respond to the items as honestly as possible. The information gathered through the questionnaire will be used for the purposes of this study only and will be treated with strict confidentiality.

Instructions

(c) Please respond to all question

(d) Read the question carefully and understand before writing your response.

1. ARP is a rite of passage from childhood to adulthood.

Agree () (b) Disagree () (c) uncertain ()

2. ARP prepares one to be a proper and acceptable Keiyo woman.

Agree () (b) Disagree () (c) uncertain ()

3. ARP training is better than traditional training.

Agree () (b) Disagree () uncertain ()

4. The ARP training during seclusion is sufficient to make girls good wives.

Agree () (b) Disagree () (c) uncertain ()

5. I like ARP because the initiates are taught to be focused in education and attain high goals.

Agree () (b) Disagree () (c) uncertain ()

6. ARP graduates have the ability to be uncertain sexually self-controlled without being cut.

Agree () (b) Disagree () (c) uncertain ()

7. ARP graduates are able to remain faithful to their husbands at all times.

Agree () (b) Disagree () (c) uncertain ()

8. Female circumcision is a violation of women's rights.

Agree () (b) Disagree () (c) uncertain ()

9. A girl does not have to endure the pain of circumcision for her to be considered a grown-up

Agree () (b) Disagree () (c) uncertain ()

10. ARP graduates know their role as wives and mothers.

Agree () (b) Disagree () (c) ()

11. ARP should replace Female circumcision.

Agree () (b) Disagree () (c) uncertain ()

12. Female circumcision has no place in the modern world.

Agree () (b) Disagree () (c) uncertain ()

APPENDIX D

INTERVIEW SCHEDULE FOR TRAINERS OF ARP PROGRAMME

Dear respondent,

My name is Julieth F. Gitagno, a student at Egerton University undertaking Master's Degree in Gender and Development Studies. As part of the requirement of the course, I am required to take a research in my area of study and therefore you are invited to participate in this study which seeks to investigate the effects of alternative rite of passage on girls' education in Keiyo community. You are kindly requested to respond to items as honestly as possible. The information gathered will be used for the purposes of this study only and will be treated with strict confidentiality.

Personal information

Age _____

Gender _____

Education level _____

1. As a trainer of ARP what are your responsibilities?
2. Before the introduction of ARP approach in Keiyo, were you involved in the traditional rites of passage?
3. If yes, what made you change your mind?
4. What was the response of the community when ARP was first introduced?
5. What is the rate of girls who have undergone ARP in your area since it started?
6. Do you think ARP approach benefits girls in this community?
7. If so explain how?
8. Does ARP approach in anyway disadvantage girls in this community?
9. If it so explain how?
10. Do you think the ARP approach has been effective in getting families to abandon female circumcision?
11. How does the community regard ARP graduates?
12. Do you think ARP approach will become an established part of local custom in this community?
13. If no give your reasons.
14. If yes what would need to happen for this to take place?

APPENDIX E

INTERVIEW SCHEDULE FOR THE DIRECTOR OF COMMUNITY BASED ORGANIZATION

Dear respondent,

My name is Julieth F. Gitagno, a student at Egerton University undertaking master's Degree in Gender and Development Studies. As part of the requirement of the course, I am required to take a research in my area of study and therefore you are invited to participate in this study which seeks to investigate the effects of alternative rite of passage on girls' education in Keiyo community. You are kindly requested to respond to items as honestly as possible. The information gathered will be used for the purposes of this study only and will be treated with strict confidentiality.

1. Why was *Tumdo ne leel* organization formed?
2. What is your responsibility as a CEO of this organization?
3. What is the structure of the organization?
4. How does the program run?
5. Who designed the ARP curriculum
6. Do you have room for improvement and/ or correction?
7. How do you get feed-back from the grassroots?
8. How many girls have undergone ARP in Keiyo district?
9. Since the program began is the rate of girls increasing, decreasing or remaining constant?
10. What are the most positive and most negative aspects of ARP?
11. What is the social, cultural or religious significance of ARP?
12. What was the response of the community when ARP was first introduced?
13. Do girls or their parents need to be able to read and write to take part In ARP processes?
14. What expenses are incurred by the families in preparation of the ceremony?
15. What challenges are you facing as an organization/ advocate of ARP?
16. How long is ARP training?
17. Is the time sufficient for training?
18. If not what would be sufficient time?
19. Can you say ARP has succeeded in Keiyo district?

20. Do you think ARP will become an established part of the local custom in this community?

20.b) If not give your reasons

20.c) If yes what would need to happen for this to take place?

21. In Kenya, FGM/C has been outlawed. How effective is this law in reducing the practice?

22. Give reasons for your answer above.

APPENDIX F

FOCUS GROUP DISCUSSION GUIDE FOR PARENTS OF ARP GRADUATES AND COMMUNITY LEADERS.

Q1. Generally how does the community here view alternative rite of passage approach. What meaning, value and importance is attached to the practice?

How prevalent is the ARP practice?

Why did you make the decision to take your girl(s) for ARP and/or circumcision?

From your own observation what kind of people support ARP approach and/or reject it?

Q2. In your own views, has there been change in this community regarding attitudes and practice as the result of ARP program?

What is the rate of girls who undergo ARP in this area since it began?

Are there any changes in girl's academic progress in terms of school enrolment and attendance, completion and performance?

Is there early marriage among ARP graduates?

Do you know of any family who opted for ARP for their girl(s) and later decided to go for circumcision?

What could be the reasons for this kind of decision?

How does the community perceive ARP graduates?

Q3. What are the most positive and most negative aspects about ARP approach?

Do you think the ARP benefits the girls?

Does ARP disadvantage girls in this community in any way?

Is ARP approach effective in replacing FGM?

Q4. What are the challenges you face when opting for ARP for your girls?

Q5. Would you say ARP approach has been accepted in Keiyo community?

APPENDIX G

TUMDO NE LEEL CONCEPT: OUTLINE OF CURRICULUM

The curriculum comprises of the following:

Unit One: Taboos, virtues, morals and ethics enhancing understanding and harmony in the community;

Taboos

Place of taboos in the present

Moral and ethics by individuals.

Respect

Courtesy

Love

Sympathy

Generosity

Unit Two: Rites of passage and their importance to the individual and the society;

Function of attaining transition to adulthood.

Function of attaining marriageable status.

Provide social stratification of age-set

Unit Three: Traditional Practices

Relevance of traditional practice today.

Consequences of abandoning positive traditional values.

Unit Four: Initiation Rite

Blending of traditional values with modern values.

Social Norms

Cultural Values.

Education and Development Issues.

Unit Five: Children and Women Rights.

Responsibility of parents for their children.

Responsibility of state for children-Vide Children Act.

Unit Six: Continuity and change in traditional cultural practices.

What values to retain from our culture.

Change and modernity.

Unit Seven: *Tumndo Ne Leel*: A Coming of Age Concept.

Providing a link between the past and the present without compromising body integrity of women.

Unit Eight: Sexuality and Sexual relationships

Body changes, reproductive health and development.

Sexual relationship before marriage.

Sexual relationships at marriage. during old age.

Unit Nine: Relationship, Dating, Engagement, Courtship, Marriage and Family.

Process taken to attain each of stages in woman's life as provided for in society's rites, values and norms. Family life education and household management.

Care and provision for the family

Food, clothing and shelter

Housekeeping and food preparation

Diet and nutrition

Unit Ten: Building self-esteem and self-concept of women and girls

Self is one's being: heart, soul, psyche, inner person, life force.

Esteem- respect, value, cherishes, appreciate, admire, high regard.

Concept- idea start, origin, formation

Self esteem: how do I think/feel about myself? What do other people think about me?

Self confidence, self control and self respect

Factors influencing self esteem:

Personal appearance

Emotions

Personality

Ability to cope with peer pressure, criticism and praise.

Unit Eleven: Empowerment of girls and women

Setting personal goals in life

Pursuing education career, economic and social development.

Leading a fulfilled life after achieving set goals.

Unit Twelve: Healthcare, diseases prevention and treatment

Maintaining personal hygiene.

Prevention of sexually transmitted infections HIV/Aids.

Preventing malnutrition in the family.

Prevention of early pregnancy.

Drug abuse

Effects of mass media

Use and abuse of contraceptive.

Psychological problems arising from domestic violence, spousal abuse and child abuse.

Unit Thirteen: Effects and response to social change on girls.

Preparing girls to face the future with confidence.

Drawing the difference between negative and positive effects of change.

Unit Fourteen: Contemporary and Traditional practices, femininity in changing society.

Morals and Ethics

Values and Virtues

Norms

APPENDIX H

RESEARCH PERMIT

PAGE 2 PAGE 3

Research Permit No: **NCST/RCD/14/013/1167**

THIS IS TO CERTIFY THAT: Date of issue: **27th June, 2013**

Prof./Dr./Mr./Mrs./Miss/Institution Fee received: **KSH. 1000**

Julieth F. Gigaño

or (Address) **Egerton University**

P.O. Box: 536-20115, Egerton

has been permitted to conduct research in

Location: Keiyo District

Elgeyo Marakwet County

on the topic: **The Effects of Alternative Rite of passage on girls' Education among the Keiyo Community of Elgeyo Marakwet County of Kenya.**

for a period ending: **31st December 2013.**


Julieth F. Gigaño
Applicant's Signature
For Secretary
National Council for Science & Technology