EFFECTS OF FEMALE GENITAL MUTILATION ON GIRL CHILD'S PARTICIPATION IN PRIMARY SCHOOL EDUCATION: A CASE STUDY OF THE ILCHAMUS COMMUNITY IN MARIGAT DISTRICT, RIFT VALLEY KENYA

EGERTON UNIVERSITY LIBRARY
NOTIFICATION SECTION
P.O. BOX 536, EGERTON
- 1 MAR 2012

TENGES MICAH LETORIAN

A Research Project Report Submitted to the Department of Psychology, Counseling and Educational Foundations in Partial Fulfillment for the Requirements of the award of the Degree of Master of Education in Guidance and Counseling of Egerton University

EGERTON UNIVERSITY LIBRARY

EGERTON UNIVERSITY

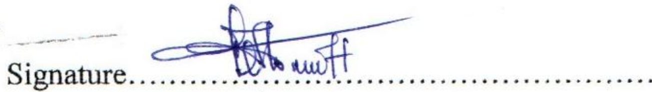
SEPTEMBER, 2011

2013/189160

DECLARATION AND RECOMMENDATION

Declaration

The work presented in this research project report is my original work and has not been submitted in this or any form for the award of Masters Degree in any university.



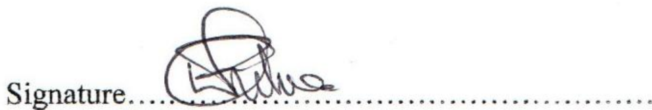
Signature.. Date 20/09/2011.

Tenges Micah Letorian

Reg No EM16/1416/05

Recommendation

This research project report has been submitted for examination with my approval as the university supervisor.



Signature.. Date 20/09/2011.....

Dr. Mrs. Esther Chelule
Department of Psychology, Counseling and Educational Foundations
Egerton University

COPYRIGHT

© 2010

Tenges Micah Letorian

All rights reserved. No part of this document may be used or reproduced in any form or by any means or stored in a database or retrieval system, without prior permission from the author or Egerton University.

DEDICATION

I dedicate this project to Simeon Kapingo who sufficiently provided my academic needs, my mother Nangamugishu Lekiseimon, my dear wife Caroline Naikena and my beloved Children, Caleb Leparin, Cyprian Tobiko and family members for their encouragement and support they gave me in the course of this study. I sincerely thank my close friends and colleagues who have been supportive throughout my period of study.

EGERTON UNIVERSITY LIBRARY

ACKNOWLEDGEMENTS

This project was prepared under the supervision of Dr. Esther Chelule, lecturer in the Department of Psychology, Counseling and Educational Foundation. I am grateful to my colleagues and friends who guided each stage of this work with thoroughness and understanding, patience and encouragement to ensure that all was done well to the end. I also wish to thank Dr. Omulema, who offered very useful and constructive criticisms and suggestions. I have a word of appreciation for each of these people.

I also thank Dr. Micah Chepchieng' Chairman, Department of Psychology, Counseling and Educational Foundations for his invaluable moral support and encouragement. My sincere thanks also go to primary school teachers and the Head teachers in Marigat and Mukutani divisions, who granted me permission to undertake my research and conduct piloting of the research instrument respectively. I also thank teachers and pupils for their participation in the study.

I am also grateful to the Ministry of Education for granting me permission to carry out the study.

ABSTRACT

Female Genital Mutilation (FGM) is a term used to refer to the removal of all or just part of the external parts of the female genitalia. FGM is a cherished ritual in many communities as a rite of passage. The Ilchamus community of Marigat District practices female genital mutilation and once the girls are circumcised they are married off. This is because among the Ilchamus, marriage is the next stage of a girl's development after circumcision. A circumcised girl is viewed and treated as an adult even when they are below 18 years of age. The Ilchamus girls have alarmingly high dropout rates in upper primary school. According to a report by World Vision Kenya, the Mukutani division has dropout rate among girls of 70% (World Vision Kenya. 2006). The main purpose of this study was to determine the effects of FGM on girl child participation in upper primary education among the Ilchamus community of Marigat District. This research hypothesizes that the reason for the gender disparity in education among the Ilchamus is related to the practice of FGM. The target population was 800 female pupils in class (5-8) in primary schools, 5 headmasters and 5 Ilchamus female schoolteachers in charge of girls in respective schools in Marigat and Mukutani Divisions of Marigat District, which were occupied by Ilchamus community. A sample size of 125 girls from class 7 was identified through purposive sampling .Survey research design was used and population of study was drawn through purposive sampling while simple random sampling was used to select respondents. The piloting of the study was done in Mochongoi Division of Marigat District. Data was collected using questionnaires of self-scoring questions. Validity and reliability of the instruments was checked through and the reliability considered after Cronbach coefficient alpha of at 0.756 was attained. Data was analyzed by use of descriptive statistic in form of percentages and frequencies. Statistical Packages for Social Science (SPSS) for windows version 11.5 was used to analyze data. The outcome was that circumcision has influence on girl child's participation in primary education among the Ilchamus community. This study was significant in that the outcome might guide Non-Governmental Organizations (NGOs) such as World Vision International, C.C.F among others, school heads, parents and Government of Kenya in understanding the challenges that circumcision as a rite of passage brings to girl child in terms of participation in formal education. The study will also assist in the fight against FGM practice among the Ilchamus community.

TABLE OF CONTENTS

DECLARATION AND RECOMMENDATION ii
COPYRIGHT iii
DEDICATION iv
ACKNOWLEDGEMENTS v
ABSTRACT vi
TABLE OF CONTENTS vii
LIST OF TABLES x
LIST OF FIGURES xi
LIST OF ABBREVIATION AND ACRONYMS xii
CHAPTER ONE 1
INTRODUCTION 1
1.1 Background Information 1
1.2 Statement of the Problem 4
1.3 Purpose of the Study 5
1.4 Objectives of the Study 5
1.5 Research Questions 5
1.6 Significance of the Study 6
1.7 Scope of the Study 6
1.8 Limitations of the Study 6
1.9 Assumptions of the Study 7
1.10 Definition of Terms 8
CHAPTER TWO 9
LITERATURE REVIEW 9
2.1 Introduction 9
2.2 History of FGM 9
2.3 Types of FGM 9
2.4 Practice of FGM in Kenya 14
2.4.1 Private Sector Participation in the Fight against FGM 15
2.4.2 Policy and Legislation on FGM 16

2.4.3 Prevalence of FGM in Kenya 18
2.5 Analysis of Girl Child's Enrolment in Upper Primary Schools in Mukutani and Marigat Division 19
2.6 The Importance of Guidance and Counseling Programme 19
2.7 Peer Counseling in Primary Schools 22
2.8 Theoretical Framework 23
CHAPTER THREE 26
RESEARCH METHODOLOGY 26
3.1 Introduction 26
3.2 Research Design 26
3.3 Location of Study 26
3.4 Population of the Study 27
3.5 Sample and Sampling Procedures 27
3.6 Research Instruments 28
3.7 Data Collection Procedures 29
3.8. Data Analysis 29
CHAPTER FOUR 30
RESULTS AND DISCUSSION 30
4.1 Presentation and Discussion of Findings 30
4.2 Demographic Characteristics of the Respondents 30
4.3 Reason for FGM among the Pastoral Ilchamus Community of Marigat District 32
4.3.1 Peer Influence makes Girls to be circumcised 33
4.3.2 Circumcised Girls are mature and ready for Marriage 34
4.3.3 Circumcised Girls are more preferred for Marriage than Uncircumcised by Men 34
4.4 Girl Child's Perception on Female Circumcision in Relation to Primary School Participation 35
4.4.1 Girls in Primary School Prefer getting married after Circumcision 36
4.4.2 Circumcised Girls caused Uncircumcised Girls to Drop out of School 36
4.4.3 Teacher's Attitudes towards Circumcised Girls on Primary School Participation 37
4.5. Effect of FGM on Girl Child's Participation in Upper Primary Education 37
4.5.1 Circumcision of Girls lower Girls ambition to further Education 39

4.5.2 Most Girls Don't Desire to go back to School after Circumcision Initiation 39
4.5.3 Poor Performance of Circumcised Girls in Class Makes them Desire drop School 40
4.5.4 Circumcised Girls are Prone to Pregnancies than Uncircumcised 40
4.5.5 Uncircumcised girls perform better in class than those circumcised 40
4.6. Challenges Faced in Stopping FGM among the Pastoral Practices..................................... 41
4.6.2 Fear of Public Ridicule and Mockery 42
4.6.3 Circumcised Girls' Perception on Marriage and Education 42
4.6.4 Lack of role models impact girls' desire to further their education 43
CHAPTER FIVE **44**
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS **44**
5.1. Introduction.. 44
5.2 Summary of the main findings 44
5.3 Conclusions... 45
5.4 Recommendations... 45
5.5 Further Research... 47
REFERENCES **48**
APPENDICES.. **51**
APPENDIX A: QUESTIONNAIRE FOR GIRL PUPILS.. **51**
APPENDIX B: QUESTIONNAIRE FOR LADY TEACHER IN CHARGE OF GIRLS . 55
APPENDIX C: QUESTIONNAIRE FOR HEAD TEACHER... **59**
APPENDIX D: RESEARCH PERMITS **63**
APPENDIX E: STUDY AREA... **64**

LIST OF TABLES

Table 1: Girl Child Enrolment in class (4-8) in 2008, 2009 and 2010 19
Table 2: Girls and teachers sampled in the targeted schools 27
Table 3: Age Distribution of the Respondents 30
Table 4: Guidance and Counseling Training Programme 31
Table 5: Teachers' Guidance and Counseling Experience 32
Table 6: Reasons for FGM among Pastoral Ilchamus Community 33
Table 7: Girl child's Perception on FGM in Relation to the Primary School Participation 36
Table 8: Effects of Circumcision on Girl Child Participation in Primary Education 38
Table 9: Challenges Faced In Stopping the Practice of FGM among the Ilchamus Community..42

LIST OF FIGURES

Figure 1: FGM prevalence rate. Njue and Askew (2004) 2
Figure 2: Practice of FGM in Kenya 18
Figure 3: Influence of Circumcision on Girls Child's Participation in Upper Primary Education....................25

LIST OF ABBREVIATION AND ACRONYMS

AIDS: Acquired Immune Deficiency Syndrome

AIM: African Inland Mission

CCF: Christian Children Fund

EFA: Education for All

FGM: Female Genital Mutilation

FIDA: International Federation of Women Lawyers

FHO: Family Health Option

FPAK: Family Planning Association of Kenya

HIV: Human Immune Deficiency Virus

IAC: Inter-African Committee

ICPD: International Conference on Population and Development

MDG: Millennium Development Goals

MYWO: Maendeleo Ya Wanawake Organization

PATH: Programme for Appropriate Technology in Health

RAH: Rural Health Services

SPSS: Statistical Package for Social Sciences

WVK: World Vision-Kenya

CHAPTER ONE

INTRODUCTION

This chapter discusses the background information about the area of study. It states the statement of the problem, purpose of the study and its objectives. It states the research questions, significance of the study and the scope of the study.

1.1 Background Information

Female Genital mutilation (FGM) is defined jointly by the World Health Organization (WHO), United Nations Children's Fund (UNICEF) and United Nations Population Fund (UNFPA) as an act, which "comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for culture or other non-therapeutic reasons" (WHO, UNICEF, UNFPA, 1997: 3). Female genital mutilation (FGM) also referred to as female circumcision has been practiced for centuries in parts of Africa as one element of a rite of passage (Toubia and Rahman. 2000). The World Health Organization reports that between 100 and 140 million girls and women worldwide, have undergone some form of female circumcision, and about three million girls in Africa are at risk for FGM annually (WHO 2008).

In Kenya, female genital mutilation is practiced widely in most districts in Kenya resulting in as many as 31% of women aged between 15-49 years being circumcised (KDHS 2003). A quantitative survey conducted in 1991 by the Program for Appropriate Technology in Health Kenya (PATH) and Maendeleo ya Wanawake (MYWO) demonstrated that 100% of women who are fifty years and above in the communities practicing FGM were circumcised. Mbiti estimates that over 50% of girls go through FGM (1991). FGM is practiced in about 30 districts of Kenya but the practice rituals differ from district to district. It is widely practiced in districts mainly inhabited by the Kisii (Abagusii), the Maa speaking communities (Maasai, Ilchamus and Samburu), Kalenjin, Meru, Kikuyu, Kamba, and Somali as shown in the figure below. According to the Kenyan demography and health survey (1989) it is prevalent in more than 75% of ethnic groups in Kenya. The practice is gradually declining for in 1998 the national prevalence rate was 38% (KDHS. 1998).This could be due to increased advocacy against it by the anti-FGM advocacy groups.

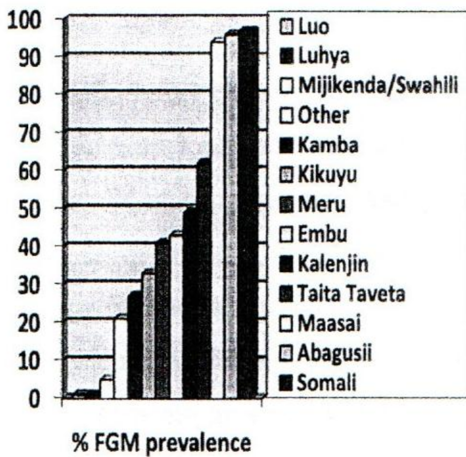


Figure 1: FGM prevalence rate. Njue and Askew (2004)

The types of FGM practiced in Kenya vary from community to community. TheFemale Genital Mutilation (FGM) also referred to as female circumcision has been practiced for centuries in parts of Africa as one element of a rite of passage (Rahman &Toubia 2000).It is primarily a cultural practice, not a religious practice. It involves partial or total removal of female external genitalia. It is practiced by different communities in Kenya for cultural, social and economic reasons (Mbiti, 1969, Orhcadson, 1961, Kenyatta, 1938). It is done as early as infancy to as late as 30 years of age, but girls experience FGM between 4 and 12 years of age among the Ilchamus community of Marigat District. Female circumcision defines reproduction, sexuality, adulthood, womanhood and diverse kinds of identity (Kratz, 1994).

Female Genital Mutilation involves a set of procedures used to remove or cause injury to part or all of the external female genitals. Under the condition in which the procedures take place, it constitutes health hazards with short and long term physical complications as well as psychological effects (WHO, 1996). Due to poverty and lack of medical facilities, the procedure is frequently done under less hygienic conditions and often without anesthetic and by medically untrained personnel. Razor blades, knives or scissors are usually the instruments used (Light Foot Klein, 1991). In cultures where it is an accepted norm, female genital mutilation is practiced

by followers of all religious beliefs as well as animists and non believers (Rahman & Toubia, 2000). The term Female Genital Mutilation (FGM) has been adopted by human right activists to clearly indicate the harm caused by the practice (Rahmann & Toubia, 2000).

FGM is practiced in many parts of the world (WHO, 1996). It continues to be practiced in large regions of Africa, from Red Sea Coast to the shores of the Atlantic. According to conservative estimate, at least 84 million women and girls are currently mutilated in Africa and similar operations are practiced along the Persian Gulf and the southern part of the Arab Peninsula (WHO, 1999). In Indonesia and Malaysia, less forms of female circumcision are practiced by some of the Moslem populations of this region and sporadic occurrences have been registered among other non Moslem groups (WHO 1999) .Historically, efforts at ending FGM go back to the late 1800s when Africa Inland Mission (AIM) began work in Kenya in 1895 and by the year 1914, the Mission was offering systematic teaching on the effects of female circumcision to all patients who came to Kijabe Mission Hospital. As a result, female circumcision became the center of controversy in Kikuyu areas in the 1920s and 30s (Kibor, 1998). By early 1990s, colonial administration and missionaries in the countries of Bukina Faso, Kenya and Sudan attempted to stop the practice by enacting laws and church rules but such actions only succeeded in provoking against a foreign intervention. Later attempts by governments of Sudan and Egypt to pass laws to ban female circumcision in the 1940s and 1950s were also ineffective (Rahmann and Toubia, 2000). Chege, Askew and Liku, 2001 Research findings do suggest, however, that where the church and religious leaders are actively against FGM, a behaviour change is more likely to occur.

In 1958 after great opposition to 1940s and 1950s type of legislation, the British Colonial Government rescinded all the resolutions outlawing FGM on the ground FGM was deeply rooted and an acceptable custom in the affected communities. According to the Ministry of Health National Plan Action for the Elimination of FGM in Kenya 1999 – 2019 (Nairobi June 1999) significant awareness and commitment to fight FGM in all its form have not always translated into viable projects at the local community level. However, several international development agencies are now increasing support and vocalizing their stand on this issue. These efforts were started and have continued to take place without a clear National Policy on FGM; previously

there has been a lack of government policy or legislation on FGM until the enactment of the reformed children act 2000.

The Inter-African Committee (IAC) on traditional practices affecting the Health of women and children (IAC) was formed in 1984 in Dakar, Senegal (Rahman &Toubia, 2000). The 1994 International Conference on Population and Development (ICPD) urged governments to prohibit FGM wherever it exists and to give vigorous support to efforts among NGOs and community organizations and religious institutions to eliminate such practices (UNFPA, 1994). During International Conference on Population and Development in Cairo in 1994 and Fourth World Conference on women in Beijing in 1995, it was agreed that governments should ensure all women access information on the harmful effects of FGM and its effects on education. The Education In addition, the Cairo Declaration recommended that governments should adopt specific legislation addressing FGM (Cairo Declaration, 2003). However, FGM is one of those cultural elements which exhibit enormous resistance to change (Chebet & Dietz, 2000). In spite of over 60 years of FGM discouragements, female circumcision is still going on among the Ilchamus Community. According to WVK (2006) baseline survey report, the FGM prevalence among the Ilchamus stands at 94%.There is also a big disparity between the number of males and females who are graduates. According to records in Marigat DEOs office (2009) there are only ten female graduates in the community as compared to fifty four males. It is against this background that this study is undertaken to evaluate the impact of circumcision on participation of girls in education in primary schools among the Ilchamus community.

1.2 Statement of the Problem

The Government of Kenya has invested heavily in formal education since the introduction of free primary education in 2003.According to a report by World Vision Kenya; the Mukutani Division has a dropout rate of 70% among the girls (World Vision, Kenya 2006). The high prevalence of FGM and the low completion rate of girls in primary schools negate the investments in formal education among the Ilchamus community. There is a high enrolment of both boys and girls in lower primary schools in the community but despite this, there are disparity of completion rate in terms of gender especially in primary level, with the completion rate for the girls being incredibly lower than for boys (Cheboi, 2006). Recent studies in Nigeria and Kenya point to the

fact that differences in gender, age, education, religion and wealth influence FGM abandonment (Kratz, 1999; Snow et al, 2002; Chege et al; 2001; Rosenberg, 2005). The study specifically sought to examine primarily how FGM affects the girl child participation in upper primary education level.

1.3 Purpose of the Study

The purpose of this study was to investigate the effects of FGM on girl child participation in primary education among the Ilchamus community of Marigat District.

1.4 Objectives of the Study

The study will attempt to achieve the following objectives;

i. To identify the reasons for FGM among the pastoral Ilchamus community of Marigat District.
ii. To determine girl child's perception on female circumcision in relation to their participation in upper primary education among the pastoral Ilchamus community of Marigat District.
iii. To determine the effects of FGM on girl child participation in upper primary education among the pastoral Ilchamus community of Marigat District.
iv. To identify challenges faced in stopping the practice of FGM among the pastoral Ilchamus community of Marigat District.
v. To determine the role of G&C in fighting the FGM among the Ilchamus community of Marigat District.

1.5 Research Questions

i. What are the reasons for FGM among the pastoral Ilchamus community of Marigat District?
ii. What is the girl child's perception on FGM in relation to their participation in upper primary education among the pastoral Ilchamus community of Marigat District?
iii. What are the effects of FGM on girl child's participation in upper primary education among the pastoral Ilchamus community of Baringo District?

iv. What are the challenges faced in stopping FGM among the pastoral Ilchamus community of Marigat District?

v. What is role of Guidance & Counseling in stopping the practice of FGM among the pastoral Ilchamus community of Marigat District?

1.6 Significance of the Study

The result of this study is expected to address the challenges that female genital mutilation pose on girl child's participation in upper primary education. The results might also help the teachers, Education Officers, Ministry of Education, school administrators and local leaders to take seriously the fight against female genital mutilation practice and look for strategies that the vice can be stopped. It will also help the policy makers and social planners in making and re-evaluating existing guidelines to help the Ilchamus stop female circumcision as the study examines a number of background variables to better understand of the dynamics of this social phenomenon. Key stakeholders, who might find the results significant in elimination of FGM include Kenya Government, Program for Appropriate Technologies in Health, the United Nations, United Nations Population Fund, Population Fund, Population Council, Maendeleo ya Wanawake Organization, World Vision, Action Aid Kenya WHO, UNICEF and Churches, among others.

1.7 Scope of the Study

The study was conducted in primary schools in Marigat and Mukutani Divisions of Marigat District, Rift Valley Province, Kenya. These divisions were chosen because of the high prevalence of FGM and the area is inhabited by Ilchamus community whom this study targeted.

1.8 Limitations of the Study

There were limitations to this study;

i. Some students did not give true and accurate information.

ii. The unwillingness of respondents to give information especially relating to their culture that are treated as secrets to the community.

iii. Findings of the study may not be generalized, but may be done with caution to other communities in the Division.

1.9 Assumptions of the Study

This study assumed that;

i. The respondents' views will bring out the effects of circumcision on girl child's participation in upper primary education.
ii. FGM is practiced in the area and all girls in upper primary classes have undergone it
iii. FGM affects girl child participation in upper primary education

1.10 Definition of Terms

In this study, the following terms were defined as follows;

Child: Ordinarily, it means a very young person, in this study; uncircumcised women are referred to as children as circumcision is a rite that transforms a child to a respectable woman.

Circumcision: Refers to the complete cutting off or excision of the female genitals as a rite of passage from childhood to adulthood.

Counseling: It is an interactive process co-joining the counselee who is vulnerable and who needs assistance and the counselor who is trained and educated to give assistance the goal of which is to help the counselee learn to deal more effectively with himself and the reality of his or her environment.

Female Genital Mutilation (FGM): Refers to all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs.

Girl Child Participation: Refers to enrolment, retention and completion of primary school education by the girl child.

Girl Child: Refers to the female child enrolled in primary school education.

Ilchamus Community: These are parts of Maa speaking groups of people. They live in shores of Lake Baringo, Marigat and Mukutani Divisions of Baringo District.

Participation: The act of a girl child taking part in educational activities in primary education.

Rite of Passage: Coming of age rituals performed to mark an individual's departure from childhood to adulthood.

Rescue Centers: Places set aside by NGOs for girls seeking refuge from FGM.

School Based Factors: Refers to the factors existing either in primary schools that influence the girls' enrolment, retention and completion at primary school.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter is a summary of scholarly works, anti-FGM program documents including reports, evaluations of conference papers and educational materials reviewed for the purposes of this study. The gap found in literature review was used as a basis to guide in the formulation of questionnaires and interview schedule. It also helped in interpretation of data collected. The chapter also contains the theoretical framework of the study.

2.2 History of FGM

It is believed that FGM originated from Africa (Mbiti 1969, Orccadson 1961 Kenyatta 1938), with the first historical reference to FGM found in the writings of Herodotus, who reported its existence in ancient Egypt in the 5th Century BC. Herodotus was of the opinion that the custom had originated either in Ethiopia or Egypt as Ethiopians as well as Phoenicians and Hittites. Female Circumcision was also practiced by early Romans, in Asia and Middle East (Lightfoot – Klein 1991). As recent as the 1950s it was increasingly practiced in Europe, Australia, Canada and the U.S.A, primarily among immigrants from these countries. In U.S.A FGM was performed to treat hysteria, lesbianism, masturbation and other so called female deviations (Rahman and Toubia, 2000). Among the Christians and Muslims it is done for religious reasons though this is contested by some Muslim leaders (Asmani I. Lethome and Abdi M. Sheikh.2008).

2.3 Types of FGM

The types of FGM practiced in Kenya vary from community to community. There are however three most common types. The predominant types are clitoridectomy which is commonly referred to as type 1 which consists of the removal of part or the entire clitoris. FGM type 2 is called excision which consists of the removal of the clitoris and the inner lips/labia. Infibulation is type 3 and it is the most severe type of FGM (Toubia. 1995). It consists the removal of the clitoris and the adjacent labia (majora and minora) followed by stitching together the scraped sides of the vulva across the vagina. A small opening is kept to allow passage of urine and menstrual blood. It is practiced among the Cushitic tribes namely the Somali, Borana and

Rendile (Njue and Askew. 2004). FGM among the Maa-speaking communities is universal and they practice excision type. With continued advocacy against the practice in the community and the fatal bleedings leading to death, the Ilchamus today are practicing clitoridectomy which used to be associated with elaborate celebrations of ushering the initiates into adulthood. The rituals which involve sacrifices to appease the gods so as to protect the initiate from harm in the form of bleeding, death or diseases has since been less observable because the practice is going underground because of the government's Children's Act enforcement against it.

FGM causes immediate and irreversible long term health risks and complications for girls and women depending on the type of operation, the immediate environment where the operation is carried out, the instruments used, age of the initiate, eye sight and dexterity of the circumciser and the struggle put up by the girl. These complications could either be mental, physical or psychological (WHO, 1996). The immediate complications include extreme pain and shock, possible hemorrhage which may lead to death, infections such as tetanus hepatitis B and HIV virus leading to AIDS, urinary tract infections, damage to other organs (if the child resists too much or if the eyesight of the circumciser is poor) e.g. the urethra or vaginal walls leading to acute or chronic pelvic infections (IRIN. 2005). The long term complications include lack of sensation during sexual intercourse (Toubia and Rahman.2000). Formation of scar tissue which narrows the vaginal opening makes intercourse painful and severe tears occur during child birth because the scars do not stretch. Formation of keloids (very hard scar tissue at the site where the cutting was done) also develop and make the whole genital area permanently sensitive and inelastic. Recurrent infections of the reproductive system and urine tract due to obstructed menstruation and urine respectively are also common.

Different communities in Kenya practice FGM for cultural, social and economic reasons. It is done at varied times in different communities; some perform it at infancy, others at puberty, but most commonly girls experience FGM between 4 and 12 years of age, at a time when they can be made aware of the social role expected of them as women (Toubia 1995: 9) or future wives. The cultural and social reasons for the practice among most groups in Kenya including the Ilchamus are that, it is a rite of passage from childhood to adulthood that gives important recognition of a girl among her peers and community members. It ensures that the girl belongs to

an age-set group which will be her intermarriage group (this is a group (age-set) of the man she will likely be married to hence earn identity from). Circumcision is a gateway to marriage. A girl among the Ilchamus community cannot get married unless she is circumcised. Female circumcision is considered important in preparing girls for responsible married lives. The girl is given training during the seclusion period. The new initiates are coached by the aunties on how to be respectful, responsible wives and daughters-in-law (Mbugua.1997). They are taught "how to prepare food, take care of a home and children, and how to look after their future husbands. Once this period is over, a girl is considered an honorable woman ready to marry" (IRIN: 2005. 22). The family receives a dowry when the girl is married off. Among the Ilchamus the family receives cows and this also gives prestige to the father of the girl. FGM especially among the Somali community is done for Muslim religious reasons though this is contested by some Muslim leaders (Asmani I. Lethome and Abdi M. Sheikh.2008). It was also done to ensure that the girls avoid promiscuity. This they ensure by practicing infibulations type of FGM which involves the narrowing of the vaginal opening through stitching which "creates a barrier to penetration and reduces sensitivity so as to reduce the girl's interest in premarital sex" (Gruenbaum. 2005:436). FGM is thought to control sexual desires of girls and women thereby preserving chastity (Oxfam GB.1998). This ensures that the girl remains marriageable and fetches a large bride price since she is expected to be a virgin at the time of her circumcision and marriage. The Ilchamus believe that pregnancy before circumcision and marriage is a taboo which comes with curses and for this reason parents purify their daughters by having them circumcised. In this case the parents will not suffer shame when their daughters become pregnant before marriage because they have been cleansed.

FGM additionally is a traditional practice which has been carried over from one generation to the next for the community's identity purposes. The Ilchamus say that it makes a distinct community from the neighboring Tugen and Turkana communities which do not practice FGM. It is also believed to play a hygienic purpose since women/girls who have not undergone FGM are believed to be dirty and smelly and their blood is described as impure. Another reason is the belief that the clitoris will harm the baby during childbirth or it will grow long and dangle like a man's penis, making a woman sexually unattractive.

Circumcision is performed with no anesthesia for it was meant also to ensure that the initiate is brave enough. Those who cry during circumcision will face consequences in the future like not being respected. The operation is done by the traditional female practitioners who are usually given a token of appreciation which differs from community to community. The practitioners among the Ilchamus are given some money and local brew. In Tanzania the circumcisers also earn money from the practice, and this is cited as a factor for the continuation of FGM (Boyle, Songora and Foss. 2001).The Ilchamus community circumcise the girls when they have developed secondary features like breasts. They are circumcised and married off after a few days. Perhaps this was so that to ensure that the girl does not indulge in promiscuity since she is regarded as an "adult" after circumcision by the *Morans*.

Although FGM has been going on for a long time, it has recently attracted a lot of attention as a public health issue within the context of Reproductive Health. WHO (2006, 2000); Morison, et al. (2001); Toubia (1993) observed that FGM is a social problem that causes grave damage to women. The complications of FGM are both immediate and long term and vary according to the type and severity of the procedure used. The immediate complications include hemorrhage, infection, pain, fistulae, urine retention, stress and shock, and damage to urethra or anus. The long term problems include: sexual dysfunctions, increased risk of hemorrhage, difficulty in menstruation and delivery, infertility secondary due to infection, and often psychological and psychiatric morbidity.

At the international level, FGM is viewed as a violation of human rights against women and the girl child. There are various international and regional conventions aimed at eliminating the practice. Many western countries have even enacted laws prohibiting FGM. However, the laws have been limited by inability to prohibit children being taken out of the countries for circumcision (UNICEF, 2005; Olenja & Kamau, 2001). In Kenya, there is no specific law criminalizing FGM. But recently, piecemeal legislations such as the Children Act (2001) and Sexual Offences Act (2006) seek to address FGM as a human right violation. Advocates against FGM have expressed concern that criminalization might make the practice go underground and greatly inhibit elimination process. According to them, the answer to FGM eradication lies not in condemnation but appreciation, not in activism but advocacy, not in legislation but

understanding, not in public pronouncement but education and not in emotion but pragmatism (National Focal Point Newsletter, 2001). FGM has proven to be an enduring tradition that is difficult to overcome given the deeply held cultural and sometimes political significance. A significant difficulty lies in the fact that FGM, as an identifying feature of indigenous culture, is intimately associated with the endogamous potential of young women. As a result of this, anti-"circumcision" activists increasingly recognize that to end FGM, it is necessary to work closely with concerned local communities.

Given the difficulties in eradication of FGM, the government of Kenya through the Ministry of Health in 1999 developed a National Plan of Action for the "Elimination of Female Genital Mutilation in Kenya". The essence was to accelerate the elimination of FGM in order to improve the health, quality of life and well being of women and the girl child. MOH/GTZ developed a pilot project in two districts – Transmara (2000) and Koibatek (2001). The Plan of Action indicates that FGM was practiced in 49 out of the 64 districts, and there were three common types including clitoridectomy, excision and infibulations. Excision was the most common while infibulations was the least. The KDHS (2003) estimated that 32 % of women aged 15–49 years had undergone FGM compared to 38 % in 1998, with differences across ethnic groups ranging between 12 % (among the Miji Kenda) and 97 % (among the Kisiis). The practice was almost non-existent among the Luhyas and Luos where it had declined from 4 % to less than 1 %.

In support of the efforts by the government, civil society organizations have been in the forefront in advocating for elimination of FGM through creating partnerships and working relationships with the local communities. One such organization is Action aid International Kenya (AAIK) which endeavors to systematically effect changes by understanding the process of FGM, factors influencing it, its consequences and the best alternative intervention strategies. Due to the entrenchment of FGM among the pastoral communities, AAIK sought to establish the formative and stimulus variables around the practice of FGM in Tangulbei, East-Pokot District, Kenya. The study was designed to provide information to characterize the practice of FGM in the area and help come up with effective intervention strategies.

2.4 Practice of FGM in Kenya

Content analysis through document reviews and personal communications with relevant government officials revealed that the government of Kenya had for a long period of time shown efforts towards elimination of FGM. The government had been a signatory to various international and regional conventions aimed at upholding rights of women and children. It had also domesticated these conventions through enactment of legislations such as Children Act (2001) and Sexual Offences Act (2006). This was in addition to various presidential and even ministerial pronouncements and decrees aimed at eliminating the practice of FGM by the three government regimes.

However, despite the fact that efforts towards elimination of FGM in the country dated as far back to the pre-colonial days, there had been little success(UNFPA: 1994). The government had failed to adequately consolidate all its efforts under a specific sectored policy and programme that could tackle female circumcision head on. Little had been done in terms of creation of structures that could operationalize some of the legislations that seem to take care of the rights of the women and children. During the International Conference on Population and Development in Cairo in 1994 and the Fourth World Conference on women in Beijing in 1995, it was agreed that governments should ensure all women access to information on the harmful effects of FGM and its effects on education. In addition, the Cairo Declaration recommended that governments should adopt specific legislation addressing FGM (Cairo Declaration, 2003). Despite the fact that the laws have provisions under which individuals can be prosecuted for conducting FGM, very few prosecutions have taken place under these laws. Anti-FGM advocacy among the Ilchamus is being done by nongovernmental organizations, government and churches but the practice is still going on. Perhaps more advocacy needs to be done or strategies being changed.

In realization of the disjointed and uncoordinated efforts to fight against FGM, the government in 1999 initiated a process of consolidating all efforts towards fighting FGM through the establishment of a National Plan of Action for the "Elimination of Female Genital Mutilation in Kenya" (1999-2019). The essence of the plan of action was to accelerate the elimination of FGM in order to improve the health, quality of life and well being of women, girls, families and communities in the country. It also aimed at increasing the number of "communities supporting

the elimination of FGM," as well as the number of health facilities providing support services to victims. But up to now, there is no specific law criminalizing FGM. An attempt to legislate such a law against FGM in the country through a parliamentary motion was defeated in November, 1996.

The legislative efforts such as Children Act (2001) had not adequately helped in eradication of FGM in communities. Various policy pronouncements by the government had only served to make the practice go underground and this could greatly inhibit elimination process (Yount, 2002). While the law was seen as useful in ensuring greater leverage in persuading communities to abandon the practice, it could also drive the practice underground. Therefore as we push for legislation, the more appropriate approach would be where communities, out of their own volition see the need of ending FGM. Strategies, policies and programmes are to rely more on persuasion rather than force or coercion. The more urgent task is to educate and address FGM issues with the aim of encouraging abandonment rather than using the law to punish the offenders. Government is required to work with other agencies to create an environment where women could freely abandon the practices.

2.4.1 Private Sector Participation in the Fight against FGM

In realization of the inabilities by the government to address FGM, the civil society organizations, religious bodies and private organizations had been in the forefront in advocating for elimination of the practice through partnerships and creating of working relationships with the local communities. These bodies had adopted various approaches of working with the affected communities after realizing the difficulties involved in legislation. The most prominent organizations that were involved in the fight against FGM were: Tangulbei Catholic Mission, AIC and World Vision. These organizations were involved in creating awareness about the consequences of FGM, the need to stop it, rescuing of girls forced to undergo the practice, and even advocating for alternative rites of passage. In some cases, the traditional practitioners, especially the circumcisers, were trained on alternative income generating activities to depending on female circumcision.

The activities of these organizations had basically targeted the entire community especially community leaders, parents and girls. The organizations had realized some successes including: increased level of awareness and openness to talk about FGM; increased number of girls attending schools; and increased participation of the local community in the campaign against the practice. However, the main challenges facing these organizations included their limited scope defined by scarce resources, resistant and lack of cooperation by the local communities, and lack of adequate collaboration and sharing of resources among stakeholders involved, especially the government.

2.4.2 Policy and Legislation on FGM

Efforts to eradicate FGM in Kenya can be traced as far back as pre-independence Kenya. During this period, anti-FGM activities were mainly conducted in central Kenya pioneered by the colonial government and Christian missionaries (Kenyatta 1938). Between 1926 and 1956, the colonial government enacted various legislations seeking to ameliorate the practice by reducing the severity of the cut by defining age of circumcision among other regulations (light Foot Klein 1991). In 1958 after great opposition to this type of legislation the colonial government responded by outlawing FGM on the ground though FGM was deeply rooted and an acceptable custom in the affected communities, it was unhealthy. During the past decade, different countries including Kenya, International development agencies, United Nations, international and national women organizations, professional associations condemned the FGM practice. The outcome of the international conference held in Cairo, Egypt documented FGM as harmful tradition practice-affecting women and designated the importance of concerted efforts to eliminate the practice (Cairo Declaration, 2003).

In 1990, in Jomtein Thailand an international commitment was launched to achieve Education For All (EFA). In response to slow progress over the decade, the commitment was reaffirmed in Dakar, Senegal in April 2000, when 189 countries and their partners adopted two of the EFA goals among the eight Millennium Development Goals (MDGS) set by the UN in a summit 2000 in New York, USA. The six EFA goals are as follows;

i. Expand and improve comprehensive early childhood care and education, especially for the vulnerable and disadvantaged children.

ii. Ensure that by 2015 al children, particularly girls, those in difficult circumstances and those belonging to ethnic minorities, have access to and complete, free and compulsory primary education of good quality.
iii. Ensure that the learning needs of all young people and adults are met through equitable access to appropriate earning and life-skills programs.
iv. Achieve a 50 per cent improvement in levels of adult literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults.
v. Eliminate gender disparities in primary and secondary education by 2015, and achieve gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality.
vi. Improve all aspects of the quality of education and ensure excellence of all so that recognized and measurable learning outcomes are achieved by all, especially in literacy, innumeracy and essential life skills.

The gender gap in education is narrowing but still at a disadvantage when it comes to access and completion of schooling at both the primary and secondary levels (Global Monitoring Report 2006). Improved access to education has helped increase girls' enrolments at both the primary and secondary levels, particularly in low-income countries in sub-Saharan Africa and South Asia. However, many countries are at risk of not achieving the education gender parity goal by 2015 (Global Monitoring Report, 2006). According to the report 24 countries are not likely to achieve the gender parity, neither at the primary nor at the secondary level, 13 of these in Sub-Saharan Africa due to lack of commitments by these countries.

According to the Ministry of Health National plan of Action for the elimination of FGM in Kenya (Nairobi June 1999), significant awareness and commitment to fight FGM in all its forms have not always translated into tangible projects at the local community level due to low funding. However several international development agencies are now increasing financial support and vocalizing their stand on this issue as it has impact on education. Most FGM eradication activities in Kenya have been shouldered by various Non Governmental Organizations (NGOs) such as Maendeleo ya Wanawake Organization (MYWO) Program for Appropriate Technology in Health (PATH) Rural Health Services (RHS), Family Health Option (FHO) International

Federation of Women Lawyers (FIDA), Kenya Chapter, Girl Child Network, save the children Canada among others. They carry out advocacy campaigns against FGM, girls' enrolment in schools and pushed the Government to enact legislations against FGM.

2.4.3 Prevalence of FGM in Kenya

In Kenya, female genital mutilation is practiced widely in most districts in Kenya resulting in as many as 31% of women aged between 15-49 years being circumcised (KDHS 2003). A quantitative survey conducted in 1991 by the Program for Appropriate Technology in Health Kenya (PATH) and Maendeleo ya Wanawake (MYWO) demonstrated that 100% of women who are fifty years and above in the communities practicing FGM were circumcised. Mbiti estimates that over 50% of girls go through FGM (Mbiti, 1991). FGM is widely practiced in districts mainly inhabited by the Kisii, the Maa speaking communities, Kalenjin, Meru, Kikuyu, kamba, and Somali. It is practiced in about 30 districts of Kenya but the practice rituals differ from district to district. According to the Kenyan Demography and Health survey (1989) it was found out that FGM is widespread in Kenya and is prevalent in most ethnic groups with more than 75% of ethnic groups.

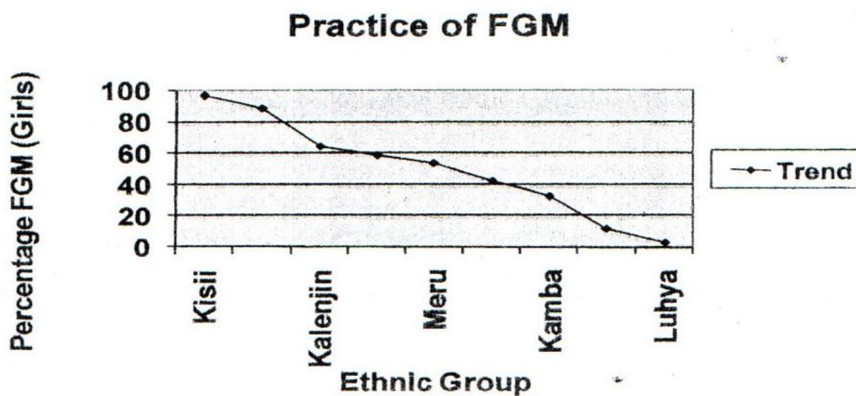


Figure 2: Practice of FGM in Kenya

Source: Save the Children; Canada, (2001)

A quantitative survey conducted in 1991 by the Program for Appropriate Technology in Health Kenya (PATH) and Maendeleo ya Wanawake (MYWO) demonstrated that while FGM is still widespread. The survey found that while 100% of women who are fifty years and above in these communities were circumcised and only 78% of teenage girls in these communities have gone through FGM.

2.5 Analysis of Girl Child's Enrolment in Upper Primary Schools in Mukutani and Marigat Division

Table 1: Girl Child Enrolment in class (4-8) in 2008, 2009 and 2010

	YEAR		
Schools	**2008**	**2009**	**2010**
Ng'ambo	221	198	182
Mukutani	129	92	88
Sokotei	144	124	106
Eldume	210	178	157
Kiserian	184	154	168
TOTAL	**888**	**746**	**701**

Source: *Ministry of Education – DEOs Office Marigat, 2010*

Figures in the above table, shows a sample of five primary schools' girl child's enrolment in upper primary schools in Mukutani and Marigat divisions of Baringo District. There has been a reduction of 187 pupils in girl child enrolment in Mukutani and Marigat Divisions in Marigat District. This is attributed to high prevalence of female genital mutilation, which eventually leads girls to drop out of schools to get married.

2.6 The Importance of Guidance and Counseling Programme

Sindabi (1992) defines guidance as a process that consists of a group of services to individuals to assist them in securing the knowledge and skills needed in making adequate choices, plans and interpretations essential to satisfactory adjustment in a variety of areas. These services are designed to result in efficiency in areas, which require the individual make adjustments in order to be an effective member of the society. Furthermore, Sindabi and Omulema (2000) purports that the trend in guidance now is towards recognizing both emotional and physical factors involved in an individual's well being in his vocational adjustments and that guidance must help him to overcome emotional difficulties which hamper him or her.

Mutie and Ndambuki (1999) outlines that the significance of guidance and counseling in schools is to help in the total development of the student learning, help the student make adjustments to the situations in schools and at home, minimize the mismatch between education and employment and assist in the efficient use of labor and to help in minimizing the incidence of students indiscipline. From the time of independence in 1963, Kenyan education has evolved through a series of changes and prior to independence, guidance and counseling in Kenya was stressed on.

Counseling is the process of helping an individual discover and develop his or her educational, vocational and psychological potentialities and thereby to achieve optimal level of personal happiness and social usefulness (Sindabi and Omulema 2000). The concept of counseling is essentially democratic in that the assumptions underlying its theory and practice which are that each individual has the right to shape his own destiny, the relatively mature and experienced members of the community are responsible for ensuring that each person's choice shall serve both his own interest and those of the society to which he or she belongs (Sindabi 1992). These objectives are complementary rather than conflicting. The function of a counselor is to brief the individual toward those opportunities afforded by his or her environment that can best guarantee the fulfillment of his or her personal needs and aspirations Sindabi (1992).

It has always been assumed by the society that the need for guidance and counseling is manifested more in the adolescent stage than in the childhood stage of life (Macomber, 1972). The general argument put forward for this, is that, children are too young to make personal choices and so they are advised and directed by the older people. However, those working and living with children especially teachers and parents know that children undergo several challenges and problems that need guidance and counseling so as to enable them to cope (Geldard & Geldard, 2003). The Koech Report (2001) observes that cases such as those of learners infected or affected by HIV/AIDS require professional guidance and counseling services not only for themselves but also for their families. Ondiek (1998) in his work on curriculum development emphasized that Kenya's education curriculum must address the learners' needs, interests, problems and abilities. Hence there is need to establish guidance and counseling

programme in primary school to address the needs of the students so as to enhance their adjustment to the immediate environmental forces that affect their growth and learning.

Guidance and counseling was used to address many issues of concern that emerged in African traditional society (Ndambuki and Mutie, 1984). Such issues include conflicts over boundaries, suicidal cases, grief, adolescent problems (Kiriswa, 2002). Before the present changes came about life in African Traditional Society (ATS), was governed by rituals, ceremonies and taboos (KIE, 1984). This ensured that the youths were prepared socially, psychologically, emotionally, physically and religiously to enable them become dependable members of the society (Mugambi, 1984). This means that counseling is not an alien phenomena in African Traditional Society as many stress generating situations were solved before they bogged down an individual (Kiriswa, 2002). Kiriswa (2002) further states that there are many mechanisms that are employed to deal with these problems. The modalities used in counseling process included riddles, proverbs, stories and taboos (Mugambi, 1984). This process would enable people to acquire socially acceptable values as a guide to behavior and discipline. Mbiti (1969) purports that one of the sources of severe strain for Africans exposed to modern cultural, socio-economic and political change is the increasing process (through education, urbanization and industrialization) by which individuals become detached from their traditional environment. Thus guidance and counseling programme for schools is not a luxury but priority (Sindabi and Omulema 2000).

Sindabi (1992) reveals that the Kenyan society is just awakening to huge social, educational and vocational problems due to life changes Makinde (1994), further reports that the government policies have hindered the necessity of planning, starting and full implementation of guidance and counseling programmes in the learning institutions. The Wangai Task Force Report (2001) emphasized on the importance of guidance and counseling in schools. Thus every secondary school has to have guidance and counseling programme (Koech Report, 1999).

Growth and development of a child and later settlement in a career require the services of guidance and counseling programmes (Makinde, 1984). The process of growth and development of a student through education and choosing of a satisfying career should not be left to chance or unqualified staff for guidance and counseling, which they may be lacking in depth. Every

EGERTON UNIVERSITY LIBRARY

institution of learning ought to have at least one, professional guidance and counseling teacher either on a full time basis or part time basis. Thus, guidance and counseling should be an integral part of school organization if educational process has to achieve a wholesome dimension of shaping a quality student population.

2.7 Peer Counseling in Primary Schools

Lotomia and Sikolia (2002) reveal that peer or group counseling involves handling individuals who could be of the same age or status. They have the same feeling and can truly confide in each other. In a school or learning institutions peer or group counseling can be carried on; class basis, club basis, house–dormitory or hostel arrangements and religious movement such as Christian Union (C.U.) and Young Christian Society (Y.C.S) thus a peer group deals with people who have a lot of influence on each other.

According to Kochlar (1994) peer counseling refers to counseling which is carried out among equals. In a school setting, it may be counseling between age mates, classmates, or friends. It focuses on someone (counselor) from whom one student /client can seek help from when faced with a problem. The American School counselor purports peer counseling as variety of interpersonal helping behaviors assumed by non-professional, who undertake a helping relationship in a group leadership, discussion leadership and advertisement, tutoring and all activities of an interpersonal human helping or assisting nature (Fuhrmann, 1986).

Dworetzky (1981) indicates that peers are people of equal age. Nonetheless, children often have playmates who are three or four years older than they are. Psychologists therefore consider children who are interacting at about the same behavioral level to be peers, regardless of age. He further argues that peer(s) are other children who are similar to a child in age. They include the child's best friends, although some children have best friends who are older or younger than they are. In the typical age-grade school, children's classmates also belong in the category of peer(s).

Mamarcher (1981) states that peer counselors fall under the general rubric of Para-professionals without extended professional training who is selected from the group to be served, trained and given ongoing supervision to perform some key function generally, performed by a professional.

Mutie and Ndambuki (1999) indicate that peers are people of the same age, rank, status or ability. Hence they are friends or age-mates, who learn, compare ideas and do things together.

It should be pointed out that not all individuals can be peer counselors (Lutomia and Sikolia, 1999). They further argue that a peer counselor always has to be prepared to understand the group he or she is dealing with, since he/she is always an interested party in the kind of problem, his/her peers may be facing. Thus, a peer counselor should be: empathetic toward other people's problems and able to maintain confidentiality, able to share personal experiences, creative in helping the counselee look for solutions and trusting or trustworthy (Wamalwa, 1978).

2.8 Theoretical Framework

Albert Bandura's Social Learning Theory states that social behavior is learnt mainly through observation and the mental processing of information. This is a process in which an individual learns a behavior by observing others (models) perform it. Bandura's theory puts emphasis on observation, modeling and observational rehearsal. Specifically, social learning theories posits that modeling and behavioral rehearsal result in increased positive outcome expectancies, increased self efficacy, and increased probability of receiving reinforcement for initial behavioral changes (Bandura, 1977).

Health related behavioral programmes based on social learning theory generally target four interactive determinants of behavior. First, behavior change requires accurate information to increase awareness and knowledge of risks. Second, preventive behavior change requires skills and self- efficacy, or the building of skills and development of self efficacy. Third, individuals must possess social and self-management skills to allow for effective action implementation. Fourth, and critical to success, behavior change involves creating social support and positive reinforcements for change (Bandura, 1977).

Awareness rising on effects of FGM will bring about change in the Ilchamus pattern of thought and life if the social learning procedures are followed. Efforts to fight FGM may eventually gain much ground if those affected, after their awareness is raised on effects of FGM, gets the skills

and determination to stand their ground and say no to FGM. This will allow for effective action implementation. When social support and positive reinforcements for change are created, eventually, the fight against FGM will be achieved. Graduates will no longer be regarded as "children" as an uncircumcised girl is not regarded as a person in the eyes of the Ilchamus society as she has not been to the house of the "mature ones" (Kibor, 2007).

Factors which affect perceptions of FGM need be examined and understood for greater gains in fight against FGM. Yoder *et al* (2004) note that support for elimination efforts depends on the demographic variables of age, level of education, and region or province. Many reports also show differentials by education, ethnicity and religion. However, they caution that desegregation by level of education is not helpful and can actually be misleading because circumcision nearly always takes place before a woman's education is completed, and often before it commences (Yoder *et al.*, 2004).

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 more positive attitudes towards abandoning the practice than other groups (Chege *et al.*, 2001). This study aimed at determining influence of Genital Mutilation on girl child's participation in primary education. Figure 2 is a summary of variables that interact in formation of the influence of FGM on participation in education as explained in the theoretical framework.

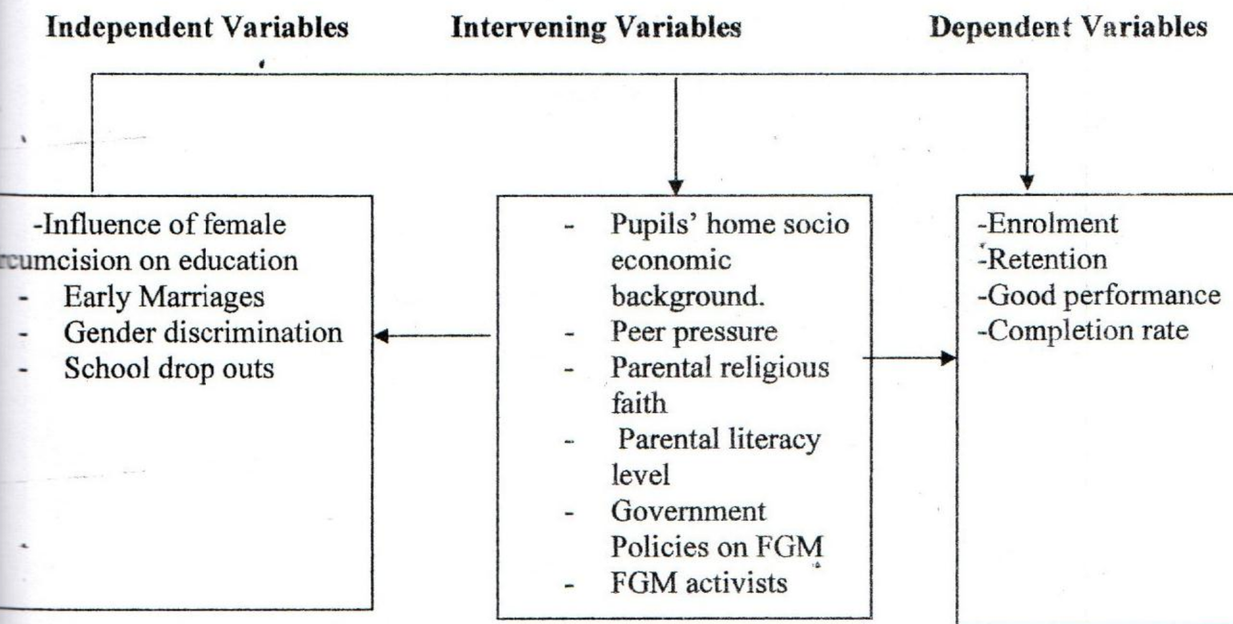


Figure 3: Influence of Circumcision on Girls Child's Participation in Upper Primary Education

The independent variable of this study is the influence of female circumcision; early marriages, gender discrimination and school drop outs, which may have a direct effect on the dependent variable, which is the girl child's participation in upper primary education. Female circumcision may become a hindrance to the girl child's participation in upper primary education. On the other hand however, observation and modeling may determine the girls' perception of female circumcision thus affecting girl child's participation in upper primary education. The intervening variables of this study are; pupils' home socio economic background, peer pressure, parental religious faith, Government policies, FGM Activists and parental literacy level. The extraneous variables too may have a direct effect on the girl child's participation in upper primary education. Absolute control of these extraneous variables is not possible.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter provides a description of the procedures followed in conducting this study. Specifically it focuses on the research design, location of the study, population of the study, sampling procedure and sample size, instrumentation, data collection procedure and data analysis. It outlined the various procedures that were used in the study.

3.2 Research Design

This study adopted an *ex post facto* research design. This is a research design, which looks into events that had already occurred and therefore cannot be manipulated by the researcher. *Ex post facto* research design is a method of teasing out antecedents of events that have happened and cannot be engineered or manipulated by the researchers. This design was particularly suitable in social, educational and psychological contexts where the independent variable or variables lie outside the researcher's control. They are better conceived not as experiments but as surveys (Cohen & Manion, 1992). It sought to determine and report the way things are. This includes the conditions existing, relationships and opinions held processes going on, trends developing among others (Best & Kahn in Onyango, 2000). It aimed at getting a true picture of the situation, behavior or attitude of individuals and community at large. In context of this study, the design described the extent at which circumcision influenced the girl child's participation in upper primary education among the Ilchamus community of Baringo District.

3.3 Location of Study

This study was carried out in Marigat and Mukutani Divisions of Marigat District, which has a total of thirty primary schools. The five primary schools purposively chosen for the study are Kiserian, Eldume, Sokotei, Ng'ambo and Mukutani Primary Schools. This was because the schools are located in the remotest parts of the District and has purely Ilchamus pupils and also that is where female circumcision is highly practiced. This makes the five schools suitable.

3.4 Population of the Study

The study targeted five primary schools, which were selected from Mukutani and Marigat Divisions through purposive sampling. This sampling technique is preferred because it allows the researcher to use cases that have the required information with respect to the objectives of the study (Mugenda & Mugenda 1999). The respondents included 800 female pupils in upper primary schools, 5 lady teachers in charge of girls and 5 head teachers. The head teachers are important inclusion because in Uganda, they were enlisted in fight against FGM and it led to success in reducing FGM (UNFPA, 1998).The lady teachers and girls are the ones who directly experience FGM and their perception is crucial in the fight against FGM.

3.5 Sample and Sampling Procedures

The researcher used the purposive sampling to draw girl pupils in schools from the Ilchamus community under the area of study. This technique was preferred because it allowed the researchers to use cases that had the required information with are expected to meet the objectives of his/her study (Mugenda & Mugenda, 1999). The researcher purposively selected class seven girl pupils because they are among the senior pupils in the schools and also it is at this age bracket (8-14 yrs) that most girl pupils undergo female circumcision.

The 125 class seven girls from the selected five primary schools were chosen through purposive sampling to give the needed sample size. The researcher sought the opinions of 5 primary school head teachers, and 5 female teachers in charge of girls and the selected 125 class seven girls on the influence of circumcision on girl child participation in upper primary education

Table 2: Girls and teachers sampled in the targeted schools

Schools	Head Teachers	Female Teachers	Female Pupils	Total
Ng'ambo	1	1	25	27
Mukutani	1	1	27	29
Sokotei	1	1	20	22
Eldume	1	1	30	32
Kiserian	1	1	23	25
TOTAL	5	5	125	135

3.6 Research Instruments

The research data was collected using three sets of questionnaires. There were questionnaires for girls, female teachers in charge of girls and head teachers of primary schools (Appendices A, B and C) which were used to collect information from the respondents. Each instrument targeted specific information from the respondents. The girl pupils' questionnaire sought to obtain information on the influence, girl child's perception, impacts and solutions of the problems of circumcision on girl child's participation in upper primary education and shared the same set of five response categories of the likert type scale (Mugenda and Mugenda, 1999).

The Likert type scale comprised of five (5) response categories; strongly agree (SA), Agree (A), Neutral (N), Disagree (D) and Strongly Disagree (SD). The female teachers in charge of girls questionnaires sought to obtain information on the influence, girl child's perception, impacts and solutions to the impacts of circumcision on girl child's participation in upper primary education and shared the same set of five response categories of the likert type scale which comprised of five (5) response categories; Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D) and Strongly Disagree (SD). The head teachers' questionnaire sought to obtain information on the influence, girl child's perception, impacts and solutions of the problematic impacts of circumcision on girl child's participation in upper primary education and shared the same set of five response categories of the likert type scale which comprised of five (5) response categories; Strongly Agree (SA), Agree (A), Neutral (N), Disagree (D) and Strongly Disagree (SD). The use of questionnaires was preferred because it was easy to be understood, time saving and allowed for the collection of data from a larger group of people as in the case of this study.

Piloting of the questionnaires was done in Mochongoi Division of Marigat District to provide the required information in the pretest and establish the time taken to administer the instruments to make necessary modifications and adjustments on questionnaires before data collection in the field. Mugenda and Mugenda (1999) noted that the number of cases in the pretest should not be very large since normally the pretest sample is between 1% and 10% depending on the sample size. The reliability coefficient was estimated by computing Cronbach's Coefficient Alpha. The coefficient alpha was found to be 0.756. The questionnaire items were considered reliable if they

yield a reliability coefficient of at least 0.70 (Ebel and Freisbie, 1991). The questionnaires were also be subjected to scrutiny by the researcher and supervisors for validation of the items and to ensure that the items were logical and adequate to collect the desired information.

3.7 Data Collection Procedures

When the permit to carry out the research had been granted by the university and District Education Office, the researcher proceeded to the field for data collection. The researcher made appointments with respective heads of primary schools. On the agreed dates the researcher visited the respective respondents and collected data using the questionnaires. The questionnaires were administered in person by the researcher to the respondents and they expected to respond to the items and hand in to the researcher.

3.8. Data Analysis

Data collected from the questionnaires was analyzed by use of descriptive statistics. The descriptive statistics included percentages and frequencies. Statistical Package for Social Science (SPSS) window Version 11.5 was employed to analyze the data. According to Borg (1989), SPSS is the commonly used set of computer programme in education research. It is a comprehensive, integrated collection of computer programmes for managing, analyzing and displaying data.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Presentation and Discussion of Findings

This chapter consists of the study respondents presentation and discussion. To facilitate analysis, this section was reported in two sections. The first section describes the demographic characteristic of the respondents and the second section presents the findings.

4.2 Demographic Characteristics of the Respondents

The sample of the study consisted of 135 female pupils, 5 female teachers and 5 head teachers

Table 3: Age Distribution of the Respondents

AGE (YRS)	FREQUENCIES	PERCENTAGE
12- 18	73	69%
26 - 36	21	20%
37 – 47	9	8%
48- 55	3	3%
TOTAL	**106**	**100**

The age of the respondents ranged from 12 – 55 years. There were extreme cases in age disparity caused by pupils who came back to school having been married or impregnated. Free Primary School Policy also contributed to admission of older pupils to school. Female and head teachers' ages ranged from 26-55 years. The sample study area had few female teachers compared to male. Majority of female pupils never finished their primary education studies because of the early marriages and pregnancies. Also some pupils dropped out of school due to lack of role models and money for meeting basic needs. According to Derrick (1997) an estimated 86% of the economic life of the Ilchamus is derived from livestock. He further observed that because bride price still plays an important role in the Ilchamus community obligatory, Livestock is a major source of employment and a source of income for the Ilchamus.

The Kenya National Development Plan 2002-2008 (in Republic of Kenya, 2001) notes that, low levels of education attainment by women coupled with retrogressive Socio-cultural practices have resulted in low participation and representation of women in decision- making positions and lack of access to economic opportunities. This way low participation in education by girls is determined by their enrolment, retention and completion in the respective cycles of education. The girls' participation in secondary school education is influenced among others by economic and social factors (Onyango, 2000).

Table 4: Guidance and Counseling Training Programme

Guidance and counseling	Frequency	Percentage
Undergoing training	4	40%
Never trained	6	60%
Total	**10**	**100%**

The research sought to establish whether female teachers in charge of girls had undergone any guidance and counseling workshop or seminar formal training, 10 respondents were required to give their opinion. The respondents 40% indicated that they have already undergone training while 60% of the respondents indicated that they have not undergone any formal guidance and counseling training. This implied that majority of female teachers entrusted with the girls' child education affairs didn't have formal guidance and counseling training. Girl child pupils could not benefit from guidance and counseling services because of lack of trained teacher counselors. Mutie and Ndambuki (1999) outlines that the significance of guidance and counseling in schools is to help in the total development of the student learning, help the student make adjustments to the situations in schools and at home, minimize the mismatch between education and employment and assist in the efficient use of labor and to help in minimizing the incidence of students indiscipline. This concurs with Mutie and Ndambuki (1999) findings which outlined the significance of Guidance and Counseling in helping in the total development of student learning help student adjustment to situations in school and at home. Hence there is need to establish guidance and counseling programme in primary schools to address the psychosocial needs of the students so as to enhance their adjustment to the immediate environmental forces that affect their growth and learning.

Table 5: Teachers' Guidance and Counseling Experience

Time	Frequency	Percentage
1 year	4	40%
2 years	2	20%
3 years	1	10%
4 years	1	10%
5 years	2	20%
Total	10	100%

The table 6 gave responses which indicated teachers' experiences in guidance and counseling programme. Out of 10 respondents, 60% teachers had an experience of less than 2 years, this implied that such teachers were not well versed with guidance and counseling principles and hence they could do little as far as offering guidance and counseling services was concerned. Those respondents who had 3 – 5 years experience in guidance and counseling were 40%. It also implied that very few pupils received guidance and counseling assistance from teachers. This relates to Mbugua's findings on sex education for girls which revealed that little experience in guidance and counseling for teachers hinders them from providing meaningful guidance to their adolescent girls (2007).Lack of training by teachers on this area needs to be addressed.

4.3 Reason for FGM among the Pastoral Ilchamus Community of Marigat District

The objective one of the study sought to find out reasons for FGM among the pastoral Ilchamus community of Marigat District. The study sought to establish some compelling forces that made girls prefer to undergo circumcision. The reason for the girl child to undergo FGM emanated from girls, peer pressure and communal expectations. The study confirmed that the FGM is still highly practiced with the prevalence rate of 94% (World Vision 2006) .This study findings concurs KDHS 2003 findings which stated that Female genital mutilation is practiced widely in most districts in Kenya resulting in as many as 34% of women aged between 15-49 years being circumcised (KDHS 2003). A quantitative survey conducted in 1991 by the Program for Appropriate Technology in Health Kenya (PATH) and Maendeleo ya Wanawake (MYWO) demonstrated that 100% of women who are fifty years and above in the communities practicing FGM were circumcised. The Ilchamus community is organized socially through age-sets which

come about as a result of circumcision. The community practices circumcision as a rite of passage to adulthood and a cultural identity for both boys and girls (Kulet, 2008). The circumcised boys become *morans* and they for an age-set or age-group. The girls circumcised and married to this age-set automatically become members of that age-set.

One hundred and six respondents were required to indicate their opinion on reasons for FGM among the Ilchamus community of Marigat District. The respondents gave their opinions by rating each item on a five point Likert type scale as follows: a rating value of 5 indicated with the statement Strongly Agree with the statement, 4 indicated Agreement, 3 indicated Not Sure about the statement, 2 indicated Disagreement and 1 indicated Strong Disagreement with the statement. Opinion on strongly agree and agree and strongly disagree and disagree were put together respectively for easier data presentation. The data analysis involved getting percentage response score for each. One hundred and nine respondents gave their opinion on reasons for FGM among the pastoral Ilchamus community of Marigat District.

Table 6: Reasons for FGM among Pastoral Ilchamus Community

STATEMENT	SA/A	NS	D/SD
1. Peer influence makes girls to be circumcised	79 % (86)	2% (2)	19%(18)
2. Circumcised girls are mature and ready for marriage	61% (62)	6%(6)	32%(35)
3. Circumcised girls are more preferred by boys than uncircumcised.	73% (76)	5% (5)	22%(23)

4.3.1 Peer Influence makes Girls to be circumcised

From table 7 above, the respondents gave their responses which indicated their opinion towards girl child's participation in primary education. The girls were required to indicate whether they generally agreed or disagreed to the fact that peers influenced girls to be circumcised. The result was that 79% of the girls generally agreed with the statement with the 19% generally disagreed and 2% were undecided. This implies that peers influenced greatly the Ilchamus girls to undergo FGM. It was also implied that most girls initiate FGM amongst themselves. This confirms

Krimer's (2003) observation that outside pressures and interventions only strengthen people's determination to protect their special traditions, like FGM. The results of this study may help the implementers to be more cautious when addressing issues about FGM as the girls themselves are pushing themselves into the practice.

4.3.2 Circumcised Girls are mature and ready for Marriage

Girl's responses on whether circumcision makes and prepares girls ready for marriages, were that 61% generally agreed to the statement 32% disagreed and 6% were undecided about the statement. Majority of the respondents indicated that circumcision makes girls to mature preparing them for marriage. Once girls have been circumcised, they are declared ready to be married. It is also the Ilchamus community's custom that young men should marry girls who have undergone FGM and have became mature 'women'. In Kenya over 50% of girls, go through FGM (Mbiti 2000). Few respondents disagreed with the statement because of the fact that circumcising girls of below 10 years do not make them mature. Changwony (1999) observed in a study on the role of women in Keiyo traditional religious rites that married women who do not know their duties are promptly returned to their parents for training, which is a shame to the parents. In an FGM society, a girl cannot be considered to be an adult until she has undergone this procedure.

4.3.3 Circumcised Girls are more preferred for Marriage than Uncircumcised by Men

The study also sought to establish whether circumcised girls are preferred for marriage by men. Majority of the respondents, 73% agreed with the statement, 22% disagreed while 5% were undecided. The majority of the respondents indicated that all girls who wish to get married should get circumcised. Any man who marries uncircumcised girl was also deemed as cursed. However few girls indicated that some men preferred uncircumcised girls for marriage. This implies that majority of Ilchamus girls still undergoes FGM as a rite of passage for them to get married. Female genital mutilation (FGM) also referred to as female circumcision has been practiced for centuries in parts of Africa as one element of a rite of passage (Rahman &Toubia 2000). FGM is practiced by different communities for cultural, social and economic reasons. It is done at varied times in different communities some do at infancy, others at puberty, but most commonly girls experience FGM between 4 and 12 years of age, at a time when they can be

made aware of the social role expected of them as women (Toubia 1993: 9) or wives to be. The Ilchamus community circumcises the girls when they have developed secondary features like breast. They practice the excision type of FGM. They are circumcised and married off after a few days.

4.4 Girl Child's Perception on Female Circumcision in Relation to Primary School Participation

The objective two of the study sought to find out the girl child's perception on female circumcision in relationship to primary school participation. The perception determines girls' attitude on primary school participation. If they had positive attitude about primary school's participation, they would work hard and continue with their studies and if they had negative attitude girls could terminate their studies by dropping out of school. One hundred and six respondents were required to indicate their opinion on the perception on female circumcision in relation to their primary school participation. The respondents gave their opinions by rating each item on a five point Likert type scale as follows: a rating value of 5 indicated with the statement Strongly Agree with the statement, 4 indicated Agreement, 3 indicated Not Sure about the statement, 2 indicated Disagreement and 1 indicated Strong Disagreement with the statement. Opinion on strongly agree and agree and strongly disagree and disagree were put together respectively for easier data presentation. The data analysis involved getting percentage response score for each. One hundred and nine girls gave their opinion on their perception female circumcision in relation to girls' primary school participation as shown by the table 7

Table 7: Girl child's Perception on FGM in Relation to the Primary School Participation

STATEMENT	AS/A	N	SD/D
1. Girl in upper primary prefer marriage after circumcision	65%(69)	5%(5)	30%(29)
2. Uncircumcised girls drop out of school due to fear from circumcised ones	76%(81)	3%(3)	21%(22)
3. Teachers' attitude towards circumcised girls makes them dropout	60% (6)	10%(1)	30%(3)

4.4.1 Girls in Primary School Prefer getting married after Circumcision

From table 8, girls gave their responses which indicated their opinions towards getting married after circumcision. The result was that 65% of the girls agreed with the statement, while 30% generally disagreed and 5% were undecided. This implies that 65% of the girls would wish to get married immediately they are circumcised and drop out of school. Some girls were undecided because they had not been circumcised and so they were not influenced by other. Other girls disagreed that circumcised girls would prefer marriage at the expense of education. This implies that some girls would accept to be circumcised but would continue with their primary education. Mutie and Ndambuki (1999) outlines that the significance of guidance and counseling in schools is to help in the total development of the student learning, help the student make adjustments to the situations in schools and at home, minimize the mismatch between education and employment and assist in the efficient use of labor and to help in minimizing the incidence of students indiscipline.

4.4.2 Circumcised Girls caused Uncircumcised Girls to Drop out of School

This objective sought to find out whether ridicules from circumcised girls to uncircumcised girls contributed to primary school dropout, 76% agreed to the statement, 21% of the girls disagreed and 3% were undecided if ridiculing of uncircumcised girl could contribute to primary school dropout. Majority of the respondents agreed that after girls have undergone circumcision they perceive themselves as grownups, culturally uncircumcised girls are perceived as 'children' and are not supposed to talk before the circumcised girls. According to a local NGO's survey, the girls' school dropout rate is the highest in the divisions covered by the Ilchamus community,

where the dropout rate stands at 70% (World Vision Kenya, 2006).Finke notes that girls subjected to FGM tend to adopt a subservient attitude towards male teachers and boys in their age group(2006;16).The girls do not question much about their counterparts say or demands since their new role of wives and mothers-to-be is already determined and it is a matter of time before they fulfill the roles and status in the community.

4.4.3 Teacher's Attitudes towards Circumcised Girls on Primary School Participation

Primary school teachers were required to give opinion regarding their attitudes towards circumcised girls on primary school participation. Primary school teachers' responses were that 60% indicated with agreement that teacher's negative attitude towards circumcised girls made them drop out of school, 10% were undecided about the statement and 30% indicated that circumcised girls continued well with their primary school education. Majority of the circumcised girls never completed their primary school education. This implied that they dropped school after undergoing FGM. Studies conducted in Somalia and Sudan indicated that FGM have negative effects on the girl self-esteem and self-identity (Toubia&Rahman, 2008).Girls with low self esteem may not perform well in class or stand against the sexual harassment from boys .She will instead look for any excuse to be out of school.

4.5. Effect of FGM on Girl Child's Participation in Upper Primary Education

The objective three of the study sought to find out the impact of FGM on girl child education participation among pastoral Ilchamus community of Marigat District in Kenya. FGM causes immediate and irreversible long term health risks and complications for girls and women depending on the type of operation, the immediate environment where the operation is carried out, the instruments used, age of the initiate, eye sight and dexterity of the circumciser and the struggle put up by the girl. These complications could either be mental, physical or psychological (WHO, 1996). The immediate complications include extreme pain and shock, Hemorrhage, Infections such as tetanus hepatitis B and HIV virus leading to AIDS, urinary tract infections, damage to other organs e.g. the urethra or vaginal walls leading to acute or chronic pelvic infections. The long term complications include lack of sensation during sexual intercourse, formation of scar tissue which narrows the vaginal opening hence painful menstruation and intercourse, severe tears during child birth because the scars do not stretch, formation of keloids -

very hard scar tissue at the site where the cutting was done making the whole genital area permanently insensitive and inelastic. Recurrent infections of the reproductive system and urine tract due to obstructed menstruation and urine respectively are also common.

One hundred and nine respondents were required to indicate their opinion on the effect of female circumcision in relation to their primary school participation. The respondents gave their opinions by rating each item on a five point Likert type scale as follows: a rating value of 5 indicated with the statement Strongly Agree with the statement, 4 indicated Agreement, 3 indicated Not Sure about the statement, 2 indicated Disagreement and 1 indicated Strong Disagreement with the statement. Opinion on strongly agree and agree and strongly disagree and disagree were put together respectively for easier data presentation. The data analysis involved getting percentage response score for each. One hundred and nine girls gave their opinion on their perception female circumcision in relation to girls' primary school participation as shown by the table 8.

Table 8: Effects of Circumcision on Girl Child Participation in Primary Education

STATEMENT	SA/A	NS	D/SD
1. Circumcision lowers girls ambition to further their education	63% (67)	4%(5)	33%(34)
2. Most girls don't desire to go back to school after the circumcision.	55 %(59)	15% (7)	30%(40)
3. Poor performance of circumcised girls in class makes them desire to be out of school.	57 %(59)	-	43%(49)
4. Circumcised girls are prone to pregnancies than uncircumcised girls in school	96 %(103)	-	4%(3)
5. Uncircumcised girls perform better in class than those who have undergone the FGM	72 %(76)		28 %(30)

4.5.1 Circumcision of Girls lower Girls ambition to further Education

Respondents were required to give their opinion about the statement that the circumcision of girls lowers ambition to further their education. Those who generally agreed with the statement were 63% the respondents who were neutral were 4% and those who disagreed with the statement were 33%. Majority of the respondents indicated that after circumcision girls became less ambitious in education than those who had not been circumcised. The boys will not befriend uncircumcised girls and that is why they perform better than circumcised ones. FGM has impeded the government's efforts to raise the literacy levels of the women in the Ilchamus community. Despite the huge investments by the government on the formal education and the embracement of the free formal primary and secondary school education by this community, there is still a notable imbalance in girl child's participation in upper primary school education. According to a local NGO's survey, the girls' school dropout rate is the highest in the divisions covered by the Ilchamus community, where the dropout rate stands at 70% (World Vision Kenya. 2006).This implied that the circumcision for girls has a great effect on the girl's education.

4.5.2 Most Girls Don't Desire to go back to School after Circumcision Initiation

The girl respondents were required to give opinion on whether most girls don't desire to go back to school after circumcision initiation. 55% girl respondents agreed with the statement, 15% were neutral about the statement and 30% of the girl respondents disagreed with the statement that most girls never dropped out of school after circumcision ceremony. Most girls after undergoing Female Genital Mutilation they don't desire to go back to school because they are perceived by the Ilchamus community to be adult who are ready to get married. The circumcised girls were entrusted with a lot of household chores which denies them to have enough time for schooling and this leads to school truancy. Immediately girls undergo FGM at an average age of 11-15 years they are married off. This makes girls to drop out school. Of the respondents, 78% indicated that several benefits such as increasing girls' school participation, women safe delivery, lowering HIV and AIDS infection and increasing marriage age will be attained if FGM is eradicated (World Vision, 2006).

4.5.3 Poor Performance of Circumcised Girls in Class Makes them Desire drop School

The objective sought to find out whether poor performance of girls in class makes them desire to be out of school, 57% out of 106 girls agreed to the statement while 43% to the statement. Girl's performance in class divided or deteriorated after undergoing circumcision .this was contributed by the girls school truancy due to a lot household chores entrusted to girls (Changwony, 2000). Girls also start losing focus in education because of early marriages. Significance of guidance and counseling in schools is to help in the total development of the student learning, help the student make adjustments to the situations in schools and at home, minimize the mismatch between education and employment and assist in the efficient use of labor and to help in minimizing the incidence of students indiscipline.(Mutie and Ndambuki, 1999). According to UNICEF (2003), the girls primary school completion rates lag way behind at 76% compared with 85% for boys. In general, girls are more disadvantaged in the arid districts, the urban slums and marginal rural areas where majority of the poor population are found (Abagi, 1997; Wamahiu, 1995; Odago and Heneveld, 1995).

4.5.4·Circumcised Girls are Prone to Pregnancies than Uncircumcised

On whether circumcised girls are prone to pregnancies than those uncircumcised, and then 96% of 106 respondents agreed while 4% disagree with the statement. This implies that after the girls are circumcised, it marks the onset of sexual indulgencies. Also most of the circumcised girls are considered mature by the Ilchamus community. The girls are approached by the morans (circumcised men) and easily give in as the community has no restriction on them as they are considered adults and nothing wrong if they befriend men. JICA/MOARD (2000) noted that the tendency of gender disparity in education was more evident among Il-chamus community. The community has only 5 female university graduates in 2009 compared to over 40 male graduates.

4.5.5 Uncircumcised girls perform better in class than those circumcised

The girls' respondents were required to give their opinion on whether an uncircumcised girl performs better in class than those circumcised. Out of 125 respondents, 72% of the girls agreed while 28% disagreed with the statement. This implies that circumcised girls lose concentration in their studies due to low esteem hence poor performance. In many communities, circumcision is performed as a rite of passage from childhood to adulthood during which time the girl is

equipped with skills for handling marriage, husband and children (Rahman & Toubia, 2000). The girls who are circumcised are viewed as adults and undergo constant harassment by young men who are looking for marriage partners. For example; circumcision transforms the Marakwet girl into a woman, eligible for marriage. The terminology which the Marakwets use reflects this process. A young girl is *chepto* (girl), then she becomes *chemeryan* (girl during initiation period) and then *Murar* or *cheros* (marriageable girl). A mark that distinguished Marakwet women from "children" (the uncircumcised) was *siman* (a special earring). All circumcised women from the oldest to the youngest wore this earring (Kibor, 1998).The same is reflected among the Ilchamus as name keep changing depending on the age of the girl.

4.6. Challenges Faced in Stopping FGM among the Pastoral Practices

The forth objective of the study sought to establish challenges faced in stopping the practice of FGM among the Ilchamus community of Marigat District. There has been a big struggle to eradicate FGM as it's against human rights of girl child. The study was conducted on one hundred and six girl children on challenges experienced during eradication of FGM. Sometimes FGM is done secretly by the elderly women at early mornings. One hundred and twenty five respondents were required to indicate their opinion on challenges faced in stopping the practice of FGM among the pastoral community of Ilchamus community in Marigat District. The respondents gave their opinions by rating each item on a five point Likert type scale as follows: a rating value of 5 indicated with the statement Strongly Agree with the statement, 4 indicated Agreement, 3 indicated Not Sure about the statement, 2 indicated disagreement and 1 indicated Strong Disagreement with the statement. Opinion on strongly agree and agree and strongly disagree and disagree were put together respectively for easier data presentation. The data analysis involved getting percentage response score for each. One hundred and twenty five girls gave their opinion on challenges faced in stopping the practice of FGM among the pastoral community of Ilchamus community in Marigat District as shown by the table 9.

Table 9: Challenges Faced In Stopping the Practice of FGM among the Ilchamus Community

STATEMENT	SA/A	NS	D/SD
1. Fear to be ridiculed and mockery	76% (81)	3% (3)	21%(22)
2. Circumcised girls perceive marriage more important than education	90%(76)	-	10%(10)
3. Lack of role models lowers girls desire to further their education	80%(85)	-	20%(21)

4.6.2 Fear of Public Ridicule and Mockery

On whether fear of public ridicule and mockery causes girls to undergo FGM, one hundred girls were required to give opinion. The girls who agreed to the statements were 76% while 21% generally disagreed and 2% of the girls were not decided about the statement. This implies that most girls in Ilchamus community undergo FGM because of public demand on cultural status. It's believed that girls who don't undergo FGM are "incomplete" and regarded as 'children'. Those who fail to undergo FGM are barred from addressing community public gathering, don't command respect in the society and also regarded as a curse in the community. Few girls disagreed that failure to undergo FGM led to public ridicule and mockery. This is because of the argument that girls were to respect because of their discipline and behavior. Female Genital Mutilation (FGM) is a girl's rite of passage into adulthood that is practiced by many communities in different parts of Kenya. According to Makabila(2005), FGM is rampant in West Pokot and other North –Rift districts and over the years it has led to a high dropout rate among girls who end up in abusive and loveless marriages (Daily Nation, 2004). World Bank (1984) observed that medical and anthropological research demonstrates that in much of the developing world, especially in Asia, girls are less well cared for and less nourished than boys.

4.6.3 Circumcised Girls' Perception on Marriage and Education

The respondents were required to indicate their perception on marriage and education. On whether circumcised girls perceived marriage more important than education, 90% of the respondents indicated that girls preferred to get married than to continue with their education while 10% indicated that circumcised girls perceived education more important than marriage.

Once the girls had been circumcised they are perceived as adult and ready to be married off. During the FGM ceremonies Ilchamus community members regards FGM as cultural passage of life and girls undergo FGM to get community respect and honor. Girl's participation in education has been and continues to be a thorny issue daunting education system in most developing countries. South Africa, Namibia, Mauritius, Botswana and Swaziland, presented gross enrolment ration of 50% and more in 1992, amounted to less than 30% of the corresponding age population according to national population structure in most of the countries in Sub-Sahara Africa (UNESCO, 1995). According to UNICEF (2003), the girls primary school completion rates lag way behind boys at 76% compared with 85%. In general, girls are more disadvantaged in the arid districts, the urban slums and marginal rural areas where majority of the poor population are found (Abagi, 1997; Wamahiu, 1995; Odago and Heneveld, 1995).

4.6.4 Lack of role models impact girls' desire to further their education

Girls responses on whether lack of role models in the Ilchamus contributed to girls' poor school participation. The girls' respondents 80% agreed with the statement while 20% disagreed with the statement .This is because girls in Ilchamus community lacked female teachers to encourage them. Only 10 ladies have excelled in their education level up to university as compared to 54 males. This gender imbalance is common in all communities in the country. Consequently, gender imbalance in education remains a major challenge to the Kenyan government. The Kenya National Development Plan 2002-2008 (in Republic of Kenya, 2001) notes that, low levels of education attainment by women coupled with retrogressive Scio-cultural practices have resulted in low participation and representation of women in decision- making positions and lack of access to economic opportunities. This way low participation in education by girls is determined by their enrolment, retention and completion in the respective cycles of education. The girls' participation in secondary school education is influenced among others by economic and social factors (Onyango, 2000). According to Michura (2001) the expansion of national growth and development is associated with both higher levels of female education and a lower disparity in the proportion of males and female in schools and that the motivation of women is essential as they are major players in household economic production. Although education is viewed as one of the basic ways of empowering the population, women continue to lag seriously behind (UNICEF, 1988).

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

This chapter presents the main findings of the study and conclusions drawn from the results of the study. Recommendations have been made for Ilchamus community.

5.2 Summary of the main findings

The following are the major findings of the study:

i) FGM is highly valued among the pastoral Ilchamus community. The value assigned to FGM makes all the girls develop a desire for circumcision because failure to be circumcised, they may not get married in future. The parents, guardians, peer groups and husbands do exert pressure for girls to undergo FGM.

ii) FGM is practiced in readiness for girl's marriage, cultural passage of life, get Respect and honor, reduce sexual urge among women and participate in Ritual roles. Any women who is not circumcised is regarded as a child and is not supposed to lead or partake ritual ceremony

iii) Girls perform well in lower classes in primary school. However the performance deteriorates as they move towards standard 8. The poor performance is known to be contributed by FGM rites. After girls undergo FGM, they treat themselves as adults who are ready to be married after FGM. This perception contributes to girls to drop out of schools or become indiscipline while in school. Circumcised girls are also known to develop low self esteem. Uncircumcised girls had steady academic performance and most of them finish their primary education.

iv) The Ilchamus community has put some norms to regulate FGM. Girls who refuse to be circumcised are treated as outcast and some are chased away from their families. Some girls are threatened with parental curse that failure to be circumcised they will not bear children. There is also fear of contracting HIV and an AIDS which leads

some girls resists FGM. Some Ilchamus members who are Christians have stopped FGM due to their Christian faith.

v) The government through schools and provincial administration has implemented policies regarding eradication of FGM. The school use guidance and counseling programme and Anti-FGM clubs to educate girls on the impacts of FGM. Non governmental bodies such as world vision, Action AID and Christian Children Fund (C.C.F) sensitize Ilchamus community on the impact of FGM. The NGOs have also constructed Rescue Centers to assist girls who are disowned by their families whenever they refuse to be circumcised.

5.3 Conclusions

The following conclusions from the study were drawn based on the research questions.

i) FGM has communal rules among the pastoral Ilchamus community of Kenya and it is widely practiced. The Christian's teachings and NGOs Campaigns have made FGM prevalence to start deteriorating.

ii) FGM practice affects girl child education by contributing to; school dropout, early pregnancies, early marriages and polygamy. FGM also leads to infection of HIV and AIDS during circumcision.

iii) Christianity and fear to contract HIV and AIDS has led to reduction in the practice of FGM.

iv) The Governments of Kenya and NGOs such as World Vision and Action Aid have implemented policies against FGM.

5.4 Recommendations

Researcher makes the following recommendation based on research findings:

i. Stern measures should be put in place to countercheck FGM practices. Big courts fines and term jails should be enacted in the law for those who still practices FGM. This will deter those who still wish to subject their girls to this rite of passage.

ii. Government of Kenya and NGOs should participate on women empowerment in the Ilchamus community. Once empowered, the women will be in a position to advocate for the rights of their daughters. They will be in frontline in fight against FGM and also ensure they enroll in school in expected age thus be knowledgeable enough to fight for their rights and say NO to FGM.

iii. In order to maximize girl's child school participation and attendance, FGM practice should be abolished. Those girls who drop out of schools due to early pregnancies should be reinstated to school. The government and other stakeholders should take the campaigns against FGM seriously, however the whole exercise should be taken with caution as it will likely receive great resistance from the community who value the FGM as their cultural practice. The community should be encouraged to adhere to the provisions of child rights as contained in children ACTS2001.

iv. Primary schools should be strengthening guidance and counseling Anti-FGM and Advocacy and Affirmative clubs to carry out campaign against FGM. The ministry of education should put in place a mechanism that ensures that the capacity of teachers in Guidance and Counseling is enhanced and there is constant training in this area. This will fill the gap left by the parents who by cultural inhibitions do not discuss any sexual matters with their children. The advocacy clubs in schools need to be strengthen and school administrators need to recognize those teachers in charge of this clubs in form of internal appointments as this will act as incentives to the teachers.

v. Rescue Centers should also be constructed to assists girls who are disowned by their parents or families for refusing to undergo FGM practice. These centers will offer a refuge to these girls and make them to continue with their education. The rescue centers will also increase the completion rate of girls in primary schools.

5.5 Further Research

There is need for further research on the psychological effects of FGM on the girls. It should comprise the effects before and after undergoing FGM. This will bring better understanding on how FGM affects the girls psychologically and how this affects their academic performance. It would also be interesting to research on the effect that FGM and male circumcision would have on the boys' education. Do they also drop out of school because they are adults or to head their families as they made the girls pregnant?

REFERENCES

Best and Khan (1993): *Research in Education;* Boston: - Edward Arnold

Black, R. T. (1993). Evaluating Social Science Research: Introduction, London: Sage Publication Ltd

Blakeley and Hunt B. (1985): *Sociological Interpretation of Education*: London and New York, Rowel Edge

Blaugh M. (1970): *An Introduction to Economies of Education;* London: Allyn ad Bacon

Common Wealth Education Fund (2004): *Reform Agenda for Education,* Sector Reform in Kenya, Nairobi.

Delworth, U. and M. Moore (1974). *Helper plus trainer; personnel and avoidance* journal 52(6); 428-433.

Derrick J. T. (1978): *Human Resources and Characteristics*-Kenya, Nairobi

Gikonyo, D, K and Sharma, M.L. (1979). *Sex Education for Schools in Africa*-Family Planning, Family Health, New Age Publishers

Government of Kenya (1964). *Report of the Kenya education commission* (ominde report). Nairobi: Government printers.

Government of Kenya (1976), *Report of the National Committee on Educational Objective and Policies* (Gachathi report) Nairobi, Government printers.

Government of Kenya (1999), *School Management.* Jomo Kenyatta Foundation.

Government of Kenya (2002): Siaya District PRSP Consultative Report for the period 2001 – 4, Nairobi, Government Printers. (2010): *Poverty Eradication Common,* Nairobi Government Printer.

Government of Kenya. (1988) .*Report of the Presidential working Party on Education and Manpower Training for the Next Decade and Beyond* ,Nairobi government printers.

Hyde, K.A.L. (1995); *Priority Research Themes of Female Education in Africa*, Nairobi Academy Science Publishers.

JiCA/MOARD (2000): *The Study on the Integrated Rural Development* – Project in the Siaya Area (Republic of Kenya) Nairobi, Siaya Consultant Inc.

K.I.E (1990) *Secondary Population and Family Life education Pupils Book for Form 2*, Nairobi, Kenya, Kenya Literature Bureau.

Koech D.K (1996); *An Investigation of the causes and trend of school dropout in Secondary School in Kericho District from 1992 – 199*. (Unpublished M.Ed thesis) Egerton University.

Lutomia, G,A and Sikolia L.W. (1999-2002), *Guidance and counsellor in schools,* Published by Uzima press Nairobi.

Mamarcher, H.L (1981). Peer counsellor Cleaving House on counsellor and personnel services.

Moi D.F (1986); *Kenyan African National Nyayo Philosophy and Principles,* London and Basingstoke Macmillan Publishers.

Odega and Hereveld (1995): *Girls and Education in Sub-Saharan Africa;* from analysis to actions, Washington D.C, World Bank.

Onyango N. (2000); *Factors that influence Girls Primary School Participation;* the case of Nginyingi and Marigat Division Baringo District (Unpublished M.Ed Thesis), Kenyatta University, Nairobi.

Republic of Kenya (2003): *Education Sector Review*: what has been achieved and what remains to be done 27 – 29th Nov 2003 conference, KICC Nairobi, Kenya (Unpublished) 2002; *Baringo District Development Plan 2002 – 2008* Nairobi, Government Printers 2001; the 1998/1999 *Child Labour Report,* Nairobi, Government Printers.

Sindabi A.M (1992), *An analysis of guidance and counselling programme in selected school.* Unpublished doctoral thesis in education, university of falls church Virginia USA.

Todaro M.P (1992): *Economic for Developing World Second Education,* Essex, Longman Group ·Ltd.

UNCEF (2003); *The State of the World Children* 2004 Nairobi, UNICEF. (1989): The State of the World's Children 1988, Oxford University Press.

United Nations (2002): *The United Nations Common Assessment for Kenya*-2001 Nairobi, United Nations.

APPENDICES

APPENDIX A: QUESTIONNAIRE FOR GIRL PUPILS

Dear respondent,

My name is **Micah Tenges**; Iam a postgraduate student at Egerton University, pursuing a Master of Education degree in Guidance and counselling. I'm in the process of conducting a research on **"Impact of Circumcision on Girl Child's Participation in Primary School Education: A Case Study of the Ilchamus Community in Baringo District, Kenya"** The study will provide information and recommendations for strategic intervention policies that will be communicated to Ministry of Youth Affairs and Ministry of Education.

Your responses will be treated as **confidential.** Therefore, **DO NOT** write your names on any part of questionnaire.

Thank you

Pupil's Response Scale

Direction: Please tick (√) the best description for the influence of circumcision on participation of girl child primary education among the Ilchamus Community.

The responses are as follows:-

SA	Strongly Agree
A	Agree
N	Neutral
DA	Disagree
SDA	Strongly Disagree

SECTION A

1. Circumcision of girls lowers the ambitions of girls to further their education

   SA ☐ A ☐ N ☐ DA ☐ SDA ☐

2. Most girls do not desire to go back to school after the circumcision

   SA ☐ A ☐ N ☐ DA ☐ SDA ☐

3. Poor participation of circumcised girls in class makes them desire to be out of school

   SA ☐ A ☐ N ☐ DA ☐ SDA ☐

4. Girls in upper primary schools who are circumcised prefer to be married off than remain in class

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

5. Peer influence makes the girls desire to be circumcised.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

6. The fear of being laughed at by circumcised girls in class by those who are not makes them drop out of school

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

7. The community expectations after circumcision makes the girls perform poorly in class

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

8. Lack of role models lowers girls desire to further their education

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

9. Added responsibility at home after circumcision makes the girls perform poorly in school

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

SECTION B

10. Fear of not getting husbands if they continue with education after circumcision makes them drop out of school.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

11. The attitude that teachers have toward circumcised girls makes them drop out of school.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

12. The sense of pride after circumcision makes the girls not to concentrate in their class work

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

13. Circumcised girls are taken to be mature and ready for marriage

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

14. Circumcised girls are more preferred by boys than uncircumcised

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

15. Circumcised girls do not finish the primary cycle of education

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

16. Circumcised girls make little contribution during the lessons

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

17. Uncircumcised girls perform better in class than those who have undergone the ritual

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

SECTION C

18. Circumcised girls are more mature to handle personal issues in school

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

19. Circumcised girls perceive marriage more important than education

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

20. Circumcised girls do no proceed far in their education

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

21. Circumcised girls are more prone to pregnancies than uncircumcised girls in school

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

22. Circumcised girls seclude themselves from other girls

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

23. Circumcised girls decision making in school

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

24. Circumcised girls are more prone to HIV/AIDS infection

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

SECTION B

25. Girl-child circumcision should be eradicated.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

26. NGOs should educate girls on their rights.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

27. Guidance and Counseling Programmes assist circumcised girls to go through their education in primary school.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

28. Community need to be sensitized on impacts of girl-child circumcision on education.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

29. Early marriages as a result of circumcision should be discouraged.

SA [ ] A [ ] N [ ] DA [ ] SDA [ ]

30. Girl should be educated on impacts of circumcision in their education lives.

SA [ ] A [ ] N [ ] DA [ ] SDA [ ]

31. Circumcision is the main cause of girl-child drop outs in primary schools.

SA [ ] A [ ] N [ ] DA [ ] SDA [ ]

30. More rescue centers should be established to take care of run-away girls

SA [ ] A [ ] N [ ] DA [ ] SDA [ ]

APPENDIX B: QUESTIONNAIRE FOR LADY TEACHER IN CHARGE OF GIRLS

Dear respondent,

My name is **Micah Tenges**; Iam a postgraduate student at Egerton University, pursuing a Master of Education degree in Guidance and counselling. I'm in the process of conducting a research on **"Impact of Circumcision on Girl Child's Participation in Primary School Education: A Case Study of the Ilchamus Community in Baringo District, Kenya"** The study will provide information and recommendations for strategic intervention policies that will be communicated to Ministry of Youth Affairs and Ministry of Education.

Your responses will be treated as **confidential**. Therefore, **DO NOT** write your names on any part of questionnaire.

Thank you

SECTION A

1. Age 25 and below ☐ 26-36 ☐ 37-47 ☐ 48 -58 ☐

2. Have you been trained in guidance and counseling?

Yes ☐ No ☐

4. How long have you been in charge of girls?

1 years ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years and above ☐

5. Have you attended any of the following training in guidance and counseling and how many times have you attended?

	Yes	No
In-service		
Seminar		
Workshop/symposium		
Conferences		

Female Teacher's Response Scale

Direction: Please tick (√) the best description for the influence of circumcision on participation of girl child primary education among the Ilchamus Community.

The responses are as follows:-

SA	Strongly Agree
A	Agree
N	Neutral
DA	Disagree
SDA	Strongly Disagree

SECTION B

6. Circumcision of girls lowers the ambitions of girls to further their education

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

7. Most girls do not desire to go back to school after the circumcision

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

8. Poor participation of circumcised girls in class makes them desire to be out of school

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

9. Girls in upper primary schools who are circumcised prefer to be married off than remain in class

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

10. Peer influence makes the girls desire to be circumcised.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

11. The fear of being laughed at by circumcised girls in class by those who are not makes them drop out of school

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

12. The community expectations after circumcision makes the girls perform poorly in class

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

13. Lack of role models lowers girls desire to further their education

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

14. Added responsibility at home after circumcision makes the girls perform poorly in school

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

SECTION C

15. Fear of not getting husbands if they continue with education after circumcision makes them drop out of school.
    SA ☐ A☐ N☐ DA☐ SDA☐
16. The attitude that teachers have toward circumcised girls makes them drop out of school.
    SA ☐ A☐ N☐ DA☐ SDA☐
17. The sense of pride after circumcision makes the girls not to concentrate in their class work
    SA ☐ A☐ N☐ DA☐ SDA☐
18. Circumcised girls are taken to be mature and ready for marriage
    SA ☐ A☐ N☐ DA☐ SDA☐
19. Circumcised girls are more preferred by boys than uncircumcised
    SA ☐ A☐ N☐ DA☐ SDA☐
20. Circumcised girls do not finish the primary cycle of education
    SA ☐ A☐ N☐ DA☐ SDA☐
21. Circumcised girls make little contribution during the lessons
    SA ☐ A☐ N☐ DA☐ SDA☐
22. Uncircumcised girls perform better in class than those who have undergone the ritual
    SA ☐ A☐ N☐ DA☐ SDA☐

SECTION D

23. Circumcised girls are more mature to handle personal issues in school
    SA ☐ A☐ N☐ DA☐ SDA☐
24. Circumcised girls perceive marriage more important than education
    SA ☐ A☐ N☐ DA☐ SDA☐
25. Circumcised girls do no proceed far in their education
    SA ☐ A☐ N☐ DA☐ SDA☐
26. Circumcised girls are more prone to pregnancies than uncircumcised girls in school.
    SA ☐ A☐ N☐ DA☐ SDA☐
27. Circumcised girls seclude themselves from other girls
    SA ☐ A☐ N☐ DA☐ SD ☐
28. Circumcised girls decision making in school
    SA ☐ A☐ N☐ DA☐ SDA☐

29. Circumcised girls are more prone to HIV/AIDS infection

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

SECTION E

30. Girl-child circumcision should be eradicated.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

31. NGOs should educate girls on their rights.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

32. Guidance and Counseling Programmes assist circumcised girls to go through their education in primary school.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

33. Community needs to be sensitized on impacts of girl-child circumcision on education.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

34. Early marriages as a result of circumcision should be discouraged.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

35. Girl should be educated on impact of circumcision in their education lives.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

36. Circumcision is the main cause of girl-child drop outs in primary schools.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

37. More rescue centers should be established to take care of run-away girls

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

APPENDIX C: QUESTIONNAIRE FOR HEAD TEACHER

Dear respondent,

My name is **Micah Tenges**; Iam a postgraduate student at Egerton University, pursuing a Master of Education degree in Guidance and counselling. I'm in the process of conducting a research on **"Impact of Circumcision on Girl Child's Participation in Primary School Education: A Case Study of the Ilchamus Community in Baringo District, Kenya"** The study will provide information and recommendations for strategic intervention policies that will be communicated to Ministry of Youth Affairs and Ministry of Education.

Your responses will be treated as **confidential**. Therefore, **DO NOT** write your names on any part of questionnaire.

Thank you

SECTION A

1. Age 25 and below ☐ 26-36 ☐ 37-47 ☐ 48 -58 ☐

2. Have you been trained in guidance and counseling?

Yes ☐ No ☐

4. How long have you been a Head Teacher?

1 years ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years and above ☐

5. Have you attended any of the following training in guidance and counseling and how many times have you attended?

	Yes	No
In-service		
Seminar		
Workshop/symposium		
Conferences		

Head Teacher's Response Scale

Direction: Please tick (√) the best description for the influence of circumcision on participation of girl child primary education among the Ilchamus Community.

The responses are as follows:-

SA	Strongly Agree
A	Agree
N	Neutral
DA	Disagree
SDA	Strongly Disagree

SECTION B

6. Circumcision of girls lowers the ambitions of girls to further their education

   SA ☐ A☐ N☐ DA☐ SDA☐

7. Most girls do not desire to go back to school after the circumcision

   SA ☐ A☐ N☐ DA☐ SDA☐

8. Poor participation of circumcised girls in class makes them desire to be out of school

   SA ☐ A☐ N☐ DA☐ SDA☐

9. Girls in upper primary schools who are circumcised prefer to be married off than remain in class

   SA ☐ A☐ N☐ DA☐ SDA☐

10. Peer influence makes the girls desire to be circumcised.

    SA ☐ A☐ N☐ DA☐ SDA☐

11. The fear of being laughed at by circumcised girls in class by those who are not makes them drop out of school

    SA ☐ A☐ N☐ DA☐ SDA☐

12. The community expectations after circumcision makes the girls perform poorly in class

    SA ☐ A☐ N☐ DA☐ SDA☐

13. Lack of role models lowers girls desire to further their education

    SA ☐ A☐ N☐ DA☐ SDA☐

14. Added responsibility at home after circumcision makes the girls perform poorly in school

    SA ☐ A☐ N☐ DA☐ SDA☐

SECTION C

15. Fear of not getting husbands if they continue with education after circumcision makes them drop out of school.

    SA [ ] A [ ] N [ ] DA [ ] SDA [ ]

16. The attitude that teachers have toward circumcised girls makes them drop out of school.

    SA [ ] A [ ] N [ ] DA [ ] SDA [ ]

17. The sense of pride after circumcision makes the girls not to concentrate in their class work

    SA [ ] A [ ] N [ ] DA [ ] SDA [ ]

18. Circumcised girls are taken to be mature and ready for marriage

    SA [ ] A [ ] N [ ] DA [ ] SDA [ ]

19. Circumcised girls are more preferred by boys than uncircumcised

    SA [ ] A [ ] N [ ] DA [ ] SDA [ ]

20. Circumcised girls do not finish the primary cycle of education

    SA [ ] A [ ] N [ ] DA [ ] SDA [ ]

21. Circumcised girls make little contribution during the lessons

    SA [ ] A [ ] N [ ] DA [ ] SDA [ ]

22. Uncircumcised girls perform better in class than those who have undergone the ritual

    SA [ ] A [ ] N [ ] DA [ ] SDA [ ]

SECTION D

23. Circumcised girls are more mature to handle personal issues in school

    SA [ ] A [ ] N [ ] DA [ ] SDA [ ]

24. Circumcised girls perceive marriage more important than education

    SA [ ] A [ ] N [ ] DA [ ] SD [ ]

25. Circumcised girls do no proceed far in their education

    SA [ ] A [ ] N [ ] DA [ ] SDA [ ]

26. Circumcised girls are more prone to pregnancies than uncircumcised girls in school.

    SA [ ] A [ ] N [ ] DA [ ] SDA [ ]

27. Circumcised girls seclude themselves from other girls

    SA [ ] A [ ] N [ ] DA [ ] SDA [ ]

28. Circumcised girls decision making in school

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

29. Circumcised girls are more prone to HIV/AIDS infection

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

SECTION E

30. Girl-child circumcision should be eradicated.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

31. NGOs should educate girls on their rights.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

32. Guidance and Counseling Programmes assist circumcised girls to go through their education in primary school.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

33 .Community need to be sensisted on impacts of girl-child circumcision on education.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

34. Early marriages as a result of circumcision should be discouraged.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

35. Girl should be educated on impacts of circumcision in their education lives.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

36. Circumcision is the main cause of girl-child drop outs in primary schools.

SA ☐ A ☐ N ☐ DA ☐ SDA ☐

37. More rescue centers should be established to take care of run-away girls

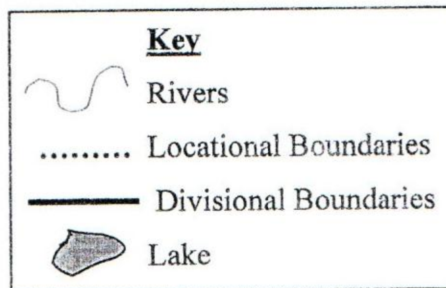
SA ☐ A ☐ N ☐ DA ☐ SDA ☐

APPENDIX D: RESEARCH PERMITS

APPENDIX E: STUDY AREA

MARIGAT AREA DEVELOPMENT PROGRAMME

N
L. Baringo
Road to East Pokot
Road to Mochongoi
Mukutani
Salabani
Endao river
Road to Kabarnet
Ngambo
Mukutani
Arabal
Marigat
Ing'arua
Marigat
Kiserian
Road to L. Bogoria
Kimalel
Eldume
Perkerra River
Road to Nakuru
Kapkuikui
Loboi river
Loboi
Sandai
L. Bogoria



EGERTON UNIVERSITY LIBRARY