

Female Genital Mutilation/Circumcision and Transition of Girls in Education - Kajiado and Narok Counties, Kenya

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Abstract

The right to free and compulsory basic education is enshrined in Article 53(1)(b) of the Constitution of Kenya. This aligns with African Union's Agenda 2063, and the United Nation's Sustainable Development Goals (SDGs). The SDG4 aims to "ensure access to equitable and inclusive quality education and promote lifelong learning opportunities for all. The international community recognizes that the greatest impediment to universal education and equality are systemic and cultural inequalities, which mostly affect school going girls. SDG 5 targets the elimination of all harmful practices, early and forced marriage, and female genital mutilation. In Kenya, government efforts for 100% Secondary school transition and higher retention are hampered in Counties like Kajiado and Narok due to the prevalence of FGM/C affecting girls. To gain insights into the effects of FGM/C on girls, this study sought to establish the status and nature of FGM/C in Kajiado and Narok Counties. A mixed research approach was utilized targeting learners, victims of FGM/C, and key stakeholders. The study found out that average rate of transition to girls in secondary school was estimated to be 40% in Form 1, and gradually reduced to 10% in Form 4. The study also noted that psycho-social identity that the girls assumed after the FGM/C, the girls' poor attitude towards schooling and poor relations with the teachers negatively affected transition. The enforcement of the law against the practice, which was ranked as the most effective intervention.

Keywords: Female Genital Mutilation/Circumcision, Transition; Girls, Secondary Education

Background to the Study

Globally, the matter of Female Genital Mutilation/Cutting (FGM/C) has been of concern since the 1980s, (Hedley R *et al.*, 1996). Kenya is party to the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) among other international human rights instruments on harmful traditional practices. The ACRWC emphasizes the need to preserve and strengthen positive traditional values and culture while eliminating prejudices and customary practices that promote inferiority or superiority of either of the two sexes or stereotypes for men and women. Further, EAC Act requires member states to adopt comprehensive FGM Laws and include in their national budgets resources to protect women and girls from FGM, provide support services to victims and undertake public education and sensitization programmes on dangers of FGM (28 Too Many, 2018). Similarly, the Kenya Female Genital Mutilation Act 2011 outlaws and criminalize FGM (Kenya Law Reports, 2018).

Studies conducted on factors affecting participation and retention of girls in school identify harmful cultural practices as one of the main factors that negatively affect access to and provision of quality education to girls. FGM is intertwined with the issues of forced marriage to older men, early pregnancies and girls dropping out of school. In particular, FGM/C has been singled out as the main cultural harmful practices that act as a barrier to education for girls especially among the pastoralist communities. The government policy to attain 100% transition to secondary School and attain higher levels of retention and completion is greatly hampered in some parts of the country by FGM/C. Narok and Kajiado Counties are areas that are highly affected by FGM/C, and many girls are reported to drop out of school because of the practice.

Statement of the Problem

Harmful social and cultural practices such as FGM, child marriage and physical or sexual violence have a direct impact on learners' education achievement. According to a 2014 national survey, an estimated 11% of girls in Kenya have been circumcised, and nearly 23 percent of women, aged 20-24, and were married before reaching the age 18years. Besides the adverse social effects, the practice portends for young girls, FGM/C can cause health complications, including hemorrhages, chronic pain, infection and even death. Child marriage leaves girls vulnerable to physical and sexual abuse, and many child brides become pregnant while still teenagers, putting their health at risk. Globally, pregnancy-related complications are the leading cause of death among adolescent girls.

Many girls continue to drop out of school; continue to experience health related challenges including mortality and morbidity due to birth related complications and unsafe abortion; and are in some instances forced into early marriages. About 13.6% of adolescent girls and 0.7% of adolescent boys between the ages of 15-19 years are married (KDHS 2014). Approximately, 18% of adolescent girls aged 15-19 years are either pregnant or have given birth (KDHS 2014). The situation varies by region with some counties being disproportionately affected than the others. Generally, it has been established that girls who undergo FGM as a rite of passage are more likely to drop out of school, experience child marriage and early childbearing than those who do not.

The Narok and Kajiado Counties are predominantly occupied by the pastoralist communities. According to Action Aid, 90% of young girls in these Counties are married off at an early age after undergoing “the cut (ActionAid International, 2020). According to a report by the Ministry of Health Kenya on Adolescent Sexual and Reproductive Health in Kajiado County (2015), 20% of the girls aged 15-19 years had begun childbearing (MOH, 2015). According to the same report, female circumcision is widespread in Kajiado County with 1 in 2 girls aged between 15-19 reporting that they had undergone female circumcision. On 24th April 2017, “The Star Daily Newspaper reported that Narok County had the highest level of cases of teenage pregnancy in Kenya with an average of 40% cases against a national average of 18%. A study conducted on Child marriages in the County in 2016 revealed that about 73% of girls left school at a tender age and got married.

Therefore, KNATCOM conducted a study on the impact of Female Genital Mutilation (FGM) and Child Marriage on the transition of girls from primary to secondary school in Kajiado and Narok Counties, Kenya.

Research Objectives/Questions

The broad objective of this study was to investigate the effects of FGM/C on girls’ transition from primary to secondary school education in Kajiado and Narok Counties, Kenya. The nature, status and perceptions towards FGM/C in the two counties were investigated, as well as the psycho-social and health effects of the practice on the transition of girls to secondary school.

Literature Review

Since the 1980s, Female Genital Mutilation/Cutting (FGM/C) has been a matter of concern globally (Hedley et al., 1996). The WHO and the UNHCR recommended that governments take specific measures aimed at the elimination of FGM/C wherever it is practiced. Kenya is party to the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) among other international human rights instruments on harmful traditional practices.

In 2016, the East African community (Including Kenya, South Sudan, Tanzania and Uganda) enacted the East African Community Prohibition of Female Genital Mutilation Act (EAC Act) to promote cooperation in the prosecution of perpetrators of FGM through harmonization of laws, policies and strategies to end FGM across the region. In Kenya, the Anti-FGM Board was created to help eradicate FGM/C and early marriage (Prohibition of Female Genital Mutilation Act, 2011.) As part of the response plan, Anti-FGM Board in collaboration with relevant stakeholders including UNICEF and other partners, continue to strengthen the base for evidence as a matter of having sound and informed programming at national and county level. There is a dearth of knowledge on the influence of policy and legislation on the actual practice of FGM/C Kajiado and Narok counties and the implications for education of girls. It was necessary to identify and document the various types of FGM/C practiced in Kajiado and Narok counties and the reasons for preference with a view of deriving strategies to eliminate the practice and its negative effects on education of girls.

There are several myths on how FGM/C began in Kenya. For instance, the Igembe people believe that many years ago all the men in their community went out to war over their stolen cattle and goats and came back to find all women pregnant and yet the women had been left with young boys only. Men then began practicing FGM/C on women as a way of punishing them for their mistakes and preventing them from further sexual desires. All girls who undergo FGM/C in the Igembe community vow by their blood to continue the practice to bring down a curse upon their families (Cheserem 2010, Tonui 2006).

Recent studies indicate that FGM/C is still heavily practiced in Kenya (Chege 1993; Cheserem

2010). In the context of traditional African patriarchal communities, the practice of FGM/ is perpetrated by community traditions and norms and is enforced by older women who need to conform to these norms, and hence feel obliged to conduct FGM/C on themselves and others (Mwanri & Gatwiri 2017). These women are older and respected, who believe FGM/C is the right thing to do to younger women despite the fact that they themselves have experienced the physical and psychological pain that comes with FGM/C. This is complicated by the fact that they never freely share their painful experiences of FGM/C due to the belief that doing so is a taboo (Mwanri & Gatwiri 2017). Traditional circumcisers often use crude equipment such as razor blades, knives and needles that are sometimes shared, hence they carry the risk of the spread of HIV and other diseases in addition to causing physical harm.

While FGM/C could be said to be entrenched in the traditional patriarchal cultural beliefs, its ideological drivers vary across locations and ethnic groups. The prevalence of FGM/C varies according to ethnic groups and geographical settings. The overall prevalence of FGM/C among Kenyan women population is about 28%, (12,418,000 women) (Achia 2014), indicating the need to address FGMC as a significant public health issue.

Although FGM/C is celebrated in some communities to bring like-minded people together as they celebrate initiation of girls into womanhood, it could also be seen as marginalizing the same girls and women by making them to have no say on everything including what should be done on their own bodies including FGM/C. Some people falsely believe that it becomes a good thing and safe when it is done by medical professionals even if it remains wrong and dangerous regardless of who does it. (Mwanri & Gatwiri, 2017)

Despite the efforts of individuals, organizations, and institutions to prevent FGM/C, 100% eradication has not been accomplished. Because the phenomenon is complex and it is unclear how best to tackle it, research conducted in Gambia shows that these efforts are frequently dispersed with little coordination and teamwork (National Women's Bureau, 2002).

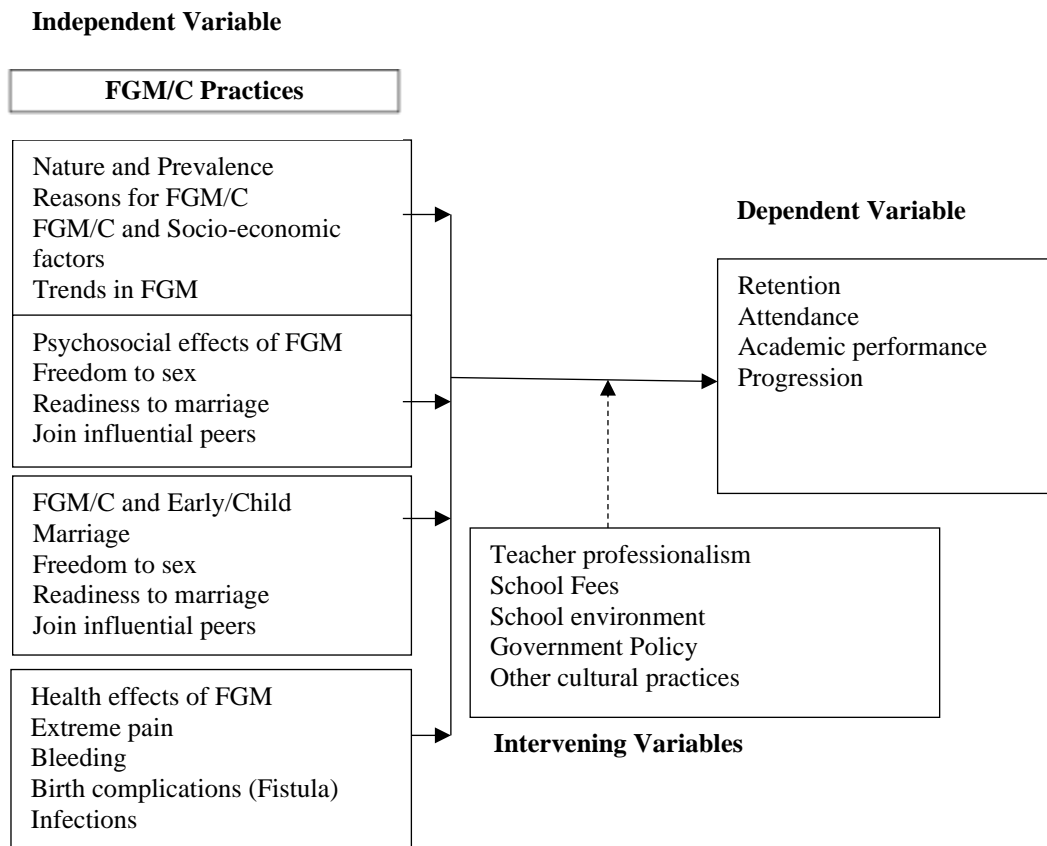
One of the interventions employed by groups and organizations in several African countries in the elimination of FGM/C is initiation without cutting. Accordingly, sessions are organized where young girls learn songs and practices and participate in celebrations 'without cutting'. The aim of doing this is to ensure preservation of the cultural elements of FGM/C without causing pain or life- long negative effects to the initiates (Bafrow Baseline Report 1997, National Women's Bureau,2002).

Conceptual Framework

The study conceptualized the FGM/C practices as the independent variable and the transition as the dependent variable. It also considered teacher professionalism, school fees, school environment, government policies on education and FGM/C and other cultural practices as the intervening variable.

FGM/C is understood in terms of its nature and prevalence and the socio-economic correlates of the practice. The effects of FGM/C are manifested in the health of the girls, their psychosocial wellbeing and their predisposition for early/child marriage. The consequence of this dropping from school due to the psychosocial condition of the girl, or the inability of the circumcised girl to continue with her studies because of being married. What moderates the relationship between FGM/C and School transition are factors related to the availability of fees, poverty, school environment, and non-FGM/C cultural factors. The conceptualization is illustrated in Figure 1.

Figure 1



Methodology and Sampling Framework

The study employed a mixed method approach. A descriptive survey design was used to collect both qualitative and quantitative data. The study was carried out in the Counties of Narok and Kajiado due to the highly prevalent cases of child marriages and early pregnancies and reported cases of female genital mutilation for girls (Shell-Duncan, 2018). In each county, the study focused on two discrete sub-counties, with varying socio-economic and cultural characteristics and levels of FGM/C prevalence; one from a rural setting and another in a peri-urban making a total of 4 Sub-Counties. Kajiado Central and Kajiado West were purposely chosen from the County of Kajiado. Narok South and Transmara Sub-Counties were sampled from the County of Narok. A total of 112 respondents; 56 from each County that included pupils, students, parents, FGM/C victims and champions, school head teachers, school guidance and counseling teachers, health sector practitioners, educationists, community leaders, and government administrative representatives participated in the study. A Summary of data collection instruments, respondents and sample size is presented in Table 1.0.

Data germane to the study were collected using questionnaires, interview guides, focused group discussions and document analysis. Questionnaires were sent to 16 heads of both primary and secondary schools in the two counties in order to collect quantitative data. Survivors of the procedure were also given four (4) questionnaires in each county.

Qualitative data were derived from separate focus group discussions with boys and girls in the 16 schools. In each sub-county a community focus discussion was also conducted. More qualitative data were derived through key informant interviews with guidance and counselling teachers, community leaders, health practitioners, county education officers, and child protection officers. Document analysis was used to collect data on trends in school enrollment, focusing on differences between schools and between girls in terms of transition and retention.

Consent to carry out the study was sought from the County Director of Education, respective Heads of schools and community leaders. The study was conducted by a multi-sectoral technical team comprising of experts from the Ministry of Education, Kenyatta University, Mount Kenya University, World Vision Kenya, Child Fund, Girl Child Network and Kenya National Commission for UNESCO. The field team was organized into two teams (one for Kajiado and the other for Narok) with each team having between 9 and 10 members. Each team had members from the national and regional offices. The field data collection team was trained by the lead researchers on the content of the tools and data collection procedures.

Data from questionnaires were analyzed quantitatively to establish trends in transition, and for variation in relationships between FGM/C and child marriages, and how this affects the rate of transition to secondary schools. Qualitative data from key informants and focus group discussions were analyzed along thematic areas and triangulated with the quantitative data.

Research Findings

The main objective of the study was to investigate the effects of FGM/C and child marriage on transition of girls from primary to secondary schools in Counties of Kajiado and Narok, Kenya. The study established that large numbers of girls enroll in Class 1, but there is a significant drop in subsequent classes, with dropout reaching 60-70 % in class 7-8. Several reasons were found to contribute to this situation. Table 2.0 shows the reasons for the low transition across the grades and their rating by the school heads of the sampled schools.

Table 2.0. shows that FGM/C related factors were rated as a strong reason that contribute to the low transition (75%), followed by unrelated FGM/C early marriages (50%), lack of fees (25%), negative attitude towards school (23%) while poor performance at KCPE was rated lowest (10%).

The rate of transition from primary to secondary school was found to be 62% for males and 43% for girls, according to the document analysis. The average rate of transition of girls gradually fell from 40% at the end of from 1 to 10% at the end of Form 4. In the two study areas, the rate of transition to secondary school was reported to be below the national average. The average transition rate from primary to secondary has risen steadily since 2003 from about 40% to about 80% in 2017 (Global Partnership, 2017).

The study also established that the majority of the girls who completed school after circumcision were those who had escaped early marriages and had sought refuge in boarding schools. The study found out that school environments influenced the rate of transition. The psycho-social identity that the girls assumed after the FGM/C, the girls' poor attitude towards schooling and poor relations with the teachers negatively affected transition. These factors were found to have negative effects on the transition of girls in education. Further, the study revealed other non-FGM/C related factors that affected transition such as home environment, poor attitude to secondary schooling, poverty levels, learning environment, and lack of support systems within the community.

Discussions of Findings

From the study findings, it was noted that Interventions with a high rating were related to education and awareness on FGM/C. The lowliest ranked intervention was the alternative rites of passage, which has attracted interest but appears not to be a popular initiative. Enactment and enforcement of laws against FGM/C was ranked very high among teachers and in the community FGDs. Overall, there appeared to be not clear quantitative data on which specific intervention strategy is most effective, pointing to the need for an integrated approach in addressing the problem.

Evidently, from field discussions, it was observed that the stakeholders may play different roles regarding addressing FGM/C and child marriage towards reducing drop-out rates and enhancing transition to secondary school. Teachers and parents become critically important in the role they play in ensuring retention of girls who had been circumcised. Guidance and counselling teachers were observed to be important part of the support system for girls, acting as role models and motivating them to stay in school. Parents are also critical actors in girls' school retention, with or without FGM/C mediated factors.

Various interventions proposed by different respondents included *Alternative means of income generation activity for reformed circumcisers, Effective enforcement of the law, Child friendly schools: Establishment of girls rescue centres, Improved coordination of actors in FGM/C, Support by individual parents, Neutral local administrators and Improved support to children's officers.*

On the description of the role of various actors, it was observed that law enforcement officers especially the Chiefs were a critical actor, who were faced with a delicate balance between popularity and law requirements. For the Police, it was recommended that the responsibility be left purely to the chiefs. Targeted Girls were critical actors, their willingness encourages parents and suitors. The girls engage in FGM/C for fear of repercussions from parents and ineligibility for marriage.

The community members stated that if a girl were determined not to go through FGM/C the parents and community members would have little to do. Parents were a critical player; depends on their status in society, education, socio-economic background. Fathers and mothers are equally involved, mothers play the role of facilitators. Community had mixed responsibility; decision not a collective community issue, live and let live attitude; Teachers were critical actors in creating awareness, rehabilitation and retention in schools. Civil Society/NGOs Critical actors; especially in awareness and rehabilitation; impact is seen to be not as critical as law enforcement Church An emerging critical actor alongside schools; many church goers did not accept the practice; Politicians Most lowly ranked actors; keener to protect their positions which they risk losing if they do not appear to support the practice. They, however, exhibited a contrary stand publicly as they had to appear to support the law.

Conclusions and Recommendations

This study sought to establish the status and nature of FGM/C in Narok and Kajiado Counties of Kenya, where the practice is reported to be among the areas with the highest prevalence levels in the country. The study had the objective of understanding the effects of the practice on the transition of girls to secondary school. The study collected data through questionnaires, key informant interviews and focus group discussions from a range of stakeholders, including school going girls and boys, teachers, educationists, health practitioners, child protection officers, and community leaders.

From the findings on current interventions and an evaluation of their effectiveness, some interventions were quite effective and will continue to contribute to the prevention of FGM/C and its effects. Law enforcement and the activities of non-governmental organizations in education and awareness and offering support to victims of FGM/C were noted to be the most effective interventions. To support this, the following recommendations were made: Exposure, Knowledge Sharing and Awareness Fora; Guidance and Counselling and Gender Responsive Pedagogy; Capacity Building, Community Engagements towards Social Harmony and Socio-economic well-being; Enhancement of Policy Interventions and Stakeholder Coordination; and support for improved livelihoods.

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The Ministry of Education officials and local administrators in Kajiado and Narok Counties played a pivotal role, providing essential data and coordinating activities. Valuable contributions came from research participants across both counties, including students, teachers, community leaders, and health workers, whose insights formed the foundation of the study.

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Appendices 2

Table 1: Summary of Data Collection Instruments, Respondents and Sampling per County

Target Respondents	Instrument	Sample Size		Total
		Narok	Kajiado	
Head Teachers	Questionnaire	8	8	16
Guidance/Counselling Teachers	Interview Guide	5	5	10
Primary School Girls	Focus Group Discussion	7	7	14
Primary School Boys	Focus Group Discussion	7	7	14
Secondary School Girls	Focus Group Discussion	4	4	8
Secondary School Boys	Focus Group Discussion	4	4	8
County Director of Education	Interview Guide	2	2	4
Children Officer	Interview Guide	2	2	4
Health Worker	Interview Guide	2	2	4
Community	Focus Group Discussion	3	3	6
Reformed Circumciser	Interview Guide	1	1	2
School Dropouts	Interview Guide	2	2	4
Champions	Interview Guide	2	2	4
Community Leaders	Interview Guide	4	4	8
Community	Focus Group Discussion	3	3	6
Total		56	56	112

Source: Field Reports (2019)

Appendices 3

Table 2: Head teachers' ratings of the Reasons for the low transition of girls from Primary to Secondary education in Counties of Kajiado and Narok.

Reason for the Low Transition	Strong Reason (%)	Fairly Strong Reason (%)	Weak Reason (%)
FGM/C related factors	75	25	0
Lack of Fees	25	0	75
Unrelated FGM/C early Marriage	50	25	25
Poor performance in KCPE	10	20	70
Negative attitude towards school	23	78	0

Source: Field Report (2019)