

Influence of Female Genital Mutilation on Girl Child's Education Participation in Primary Schools: A Case Study of the Tugen Community in Baringo County, Kenya

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Abstract

Female Genital Mutilation (FGM) also known as female circumcision and it involves all procedures involving partial or fatal removal of external female genitalia for non-medical reasons. The main purpose of this study was to determine effects of FGM on girl child's participation in primary education among the Tugen Community in Kenya. The target population was 2000 female pupils in class (4-8) in primary schools, 10 headmaster/mistress and 10 Tugen female schoolteachers in charge of girls in respective schools in Tugen community. A sample size of 300 girls from class 8 was identified through purposive sampling. Data was collected using questionnaires of self-scoring questions. Validity and reliability of the instruments was checked through and the reliability considered after Cronboch 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 22.0 was used to analyze data. The expected outcome was that circumcision has influence on girl child's participation in primary education among the Tugen community. The study might also assist in the fight against FGM practice among the Tugen community.

Keywords: Female Genital Mutilation, Gender Based Violence, Traditional Birth Attendants, Kenya Demographic and Health Survey, Maendeleo ya Wanawake Organization

1. Introduction

A Study commissioned by Action Aid Kenya in 2006 snared that age for undertaking FGM was declining with the majority facing it between ages 6 – 7, when resistance is minimal. Female Genital Mutilation among the nomads was particularly disastrous for education. After circumcision, girls face lover social restricts. They engage in sexual activity since they are now considered to be “Women”. After the FGM, the resultant pattern is pregnancy, school dropout and eventually early marriage. The critical point break in the cycle seen is delaying and eventually stopping FGM (RutoOgwenyi and Mugo, 2009).

In every society in which it is practiced FGM is a manifestation of gender deeply entrenched in social, economic and political structures. Parents are perpetuating the tradition that they know can bring harm in both physical and psychological effects to their daughters. This is due to the social dynamics among individual in communities that practice FGM. Mothers organize for cutting of their daughters because they consider it as part of rising properly in preparation for adulthood and marriage. Not conforming to the practice leads to shame and these girls will never be married. This social convention is so powerful that girls themselves desire to be circumcised as a result of social pressure from their peers and out of fear of being stigmatized and rejected by members. Those that are under the cutting ostracize and segregate those not circumcised and don't associate with them for example eating, sleeping and socializing with them (Population Council, 2007).

The government has provided grants to some girls and awarding bursaries to female pupils this has address the low participation and poor performance by girls in exams. But in spite of this girl's level of performance remains significantly Law (Ngare, 2008). Many scholars have tried to establish the factors that contribute to FGM persistence and its effects on the academic and professional development of the girl child. Such factors have been exhaustively investigated although much attention has been paid to physical and healthy effects of FGM on the girl, the social effects; especially adaptation to formal school setting. After FGM practice, socialization, and acquisition of knowledge has been neglected.As a consequence, no concerted effort has been made to empower these girls to improve on education prospects as a way of effectively

Female Genital Mutilation 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 involves partial or total removal of female external genitalia. It is practiced by different communities 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 mostly commonly girls experience FGM between 4 and 12 years of age. 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 practice is practiced in many parts of the world (WHO, 1996). It continued 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 others mainly Moslem groups (WHO 1999). 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.

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 Tugen Community. 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 Tugen community.

The purpose of this study was to investigate the influence of FGM on girl child's education participation in primary schools among the Tugen community in Baringo County, Kenya

In order to achieve the purpose of this study, the following objective was used to guide the study:

- i. To determine the influence of FGM on girl child's education participation in primary schools among the Tugen community in Baringo County, Kenya

2. Research Methodology

This study adopted an *ex post facto* research design. 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 and Kahn in Onyango, 2000). This is a research design, which looks into events that had already occurred and therefore cannot be manipulated by the researcher. *Ex post* research design is a method of teasing out antecedents of events that have happened and cannot, because of this fact, be engineered or manipulated by the researchers. This design was particularly suitable in social, educational and psychological contexts where the independent variable or variables lie outside the researcher's control. 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 Tugen community of Baringo County.

The study targeted five primary schools, which were purposively selected from Mogotio and Esageri divisions. The respondents included 800 female pupils in upper primary schools, 5 lady teachers in charge of girls and 5 head teachers. The researcher purposively selected class seven girl pupils because they were among the senior pupils in the schools and also it was at this stage that most girl pupils undergo female circumcision. The 125 class seven girl pupils from the selected five primary schools were chosen through purposive sampling to give the needed sample size. The researcher also sought the opinions of the primary 5 school head teachers, and 5 female teachers in charge of girls and 125 girl pupils on the influence of circumcision on girl child participation in upper primary education. Data collected from the questionnaires was analyzed by use of descriptive statistics. The descriptive statistics included percentages and frequencies.

3. Results and Discussion

The analysis was carried out using descriptive statistics and is presented according to the research objective. The objective of the study sought to find out the influence of FGM on girl child education participation among the Tugen community of Baringo County. Female Genital Mutilation affects the physical and psychological health of girls and women, decrease their attendance and performance at school. This is caused by the girls being taken out of school to be cut and healing process taking a prolonged period resulting to further school absence. This has an effect in their performance. At times the preparation begin long before schools close, this causes psychological effected as girls are double minded on what they are to encounter or undergo over the holidays (Berg and Danison, 2011). Female Genital Mutilation 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.

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 as shown by the table 1.

Table 1: Effects of Circumcision on Girl Child Education Participation in Primary Schools

STATEMENT	SA/A	N	A/SD
1. FGM lowers girls' ambition education	63% (67)	4%(5)	33%(34) for
2. Girls don't desire to go back after the circumcision.	55 %(59)	15% (7)	30%(40) to school
3. Girls' Class Performance decline after FGM	57 %(59)	-	43%(49) class makes
4. Impact of FGM on early Pregnancy	96 %(103)	-	4%(3)
5. Impact of FGM on Girl Child Class perform	72 %(76)	-	28 %(30)

3.1 FGM lowers Girls' ambition to Furthertheir 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 generally 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. This is because of the preference accorded to marriage as emphasized by the community. FGM has impeded the government's efforts to raise the literacy levels of the women in the Tugen 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 compared to their neighboring Tugen communities which do not practice FGM. According to a local NGO's

survey, the girls' school dropout rate is the highest in the divisions covered by the Tugen community, where the dropout rate stands at 70% (World Vision Kenya, 2006).

3.2 Girls lose Interest for Schooling after FGM

The girl respondents were required to give opinion on whether most girls don't desire to go back to school after circumcision initiation. Some 55% girl respondents indicated to generally agree with the statement, 15% were neutral about the statement and 30% of the girl respondents generally 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 Tugen community to be adult who are ready to get married. They are also 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. Majority 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 (World Vision, 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 this report 24 countries are not likely to achieve the gender parity, neither at the primary nor at the secondary level, 13 of these are in Sub-Saharan Africa.

3.3 Girls' Class Performance decline after FGM

In regard to statement that poor performance of girls in class makes them desire to be out of school, 57% out of 106 girls generally agreed to the statement while 43% generally 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. 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 labour and to help in minimizing the

incidence of students indiscipline.(Mutie and Ndambuki, 1999). 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). Female participation in secondary education, Except in South Africa, Namibian Mauritius, Bostwana and Swaziland, which presented gross enrolment ration of 50% and more in 1992, amounted to less than 0% 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%. 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).

3.4 Impact of FGM on early Pregnancy

On whether circumcised girls are prone to pregnancies than those uncircumcised, and then 96% of 106 respondents generally agree while 4% generally 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 that are matured by the Tugen community. JICA/MOARD (2000) noted that the tendency of gender disparity in education was more evident among Tugen community. According to data in the county Education Office-Baringo between 2000 and 2004, there were 254 boys compared to 123 girls from the community who were enrolled in the 2005, only 116 girls compared to 214 boys from this community were enrolled in the five secondary schools in the study area.The Tugen have high poverty index and inadequate access to social amenities like schools and dispensaries. The 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).

3.5 Impact of FGM on Girl Child Class perform

The girls' respondents were required to give their opinion on whether an uncircumcised girl performs better in class than those circumcised. Out of 106 respondents, 72% of the girls responded generally agreed while 28% generally disagreed with the statement. This implies that circumcised girls lose concentrations 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).

4. Conclusion and Recommendations

Girls perform well in lower classes in primary school. However the performance deteriorates as they move towards standard eight. The poor performance is known to be attributed by FGM rituals. After girls undergo FGM, they treat themselves as adults who are ready to be married. This perception contributes to girls to drop out of schools or become indisciplined 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.

The government of Kenya has banned FGM. The government through schools and provincial administration implements policies regarding eradication of FGM. The school use guidance and counseling programme and Anti-FGM clubs educate girls on the impacts of FGM. Non governmental bodies such as world vision, Action AID and Christian Children Fund (C.C.F) sensitize Tugen 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.

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.

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 reinstating to school.

Primary schools should strengthen guidance and counseling Anti-FGM and Advocacy and Affirmative clubs to carry out campaign against FGM.

References

- Common Wealth Education Fund (2004): *Reform Agenda for Education*, Sector Reform in Kenya, Nairobi.
- Derrick J. T. (1978): *Human Resources and Characteristics-Kenya*, Nairobi
- Delworth, U. and M. Moore (1974). *Helper plus trainer; personnel and avoidance journal* 52(6); 428-433.
- Gikonyo, D, K and Sharma, M.L. (1979). *Sex Education for Schools in Africa-Family Planning, Family Health*, New Age Publishers
- 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 (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. (1988) .*Report of the Presidential working Party on Education and Manpower Training for the Next Decade and Beyond* ,Nairobi government printers.
- JICA/MOARD (2000): *The Study on the Integrated Rural Development – Project in the Siaya Area* (Republic of Kenya) Nairobi, Siaya Consultant Inc.
- 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.
- 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)

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