

SOCIOLOGICAL EFFECTS OF FEMALE GENITAL MUTILATION ON THE EDUCATION OF THE GIRL CHILD, A CASE STUDY OF KISII COUNTY, KENYA

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Abstract

This study tackles the sociological effects of FGM on education of the girl child in Kisii County. Four constituencies were selected for this study. A sample of 133 respondents was selected using Simple random sampling, 78.95% being females. Descriptive Research design was adopted and data was collected using Questionnaires, Interviews and Focused Group Discussions. Data was subjected to Qualitative and Quantitative analysis. The study found that FGM was a source of depression to majority of school going girls because they do not conform to the belief associated with FGM. Others were stigmatized hence poor academic performance and some dropped out of school while others got married. Others develop complications that see them off school often for treatment. The study concluded that FGM has negatively affected girl child education in Kisii county .It recommends that in the fight against FGM, respective parties should first understand reasons for practicing FGM, and then formulate approaches to end it. It also recommends that community and public based education could be used to curb FGM. The state can also deploy machinery towards stopping FGM through the formulated policies.

Keywords: FGM, Education, Girls, Kisii County, WHO, Community

1. INTRODUCTION

1.1 Background of the Problem

Female Genital Mutilation (FGM), also known as *clitoridectomy* is a traditional practice that involves the partial, total removal or alteration of girls' or women's' genitalia (WHO, 2006). In its severest form, called *infibulation*, the vaginal opening is also sewn up, leaving only a small hole for the release of urine and menstrual blood. The WHO estimates that 130 million girls and women worldwide currently live with the consequences of FGM, at least two million girls and women undergo FGM per year (WHO, 2006)

The term mutilation, to physically harm notably by cutting off or otherwise disabling a vital part, brings up an idea that this practice is a violation of the girls' rights because it can lead to death. The first mention of male and female circumcision appears in writings by Strabo who is a Greek geographer who visited Egypt around 25 B.C. "One of the customs most zealously observed among the Egyptians is this, that they rear every child that is born, and circumcise the males, and excise the females," Strabo wrote in his 17-volume work *Geographica* (*Geographica*, 163 BC). A Greek papyrus dated 163 B.C. mentioned the operation being performed on girls in Memphis, Egypt, at the age when they received their dowries, supporting theories that FGM originated as a form of initiation of young women. However, other writers think that the cutting was done for less ritualistic reasons. A Greek physician Aetios however argues that the cutting was necessary in the presence of an overly large clitoris. The clitoris will produce irritation for its continual rubbing against the clothes thus stimulating the appetite for sexual intercourse, the Egyptians therefore saw it proper to remove it before it became greatly enlarged, especially at that time when the girls were about to be married, argued Aetios in his book, *The Gynecology and Obstetrics of the Sixth Century A.D.*

According to USA historian Mary Knight, author of the paper "Curing Cut or Ritual Mutilation," medical motivations probably mixed with ritual, social and moral reasons to favor the continuation of a practice that initially may have been narrowly performed and whose original motivation most likely had long been forgotten. In the 19th century, gynecologists in England and USA performed clitoridectomies to treat various psychological symptom as well as masturbation and nymphomania.

Female genital mutilation is practiced in 30 countries in western, eastern, and north-eastern Africa, in parts of the Middle East Asia, and within some immigrant communities in Europe, North America and Australia. In Africa, Somalia has the highest rate of FGM practice with 98% of its female population having gone through the act. In Kenya, the prevalence of FGM has remained highest among the Somali (97%), Kisii (96%), Kuria (96%) and the Maasai (93%), Ameru, relatively low among the Kikuyu, Kamba and Turkana, and rarely practiced among the Luo and Luhya (less than 1%) (www.feedtheminds.org: Female Genital Mutilation practices in Kenya).

Due to the various negative effects of FGM in Kisii County, measures have been put in place to counter this menace. The most effective of the all is the Alternative Rite of Passage (www.feedtheminds.org: Female Genital Mutilation practices in Kenya). However, this method has not been very effective since it does not address the root cause of FGM. The Alternative Rite of Passage (ARP) is one of the approaches implemented in Kisii County in the last decade, often as part of a programs involving community awareness raising. ARP is generally considered the most appropriate for communities where FGM involves a public celebration, with the intention that the ARP graduation will, over time, replace the circumcision whilst retaining the traditional

celebration. In a research by the population council on the roles of ARP in Kisii and Kuria community, they found out that ARP has been successfully used in Kisii and it has successfully been integrated with girl empowerment programs. They further explain that the success of ARP in stopping FGM largely depends on the concept being understood and accepted locally, particularly by decision-makers including parents, church, school and community leaders.

This research therefore aims to increase understanding on the sociological effects of FGM on the education of the girl child in Kisii County.

2. LITERATURE REVIEW

2.1 *The Origin of Female Genital Mutilation*

As explained by WHO (2006), the first historical reference to FGM is found in the writings of Herodotus (182-424 B.C) who reported its existence in ancient Egypt in the 5th century B.C. A Greek papyrus in the British Museum dated 163 B.C also mentioned the circumcision of girls when dowry payment is due, this shows that FGM was practiced by the early Romans and Arabs. Furthermore, physicians in the 1950's performed FGM in the United Kingdom and the United States of America to "treat" hysteria, lesbianism, masturbation and other so called 'female deviations' (Rahman and Toubia 2000). According to Severine (1982), FGM finds its roots in the Neolithic period, going back 6000 years B.C. He further claims that it had its origin in the Middle East or the Arabian Peninsula and was then spread by Arab traders to parts of Africa. Other researchers claim that FGM originated from East Africa. According to WHO (2000), the origin of FGM is impossible to know although it's known from archeological evidence to be centuries old. According to Hayes (1975), FGM practice existed before Christianity and Islam walked the earth.

2.2 *Types of Female Genital Mutilation*

Female Genital Mutilation (FGM) is defined by the WHO as comprising 'all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons'. FGM has negative impacts on the life of our girls and women and it is a vice that should be stopped for better and well-educated society.

The WHO further classifies FGM into four types and estimates that approximately 80% of girls and women subjected to FGM undergo *Clitoridectomy*.

2.2.1 Clitoridectomy

This is the partial or total removal of the clitoris and/or the prepuce. This is also referred to as 'Sunna Magatia' meaning closed 'Sunna' in Sudan. It is mostly practiced in Burkina Faso and Sudan.

2.2.2 Excision

It involves partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. This is also referred to as *Sunna Circumcision*, *Sunna* meaning, 'the traditional of Prophet Mohammed' and as '*Sunna Kashfa*' meaning open 'Sunna' in Sudan. It is mostly practiced in West African countries; Burkina Faso, Mali, Nigeria and Senegal.

2.2.3 Infibulation

This involves narrowing of the vaginal orifice with creation of a covering seal by cutting and restitching the labia minora and/or the labia majora, with or without excision of the clitoris, leaving a very small opening, about the size of a matchstick, to allow for the flow of urine and menstrual flow. This is also referred to as *pharaonic* or *Sudanese circumcision*. It is mostly practiced in Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Mali, Somalia and Sudan.

2.2.4 Unclassified

These are all other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterization by burning of the clitoris and surrounding tissues. It can also involve introduction of corrosive substances into the vagina; to cause bleeding, or narrow the vagina and any other procedure that falls under the definition of Female Genital Mutilation given above.

2.3 *Relationship Between FGM And Education*

Within the family and their immediate social environment, the education of girls leads to a new approach to various spheres of life, such as health, work, productivity, school attendance for their own children when the time comes and a voice in making important decisions. In the countries of sub-Saharan Africa in which FGM is practiced, girls who are excluded from basic education suffer a number of disadvantages. They are denied the advantages and opportunities accruing from the acquisition of knowledge (for instance, about health, nutrition or legal rights). Information about the risks of harmful practices, to the extent that it is included at all in teaching curricula, is kept from them, as is the potential ability to reflect on these. (Deutsche Gesellschaft für and Technische Zusammenarbeit (GTZ) GmbH, July 2009)

FGM is part of an initiation ritual that continues over a period of months so that during this time, girls come to school late or not at all. After this interval, the girls have trouble catching up with the rest of the class if indeed they ever do. In Kenya, too, school age girls who have been subjected to FGM are often considered grown ups and eligible for marriage. In some areas of Kenya, they are then married off following the procedure and drop out of school. Sometimes this contradicts with the wishes of the girls themselves, who lose interest in school and identify entirely with their new role as wives. Some girls continue to go to school in spite of being married, but they soon become pregnant and cease school attendance at that point. Other girls leave school because their parents having had to pay for an expensive FGM ceremony, are unable or unwilling to go on financing their daughter's education, as has been reported in Sierra Leone and Guinea. Many girls suffer from health problems, pain and trauma following the FGM procedure. There are indications that girls enrolled in school are often absent or less attentive in class for these reasons. This leads to poor performance, interruptions and premature termination of schooling. (Ministry of Health, GTZ: Baseline Survey on Female Genital Mutilation Practices in Trans Mara District, Rift Valley Province of Kenya, 2000.)

Apart from FGM affecting education, education on the other hand also affects FGM. Within a multi-sectorial approach, education is critical as it can play a significant role in changing individual and societal views on FGM and challenging social and gender norms.

At the individual level, education provides access to information, allows for informed decision making and empowers individuals to make their own, independent choices. Schools and education programs offer an environment for teaching, learning and support, where knowledge and skills can help an individual address FGM.

Schools and government play an important role in ensuring implementation of targeted educational programs, including teacher training and curriculum development, which address FGM and related issues. Policies that promote gender equality in education also lay a foundation for empowering women and girls and their decision-making capabilities and self-sufficiency. Some of the educational strategies to reduce FGM include; promoting access to education for women and girls, integrating FGM into formal and non-formal education, training of teachers, facilitators and youth workers on FGM, communications and mass media campaigns and distribution of information via religious and community leaders (<http://thecommonwealth.org/>: Female Genital Mutilation: The Role of Education)

Community-based and public education can also contribute to breaking the silence on FGM, raising awareness, allowing for open discussion and addressing stigma and potential ostracisation (for those that do not undergo FGM). Involving family members, traditional leaders, local authorities and the broader community in such initiatives is equally important in changing social attitudes and norms and for ensuring that the underlying drivers are addressed in appropriate ways. Additionally, such initiatives are also important in reaching girls who are out-of-school and therefore have no access to traditional school-based education.

However, it is important that strategies are community-led as this ensures that programs are participatory, take into consideration the local context and that communities identify their own issues and solutions (WHO, 2008).

2.4 Theoretical Framework: Cultural Lag Theory

A cultural lag occurs when one of two parts of culture, which are correlated, changes before or in greater degree than the other part does, thereby causing less adjustment between the two parts that existed previously (William.F.Ogburn, 1957). The various parts of modern culture are not changing at the same rate, some parts are changing much more rapidly than others are; and that since there is a correlation and interdependence of parts, a rapid change in one part of our culture requires readjustments through other changes in the various correlated parts of culture. Where one part of culture changes first, through some discovery or invention, and occasions changes in some part of culture dependent upon it, there frequently is a delay in the changes occasioned in the dependent part of culture. The extent of this lag will vary according to the nature of the cultural material, but may exist for a considerable number of years, during which time there may be said to be maladjustment (Ogburn, 1966). Ogburn developed four stages of technical development which are invention, accumulation, diffusion and adjustment. *Invention* is the process by which new kinds of technology are produced, *Accumulation* is the growth of technology as a result of new inventions outpacing the decline of old technology, *Diffusion* is the spread of new ideas from one culture to another, or from one field of activity to another, which leads to the convergence of different technologies that then combine to form new inventions while *Adjustment* is the process by which non-material aspects of society adjust to new technology. Ogburn further classifies culture into the material aspects that change quickly than the non-material aspects i.e. people tend to accept change on material aspects like weapons and dressing unlike on non-material aspects like values, norms and beliefs. The theory emphasizes

that non-material changes are extremely slow despite changes in material aspects. Communities are not usually ready to challenge their native traditional practices in favor of modernization and westernization.

FGM is a cultural practice that is lagging behind since its benefits have been outdone and people can now comfortably live without it. The Abagusii girl child is caught up in a cultural lag of non-adaptability where FGM is still valued despite the war against it. Due to these cultural lag, the victims are considered fully-grown women who need to be wives instead of viewing them as a human resource that needs to be educated to improve on the workforce. Therefore, due to cultural lag of the Kisii community, FGM is still practiced and fetish beliefs are still upheld in that the girl child is never considered fit for education. However, this research paper is not aimed at condemning cultural practices despite their negative side effects. This research therefore aims to help communities change the non-material aspects of tradition that hinder the education of the girl child among the Abagusii community.

3. RESEARCH METHODOLOGY

This research adopted descriptive research design that involves collecting data, analysis of data and interpretation of the collected data. Descriptive research was used because it provides qualitative and quantitative data that will be used to help curb FGM and promote the education of the girl child. The design also enabled the researchers to gather data from a wide range of respondents in Kisii County.

The study was conducted in Kisii County of Kenya covering four constituencies within the county: Bomachoge Borabu, Nyaribari Chache, Kitutu Chache and South Mugirango constituencies. This county was purposively chosen as ideal for this study because of FGM prevalence in the County and due to the high illiteracy levels in the county especially in the rural areas. From the study, 133 out of 170 respondents participated in the study contributing to 78.24% participation in the research with a majority of the respondents being school going girls. Girls who have undergone FGM formed the main respondents of the study. School Heads, Social workers, community leaders, community members and health workers were also sampled randomly to provide supplementary information. In this study, simple random sampling was the preferred sampling procedure used where all constituencies of Kisii County had an equal chance of being included in the sample. Simple random sampling was preferential because it is easy to conduct, it avoids bias and there is a high degree of representativeness.

Questionnaires, focused group discussions and interviews were used for data collection from students, school heads, social workers, community leaders and health workers.

After data collection, the researchers checked the raw data to ascertain its usefulness and its importance in the research. Both qualitative and quantitative data analyses were done. Qualitative data analysis was used because it provides in-depth data, it is flexible and it is objective. Responses from the victims, school heads, community leaders, community members, social, and health workers were analyzed critically to be able to obtain detailed information on FGM practice in Kisii County. Quantitative data analysis was used because it provides numerical data that is easy to compare.

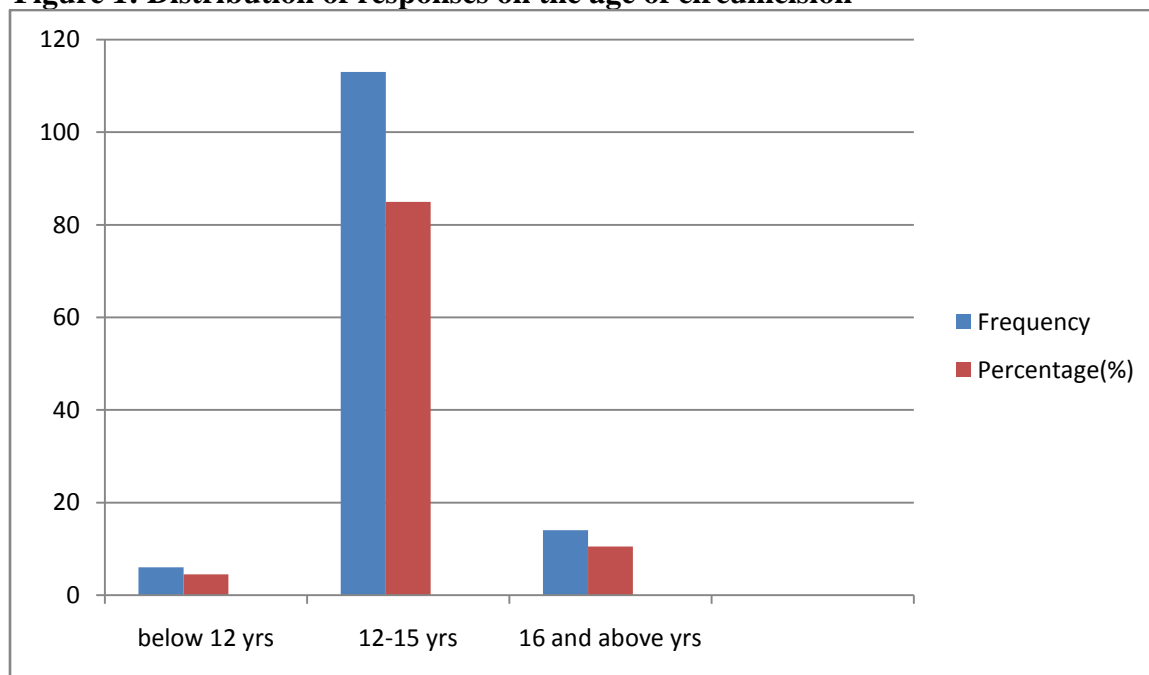
4. RESULTS AND DISCUSSION

4.1 Demographic Data

The demographic characteristics of the 133 respondents involved in the study include gender, age, marital status and academic levels of the respondents. 78.95% of the respondents were female and 21.05% were male. Majority of the respondents were from the age bracket of 11-20 years that was 52.63% , 21-30 years at 24.06%, 31-45 years at 21.05%, and lastly, above 45 years at 2.26%. 67.67% of the respondents were single assuming that all students are single, 25.56% were married, 4.51% were separated and 2.26% were divorced. From the findings, 48.12% of respondents had achieved at least secondary education, 32.33% tertiary and 19.55% primary.

4.2 Age of Circumcision In Kisii County

Figure 1: Distribution of responses on the age of circumcision

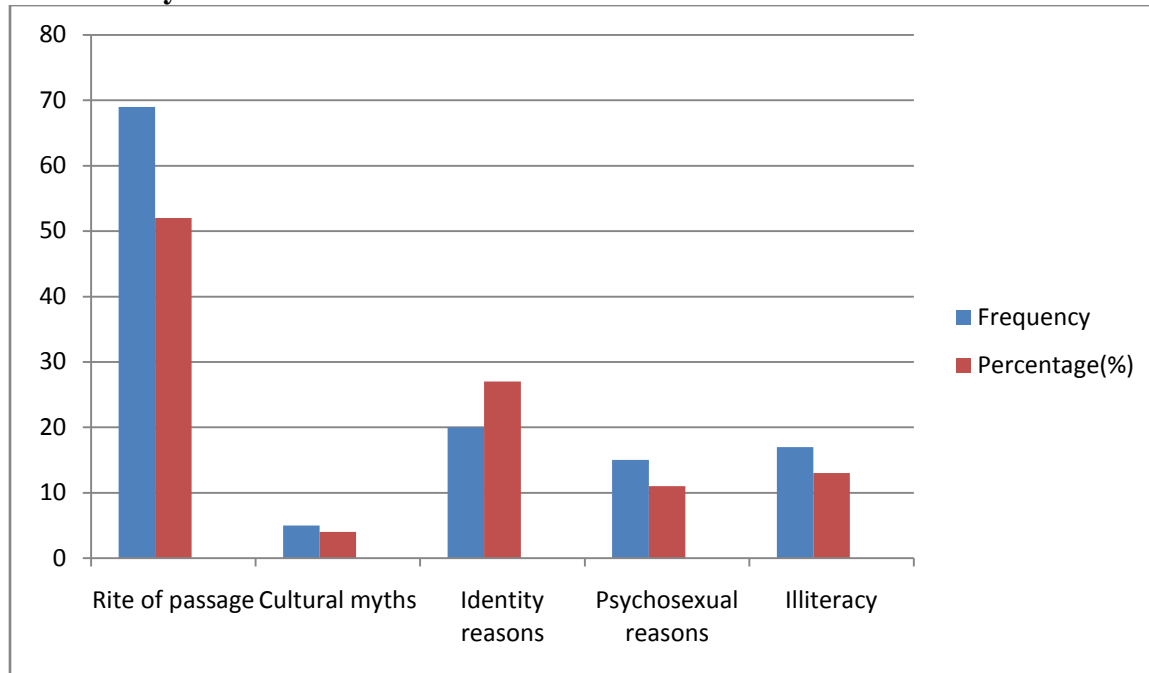


According to the findings of the research, 6 respondents agreed that the age at which girls in Kisii county are circumcised is below 12 years. This number is equivalent to 4.51% of all the respondents. Other respondents indicated that the age of circumcision is from 12 years to 15 years. 113 respondents out of 133 indicated this, which accounts for 84.96% of the total respondents. Other respondents said that the age of circumcision is 16 years and above. 14 respondents indicated this, which is 10.53% of the total respondents.

From the findings, it is evident that majority of the girls who undergo FGM are aged 12 years to 15 years. This implies that majority of them who undergo the vice are school going girls. After circumcision, it causes psychological and physical damage to the girls and as a result, this affects their education.

4.3 Reasons For Practicing Female Genital Mutilation In Kisii County

Figure 2: Distribution of responses on reasons for practicing Female Genital Mutilation in Kisii County



4.3.1 Rite of Passage

As indicated in the graph above, this is the most dominant reason why people practice FGM in Kisii County. 69 respondents were in support of this reason, which makes 52 % of the respondents. In Anthropology, rite of passage is defined as a series of ceremonies, often very ritualized, to celebrate the transition in a person's life. Most communities practice it as a rite of passage from childhood to adulthood; it is a very important process because during this time, the girl is equipped with skills on marriage, handling her husband and children. The respondents indicated that in the Kisii community, circumcision is usually a rite of passage that changes a girl to a woman. After circumcision, the girl is also considered as a mature person in the community.

4.3.2 Cultural Myths

From the findings, 5 respondents (4%) agreed that the reason for the practice of FGM in Kisii County is because of the cultural myths that surround the practice. Every community has myths on various issues that are not necessarily true. These myths are put in place to scare people from deviating from the norms, ways and beliefs of the community. In Kisii community, FGM victims are considered good wives, mothers, and responsible people. Uncircumcised girls are considered promiscuous. It is also believed that they will have problem in delivery of children and they cannot be good wives. These myths make FGM positive and the defectors are born to suffer, hence making the girl child want to undergo FGM to be on the safe side of the society.

4.3.3 Identity Reasons

As shown in the graph above, 27 respondents agreed that people in Kisii County practice FGM for identity reasons. This accounts to 20 % of the total respondents. In communities that practice

FGM, uncircumcised women have no social position in the society because they are not considered real women. In other communities, men are normally discriminative against marrying an uncircumcised woman. These make the girls allow themselves undergo FGM to identify themselves with fellow women in the society. FGM is a deeply entrenched social convention among Kisii community and carries consequences both when it is practiced and when it is not. According to the respondents, FGM is a source of personal and collective identity, as well as power in their daily affairs. When girls and families conform to the practice, they acquire social position and respect. On the other hand, failure to conform leads to difficulty in finding a husband for the girl, shame, stigmatization, loss of social position, honor and protection, resulting in the family’s social exclusion in the community. A research conducted by Norwegian Knowledge Centre for the Health Services (report No.13 –2010) indicates that women from five African countries reported that FGM influenced their relations with their partner, children and relatives in their country of origin.

4.3.4 Psychosexual Reasons

According to the findings of the research,15 respondents(11%) agreed that FGM is practiced in Kisii County due to psychosexual reasons. The respondents indicated that FGM in Kisii County is carried out in order to inhibit the sexual desires of the girl child. According to WHO (1997), FGM practice is a reduction or the total elimination of the sensitive tissues of the outer genitalia, particularly the clitoris. This is done in order to reduce the sexual desires in females and hence promote sexual purity until marriage. UNICEF Innocent Digest (2008) also supports that FGM is practiced because it preserves the girl’s virginity, making the procedure a prerequisite for marriage.

4.3.5 Illiteracy Reasons

As indicated in the graph above, 17 respondents (13%) agreed that FGM in Kisii County is practiced due to illiteracy reasons. The respondents reported that they lack formal education on the dangers of FGM. According to WHO (2006), illiteracy is a serious factor responsible for persistent FGM practice particularly in the developing countries of Africa, Asia, Caribbean and Middle- East. Most illiterates lack knowledge on FGM effects due to lack of exposure to education, technology and modernization. These people mostly interact among themselves and it is therefore very difficult to change their perspectives on FGM since they lack the ability to read and write and therefore lack knowledge on the effects of FGM on the girl child

4.4 Sociological Effects Of FGM On The Education Of The Girl Child In Kisii County

Figure 3: Distribution of responses regarding the sociological effects of FGM on the education of the girl child in Kisii County

ITEMS	SA	A	N	SD	D
	F %	F%	F %	F %	F %
FGM leads to poor concentration in academics	73 (55)	10(8)	13(9)	9(7)	28(21)

among the girls in Kisii
County

FGM leads to school dropouts among the girls in Kisii County	67(50)	20(15)	11(8)	12(9)	23(18)
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Key: SA-Strongly Agree; A- Agree; N-Neutral; SD- Strongly Disagree; D-Disagree

4.4.1 FGM leads to poor concentration in academics among the girls in Kisii County

Respondents were required to give their opinion on the statement whether FGM leads to poor concentration in the academics among the girls in Kisii County. Those who agreed with the statement were 83 respondents, making 63 % of all the respondents. 13 respondents were neutral making 9 % of the total respondents. 37 respondents disagreed with the statement making 28% of the respondents. Majority of the respondents agreed that FGM leads to poor concentration in academics among the girls in Kisii County.

Majority of the girls reported that they suffer from health problems, pain and trauma following the FGM procedure exhibited by some who broke down in the data collection process. Consequently, they cannot concentrate in their academic, hence poor academic performance.

FGM has adverse effects on the girl child as it affects them physically, emotionally, socially and psychologically. Some girls reported to have unsettled thoughts because of societal expectations that demands of them to be more of a wife than a student. In some cases, school heads and health workers reported that physical harm caused at the girl's genitalia causes them much pain and some develop health complications that makes them be on and off school, to and from hospitals to receive treatment. As a result, they have divided attention that is not suitable for academic excellence.

In other cases, some girls defy the norm to continue with education after FGM or rather forego FGM and it was reported that girls who defy norms are mocked and abused by a majority of the society members who believe strongly in cultural rights. This has a direct or indirect impact in their lives and as a result, the mental state of the girls cannot facilitate any meaningful education to take place.

There were several indications identified by the researchers that substantiated the fact that girls enrolled in school are often absent or less attentive in class for these reasons, which can cause girls to be less focused in school and consequently perform poorly.

4.4.2 FGM leads to school dropouts among girls in Kisii County

Respondents were required to give their opinion on the statement whether FGM leads to school dropouts among girls in Kisii County. 87 respondents agreed with this statement, making 65% of all the respondents. From the findings, 11 respondents were neutral, making 8% of the total respondents. 35 respondents disagreed with this statement, making 27% of the total respondents. Majority of the respondents supported this statement.

The researchers discovered that in some regions in Kisii County, FGM is part of an initiation ritual that continues over a period of months so that during these time, girls come to school late or not at all. After this interval, the girls have trouble catching up with the rest of the class due to the huge number of missed classes. This leads to reduction of their morale to continue with

formal education. Some reported that most teachers are not as accommodative as they ought to be and eventually, they drop out of school.

In addition, school-age girls who have been subjected to FGM are often considered grownups and eligible for marriage. In some areas of Kisii, it was reported that circumcised girls are often married off in accordance with the cultural expectations. Sometimes this accords with the wishes of the girls themselves, who lose interest in school and identify entirely with their newly acquired roles as wives and mothers. In some cases, girls continue to go to school in spite of being married, but they soon become pregnant and incapable of facilitating their education because of their condition, which forces them to drop out of school.

4.5 How FGM affects interaction in the community and education in the long run

FGM lead to a change in how the girls interacted with community members as compared to how they used to interact before the rite. It was reported that FGM was a source of pride for the girls while in other cases, a source of depression. These changes were exhibited differently as explained below.

According to the data collected by the researchers, some girls considered FGM as their main source of pride as they believed that they are no longer children but adults. It was evident by the high spirits exhibited by them during the data collection process. School heads also reported that girls who valued FGM were unruly in school because they considered themselves as adults who could make decisions independently. As a result, truancy is prone to the girls who act as if they do not care about their academic life and in the end, their academic performance begins to deteriorate.

On the other hand, some girls reported that FGM was a source of depression to them because they do not conform to the belief associated with FGM. Girls who had yet to undergo FGM reported to always worry on when and how it will happen and how it will affect their lives. Some girls who had already undergone circumcision reported that the vice made them so uncomfortable that they reduced interaction among classmates. This was due to the fear of being stigmatized or laughed at by their peers who are not circumcised. Reduction in interaction resulted to the girls being introverts who could not even ask for help in class work. As a result, their academic performance deteriorated and some even dropped out of school.

5. CONCLUSION AND RECOMMENDATIONS

The study concluded that FGM and education are two different but related factors whereby FGM can affect education as much as education can affect FGM. The research concluded that FGM has negatively affected the education of the girl child in Kisii county. The study understood the role of education in stopping FGM and therefore concluded that FGM education is the only way to curb this fetish practice. The research also concluded that basing on the reasons that respondents gave as to why they practice FGM, a serious and consistent campaign has to be initiated in Kisii County to stop this vice because they seem justified to practice FGM.

The research recommends that in the fight against FGM, the respective parties should first understand the main reason for the practice then with that, a suitable approach can be formulated to put the vice to an end. This research also recommends that education should be used to curb FGM because it is only through this that a majority of the community members can be enlightened on the many negative effects of FGM. Alternatively, the state can deploy its machinery towards stopping FGM through policies that have already been formulated.

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