THE ROLE OF THE COMMUNITY IN ENDING FGM AMONG THE BORAN IN MERTI SUB-COUNTY, ISIOLO COUNTY.

BY

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THIS DISSERTATION IS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF A MASTER OF DEVELOPMENT STUDIES (MDS) FROM ST. PAUL'S UNIVERSITY.

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DECLARATION

This dissertation is a product of my own work and is not the result of anything done in collaboration. It has not been previously presented to any other institution for any academic award.

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APPROVAL

We confirm that the work reported in this thesis was carried out by the student under our supervision.

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DEDICATION

I dedicate this piece of work to my dear wife Ware Abduba, my sons, Mohamed Abdullahi (wario), Hassan Abdullahi (Baretum), AdanAbdullahi (Badada) and AbdiazizAbdullahi (Badassa) for their support.

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ABSTRACT

The study sought to investigate the role of the community in ending FGM among the Boran community in Merti sub-county, Isiolo County. The study also took to identify the cause and effect of female genital mutilation amongst the Borana, with an aim to mitigate the information gap that exists and therefore constantly hinders the implementation strategies by the stakeholders within the County. The study was limited to parts of Isiolo County in particular Merti sub-County where the Borana community resides and it was guided by E.M. Rogers Diffusion of Innovation Theory and The Social Convention Theory. The primary data was gathered through questionnaires and focus group guides to the 100 participants who were determined through stratified random sampling and simple random sampling. The 100 were a sample drawn from a targeted population of 20341 residents within the sub-county. 60 of the respondents were reached through Questionnaires containing open-ended and closed-ended questions while the remaining 40 were reached through focus group discussions while collecting qualitative data. Quantitative data obtained through questionnaires was summarized in tables and keyed into an excel work sheet for analysis. This information was presented in tables, graphs and charts. Qualitative data obtained from FGDs was turned into text format and analyzed by generating themes. This was summarized into charts. Majority (59%) of the respondents indicated that the social factors that inhibit community leaders in their quest to prevent FGM/C. Among the explanations given as main factors contributing to this included the political factors that are propagated secretly by political leadership in the area, illiteracy was also mentioned as another social factor that inhibits community leaders in their quest to prevent FGM/C. The study found out that the family as a unit within the community plays a significant role in perpetuating the practice of FGM/C among the Borana of Isiolo County and that the Borana Community is not doing enough to curb cases of FGM/C in Merti sub-County. The study found cultural and religious beliefs of the Borana Community to significantly affect campaigns by leaders to fight FGM/C. The study found that current policies and legal framework are not assisting the fight against FGM/C in Merti sub- County. The study concludes that reduced cases of FGM/C may lead to low mortality rates in Merti sub- County. The study recommends that all stakeholders should work hand in hand to develop a national strategy. This would be done by drafting of a national action plans for the abandonment of FGM/C which will make it possible to identify the different roles and responsibilities of the actors involved. This will ensure proper coordination and the complementarity of the efforts undertaken. The study also recommends further research on this area especially those quantitative research studies aimed at testing hypothesis.

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LIST OF ABBREVIATION AND ACRONYMS

ARP - Alternative Rites of Passage

CARE International - Cooperative for Assistance and Relief Everywhere

CLAN - Children's Legal Action Network

DHS - Demographic and Health Survey

FGC - Female Genital Cutting

FGM - Female Genital Mutilation

FGM/C - Female Genital Mutilation/Cutting

NGEC -National Gender and Equity Commission

NGOs -Non Governmental Organisations

KDHS - Kenya Demographic and Health Survey

SIMAHO - Sisters Maternity Home

UN - United Nation

UNICEF - United Nations Children's Fund

WHO - World Health Organization

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CHAPTER ONE
INTRODUCTION

1.0. Introduction

This chapter explains the background of the study, the problem statement, objectives of the study, research questions and purpose/significance of the study, and scope of the study, and lastly the limitation of the study.

1.1 Background Information

Female Genital Mutilation/Cutting (FGM/C) is a deep-rooted traditional practice that is found in a number of countries around the world but is more prevalent in Africa. In her theses, Kerubo (2010) mentions that FGM/C is an old practice that can be traced among the Hittites, Ethiopians and Egyptians, where in ancient Egypt, infibulations were found on the Egyptian mummies and continues to argue that in the 19th century FGM/C was also found to be practiced by gynaecologists in the United Kingdom and the United States of America as a cure from insanity and masturbation. Gruenbaum (2001) further explains by stating that FGM/C is also practiced in a few countries in the Middle East and Asia and among migrant populations in Europe, North America and Australia.

According to Oloo and Jones (2011)WHO defines Female Genital Mutilation (FGM) as involving all the procedures partially or totally removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. This is further explained by the WHO Media centre (2014) FGM/C is classified into four types that include; Type 1 isClitoridectomy, which is the total or partial removal of the clitoris, this is the small, sensitive and erectile part of the female genitalia. Type 2 is excision, the partial or total removal of the clitoris and the labia minora with or without excision of the labia majora. Type 3 is Infibulations, the narrowing of the virginal opening through the creation of a covering seal. Type 4 includes all other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing. Incising, scraping and cauterizing the genital area.

Fretheim et al, (2010) say that FGM is practised in 28 out of the 52 countries in sub-Saharan Africa, where national prevalence ranges from 5% in Democratic Congo to 98% in Somalia.

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According to Nour (2008) it is estimated that at least 3 million women and girls are at risk of FGM/C each year and that about 140 million women have undergone some type of FGM/C. The age at which the procedure is carried out varies from 0 to 20 years or as late as just before marriage or after the first pregnancy. Klein (1991) explains that the procedures of FGM/C vary from culture to culture with the severity often depending on how much genital tissue is cut out. The cutting can either be carried out during infancy at the hospital by health personnel including doctors and nurses or in the community by traditional circumcisers who are usually women. Some families also opt to seek services of medical personnel within private hospitals to carry out the circumcision.

In Kenya, FGM/C is practiced widely by many communities, according to KNBS (2010a) the Kenya Demographic and Health Survey (KDHS) 2008/2009 27.1 percent of women surveyed are circumcised, a decline from 32 percent in 2003. The KDHS also indicates that a higher proportion of rural women (30.6 percent) than urban women (16.5 percent) have been circumcised with North Eastern leading with the highest proportion of circumcised women at 97.5 percent. Studies indicate changes in the way FGM is practiced. The KDHS 2008/2009 shows a marked decline in prevalence between generations.

According to WHO Media centre (2014) the reasons why FGM/C is practiced include; cultural, religious and social factors within families and communities. This is due to social pressure to conform to the communities' cultures and traditions, preparation for adulthood and marriage, marital fidelity, to being associated with cultural ideals of femininity and modesty. Kipuri&Ridgewell (2008) reports that the reasons given in the pastoralists communities in the horn of Africa including the Borana community for practicing FGM/C also includes religious beliefs, i.e. avoiding violation of religious teachings, to using FGM/C in making a woman believe that she stands a better chance of getting married.

According to Kipuri and Ridgewell (2008) the prevalence rate among the pastoralist communities in North Eastern Kenya stands at 98.8% against a national prevalence rate of 32.2%. Kenya is second to Ethiopia in the prevalence rate within countries in the horn of Africa as shown in Table 1.1 below.

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Country	Survey type & date	Region	Percentage
Ethiopia	DHS(demographic& Health Survey) 2005	National	74.3
		Somali region	97.3
Kenya	DHS 2003	National	32.2
		North Eastern Province	98.8
Tanzania	DHS 2004	National	14.6
		Arusha Region	54.5
Uganda	DHS 2006	National	0.6
		Karamoja Sub-Region	1.8

Table 1.1 FGM/C prevalence rate among pastoralist communities in the Horn of Africa

Source: Oloo, (2011)

According toOloo and Jones (2011) and Kerubo (2010)the type of FGM/C varies among ethnic groups. For instance; Clitoridectomy is practiced by the Abagusii, while excision is common among the Meru, the Agikuyu and the Maasai. Infibulation is a type of FGM/C common among the Somali, the Borana, the Rendile and the Samburu. As Oloo and Jones (2011) explains the age of cutting also varies by ethnic group and is usually determined by the meaning associated with the practice. For example; among the Meru and Embu, where FGM is practiced as a rite of passage to adulthood, the cutting is undertaken around puberty. For the Maasai and the Samburu, who practice FGM/C for marriage eligibility, the practice is undertaken during post-puberty prior to marriage. Some communities such as the Taita practice it during infancy while other ethnic groups who include Somali, Kisii and Borana the cut takes place between ages 6 to 10 years with the assumption that the wound will heal faster. This age group is easier to handle and usually children do not understand the implications.

1.2 Problem statement

FGM/C denies community development in several aspects as argued by Oloo (2011). It retards educational prosperity of young girls due to the fact that the process sets the pace of early marriage in girls that force girls out of school. In addition to this, FGM/C as initiation process if not well taken care of medically can lead to loss of lives due to excess bleeding or bacterial infections.

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Several studies have already been conducted to enhance our collective knowledge on the complexity of the practice of FGM/C, factors that determine its perpetuation and the role of government and other organizations in ending the practice. A National Situation Analysis was conducted in 2006, which provided insight into the strategies in use and the broad spectrum of players and stakeholders in this campaign towards the abandonment of the practice of FGM. However these studies have all revealed that FGM/C though reducing gradually is still prevalent in the Eastern Regions of Kenya despite various anti-FGM/C interventions by government, civil society organizations, and faith based organizations and bilateral agencies. The persistence of FGM/C as a social norm has resulted in the need to further understand this social norm to confirm why FGM/C is persistent. FGM/C as a social norm is typically dependent on the local/specific context, and can be thought of as normal pattern of culture, with some of the elements visible while some are not.

This study in socio- cultural dynamics enhances our understanding of factors influencing the practice, the interventions that can be put in place, and identification of gaps and strategies of how to incorporate the local communities as active players in its eradication. Social networks are the channels through which information and beliefs spread among people. The study of social networks is thus important in examining and predicting changes in social norms. Therefore this study seeks the views of stakeholders in Merti sub-county, Isiolo County and highlights the specificity and unique characteristics of the practice in the county.

1.3 Objectives of study

1.3.1 General objective

The general objective of this study is to establish factors that would influence local community stakeholder's participation in the eradication of FGM/C among the Borana community in Merti sub-county, Isiolo County.

1.3.2 Specific objectives

a) To establish the role played by the community in perpetuating the practice of FGM/C among the Borana of Isiolo County.

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b) To identify challenges encountered by community leaders in their efforts to end the practice of FGM/C.
c) To explore government and non-governmental organizations interventions in response to the problem of FGM/C.
d) To investigate alternative rites of passage to FGM that is acceptable and appropriate to the Boran people.

1.4 Research questions

a) What role has the community played in perpetuating FGM/C among the Borana community of Isiolo County?
b) What challenges do the community leaders encounter in their quest to eradicate the practice of FGM/C among the Borana community of Isiolo County?
c) What are the government and non-governmental organizations interventions in responding to the problem of FGM/C?
d) What alternative rites of passage to FGM are acceptable and appropriate to the Boran people?

1.5 Significance of the study

This study enables policy makers to refocus efforts currently concerned with maternal health and infant mortality, and the rights of women and in partnership and collaboration with NGOs, government bodies and agencies and in consultation with the target groups as equal participants in finding a solution or alternative to the practice of FGM/C with an aim to eradicating the practice.

The finding expressed in this study can be used to make recommendations to the national government of Kenya and the County Government of Isiolo in particular on the appropriate measures to be taken to mitigate against the cultural traditions and religious beliefs that encourage the practice of FGM/C among the Borana community. In the process of finding solutions to eradicate the practice, alternatives to FGM/C will be introduced that are acceptable and appropriate to the affected community and do not infringe on the rights of its victims.

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The research findings are of importance in adding to the existing documents on FGM/C and the implementation of the national policy on gender equality and national FGM/C policy and the empowerment of women in the Borana community such as increased enrolment and retention of the girl child in institutions of learning.

1.6 Scope of the study

The study "The Role of the community in ending FGM among the Boran community in Merti sub-county, Isiolo County" covered a target population of 20341 people of both male and female gender 15 years of age and above. The study targeted respondents of both genders and covered a total area of approximately 12612 square kilometres in the wards of Chari and Cherab of Isiolo North constituency, Isiolo County. This study was conducted between the months of June 2016 and August 2016.

The factors that were considered include; the cultural and traditional beliefs of the Borana community, the influence of education in relation to the culture of FGM/C and how FGM/C practice has affected education of the girl child, the health consequences as a result of FGM/C and how this has affected the perception of people towards the practice of FGM/C and the role of the community stakeholders and the effect of programs rolled out by the government to mitigate on the problem.

1.7 Limitations of the study

Lack of cooperation and the conservative nature of the community or respondents was a major challenge in conducting the study within the county. The researcher involved opinion leaders and religious leaders in collecting data in order to overcome this draw back.

Isiolo County is popularly known for the leaders with very stringent ideologies and strong cultural beliefs and affiliations. This was a barrier in the process of efficient and effective collection of data. The researcher created rapport with the leaders at the grassroots level to ease entry into the community and enable effective and efficient collection of data.

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A high level of illiteracy among the Borana community also threatened to be a drawback especially when answering the questionnaires developed; therefore getting the required information become a challenge. The researcher used research assistants who were from

the community and who spoke and understood the indigenous language. The research assistants were inducted and trained on the best way of approaching the respondents and filling of questionnaires that did not compromise their relationship with the respondents.

1.8 Operational Definition of Terms

Abrahamic religions; also known as Semitic religion, is a monotheistic religion originating from West Asia tracing their origin from Abraham and also recognizing the spiritual traditions of Abraham, they comprise one of the major divisions in comparative religion, along with Indian and East Asian religions. These religions include; Islam, Judaism and Christianity, (Author, 2016).

Baraza; is a Swahili word that means deliberation meeting held by collected of people with wisdom, (Author, 2016).

Clitoridectomy; is the excision of the clitoris, usually performed as part of female initiation rites, mainly among certain African and Middle East communities, but also sometimes used in various societies to curb sexual desire; female circumcision,(Author,2016).

Female genital mutilation/cutting; - is the ritual removal of some or all of the external female genitalia typically carried out by a traditional circumciser using a blade or razor with or without anaesthesia, (Author, 2016)

Female circumcision; also known as the female genital mutilation or cutting is procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons (Author, 2016).

Gender mainstreaming; is the public policy concept of assessing the different implications for women and men of any planned policy action including legislation and programs in all areas and levels, (Author, 2016).

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Infibulation; is theremoval of the inner labia and, in the most severe form, or thestitchingtogetherofthevulva,oftenafteraclitoridectomy,leavingasmallopeningforthepassageofurineandmenstrualblood, (Author, 2016).

Neuroma; growth of nerve tissue involving nerves that supplied the clitoris, (Author, 2016).

Rite of passage; is a ceremony and marks the transition from one phase of life to another. It refers to any of life's transitions such as birth, initiation, marriage, death, (Author, 2016).

Sepsis; in medicine this is the presence in tissues of harmful bacteria and their toxins, typically through infection of a wound, (Author, 2016).

Traditional circumcisers or Traditional practitioners; is a culturally/traditionally ascribed person, male or female who performs the surgical removal of the foreskin i.e. in male human penis or clitoridactomy in female genital organ, (Author, 2016).

Preserving chastity; this means keeping your body pure and free from sexual relations, where in some religious or culture figures take a vow of chastity so they can focus their thoughts on their faith, while many young people save their chastity for when they get married or fall in love, (Author, 2016).

Episiotomies and perineal tears; is a cut the doctor or midwife makes in the perineum which is the area between the vagina and anus. It is done to help deliver the baby or to help prevent the muscles and skin from tearing. The cut is made just before the baby's head comes out of the birth canal. It is stitched up after the birth, (Author, 2016).

Post-partum hemorrhages; is excessive bleeding following the birth of a baby, (Author, 2016).

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CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews literature from the findings of studies done on the subject of female genital mutilation among the African societies with more emphasis on Kenya. The chapter also reviews theories that informed this study, discusses conceptual framework and winds up with a summary of the chapter including the main research gap that this study has filled.

2.1 Theories that inform the study of effects of FGM

The theories that informed this study included; Diffusion of innovation theory, the proponent of this theory is Rogers (1995). This theory predicts that the media and interpersonal contacts provide information and influence opinion and judgment. In support of it assumptions this theory's argument is based on four stages of how innovation occurs; invention, diffusion (or communication) through the social system, time and consequences.

This theory states that; Diffusion is the "process by which an innovation is communicated through certain channels over a period of time among the members of a social system". An innovation is "an idea, practice, or object that is perceived to be new by an individual or other unit of adoption". "Communication is a process in which participants create and share information with one another to reach a mutual understanding" in its attempt to explain the nature of network and the role of opinion leaders in determining the likelihood that the innovation will be adopted, this theory assumes that; Opinion leaders exert influence on audience behavior via their personal contact, but additional intermediaries called change agents and gatekeepers are also included in the process of diffusion.

The theory categorizes the adopter in to five categories including; (1) innovators, (2) early adopters, (3) early majority, (4) late majority, and (5) laggards. Where the very little innovators adopt the innovation in the beginning (2,5%), early adopters making up for

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13,5% a short time later, the early majority 34%, the late majority 34%and after some time finally the laggards make up for 16% (University of Twente, 2010).

If we apply this theory in the practice of FGM/C, it allows the communities to view the idea of eradicating the practice of FGM as an innovation.Diffusion of Innovation theory in its assumptions offers a theoretical insight into the mechanisms by which one might establish change at a community level (Brown et al 2013).

The theory sees change as being primarily about the evolution or "reinvention" of products and behaviours so they become better fits for the needs of individuals and groups. There are five qualities that determine the success of an innovation. This include;Relative advantage. i.e. The degree to which an innovation is perceived as better than the idea it supersedes by a particular group; Compatibility with existing values and practices. i.e. the degree to which an innovation is perceived as being consistent with the values, past experiences, and needs of potential adopters; Simplicity and ease of use. i.e.The degree to which an innovation is perceived as difficult to understand and use; Trialability.i.e. The degree to which an innovation can be experimented with on a limited basis; and Observable results. i.e. The easier it is for individuals to see the results of an innovation, the more likely they are to adopt it (Robinson, 2012).

This theory further offers method of identifying what is problematic in terms of ending FGM/C, by identifying/determining the characteristics and motivation that would lead to ending the practice. motivations would include ARP, and how families can be identified and supported (Robinson, 2012).

The theory also identifies environmental factors that might affect diffusion, such as; the political context; local cultures; and increasing levels of globalization, e.g. communication and media as important considerations in planning and organizing change (Robinson, 2012).

A major disadvantage of Diffusion of Innovation theory is that while social factors have in the past resulted in a desire to own a new technology and to embrace change, one key challenge is that the owner/changed individual will require some level of new learning to

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enable use and adapt to the new changes. Access to learning may be limited in a given community and in some instances is restricted by the failure of the technology developing organisation or the change agent itself (MacVaugh, 2010).

Another disadvantage of Diffusion of Innovation theory is that it does not consider the fact that social conditions explain the cultural and relational specificities (e.g. norms, values, and hierarchies) widely shared within the groups or communities to which users belong. Community members normally disapprove of new innovations or changes and the embraces are normally considered as less worthy of being a community member (MacVaugh 2010).

The other theory that informed this study is the Social Convention Theory developed by, Schelling (1960) and applied by Mackie (1996). This theory describes a behaviour affected by social convention or social norms. It states that, "decision-making is an interdependent process where a choice made by a family is affected and affects the choice made by other families." This theory benefits the current study in that; it gives an explanation of how certain traditional practices are self-enforcing social conventions; what social conventions are; why they are universal in a community; why they are strongly resistant to change; and how to organize the rapid mass abandonment of such a convention/practice. This theory can help us understand why mothers let their daughter go through the FGM procedure and how the community can approach such practices in an effort to eradicate the practice (Mackie and Le Jeune, 2008).

2.2 A review of Female Genital Mutilation practice in the world

According to Nour (2008), female genital cutting (FGC), also known as female circumcision or female genital mutilation, is an ancient practice that dates back to Abrahamic religions period. Nour (2008) further asserts that this practice is prevalent in 28 African countries and some countries in Asia. While Klein (1991) explains that female circumcision is an ancient and traditional blood ritual that exists in a variety of severities, where among some communities, part or all of the clitoris is cut away, this procedure may include the ablation of the small and/or large labia. Gruenbaum (2001) points out that although FGM is widely associated with African communities, this practice has been

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practiced worldwide in Indonesia and the Middle East. Record also shows that it was a practice in the United States and Great Britain in the 1800 to the mid-1950s.

According toNour (2008)more than 130 million women worldwide have undergone female genital cutting (FGC) also known as female genital mutilation (FGM). This practice occurs in parts of Africa and Asia. Amongst the world's communities, this

practice is commonly found among communities living in the Horn of Africa, including; Northern and central Sudan, Southern Egypt, Djibouti, Somalia, parts of Kenya and Ethiopia. In Asia this FGM is reported common in countries including, Yemen and among the Kurdistan community in Iraq and Turkey. The age at which it is conducted varies from days after birth to puberty; in half the countries for which national figures are available, most girls are cut before the age of five.

2.3 The Connection between Cultural Traditions/Religious Beliefs and the Practice of FGM/C

Klein (1991) and Nour (2008)explains that communities have various reasons for practicing FGM some of which are; cultural as in rite of passage, preserving chastity, ensuring marriage ability, religious reasons, perceived hygiene, belief such as improving fertility, and enhancing sexual pleasure for men. This idea can also be seen in Christine (1997) when she states that FGM/C is practiced as a rite of passage preparing young girls for womanhood, thus it is traditionally supported as it makes an individual socially, ethically, and religiously accepted. Girls who have not undergone this practice are normally stigmatized and are considered children. This sentiment is supported by Oloo and Jones (2011) when he states that it is believed that after the ritual a girl/woman is prepared to carry out the roles assigned including marriage and childbearing. This rite of passage is an important cultural value and is passed on from one generation to the other.

Another reason Oloo and Jones (2011) give is that majority of communities that practice FGM/C also consider the practice as helping in curbing sexual drive and respecting cultural/traditional heritage. Askew et al, (2007) in their study findings explain that FGM/C is thought to suppress sexual desires and is a way of keeping a woman from having sex for pleasure before and after marriage. Uncut women are thought to be easily aroused and possess strong sexual desires which are not culturally acceptable. Askew et

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al, (2007) continues to explain that the reason behind FGM/C, according to elders from Isiolo, was to reduce the sexual desires of the girls thus enforcing the cultural value of sexual purity/virginity until marriage.

Marriage was another cultural reason for the practice of FGM/C as Askew et al. (2007) explains. Families among the pastoralist communities such as the Samburu encouraged FGM/C on their daughters not only because it made them marriageable but also to attract

high bride price. Askew et al. (2007) continues by explaining that among the Maasai community, a man would feel honoured if they marry a circumcised girl, and this tradition has made it difficult to abandon the practice. According to the elders, those who are campaigning against FGM/C cannot beelected as leaders (chiefs and councilors) among the Maasai and Samburu community.

Askew et al. (2007) state that another factor that encourages the continuity of FGM/C is family honour. Some communities especially among the Somali believe that failure to undergo FGM/C, the daughter risks losing respect and members of the family may be ostracized to become outcasts.

Oloo and Jones (2011) states another reason that justifies the cultural practice of FGM/C is the believe that it helps in hygiene and aesthetic reasons. It is believed that the female genitalia is ugly, has a bad odour and can be made more beautiful by FGM/C. In WHO Media Centre (2014) some communities associates FGM/C with cultural ideals of femininity and modesty with the belief that girls are clean and beautiful after undergoing the cut, the clitoris is considered male or unclean.

In Oloo and Jones (2011) explains that FGM/C is a deeply rooted traditional culture driven by a complex combination of psychosexual and social reasons, specific to each context and passed down the generations. Oloo and Jones (2011) continue to explain that although FGM/C is sometimes given a religious meaning it remains primarily a cultural rather than a religious practice, occurring across different religious groups and it is not sanctioned by any religious texts, however, some communities give it a religious interpretation to justify the practice. Askew et al. (2007) in support of the later statement explains that some communities such as the Borana practice FGM/C believing that it is a

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religious obligation, i.e. Muslims belief that "prayers of uncircumcised person are considered unacceptable.

2.3.1 Challenges encountered by community leaders in their effort to end FGM/C

According to UNFPA and unicef (2011) religious leaders played an active and decisive role in the campaign to end FGM/C. This is common with Muslim and Christian clerics in Africa now agree with that. In their role as spiritual guides, counsellors and leaders at the community level they help to convince people to abandon the practice. There is evidence that many Imams are embracing an expanded role in their communities as a result of their

support for the campaign against FGM/C. From being seen as rigid guardians of tradition and rote learning, some are becoming eloquent defenders of the rights of girls and women to health and physical integrity, "as Allah created them. But in this fight they face Communities who value their culture and it is therefore difficult to discuss FGM/C, due to its deep rooted cultural roots, which most people find hard to abandon.

UNFPA and UNICEF (2011) contend that community leaders risk being ostracized for FGM/C is a practice strongly tied to tribal and religious traditions. It is a norm that the entire tribe or village undertakes together, thus eliminating FGM/C would require the endorsement of the entire community, women and men alike. Any national strategy must work on a community-by-community basis. The community leaders therefore differ across the communities with the established norm. It is possible for community traditions to be honoured in ways that do not endanger the health, basic human rights, or even lives of the girls and women within that community.

According to UNFPA &unicef (2011) community leaders fight against FGM/C must have the full support of all parts of the government, and political will down to the county level. The county Governors must be at the vanguard, as many have committed to be. Political will could also be expressed through the institutionalization of a wide range of measures targeting the elimination of FGM. A National Strategy should seek to bring all players together. Politicians in most cases will oppose anti FGM/C if they find that it would not be a popular initiative in the community.

Gaps in laws and lack of enforcement of policies and laws makes community leaders helpless. There is no clear strategy for implementation of the limited legal and policy

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provisions that do exist for FGM/C, such as the Children's Act and the National Plan of Action for the Elimination of FGM/C. community leaders and provincial administration staff are often reluctant to denounce FGM/C publicly and to apprehend and prosecute FGM/C offenders, and corruption has led to the release of culprits (Askew et al., 2007).

2.4 Effects of Education on the Practice of FGM/C

According to Oloo and Jones (2011) the findings of their study conducted among the Kisii and Kuria communities where FGM/C is widely practiced, education was found to be an important factor in the abandonment of the practice. In addition, the isolation and

stigma directed towards uncircumcised girls and women is far greater for uneducated girls. Educated families are perceived as able to make choices and particularly when a woman is educated and holds a position of responsibility such as a teacher or a community leader, she is less likely to be stigmatized and her children are less likely to be targeted if they choose not to be circumcised.

Oloo and Jones (2011) further observe that some families reject the practice refusing to bow to social pressure. This is attributed to the growing influence of the church, increased exposure of parents to education and other cultures about the illegality and health risks associated with FGM/C. The results also indicate that those who are educated have the knowledge and the authority to make up their own minds and resist. Ouedraogo (2008) states that in a study carried out in 15 countries with high FGM/C prevalence rate the support for the practice is high in women with no formal education, i.e. a mother's education level is important in her daughter's participation in FGM/C, her own experience will have a direct bearing on her decision to allow her daughter to be circumcised.

In support of this finding Fretheim et al, (2010) reiterates that in studies conducted in different African countries including Kenya and Ethiopia, community empowerment through education may possiblyhave reduced prevalence of FGM/C, by increasing awareness and knowledge about theconsequences of FGM/C, and increased regrets about having had a daughter cut. In concurring with this, another research carried out in Kenya suggests that if a mother has more education, her daughter is less likely to undergo

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FGM/C, and that secondary education is associated with a four-fold increase in disapproval of FGM/C (WHO & Pan American Health Org, 2012).

It is important to note that, basic education can be an effective tool in the eradication of FGM/C and state education departments in African countries with high FGM/C prevalence rates should develop units of instruction and teaching materials and ensure that FGM/C is an integrated part of national curricula and teacher training programs (GTZ, 2009).

Kipuri and Ridgewell (2008) note that pastoralist communities in the horn of Africa have fewer educational/learning institutions and medical facilities than the rest, and this affects their ability to participate in the national decision making processes this includes issues

related to FGM/C. Kipuri and Ridgewell (2008) continues by saying that FGM/C marginalizes those girls who undergo the procedure as few return to school and it also alienates those girls who are spared as they become outcasts with few opportunities to getting married.

The Center for Reproductive Rights (2006) states that changes in the approach, information, education, and communication campaigns directed at the practice of FGM/C where the use of music, theatre, and films, have been incorporated into programs carried out by the health sector and schools and also to curb the practice of FGM/C legal and human rights organizations today include information on FGM/C in training programs on women's rights for lawyers, judges, and society can yield positive results. As Fretheim et al, (2010) puts it that several approaches have been employed towards the eradication of FGM/C in Africa including; legal mechanisms, human rights frameworks, health risks, alternative rites, positive deviance, training health workers as change agents, training and converting circumcisers and the use of comprehensive social development approaches.

Another set of players in this cultural practice also needs attention. These are the traditional circumcisers. Educational programs should be designed that focus on involving circumcisers in training them for alternative sources of income that would encourage them to abandon FGM/C (Center for Reproductive Rights, 2006). On the prospective victims of FGM/C, Oloo and Jones (2011) explains that the objectives of alternative rites of passage involves providing education to young girls and women about

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growing up and making the transition to womanhood, health risks of FGM/C, legality of the practice and violation of rights of girls and women and continues to say that empowerment programs in conjunction with alternative rites of passage programs taking a more holistic approach that includes the parents, community leaders and local authority have been effective in changing attitude towards FGM/C with parents and girls choosing against the practice in Kisii community. UN; Women (2014) explains that the absence of sexualand reproductive health education has a profound impact on women and men, this results to the continued practice of FGM/C.

2.5 Consequences of Female Genital Mutilation

Nour (2008) explains that approximately 3 million girls each year are likely to undergo FGM. The effects of this practice include health, psychological and sexual complications

which depend on the type of procedure that is performed, tools used and whether they are sterilized or not during the exercise, the experience of the operator, and the social atmosphere at the time the cut is performed.

As indicated in Nour (2008), World Health Organization has classified FGM/C into 4 types depending on the extent of tissue removed. Immediate complications include hemorrhage, infection, sepsis, and death. Long-term complications include pain, scarring, urinary issues, and poor obstetric and neonatal outcomes. Efforts are being made nationally and internationally to eradicate this practice.

In this subject Fretheim et al, (2010) explains that women and girls who undergo this practice are exposed to risks such as severe pain, bleeding, shock, difficulty in passing urine and feces, and infections, while long term consequences can include chronic pain and infections. The most common medical/obstetrical problems experienced by victims of FGM is prolonged labour and /or obstruction, episiotomies and perennial tears, post-partum hemorrhage, and maternal and foetal death. A recent study investigating 28,393 women attending obstetric centres in African countries concluded that women victims of FGM were significantly more likely than those without to have adverse obstetric outcomes such as a caesarean section, infant resuscitation, and inpatient prenatal death.

In communities where FGM is practiced, there exist consequences both when it is and when it is not practiced or performed. Fretheim et al, (2010) explains that where FGM should be a source of personal and collective identity as well as power in a woman's daily

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affairs (i.e when one conforms to the cultural practice one definitely acquires social position and respect in the community failure to which), one loses their position and respect in that they experience difficulty in finding a husband, have to face shame, stigmatization and ultimately exclusion from the community. Ouedraogo (2008) points out that it is important to understand the most significant social factors that allow the practice of FGM, because it violates the fundamental human rights of women and girls by depriving them of their physical and mental integrity, of their right to a life free of violence and discrimination, and in the worst cases, of life itself.

Studies show that FGM can lead to psychological effects as Ouedraogo (2008) puts it. Girls who have undergone this practice report disturbance in eating, sleep, mood, and cognitive imbalance. This is portrayed in experiences ranging from fear, submission to

inhibition and feelings of anger, bitterness and betrayal. The victims of this procedure bear a life time consequence as it is irreversible. Toubia (1993) concurs by citing three psychological cases, which include; anxiety state originating from lack of sleep and hallucination, reaction depression from delayed healing and psychotic excitement from childlessness and divorce. Other problems include, traumatic experience, a sense of being betrayed by family members, elders, and joining peer groups by force through FGM operation.

FGM has impacts the sexual experience of the victim too. According to Fretheim et al, (2010)excision of women's genital parts, which as a result leads to damaging nerve endings around the genitals and subsequent development of scar tissue and adhesionson the parts, reduce a women's capacity for sexual enjoyment. One of the dangers posed by FGM as explained by Osur (2014) is inability of victims to enjoy sexual pleasure. This is as a result of the clitoris being either partially or completely cut off. This results in injury where the scar that follows after the practice, affects the woman's experience in sex which in most cases becomes a painful exercise.

2.6 Interventions or Strategies to Eradicate Female Genital Mutilation/government intervention in response to FGM/C

Naguib (2012) FGM has been internationally recognized as a violation of the human rights of girls who are forced to undergo this procedure. This practice has been categorized as a harmful traditional practice, ethically indefensible because of its

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permanent physical and psychological damage inflicted to its victims. Center for Reproductive Rights (2006) confirms that the General Assembly of the United Nations adopted the declaration on the elimination of Violence Against Women which characterizes FGM as a form of violence. As contained in article 25 of the United Nations general assembly of 1948 proclaiming the rights of all human beings to live in condition that enable them to enjoy good health and health care. State parties to the convention are expected to ratify international conventions and declarations that make provisions for the promotion and protection of the health of women and girls including countries where FGM is practiced. This was followed be the Beijing Declaration and platform for action which pointed out that discriminatory attitudes and norms that make girls and women more vulnerable to gender-based violence including FGM/FGC (UN; Women, 2014).

These United Nations Conventions and declarations are instruments that impose specific obligations to state parties which include the four obligations pertaining to FGM including action to be taken in the modification of customs that discriminate against women as affirmed in article 2 and 5 and in documents adopted in other UN conferences. It is the duty of state parties to abolish practices that are harmful to children where FGM is characterized as a "harmful traditional practice" and governments must work to eliminate, state parties to ensure health care and access to health information where health education is seen as a strategy to eliminate FGM, and ensure a social order in which rights can be realized where it is implied that efforts to eliminate FGM must include actions that improve the status of women in every sector of society, as stated in(Center for Reproductive Rights, 2006).

The African protocol on women's rights is mandated to ratify and implement the UN conventions and declarations as indicated in Center for Reproductive Rights (2006) in its quest to uphold the rights of women, state parties as directed to create public awareness in all sectors of society regarding harmful practices especially FGM through information, education and outreach programs; enact legislations that prohibit and sanction FGM, scarification, medicalization and para-medicalization of FGM in an effort to eradicate them; establish programs geared towards provision of necessary support to victims of harmful practices such as health services, legal and judicial support, emotional and

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psychological counseling as well as vocational training to make them self-supporting; and protection of women who are at risk of being subjected to harmful practices or all other forms of violence, abuse and intolerance.

The Center for Reproductive Rights, (2006) further explains that it is the mandate of the African Charter on the rights and welfare of the Child to oversee state parties take effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children. This body has consistently characterized FGM as a "harmful traditional practice" that governments must work to eliminate.

In Oloo and Jones (2011) Kenya's intervention strategy includes a Ministry of Health Plan of Action For Elimination of FGM 1999-2019 which stipulated broad goals, strategies, targets and indicators; and the Children's Act which criminalized FGM for girls under the age of 18 years. The government of Kenya enacted through an act of parliament the "Prohibition of Female Genital Mutilation' in it constitution, this act come

in force on the 4th October 2011 where it established a board known as the Anti-Female Genital Mutilation Board with the mandate including; creating public awareness through programs against the practice of FGM, provide technical and other support to institutions, agencies and other bodies engaged in the programs aimed at eradication of FGM. The act out laws the practice of FGM in Kenya, (Attorney General, 2011, sec. issue 1).

Oloo and Jones (2011) reiterate that the attitude of the government offices tasked with enforcing the law on FGM practice is wanting. Reports indicate that local Administration Officers such as chiefs and their assistants in areas where FGM is practiced are themselves supporters of the practice although in the *barazas* they often speak against FGM. Furthermore, there is lack of good will among political leaders to eradicate the practice.

It is explained in Askew et al. (2007) the effort put in place by the government of Kenya towards eradication of the practice, through several ministries including; Education, Health, Gender, Culture and Social Services, Home Affairs, Natural Heritage, Information and Broadcasting, Justice, Planning and through the local authorities. This can be witnessed through legislation as in Section 74, 250, and 251 of the current constitution which protects every individual from torture and inhuman and degrading

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treatment including FGM/C, the Ministry of Gender provides support to the gender desks in all ministries and government agencies to support them on issues of gender mainstreaming which is in coordination with the National Gender and Equity Commission (NGEC).

Askew et al, (2007) points out the presence of other organizations in various districts such as CLAN, Care International, UNICEF Womankind, Woman Concern SIMAHO, Population Council, etc., where FGM is prevalent that supplement government efforts in its attempt at eradicating the practice. In Isiolo and Garissa where we find the practice being nearly universal among the Somali, while highly prevalent among the Borana, Rendille and the Samburu communities, the same organizations are found.

2.6.1 Alternative Rites of Passage to FGM/C that is Acceptable and Appropriate

According to amref, (2015) a rite of passage is a traditional ritual symbolizing transition of a group of people normally of the same age bracket from one status to another. Girls in some communities in Kenya and commonly the pastoralist's are initiated through circumcision which consists of cutting of female genitalia to mark their transition from childhood to womanhood. Amref continues to say that Alternative Rites of Passage (ARP) has achieved great success between 2009 and 2012.

The Amref Health Africa ARP model is praised to be the most effective intervention in the fight to end FGM/C. This model comprises of sensitizing the local community members including; the cultural elders; the Maasaimorans and; the parents of the young girls, therefore the community becomes the change agents. Before the ceremony participating girls in the alternative rites of passage are secluded, in a school dormitory or village hut, where they learn about womanhood: lessons which now include sex education, information about STDs and violence against women, and presentations emphasizing the importance of continuing education for girls' and women's rights. The traditional circumcisers who performed the cut in the past are given a new role of discussing the meaning if FGM/C in the past and what their role was, before explaining reasons for abandoning the practice(amref, 2015).

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Equality Now et al, (2011) reports on ARP that practical actions or steps towards total elimination of FGM particularly in Tanzania would be to encourage FGM/C practicing communities to develop alternative rites of passage for girls building on the successes of the Kenyan model. It continues to report on the successes by explaining that the number of girls undergoing the Alternative Rite of Passage (ARP) trainings and staying in schools is increasing, e.g. from 137 in 2008 to 204 in 2009 and that more parents from pastoralist community especially the Maasai now understand the consequences of FGM and are realizing the importance of girl child education. More girls at risk of undergoing FGM/C are running away from their families and are being received in rescue centers established in FGM/C prone areas such as in Maasai land.

According to Onyulo (2015) among the Maasai community, girls are now going throughan alternative ceremony meant to bring them into womanhood without physical harm this alternative to FGM/C does not interfere with our health and education and it is not brutal like the physical cut. It involves girls between the age of 9 and 12 who are given beads and clothes as a sign of rite of passage to womanhood. The traditional beads embedded on an initiate's clothes and a ring made from animal skin as a symbol of completing the ceremony and attending a two week class about the role of women in the

community**.** During the two weeks the girls also participate in dancing and singing traditional songs, bulls, ox and goats are slaughtered to mark the ceremony, the girls drink raw blood of the animal to signify adulthood and unity of the community the blood is sprinkled on their forehead as a sign to identity those who have undergone the rite.

While Cole (2016) explains that some communities and cultures are now moving away from the ritual of FGM/C like the Maasai and the Samburu in Kenya and Tanzania, where alternative ritual include celebrations where a mixture of milk and honey poured over the girl's heads before special dishes, songs and dances are shared. This exercise is also marked bya public denouncement of the practice from village elders and promises from men to marry women who have not undergone the procedure are often made.

2.7 Conceptual framework

This conceptual framework illustrates how the variables interact. The independent variables in this case include; the cultural traditions/ religious beliefs and the role of the

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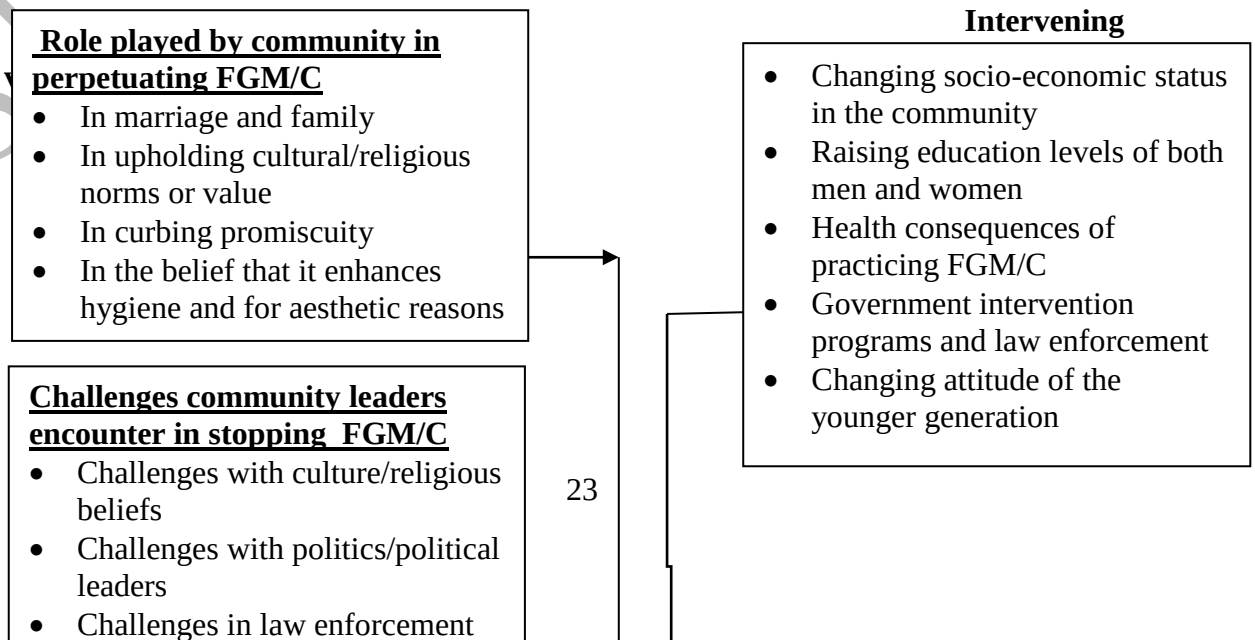
community in perpetuating the practice of FGM/C, challenges encountered by community leaders in eradicating the practice FGM/C among the Borana community, government strategies and programs in response to the problem of FGM/C among the Borana community and the ARP to FGM that are acceptable and appropriate to the Borana people. In the community, we have opinion leaders who shape the views and perceptions of their people. The Diffusion of innovation theory offers a theoretical insight into the mechanisms by which one might establish change at a community level (Brown et al 2013). Indicators of each independent variable are listed in the diagram.

The intervening variables in this study include; Changing socio-economic status in the community; Raising education levels of both men and women; Health consequences of practicing FGM/C; Government intervention programs and law enforcement; and Changing attitude of the younger generation. The Diffusion of innovation theory sees change as being primarily about the evolution or "reinvention" of products and behaviours so they become better fits for the needs of individuals and groups. This change can be through socio-economic status of members in the community.

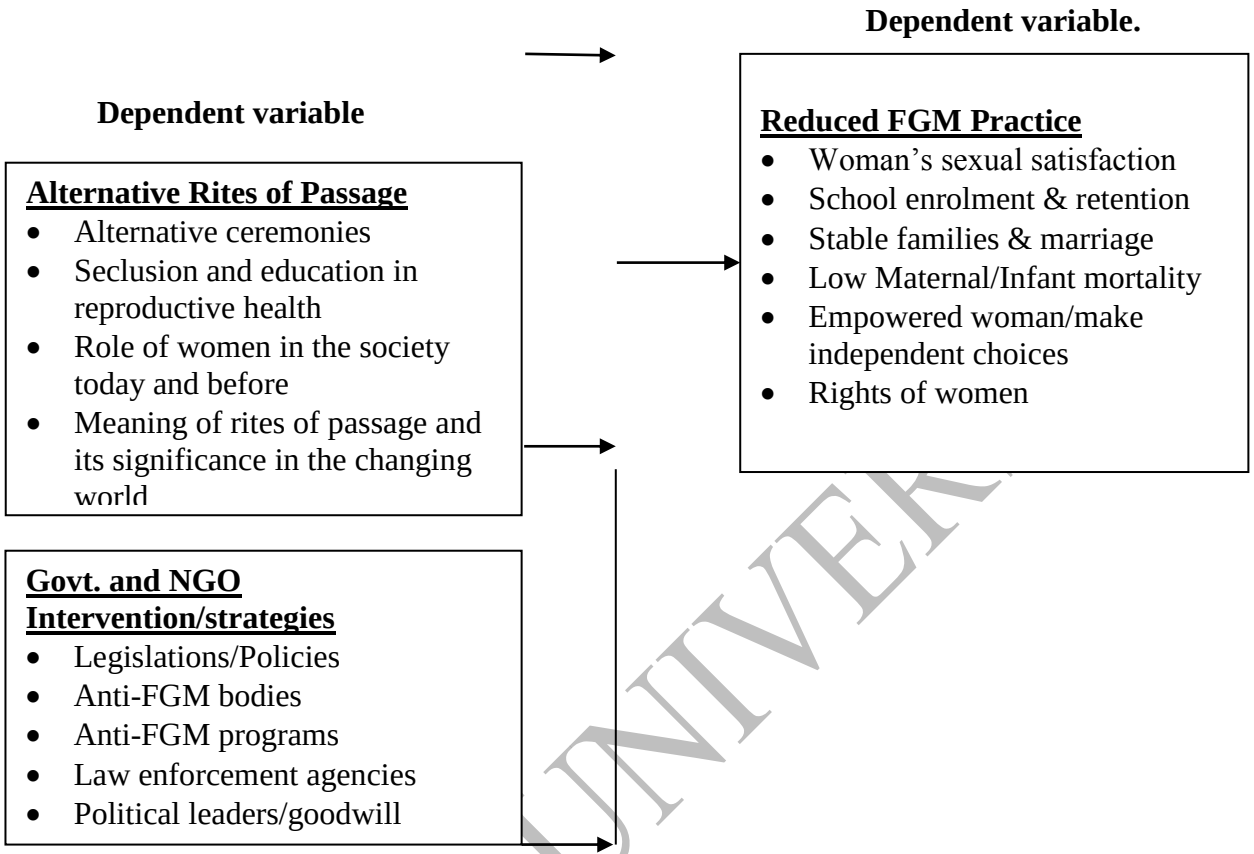
The dependent variable in this study is the practice of FGM. If mitigation measures to eradicate this practice are successful the following indicators will be realized; women's sexual satisfaction, increased enrolment and retention of girls in education institutions, stable families and marriage, improved female/mothers self- esteem and health improvement of the female gender/realized low infant and maternal mortality, and empowerment of women to make independent choices and women achieving more rights.

Figure 2.1: Conceptual framework: Relationship between the Practices of FGM Variables

Independent variables.



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Source Author 2016

A variable is a characteristic, where an independent variable influences another variable or characteristic, i.e. a dependent variable. The independent variable is manipulated to determine its influence on another variable. The dependent variable is influenced by an independent variable, (Mugenda, 2009). This study will attempt to analyse how; social, cultural and religious beliefs; influence of community leaders; ARP; and government interventions and strategies influence the eradication of FGM/C practice, amongst the Borana community in Isiolo County.

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CHAPTER THREE
RESEARCH METHODOLOGY

3.0 Introduction

This chapter describes the procedure that was followed in conducting the study. It discusses the research design, the study area, target population, sampling techniques and how the researcher derived the sample, research instruments, validity of the instruments, data analysis methods, reference as well as data collection procedures that were used by the researcher.

3.1 Research Design

Research design is the conceptual structure in which research is conducted; it constitutes the blueprint for the collection, measurement and analysis of data. This study adopted a descriptive research design using both qualitative and quantitative research methods to provide an insight into the effects of female genital mutilation on young girls of Borana community in Merti sub-County-Isiolo County. A descriptive research method determines

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and reports things the way they are. This approach is advantaged in the fact that it describes attitude, behaviour, values and characteristics (Kombo and Tromp 2006).

By using a qualitative approach, the study tried to understand the behaviour and the community, by attempting to know the community leaders and families of victims and the affected girls, their values, beliefs religion and cultures.

By applying a quantitative approach, the study through scientific process attempted to get numerical values in explaining the extent of FGM/C practice in the community. A total sample size of 100 respondents was used, to respond to the research tools this was drawn from two wards 24 respondents from Chari and 76 from Cherab.

3.2 The Study Area

The study was carried out in Merti Sub-County which is located in Isiolo County in Eastern Kenya. Isiolo County borders Wajir County to the North East, Masabit County to the North West,Samburu and Laikipia Counties to the West, Tana River and Kitui counties to the South, and Meru and TharakaNithi counties to the South West. Merti sub-County covers an estimated area of 12,612 km² it is the largest of the 3 sub counties in Isiolo County and with a population of 20341. Merti sub-County which is located in

Isiolo County is made up of 2 electoral wards of Chari and Cherab (CRA, 2011). The majority of people residing in Merti sub-County are the Borana with a strong cultural tradition and religious background that historically encourages the practice of FGM/C.

3.3 Target Population

According to Cooper and Schindler (2006) population is the total collection of some elements of the population to represent the entire population to ensure that a statistically generalizable result is generated. This study was done among the residents of Merti sub-county, Isiolo County.

According to Samoel and Ngugi (2013) the Merti sub-county, Isiolo County also known as Isiolo North constituency is made up of two administrative wards including; Chari with a total population of 4781 persons; and Cherab with a total population of 15560. The total target population is therefore 20341 persons this was the universal population of the research study as summarized in Table.3.1. Below. The researcher targeted mainly

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women of age above 15 years majority of who have undergone FGM/C rite in the Borana community of Merti sub-County.

Table 3.1 Target population

Department	**Total Population**
Chari	4781
Cherab	15560
Total	**20341**

Source: Author (2016)

3.4 Sample size and Sampling procedure

The study took both qualitative and quantitative research approaches, where the researcher applied probability sampling techniques and non-probability sampling technique to create a sample frame. In applying probability sampling the researcher used stratified random sampling method in selecting the stratum that was included in the survey. Stratified random sampling method ensures that each and every unit in the population has an equal chance of being selected. According to Strattrek (2016) in stratified random sampling the population is partitioned into non-overlapping groups called strata and a sample is selected by probability sampling usually simple random sampling is used within each stratum.

The study population was composed of 2 groups /stratum. Group one which included respondents from Chari ward and group two respondents from Cherab ward. A sample size of 40 respondents selected using purposive sampling from both groups (Chari 16 respondents and Cherab 24 respondents=40) were subjected to FGDs. Purposive sampling ensured that data was collected from respondents with information and knowledge of the subject matter being investigated. Most of the respondents were also known to the researcher. A sample size of 60 respondents selected using simple random sampling from both groups (Chari 8 respondents and Cherab 52 respondents=60) were subjected to questionnaires. Simple random sampling ensured that all eligible candidates had equal opportunity to be included in the study survey hence made the study results more accurate.

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The study targeted a sample size of 100 respondents from a total universal population of 20341. Yamane's (1967) formula was used as explained in Glenn (2016) to calculate the sample size of people affected by FGM. The formula will be as follows:-

$n = N / (1 + Ne^2)$

Where n = Number of samples,

N = Total population

e = Error tolerance

According to the 2009 Kenya Population Census, in (KNBS, 2010b) the total population of persons in Merti sub-County, Isiolo County as at that time was 20341 persons of which 52% are female. Therefore, the sample size of the respondents was 100 based on Yamane's Formula with a margin error of 0.1, i.e. $n = N / (1 + N e^2) = 20341 / 1 + 20341 * (0.1)^2 = 99.9$ (100) respondents.

The research tools were administered to a sample size of 100 respondents classified into various categories and a representative sample of both male and female. The researcher also used the proportionate stratification formula provided by Stattrek (2016) to calculate sample size for each ward/strata. The equation for the formula used was:-

$nh= (Nh/N)*n$

Where; nh-Sample Size for stratum (ward) h

Nh-Population Size for stratum (ward) h

N-Total Population Size

N-Total Sample size

Therefore the size for Chari will be:

$nh= (Nh/N)*n$

$nh= (4781/20341)*100=23.5(24)$

This formula was simultaneously applied to other strata/wards as illustrated in Table 3.2 below.

Table 3.2 Sample size

Ward/Strata	**No. In ward/strata**	**nh=(Nh/N)*n**	**Sample size**	**Sample size (FG)**	**Sample size (questionnaire)**

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Chari	4781	23.5	24	8 (2 groups)= 16	24-16=8
Cherab	15560	76.4	76	8 (3 groups)=24	76-24=52
Total	**20341**	**99.9**	**100**	**5 FGs = 40 respondents**	**60 questionnaires**
Total no. of respondents					**40+60 = 100**

Source: Author, (2016)

Of the 100 participants, 60 composed of village/clan elders, provincial administration and security officers were given questionnaires to complete. The remainder 40 composed of women elders, FGM/C circumcision practitioners, women teachers, NGOs representatives and women group leaders were organized into 5 focus group discussions of 8 respondents each. The focus group discussions were conducted over a period of 30 days. 2 focus groups in Chari ward and 5 focus groups in Cherab ward. Each focus group discussion had a maximum of 8 participants. The participants in the focus group discussions were recruited purposively from women group leaders, the local NGOs involved in projects towards eradication of FGM/C, from teachers and chiefs in the sub-county commissioner's office. The researcher visited different offices and held consultative meetings with the officers of the local NGOs involved in anti-FGM/C projects, the district education team involved in anti-FGM/C awareness creation and the office of the sub-county commissioner before meeting with members of the selected focus groups to obtain their consent for participation and discussed the objectives of the study.

Table 3.3 Sample Distribution

CATEGORY	**RESEARCH INSTRUMENTS/TOOLS**	**SAMPLE SIZE**	**PERCENTAGE**
Village, Elders, Provincial administration & security officers	Questionnaires	35	35%

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Women elders, FGM/C circumcision practitioners, women teachers, NGOs representatives and women group leaders	Key informants questionnaire guides	65	65%
TOTAL		100	100%

Source Author, (2016)

3.5 Research instruments/Tools

The researcher used primary data that was collected using self-administered questionnaires which had both open and closed-ended questions. Questionnaires were the most preferred instruments of data collection owing to the fact that they were easy to administer, were unlikely to be manipulated and also good answers were obtained from the respondents and also gave respondents enough time to answer. The researcher personally developed the questionnaires. The questionnaires were self- administered where the respondent(s) were left with the questionnaires that were later completed and collected at an agreed time by both the researcher and the respondents. Focus group a guide was developed by the researcher and used to collect data in focus group discussions.

3.6 Pilot Test

Before data was collected a pilot test was conducted using 7 people. Five questionnaires were distributed to 5 people and the focus group guide was pilot tested on 2 people. The people who participated in the pilot test were asked to give feedback on each of the questions. The feedback given was then used to revise the two instruments. All the participants in the pilot test were not included in the study and the data that was collected was not included in the data analysis. This procedure was necessary as it ensured the validity and reliability of the instruments that was used in the study.

3.7 Data Collection procedure

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An ‘onion’-oriented researching was employed in order to arrive at the core of the phenomenon that was investigated. Saunders et al (2003) suggests that conducting a research is like peeling the back layers of an onion—in order to come to the central issue of how to collect the necessary data needed to answer the research questions and objectives, important layers should be first peeled away. With the said process, the researcher was able to create an outline on what measures are most appropriate to be applied in the study.

The researcher engaged retired women teachers from the Borana community as research assistants who were not shy to carry out interviews with other women given the sensitivity of FGM/C in the Borana community. The questionnaires were also translated in to the local language to ensure that the researcher got reliable and valid data from the respondents.

After defending the proposal successfully, the researcher obtained a letter from the department of postgraduate studies in St Paul’s University authorizing him to go collect data in the field. Secondly, the researcher made appointment with the area chiefs of the three sub-counties where the research study took place to explain the purpose of the research before obtaining the necessary letters from the chiefs authorizing the research. After that the researcher embarked on distributing questionnaires to the participants and organized focus group discussions.

3.8 Data Analysis

The questionnaires were gathered together and checked for completeness. Questionnaires with answers that did not make sense or were completed half-way or less were excluded from data analysis. The questionnaires were then numbered and data summarized in tables. The data were then edited and errors and omissions corrected and keyed into an Excel worksheet. Quantitative data were analysed by calculating the descriptive statistics and summarizing in themes and frequency tables. The information was then presented in tables, graphs and charts.

In the case of focus group discussions, data was collected through recording with a voice recorder. After that data was turned into text format and analysed. After cleaning the data it was analysed by generating themes which were then reduced to larger categories by identifying patterns and connection within the data. This was then summarized into

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charts. A report was then written from the analysed data from the questionnaires and focus group guides.

3.9 Ethical Considerations

Before collecting data, the researcher introduced himself and explained the purpose of the research to allow the respondents to choose to participate voluntarily. After that the researcher then assured the participants of confidentiality and anonymity this allowed them to freely share their experiences and views on FGM. The researcher was also careful not to ask very sensitive questions that might have caused psychological disturbance to the participants. After every focus group discussion, there was debriefing before the participants left the venue.

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CHAPTER FOUR
RESULTS AND DISCUSSIONS

4.0 Introduction

This chapter explains the results based on the objectives of the study, which aimed to finding out the role of the community in ending FGM/C among the Borana community in Merti sub-County, Isiolo County. The findings of the study were organized under the following categories: demographic, role played by community in perpetuating FGM/C, challenges community leader's encounter in preventing FGM/C in Merti sub-County, government interventions, alternative rites of passage and reduced FGM/C practices. The

data was analysed by the use of excel worksheet. The data analysed was presented using tables, pie charts and graphs in this chapter.

4.1 Response Rate

Out of the 60 questionnaires issued all were returned; this means that a return rate of 100% was achieved.

4.2 Demographic Information

The demographic outlook of the respondents showed that a majority, i.e. 58.5% were within the age bracket of 10 to 30 years of age, and 59% were of male gender while 41% were of female gender. A majority of the respondents interviewed, i.e. 53 were married, 35% were single and 12% divorced.

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4.3.1 Gender of the Respondents

Respondent's gender was analyzed and presented as shown in table 4.1:-

Table 4.1: Gender of Respondents

Gender	Number	Percentage
Male	59	59%
Female	41	41%

Total	100	100%

Source: Field data (2016)

The proportion of male respondents was 59 % while the female totaled 41%. This shows that there were more males in the category of village/clan elders, provincial administration and security officers except in FGDs where women elders, FGM/C circumcision practitioners, women teachers, NGOs representatives and women group leaders participated in the study.

4.3.2 Age Distribution of Respondents

The study sought to find out the age distribution of the respondents and results is as shown in figure 4.2:-

Table 4.2: Age of Respondents

Age	Number of respondents	Percentage
10 – 20	23	23%
21 – 30	35	35%
31 – 40	24	24%
>41	18	18%
Total	100	100%

Source; Field Data (2016)

As indicated in table 4.2, twenty three percent of the respondents were aged between 10-20 years, 35% between the ages of 21-30 years, 24% were of the age between 31-40 years and 18% 41 years and above.

4.3.3 Level of Education Attained

A majority of the respondents (35%) had attained a level of education equivalent to a diploma and above while twenty four percent of the respondents attained KCPE, i.e. primary level of education or below. Twenty three percent attained certificate level and 18% of the respondents attained a secondary school certificate (KCSE) as indicated in Table 4.3 below.

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Table 4.3: Level of Education Attained

Level	Number	Percentage
KCPE and Below	24	24%
KCSE	18	18%
Certificate	23	23%
Diploma and Above	35	35%
Total	100	100%

Source; Field Data (2016)

4.4 Community Role in Perpetuating FGM/C

4.4.1 The Role of the Family in Perpetuating FGM/C

In question one the study sought to find out the role of the family in the perpetuation of FGM/C among the Borana community in Merti sub-County. According to Table 4.4, eighty two percent of the respondents agreed that the family plays a significant role in perpetuating FGM/C in Merti sub-County. Twelve percent stated that the family does not play a significant role in perpetuating FGM/C, while 6% of the respondents were non-committal.

Table 4.4: Significant Role of the Family on FGM/C practice

Response	Number	Percentage
Yes! the family plays a significant role in perpetuating FGM/C	49	82%
No! the family does not play a significant role in perpetuating FGM/C	07	12%
Non-committal	4	6%

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Total	60	100%

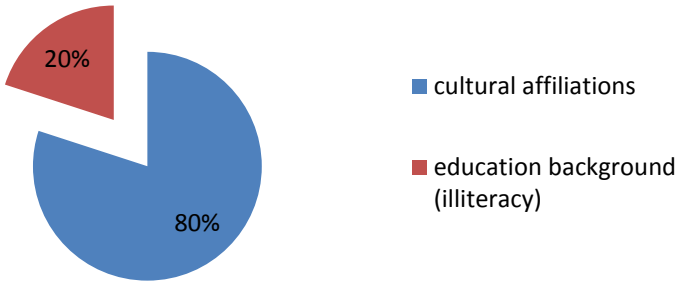
Source; Field Data (2016)

It was important for the researcher to establish how significant the family influence is in the continued practice of FGM/C. The respondents are aware that the practice of FGM/C is being encouraged within family units.

When asked to explain their answer to question two on whether they think that the family plays a significant role in perpetuating FGM/C in Merti sub-County, majority of the respondents (80%) were of the opinion that the cultural traditions of the Borana community plays a significant role in the perpetuation of the practice of FGM/C as community members tend to abide to their cultural practices in fear of being stigmatized and ostracized. This is also explained by Fretheim et al, (2010) that when one conforms to the cultural practice one definitely acquires social position and respect in the community failure to which, one loses their position and respect in that they experience difficulty in finding a husband, have to face shame, stigmatization and ultimately exclusion from the community. 20% of the respondents explained that the education level of the family members hard a significant role in the perpetuation of FGM/C practices as displayed in the pie chart below. This is true because from my own experience majority of the households where literacy level is low, the family members tend to perpetuate FGM/C since they still believe in the traditional way of life that further this vice. Therefore promotion of education and literacy is key in the war against FGM/C among the Borana Community.

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Figure 4.1: Reasons why the family plays a significant role in perpetuating FGM/C



Source; Field Data (2016)

This reveals that the majority of people in Merti sub-County are aware that cultural beliefs and traditions of the Borana community have a great influence on the perpetuation of FGM/C practice at the family level. This in itself is a disturbing factor for the fight towards eradicating FGM/C as cultural beliefs and practices are not easily abandoned without appropriate and suitably alternatives acceptable to a majority of the community members. However, 20% of the respondents felt that illiteracy and lack of awareness of the negative effects of FGM/C are reasons as to why the practice is being perpetuated within family units. This means that organizations charged with civic education and awareness creation have not conducted interventions that are specific to the Borana community. Hence, the Borana community has received little or no education on the merits and disadvantages of practicing FGM/C.

4.4.2 The effect of cultural norms/values of the Borana community in perpetuating FGM/C.

The researcher sought to find out if the cultural norms/ values of the Borana community play an important role in the perpetuation of FGM/C in Merti sub-County. This was important as it would help establish the root cause of this practice among the Borana community. The item in the question three required the respondents to answer Yes or No, "Do you think the cultural norms/values of the Borana Community perpetuate FGM/C in Merti sub-County? The study reveals that 85% of the respondents acknowledged that cultural norms/values of the BoranaCommunity perpetuate the practice of FGM/C and

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15% of the respondents think otherwise that Cultural norms/values of the Borana community do not perpetuate FGM/C. The results are displayed in the table below:

Table 4.5: How cultural norms/values of the Borana community perpetuate FGM/C

Response	Number	Percentage
Yes! Cultural norms/values of the Borana community perpetuate FGM/C	51	85%
No! Cultural norms/values of the Borana community do not perpetuate FGM/C	09	15%
Non-committal	0	0%
Total	60	100%

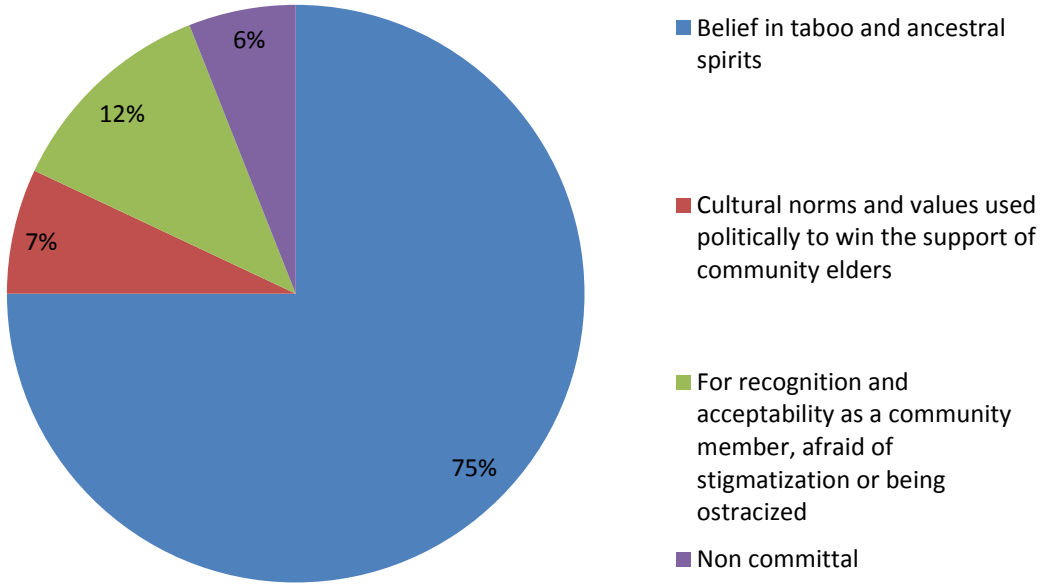
Source: Field data (2016)

Based on results as shown in table 4.5, cultural norms accounted for 85% of the responses. This proved that the cultural norms/values of the Borana community are a powerful tool that is the main factor in the continued practice of FGM/C. The respondents were asked to explain their answer why they thought cultural norms/values of the Borana community perpetuates or do not perpetuate FGM/C. Seventy five percent of the respondents believe that not abiding to this cultural practice would lead to taboo on the victims and calamity would befall the entire community as the ancestral spirits would not be happy, 12% of the respondents held the notion that by not abiding to the cultural practice of FGM/C one would risk being stigmatized and or ostracized in the community.

Respondents further explained that women should practice FGM/C so that one can earn the respect and recognition in the community as it is one of the important rites of passage for women in the community bridging their life from childhood to adulthood and earning the status and a ticket to marriage. However 7% of the respondents were of the view that cultural norms/values are used by the politicians to perpetuate the practice of FGM/C in the community as this is fashionable or popular among the community elders/clan elders who give the direction to be followed when voting in parliamentary representatives. 6% of the respondents were non-committal on this questionnaire item of the study. The results are displayed in the pie chart below:

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Figure 4.2: Reasons why cultural norms/values perpetuate FGM/C practice



Source: Field Data (2016)

Cultural traditions and beliefs passed on from generation to generation and the fear of breaking this ancient norms and values followed by the fear of being stigmatized and ostracised were the opinions held by a majority from the focus group discussions, it emerged that a great majority of them who were women fear the calamity or curse that might befall them and their families. This indicates that cultural norms and values are pertinent aspects in the lives of individuals in a society/community and cannot be over looked especially when some aspects of it are not compatible to the observation of human rights.

4.4.3 Efforts by the Borana community to curb FGM/C in Merti Sub-County.

According to Table 4.6 below, 58% of the respondents indicated "yes", the Borana community is doing enough to curb cases of FGM/C in Merti sub-County. The remaining 42% of the respondents indicated No! The Borana community is not doing enough to curb cases of FGM/C in Merti sub-county. This aspect of curbing FGM/C is being fronted by public and private organizations mainly NGOs. The existence of a national policy and

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an anti FGM/C body indicates the goodwill of the government in the campaign against FGM/C.

Table 4.6: Is the Borana community doing enough to curb cases of FGM/C in Merti sub-County

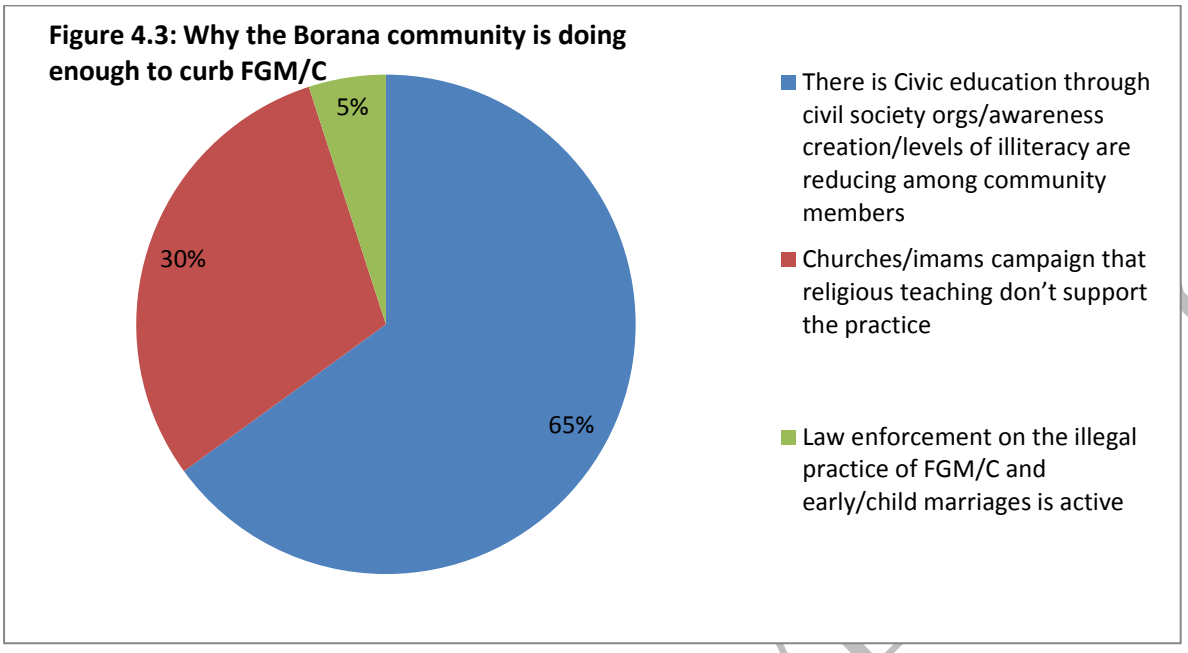
Is the Borana community doing enough to curb cases of FGM/C	**Number**	**Percentage**
Yes! the community is doing enough	35	58%
No! the community is not doing enough	25	42%
Total	60	100%

Source; Field Data (2016)

Question 3 in section B asked respondents whether they believe that Boran Community is doing enough to curb cases of FGM/C in Meti Sub County. The findings revealed that majority of the respondents agreed (58%) the Borana community are doing enough. Qualitative data from the focused group discussion confirmed this findings and went ahead to explain that enough civic education on the disadvantages of practicing FGM/C and awareness creation and campaigns are regularly done in Merti sub-County and among the Borana community by both private and public organizations, civil society organizations, NGOs, and government agencies, reducing levels of illiteracy within the community and increased access to higher education was also cited as one of the efforts the community is using to curb the practice.

Thirty percent of the respondents stated that the imams and other religious leaders play a pivotal role in explaining the stand of religion and the church/Islam on FGM/C contrary to the dominant thinking that this practice is sunnah in Islam and 5% of the respondents are of the opinion that the efforts of law enforcement agencies through village elders and chiefs can be seen and occasionally arrests are sometimes witnessed especially in cases of forced FGM/C and child marriages. The results are displayed in the pie chart below:

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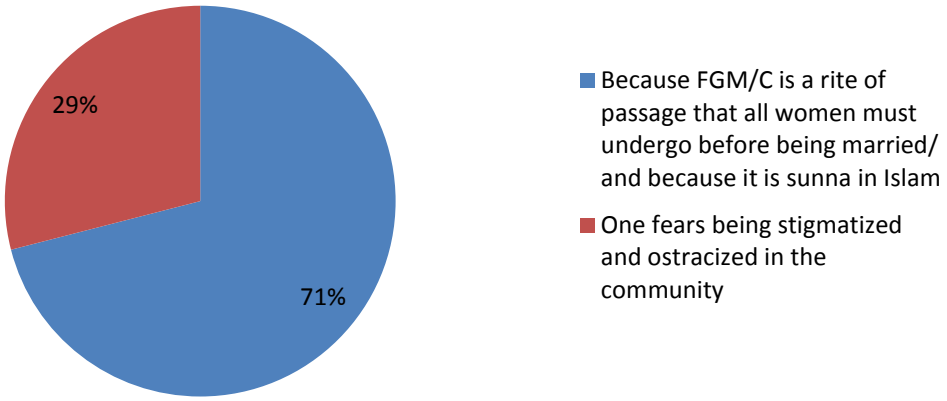


Source; Field Data (2016)

The study revealed that most respondents (71%) were of the opinion that the Borana community is not doing enough to curb cases of FGM/C in Merti sub-County explained that this was because FGM/C was a rite of passage and culturally sanctioned and one cannot get a husband unless she undergoes the cut, among the respondents mention of the practice being a religious sunnah in Islam was also common, while 29% of the respondents held the view that the Borana community would not do much as a result of the cultural beliefs and values that would lead to one being stigmatized and ostracized from the community, one acceptance as a respectable member of the community is pegged on the observance of the communities cultures and values. The results are displayed in figure 4.4, below:

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Figure 4.4: why the Borana community is not doing enough to curb cases of FGM/C



Source; Field Data (2016)

The level of stigma and being ostracized seems to be higher among women because they are more associated with family respect and the rites of passage which makes it difficult for them to forbid their daughters from not undergoing the cut hence a high response rate in the focus group discussions.

4.4.4 Does the belief that FGM/C enhances hygiene in girls lead to the perpetuation of the practice.

Question number 5 sought to find out whether the belief that FGM/C enhances hygiene in girls is perpetuating the practice. A higher number (77%) of the respondents feel that the belief that FGM/C enhances hygiene in girls is perpetuating the practice is not true. The others 23% answered yes! That the belief that FGM/C enhances hygiene in girls is perpetuating the practice is not true according to the majority of respondents, as illustrated in table 4.7 below.

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Table 4.7: Do you think that the belief that FGM/C enhances hygiene in girls is perpetuating the practice of FGM/C

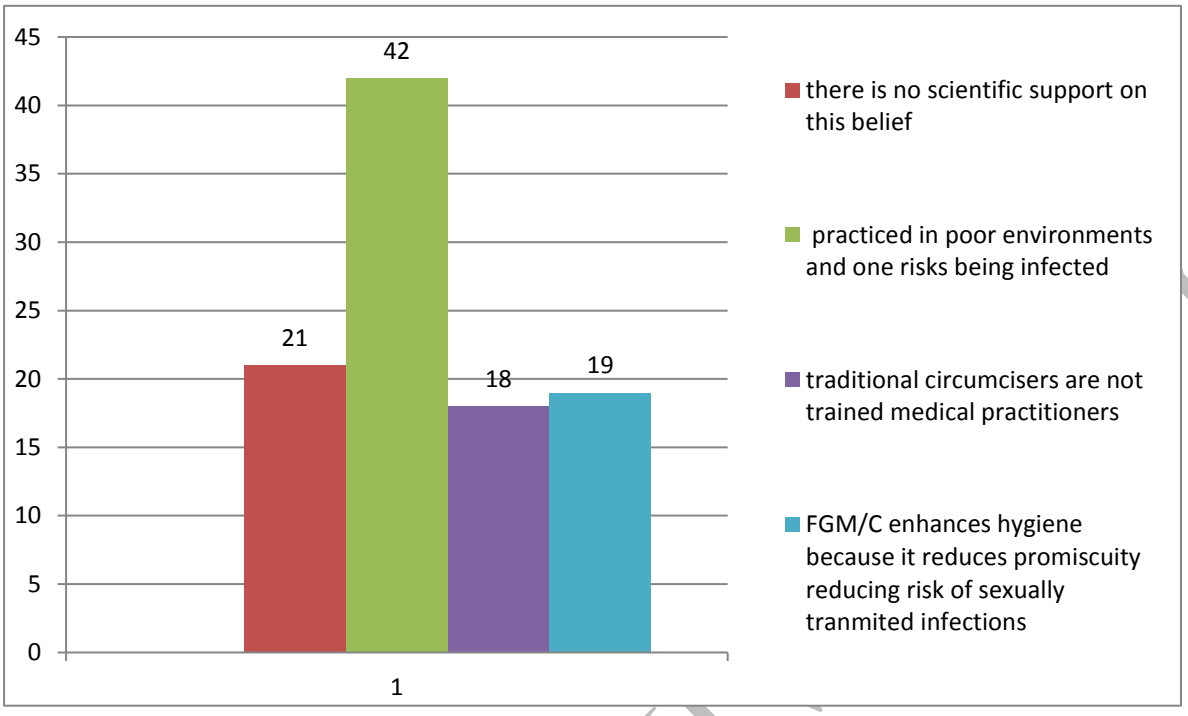
Is the belief that FGM/C enhances hygiene in girls is perpetuating the practice	Number	Percentage
Yes! The belief that FGM/C enhances hygiene in girls is perpetuating the practices	14	23%
No! The belief that FGM/C enhances hygiene in girls is not perpetuating the practices	46	77%
Total	60	100%

Source; Field Data (2016)

Question number seven requested participants to explain their answer why they think belief that FGM/C enhances hygiene in girls is perpetuating FGM/C in Merti sub-County or not. Twenty one percent explained that there is no scientific evidence that supports this belief that FGM/C enhances hygiene in the girls and 42% explained that FGM/C practice in itself is a health hygiene issue as it is practiced under hygienically unsafe environment with crude tools/equipment's that may not be sterilized and used on more than one initiate and 18% of the respondents explained that the practice is performed by traditional circumcises with no bio-medical training or knowledge and is a recipe for infectious diseases. Nineteen percent of the respondents who agreed that the belief that FGM/C enhances hygiene in the girls is perpetuating the practice offered explanations including; the belief that FGM/C reduces promiscuity among women and young girls which reduces the risk of acquiring sexually transmitted infections thus reducing the unhygienic nature of living with these infections. The results are displayed in the bar chart below:

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Figure 4.5: Reasons why FGM/C does or does not enhance the hygiene of girls



Source; Field Data (2016)

The current study confirms the idea that FGM/C enhances hygiene as explained by Oloo and Jones (2011) and WHO Media Centre (2014) who said that FGM is practiced by some communities to justify the practice but there is no scientific evidence that the practice of FGM/C will enhance the hygiene of the girls after undergoing the cut.

4.5 Challenges Community Leaders Encounter in Preventing FGM/C

Community elders are expected to bring community members to live together in harmony. In doing this the elder who are composed of village elders, clan elders, chiefs, religious leaders are the main custodians and overseers of the community values and beliefs. This situation becomes very tricky as they are caught up in the cross roads between the cultures and traditions of which they are supposed to uphold and the eradication of practices that are against human rights value of their constituents. This study sought to extend the role of the community in ending FGM/C among the Boran community in Merti sub-County, Isiolo County as it examines the challenges leaders encounter in the process of preventing FGM/C. The study results in this section will be analysed according to the study objectives.

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4.5.1 Is the cultural and religious beliefs of the Borana Community a key Challenge in perpetuating FGM/C in Merti Sub-County?

The study sought to find out if the respondents think that the cultural and religious beliefs of the Borana community are a key challenge in perpetuating FGM/C in Merti sub-County. This information was important in establishing whether the Borana community are bound by their cultural and religious beliefs and the extent of challenge that the cultural and religious beliefs pose in the perpetuation of FGM/C practice. The researcher wanted to establish if cultural and religious beliefs is a barrier in the fight against FGM/C. The questionnaire contained an article requiring the respondents to provide a Yes or No answer on whether they thing that the cultural and religious beliefs of the Borana community are a key challenge in perpetuating FGM/C in Merti sub-County? The results were as shown in the figure below:

Table 4.8: Do you think the cultural and religious beliefs of the Borana community are a key challenge in perpetuating FGM/C

Response	Number	Percentage
Yes! The cultural and religious beliefs are key challenge in perpetuating FGM/C	56	93%
No! The cultural and religious beliefs are not a key challenge in perpetuating FGM/C	04	7%
Total	60	100%

Source; Field Data (2016)

According to Table 4.8, 93% of the respondents agree that the cultural and religious beliefs are key in perpetuating FGM/C. A decimal 7% of the respondents answered No! Cultural and religious beliefs are not a key challenge in perpetuating FGM/C in Merti sub-county. The aspect of cultural and religious beliefs is deeply rooted in the daily lives of the community members, it would be the mandate of the village elders, clan elders, imams and religious leaders to champion change and create awareness on the disadvantages and what the Koran and the Bible says about FGM/C.

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This aspect of curbing FGM/C is being fronted by public and private organizations mainly NGOs. The existence of a national policy and an anti FGM/C body indicates the goodwill of the government in the campaign against FGM/C.

The respondents were asked to explain their answer why they think that cultural and religious beliefs of the Borana community are a key challenge in perpetuating the fight against FGM/C in Merti sub-County. The results the questionnaires and focus group discussions indicate that 89% of the respondents explained that cultural and religious beliefs of the Borana community are a key challenge in perpetuating FGM/C in Merti sub-County a majority of these respondents (56%) are of the opinion that cultural values and beliefs are encouraged by community elders in the belief of not going against their ancestors and preserving the dignity, virginity and respect/recognition of individuals as they strive to by recognized members of the community and earn respect they deserve, the general consensus is that a girl may not be able the get a husband if she has not undergone the cut.

Eighty nine percent also believes that FGM/C is encourage by religion as it is part of their religious belief and it is sunnah in Islam and one should not go against. Eleven percent of the respondents who think that the cultural and religious beliefs are not a key challenge in the perpetuation of FGM/C in Merti sub-County explain that although FGM is a cultural practice it is not founded in the key religion of either Islam or Christianity and therefore is a cause of concern when some community elders link the practice as sanctioned by religion. The results are displayed in the bar chart below:

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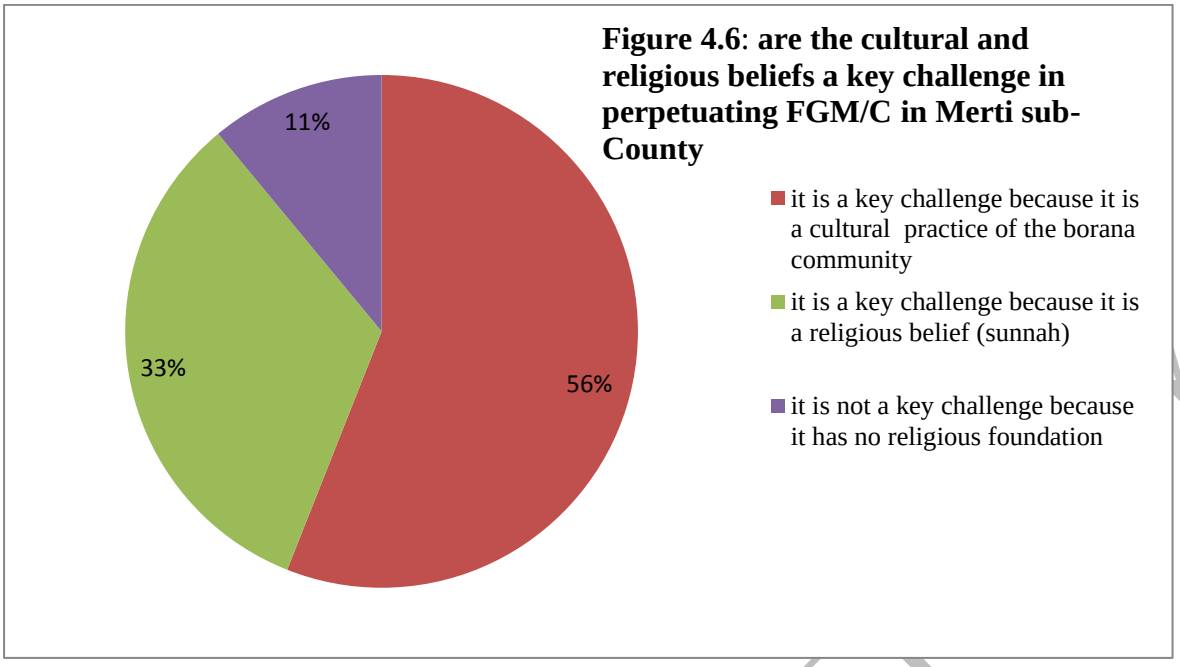


Figure 4.6: are the cultural and religious beliefs a key challenge in perpetuating FGM/C in Merti sub-County

Source; Field Data (2016)

Among the Borana community members cultural beliefs according to this study tends to be higher compared to other communities. This is because this is what binds them together as a community thus the respect of FGM/C as a rite of passage which makes it difficult for them to forbid their daughters from not undergoing the cut hence a high response rate in the focus group discussions and questionnaire.

4.5.2 Do cultural politics/political leaders interfere with campaign against FGM/C in Merti Sub-County?

In question 2 section C, respondents were asked if they think cultural politics and political leaders interfere with campaign against FGM/C in Merti sub-County. It was found that 53% of the respondents indicated that indeed cultural politics and political leaders do interfere with campaigns against FGM/C, while 21% of the respondents indicated otherwise and 12% of the respondents did not respond to this item in the questionnaire, as indicated in table 4.9 below. This question was important in order for the researcher wanted to establish the extent of influence that political leaders and cultural politics impact on the fight against eradication of FGM/C in Merti sub-County.

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Table 4.9: Cultural politics and political leaders influence on the campaign against FGM/C

Response	Number	Percentage
Yes! Cultural politics and political leaders do interfere with campaign against FGM/C	32	53%
No! Cultural politics and political leaders do not interfere with campaign against FGM/C	21	35%
No comment	7	12%
Total	60	100%

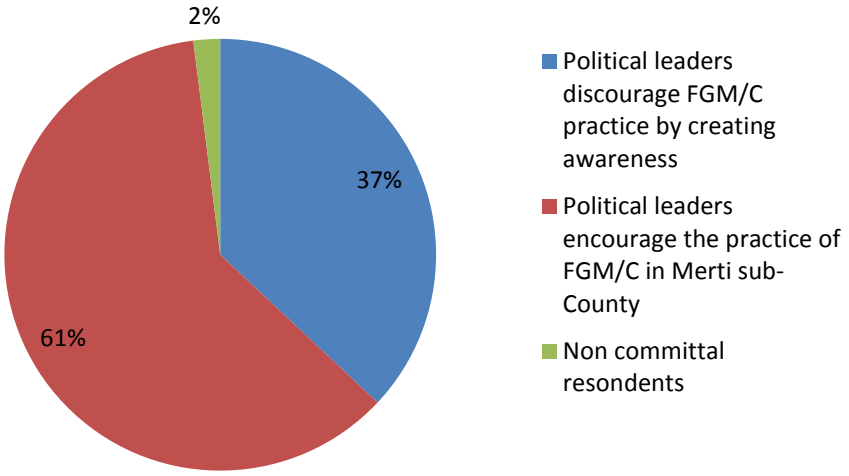
Source; Field Data (2016)

The study further assessed the opinion of the respondents on an explanation on the above response. By giving brief explanations through focus group discussions 61% of the respondents reported that political leaders often campaign against proponents of anti-FGM/C so as to get more voters and following in the region by exploiting the strong cultural affiliations harbored by the Borana community. Further explanation provided include a popular thought provided by the respondents that political leaders usually play cultural politics by not supporting eradication of FGM/C in order to please the clan elders would are the custodians of the cultural values and norm and hold a lot of influence in the community.

Thirty seven percent of the respondents explained that Cultural politics and political leaders do not interfere with campaign against FGM/C; their reasons included a view that political leaders in fact discourage FGM/C in Merti sub-county and are involved in awareness campaigns against the practice. Some political leaders do not put emphasis on the issues of FGM/C practice one respondent commented that "I don't know of any instance of interference or a political leader comment on eradication of FGM/C," while 2% of the respondents did not comment on this item in the study questionnaire. The results are displayed in the bar chart below:

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Figure 4.7 cultural politics and political leaders influence on the campaign against FGM/C



Source; Field Data (2016)

This is a likely indication of the social construction where the political leaders use cultural politics on pertinent cultural issues held dear by the community such as FGM/C practice. The inclusion of political leaders in strategies and programs against FGM/C is very important if we want to make an impact.

4.5.3 Role of the current woman in reducing FGM/C in Merti sub-County

Question 4 in section C asked respondents to clarify if the current woman plays a key role in reducing FGM/C in Merti sub-County. According to the analysis of the findings, 100% of the respondents answered "YES" the current women play a key role in reducing FGM/C in Merti sub-County. It was important to establish whether the current women play a key role in issues related to eradication of FGM/C and the awareness of the importance of women in the involvement in FGM/C eradication process. The table below presents the findings:-

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Table 4.10: Do the current women play key role in the reduction of FGM/C

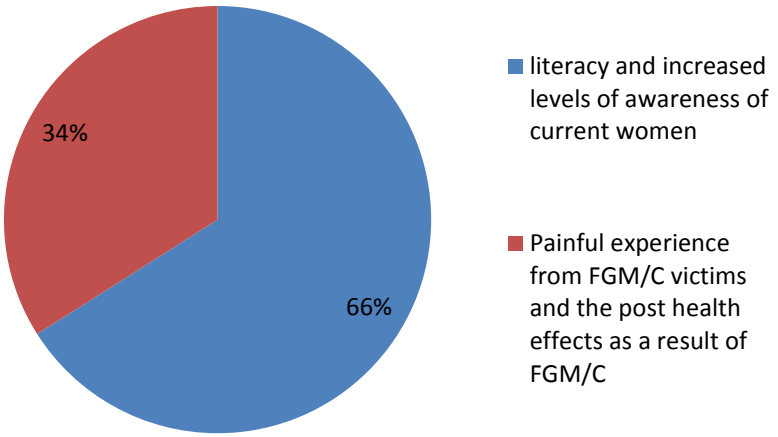
Response	Number	Percentage
Yes! Current women play a key role in reducing the practice	60	100%
No! Current women do not play a key role in reducing the practice	0	0%
Total	60	100%

Source; Field Data (2016)

The researcher solicited an explanation from the answers on the above item in the study questionnaire. From the focus group discussions and explanations from the questionnaires, 66% of the respondents held the view that the current women are more aware of the bill of rights as enshrined in the Kenyan constitution, the respondents further offer an explanation that a sizeable number of the current woman are educated and able to voice their concerns on harmful cultural practices. 34% of the respondents explained that most of the current women are able to question the cultures because of an increased access to information than in the past, the study also revealed that most women from enlightened families who experienced FGM/C and understand the pain and the post FGM/C health complications would be actively involved in anti FGM/C campaigns. The results are displayed in the pie chart below:

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Figure 4.8: Reasons why the current women play a key role in reducing FGM/C in Merti sub County



Source; Field Data (2016)

Notable, is the fact that a considerably high number of literate women would take a key role in programs geared towards the reduction of FGM/C in Merti sub-County and the increased access to information to victims of FGM/C would impact positively to the future anti FGM/C programs.

4.5.4 Teaching the meaning of rites of passage and its importance in helping to reduce FGM/C practice in Merti sub-County

In question eleven respondents were asked if they think that teaching the rites of passage and its importance can help in reducing FGM/C in Merti sub-County. Eighty two percent of the respondents were in agreement that teaching the meaning of rites of passage and its importance can help in reducing FGM/C practice in Merti sub-County, while 18% of the respondents were of the view that the teaching of the rites of passage and its importance cannot help in reducing FGM/C practice. This was important to the researcher in order to establish the symbolic meaning of the physical operation, i.e, FGM/C among the Borana community in Merti sub-County. Table 4.11 below illustrates the findings:

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Table 4.11: Teaching the meaning of rites of passage and its importance can help in reducing FGM/C

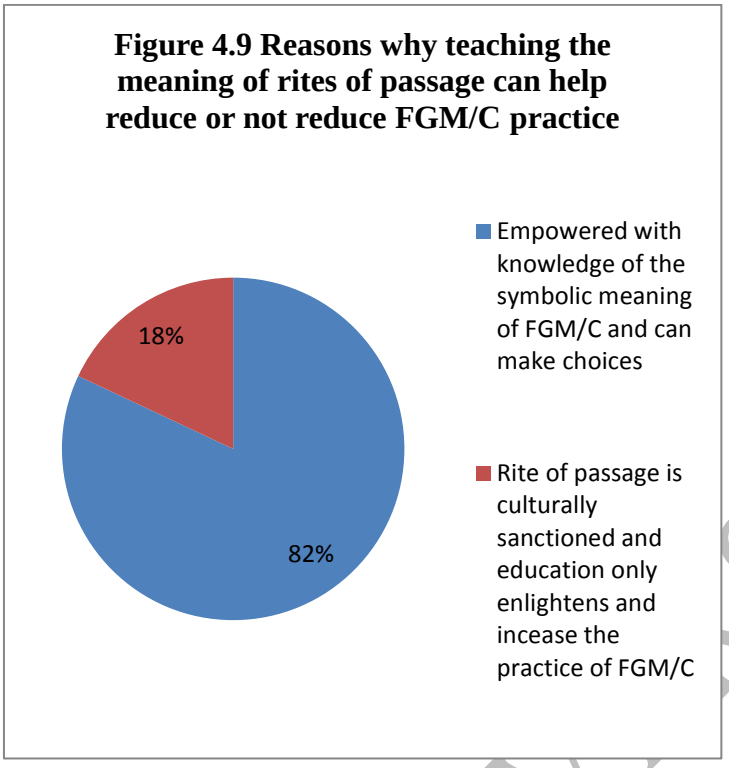
Response	Number	Percentage
Yes! Teaching the meaning of rites of passage and its importance can help in reducing FGM/C	49	82%
No! Teaching the meaning of rites of passage and its importance cannot help in reducing FGM/C	11	18%
Total	60	100%

Source; Field Data (2016)

Question 4 sought to find out an explanation from the respondents answer on the questionnaire item enquiring their thinking on the teaching of the meaning of rites of passage and its importance in helping to reduce FGM/C practice in Merti sub-County. The study found out that 82% of the respondents explained that indeed teaching the meaning of rites of passage and its importance can help in reducing FGM/C because the initiate will gain the knowledge required when they transcend from girlhood to womanhood in readiness for marriage and to take responsibility of raising a family, of the 82% of the respondents 50% further explained that it is the knowledge that is important and not the physical sign, therefore an alternative suitable sign should be sought to replace FGM/C.

Eighteen percent of the respondents were of the opinion that it is a stage in a Borana woman's life that must be marked with the initiation only through FGM/C and no other alternative may exist as the culture stipulates so. The teachings of the meaning of FGM/C as a rite of passage will not at any time help in reducing the practice by to the contrary will help increase the practice as people will appreciate their cultures.The results are displayed in the pie chart below:

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Source; Field Data (2016)

This indicates that the teaching of the symbolic meaning of FGM/C ensured in-depth understanding and appreciation of meanings behind the practice this will enhance the introduction of an alternative to FGM/C provided the symbolic meaning is retained and the appropriate alternative is acceptable to a majority in the community.

4.6 Government interventions in FGM/C prevention

The government is expected to initiate policies and programs that are geared towards the eradication of FGM/C among the Borana community. These programs and policies are expected to be enforce and/implemented by government agents and agencies such as anti FGM/C boards/committees, partnerships with NGOs, law enforcement agencies, line ministries among others. This situation may be tricky as government initiated programs are always looked at with suspicion, therefore active participation and inclusion of all affected stakeholders is a necessity. This study seeks to explore government and non-governmental organizations interventions in response to the problem of FGM/C among the Borana community in Merti sub-County as it examines the government intervention strategies and programs. The study results in this section will be analysed according to the study objectives.

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4.6.1 Current policies and legal framework in fighting FGM/C

The study sought to find out if the current policies and legal framework are assisting the fight against FGM/C in Merti sub-County. According to Table 4.12, 77% of the respondents agreed that the current policies and legal framework are assisting the fight against FGM/C in Merti sub-County, while 11.5% of the respondents think otherwise that the current policies and legal frameworks are not assisting the fight against FGM/C in Merti sub-County and another 11.5% of the respondents did not respond to this item in the questionnaire.

Table 4.12: The Current policies and legal framework in fighting FGM/C

Response	Number	Percentage
Yes! The current policies and legal framework are assisting the fight against FGM/C	46	77%
No! The current policies and legal framework are not assisting the fight against FGM/C	07	11.5%
Non-committal	07	11.5%
Total	60	100%

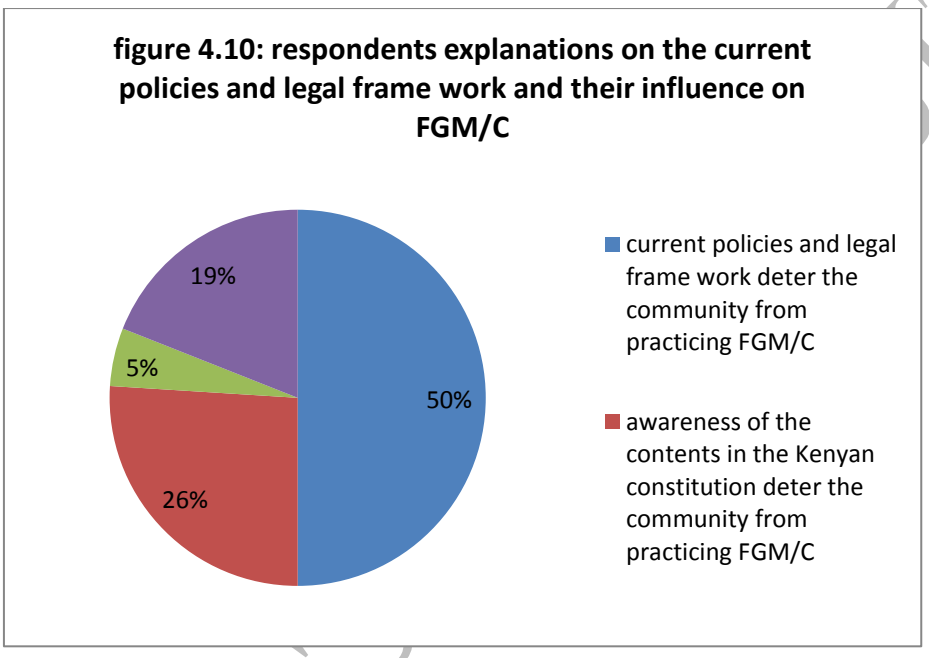
Source; Field Data (2016)

Question 5 sought to find out an explanation to the respondents answer on the questionnaire item enquiring their thinking of if the current policies and legal framework are assisting the fight against FGM/C in Merti sub-County. Eighty one percent of the respondents said the current policies and legal framework are assisting in the fight against FGM/C in Merti sub-County. This is because the implementation of the legal framework is handled by the government agencies such as the office of the chief and the police departments; the respondents further explained that the courts of law normally pass judgement on the offenders of this act as a deterrence.

Twenty six percent of the respondents are of the opinion that awareness of the contents in the Kenyan constitution has also assisted in the fight against FGM/C, a section of respondents in the FGDs agreed that while the current policies assist in the fight against

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FGM/C there lucks enough emphasis and good will to fully realise positive benefits. Nineteen percent of the respondents disagreed, saying that the current policies and legal frame work has failed at assisting the fight against FGM/C with the most common view being that the law enforcers are not doing enough to apprehend offenders as most of them are from their own clan or families and they share the some cultural beliefs. The results are displayed in the pie chart below:



Source; Field Data (2016)

The study findings indicate that a majority of the respondents believe that the current policies and legal frame work are enough to assist in the fight against FGM/C practice, thus the policies and legal application should be strengthened through awareness and the participation of key stakeholders.

4.6.2 Current FGM bodies on curbing FGM/C in Merti sub-County

In question thirteen respondents were asked if they think that the current FGM bodies are doing enough in curbing FGM/C in Merti sub-County. Fifty three percent of the respondents were in agreement that the current FGM bodies are doing enough to curb FGM/C in Merti sub-County, while 35% of the respondents where in disagreement that the current FGM bodies are doing enough in curbing FGM/C in Merti sub-County while 12% of the respondents were non-committal. The researcher found it necessary to

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establish the impact made by anti FGM/C bodies in Merti sub-County. Table 4.13 below presents the findings:

Table 4.13: Impact of the Current anti FGM/C bodies

Response	Number	Percentage
Yes! The current FGM bodies are doing enough in curbing FGM/C	32	53%
No! The current FGM bodies are not doing enough in curbing FGM/C	21	35%
Non-committal	07	12%
Total	60	100%

Source; Field Data (2016)

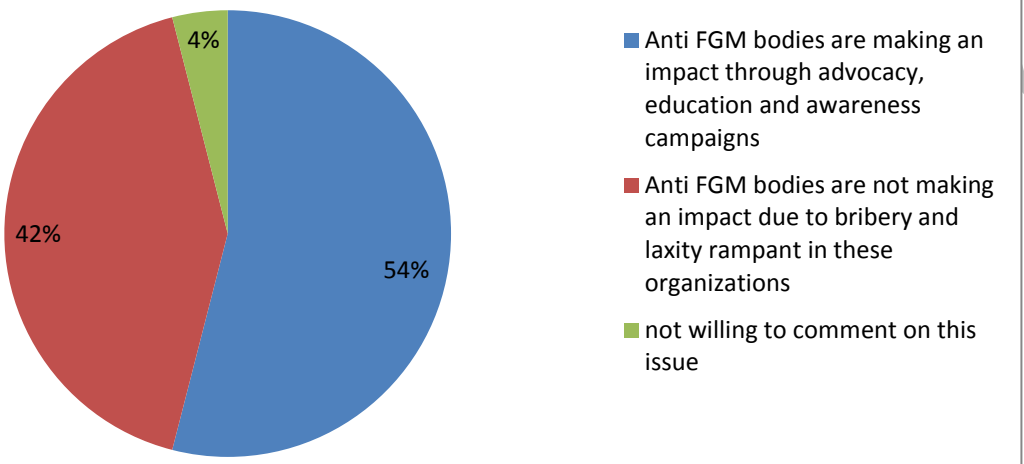
It was important for the researcher to establish how significant was the impact made by the current anti FGM/C bodies. The respondents were aware of the activities of anti FGM/C bodies and the impact they make in the process of advocating for a stop to FGM/C.

When asked to explain their answer on whether they think that the current FGM bodies are doing enough in curbing FGM/C practice in Merti sub-County majority of the respondents i.e. 54% were of the opinion that the current anti FGM bodies are doing enough to curb the practice in Merti sub-County. In the FGDs an overwhelming majority explained that they have attended or witnessed the organization's programs geared towards creating awareness through advocacy campaigns among women groups and in barazas and capacity building to key points men and women who will carry on with the exercise at the village level. Another common explanation included having witnessed legal action being taken against offenders, while 42% of the respondents explained that the anti FGM bodies were not doing enough to curb the vice, they have witnessed in some of the government bodies officials tasked with implementation of the organization/government policy on FGM/C being bribed to turn a blind eye while the practice is being performed or practiced, some NGOs do not make an impact for reasons the respondents could not explain, the respondents explained that they know of organizations tasked with curbing FGM/C but have never seen or heard of their activities.

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Four Percent of the respondents did not respond to this item in the questionnaire when presented to them. The study findings are displayed in the pie chart below:

Figure 4.11: Respondents explanation on the impact of anti FGM bodies in curbing FGM/C



Source; Field Data (2016)

The study findings indicate that a majority of the respondents believe that the current FGM bodies are doing enough in terms of education and advocacy amongst the Borana community in Merti sub-County. Therefore for the impact to be realized new strategies that involve the community stakeholders should be introduced and the chiefs and other law enforcement personnel should be included.

4.6.3 Impact of law enforcement agencies on FGM/C in Merti sub-County

In question 7 the study sought to find out if the law enforcement agencies are doing enough to curb FGM/C among the Borana community in Merti sub-County. According to Table 4.14, 65% of the respondents agreed that the law enforcement agencies are doing enough to curb FGM/C in Merti sub-County. 18% stated that the law enforcement agencies are not doing enough to curb FGM/C, while 17% of the respondents were non-committal. It was necessary to find out what impact the law enforcement agencies exert in ensuring that government policies are implemented.

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Table 4.14: Impact of the law enforcement agencies in curbing FGM/C

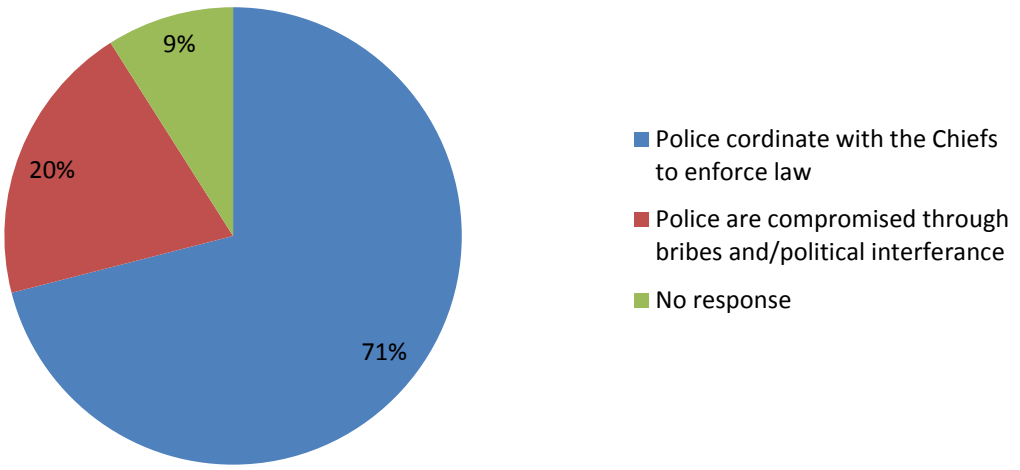
Response	Number	Percentage
Yes! The law enforcement agencies are doing enough to curb FGM/C	39	65%
No! The law enforcement agencies are not doing enough to curb FGM/C	11	18%
Non-committal	10	17%
Total	60	100%

Source; Field Data (2016)

The respondents were asked to explain their answer why they think that the law enforcement agencies are doing enough or not doing enough in curbing FGM/C practice in Merti sub-County. The results of the questionnaires indicate that 71% of the respondents explained that the police were trying their best to apprehend offenders and coordinate with the chiefs and their assistants in implementing government policies this includes policies related to early marriage and education for all especially the girl child. A majority of the respondents explained that although sometimes the response of the police is wanting, but ultimately they take action, while 20% of the respondents explained that in most cases law enforcers are compromised by bribes hence they do not apprehend the offenders and this enables the continued practice of FGM/C in secrecy, and lack of political goodwill the law enforcers are not enthusiastic enough to apprehend offenders due to political interference on their line of duty. Nine percent of the respondents were not willing to respond to this study item in the questionnaire. The results are displayed on the pie chart below:

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Figure 4.12: Respondents view on the law enforcement agencies performance in curbing FGM/C



Source; Field Data (2016)

The study findings indicate that a majority of the respondents have faith in the law enforcement agencies to ensure eradication of FGM/C practice in Merti sub-County, only a minority belief that the agency is compromised by corruption and political interference.

4.6.4 Political goodwill in the fight against FGM/C in Merti

The study sought to find out whether there exists political goodwill to fight FGM/C in Merti sub-County. This was essential to the researcher to establish whether the political leadership amongst the Borana community support the eradication of FGM/C. Majority (82%) of the respondents feel that there is no political goodwill to fight FGM/C in Merti sub-County, while only 18% of the respondents believed that there is political goodwill to fight FGM/C in Merti sub-County as illustrated in table 4.15 below.

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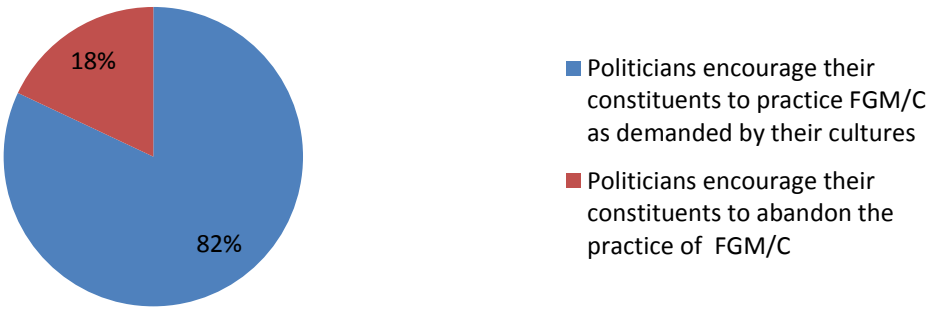
Table 4.15: Political goodwill in fighting FGM/C in Merti sub-County

Response	Number	Percentage
Yes! There is political goodwill to fight FGM/C in Merti sub-County	11	18%
No! There is no political goodwill to fight FGM/C in Merti sub-County	49	82%
Non-committal	0	0%
Total	60	100%

Source; Field Data (2016)

When asked to explain their answer why they think there is political goodwill or not a majority of the respondents i.e. 82% of the respondents explained that the politicians openly encourage their constituents to practice FGM/C as a cultural identity of the Borana community. More explanation from the respondents include; politicians avoid issues that go against their cultural practice for fear of losing their popularity, in one FGDs it was explained that politicians prefer not to involve themselves on such sensitive cultural issues for fear of not being re-elected. Eighteen Percent of the respondents explained that women representatives from the Borana community and politicians during County commissioner's forums and other official forums normally express their support to anti FGM campaigns. The study findings are displayed on the pie chart below:

Figure 4.13: Respondents explanation on the political goodwill in curbing FGM/C in Merti sub-County



Source; Field Data (2016)

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The study findings indicate that a majority of the respondents have no faith in their political leadership in the eradication of FGM/C practice in Merti sub-County. The study finding clearly indicates the persistent practice of FGM/C among the Borana community is mainly as a result of the support this practice receives from the politicians.

4.7 Alternative rites of passage

Alternative rite of passage that replaces the physical operation involved in FGM/C but retain the symbolic meaning is one of the alternative used to curb FGM/C practice. The alternative rite is expected to be appropriate and acceptable to a majority of the members of the Borana community in Merti sub-County and must not infringe on the rights of the people. Active participation and inclusion of all affected stakeholders is a necessary when initiating an alternative which must be an innovation of the affected people. This study seeks to explore if alternative rite of passage/ceremonies play a key role in reducing FGM/C in Merti sub-County as it examines suitable alternatives. The study results in this section will be analysed according to the study objectives.

4.7.1 Role played by alternative rite of passage in reducing FGM/C in Merti sub-County

Question 8 sought to find out whether alternative rite of passage/ceremonies play a key role in reducing FGM/C in Merti sub-County. This was important for the researcher to establish whether the alternative rite/ceremonies are acceptable or embraced in the Borana community as an alternative to the physical operation culturally practice by this community and hence support the eradication of FGM/C. Thirty five percent of the respondents feel that alternative ceremonies play a key role in reducing FGM/C in Merti sub-County, while an equal percentage of 35% of the respondents say they do not have an idea of any alternative ceremony that can replace the cultural rite of passage (FGM/C) and 30% of the respondents believed that alternative rite /ceremony cannot play a key role in reducing FGM/C in Merti sub-County as illustrated in table 4.16 below.

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Table 4.16: Use of alternative rite of passage/ceremonies to reduce FGM/C practice in Merti sub-County

Response	Number	Percentage
Yes! Alternative ceremonies play a key role in reducing FGM/C in Merti sub-County	21	35%
No! Alternative ceremonies do not play a key role in reducing FGM/C in Merti sub-County	18	30%
Have no idea	21	35%
Total	60	100%

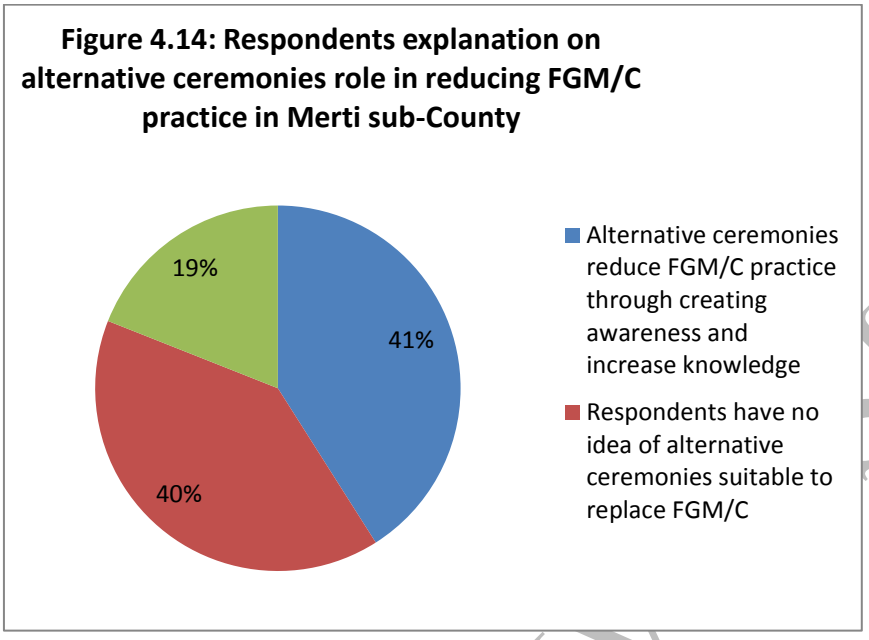
Source; Field Data (2016)

The respondents in question 16 respondents were asked to explain their answer why they think that alternative ceremonies play or do not play a key role in reducing FGM/C in Merti sub-County. The results from questionnaires and focus group discussions indicate that 41% of the respondents explained that alternative ceremonies play a key role in reducing FGM/C through acquisition of knowledge by learning the real meaning of the rite of passage and its importance in one's life plus the symbolic meaning contained in the physical operation, thus the real meaning drives the people to embrace alternative ceremonies. The respondents further explained that an alternative ceremony is a means of creating awareness of the negative effects of FGM/C and the positive effects of the alternative ceremonies.

Forty Percent of the respondents explained that they did not have an idea of any alternative ceremony to the culturally accepted FGM/C or one that would be a suitable alternative to the practice. Nineteen Percent of the respondents explained that alternative ceremonies do not play a key role in reducing FGM/C although they should. They further explained that the culture of the Borana is very rigid and one has just to undergo the cut in order to be accepted and recognized in the community. A further explanation is because of a high level of illiteracy. Most of the community members will not understand how an

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alternative ceremony is to replace a culturally sanctioned traditional practice passed on from generation to generation. The results are displayed on the pie chart below:



Source; Field Data (2016)

The study findings indicate that 41% of respondents believe that alternative ceremonies will help to reduce the practice of FGM/C while and almost equal percentage of respondents do not have an idea of any alternative to a culturally sanctioned activity like FGM/C, thus awareness creation and advocacy campaign is necessary in the introduction of new ideas like ARP.

4.7.2 Importance of seclusion and education in reproductive health in reducing FGM/C in Merti sub-County

Question 9 sought to find out whether seclusion and education in reproductive health is important in reducing FGM/C in Merti sub-County. This was important for the researcher to establish whether seclusion and education in reproductive health has a part to play in reducing FGM/C in Merti sub-County particularly in creating awareness of the negative health and psychosocial effects that come with FGM/C. A majority of the respondents, i.e. 77% are of the opinion that seclusion and education in reproductive health is important in reducing FGM/C in Merti sub-County, while 23% of the respondents believed that seclusion and education in reproductive health is not important in reducing FGM/C in Merti sub-County as illustrated in table 4.17 below.

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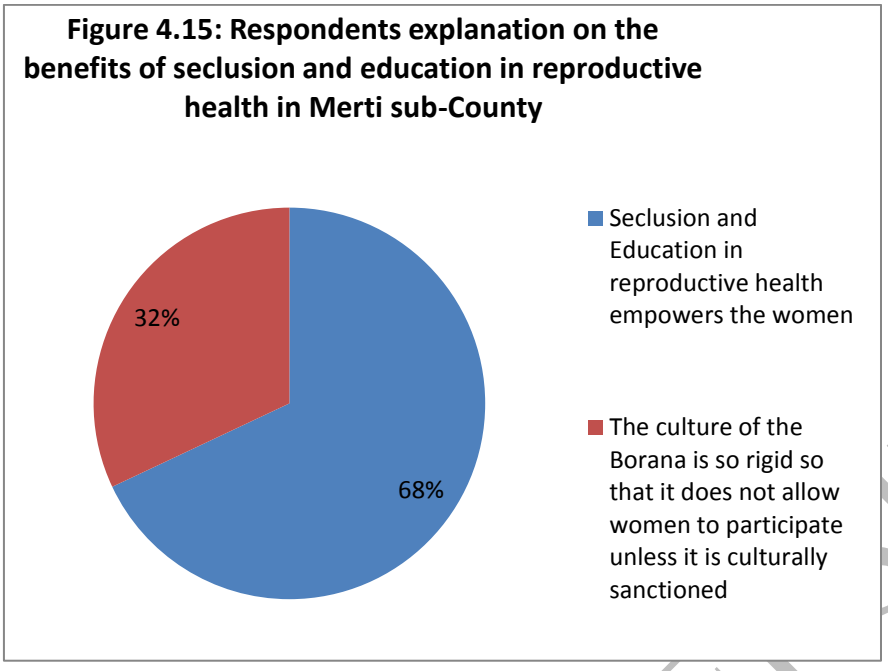
Table 4.17: Importance of seclusion and education in reproductive health in the reduction of FGM/C practice in Merti sub-County

Response	Number	Percentage
Yes! Seclusion and education in reproductive health is important in reducing FGM/C in Merti sub-County	46	77%
No! Seclusion and education in reproductive health is not important in reducing FGM/C in Merti sub-County	14	23%
Total	60	100%

Source; Field Data (2016)

The respondents in question seventeen were asked to explain their answer why they think that seclusion and education in reproductive health is important in reducing FGM/C in Merti sub-County. The results from the questionnaires and focus group discussions indicate that 68% of the respondents explained that seclusion and education in reproductive health creates awareness on the health consequences of FGM/C practice. This program would empower the women and make them advocates of anti FGM/C in particularly their respective families. The education in reproductive health will also benefit women with other health and child health knowledge, while 32% of the respondents explained that the culture of the Borana is so rigid so that attendance to such programs of seclusion and education are only allowed if they have a cultural connection, thus must women and girls miss out on such programs. The results are displayed on the pie chart below:

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Source; Field Data (2016)

The study findings indicate that a majority of respondents believe that seclusion and education in reproductive health will help to reduce the practice of FGM/C, through inclusion and coverage of a wide number of women and area the program can benefit the region positively.

4.7.3 Corporation of law enforcement agencies and community leaders in fighting FGM/C in Merti sub-County

The study sought to find out whether the law enforcement agencies prevent community leaders from fighting FGM/C in Merti sub-County. This was important for the researcher to establish whether the law enforcement agencies in any way hinder/prevent community leaders from fighting FGM/C in Merti sub-County. Fifty Eight Percent of the respondents were of the opinion that the law enforcement agencies in Merti sub-County do not prevent community leaders from fighting FGM/C, while 42% of the respondents thought otherwise that law enforcement agencies in Merti sub-County do indeed prevent community leaders from fighting FGM/C as illustrated in table 4.18 below.

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Table 4.18: Do the law enforcement agencies prevent community leaders from fighting FGM/C practice in Merti sub-County

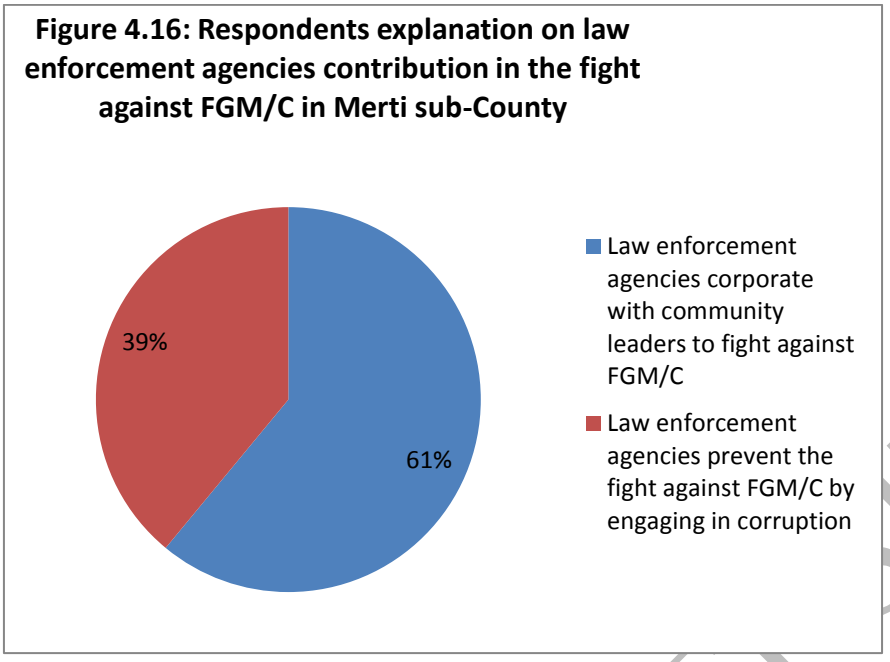
Response	Number	Percentage
Yes! Law enforcement agencies prevent community leaders from fighting FGM/C in Merti sub-County	35	42%
No! Law enforcement agencies do not prevent community leaders from fighting FGM/C in Merti sub-County	25	58%
Total	60	100%

Source; Field Data (2016)

In question eighteen the respondents were asked to explain their answer why they think that the law enforcement agencies in Merti sub-County were either preventing or no preventing community leaders from fighting FGM/C. The results from questionnaires and focus group discussions indicate that 61% of the respondents explained that it is the community leaders who do interfere with investigations since they prefer kangaroo courts rather than following the right procedure hence making it difficult for the law enforcers to do their work, further explanation emerging from the FGDs is that the law enforces encourage community leaders to talk to the community about the government policy and human rights issues involved in FGM/C practice an majority in the FGDs also believed that the law enforcers assist the community leaders in the fight against FGM/C.

Thirty nine percent of the respondents were of the view that the law enforcement agencies do prevent community leaders from fighting FGM/C in Merti sub-County by not taking action of apprehending the offenders and taking bribes when forced to apprehend offenders who are later released without charges. The results are displayed on the pie chart below:

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Source; Field Data (2016)

The study findings indicate that a majority (61%) of respondents believe that the law enforcement agencies are doing enough by cooperating with the community leaders to fight FGM/C in Merti sub-County.

4.7.4 Social factors inhibit community leaders in preventing FGM/C in Merti sub-County

The study sought to find out the respondents thinking of the presence of social factors inhibiting community leaders in their quest to prevent FGM/C in Merti sub-County. This was important for the researcher to establish whether the presence of other social factors that would be a barrier to community leaders fight against FGM. Sixty Three percent of the respondents were of the opinion that there are other social factors inhibiting community leaders from preventing FGM/C in Merti sub-County, while 37% of the respondents thought that there are no other social factors inhibiting the community leaders in their quest to prevent FGM/C as illustrated in table 4.19 below.

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Table 4.19: Other social factors inhibit community leaders from preventing FGM/C in Merti sub-County

Response	Number	Percentage
Yes! Other social factors inhibit community leaders from preventing FGM/C in Merti sub-County	38	63%
No! there are no social factors inhibit community leaders from preventing FGM/C in Merti sub-County	22	37%
Total	60	100%

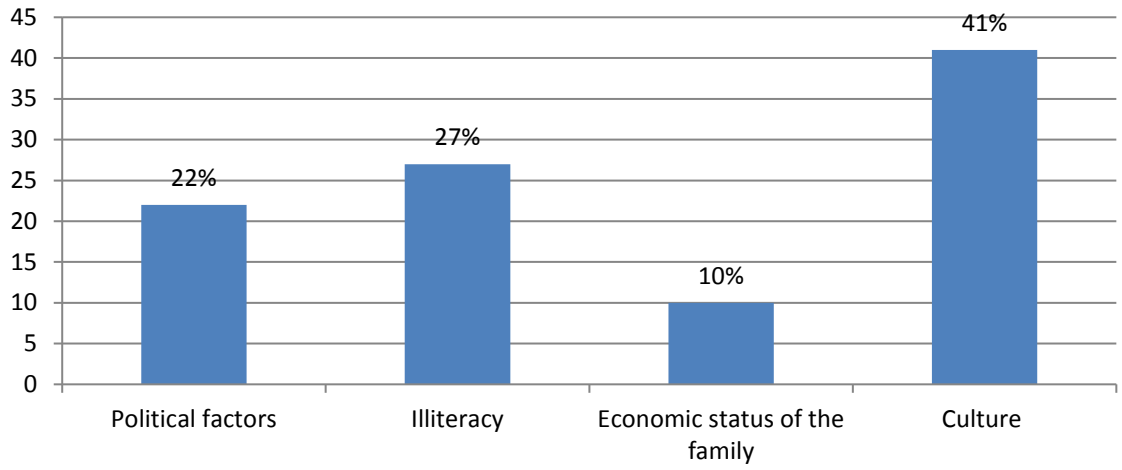
Source; Field Data (2016)

The respondents were asked to explain their answer whether they think or not that there are other social factors that inhibit community leaders in their quest to prevent FGM/C in Merti sub-County. The results of the questionnaires indicate that 59% of the respondents explained that the social factors that inhibit community leaders in their quest to prevent FGM/C include; the political factors that are propagated secretly by political leadership in the area, illiteracy was also mentioned as another social factor that inhibits community leaders in their quest to prevent FGM/C, this factor was held by an overwhelming majority of the respondents in the study. Further explanation on illiteracy was that it inhibits the intake of new ideas and leads to upholding of cultural practices without considering their implication on the rights of the people.

Forty one percent of the respondents explained that there are no other social factors preventing community leaders from fighting against FGM/C apart from the culture of the Borana community. The results are displayed on the bar chart below:

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Figure 4.17: resopondents explanation on other social factors that inhibit community leaders from preventing FGM/C in Merti sub-County



Source; Field Data (2016)

The study findings indicate that other social factors that inhibit the community leaders from preventing FGM/C in Merti sub-County include; illiteracy, politics and economic status of the families.

4.8 Reduced FGM/C practice

It is assumed that the reduction or eradication of FGM/C among the Borana community will lead to improved enrolment and retention of the girl child in school and reduce incidences of early or child marriage among the Borana community. This in turn will ensure reduced rate of maternal mortality and health complications such as fistula. Eradication of FGM/C in Merti sub-County will ensure improved levels of literacy and empowerment of both genders as a result of increased years of schooling for the girls, improved child mortality rate as the number of enlightened mothers taking care of the health of members of their family will have increased and women engaging in professional jobs and income generating activities.

4.8.1 Reduced cases of FGM/C may lead to increased school enrolment in Merti sub-County

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In question 11respondents were asked if they think that reduced cases of FGM/C may lead to increased school enrolment in Merti sub-County. Sixty Five Percent of the respondents were in agreement that reduced cases of FGM/C may lead to increased

school enrolment in Merti sub-County, while 35% of the respondents where in disagreement that reduced cases of FGM/C may not lead to increased school enrolment in Merti sub-County. The researcher found it necessary to establish if reduced cases of FGM/C may impact on the enrolment and retention of the girl child in educational institutions in Merti sub-County. Table 4.20 below illustrates the findings:

Table 4.20: Reduced cases of FGM/C may/or may not lead to increased school enrolment in Merti sub-County

Response	**Number**	**Percentage**
Yes! Reduced cases of FGM/C may lead to increased school enrolment in Merti sub-County	39	65%
No! Reduced cases of FGM/C may not lead to increased school enrolment in Merti sub-County	21	35%
Total	60	100%

Source; Field Data (2016)

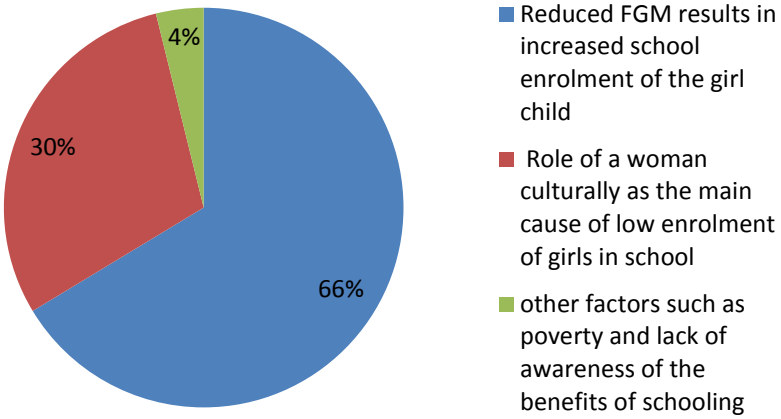
When asked to explain their answer on whether reduced cases of FGM/C may/or may not lead to increased school enrolment in Merti sub-County, majority of the respondents i.e. 69% were of the opinion that reduced cases of FGM/C may lead to increased school enrolment in Merti sub-County. This is because FGM/C was used as a rite of passage to womanhood in readiness for marriage which would subsequently lead to school dropout and low retention rates of the girl child in learning institutions.

A common view that emerged in FGDs, also explained was that stigmatization would gradually reduce because a sizeable number of un circumcised girls will get company thus reduce the impact caused as a result of stigmatization pointing to a single person or individual.

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Thirty five percent of the respondents are of the opinion that reduced cases of FGM/C may not lead to increased school enrolment because of the attitude of the Borana community towards educating the girl child is not in any way connected to the practice of FGM/C. There are other factors that affect enrolment of the girl child in school such as poverty and lack of awareness of the benefits of schooling. The results are illustrated on the pie chart below:

Figure 4.18: Respondents explanation on enrolment in schools as a result of reduced cases of FGM/C



Source; Field Data (2016)

The study findings clearly indicate that a majority of respondents believe that with reduced cases of FGM/C would ensure increased school enrolment and retention for the girl child in Merti sub-County.

4.8.2 Reduced cases of FGM/C may lead to more stable families in Merti sub-County

Respondents were asked in question 12 if they think that reduced cases of FGM/C may lead to more stable families in Merti sub-County.

82% of the respondents were in agreement that reduced cases of FGM/C may lead to more stable families in Merti sub-County, while 18% of the respondents where in disagreement that reduced cases of FGM/C may not lead to more stable families in Merti sub-County. The researcher found it necessary to establish if reduced cases of FGM/C may impact on the stability of families in Merti sub-County. Table 4.21 below illustrates the findings:

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Table 4.21: Reduced cases of FGM/C may/or may not lead to more stable families in Merti sub-County

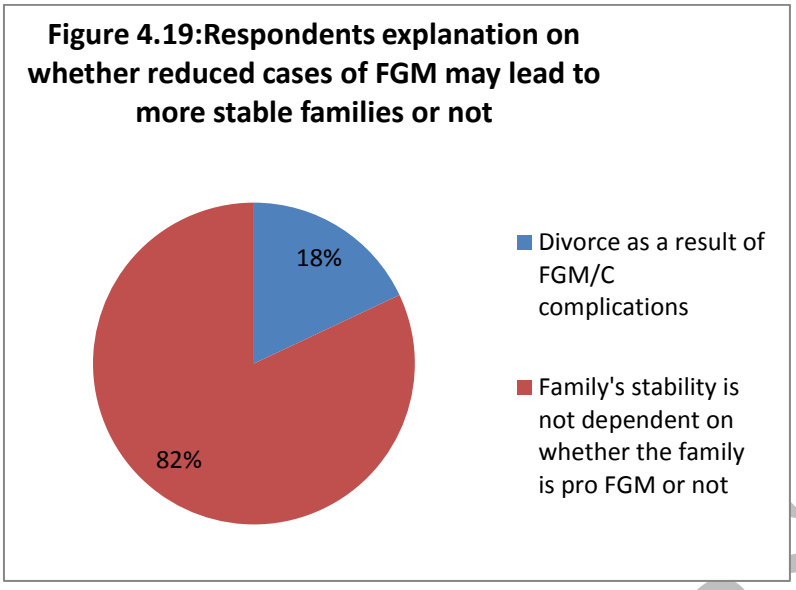
Response	Number	Percentage
Yes! Reduced cases of FGM/C may lead to more stable families in Merti sub-County	11	18%
No! Reduced cases of FGM/C may not lead to more stable families in Merti sub-County	49	82%
Total	60	100%

Source; Field Data (2016)

When asked to explain their answer on whether reduced cases of FGM/C may/or may not lead to more stable families in Merti sub-County, majority of the respondents i.e. 87% were of the opinion that reduced cases of FGM/C may not lead to stability in families . This is because stability of families do not depend on whether or not the families/family is pro FGM/C or not a common view that emerged in FGDs.

Thirteen percent of the respondents are of the opinion that reduced cases of FGM/C may lead to more stable families, the most common explanation here included in cases where a woman experiences adverse medical conditions/complications as a result FGM/C or difficulty in birth which results to fistula, the husband decides to marry a second wife may lead to instability in the family or even divorce. The results are illustrated on the pie chart below:

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Source; Field Data (2016)

The study findings clearly indicate that a majority of respondents believe that reduced cases of FGM/C will not in any way affect the stability of families. They do not see any connection between FGM and family stability; this only affects families that the practice of FGM has resulted into medical/health complications.

4.8.3 Reduced cases of FGM/C may lead to low mortality rates in Merti sub-County

Respondents were asked in question 13 if they think that reduced cases of FGM/C may lead to low mortality rates in Merti sub-County. 58% of the respondents were in agreement that reduced cases of FGM/C may lead to low mortality rates in Merti sub-County, while 42% of the respondents where in disagreement that reduced cases of FGM/C may not lead to low mortality rates in Merti sub-County. The researcher found it necessary to establish if reduced cases of FGM/C may impact on maternal and child mortality rates in Merti sub-County. Table 4.22 below illustrates the findings:

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Table 4.22: Reduced cases of FGM/C may/or may not lead to low mortality rates in Merti sub-County

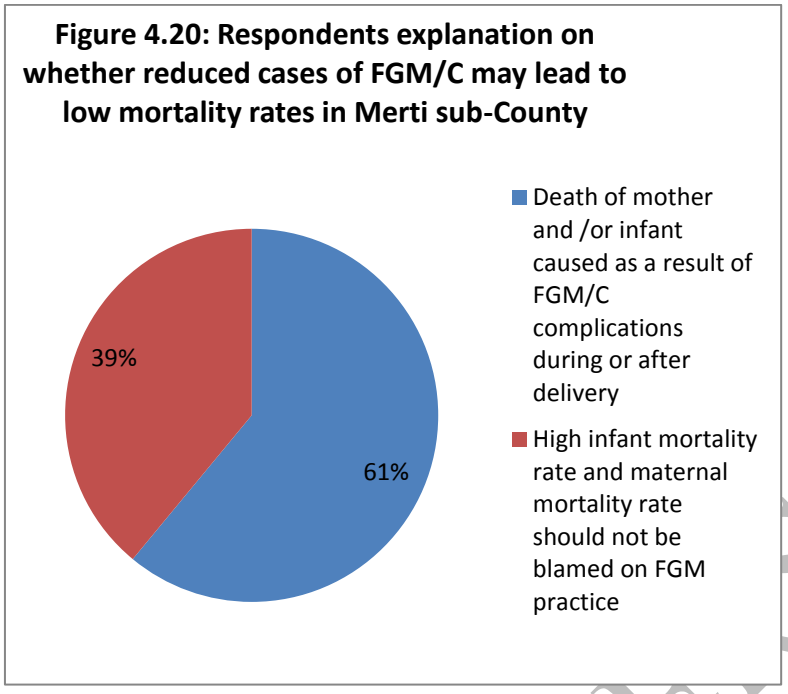
Response	Number	Percentage
Yes! Reduced cases of FGM/C may lead to low mortality rates in Merti sub-County	35	58%
No! Reduced cases of FGM/C may not lead to low mortality rates in Merti sub-County	25	42%
Total	60	100%

Source; Field Data (2016)

When asked to explain their answer on whether reduced cases of FGM/C may/or may not lead to low mortality rates in Merti sub-County, majority of the respondents i.e. 61% were of the opinion that reduced cases of FGM/C may lead to low mortality rates particularly for the child and the mother in Merti sub-County. This is because FGM/C increases health complications during child birth that may lead to loss of mothers or child life a common view that emerged in FGDs and answers on this item in the questionnaire.

Thirty nine percent of the respondents were of the opinion that reduced cases of FGM/C may not lead to low mortality rate. This is because other factors are known to determine the high rate of child and maternal mortality rates, this includes; access to proper health care facility and midwife and professional medical personnel, availability of nutritious food for both the expectant mother and a dominant explanation that prevailed was that FGM should not be singled out as being the cause of high mortality rate on expectant mothers during delivery. The results are illustrated on the pie chart below:

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Source; Field Data (2016)

The study findings clearly indicate that a majority of respondents believe that with reduced cases of FGM/C will lead to low maternal deaths and low infant mortality rates during child birth and immediately after delivery, caused by complications suffered by the mother as a result of FGM/C practice

4.8.4 Reduced cases of FGM/C may lead to increased women economic empowerment in Merti sub-County

Respondents were asked in question 14if they think that reduced cases of FGM/C may lead to increased women economic empowerment in Merti sub-County. Seventy Seven Percent of the respondents were in agreement that reduced cases of FGM/C may lead to increased women economic empowerment in Merti sub-County, while 23% of the respondents where in disagreement that reduced cases of FGM/C may not lead to increased women economic empowerment in Merti sub-County. The researcher found it necessary to establish if reduced cases of FGM/C may impact on women's economic empowerment in Merti sub-County. Table 4.23 below illustrates the findings:

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Table 4.23: Reduced cases of FGM/C may/or may not lead to increased women economic empowerment in Merti sub-County

Response	Number	Percentage
Yes! Reduced cases of FGM/C may lead to increased women economic empowerment in Merti sub-County	46	77%
No! Reduced cases of FGM/C may not lead to increased women economic empowerment in Merti sub-County	14	23%
Total	60	100%

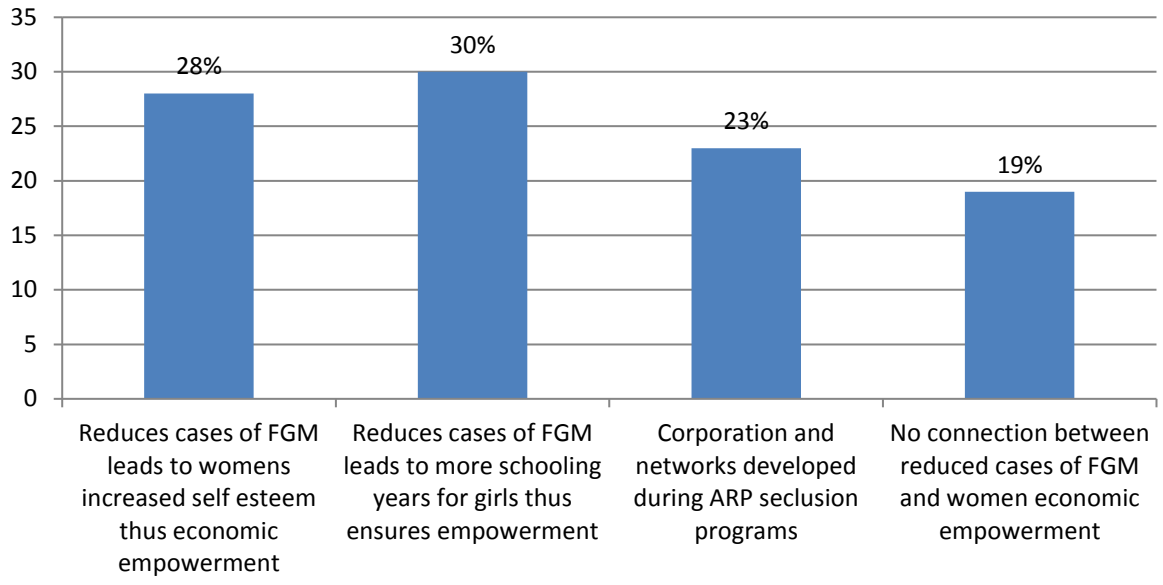
Source; Field Data (2016)

When asked to explain their answer on whether reduced cases of FGM/C may/or may not lead to increased women economic empowerment in Merti sub-County, majority of the respondents i.e. 81% were of the opinion that reduced cases of FGM/C may lead to increased women economic empowerment in Merti sub-County. This common view points that emerged in FGDs and answers from the questionnaire item pointed to the fact that increased self-esteem gained from participations in education during seclusion on ARP programs 28% of the 81% expressed this view.

Twenty three percent of the respondents who indicated that involving young girls on issues anti-FGM/C lead to establishing networks and corporations that assist in the establishment of income generating activities and suggested that increased levels of education resulting from increased rate of retention and increased number of schooling years ensures that more women develop into career women and professionals this ensures more women's economic stability. Nineteen Percent of the respondents were of the opinion that reduced cases of FGM/C may not lead to increased women economic empowerment in Merti sub-County. The respondent's common thinking was that increased women economic empowerment and reduced cases of FGM/C has no foreseeable connection. The results are illustrated on the bar chart below:

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Figure 4.21: Respondents explanation on whether reduced cases of FGM/C may lead to women economic empowerment in Merti-sub County



The study findings clearly indicate that a majority of respondents believe that with reduced cases of FGM/C will lead to increased women economic empowerment as a result of women's enhanced self-esteem, more schooling years for girls, and established networks and corporations by women.

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CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.

5.0 Introduction

This chapter explains the summary, conclusions and recommendations based on research objectives.

The aim of this work was to give an insight into the FGM practice in the upper Eastern Region of Kenya. It also describes the current situation in Kenya concerning the practice, and discusses the need for an alternative practice acceptable to the modern societies. This thesis is generally important to the Kenyan society. The study was meant to help find solutions and warn of the dangers of FGM. Many communities and particularly the in Africa have been practicing FGM for centuries regardless of its harmful effects on women. While someone can argue out that their method cause the least damage or is much milder, others say that it is a measure of toughness of a woman. Still others could be for it as a tradition; the practice brings much more harm and no good at all.

5.1 SUMMARY OF KEY FINDINGS AND CONCLUSIONS

The study was guided by four specific objectives. Conclusions were drawn based on the research objectives and findings. The first objective sought to establish the role played by the community in perpetuating the practice of FGM/C among the Borana of Isiolo County. Based on the analysed data the study found out that the community more so the family as the smallest unit of the society plays a significant role in perpetuating the practice of FGM/C among the Borana of Isiolo County. The study found that the Borana Community is not doing enough to curb cases of FGM/C in Merti sub- County.

The second objective identified key challenges encountered by community leaders in their efforts to end the practice of FGM/C. The study found cultural and religious beliefs of the Borana Community to significantly affect campaigns by leaders to fight FGM/C. It is imperative to note that female circumcision, or female genital mutilation, can no longer be seen as a traditional custom. It has come to be recognized as a problem in the modern African societies, countries, and the whole world at large. The unnecessary health problem and the pain it inflicts on women, time spent in it, hospitalization costs, and the possible loss of life qualifies it as a customary health hazard. Thanks to all who are involved in the current campaigns made to stop it all together in Kenya. Though stopping female genital mutilation may take subtle to harsh measures, the practice has no more places in the present world and therefore every necessary effort should be made to stop it ultimately.

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The third objective explored government and non-governmental organizations interventions in response to the problem of FGM/C while the last objective investigated alternative rites of passage to FGM that is acceptable and appropriate to the Boran people. The study concludes based on the findings that the current policies and legal framework are not assisting the fight against FGM/C in Merti sub- County.

The final objective investigated alternative rites of passage to FGM that is acceptable and appropriate to the Boran people. The study concludes that reduced cases of FGM/C may lead to low mortality rates in Merti sub- County.

5.2 RECOMMENDATIONS

Based on the first objective, which sought to establish the role played by the community in perpetuating the practice of FGM/C among the Borana of Isiolo County and the research findings. The study recommends that the national and county government of Kenya to work closely in developing a multidisciplinary and comprehensive approach that strikes the heart of our society and involves multiple issues; only through multidisciplinary approach can an efficient progress be achieved in abandoning FGM/C. In addition to this, strategies for eradicating FGM/C must be developed in a framework of the promotion of human rights, the right to education, the right to education, health, development and poverty eradication.

The third objective explored government and non-governmental organizations interventions in response to the problem of FGM/C and based on the data analysed It is recommended that the legal frameworks on FGM/C needs to be reviewed by both the county and national legislative assemblies in order to criminalise FGM. Specifically, Parliaments should oversee the actions of their Government and ensure the national implementation of international and regional commitments undertaken by their countries as State Parties or signatories of various international instruments protecting the fundamental rights and freedoms of women and children. Parliaments should ensure that these international and regional instruments are translated into national languagesand widely distributed to the population and the judiciary.

Parliament should also work to obtain the accession of their states to the Maputo protocol to the African Charter on Human rights and people's rights on the rights of women which further the efforts to eradicate FGM/C. With respect to eradicating FGM/C, enacting legislation is an important, highly symbolic and necessary step which has both the

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dissuasive and education impact; in such a context, it is necessary to promote sustained preventive action. Legislation must also provide assistance for women who have been subjected to FGM/C.

Legislation on FGM/C should always be drawn up on consultation with the civil society, traditional chiefs and opinion leaders and in the concept of a broader strategy aimed at abandoning the practice. It is important that all legislation be disseminated and explained. Communities and more specifically, women should be informed of the contents of the law and their specific rights through awareness, communication and information campaigns.

The regional and international dimension should not be overlooked; it is important to harmonize domestic legislation and coordinate efforts at the regional and international levels to abandon FGM C in order to prevent the sending of girls to neighbouring or other countries where FGM/C is practiced. Providing training of judicial staff and law enforcement and security personnel should be an integral component of strategies for the implementation and enforcement of the law. Parliaments should work with the medical profession to ensure that medical staff respects the law and to prevent their involvement in the practice. In addition, basic health- care services, especially sexual and reproductive health services, should be enhanced to ensure that womenwho have undergone FGM/C have access to all the care they may need. The conversion of excises should also be taken into consideration by parliaments, within the framework of thegeneral fight against poverty. It is important for parliaments to regularly review and assess the enforcement of the law in order to correct for any potential negative effects and adapt thelegislation to the evolution of society.

The last objective sought to investigate alternative rites of passage to FGM that is acceptable and appropriate to the Boran people. Based on the findings the researcher recommends that all stakeholders should work hand in hand to develop national strategies by drafting of national action plans for the abandonment of FGM/C makes it possible to identify the different roles and responsibilities of the actors involved, to ensure proper coordination and the complementarity of the efforts undertaken. The adoption of clear objectives with specific time frames also facilitates synergy among the various actors. The government of Kenya and County Governments to adopt adequate national budgets. Parliaments should ensure that national budgets allocate sufficient resources to the

implementation of legislation and action plans aimed at abandoning FGM/C. The development of gender sensitive national budgets would also help reduce the practice of FGM/C for example by promoting girls' education, literacy, women's and gills' empowerment and access to health services. Parliaments should systematically analyze their national budgets from the perspective of gender equality with a view to correcting inequalities and discrimination. The stud\- also recommends further research on this area especially those quantitative research studies aimed at testing hypothesis.

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APPENDICES

APPENDIX 1: QUESTIONNAIRE FOR VILLAGE/CLAN ELDERS, PROVINCIAL ADMINISTRATION AND SECURITY OFFICERS

Introduction

QUESTIONNAIRE

I AbdullahiWario Mio reg. Number; MDS/LMR/7713/13 from St. Paul's University pursuing a Masters Degree in Development Studies do request you to fill in the questionnaire. This is a requirement for partial fulfilment for the award of the masters degree. My topic of the study is "The Role of the Community in ending FGM/C among the Boran Community in Merti sub-County, Isiolo County".

PLEASE FURTHER NOTE THAT THE PARTICIAPTION IN THIS STUDY IS VOLUNTARY AND ALL INFORMATION WILL BE TREATED IN CONFIDENCE

NB: DO NOT WRITE YOUR NAME ANYWHERE ON THE QUESTIONNAIRRE

SECTION A

DEMOGRAPHIC DATA

1: What is your age?

(A) 10-20 Yrs (B) 21-30 Yrs (C) 31-40 Yrs (D) Above 41 Yrs

2: What is your gender?

(A) Male (B) Female

3: What is the level of your education?

(A)KCPE and Below (B) KCSE (C) Certificate (D) Diploma and Above

4: What is your main source of livelihood?

(A)Pastoralist (B) Business (C) Civil service (D) others

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5: What is your marital status?

(A)Married (B) single (C) Divorced (D) Do not want to disclose

6: For how long have you lived in Merti sub- County?

(A) 0-10 Yrs (B) 11-20 Yrs (C) 21-30Yrs (D) Above 31Yrs

SECTION B

(A) ROLE PLAYED BY COMMUNITY IN PERPETUATING FGM/C

1: Do you think the family plays a significant role in perpetuating FGM/C in Merti sub-County?

(A) YES (B) NO

Explain……
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2: Do you think the cultural norms/ values of the Borana Community perpetuate FGM/C in Merti sub- County?

(A) YES (B) NO

Explain……
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3: Do you think the Borana Community is doing enough to curb cases of FGM/C in Merti sub- County?

(A) YES (B) NO

Explain……
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4: Do you think the belief the belief that FGM/C enhances hygiene in girls is perpetuating FGM/C in Merti sub- County?

(A) YES (B) NO

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Explain……
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(B): CHALLENGES COMMUNITY LEADERS ENCOUNTER IN PREVENTING FGM/C?

1: Do you think the cultural and religious beliefs of the Borana Community are a key challenge in perpetuating FGM/C in Merti sub- County?

(A) YES (B) NO

Explain……
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2: Do you think the cultural politics/ political leaders interfere with campaign against FGM/C in Merti sub- County?

(A) YES (B) NO

Explain……
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3: Do you think the law enforcement agencies prevent community leaders from fighting FGM/C in Merti sub- County?

(A) YES (B) NO

Explain……
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4: Do you think other social factors inhibit community leaders in their quest to prevent FGM/C in Merti sub- County?

(A) YES (B) NO

Explain……
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(C) GOVERNMENT INTERVENTIONS

1: Do you think the current policies and legal framework are assisting the fight against FGM/C in Merti sub- County?

(A) YES (B) NO

Explain……
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2: Do you think the current FGM bodies are doing enough in curbing FGM/C in Merti sub- County?

(A) YES (B) NO

Explain……
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3: Do you think the law enforcement agencies are doing enough to curb FGM/C in Merti sub- County?

(A) YES (B) NO

Explain……
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4: Do you think there is enough political goodwill to fight FGM/C in Merti sub- County?

(A) YES (B) NO

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(D): ALTERNATIVE RITES OF PASSAGE

1: Do you think alternative ceremonies plays a key role in reducing FGM/C in Merti sub-County?

(A) YES (B) NO

Explain……
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2: Do you think seclusion and education in reproductive health is important in reducing FGM/C in Merti sub- County?

(A) YES (B) NO

Explain……
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3: Do you think the current women play a key role in reducing FGM/C in Merti sub-County?

(A) YES (B) NO

Explain……
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4: Do you think teaching the meaning of rites of passage and its importance can help in reducing FGM/C in Merti sub- County?

(A) YES (B) NO

Explain……
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(E): REDUCED FGM/C PRACTICES

1: Do you think REDUCED CASES OF FGM/C may lead to increased school enrolment in Merti sub- County?

(A) YES (B) NO

Explain……
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2: Do you think REDUCED CASES OF FGM/C may lead to more stable families in Merti sub- County?

(A) YES (B) NO

Explain……
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3: Do you think REDUCED CASES OF FGM/C may lead to low mortality rates in Merti sub- County?

(A) YES (B) NO

Explain……
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4: Do you think REDUCED CASES OF FGM/C may lead to increased women economic empowerment in Merti sub- County?

(A) YES (B) NO

Explain……
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APPENDIX 2: QUESTIONNAIRE GUIDELINES FOR FOCUS GROUP DISCUSSION FOR WOMEN ELDERS, FGM/C CIRCUMCISION PRACTITIONERS, WOMEN TEACHERS, NGOS REPRESENTATIVES AND WOMEN GROUP LEADERS

Introduction

The facilitator will ask the following questions after explaining the purpose of the study to the participants and note their responses accurately.

(A) What is the present role played by the community in perpetuating fgm/c?

1) Do you think the family plays a significant role in perpetuating FGM/C in Merti sub-County?
2) Do you think the cultural norms/ values of the Borana Community perpetuate FGM/C in Merti sub- County?
3) Do you think the Borana Community is doing enough to curb cases of FGM/C in Merti sub- County?
4) Do you think the belief the belief that FGM/C enhances hygiene in girls is perpetuating FGM/C in Merti sub- County?

(B) What are the challenges that community leaders encounter in preventing fgm/c?

1) Do you think the cultural and religious beliefs of the Borana Community are a key challenge in perpetuating FGM/C in Merti sub- County?
2) Do you think the cultural politics/ political leaders interfere with campaign against FGM/C in Merti sub- County?
3) Do you think the law enforcement agencies prevent community leaders from fighting FGM/C in Merti sub- County?
4) Do you think other social factors inhibit community leaders in their quest to prevent FGM/C in Merti sub- County?

(C) What is the government going to stop FGM/C in the community?

1) Do you think the current policies and legal framework are assisting the fight against FGM/C in Merti sub- County?
2) Do you think the current FGM bodies are doing enough in curbing FGM/C in Merti sub-County?

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3) Do you think the law enforcement agencies are doing enough to curb FGM/C in Merti sub- County?
4) Do you think there is enough political goodwill to fight FGM/C in Merti sub- County?

(D): What are the alternative rites of passage?

1) Do you think alternative ceremonies plays a key role in reducing FGM/C in Merti sub-County?
2) Do you think seclusion and education in reproductive health is important in reducing FGM/C in Merti sub- County?
3) Do you think the current women play a key role in reducing FGM/C in Merti sub-County?
4) Do you think teaching the meaning of rites of passage and its importance can help in reducing FGM/C in Merti sub- County?

(E): What benefits would the community realise in reduction of FGM/C practices?

1) Do you think reduced cases of FGM/C may lead to increased school enrolment in Merti sub- County?
2) Do you think reduced cases of FGM/C may lead to more stable families in Merti sub-County?
3) Do you think reduced cases of FGM/C may lead to low mortality rates in Merti sub-County?
4) Do you think reduced cases of FGM/C may lead to increased women economic empowerment in Merti sub- County?

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