

# Role of Devolution in Mitigating Female Genital Mutilation: A case of Samburu County

<sup>1</sup>Sarah .C.Lesiamito, <sup>2</sup>Dr. Kepha Ombui

<sup>1</sup>Student, Msc in Governance in Jomo Kenyatta University of Agriculture and Technology

<sup>2</sup>Adjunct Lecturer, Jomo Kenyatta University of Agriculture and Technology

---

**Abstract:** Female genital mutilation (FGM) is a procedure where the female genitals are intentionally cut, remove or changed, without any medical reason but to fulfill some of the cultural or traditional practices that marks female rite of passage into womanhood. These traditional reasons are considered as the primary factor behind FGM for most of the African societies.

The study focuses on the role of the county government in the efforts to eradicate FGM in Samburu County. Research study was conducted among the people living in Wamba Sub-County of Samburu, where this practice is commonly carried out. In executing this study, both qualitative and quantitative methods were used. Qualitative methods used included individual interviews; key informant interviews; telephone interviews and focus group discussions. Secondary data was also used in this study.

The findings of the study shows that, though a number of residents in the area still espouse FGM, County government have played a key role in fighting the vice. According to this research, those who still support the practice are motivated by conservatives nature of their tradition.

Despite this force of tradition, there are various efforts that are being employed by the county government in support of a section of the community leaders to eliminate the vice.

Well-coordinated efforts by the county and the local community doesn't mean the FGM has already eradicated, members of the community are still holding into the practice.

**Keywords:** Devolution Mitigating, Genital Mutilation.

---

## 1. BACKGROUND OF THE STUDY

The term to define the practice of female genital mutilation has undergone a number of changes. Boyle (2005:41) writes that WHO adopted to use the term female circumcision because this practice was referred to as a social and cultural issue as opposed to a medical issue.

According to Shell-Duncan et al (2000:6), the term female genital mutilation (FGM) was adopted at the Third Conference of the Inter African Committee on Traditional Practices Affecting the Health of Women and Children in 1990 and is now used in the World Health Organization and other United Nations documents to emphasis the violation of human rights involved. At the community level, using the term mutilation can be viewed as being judgmental and condemnatory

Female Circumcision is used by practicing communities because it is a close literal translation from their own languages (Population Reference Bureau 2001:3). In 1996, the Reproductive-Educative and Community Health Programme (REACH), a United Nations Population Fund programme, opted to use female genital cutting (FGM) instead of female genital mutilation which was thought to imply excessive judgment by outsiders as well as insensitivity towards individuals who have undergone the procedure, (Ni Mhordha 2007:5; Shell-Duncan et al 2000:6). For purposes of this study, the terms female genital mutilation (FGM) and female genital circumcision/cutting (FGC) will be used alternately.

The global picture estimates that between 100-140 million girls and women have undergone FGM, and at least 2-3 million girls a year are at risk of undergoing some form of procedure worldwide, (WHO 1997a; WHO 1997b:3; WHO

2008b:1; Momoh 2005:5). As a result of immigration this practice is also common in the African immigrant communities in North America, Europe, Australia and New Zealand (WHO 1997a; WHO 1997b:3; WHO 1998:18).

FGM has been as an expression of cultural identity and a sacred ritual sanctioned by ancestors and protected by cultural beliefs (WHO 1999:116).

#### **STATEMENT OF THE PROBLEM:**

Female genital mutilation has been perpetuated over generations by social dynamics that make it very difficult for individual families as well as individual girls and women to abandon the practice. Even when families are aware of the harm female genital mutilation can bring, they continue to have their daughters circumcised because it is deemed necessary by their community for bringing up a girl correctly, protecting her honour and maintaining the status of the entire family (WHO 2008b:5-6). Acknowledging that the tradition brings shame and stigmatization upon the entire family and prevents girls from becoming full and recognized members of their community if not practiced, the United Nations has labelled female genital mutilation as one of the harmful cultural practices that need to be eliminated in society not only in Africa but also in the African immigrant communities in Europe.

The project research was to explore the role of County Government of Samburu in combating female genital cutting and to examine the initiatives developed by the local communities in their struggle to fight this practice. In addition, it is aimed at exploring the role played by other stakeholders especially the local community in eliminating FGC.

#### **OBJECTIVES OF THE STUDY:**

- To establish the role the influence of sensitisation on eradication of female genital mutilation(FGM) in Samburu County
- To establish the role seminars by county government in combating of female genital mutilation(FGM)
- To establish the role of alternative rite of passage among the samburu girls .

## **2. LITERATURE REVIEW**

#### **THE PATH OF GOAL THEORY:**

Barth (1982:14) argues that human behavior is shaped by consciousness and purpose. It is explained by the utility of its consequences in terms of values held by the actor and the awareness on the part of the actor of the connection between an act and its specific results. The perception of other people in the community shapes ones behavior and way of life.

Jenkins says that,

“Individuals are unique and variable, but selfhood is thoroughly socially constructed: in the processes of primary and subsequent socialization, and in the ongoing processes of social interaction within which individuals define and redefine themselves and others throughout their lives” (Jenkins 1996:20-21).

Socialisation therefore plays an important role in the development of values and this affects the way people behave later in life.

Change and mutability are endemic in all social identities but they are more likely for some identities than others. In cases where locally perceived embodiments is a criterion of any social identity, fluidity maybe the exception rather than the rule (Jenkins 1996:21). For the case of female genital mutilation, change is bound to be slow because of the fact that its justification is embedded in the culture of the people practicing it.

Individuals seek to comply with the belief they perceive the significant leaders of their community hold, notably that girls should be circumcised. The theories referred to above explicitly incorporate the influence of the immediate social context on individual behavior, (Packer 2005:224). A web of socio-cultural norms where a person lives affects their behavior and decision making, (ibid: 224-225). In Africa social and cultural norms remain strongly in favor of female circumcision. The family and community are the most significant transmitters and guardians of norms. It is through the family that the practice of female circumcision is maintained and upheld as a tradition, (ibid).

In looking at FGC the idea of universality and cultural relativism of human rights needs to be addressed. According to Kwateng-Kluytse (2005:61), if human rights are not made universal, states could place their traditions and cultural practices above international standards. Cultural relativists however argue that efforts of international organisations like the UN to end the practice are dangerous examples of ethnocentric meddling.

### **FEMINIST THEORY AND THE PRACTICE OF FEMALE GENITAL MUTILATION (FGM):**

FGM is at the nexus of a highly complex series of cultural and discursive practices in which female and male bodies that remain intact in these discursive fields are marked as incapable of controlling (the surplus of) their desire. Dominance in this discursive field is mandated as the regulation of excess (desire) and is exerted by the ability to inflict pain upon the female bodies perceived as generating this surplus.

Momoh (2005:9-10) says that in societies that practice female genital mutilation a number of cultural elements are present. According to her these include particular beliefs, behavioural norms, custom rituals, and social hierarchies, religious, political and economic systems. She goes on to write that culture is learnt and children learn from adults. Female genital mutilation has been supported by centuries of tradition, culture and false beliefs and it is perpetuated by poverty, illiteracy as well as the low status of women in societies (ibid).

Lightfoot-Klein (1991:38), argues that custom, the penalty for not practicing which is total ostracism, make up some of the reasons for female genital mutilation. According to Lightfoot-Klein other reasons for female circumcision seem to be the same in most African societies and are based on myths and ignorance of biological and medical facts. To some practicing communities, the clitoris is seen as repulsive, filthy, foul smelling, dangerous to the life of newborns and hazardous to the health and potency of the men (ibid).

Sarkis (1995) writes that some of the reasons advanced for FGM include family honour, cleanliness, protection against spells, insurance of virginity and faithfulness to the husband. Simply terrorizing women out of sex are sometimes used as excuses for the practice of FGM.

Other scholars have associated the justification for this practice with a manifestation of deep rooted gender inequality that assigns the female gender in an inferior position in society and has profound physical and social consequences, (Yoder, P. et al 2004:10-12; WHO 2008b:5).

FGM is practiced because it is seen as a rite of passage from childhood to adulthood. The cultural significance of the practice is seen to be the preservation of chastity and to ensure marriageability of the girl child. The roots of the practice run deep into the individual's psychology, sense of loyalty to family and belief in a value system

(WHO 1998:2). The above justifications are similar to what Gollaher (2000:198) writes about the reasons advanced for circumcision. These closely relate to perceived benefits circumcision comes with. Social pressures in communities where most women are circumcised provide an environment in which circumcision becomes a requirement for social acceptance hence the continuous practice (Centre for Reproductive Rights 2003:8). Toubia (1995:37) summarizes the reasons as follows: beauty/cleanliness, male protection/approval, health, religion and morality.

Tamar Wilson as cited in Ni Mhordha, (2007:7), summaries the reasons for practicing FGM as: "the enhancement of womens femininity by excising masculine traits; the marking of ethnic boundaries; the limitation of women's excessive sexual desire; and to purify women, „readying them for their overwhelmingly important reproductive role." FORWARD (2002:3) argues that,

"The reasons for FGM are diverse, often bewildering to outsiders and certainly conflicting with modern western medical practices and knowledge. The justifications for the practice are deeply inscribed in the belief systems of those cultural groups that practice it."

Horsfall and Salonen of Godparents Association argue that although there are some consistencies they should not be seen as sufficient for allowing the practice to continue.

### **THEORETICAL INTERPRETATIONS ON FGM:**

FGM has been interpreted variously, ranging from cultural practice to feminist perspective. Those perspectives have importance to define how FGM is judged and dealt under a humanrights premise.

**Culture and FGM:**

There are more social factors that influence this practice, of course, primarily the family, but the media has a big impact on our perceptions of gender roles in society. Many agencies use human rights messages such as FGM violates the rights of the women and girls but their training doesn't include easy-to-understand information about rights, the human rights conventions and what rights the community needs to safeguard. First we can consider to body and gender sociology.

There is a conflict between manhood and femininity, in questions like: what is man and woman? And what is defined as male and female? Or what sexual differences strongly affect the most? It is an important point, however, is that the gender differences, although its features can be seen as universal need not be biological in origin. (Giddens 1993:118-120). In different cultures there are different perceptions of what is healthy and normal.

All cultures have concepts of physical health and disease and have a close relationship with environment, both locally and globally. There are health and illness within a culture that also differ over time. Giddens (1993) believes that religion and tradition should also be interpreted as a way of life and is closely intertwined with the social and cultural context that results in unspoken agreement of values and attitudes, and incidentally Department of Cultural Anthropology Author: Farnoosh Rezaee Ahan that is the Bourdieu's theory of the practice as well. FGM, under this perspective, is evaluated in context of local culture, and serves to construct the female gender identity. Anthony Giddens (1993) describes how the development of different behavioral differences by social learning when to have their male and female identities, femininity and masculinity. Gender socialization also is like a support term that describes what happens when a person learns in his gender. Social factors that influence is primarily family, but also the media has a great impact on our perceptions of gender roles in society. Culture is also a very important factor affecting our traditional views on gender differences. (Giddens 1993:120-123).

Gender role is the term for how to grow into their gender and having a huge impact on how we create our gender identity.

If you challenge or question this socialization raises the very strong feeling in the community, because the environment has expectations of how men and women should behave in relation to biological sex. It is in the everywhere real actions which these expectations met and reproduced between people. Bourdieu believes that the body is the embodiment of society or culture that you live in. The body becomes an expression, where the social order is the primary and replicate individual cells that are compatible to this social order. Human habit is ingrained and bodily expression of social identity, belonging and cultural affirmation. But Bourdieu (1994) goes deeper to describe and discuss people's habits and habitus.

I come to conclude that FGM as a body modification is fruit of a culture, but being a habitus does not justify it on practical or health points of view. Bourdieu argues that the culture body "naturalizes" the fictional social body and makes it self-evident, realistic and affectionate. Habit is a mental emotional system that makes it possible to act naturally and without reflection, because the external social structures are incorporated in to the subjective principles.

He noticed that habit is also an allocation system that is the product of Department of Cultural Anthropology Author: Farnoosh Rezaee Ahan the biographical experience. (Bourdieu, 1994). He noticed in his article (structures, Habitus, Power) the behavior that patterns and social structures may change if practicable behavior becomes critical reflection, but different people have different opportunities to influence their habitus. Bourdieu's practice theory gives an explanation for interaction between social structures and individual agents and is based primarily from different classes and categories. This also explains why people tend to recreate the social condition that they have taught in, for example in gender relations. Using Bourdieu theory, FGM represents the domination of a patriarchal culture over women's bodies

According to (Pateman, 1997) in traditional patriarchal societies, the role of the man is to provide financially. He is also responsible for the security and protection of the women and children. Man participates in the public realm through education, business, politics and religious activities. The women's role has always been consigned to childrearing and sex. To better understand patriarchy, the historical roots must be examined. The genesis of patriarchy is based in religion and science.

**ORIGIN OF FGM:**

The genesis of FC or FGM is unclear. The cited perceived benefits for practicing FC or FGM include (WHO, 1996a; 2000)

**PSYCHOSEXUAL REASONS:**

Perceived beliefs that reduction or elimination of the sensitive tissue of the outer genitalia, particularly the clitoris, can attenuate sexual desire in the female, maintain chastity and virginity before marriage and fidelity during marriage, and increase male sexual pleasure. Male attitudes to sex and sexual pleasure in the communities practicing female circumcision may support this belief. For example, anecdotal reports suggest that in some communities practicing infibulations, achievement of difficult penetration of a tight vagina was a proof of virginity following marriage;

**SOCIOLOGICAL REASONS:**

Identification with the cultural heritage, initiation of girls into womanhood, social integration, and the maintenance of social cohesion

**HYGIENE AND AESTHETIC REASONS:**

The external female genitalia are considered dirty and unsightly and are to be removed to promote hygiene and provide aesthetic appeal;

**RELIGIOUS REASONS:**

Some Muslim communities practice FGM in the belief that it is demanded by the Islamic faith although this customs, however, predates Islam. These cited perceived benefits, affect decision-making within the family about the FC practices. The timing decision-making process is also influenced by the socio-cultural environmental factors, including socio-economic characteristics, region or ethnic, and peer pressure. Type of circumciser, type of cutting instrument, and type of cutting might associate with the extent of FC impact on women's sexuality, reproductive health, and reproductive rights.

**3. RESEARCH METHODOLOGY**

Methodology illustrates the choices undertaken in the process of carrying out an inquiry. Silverman (2005:99) defined methodology as, "choices we make about the cases to study, methods of data gathering and other forms of data analysis, etc., in planning and executing a research study," while Somekh and Lewin (2005) link methodology to rules followed in an inquiry.

**RESEARCH DESIGN:**

This inquiry was exploratory, descriptive and qualitative in nature. It was exploratory because it sought to explore the role of local community and County governments towards female genital cutting, initiatives taken by the civil society and government to put an end to the practice.

Descriptive because it endeavored to describe the role of county government in fighting female genital cutting and initiatives taken by the government to abolish this practice.

Qualitative because it sought to provide a deeper understanding of social phenomena than would be obtained from purely quantitative data and endeavoured to bring out the feelings, perceptions and opinions of the people. This study sought to explore the subjective understanding of social reality rather than statistical description or generalized ideas. The research was aimed at exploring the real life situation of the Samburu in relation to female genital cutting while in the field. Blaikie (2000:251) states that qualitative research is committed to viewing the social world: social action and events from the view point of the people being studied; that is discovering their socially constructed reality and penetrating the frames of meaning within which they conduct their activities

**TARGET POPULATION:**

Case study research is associated with the investigation of a particular place, community, setting or organization (Patton 1990:53-54). This particular research sought to establish the role of County Government and the initiatives that have been put in place to abolish this practice. Case studies are preferred, "because they provide a suitable context in which certain research questions are answered," (Bryman 2004:51). The Ntepes community, staff of Samburu Elders Association (SEA), the Reproductive Educative and Community Health Programme (REACH) and the Kenya Human Rights Commission which are working to end FGM were interviewed.

## SUMMARY OF INFORMANTS CONTACTED

Sex	Samburu	REACH	ELDERS	KHRC	Individuals	Total
Male	0	1	1	2	2	6
Female	28	2	1	1	7	39

**SAMPLING FRAME AND SAMPLE SIZE:**

This research study used simple random sampling which is a procedure in which all 26 individuals in the defined population have an equal independent chance of being selected as a member of the sample (Orodho, 2005). Under this method the researcher used purposive sampling in selecting all girls with hearing impairment in upper classes (4-8) only and their teachers. Girls in upper classes were selected because of their age in understanding cultural practices like FGM.

- Peer pressure
- Family
- Circumcisers
- Religious

**SAMPLING TECHNIQUES:**

The study sample involved 23 girls and 7 teachers making a total of 30 participants. This excluded those who had participated (8 girls and 2 teachers) at Wamba Primary school

**4. DATA COLLECTION METHODS**

Choosing methods that empower the researcher and researched is important because they allow for a deeper understanding and the complexities and challenges the unequal power relations (Limb and Dwyer 2001). Interviews, focus group discussions and reviewing of existing data were used.

**Interview guides** were developed and these helped guide the flow of the interviews (See appendices 1, 2, 3 and 4 on pages 57-58). Interview is the most widely employed method in qualitative research because they allow a thorough examination of experiences, feelings or opinions (Kitchin and Tate 2000:213). These interviews took a semi structured format because the perception of the informant was important to this research and semi structured interviews allowed for flexibility (Bryman 2004:321). Relevant information was gathered in a short time,

**INDIVIDUAL INTERVIEWS:** were conducted with the a health worker, a circumcised woman, two uncircumcised women, one circumcised girl and three uncircumcised girls.

**KEY INFORMANT INTERVIEWS:** helped bring out the perceptions, feelings, attitudes and experiences of both the women and girls who have/have not undergone through the practice of female genital mutilation and people who worked for the various organisations in Wamba. People interviewed included two staff members from REACH, two staff members from Elders and one human rights officer from KHRC.

**5. RESEARCH FINDINGS AND DISCUSSION**

Female genital mutilation is practiced in the remote plains of Wamba in Samburu where the Samburu people live (Refer to Chapter one). The way the Samburu perceive female genital mutilation is complicated.

It greatly depends on two factors namely; the reasons given for its continuation and consequences of not undergoing it. It is unrealistic to assume that all the perceptions of female genital cutting can be exhausted with this short study because they are many and they vary depending on who is contacted. On the onset it can be said that the situation of female genital mutilation involve a number of notions for its existence.



The practice has been widely publicized by the national media. Messages about the negative consequences of the procedure are usually published. Information from REACH revealed that public knowledge of the practice gained momentum after Jane Lolkirik, who refused to get circumcised, was appointed as a community Elder and brought the issue to the limelight in 2011. Subsequently, some educated Samburu joined the international community to fight the practice. As a result of the media coverage, the president was prompted to pledge his alliance in the struggle to end this practice in the area, and this attracted more media attention.

#### PILOT TASTING:

According to Pastor Johna Lolngosine who also one of the field mobilizers with REACH and other local informants, female genital cutting as is the preferred term among the Samburu, is practiced in the month of December of every even year on girls mostly at the age of puberty.

Variable	Number of items	Cronbach's Alpha
Psychosexual reasons	7	0.07
Sociological reason	9	0.89
Hygiene and aesthetic reasons	10	0.17
Religious reasons	11	0.20

As regards to human rights, the type of procedure carried out in Samburu girls depends on the surgeon performing the procedure. According to Rosemarie Skaine a sociologist, in her book entitled, *Female Genital Mutilation: legal, cultural and medical issues*, Type I or Type II (see Chapter two page 5) are the most common types of procedures performed on the samburu girls and women. This is similar to what is described by (Shell-Duncan et al 2000:4-5) and (WHO 1998: 6-8).

#### RESPONSE RATE:

Statistics about the numbers of girls and women circumcised every even year are very hard to access. This is because there are no records kept on the numbers of girls and women initiated by the „surgeons“, some girls are not forced to go for circumcison, in most cases this practice is done in rural areas with poor accessibility and also because it is conducted under covers because of the massive campaign against it in the area. However information revealed that in 2000 in Bargo Sub county, 193 out of a total of 5762 girls (3.3%) were circumcised while in Waso sub- county 473 girls were circumcised out of 3027 (13.5%) between ages 14-30 years (Owuor 2000:1). Skaine (2005:236) has argued that according to anecdotal figures only 5% of all the women in Samburu are circumcised.

The table below shows findings from research conducted by REACH on the number of girls circumcised over the years in Samburu County

Statistics of girls circumcised

Year	2010	2011	2012	2013	2014	2015
Number	965	621	622	594	426	007

Source: Samburu County Health Records (December 2014)

As regards to the figures of 2015, there seems to be a drastic drop in the numbers. This can be attributed to the reasons given above coupled with the fact that local government passed a by-law abolishing FGC. This may also be a case of fear of punishment For purposes of this research, Non Governmental Organisations dealing with FGM were contacted for permission. In most cases, permission given was verbal. Permission was also obtained from the County Government. According to Faden and Beauchamp (1986) participants can make informed decisions only if they have substantial understanding and adequate apprehension of the research. Informants were asked of their free will to take part in the research without forcing or coercing them after informing them of the purpose of the inquiry. The option to withdrawing from the research was also explained to the informants.

It is important for researchers to keep the information they get confidential especially for issues that are sensitive. Anonymity was important because this is a sensitive topic and it is quite controversial which ever way one looks at it, it is embarrassing and causes a lot of discomfort to talk about in public. For the above reason, May (1997:55) emphasizes that confidentiality and anonymity of research participants must be honored unless there are clear overriding reasons to do otherwise.

One other ethical issue that was considered was the Do no harm principle. Researchers should avoid inflicting harm to their informants. This should be based on the degree of risk as well as the weight of the consequences that may flow from the research, (Israel and Hay 2006). Researchers must act in the best interest of their informants. This principle was observed by trying to formulate questions to participants that would not cause stress, anxiety or bring suffering to the participants.

During the interview process and focus group discussion, field notes were taken. At the end of each day, time was taken off to look at the data collected and reflect on it. Data collected was read over and over again and arranged in themes according to the research questions outlined in chapter one. This is what Holsti (1969) calls content analysis while Baxter (1991) calls this interpretative content analysis. The next chapter presents the first section of the analysis of the findings.

For purposes of this research, Non-Governmental Organisations dealing with FGM were contacted for permission. In most cases, permission given was verbal. Permission was also obtained from the County Government. According to Faden and Beauchamp (1986) participants can make informed decisions only if they have substantial understanding and adequate apprehension of the research. Informants were asked of their free will to take part in the research without forcing or coercing them after informing them of the purpose of the inquiry. The option to withdrawing from the research was also explained to the informants.

It is important for researchers to keep the information they get confidential especially for issues that are sensitive. Anonymity was important because this is a sensitive topic and it is quite controversial which ever way one looks at it, it is embarrassing and causes a lot of discomfort to talk about in public. For the above reason, May (1997:55) emphasizes that ,,confidentiality and anonymity of research participants must be honored unless there are clear overriding reasons to do otherwise.

One other ethical issue that was considered was the Do no harm principle. Researchers should avoid inflicting harm to their informants. This should be based on the degree of risk as well as the weight of the consequences that may flow from the research, (Israel and Hay 2006). Researchers must act in the best interest of their informants. This principle was observed by trying to formulate questions to participants that would not cause stress, anxiety or bring suffering to the participants.

During the interview process and focus group discussion, field notes were taken. At the end of each day, time was taken off to look at the data collected and reflect on it. Data collected was read over and over again and arranged in themes according to the research questions outlined in chapter one. This is what Holsti (1969) calls content analysis while Baxter (1991) calls this interpretative content analysis. The next chapter presents the first section of the analysis of the findings.

#### **RESPONDENT DEMOGRAPHIC CHARACTERISTICS:**

The researcher sought to find out the demographic response of FGM

##### **RESPONDENT CHARACTERISTICS**

<b>Factors</b>	<b>%</b>
Women	55
Girls	11
Parents /Guardian	24
Teachers	26

The findings depicted that 110(55%) respondents attributed non-compliance to deeply ingrained culture, while 12 (6%) respondents attributed it to reluctance by law enforcement officers who are implementers of the policy. In addition, 48(24%) respondents cited ingrained traditional religious beliefs and superstition while 8(4%) attributed it to high poverty level in the region.

Finally, the findings also indicated that 22(11%) respondents cited ignorance of the legislation and the consequences of FGM/C as a constraining factor to the implementation of the FGM Act 2011. It was evident from the findings that the



leading factor constraining effective implementation of the policy is a deep rooted samburu culture and tradition regarding FGM/C. It was found out that 55% of the respondents held that the samburu culture on marriage and ancestral relationship, regard FGM/C as a rite of passage, which demands that girls over 13 years of age must be 'officially' initiated into the society. In relation to marriageability, one of the female respondents retorted that: Uncircumcised girls are indecent because they are promiscuous and are ever sex hungry and never have stable families. They are like cars without brakes and are absolutely, sexually uncontrollable. HIV/AIDS is never far from their doorstep. Furthermore, they can neither fetch wealth to the parents nor get a marriage partner in the community. They are just cursed. (Female, age 46 years).

It was apparent from the findings that the Maasai community believes that promiscuity in the society can largely be controlled through FGM/C. Promiscuity among girls is greatly abhorred and promiscuous women are greatly despised and disrespected by the society. In addition, family wealth is guaranteed if the daughters are given over to marriage when they are circumcised. The cultural value of FGM/C is also seen in terms of the number of cows, sheep and goats the parents get as bride price. FGM/C thus remains a strong cultural practice to be upheld at all cost among the samburu community.

#### GENDER OF THE RESPONDENTS:

Both gender participated in the study. Out of 60 respondents who participated in the study, 40 were female representing 60% while 20 were male representing 40%. Kothari (2008) asserts that a ratio of at least 1:2 in either gender representation in the study is representative enough. As opposed to female, most male declined in responding with the huge difference in the male and female respondents, it shows that there is discrimination on gender parity in the schools covered in samburu Sub County.

#### GENDER OF RESPONDENTS

Gender	Frequency	Percentage Frequency
Male	40	20%
Female	60	80%
<b>Total</b>	<b>100</b>	<b>100%</b>

#### AGE OF RESPONDENT:

The girls' age was also a factor considered in this study. Age could be an important determinant of the age bracket undergoing female genital mutilation and alternative rite of passage

Age bracket	Frequency	Percentage
Less than 10 years	15	11.5
10 - 13 years	20	15.3
15- 25 years	30	23.2
25 - 30 years	40	30.7
40 and above years	25	19.2
<b>Total</b>	<b>130</b>	<b>100%</b>

The findings show that majority of the women were aged between 25-30 years 30.7% followed by ages 40 and above years with 19.2%. Those aged in bracket category of less than 10 years had the lowest representation of 4.1%. This shows most of the young girls are in the below 10 years of age while the young ones are few.

#### ACADEMIC QUALIFICATION OF RESPONDENT:

The study sought to find out whether the respondents' academic qualifications influenced the levels of girls and women. The findings are presented in Table 4.5 below.

Academic Qualification	Frequency	Percentage
Illiterate	40	50
Primary school leavers	30	30
Form four leavers	20	10
Collage	20	10
<b>Total</b>	<b>110</b>	<b>100%</b>

From the table 4.5 above, 50 % of the women are illiterate a followed by 30% who are primary school leavers, 10 % are form four leavers while another 10 % are in colleges..

#### **PERCEPTION AND BELIEFS OF THE RESPONDENTS:**

The study sought to find out the perception and beliefs of women. This would assist in establishing the reason why they carry female genital mutilation. The findings further revealed that the Samburu community has a cultural belief that uncircumcised women are ever 'young girls' who can never 'grow up'. When the researcher probed one of the female respondents, she narrated that: The Samburu celebrates FGM/C since community secrets regarding the institution of marriage are passed on to the circumcised girls. Good behavior and responsibility in marriage are passed on and thus reduces failures of responsibilities among women. Which 'moran' in our community would like to marry an uncircumcised girl who knows nothing regarding such community secrets? (Female, Age 42 years). It was evident from the responses given by the respondents that FGM/C plays a significant role in relation to marriage and family as a social institution and therefore, the community is greatly ingrained to the practice. Despite the efforts made Geoffrey Towett, Peter Gutwa Oino, and Audrey Matere ISSN: 2351-8014 Vol. 10 No. 1, Oct. 2014 45 by the government to implement the FGM Act of 2011, a lot of resistance from the community has been witnessed due to the perceived significant role played by FGM/C in relation to the Samburu culture and tradition. In addition, resistance to the implementation of the FGM Act, 2011 was also based on the community principle that Samburu as a tribe identify themselves as belonging to a group whose 'ways' include 'circumcision' in contrast to other different communities. The identity of an individual as a samburu is largely based on this rite which confirms a sense of belonging to the community. They therefore, maintained that FGM/C must be continued and any effort to stop it must beresisted at all cost because it is their cultural practice and heritage that confirms their identity. FGM/C is a hallmark of socialcultural identity that solidifies one's sense of belonging to the samburu society [28]. The study conducted by [29] confirmed that in Gambia, respect for what was found from the grandparents was the most strongly and commonly stated reason for female genital mutilation.

#### **DESCRIPTIVE ANALYSIS:**

This section provides the descriptive statistics analysis as per the objectives of the study. The aim of the descriptive statistics was to describe the general distributional properties of the data, to identify any unusual pattern of observation that may cause problems for later analyses on the data. Thus initial analysis of the data using simple descriptive tools was provided to summarize and describe the responses gathered during the study.

#### **NEGATIVE IMPACT OF FEMALE GENITAL MUTILATION:**

The study sought to find out the negative impact and trauma associated with the practice. The respondents were provided with a Likert scale questionnaire ranging between 1 to 5 representing; strongly agree, agree, neutral, disagree or strongly disagree respectively and asked to provide their objective opinions that best describe their responses. Female genital mutilation is a harmful practice that needs to be dealt with, said all the uncircumcised girls and women in their different focus group discussions. The main arguments put forward for doing away with this tradition are the negative consequences associated with the practice. One of the uncircumcised girls said the procedure was conducted under poor conditions. She said that the operation was carried out in an open space that was sometimes muddy because of the rains or dusty because of the sunshine. Another girl said that the knives and razor blades used were not treated and sometimes shared. This could lead to spread of diseases like AIDS. However, when asked about the use of knives or razor blades for the circumscion, girls who had been circumcised said that different instruments were used for the different girls and so the chance of spreading the diseases does not arise.

One of the circumcised women said that this practice was associated with a lot of blood loss as a result of the cutting. She said that for her she had over bleed and she thought that she was going to die. One of the girls who had been circumcised said that she felt a lot of pain because there was no pain medication given. She went on to say that if she had children, she would never let them go through what she went through.

#### **FAMILY PERCEPTION ON ISSUES RELATED TO THE PRACTICE:**

Many families in the area covered by the study strongly belief in the practice as a rite of passage for their girls. The study therefore sought to establish effects of female genital mutilation on their children. Consequently, uncircumcised girls are seen as immature and are not allow to be married before circumcision. This will bring about shame ,frustration ,confusion and discrimination in the family.

The study further sought to establish whether circumcisions had impact in their education and family relationship. The study also concluded that girls waste much time during the practices while undergoing healing process. Their mothers also stay at home with their daughters helping them nurse their wounds.

#### **POLICY RELATED TO FEMALE GENITAL MUTILATION FACTOR:**

The Government has not come up with a policies prohibiting this tradition but a number of other instruments contain clauses to this effect. Governments have responsibilities of protecting their citizens against a number of things that affect their wellbeing. Female genital mutilation is one of the practices that need to be addressed by the government because it has negative consequences on the girls and women affected.

The Government of Kenya has a number of institutions in place that indirectly work to abolish female genital mutilation. The KHRC is a Constitutional institution whose mandate is to promote human rights of the citizens in Kenya. This is clear evidence of the Governments determination to eliminate all forms of violations of Human According to the human rights officers interviewed, the KHRC is involved in sensitizing the Samburu community on human rights generally and also how female genital mutilation is a violation of womens human rights. It provides information on the dangers in a bid to inform young girls about the consequences of this practice.

The Ministry of Gender, Labour and Social Development is another institution that plays a big role in fighting female genital mutilation directly and indirectly in Samburu REACH receives funding from the Ministry to help carry out sensitisation programmes in the communities as well as involvement of officials from the Ministry in undertaking sensitisation in the community.

The practice is forbidden under many national Constitutions. For example, in our new constitution, the 2010 Constitution explicitly prohibits harmful traditional practices, including those that oppress women and cause them physical or mental harm, FGM is addressed as an injury, in the context of criminal law (UNICEF 2005:29).

It should be noted that female genital mutilation is illegal under any criminal code that punishes bodily injury (WHO 1998:56). Lack of will to apply such interpretation to the criminal code and make it applicable to female genital mutilation drives many to call for specific national laws to prohibit the practice (WHO 1998:56). In 1946 under British colonial rule, Sudan introduced such specific legislation to address the issue of female genital mutilation but only for infibulations, while other milder forms were not mentioned. The first independent African state to come up with a law against female genital mutilation was Ghana in 1994 (WHO 1998:56).

According to Bentzen and Talle (2007:11) the bottleneck in spite of present legislation is the implementation of the laws as well as lack of political will as seen in the research carried out in some African countries.

#### **ECONOMIC RELATED TO FEMALE GENITAL MUTILATION:**

I was not able to conduct interviews with the „surgeons and as a result information on this particular issue was gathered from interviews conducted earlier in publications. Namaso one of the circumciser in Samburu said female genital mutilation was something they depended on for everything. She earns KShs 400/= (four hundred shillings only), a goat for every operation she does. According to that article, she has been in position to pay dowry for her children as well as construct a house using the money she gets from carrying out the procedure.

Momoh (2005:10) says that employment opportunities for women in communities that practice female genital mutilation are limited and therefore performing this procedure is their alternative source of revenue. This is true for some women in Samburu. According to her, taking care of the girls both before and after circumcision is the only way she can put food on the table. Her children have been able to go to school as well as being able to construct a small hut as a result of taking care of these girls. For every girl she initiates she gets KShs 400/= (forty hundred shillings only) or a higher fee if she initiates a girl from a rich family.

In a telephone interview with an employee of REACH, it came out strongly that the people involved in carrying out the procedure do so because of the benefits that they receive. The „surgeons“ are given money, cocks and local beer as a sign of appreciation and they have taken this up as a form of employment. Like Toubia, the author of *Female Genital Mutilation: A Call for Global Action*, argues that the money the „surgeons“ get is their only source of income and therefore telling them to abandon

**MEASURES TAKEN TO ERADICATE FEMALE GENITAL UTILATION:**

The Samburu Women Trust (SWT) is an association that was formed in 1992 by male and female elders of the Samburu in Maralal. The purpose of its formation was to:

- Unite the Samburu people and promote peaceful development
- Ensure that local problems would be solved locally
- Protect the Samburu culture by preserving songs, dances, funeral and marriage rites and other positive customs and eliminate the old harmful traditions including female genital cutting.

In 1998, SWT was given recognition from the United Nations Population Fund (UNFPA) for its efforts in the fight against FGM. A building was constructed with this award money to house their offices and other Non Governmental Organisations that are involved in the struggle to do eliminate this tradition.

There is the Reproductive Education and Community Health Programme (REACH), which is a pilot project that was initially funded by the UNFPA in 1996 to fight this practice in Samburu.

The objective of REACH is to fight the practice of FGM through educational programmes while upholding the good objectives of the practice and improving the reproductive health conditions. Since 2010, REACH operated as a project under UNFPA funding. In 2012 it gained the status of a Non Governmental Organisation. REACH uses the community based approach to deal with the issue of female genital cutting. Like McCulloch (2005:120), REACH emphasises that community based approaches involve the participation of the people themselves in efforts to improve their lives and the provision of technical and other services which encourage inventiveness, self help and mutual support which makes it more effective.

Information from REACH revealed that sensitisation programmes are run in the community to provide information on the dangers of the practice of female genital cutting while promoting the health of women. Like Lily Lengoiboni the chairlady of SWT and teacher by profession said, *“As a young woman I approved of the practice but I changed my mind when I learnt of the harm this practice has on the young women.”* Sensitising the community on the dangers this practice poses to their health has a great impact in as far as efforts to eradicate it are concerned.

Boyle (2005:243) reports on a case in Senegal, the Ntepes Women project where it is said that about 174 villages have renounced female genital mutilation. This has been achieved through a sensitization programme similar to the project run in the Samburu community.

Kulea, attributes the decline in numbers of girls and women circumcised to the sensitisation programmes that have been conducted in the community.

In an interview with one of the field mobilizers working with REACH, he said that in his village, for the season of 2014, no girl had been circumcised and he attributed this to the sensitisation programmes being carried out by REACH. We also saw in the previous Chapter in Table 2 on page 22 a sharp decline in numbers for 2015. However, as a result of shortage of funds, facilitating officials to go the villages and ascertain the number the number of girls who have been circumcised is a problem since FGC is illegal.

In sensitizing the community, there is need to have everyone in the community on board especially the men who are responsible for decision making in most families. Like Packer (2005:238) writes the tradition of foot binding in China was eliminated because men were educated and young men across China began to insist on marrying girls with unbound feet. Men maintain control over many traditional practices in Africa, they typically pay for their daughters to be circumcised, negotiate the marriages of their daughters and receive the bride-price, (ibid: 238). Men are therefore important change agents in this struggle to end female genital circumcision and should not be left out.

Hosken, an activist against female genital circumcision quoted by Packer (2005:239-240) has this to say about the involvement of men in the fight against this practice,

*“The next critical issue that needs to be examined is the responsibility of [female circumcision] by men. She affirms that, „men are in control of everything in Africa, especially women and children...“ [Female circumcision] is a marriage requirement demanded by men, therefore the practice continues.”*

Ellen Gruenbaum an anthropologist writes about the importance of grass root approaches which might not achieve international fame but their efforts are significant, (Gruenbaum 2001:178). The efforts of REACH can not be ignored in the fight against female genital cutting because they are directed to the local people. In all the focus group discussions, it was expressed that eliminating female genital cutting would be done through increased sensitisation about the dangers of the practice. One of the uncircumcised girls said, *“I heard about the dangers of this practice from a programme that was organised by REACH in my area. That is when I decided that I would not be circumcised because I did not want to suffer in the name of culture.”* Another girl who is circumcised expresses the same idea in an interview in *The New Vision* (January 1<sup>st</sup> 2009). She reckons that the idea of sensitising the community will end circumcision. This illustrates that telling the community about the dangers of this traditional practice makes a difference in the community.

Although through the sensitisation programmes, the number of girls being circumcised has reduced, it is reported that because of unkept promises, „surgeons who had denounced the practice have now resorted back to the practice because to them circumcising girls is a source of income. A good case to note is that of Ms Namaso.

This is significant because even if these people know and have knowledge of what will happen to them if they are circumcised, they still continue to follow this tradition. I therefore conclude by saying that female genital circumcision among the Samburu has close relationships with the socio economic situation of the people in that area. There are a number of push factors that motivate girls to be circumcised like poverty, social acceptance in the community and tradition. In an interview with one of the circumcised women, she said that if REACH had started doing its work earlier before she was circumcised, she would never have accepted to be circumcised because then she would have known the side effects that she is experiencing since the day of circumcision. She now volunteers in the community telling the young girls about the dangers of female genital circumcision.

#### **INFERENCE ANALYSIS:**

This section presents the results of the correlation and regression analysis done in the study to evaluate the nature of the relationship between the dependent and independent variables. Pearson Product Moment Correlation was used. An ANOVA test was also done to establish whether there were indeed significant differences between sample means.

#### **CORRELATION ANALYSIS:**

In this section the Pearson Correlation analysis was done to examine how the various variables are related and the strength and directions of their relationships. According to Mugenda and Mugenda (2008), correlation technique is used to analyze the degree of relationship between two variables. Variables for further statistical analysis such as regression analysis are selected based on the value of their correlation coefficient.

The computation of a correlation coefficient yields a statistic that ranges from -1 to +1. This statistic is called a correlation coefficient (r) which indicates the relationship between the two variables and the bigger the correlation the stronger the coefficient between the two variables being compared (Carver *et al.*, 2009). In testing statistical significance between variables, the level of significance ( $\alpha$ ) is often set at 0.05 or 0.01 and the probability (p-value) should be less than the ( $\alpha$ ) value to conclude that a significant relationship exist between the variables (Mugenda, 2011). The direction of the relationship is also important in that if it is positive (+) it means that there is a positive relationship between the two variables and this means that when one variable increases, the other variable increases or when one variable decreases the other variable also decreases. A negative relationship (-) means that as one variable decreases, the other variable increase and vice versa and hence an inverse relationship. The score 1 indicates perfect correlation, which is found only when a variable is correlated with itself while 0 indicates no correlation at all hence no need for further analysis on such variables with no relationship.

#### **ANALYSIS OF VARIANCE (ANOVA):**

The negative impact of FGM to girls and women may increase if the practice is not eradicated The correlation coefficients further showed that the four independent variables were all significantly interdependent and related in the study areas in Samburu County.

The study therefore establishes that, when the four independent variables (family perception on FGM related issues, policies-related to FGM and economic-related FGM issues) are combined together and tested against the dependent variable (women's performance), the independent variables significantly affect women performance in Samburu County.



This means that issues related FGM is influential in predicting women' performance in eradication of the practice in Samburu County. These findings support previous studies that indicated that women are usually affected negative violations of their rights and hence not able to achieve the expected high levels of performance in the society leading to ineffective education and delays in national and global development **CONCLUSION AND RECOMMENDATION:**

County Governments of Samburu have responsibilities of protecting their citizens against a number of things that affect their wellbeing. Female genital mutilation is one of the practices that need to be addressed by the government because it has negative consequences on the girls and women affected. In Samburu, the County Government has played a number of roles in elimination of this practice as will be discussed below

#### **MAJOR FINDINGS:**

The study findings revealed that rampant FGM in the area was attributed to the economic gain that various stakeholders get. This was raised by four percent (4%) of the respondents in the study. Focused group discussion revealed that the key actors who mostly benefit economically from FGM/C include traditional circumcisers, traditional religious leaders, parents of the initiates and few law enforcement officers who are often bribed to keep silent on the cultural practice. It was evident from the findings that parents of the female initiates greatly value the practice since it fetches a lot of cows and goats when the initiate is finally given over to marriage. Young men who marry a circumcised woman are required to pay up to seventy cows and twenty sheep and goats as bride price consequently, bringing a lot of wealth to girl's parents. Girl child education as an investment is hardly emphasized by the Samburu community compared to the emphasis put on FGM/C. One of the village elders during a focused group discussion argued that: Most members of the community consider their economic status based on the number of livestock they get as bride price, not on the western education that degrades African culture. Having more girls in a family means wealth in waiting since they fetch a lot of cows and goats when they are circumcised and given over to marriage (Female, Age

#### **NEGATIVE IMPACT OF FEMALE GENITAL MUTILATION:**

The study sought to find out the negative impact and trauma associated with the practice. The respondents were provided with a Likert scale questionnaire ranging between 1 to 5 representing; strongly agree, agree, neutral, disagree or strongly disagree respectively and asked to provide their objective opinions that best describe their responses. Female genital mutilation is a harmful practice that needs to be dealt with, said all the uncircumcised girls and women in their different focus group discussions. The main arguments put forward for doing away with this tradition are the negative consequences associated with the practice. One of the uncircumcised girls said the procedure was conducted under poor conditions. She said that the operation was carried out in an open space that was sometimes muddy because of the rains or dusty because of the sunshine. Another girl said that the knives and razor blades used were not treated and sometimes shared. This could lead to spread of diseases like AIDS. However, when asked about the use of knives or razor blades for the circumscion, girls who had been circumcised said that different instruments were used for the different girls and so the chance of spreading the diseases does not arise.

One of the circumcised women said that this practice was associated with a lot of blood loss as a result of the cutting. She said that for her she had over bleed and she thought that she was going to die. One of the girls who had been circumcised said that she felt a lot of pain because there was no pain medication given. She went on to say that if she had children, she would never let them go through what she went through.

#### **FAMILY PERCEPTION ON ISSUES RELATED TO THE PRACTICE:**

Many families in the area covered by the study strongly belief in the practice as a rite of passage for their girls. The study therefore sought to establish effects of female genital mutilation on their children. Consequently, uncircumcised girls are seen as immature and are not allow to be married before circumcision. This will bring about shame ,frustration ,confusion and discrimination in the family.

The study further sought to establish whether circumcisions had impact in their education and family relationship. The study also concluded that girls waste much time during the practices while undergoing healing process. Their mothers also stay at home with their daughters helping them nurse their wounds.

#### **POLICY RELATED TO FEMALE GENITAL MUTILATION FACTOR:**

The Government has not come up with a policies prohibiting this tradition but a number of other instruments contain clauses to this effect. Governments have responsibilities of protecting their citizens against a number of things that affect



their wellbeing. Female genital mutilation is one of the practices that need to be addressed by the government because it has negative consequences on the girls and women affected.

The Government of Kenya has a number of institutions in place that indirectly work to abolish female genital mutilation. The KHRC is a Constitutional institution whose mandate is to promote human rights of the citizens in Kenya. This is clear evidence of the Governments determination to eliminate all forms of violations of Human

According to the human rights officers interviewed, the KHRC is involved in sensitizing the Samburu community on human rights generally and also how female genital mutilation is a violation of womens human rights. It provides information on the dangers in a bid to inform young girls about the consequences of this practice.

The Ministry of Gender, Labour and Social Development is another institution that plays a big role in fighting female genital mutilation directly and indirectly in Samburu REACH receives funding from the Ministry to help carry out sensitisation programmes in the communities as well as involvement of officials from the Ministry in undertaking sensitisation in the community.

The practice is forbidden under many national Constitutions. For example, in our new constitution, the 2010 Constitution explicitly prohibits harmful traditional practices, including those that oppress women and cause them physical or mental harm, FGM is addressed as an injury, in the context of criminal law (UNICEF 2005:29).

It should be noted that female genital mutilation is illegal under any criminal code that punishes bodily injury (WHO 1998:56). Lack of will to apply such interpretation to the criminal code and make it applicable to female genital mutilation drives many to call for specific national laws to prohibit the practice (WHO 1998:56). In 1946 under British colonial rule, Sudan introduced such specific legislation to address the issue of female genital mutilation but only for infibulations, while other milder forms were not mentioned. The first independent African state to come up with a law against female genital mutilation was Ghana in 1994 (WHO 1998:56).

According to Bentzen and Talle (2007:11) the bottleneck in spite of present legislation is the implementation of the laws as well as lack of political will as seen in the research carried out in some African countries

#### **ECONOMIC RELATED TO FEMALE GENITAL MUTILATION:**

I was not able to conduct interviews with the „surgeons and as a result information on this particular issue was gathered from interviews conducted earlier in publications. Namaso one of the circumciser in Samburu said female genital mutilation was something they depended on for everything. She earns KShs 400/= (four hundred shillings only), a goat for every operation she does. According to that article, she has been in position to pay dowry for her children as well as construct a house using the money she gets from carrying out the procedure.

Momoh (2005:10) says that employment opportunities for women in communities that practice female genital mutilation are limited and therefore performing this procedure is their alternative source of revenue. This is true for some women in Samburu. According to her, taking care of the girls both before and after circumcision is the only way she can put food on the table. Her children have been able to go to school as well as being able to construct a small hut as a result of taking care of these girls. For every girl she initiates she gets KShs 400/= (forty hundred shillings only) or a higher fee if she initiates a girl from a rich family.

In a telephone interview with an employee of REACH, it came out strongly that the people involved in carrying out the procedure do so because of the benefits that they receive. The „surgeons“ are given money, cocks and local beer as a sign of appreciation and they have taken this up as a form of employment. Like Toubia, the author of *Female Genital Mutilation: A Call for Global Action*, argues that the money the „surgeons get is their only source of income and therefore telling them to abandon

## **6. CONCLUSIONS**

Based on the interviews, focus group discussions and review of literature, it can be concluded that:

- Female genital cutting among the Samburu is a traditional practice that is deeply embedded in their culture. Those in favour look at the custom as a form of cultural identity and a sacred ritual that is sanctioned by ancestors and protected by cultural beliefs and myths. But it is also a contested practice. The justification among those against the practice is mainly related to health concerns of the girls and women who are coerced to undergo the procedure as a result of social pressure from the community.

- At the global level, female genital mutilation is seen as a violation of Human Rights. However in the communities practicing this procedure, human rights arguments yield little results when used as a key point in the struggle to end FGM. Rights of another person cannot be sought to be protected if the affected person does not know about these rights or believe in them and how they can be protected.
- Gruenbaum (2001:199-200), argues that human rights came into the picture to safeguard people from governments that were violating their rights. However in some situations like that of female genital circumcision, the government is not the perpetrator, a particular group violates such rights among themselves.

## 7. RECOMMENDATION

- Legislation without political commitment and other proactive interventions (media campaigns, community education and empowerment programmes) is ineffective. However legislation provides an official platform to back up positions of opponents of female genital mutilation by empowering them with the necessary legal support. In my study, most of the information was collected from people and organisations that are *against* the continuation of FGC; however there is also need to work with those who are *for* the practice. The objective must be to come up with a neutral ground that does not violate the rights of those involved and yet maintains the sense of cultural identity and prestige FGC brings.
- REACH and SWT have played a big role in the sensitisation of communities about FGM and its adverse effects as well as involvement in other activities to eliminate the practice. However because this is deeply engraved in the culture of the people, change is bound to be slow especially in rural areas because of problems of accessibility. It is therefore recommended that intensive sensitisation programmes especially in the rural areas be continued in a bid to encourage behavioural change.

## REFERENCES

- [1] Abusharaf, R. Mustafa (2006). „Introduction: The custom in question“ in Rogaia Mustafa Abusharaf. (Ed) *Female Circumcision: Multicultural Perspectives*. Philadelphia: University of Pennsylvania Press
- [2] A Simple Handbook on the Harmful Traditional Practices (2008), Internet WWW page at URL: <http://www.mglsd.go.ug/index.php?page=Publications> (accessed on 21/03/09)
- [3] Baron, E.M. and Denmark, F.L. (2006). *An exploration of Female Genital Mutilation*: Psychology Department, Pace University, New York, NY, USA.
- [4] Barth, F. (1981). *Process and form in social life: Selected essays of Fredrik Barth*. London: Routledge & Kegan Paul Ltd.
- [5] Baxter, L. (1991). *Content Analysis in studying interpersonal interaction*, B. Montgomery, Duck, S., Editor. The Guildford Press.
- [6] Bentzen, T and Talle, A. (2007). *The Norwegian International Effort Against Female Genital Mutilation*. Oslo: Norad
- [7] Blaikie, N. (2000). *Designing Social Research: The logic of anticipation*. Cambridge: Polity Press
- [8] Boyle, H. (2005). *Female Genital Cutting: Cultural Conflict in the Global Community*. Baltimore: John Hopkins University Press.
- [9] Bryman, A. (2004). *Social Research Methods*, (2<sup>nd</sup> Edition) New York: Oxford University Press.
- [10] Businge, G. *New Challenge in Female genital mutilation fight* The New Vision 30.07.02.
- [11] Centre for Reproductive Rights (2003), *Female Genital Mutilation: A matter of Human Rights. An Advocates Guide to Action*, Internet WWW page at URL: <http://www.reproductiverights.org> (accessed on 22/02/08)
- [12] DOLSA/SCNE Project on FGM and Other Harmful Traditional Practices North Gondar Zone. Addis Ababa: Norwegian Agency for Development Cooperation, NORAD 2007

- [13] Emasu, A. *Majority giving up circumcision*. The New Vision 11.02.05. 34 FORWARD (2002) Female genital mutilation: Information Pack, Internet WWW page at URL: <http://www.forward.org.uk> (accessed on 23/02/08)
- [14] Freeman, M. (2002). *Human Rights: An Interdisciplinary Approach*. Cambridge: Malden, Mass: Polity Press, Blackwell.
- [15] Frontiers Publications of Female Genital Cutting in Sub-Saharan Africa: Analysis of the evolution of the practice of FGM/C in Burkina Faso. Frontiers Final Report, Washington, DC. Internet WWW page at URL: [http://www.norplant.biz/frontiers.projects\\_pubs/topics/fgc/fgc\\_afRI.html-38k](http://www.norplant.biz/frontiers.projects_pubs/topics/fgc/fgc_afRI.html-38k)-(accessed on 20/03/08) Girls' Adolescence in Burkina Faso: A pivot point for social change. Population
- [16] Council, 2007. Internet WWW page at URL: [http://www.popcouncil.org/pdfs/Burkinafaso\\_Girls.pdf](http://www.popcouncil.org/pdfs/Burkinafaso_Girls.pdf) (accessed on 20/03/08)
- [17] Gollaher, D. (2000). *Circumcision: A History of the world's most controversial issue*. New York: Basic Books.
- [18] Gruenbaum, E. (2001). *The Female Circumcision Controversy: An Anthropological Perspective*. Philadelphia: University of Pennsylvania Press