FEMALE GENITAL CUTTING PRACTICE AND INTERVENTIONS CARRIED OUT IN WEST POKOT COUNTY, KENYA.

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DECLARATION

Declaration by Candidate

This thesis is my original work and has not been presented for a degree in any other university. No part of this thesis may be reproduced without prior written permission of the author and or Moi University.

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DEDICATION

I dedicate this thesis to my mother Catherine Dedeng and my entire family for moral support and encouragement, during the writing of this thesis.

ABSTRACT

Background: This study looks at the practice of Female Genital Cutting (FGC) and the interventions carried out against it in West Pokot District; Kenya. Female Genital Cutting is reported to stand at 27.2% in Kenya and 96% in West Pokot District (KDHS 2008-2009, Laudes, 2010). The government and non governmental organizations have been carrying out campaigns against FGC practice in this district and other parts of the country since colonial period. These agencies campaigning against FGC are emphasizing on the negative effects that FGC poses on the health of girls and women, yet this practice seems to have traditional rationale embedded in initiation of the female and a feeling of community membership and therefore its continuation.

Objectives of the study: The objective of the study is to identify the rationale behind Female Genital Cutting as perceived by the Pokot People of West Pokot District-Kenya, in relation to the various interventions mounted against the practice, with a view to correct misconceptions about the practice.

Study site: Sook Division of West Pokot District was selected randomly out of the four divisions in the District.

Study design: A descriptive cross-sectional, qualitative research design was used due to the nature of the study as it inquired about people's attitudes and feelings on FGC practice and interventions against it.

Research participants: 63 participants all above 18 years were interviewed, and comprised of 9 key informants and 54 members of 7 Focus Group Discussions (FGDs) with between 6-10 participants.

Study methods: Key informant interviews and focus group discussions were used to collect data.

Findings: The study revealed divided opinions about Female Genital Cutting among the Pokot. Most of the community members seem to be in favour of the practice, while others are against it. Government and the World Vision Organization are intervening against the practice in the region and most participants seem to have negative perception on the anti FGC measures laid down by the Government and the Non-Governmental Organization (NGOs).

Conclusion: The study indicates that FGC is still going on in the study area though secretly and the interventions against the practice have not yet yielded satisfactory results in stemming the practice.

Recommendations: Study recommends collaboration of the Government and NGOs in designing Pokot culture friendly long-term interventions such as the use of existing forums like the elders barazas in giving education concerning FGC, building of girls boarding schools in the region and provision of free education for girls through to secondary school to delay them to 18 years so that they can make competent informed decision on the practice . NGOs should ensure full participation of the community in interventions such as ARP in the region, together with implementation of the anti FGC law.

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ACKNOWLEDGEMENT

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I thank you all.

ACRONYMS AND ABBREVIATIONS

ARP: Alternative Rite of Passage

BC: Before Christ

CBO's Community Based Organizations

CSM: Church of Scotland Mission

Dr: Doctor

FGC Female Genital Cutting

FGD: Focus Group Discussion

FGM: Female Genital Mutilation

FIDA: Federation of Women Lawyers

FORWARD: Foundation for Women's Health, Research & Development

GoK: Government of Kenya

IREC Institutional Research and Ethics Committee

KDHS: Kenya Demographic Health Survey

KII Key Informant Interview

KSH : Kenya shillings

MOH Ministry of Health

MYWO: Maendeleo Ya Wanawake Organization

NGO'S Non Governmental Organizations

No. Number

PATH Program for Appropriate Technology in Health

PGH Post Graduate Health

SPH	School of Public Health
Sq Km	Square Kilometer
TBA	Traditional Birth Attendant
TRA	Theory of Reasoned Action
UK	United Kingdom
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization
VVF	Vesico- Vaginal Fistulae

DEFINITION OF KEY TERMS

Female genital cutting: Is making some incisions or removal of some parts of a female's genital parts for cultural reasons

Female genital mutilation: Is a surgical operation that involves the removal of all or part of the female external genitalia.

Female circumcision: Surgical removal or modification of the female's external genitalia and equated to male circumcision by the communities that practice it.

Interventions: To come between; the act or fact of interfering so as to modify any measure whose purpose is to improve health.

CHAPTER ONE

1.0 INTRODUCTION

This chapter gives the background of the study, the statement of the problem, purpose of the study, the objectives, the research questions, significance and justification of the study and assumptions of the study.

1.1 Background to the study

This study was conducted to assess the practice of Female Genital Cutting, a tradition that is observed and practiced among the Pokot of Kenya. Female circumcision worldwide, is commonly referred to as female genital mutilation and sometimes female genital cutting or modification depending on whether one lays their emphasis of its benefits mostly embedded in the rationale offered by the practicing communities or whether one is speaking about the demerits. Its reference to Female Genital Mutilation (FGM) has always taken the position due to the public health demerits. In regard to this, Female genital mutilation comprises all procedures involving partial or total removal of the external female genitalia or other injuries to the female genital organs for non-medical reasons (WHO, UNICEF, UNFPA, 1997). From public health point of view, the practice has no known health benefits and brings harm and grave pain to girls and women; it damages normal female genital tissues and interferes with its natural functioning. (Ambassador Amina Salum Ali April 2010).

Among the communities that practice FGC in Kenya including the Pokot in this study, the procedure is a highly valued and traditional ritual, whose purpose marks the transition from childhood to womanhood. In such societies, FGC is considered necessary to raise a girl properly

and to prepare her for adulthood and marriage (Yoder, 1999). According to Kiletat women group (1991), both female and male circumcision ceremonies are integral components of the traditions of the Pokot of Kenya; boys are circumcised between the age of 15-20 years and girls between the ages of 12-16 years as they at this age, are regarded by community to be entering into responsible Pokot adulthood life. To the Pokot girl the circumcision operation implies that she is ready for marriage. This happens especially in parts of West Pokot where girl child education is not a priority, where as in other sections of the district like Kapenguria division the girls are not necessarily married off after circumcision. In 2007, the World Health Organization classified Female genital cutting into four broad categories:

Type1 or Clitoridectomy; which involves partial or total removal of the clitoris and/or the clitoral hood.

Type 2 or Excision; this is partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.

Type 3 or Infibulation; which is narrowing of the vaginal orifice with creation of a covering seal by cutting and placing together the labia minora and/ or the labia majora, with or without excision of the clitoris.

Type 4 or unclassified; this comprises all other harmful procedures done to the female genitalia for non medical purposes, for example pricking, piercing, incising, scraping, and cauterization. (WHO, 2008).

All the four types of FGC operations, are widely practiced by various Kenyan ethnic groups, with each group specializing in a particular type. Type 1 (clitoridectomy) is said to be practiced

by the Kisii, kipsigis,and Nandi ethnic groups, Type 2 (Excision) is practiced by the Sebei community of Mt Elgon, Type 3 (Infibulation) is practised by the Pokot, Marakwet, Somalis and other communities in the northern Kenya. Excision is the type most commonly practiced whereas infibulation is the most severe form of Female genital cutting.(Gachiri 2007, Setat Women Group Report, 2010).

In the efforts to terminate Female Genital Cutting, globally, in the recent years some religious authorities have openly opposed the continued practice of Female genital cutting, at least the most radical operations. Furthermore, legislation in almost the whole of Europe as well as many countries where the practice of Female genital cutting is widely spread, forbid the act, moreover in Europe and Africa several campaigns and projects against Female genital cutting, both on the national and international levels have been conducted (UNFPA, 2009).

The first efforts to eliminate the practice of Female genital cutting in Kenya was by Christian missionaries of Protestant churches such as the Church of Scotland Mission. (C.S.M) as early as the 1920's. In those days, the missionaries were seen to be closer to people and the British government proposed the change condemning the practice as immoral because it exposed the genitals, was painful and done in unhygienic manner. Female genital cutting was also condemned on medical grounds (Gachiri, 2007).

In the independent Kenya, the government has been fighting against the Female genital cutting practice but without specific laws enforced; However in 1982, following the deaths of 14 girls as a result of genital cutting, the former Kenyan President Daniel Arap Moi ordered that murder charges be brought against practitioners who carry out circumcision that results in death of the victims. Also in November 1999, Kenya launched a national plan of action to eliminate female

circumcision/female genital cutting which emphasized education and outreach over criminal prosecution (Pan African News Agency, Nov 18 1999).

In 2001, Kenya passed the Children's Act, 2001 which protects children from harmful cultural rites and which specifically states:

> No person shall subject a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development (Kenyan Laws 2001, Sec 14).

In West Pokot District, government intervention efforts against the practice is being supplemented by non governmental organizations like the World vision, Red Cross Kenya, , Faith-based organizations like the Evangelical Lutheran Churches of Kenya, Anglican Churches of Kenya, local community-based organization like Kiletat Women Group, Setat and Sentinels among others. However, despite all their efforts to eradicate FGC in this district, it is still highly practiced.

1.2 Statement of the Problem

Worldwide, it is estimated that between 100 and 140 million girls and women have undergone FGC procedures (WHO, 2008). In African countries, more than 90 million girls and women over the age of 10 years have undergone the practice with 3 million being at risk of undergoing the procedure each year (WHO, 2010). In Kenya, the KDHS 2008-2009, shows that FGC prevalence stands at 27.1% among women aged 15-49 years, whereas in West Pokot District of Kenya the prevalence stands at 96% (Lauds, 2010).

According to WHO's criteria, all forms of FGC pose various health problems which include, intense pain and haemorrhage that can lead to shock during and after the procedure, A study

carried out in Sierra Leone where 97% of the 269 interviewed women who had undergone FGC, experienced intense pain and more than 13% went into shock (Koso-Thomas, 1987). Studies done on 28,393 circumcised women attending delivery wards at 28 obstetric centres in Sub Saharan African countries confirmed that 29% experienced Obstructed labor while 24% required episiotomies. Haemorrhages occurred in almost quarter of all cases of FGC and their newborns required resuscitation or were still births (Diaye, Diongue, Faye, Ouedraogo and Dia, 2010). Estimates done basing on the above studies suggest that 10-20 per 1000 babies in the region die during delivery as a result of the mother having undergone Female genital cutting. In Kenya, a 1991 survey of 1,222 women indicated 48.5% of the women experienced bleeding, 23.9% infection and 19.4% urine retention at the time of FGC operation (MYWO, 1993). In West Pokot District, it was reported that 80% of VVF patients in a study carried out in two rural hospitals in the District were due to FGC (Mohamed, Boctor and Abdala, 2008).

In this District various measures by the government and non-governmental organizations were put in place Since the 1980's (Kiletat report, 1991). This was able to sensitize the community members about dangers of FGC, leading to some abandoning the practice but to a large extent female circumcision is still going on in West Pokot District. This practice seems to be so significant in Pokot community, to the point that even educated married women as resent as 2009 are resorting to the procedure because of pressure from their in-laws (Walsh, 2010).

Because of these cultural issues surrounding Female Genital Cutting in the Pokot ethnic group, perhaps the condemnation of the practice is lope sided since it is wholesale and fails to understand the underlined rationale of the practice despite its medical or health implications. Could it be that the campaign efforts against the practice have been without consideration of the

Pokot ethnic culture embedded in this practice?, this study will seek to find out why Female Genital Cutting is still highly practiced, in West Pokot District regardless of all the campaign efforts against it. The study also seek to find out any merits or demerits of the practice as viewed by the Pokot People in relation to the campaign efforts mounted against FGC.

1.3 The purpose of the study

The purpose of this study was to asses the practice of female genital cutting as carried out by the Pokot people and the effectiveness of the intervention efforts carried out against this practice. Since FGC practice is still highly prevalent among the Pokot in West Pokot District this study seek to find out any positive effects attached to the practice as seen by the Pokot community and come up with recommendations on more suitable measures to reduce this practice and therefore promote health of the Pokot girls and women.

1.4.0 The study objectives

1.4.1 Broad objective

To identify values and significances of FGC by the Pokot people in relation to interventions against the practice.

1.4.2 Specific Objectives

1. To identify traditional values attached to Female Genital Cutting amongst the Pokot of West Pokot, Kenya.
2. To find out interventions carried out by government and non-governmental organizations to reduce FGC in West Pokot District.

3. To determine the attitudes of the Pokot people towards measures taken by the government and non-governmental organizations to reduce the practice of FGC in the district.
4. To find out health promotion strategies used by the Pokot people in the context of Female Genital Cutting.

1.5 Research questions

1. What is the rationale behind FGC in the Pokot community of West Pokot District in Kenya?
2. What are the intervention efforts carried out by the government and non-governmental organizations to reduce FGC practice in West Pokot District of Kenya?
3. What is the Pokot Community's perception on the anti-FGC campaigns?
4. What are the best health promotion strategies that can be explored in the practice of Female genital cutting in the Pokot community?

1.6 Significance of the study

The significance of this study is geared at promoting the health of the Pokot women and girls. This is because the results from this study can be used to design Pokot culture-friendly or culture-sensitive interventions that could reduce the practice of female genital cutting in west Pokot District. Again, the results obtained from this study may be used to design health promotion strategies that put into consideration the Pokot culture and bring about the desired behaviour change to reduce the high prevalence of the practice in the District.

1.7 Justification of the study

Female Genital Cutting has no known medical benefits to girls and women, instead it does a lot of harm which range from pain, bleeding, infections and even death (WHO, 2008), yet members of the Pokot community in West Pokot district despite being sensitized on health hazards of FGC , still practice it. This study investigated what merits FGC above the known negative effects on health of the girls and women. From this study knowledge is gained on why FGC is still highly prevalent and why the interventions against it in this District seem not to work in abandonment of the FGC practice. The study examined and establish reasons for the persistence of FGC in the Pokot ethnic group of West Pokot District.

1.8 Assumptions of the study

The study had the following assumptions:

- At present times most Pokot girls and women still undergo FGC
- The current interventions against FGC in west Pokot District have not been effective enough to convince the Pokot community on the health risks posed by FGC.
- The current interventions against FGC in West Pokot District are biased and directed to condemn the Pokot community's tradition of female genital mutilation without considering the cultural perspective of the practice.
- FGC is still practised homogenously in Pokot

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This section reviews literature on history of Female Genital Cutting, the reasons behind female genital cutting practice, the health implications of female genital cutting, the different campaign efforts mounted to eradicate the practice and theoretical framework.

2.2 Historical background of Female Genital Cutting

The history of FGC has been traced back as far as the 2nd century BC, when a Geographer, Agathorchides of Cnidus, wrote about female genital mutilation as it occurred among tribes residing on the western coast of the Red Sea (now modern Egypt). Based on current geographic locations of FGC, the practice seems to have originated from Egypt and has spread South and West (Robinson, 2005).

Female Genital Cutting presently is said to be practiced in many parts of the World, it is still practiced in the Daudi Bohra communities, by Muslim sects in Malaysia, indigenous tribes in Australia, immigrant populations in the USA, South America, Europe, countries of the Middle East and in Christian and Islamic societies in Africa.(Gachiri, 2007).

In Kenya Female Genital Cutting stands at 27 percent (KDHS, 2008-09) down from 32 percent in 2003 among women aged 15-49 and is still carried out in 60 of Kenya's 75 districts. Prevalence of Female Genital Cutting varies significantly across regional and ethnic lines, from average of 4.1% in the Western, among the Somali 97%, Kisii 96%, Maasai 93%, the Pokot 96 % and the lowest among the Kikuyu 34% and Kamba 27% (Benson, 2010, Amnesty

International 2010,). The KDHS data reveal a strong relationship between education level and circumcision status of those surveyed. The practice being highest among those with no education at 54% and 19% for those with different level of education (Yassin, 2010).

It has not been documented when the practice of Female Genital Cutting started among the Pokot community in West Pokot District.

2.4 Justifications for Female Genital Cutting

The practice of Female genital cutting from the history above is reported to have been existing as early as from 2nd century BC . Female circumcision ; so referred to by the practicing communities is carried out with reasons ranging from socio-cultural, religious and even to medical reasons, for instance female genital cutting although not widely known, in the 1940's and 1950's, physicians in the United States and England are said to have used the procedure as a 'treatment' for hysteria, lesbianism, masturbation and female deviance (Klein, H.P. 1995). According to Ghawab and Khitan (2003) Some from the Muslim community who advocate for Female genital cutting hold the following as being the merits of the practice, they state that:

- Female genital cutting maintains cleanliness, they report that bad smell in women notwithstanding cleanliness can only be eliminated by cutting off the clitoris and the labia minora.

- Female genital cutting prevents diseases, for instance nymphomania; in this they ague that the number of nymphomaniacs is less among circumcised women, that female genital mutilation prevents vaginal cancer and swelling of the clitoris which could drive the woman to masturbation or lesbianism.

- Female genital cutting makes a woman's face more beautiful and makes her more attractive to her husband and that it brings good health and feminine grace to the girl.
- It keeps a couple together , because female genital cutting reduces the sexual instinct in women which is viewed by this advocates of the practice as positive effect.
- It prevents girls/ women from becoming immoral and therefore become virtuous.

In Kenya like in other African countries, the communities that practice FGC consider it necessary as part of raising a girl properly and to prepare her for adulthood and marriage (Yoder, 1999, Ahmadu, 2000,Hernlund, 2003, Dellenborg, 2004).

In FGC practicing communities; girls themselves may desire to undergo the procedure as a result of social pressure from peers and because of fear of stigmatization and rejection by their communities, if they do not follow the tradition (Behrendt, 2005). For the Pokot community, according to Kiletat women group report (1991),the rationale of the female genital cutting is to make a woman become acceptable member of the community and be looked upon as a real woman, not a child. Also in Communities where FGC is practiced Pokot included, it is commonly believed that girls who do not undergo this procedure are "impure" and with lower social status and hence lower chances of getting married. Therefore despite the pain involved in Female genital cutting, many girls are willing to go through the operation. (Africa Recovery, 2003).

According to Kiletat Women group Report, 1991; a woman must undergo female genital cutting as a preparation for childbirth labor pain. This is because during the genital cutting process, the subject is not suppose to cry or utter any word or produce any sound, because crying will mean

shame and reproach to her family and especially her father, thus the genital cutting procedure to some extend is believed to check the girl's bravery and ability to withstand much pain, after withstanding the circumcision pain, the same bravery will apply when in labor pain during delivery. And another strongest motive behind female genital cutting given by most African communities Pokot included is that it reduces the sexual desire of girls and women, promotes virginity and chastity, and maintains fidelity in married women (FORWARD UK, 2007).

2.6 The Health Implications of Female Genital Cutting

FGC is traditionally carried out by elderly women 'specialized' in this task and traditional birth attendants (TBA) - usually without anaesthetics and with crude instruments such as razor blades, knives and broken shards of glass.(FORWARD, 2005).

According to WHO (2010) Female Genital Cutting has no health benefits and it harms girls and women in many ways since it involves removing and damaging healthy and normal female genital tissues and interferes with the natural functioning of girls and women bodies.

The range of health complications associated with this operation is wide and some are severely disabling, they vary according to the; Type of FGC procedure performed, extent of cutting, skill of the circumciser, cleanliness of the tools and the environment, physical condition of the girl or woman concerned (WHO, 2001).

Immediate complications can include; Severe pain, shock, heamorrhage (bleeding), Tetanus or sepsis (infection), urine retention, open sores in the genital region and injury to nearby genital tissues.

Long-term consequences can include recurrent bladder and urinary tract infections, cysts, infertility and newborn deaths, the need for later surgeries in the case of FGC procedure that

seals or narrows a vaginal opening such as Type 3 or infibulations kind of FGC which requires the female genital region to be cut open later to allow for sexual intercourse and childbirth,(FORWARD 2010). Report by Doctors of the World (2006) indicates that in West Pokot District, obstructed labour causes high proportion of maternal deaths because of the extremely high rate of Type 3 (infibulation) kind of female genital cutting among the Pokot women, this type of FGC (infibulations) also increases chances of long-term health risks such as vesico- vaginal and/ or recto-vaginal fistula.

This study was important as it, found out the understanding of the pokot community on the implications of female genital cutting on the health of young girls and women.

2.7 Intervention Efforts Mounted to Eradicate Female Genital Cutting

Interventions have been mounted to address FGC among the Pokot since 1980's while highlighting public health implications to the community members. Governmental and non governmental organizations in the recent times have tried to institute interventions aimed at controlling and even eradicating the practice in practicing communities in Africa. Among the intervention strategies used by non governmental organizations in West Pokot District include; education and creating awareness among the Pokot community like the use of electronic and folk media by Healthright International to educate and create awareness on the negative Implications of FGC (Healthright International report, 2010) . Others include offering ARP by World vision International to the Pokot girls and use of advocacy to discourage the practice. Although it has been reported that, some girls even after undergoing the ARP, afterwards undergo the genital cutting as indicated by Setat Women group report 2010. This is why determining the attitudes of

the Pokot people towards some of the interventions carried out against the practice of FGC in West Pokot District is of great significance.

The achievements of these organizations are considerable. They have succeeded in breaking the silence on FGC, and in placing the subject firmly on the human rights agenda.(Dorette and Ragnar , 2007). However, the reactions of the community members had not been analyzed and documented to find out their attitudes towards these intervention efforts, and that is one of the reason why this research was important.

Despite these campaign efforts mounted against FGC, the practice is still far from being won. For example prominent family lawyer and former chairperson of Kenya's Federation of Women Lawyers (FIDA), an organization that provides free legal service, Judy Thongori, says that the rural Pokot communities still practice FGC more than any other Kenyan community.(Women News Network, 2010).

2.8 Theoretical Framework

This study was based on the **Theory of Reasoned Action** (TRA). (Fishbein and Ajzen 1975). The theory has the assumptions that human beings are usually quite rational and will make systematic use of information available to them and that people consider the implications of their actions in a given time before they decide to engage or not in a given behavior.

The theory involves two variables as described thus: Attitudes + Subjective norms = Intention (leads to behavior).

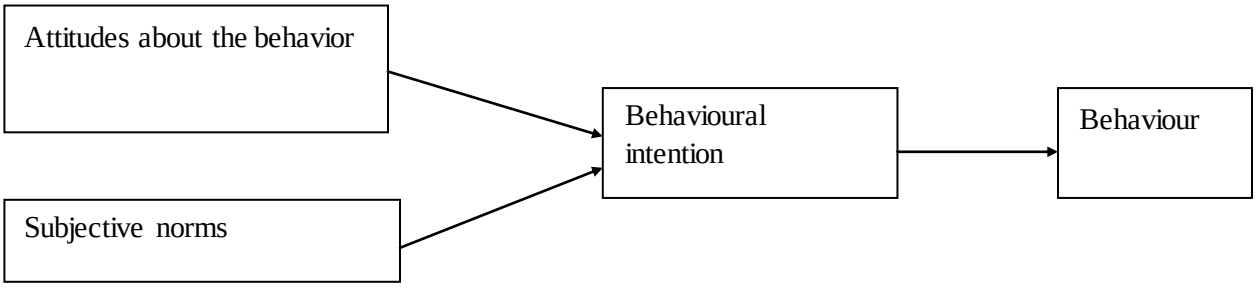


Figure 1a; An illustration of TRA

Source: Fishbein and Ajzen, (1975).

Attitudes which comprises beliefs about the consequences of the behavior, Subjective norms; which concerns about what significant others do and expect, and the degree to which someone wants to conform to others behavior or expectations

The above two variables can further be illustrated as below

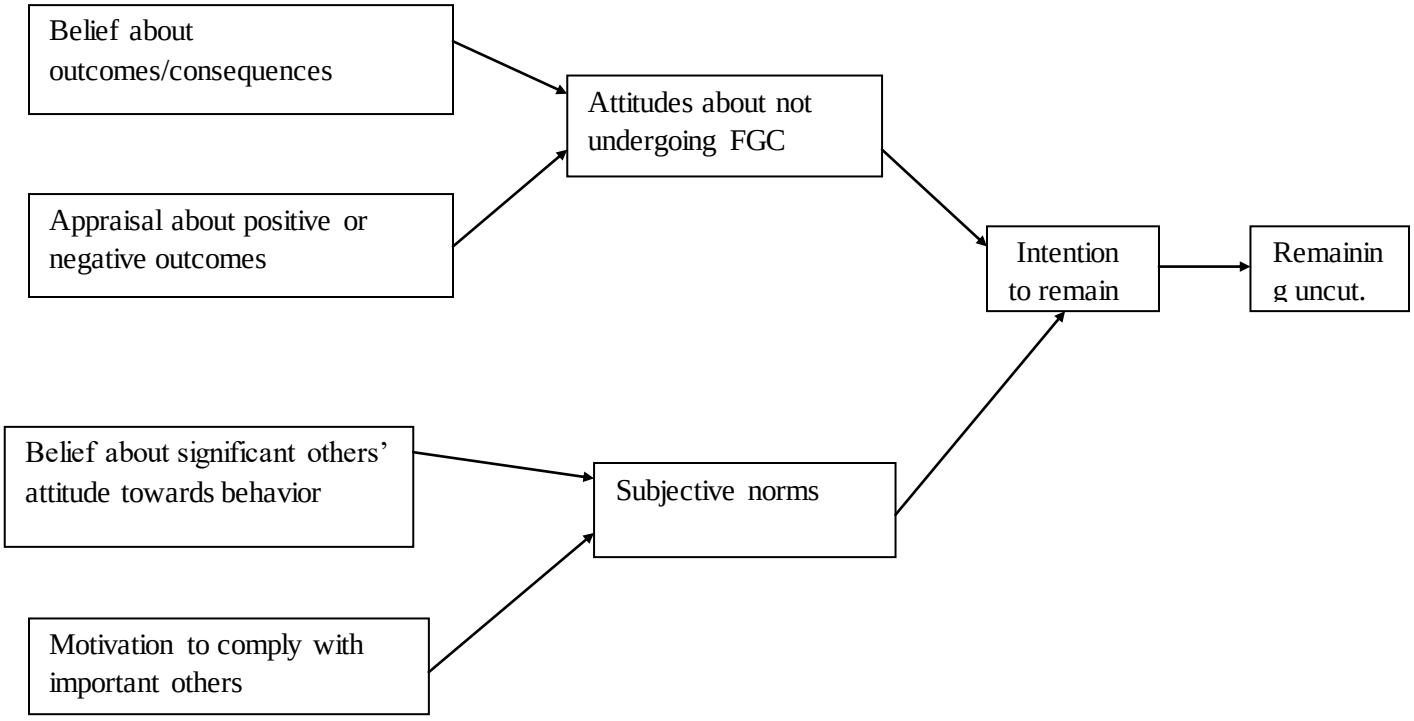


Figure 1b: An illustration of TRA

Source: Fishbein and Ajzen, (1975).

TRA predicts that a person will adopt, maintain 0r change a behavior if they believe: The behavior will benefit them, the behavior is socially desirable, there is social pressure to conform to the behavior and the opinion of others matters to them.

This theory also reveals that, in practice two methods of impacting behavior are to influence attitudes and exert social pressure. Normative belief play an important role according to the theory which generally focuses on what an individual believes other people , especially influential people would expect them to do.

This theory is relevant to this study because considering its **concepts**, the Pokot situation may fit thus; Behaviour- the specific behavior which in this case is abandoning the act of FGC on girls and women, behavioral intention-the perceived likelihood the Pokot community members will abandon or not the practice of FGC basing on the information provided to them by the government and civil society organizations. Attitude- the community members' positive or negative feelings about abandoning the practice of FGC. In such situation, for the Pokot community members to choose to abandon female genital cutting, their attitude must have to change; that their females remaining uncircumcised is more advantageous to undergoing female genital cutting. Evaluation- which in this case is the value attached to the outcome of a Pokot girl/woman remaining uncircumcised. And the subjective norms, could be that people of this generation are also abandoning the practice of FGC, hence they expect them to do as well. Normative beliefs, which is about whether key individuals like parents, friends and Teachers and groups such as youth groups, women groups approve or disapprove the issue of girls/women remaining uncircumcised. Motivation to comply, this is whether or not the girl's/woman's

intention to remain uncircumcised will be affected by what others will think about them remaining uncircumcised.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the research methods that were used in the study. It describes the area of the study, the target population, the methods of sampling the study population, the instruments that were employed in data collection and the procedures used in analysing the data.

3.2 Study design

The researcher employed a descriptive cross-sectional research design and used a qualitative approach which helped explore feelings, attitudes and opinions of the Pokot community members and their social practices in order to understand the factors which influence decision-making in relation to FGC. Focus group discussions (FGDs) and individual interviews of key informants using semi-structured questions was conducted with selected respondents in the division. The respondents were chosen to represent most of the key stakeholder groups involved in FGC practice in the community.

3.3 Study Site

The study was conducted in West Pokot District, West Pokot County, Kenya. It is situated in the North Rift and borders Trans Nzoia to the south; Central Pokot District to the East and Pokot North to the North. It is divided into four (4) administrative divisions, 23 locations and 82 sub-

locations. Its administrative headquarters is situated at Kapenguria town while Makutano town centre, which is within Kapenguria Municipality, acts as a commercial centre. The four divisions in the district are; Kapenguria, Chepareria, Sook, and Kongelai Division. It has three Local Authorities which are: Pokot County Council, Kapenguria Municipal council and Chepareria Town Council, with a total of 23 electoral wards. The District has one constituency, which is Kapenguria. In the four divisions of the District, the study was conducted in Sook Division, which was selected randomly among the four Divisions.

The settlement patterns in West Pokot District and population density vary and correspond to the natural resource endowment. The highlands due to high potential for agricultural and livestock activities have attracted more people thus have high population density. The lowlands have low population density due to erratic rainfall, high evaporation rate and poor soils. The lowland areas with unfavourable climatic condition support only pastoralists.

The 2009 Population census indicated that the district had a population of 181,063 people; of these 89669 were males and 91394 females, giving a sex ratio of 96:100. The Inter censual growth rate was 3.1 per annum. The district does not have major towns but 58 per cent of its population lives in Kapenguria and Chepareria town centres. This is attributed to the availability of social amenities and town centres are viewed as more secure, as there are fewer banditry activities.(2009 Kenya Population and Housing Census).

As at 2008, Kapenguria had the highest population density of 252 people per sq Km while Kongelai and Sook Divisions have the lowest population density of 35 persons per sq Km.

(West Pokot District Development Plan, 2008-2010).

3.4 Study Population and Sample

The target population were members of the Pokot community in Sook Division of West Pokot District. ***FGDs*** were conducted with the following groups: Ordinary women above 18 years from the general population within the community, women above 18 years who are campaigning against the practice of FGC, community leaders (men and women), young men over 18 years who are not married, married men over the age of 18, older men above 50 years and older women above 50years.

Key informant interviews were held with selected individuals, including local administrators, manager from local agencies implementing FGC activities, a traditional circumciser, traditional birth attendants (TBA), a young woman over 18 years who underwent ARP and later underwent traditional female circumcision (FGC), School teacher, a village elder and a church leader (Pastor).

Parents were included as they are among the key decision makers about whether a girl undergoes FGC. Even in cases where girls make the decision themselves, parents often influence their daughter's opinion, and are likely to arrange for the ceremony.

Community leaders; men and women who are influential in upholding cultural traditions in the areas. The Council of elders decides on the timing of the FGC season. Mixing of men and women in this group did not disadvantage the study instead it enriched the study as they normally work together serving the community and have authority concerning matters affecting the community.

Traditional circumciser was included because of their direct involvement in perpetuating FGC, but can also be powerful agents for encouraging its abandonment.

School teacher *was* included as potentially influential person in the lives of young people. World Vision has been working with schools to establish student clubs to discuss and question issues like early marriage and FGC.

Young woman (over 18 years), who participated in ARP and later underwent FGC, she was chosen because of her experience in both the rituals; ARP and FGC, she shed light on why some women even after deciding not to undergo FGC later resort to the cultural practice.

Health professional *was* included because of his work that involves treating those with health problems associated with FGC and also so as to find out what they are doing to address FGC .

Police officers, Children and Gender officers. In this study the police officer in the Division headquarters (Chepnyal) was not interviewed because he was not from the community so under exclusion criteria he was not included and there was no gender officer in the Division's headquarters at the time of the study.

3.4.1 Sample size

Seven (7) Focus-Group Discussions (FGDs) and nine(9) Key Informant Interviews were conducted over a period of 14 days. Each FGD had between 6- 10 participants. Respondents were recruited by the researcher with the help of the local leaders (Village elders) and the research assistant from the study area who were well conversant with the research area. The researcher with the research assistant set up the FGDs, to ensure that discussants are representative of the local community and stakeholders. The researcher visited the study site and hold orientation meetings with the local leaders and stakeholder representatives (NGO-World Vision , Ministry of Health (MOH) and Ministry of Education (MOE)) before the data collection commenced, to discuss the aims of the survey and the relevance of the various groups for FGDs and interviews.

FGDs were conducted at venues accessible to the participants, facilitated by the researcher. All FGDs and Key Informant Interviews were conducted in Kiswahili languages and the local (Pokot) language where necessary and the notes translated into English. Before each FGD or interview, the researcher explained the research to all the participants and obtained their consent to participate (see informed consent forms in appendix A).

3.4.2 Sampling procedures

The researcher selected one division by simple random sampling procedure,(researcher wrote the names of the four Divisions in separate papers and picked one) in the District due to homogeneity of the practice where in this case Sook Division was selected at random. Purposive and convenient sampling was applied in selecting members of the Focus Group Discussion as well as the key informants.

3.5 Eligibility Criteria

3.5.1 Inclusion criteria

The following members of the community were eligible for the study: Male and females aged 18 years and above from the Pokot community and living within the area of study.

3.5.2 Exclusion criteria

The following were not included in the study: Men and Women residing or working within the study area but are not from the Pokot ethnic group.

3.6 Data collection Methods

Data was collected using focus group discussion guide (by tape recording and taking notes) and an interview schedule (with semi structured questions) for the key informants after booking an appointment with each of them. The research assistant assisted the researcher in taking of notes during the Focus Group Discussion sessions while the researcher moderated the discussions. The

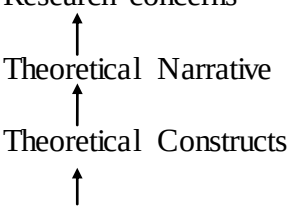
FGDs and key informant interviews were conducted by the researcher, using the frameworks provided by the questions (appendices C & D) as a template.

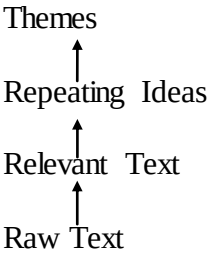
These methods enabled the researcher to get a complete and detailed understanding of the issues surrounding female genital cutting practice in the study community.

3.7 Data Analysis

This involved putting the collected data into some systematic form, identifying and correcting errors in the data, and storing it in appropriate form.(Kombo and Tromp, 2006). Qualitative method of data analysis was employed in this study because the researcher was interested in analyzing information obtained in a systematic way and get detailed information about the phenomenon of Female genital cutting in the Pokot community. This process involved transcription of the recorded information from the focused group discussions and key informant interviews . The researcher read all transcriptions carefully and wrote down some ideas as they came to mind.The qualitative research approach used in the study was constant analysis/grounded theory which involved the following steps as described by Auerbach and Silverstein (2003).

Where from transcripts obtain in the FGDs and Key Informant Interviews together with the field notes, the researcher identified relevant texts and grouped together repeating ideas from the relevant texts. Themes were later formed from the repeating ideas and eventually categories formed from the themes, as described bellow.





An independent coder verified the findings based on the above protocol. Together with the researcher, consensus was reached to confirm and change identified themes as it required. Finally, findings were reported using the actual words of study participants, as well as their quotations in order to describe their feelings, opinions and attitudes.

3.8 Measures To Ensure Trustworthiness of Data

To ensure trustworthiness of data analysis the researcher employed standards for evaluating research that are consistent with the qualitative research paradigm and take into account subjectivity, interpretation and context, and uses qualitative concepts of justifiability of interpretations and transferability of theoretical constructs (Auerbach and Silverstein, 2003).

1.**Justifiability of interpretations;** The following criterion was used.

Transparency: This means that other researchers can know the steps by which the researcher arrived at her interpretations. In this study the researcher has shown step by step how she build the four categories from the various themes which were developed from the repeating ideas that were derived from the relevant text.

Communicability: This means that the themes and constructs can be understood by and make sense to other researchers. In this study the researcher has well explained the theoretical constructs developed and the themes basing on the participants own words and so other researchers can understand the experience of the research participants.

Coherence: This means that the theoretical constructs or categories must fit together and allow the researcher to tell a coherent story which helps to organize the data. This has been applied in this study where the data has been presented in narrative forms (Rubin and Rubin, 1995).

2. Transferability: This means that the theoretical constructs build from this study are transferable in that one can expect the patterns they describe to be found in different subcultures.

3.9 Limitations of the Study

The researcher acknowledged the problem that there was no enough records from the intervening agency (World Vision in Sook) to show the effectiveness of the interventions against FGC in the region. This was overcome by the researcher probing more on the success or failure of the interventions. During the beginning of the data collection the participants were not very cooperative because they were suspicious of the researcher engaging them in discussion on issues to do with FGC, but the researcher explained to them that the study was mainly for academic and research purposes and not meant to victimize them in any way.

3.10 Ethical considerations

To ensure confidentiality, the researcher sought consent from the identified members of the community within the study area through the area chief and the village elders. The study participants were informed of their freedom to choose whether to be involved in the study or not. Information gained from the study is to be used for academic and other related work. The proposal of this study was submitted to IREC for approval as a research and ethical requirement since human subjects were involved. No names of respondents were mentioned or written anywhere on the data collection instrument.

CHAPTER FOUR

4.0 RESULTS

4.1 INTRODUCTION

In this chapter, the data obtained is presented by the use of narratives with quotations from the research participants, tables and graphs as seemed suitable and four main categories emerged following the process of data analysis. Each category is discussed with relevant quotations from the participants.

4.1.1 Socio-demographic Data of the Participants.

Individuals who participated in the study were men and women aged 18- 70 years. A total of nine people participated in the individual key informant interview sessions, while 54 were involved under the seven focused group discussions made of 6-10 participants. Table 4.1.1 and 4.1.2 below describes the demographic characteristics of each individual participant in the Key Informant Interviews and focused group discussions.

Socio-Demographic Characteristics of the Participants.

Table 4.1.1 : Key Informant Interview Participants

Serial Number	Age	Gender	Level of Education	Marital Status	Religion	Occupation
1	37	male	Primary school	Married	protestant	Pastor
2	28	male	College	Married	Protestant	School Teacher
3	70	Female	None	Married	Catholic	Traditional Circumciser
4	65	Female	None	Married	Catholic	TBA
5	36	Male	Primary School	Married	Protestant	Area Chief
6	22	Female	Primary School	Married	Protestant	House Wife
7	68	Male	None	Married	Catholic	Village Elder
8	38	Male	College	Married	Protestant	Program Manager World Vision
9	35	Male	College	Married	Protestant	Health Worker

Table 4.1.2 : Focused Group Discussion Participants

Group	Number	Age range	Gender	Marital Status	Religion	Occupation
1 (Women from the general population)	9	22-45	Female	Married	Catholic and Protestant	House wife/ business women and farmers
2 (Women campaigning against FGC)	10	18-38	Female	Most married, Few unmarried	Protestants	Students, House wife's, Farmers, business
3 (Community Leaders)	7	35-44	3,Male, 4,Female	Married	Catholic and Protestant	Business, Women leader, public health officer, Medicine woman, Former school teacher, Farmers
4 (Married men)	8	26-42	Male	Married	Catholic/ Protestant	Businessmen/Farmers
5 (Unmarried men)	7	18-25	Male	Not married	Catholic/ Protestant	Business/Students
6 (Older men above 50 yrs)	6	>50 yrs	Male	Married	Catholic/Protestant	Farmers
7 (Old women > 50 yrs)	7	>50 yrs	Female	Married others widowed	Catholic/ Protestant	House wife/farmers

4.2 Discussion of Categories and Themes Derived from the Data.

The categories and themes are discussed with accompanying quotations from the data. The responses from participants of the FGDs and Key Informant Interviews (KII) were analyzed and generated themes which were grouped into various categories as shown in the table below.

Table 4.2: Summary of categories and themes generated.

Categories	Themes
Significance and values attached to FGC	Values attached to FGC Perceived advantages of FGC Perceived disadvantages of FGC
Interventions carried out against FGC	Creation of awareness/ sensitization Threats of arrests and prosecution Alternative rite of passage Rescue camps
Attitudes of the community members towards interventions against FGC	Positive attitudes Negative attitudes
Health promotion strategies in the context of FGC	Health education Use of medication Good nutrition Hygiene Involving health professionals

4.2.1 CATEGORY ONE: Significance and Values attached to FGC Practice in the Pokot Community.

All the participants from the FGDs and the Key Informant Interviews reported that FGC is a highly valued ritual that has been going on in the Pokot community since time immemorial and no one knows when the practice started nor how it began, people just found it going on and is practiced without questioning, as stated by a participant in group 1 (Ordinary women above 18 years from the community) who stated as follows: We do not know how it started we only found it going own, our great- grand mothers were circumcised, then our mothers and so we are continuing with the same

The values and significance of this practice are said to range from the practice being a requirement for marriage, rite of passage from childhood to adulthood, equals to male circumcision, act as a mark of ethnic identification and making a girl become mature responsible woman who can be respected and listened to in the community among other values. The participants cited marriage as one of the main reasons why girls and families still prefer female genital cutting, saying that no one asks for a hand in marriage to a woman who has not undergone FGC. A participant from FGD 2 (Women above 18 years who are campaigning against the practice of FGC) narrated that:

> The Pokot here mostly prefer to marry circumcised women, as uncircumcised ones are regarded as children and cowards who could not withstand the pain of circumcision and are therefore seen not to be brave women, so this is why most families and girls continues to prefer it despite all the campaigns against it.

The Pokot ethnic group are also said to value the practice of FGC because they belief that FGC acts as a rite of passage that is necessary to graduate a girl from childhood to adulthood, pointing out that as long as a woman has not undergone FGC she will still be looked upon as a child regardless of her age. This was expressed by participants from group 5 (unmarried men above 18 years), who said:

> FGC in this community acts as a rite of passage from childhood to adulthood and indicates that a girl is now a mature woman and ready for marriage, Here in this region as long as a woman has not yet undergone FGC she is still looked upon as a young girl, in fact she is just referred to as a child regardless of her age.

The study also found out that the significance of FGC practice in the Pokot community is to reveal bravery in a girl/woman something that seems to be highly valued in the region and is said

that the parents of a girl who has undergone FGC without crying gets a lot of pride as their daughter did not bring them shame during the operation, this is even further valued with giving of gifts like cows, goats and or money to the initiate as mentioned by a participant in group 6 (Elderly men 50years and above) who said:

> Yes we give our daughters gifts like cows and goats which are given by the father and uncles to the initiate. This is to congratulate them for their bravery during the procedure of the initiation, since they did not cry or utter a word and therefore were not cowards.

Going by these statements the Pokot community seems to look at FGC as a very important occasion in a girl's/woman's life and the entire family. The researcher found out that FGC is also performed as a mark of ethnic identification, this is because most of the participants in the different FGDs wondered why should people cause them to abandon their culture? This was in agreement with what a key informant (Village elder) said on the significance of FGC: Female circumcision is our culture and is seen as a good practice which shows that one is a Pokot woman who is highly dignified and respected.

The study also established that Pokot community look at the FGC practice as equivalent to male circumcision, as most participants were exclaiming, if they are to stop FGC why not do the same to male circumcision. This idea was mainly voiced by female participants (FGDs group1 and 7).

Another value of FGC according to the Pokot is that the practice is done as a means of cleansing a woman to improve her hygiene and remove bad odor which they believe women who have not undergone FGC develop as they grow older and older . This was stated by participants in FGD group 4 (married men above 18 years) who pointed out that: People here believe that an uncircumcised woman is believed to have a bad smell especially as they grow older and older.

The following table summarizes Pokot community perceived advantages and disadvantages of FGC.

Table 4.3: Matrix of Advantages and Disadvantages of FGC.

Views	Men	Women	Community Leaders
Advantages	• FGC acts as assurance for marriage. • It is a sources of wealth to the Girl's family. • FGC brings recognition and respect to a girl/woman. • FGC matures a girl into womanhood and makes her beautiful. • Those women who have undergone FGC know the community's laws and taboos unlike those who haven't. • Women who have undergone FGC behave well compared to those who have not undergone the practice.	• FGC enables a girl/woman gain community's acceptance and respect • One who has undergone FGC receives community's secret teachings • FGC helps a woman remain faithful to her husband. • FGC washes away childish behaviour in a girl and makes her become a real woman.	• FGC washes away childish behaviour in a woman • FGC makes a woman acceptable and respected in the community. • A girl gets rewards after undergoing FGC. • FGC practice brings with it lot of celebrations and joy. • Women who have undergone FGC are taught community's teachings unlike those who have not.

Disadvantages	• FGC affects girl child education because in many cases girls drop out of school and get married after the ritual.	• FGC has many negative effects on health, like it may result to excessive bleeding, pain, disease transmission when one instrument is used to cut several girls. • Difficulty in child bearing. • School drop outs are high for girls who have undergone FGC compared to those who have not undergone FGC.	• Disease transmission where one instrument is used for several girls. • Excessive bleeding . • Girls drop out of school after undergoing FGC for marriage and because they perceive themselves as grownups.

4.2.2 CATEGORY TWO: Interventions carried out against FGC.

From the study, participants mentioned various measures which the Governmental and Non Governmental Organizations in the region were using to reduce the practice of FGC. The following measures by the Government were stated: Creation of awareness/ sensitization about the illegal status of FGC, threats of arrests and prosecution of anyone found practicing the tradition , sensitization about its adverse effects on the health of women and girls and negative effect of the practice on girl child education in the region.

The intervention methods pointed out by the participants to be used by the NGOs in the region (i.e. The World Vision organization), are the use of Alternative Rite of Passage, Rescue camps and awareness creation during seminars for the youths, Traditional circumcisers and Traditional birth attendance within the region. The researcher found out that some of the measures against FGC practice seemed popular than the others.

The table below describes the various themes that formed the category; Interventions carried out against FGC Practice. This also describes the interventions in relation to their popularity in the region.

Table 4.4: Themes in Interventions carried out against FGC

Respondents in FGDs	**INTERVENTIONS**			
	Creation of awareness/ sensitization	**Threats of arrests and prosecution**	**Alternative rite of passage**	**Rescue camps**
Group 1	Very popular	Very popular	Popular	Not popular
Group 2	Very popular	Very popular	Popular	Not popular
Group 3	Very popular	Very popular	Popular	Not popular
Group 4	Very popular	Very popular	Not popular	Have not heard
Group 5	Very popular	Very popular	Not popular	Have not heard
Group 6	Popular	Popular	Have heard but	Have not

			Not popular	heard
Group 7	Popular	Popular	Have heard but Not popular	Have not heard

Most respondents reported knowing that the government have outlawed the practice of FGC in the country and that chiefs have been sensitizing people in their *baraza* and warning them of arrests and prosecution if found committing the act. On this, a participant in FGD group 3, put it this way:"The government educate the community on the bad effects of FGC and this is mainly done by the chiefs during their *baraza*."

Despite being aware of possible arrests and prosecutions, the community members seem not to care much of these steps taken by the government against FGC, this was expressed by a key informant (Village elder) as follows: "We just listen to them to cover their eyes but later we continue with our custom."

The other interventions carried out against FGC in the study region were those by the World Vision Organization of Kenya and they included ARP and Rescue camps. Among these interventions, it seemed that ARP is very popular in the region, and that some few girls have participated in ARP as reported by a participant from FGD- group 3(Community leaders): "Some girls from this region have participated in ARP but not many but just a few".

Concerning Rescue camps as an intervention against FGC, discussion with most participants revealed the idea that this intervention is not very popular in this region, they reported that they have heard of the camps but none of their girls have attended such camps and they do not see the need for such camps because in the community girls are not forced to undergo FGC to require

the rescue camp, a participant in group 1 (Women above 18 years from the general members of the community) said:

> We have heard of such camps, but our girls have not gone there, in fact here we do not force girls to undergo circumcision, they themselves decide' so none of our girls has gone to those camps for rescue.

Similar sentiment were shared by key informants (village elder, TBA, and Traditional circumciser), all whose statements concerning rescue camps suggested no need for rescue camps for girls who seek refuge or run away from FGC, because the community do not force girls to undergo FGC. Girls are left to decide for themselves.

4.2.3 CATEGORY THREE: Attitudes of the community members towards interventions against FGC.

The research study established that the Pokot community members have different attitudes towards the various measures carried out by the government and non-governmental organizations against the practice of FGC in the study region. At some point the participants revealed a positive attitude towards some of the interventions and at some point negative attitude towards some of the interventions. Some participants perceived some of the interventions to be cruel to the community's traditions, for example concerning the intervention of sensitization and threats of arrests and prosecution a participant in group 6 (Elderly men above 50 years) complained that:

> We have heard that the government prosecute people if found circumcising girls, why can't the government also ban circumcision for boys, why stop that for women, they want our daughters to remain like who?, eehhhh'… They want our daughters to be laughed at and their husbands ridiculed by other men that they have married children, this is not fair at all.

Most participants especially the elderly, further complained about the government trying to erode their culture and replacing it with their own, a group 7 (elderly women 50 years and above) had this to say:

> Yeah the government is against the practice of female genital cutting, we know that, but they have forgotten that this is our long time ago culture, why stop it now?, we have heard that even they prosecute people and even jail them who are found practicing female circumcision.

Remarks by the study participants such as above reveals the attitudes of the community members towards the measures the Government has put in place to control the practice of FGC. In addition to this, the study also found out that some of the interventions by the World Vision of Kenya organization such as the Rescue camps and Alternative Rite of Passage revealed both positive and negative attitude towards such interventions, for example the ARP participants perceived it positively to some extend as they saw it assisting their daughters complete their education without any disruption of studies, this was as commented by participants in FGDs groups1, 3, 5 (Women above 18 years from the general community, Community leaders and unmarried men above 18 years) respectively, narrated similar sentiments like this:

> The most positive aspect of ARP is that it ensures education because a girl will continue with her education without any disturbance when they go through the ARP', and another advantage is that World Vision pays school fees for girls who undergo ARP and so continue with their education. ARP prevents early marriage because when girls participate in the ARP they are taught on the importance of education and so are likely to continue with their education. It may be advantageous to our girls, because at least it will delay their marriages and girls will be able to complete their education, so it is advantageous to the girls.

However some comments (as quoted below) from the same participants revealed that though they perceive ARP positively because of ensuring education for girls, they also have some negative perception of this intervention. Because ARP is a rite of passage from childhood to

adulthood but which does not involve genital cutting of the initiates, the participants see this to possibly interfere with the girls later getting married within the community. Also some comments reveals that people in the region do not value ARP as they do to FGC, because they are not willing to give gifts in ARP ceremonies as in FGC ceremonies. These concerns were revealed by statements from a participants from FGDs Groups 5,1,3 (Unmarried men above 18 years, Women above 18 years from the general community and community leaders) respectively who revealed that:

> Yes, but the girls may risk not getting married especially to the Pokot men, may be they can be married to people in other communities who do not practice female genital cutting. But here in Pokot, no, no, no one is willing to marry a woman who has not undergone circumcision (FGC). The problem in ARP is that the girls will not actually be circumcised (genital cutting), so many people do not recognize such a girl as a grown up woman who can be married. People are not willing to give the same gifts and rewards during ARP as during traditional circumcision (FGC) ceremonies.

Concerning the other intervention; Rescue camps by the World Vision Organization, discussion with research participants revealed that this intervention is not popular in the region as shown in table 4.4. However when participants were asked about their feelings concerning whether rescue camps can help the community members abandon FGC, their statements reveal that they don't believe rescue camps as an intervention can change the Pokot behaviour to abandon or reduce FGC practice, some even said that they do not see the need for a rescue camp since they do not force girls to undergo FGC. Similar statements were said by key informants; traditional circumciser, TBA, the village elder , a woman who underwent ARP and later FGC.

4.2.4 CATEGORY FOUR: HEALTH PROMOTION STRATEGIES IN THE CONTEXT OF FGC.

From the public health point of view, the practice of FGC is one of the cultural practice that adversely affect the health of girls and women with both immediate and long term effects some of which are irreversible. When the study participants were asked what they think are best strategies that can be employed in the context of FGC practice to ensure good health of their girls and women, they suggested several ways which formed the following themes of the category:

Health Promotion Strategies in the context of FGC. In the figurer below are themes formed from the suggestions by the KII respondents and reinforced by those from the FGDs in the narrative which follows: (in pg 44)

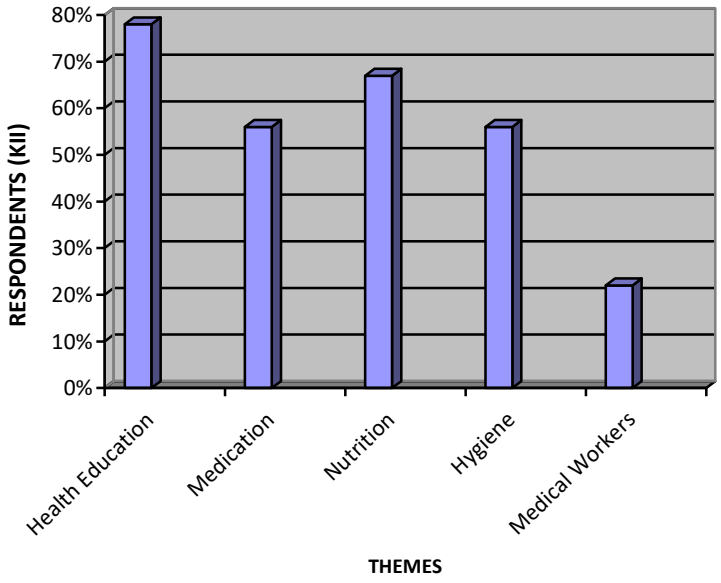


Figure 2: Health promotion strategies in FGC

Theme: Health Education

Majority (7 out of 9) of the respondents from the KII endorsed the use of health education as the most appropriate health promotion strategy that will help the community members become aware of the dangers FGC poses on the health of their girls and women. The KII Respondents said, health education especially on the side effects of the cultural practice of FGC should be emphasized and to be conducted more frequently in the region.

Participants saw health education strategy as the only way to drive away myths and beliefs which the community members have on medical conditions brought about by FGC. Health hazards like excessive bleeding, obstructed labour and disease infections that are accrued to FGC are perceived differently by the community members, believing such problems to result from witchcraft, wrong doing and being bad hearted, as claimed by participants in groups; 6 and 1:

> There is no disadvantage of female circumcision- we do not see any badness with our tradition. We are not aware of any problems associated with FGC. Issues like excessive bleeding and difficult in child delivery may be due to witchcraft.

> The woman might have wronged somebody or have been mean to somebody or children during her pregnancy and in such cases an elder is called upon and the woman will confess her wrong doing, then she will be blessed or the people whom she wronged will be called upon so that she can ask them to forgive her, that is how we deal with such cases but they are very rare.

Similar statements were echoed by participants from the other FGDs (group 3 and 5), that there is a need for the community members to be given health education on how FGC may contribute to health related problems. These Participants mentioned this strategy as a very suitable in enlightening people concerning issues of FGC and health of their girls and women. A key informant (health worker) said that consistent health education will eventually help community members make healthy choices without being coerced or cajoled to abandon FGC. In his words:

> Health education on the negative effects of this practice should be carried out consistently to our people because even upto now they do not believe that female

> circumcision only harms girls and does no much good to them. On this point gorvernment , NGOs , CBOs and all other agencies working to stem FGC in this region should collaborate together towards ensuring this is done.

Theme: Use of Medication

Slightly more than half (5 out of 9) of the respondents in the KII stated the use of medication either to reduce pain, prevent or treat infections intiates are predisposed to after undergoing FGC, this point was reinforced by similar statements from FGDs participants . The respondents said people should be encouraged to abandon the practice, however those who still insist on girls undergoing FGC should be advised to use medication to prevent diseases like Tetanus , drugs to prevent infections and the use of pain killers to reduce pain.

Examples of such suggestions include one by KII (Traditional circumciser) and participants from focuss group discussions 1 and 4, who suggested:

> We should call health workers so that they can bring their medicines and give to initiates after the operation to prevent any form of infection.
>
> Use of those drugs that reduce pain during the operation of FGC.
>
> Use of medication to prevent diseases such as Tetanus and antibiotics to prevent infections.

Theme: Good Nutrition

Majority of the participants both in the FGDs (all the seven groups) and KII (6 out of 9 respondents) suggested good nutrition as one of the best strategy the Pokot do apply to promote health of girls after undergoing FGC. They reported that after initiation girls lose a lot of blood and therefore will be prone to developing malnutrition, poor growth and development hence the need for provision of good nutrition to the initiates. One of the participants from FGD group 3

(Community leaders) said: The initiates are normally given balance diet so as to boost their immunity and to prevent malnutrition, because they loose a lot of blood.

Similar statement was voiced out by Key informant (TBA):

> During seclusion we provide initiates with good diet which mainly includes meat and milk for a period of almost a month or so just like the male initiates are treated while in their seclusion, in fact girls looks very healthy when they are coming out of their seclusion.

Most participants in the study expressed the provision of good nutrition to initiated girls and said the same treatment is done to boys initiates during their seclusion after undergoing circumcision so as to improve their health after loosing lots of blood as a result of the operation.

Theme: Hygiene

Participants from all the seven FGDs and five out of nine respondents of the KII expressed the need for those who still continue with the practice of FGC to observe hygiene noting that is very essential especially for the traditional circumciser who should be taught how to observe hygiene so as not to cause infection to the initiates. They suggested that traditional circumcisers should be washing their hands with soap before operating a girl or put on gloves after finishing with every initiate. A participant in group 2 (Women above 18 years who are campaigning against FGC) remarked:

> For those who still insist on practicing FGC , we advice that the circumciser should use gloves while performing the operation' . She should wash her hands before and after performing each operation because as of now they do not even wash their hands while circumcising the girls.

A participant from group 1 (Women above 18 years from the general community) was in an agreement with the idea of ensuring hygiene as a strategy to promote health in the FGC

practicing in the community, pointing out that people should avoid circumcising girls in groups and instead girls should be cut individually to prevent transmission of diseases. She said:

> Mothers should be advised to be calling their own circumcisers for their daughters so as to avoid several girls going for the operation in a group, this may help in preventing disease transmission from one person to another.

Theme 5: Involving health professionals

This strategy was mainly suggested by participants who obviously seemed to supporting the practice of FGC, and said that it is better if health professionals were involved in the practice so as to do away with the problems that are said to occur as a result of the practice of FGC. Most participants from groups 1, 4, 6, 7 gave statements that supported this idea of medicalizing the outlawed practice one statement that was very loud on this was that from a Key informant (a village elder) who said:

> We will always wish our daughters undergo circumcision, no one is happy when she remains uncircumcised, mmm…, what should be done is that a medically trained person be found who specialises in that area of female genital cutting, because for sure no Pokot wishes her daughter to remain uncircumcised, such a person should be allowed to be carrying out FGC in the Pokot land and be provided with the necessary medicine for the initiated girls, because it may not be easy for our people to just abandon FGC so easily like that. Am telling you our people will be very happy with such an idea, ooh that at least somebody is there who goes round performing FGC for their daughters and bad diseases like HIV/AIDS shall be done away with, I tell you, every pokot in the whole world will support this idea.

CHAPTER FIVE

5.0 DISCUSSION OF THE RESEARCH FINDINGS

5.1 Interventions carried out against FGC in the study area.

The study found out various measures carried out by government and non-governmental organizations to reduce FGC. The non-governmental organizations that are carrying out activities against FGC in the study region is the World Vision Organization of Kenya.

The government apart from creation of awareness by educating the community through chiefs *baraza* are also imposing threats of arrests to any one found practicing the outlawed ritual. This seems to have resulted to varied reactions by the community, in one hand they seem to have become aware that the government has outlawed female circumcision, but resulted to the practice going underground and is now done secretly as mentioned by a participants in group 3 FGD (Community leaders) that they know that FGC has been outlawed by the government but they still practice it secretly. The participants decried that a Pokot cannot withstand her daughter remaining uncircumcised.

Secret practice of FGC has also been reported by various studies following government banning of the practice for example in central Kenya (Gachiri. 2007), in Kisii and Kuria where girls are circumcised at night and the ceremonies disguised as birthday parties (Oloo, Wanjiru, Newell 2011). This shows that such interventions may become dangerous and discourage the community members from seeking treatment by skilled health care providers for those who may develop complications due to the outlawed operation. Such people may not be willing to come to health facilities for fear of being arrested and prosecuted, hence caution has to be taken with

this intervention. Another direction FGC practice has taken as a result of banning the practice , this research found out is change of age at which girls undergo the genital cutting.

The participants reported that long time ago people circumcised their daughters at older ages of about 18 and 20 years when they were ready for marriage, but now because of the governments threats of arrests and prosecution of any one found subjecting his/ her daughter to genital cutting, people have decided to circumcise very young girls. The participants reported young girls, as young as class three pupils are nowadays circumcised for fear of the girls remaining uncircumcised.

Alternative Rite of Passage (ARP) and Rescue camps are some of the interventions the study found used by the World Vision Kenya organization in the study region. The research participants reports these interventions not popular because the organizations started in the recent 2 to 3 years ago and many people are not so much familiar with the interventions especially rescue camps.

On ARP participants reported that, some few girls from the region have participated and some later resorted back to FGC after being mocked by friends, and indirectly compelled by their parents to undergo the traditional cut. Reports of girls undergoing FGC after undergoing ARP have also been mentioned to have happened in the Pokot neighbouring community like the marakwet community, where it was reported by a news paper (Daily Nation Dec 6th 2010); Marakwet girls some of who had fled to rescue centres and undergone ARP in 2006 resort back to the FGC on December 2010 after completing their forth form education with the reason of pleasing their parents and curiosity to graduate into womanhood. However in some other places

like in the Mosocho Division of Kisii it is reported that ARP has shown some substantial results in reducing incidences of FGC practice in the area (Igdal, Umbima and Tysse 2008).

5.2 Attitudes of the Pokot community members towards Measures carried out against FGC practice

Study participants expressed varied reactions on the measures carried out against the practice of FGC. To some measures they seemed to have some positive attitude and others negative attitude. To intervention such as creation of awareness on the outlawing of FGC by the government, discussants at the various FGDs, showed negative attitude for they reported just listening to them (Government officials like the chiefs), then later continue with their cultural practice. Studies conducted by Oloo, Wanjiru and Jones (2011), cites men from the Abagusii community showing similar reluctance to the government's call to stop FGC complaining that the Government has not explained to them enough reasons to stop their longtime ago cultural practice.

Negative reactions have been reported by various articles where people are wondering why the government all over sudden has decided to condemn FGC practice. (Women News Network 2010). As for the case of the government outlawing FGC practice the research participants mentioned that such decree has driven the practice to be done secretly so as to avoid arrests and prosecutions while continuing their "good" practice decrying that they will not withstand their daughters remaining "children forever" (remaining uncut).

These are comments from participants other than those who are campaigning against the practice of FGC who include women campaigning against FGC in the study region, key informants:

government official (the chief), health worker and the program manager World Vision who were all for the government support on outlawing FGC.

On ARP and Rescue camps the research participants seemed to have negative perception on these measures complaining that ARP is not a ritual enough to make their daughters become mature women in the community and for them it is like cheating their daughters that they have undergone a rite of passage yet in real sense they have not. Participants especially elderly women expressed bitterness that their daughters are taken by the World Vision and are taught by 'a white woman' what they themselves do not know and no body informs them what the girls are taught while in the ARP ceremonies. Another complain the research participants raised about the ARP is the fact that girls undergoing ARP are not actually cut.

For the rescue camps as an intervention most participants reported none of their girls have run to a rescue camp to be protected against forced FGC. They also added that they don't need the camps since they do not force their girls to undergo FGC. While ARP has been reported to have been accepted by other Pokot neighbouring communities like the Keiyo community where Tumto Ne Leel a form of ARP designed by Dr S. Chebet is reported to have been embraced by the community and said to have worked in reducing FGC in Keiyo (Walsh 2010).

5.3 Health Promotion Strategies in FGC practice

FGC is a custom that is shunned by the modern society because of the numerous documented negative health consequences. Serious medical complications do occur due to the nature and conditions by which the procedure is done. Complications following FGM may be immediate or late. The research study found out some of health promotion strategies which the Pokot

community employ to improve the health of the girl initiates after they are cut. The participants reported provision of good nutrition to the initiates and mentioned that because the initiates tend to loose a lot of blood after the genital cutting, they are provided with good nutrition to ensure fast healing of the wound. They added that just as boys are given good nutrition after circumcision in their seclusion the same applies to girls. This food comprise mainly meat and milk for a period of one month. Similar treatment of girls who have undergone FGC is mentioned by Gachiri. (2007), in her book; '***Female Circumcision'***, where in the Agikuyu community, goats are slaughtered for the circumcised girls and other nutritious foods provided to fasten healing.

This strategy seemed to be the usual treatment for the initiates geared towards improving their health. In addition to the mentioned strategy most participants suggested other health promotion strategies that can be applied to improve health of girls/ women in the context of FGC in the region, while commenting that since it will not be easy to convince a Pokot to let her daughter remain uncircumcised and because of the present time diseases, it would be better if they use medication to prevent infections.

Some participants reported that presently the circumcisers are encouraged to use one knife per girl and to wash their hands before and after each operation. A key informant further suggested that it would be better if some one medically trained is sought for to be assisting them in performing the operations of female circumcision in order to avoid the health complications people complain about.

All these suggestions by the research participants indicate that the community members have become aware of the health problems resulting from the practice of FGC, but because they still

prefer to continue with it they seem to resort to medicalizing the practice, a situation that is said to be happening in some parts of Kenya for example in the Abagusii community as revealed by a study by Askew I and Njue. (2004). Shell-Duncan (2001) in her paper; The medicalization of female "circumcision": harm reduction or promotion of a dangerous practice?, points out that medicalization in female circumcision may be appropriately viewed as a harm reduction approach, because it has the potential to improve the health of women undergoing "circumcision", by reducing risks of medical complications due to improved hygienic conditions, preventive measures and skill of the cutter, reducing the amount of cutting and other complications.

On the other hand medicalization of FGC has been strongly opposed by the WHO, claiming that the involvement of health care providers in performing FGC is likely to create a sense of legitimacy for the practice, and gives the impression that the procedure is good for health or it is harmless (WHO 2010). In the Kenyan context medicalizing FGC is perceived to not only perpetuate the practice, but also violates medical ethics, disregards MOH's policy and contravenes the Kenyan Children's act of 2001 (Askew and Njue 2004), this currently reinforced by the Prohibition of Female Genital Mutilation Act 2011.

5.4 Significance and values attached to FGC

The practice of Female genital cutting commonly referred by the Pokot ethnic group as Female circumcision is a traditional practice that has been going on for centuries with no one knowing when it began. Public health practice views it as unhealthy cultural practice that brings with it negative health effects to the girl/ women who undergo through this practice. This study found out that this cultural practice is so much valued by the Pokot community members because of the

significance that is accorded to it. Among the reasons believed to be behind the practice of FGC in the Pokot community is its ability to graduate a girl from childhood to adulthood, and that those women who have not undergone the practice are always looked upon as girls or children regardless of their age, and are prohibited from doing certain community services like taking food to visitors and milking cows, a similar view held by the Sabiny community of Uganda (Namulondo. 2009). at Kapchorwa District of Uganda.

Namulondo reported that the Sabiny People prohibit uncircumcised women from milking cows, climbing to the family granary and serving visitors among other responsibilities. Therefore girls are forced to make the decision and obey the culture so that they can be socially acceptable in the community.

Other merits that the practice is believed to bring with it are gifts and marriage, the research participants reported that one of the advantage of the FGC include the gifts given to the girls by their father and qualification for marriage, if she is not circumcised she is forever considered a child who cannot be married. Similar notion is held by the Kisii and Kuria communities as found out by a research study conducted by Oloo, Wanjiru and Newell (2011), who mentioned that girls undergoing FGC are given gifts and are generally considered more suitable for marriage and more socially acceptable.

These girls would prefer to undergo the genital cutting so as to avoid frequent stigmatization, isolation and ridicule by the rest of the community members. Another advantage of FGC as perceived by the community is that those girls/ women who have undergone FGC knows the community's teachings as opposed to those who have not undergone FGC and are seen as innocent children who are not supposed to know the community's secrets. Similar findings were reported by a study conducted by Maligaye 2007 as cited by Cheserem in her theses of 2010.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

Based on data collected through the Key Informant interviews and Focus Group Discussions, it can be concluded that: Female genital cutting is still going on among the Pokot community in Sook Division, West Pokot County. FGC is a traditional practice that is deeply embedded in the Pokot 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. Community members have the following as merits of the practice: Qualification for marriage, a girl receives gifts like cows, goats, sheep and money after undergoing FGC, source of wealth in form of bride price to the girl's family because she will be married, a girl gains community's acceptance and respect among other merits as mentioned by the research participants in the result section.

Participants reported the following to be demerits of the FGC practice: may predispose girls to infections like HIV/AIDS, bleeding, though most participants said this could result from other reasons like witchcraft. Incompletion of education was also said to be one of the demerits of the FGC. Participants (community leaders and others), said that after a girl undergoes FGC, she is ready for marriage and no longer serious with her studies.

The study also concludes that, most Pokot community members have negative attitudes towards the interventions by government and non-governmental organizations. An example of this is ARP by the World Vision organization in the region. Research participants say ARP is not a ritual, enough to make their daughters mature. The study also concludes that rescue camps as an

intervention may not be necessary as the community members do not force their daughters to undergo FGC. On health promotion strategies, the study found that the community has been providing good nutrition to girls after undergoing FGC and suggesting to medicalize the practice.

Human behaviours and cultural values, however senseless or destructive they may appear from the personal and cultural standpoint of others, may have meaning and fulfils a function for those who practice them. However, culture is not static but it is in constant flux adapting and reforming. People will change their behaviour when they understand the hazards of harmful practices and realize that it is possible to give up harmful practices without giving up meaningful aspects of their culture (Gruenbaum 2001:198).

The efforts to end female genital cutting should involve the participation of all in the community. In this study, there is suggestion that the community are not fully involved especially in interventions like ARP. Research participants; old women reported that their girls are taken by the World Vision, and are taught things which they do not know, meaning they are not involved.

This study shows then that complete elimination of FGC is a complicated procedure because there are many vested interests to perpetrate the practice and changing perceptions and attitudes is a slow, long and arduous process.

6.2. RECOMMENDATIONS

For the community to change their behaviour and abandon the cultural practice of FGC, there is need to involve all the stake holders concerned with the FGC, these include the girls, parents, old women, men, traditional circumcisers and the intervening groups like, World Vision and the government.

World vision has played a big role in sensitizing the community about FGC and its adverse effects. They are also involved in other activities like education to eliminate the practice. However because FGC is deeply engraved in the culture of the people, change is bound to be slow especially in rural areas, like the study area, because of problems of accessibility. It is therefore recommended that intensive sensitization programmes, by the intervening groups like government through the ministry of health and ministry of education be made consistently in a bid to encourage behaviour change. In this study a key informant; health worker reported the community needs more health education on FGC and its effects on health.

The alternative rituals and Cultural days are initiatives aimed at affirming community identity and positive aspects of culture which boosts self esteem in the community while preventing physical and psychological harm to women and girls. For these ceremonies to have an impact the study recommends the full participation of the community, so as to create a sense of ownership and belonging by them, for example in ARP ceremonies; the old women in the community should participate fully and provide the community teachings/ secrets to the initiates. Study participants especially the old women reported not knowing what their daughters are taught in the ARP ceremonies because they are not involved.

The study also recommends that sensitization of the community about the implications of the FGC law be taken as a matter of importance to all stake holders and in particular the implementers of this law, but this must be done with caution, because as of now this seems to be driving the practice underground which might have a negative effect on health of those who have undergone the ritual as they might not be willing to seek medical services for fear of arrests and prosecution.

Again, the government officials should avoid use of threats and instead provide information on negative effects of FGC especially in the existing cultural forums like the elders barazas (*Kokwo*) and connect it to girl child education which the community seem to embrace. Hence the study recommends that as much as the practice of FGC has been outlawed, those affected should be encouraged to seek medical care and be provided with health education on the same problem.

Recommendations for further Research

Study on the effect of the Anti FGM act 2011, a part of government's latest intervention effort. Because this is now part of law and stronger intervention than the Children's Act of 2001. The FGC practicing communities may see the government's seriousness to end FGC.

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54. APPENDIX SECTION

Appendix A : Informed Consent Form: Focus Group Discussions

Hello. My name is _____ I am a masters student at Moi University, school of Public Health.

This is my colleague---------- who is assisting me in the discussion group by taking notes.

I am collecting information from people living in this area about female genital.

This information will be used for academic and other related purposes. I would like to invite you to join a group discussion about female genital mutilation, to learn more about community attitudes and practices. If you agree to take part in the discussion, we will be discussing the group's ideas, attitudes and opinions on various aspects of female genital mutilation and the interventions in place for the practice. There are no rights or wrong answers to the questions we will ask as we expect that there will be different experiences and opinions among the group participants. The group discussion will take about 60 minutes. If you do not want to participate in discussing some or any of the issues, you do not have to and you can leave the discussion group at any time. We will be taking notes and pictures of the discussion. No names will be used in the notes and so anything you say will be treated as confidential. The notes will be kept safely at the Population Council's office in Nairobi and will be considered private and confidential. It will be used for this study only and the notes will be destroyed afterwards whereas the pictures will form part of the appendices of the study report. Any report from this discussion group will not use any names that may identify any individual person. Do you have any questions about participating in the discussion group?. If you have any questions after the discussion, you may contact me. ***(Tel. No. (0722958437).***

Do you agree to participate in the discussion group?

Yes / No

Do you agree that notes and pictures will be taken during the discussion?

Yes/No

Appendix B : Informed Consent Form (Key informants)

Hello. My name is _____I am a master's student at Moi University, school of Public Health. I am collecting information from people living in this area about Female genital mutilation. This information will be used for academic purposes.

I would like to ask you some questions about Female genital mutilation. If you agree to be interviewed, I will be asking you about your ideas, attitudes and opinions on various aspects of Female genital mutilation . There are no right or wrong answers to the questions I will ask you. Your opinions and experiences are important to us and so we want you to be honest and truthful in answering our questions. The interview will take about 30 minutes. If you do not want to answer any question, you do not have to and you can stop the interview at any time.

I would like to take notes and pictures of the discussion. Your name will NOT be used in the notes. The notes will be kept safely and will be considered private and confidential. They will be used for this study only and the notes will be destroyed afterwards, and the pictures will form part of the appendices of this study report. Any report from this discussion group will not use any names that may identify any individual person. Do you have any questions about participating in this discussion ?

If you have any questions after the discussion, you may contact me

(Tel. No. (0722958437).

Do you agree to be interviewed?

Yes/No

Do you agree that notes and pictures can be taken during the interview?

Yes/No

Respondent's Signature _____ Date _____

Appendix C: Focus group discussion guide

Introduction

FGD guide will help the researcher gain information on knowledge, attitude and the practice of female genital cutting.

Section 1: General overview; Instructions to respondents and the Research Assistant:

I would like us to begin by focusing on the meaning and significance attached to female circumcision in this community.

Q 1. Generally ***how does the community here view female circumcision,*** what meaning, value and importance is attached to the practice?

Probe for: Is Female circumcision still practiced in community?, How did female circumcision started in this community?, In your understanding, why do some girls and families continue to prefer female circumcision, despite the campaigns against the practice?, From your general observation, what kind of people support and encourage the practice and what kind of people discourage or don't practice female circumcision?

Q 2. ***What are the procedures and practices*** associated with female circumcision?

Probe for:

♦ Age and time (season) of circumcision, Decision-making power (the girl, mother, father, other relatives or clan), who decides for a girl/woman to be circumcised?, level of secrecy / knowledge of girls prior to circumcision, Implications for a girl failing to comply, Are health practitioners involved in the female circumcision procedures?,

Is there any use of medication when circumcising the girls/women for example use of analgesics during the procedure and antibiotics after for treating the wound?, What Kind of education, information & skills do initiates receive?, who are the persons responsible for passing on this education/information, are gifts provided to the initiates?, what are the rights, duties and social expectations of the initiates?.

Q 3. In your view, ***what are the main differences between circumcised and***

uncircumcised girls?

Q 4 In your view, ***how does the government view FGM?***

Probe for: Knowledge of legality, Awareness of prosecutions nationally, locally

Q5. Now let's talk about the ***effects of female circumcision***

Probe for:. Perceived benefits/advantages and Perceived disadvantages or negative effects of female circumcision today. Awareness of any problems associated with female circumcision (nature of the problem(s), consequences. their view on female circumcision contravening children's and women's rights? If yes,

which rights and what effect might this have?

Q.6 . In your view, ***has there been change in this community*** regarding attitudes and practices related to female circumcision?

Probe for:

Are there fewer or more girls being circumcised now than previously?

Or any changes in the age of girls?

Or any changes in the 'ceremony'?

If there are changes what factors have brought about such changes?

Section 2.

Rescue Camps and Alternative Rite of Passage (ARP) events.

I would like us now to talk about programmes to eliminate female circumcision in your community.

Q 7. Which ***organizations or groups of people are*** working in this community on matters to do with female genital mutilation?. In our discussion I want you to tell me who they are, what are their activities, What kinds of IEC materials are being used in combating FGM? and how these organizations are perceived in the community.

Q 8: What do you know about ***Rescue Camps*** for girls in your district?

Probe for: Who has organized them?, How long have they been existing?, what do you abo girls who attended such camps?, How effective are such camps in helping people abandon F

Q 9. What do you know about ***alternative rite of passage (ARP)*** programmes in your district?

Probe for: Have any girls in this community participated in such a programme/activity?,

When did the alternative ritual intervention begin in this community?, how are girls prepared for ARP i.e. age when they go through the rite, who made decision for them, what information/education is given to them? And how long does the ARP take place.

Q 10. What do you think are ***most positive and most negative aspects about ARP?***

Probe for:

♦ Do you think the alternative female circumcision rite benefits girls?, ♦ Does the ARP in any way disadvantage girls in this community?, ♦ Do you think this approach has been effective in getting families to abandon female genital mutilation?

Q 11. Concerning the ***financial arrangements associated with ARP?***

♦ What expenses are incurred by the family in preparation for the ceremonies of ARP?, ♦ Are people willing to give the same kinds of gifts at an ARP ceremony as they do for traditional circumcision (FGC)? ♦ What is the cost to the family for traditional rites of passage ceremonie in your community?.

Q 12. Do you think ARP will ever become an ***established part of local custom*** in this community? ***Probe for:***

♦ If not, why not?

♦ If yes, what would need to happen for this to take place?

Q13 What do you think can be done to promote the health of the Pokot girls and women in the context of FGC? Practice.

Probe for ; how can the problems related to child delivery and associated with FGC be dealt with?, How can diseases which may be transmitted through the practice of FGC be prevented, how can risks like excessive bleeding be prevented in the practice of FGC?.

Closure (by the researcher): Thank you all for participating in this discussion, here is my telephone number in case of any issue related to the study thank you again. Tel no- o722958437.

Appendix D : Interview Guide (Key informants)

SECTION ONE

Socio-demographic characteristics

Serial No……..Age…….Gender……

Level of education , (mark where appropriately). Primary school ( ) Secondary school( ) College( ) Adult education ( )

Marital status single ( ) Married ( ) Divorced/Separated ( ) Widows ( )

Religion Catholic ( ) Protestant ( ) Muslim ( ) African tradition ( ) 'Others specify……

Occupation……

SECTION 2

Questions related to the practice of Female genital cutting

1) Is Female circumcision still practiced in this community?

2) How did the practice of Female circumcision originate in this community?

Explain……..

3) What are your views on girls undergoing female genital cutting?, for example will you let your daughter undergo female circumcision?

3a) If yes, why ……

3b) If no, why…….

4) According to you what are your opinions on the merit and demerits of Female genital cutting

Merits……..

Demerits……

7) In the present generation what is the significance of female genital mutilation.

Explain……

SECTION 3

Questions related to Attitudes towards interventions against FGC

8) What are some of the campaign efforts carried out in this region against the practice of Female Genital Cutting? (please specify who are the main groups or organizations who are discouraging from practicing FGC)……..

9) What are your feelings on the groups who advocate for the abandonment of Female genital mutilation?

10) What is the government of Kenya doing about the practice of FGC in this region

11) What are your attitudes towards abandoning the practice of Female genital mutilation?

12) (Interviewer); 'According to you, what can be done to ensure good health for the Pokot girls/ women in the context of FGM practice in this community, the practice that seems to be high in this region despite the campaigns against it?'

Closure of the Session by the researcher; Thank you for participating in the interview. In case of any issues concerning the study please contact me on tel. no 0722958437.

APPENDIX E: World's map showing Kenya

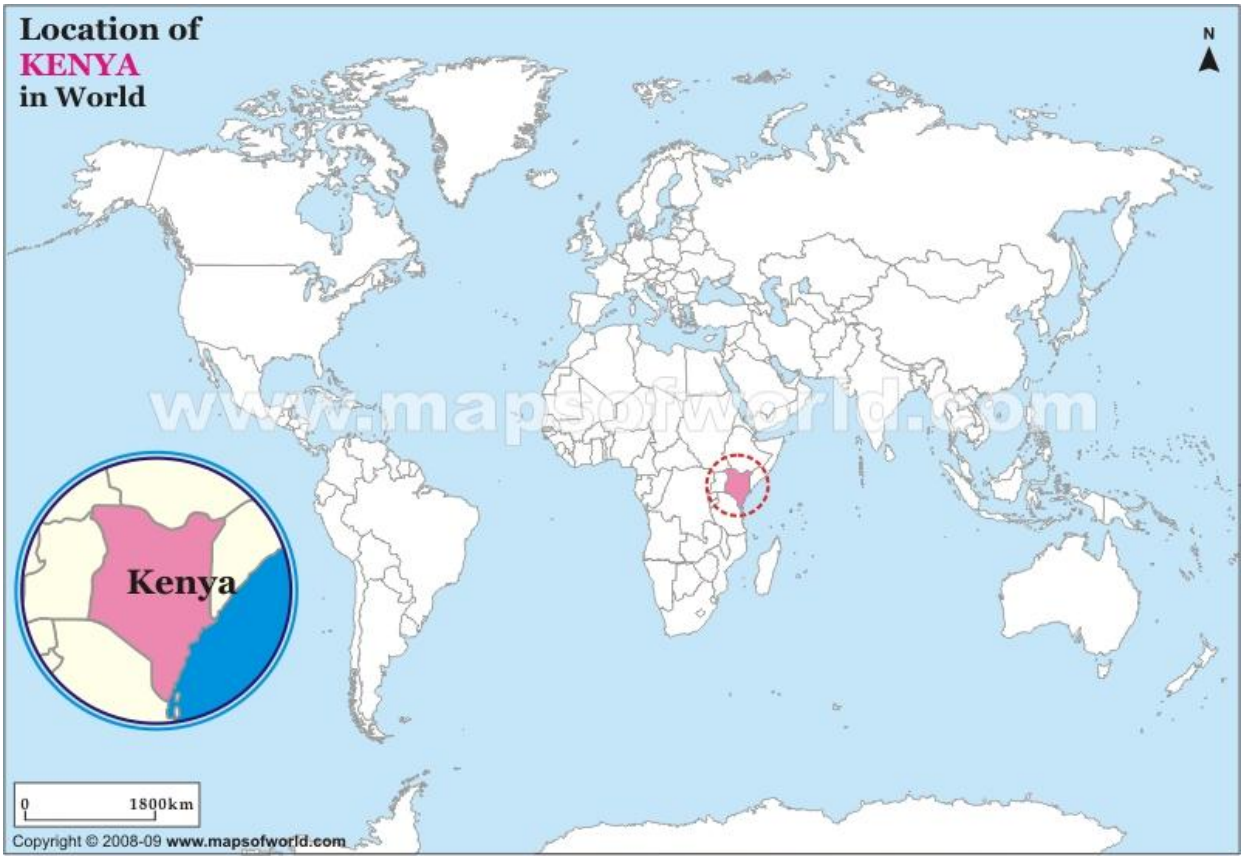

Figure 3: World's map showing Kenya

Source : www.mapsofworld.com/Kenya-location-map.html

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APPENDIX F:Map of Kenya showing West Pokot District

Figure 4: Map of Kenya showing West Pokot District

Source: www.bushdrums.com-map of Kenya 2009