

Gender Issues Affecting Girl Child Education in Northern Kenya

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Abstract: *Female Genital Mutilation/Cutting -FGM/C is recognized internationally as a violation of the human rights of girls and women. It's debated for a long time and it is one that brings about an emotional response from all who understand it or have come across it. Many do believe that this practice should be eliminated from the face of the earth as it does more harm than good to the physical being of the girl child. This paper examines the experience of Kenyan child with a special emphasis to the girl child. The paper brings out some major concern that affects the girls in Kenya. The main question of this paper is how the girls in Kenya can escape the effects of the gender issues that tend to affects the girl's child present and later age of adulthood. the paper found out that Kenya girl child is adversely affected by gender issues ranging from female genital mutilation, early marriage of girl child dropout of school since most of parents prefer educating the boys child rather than the girls child when faced with financial constraints, sexual abuse and gender based labor division which affect the girls child school performance since the girls fail to competitively do their school given home work.*

I. Introduction

Abusharaf, R. M. (1998). reports that female circumcision evolved from early times in primitive communities 'desire of establishing control over sexual behaviors of women. In some Western countries like United States of America (USA) and England, genital surgery of clitoridectomy was performed to curb masturbation, nymphomania, hysteria, depression, epilepsy and insanity FGM Accad, (1993). was practised in all the continents of the world including Australia but most people discarded it on seeing that it served no purpose and was harmful to the health of the girl child. For example, FGM was practised by Phoenicians, Hittites, Egyptians and Ethiopians by 5th Century B.C Accad, (1993).

In Africa, 30 countries have been practicing female circumcision as one of the rites of passage that prepares young girls for womanhood and marriage. Adoyo (2004). Estimates 80 to 115 million African girls have undergone some form of FGM. Somali is leading with a prevalence rate of 98% and the last country being the Democratic Republic of Congo with the prevalence rate of 5%. Female Genital Mutilation (FGM) constitutes all procedures which involve the partial or total removal of the external female genitalia or other injury to the female genital organs, whether for cultural or any other non-therapeutic reasons (WHO, 1995). Prior to the adoption of the term FGM, the practices were referred to as "female circumcision". According to Adoyo (2004). There are Four Types of FGM:

Type 1: Excision (removal) of the clitoral hood with or without removal of part or all the entire clitoris.

Type 2: Removal of the clitoris together with part or all of the labia minora.

Type 3: (infibulations): Removal of part or all of the external genitalia (clitoris, labia minora, and labia majora) and stitching and/or narrowing of the vaginal opening leaving a small hole for urine and menstrual flow.

Type 4: (unclassified): including: pricking, piercing, stretching, or incision of the clitoris and/or labia; cauterization by burning the clitoris and surrounding tissues; incisions to the vaginal wall; scraping or cutting of the vagina and surrounding tissues; and introduction of corrosive substances or herbs into the vagina.

Kenya is among the countries in Sub-Saharan Africa that accounts for 50% of the three types of FGM. These types include: clitoridectomy, excision, and infibulations. According to Antia, & Stinson, M. (1999). the females who are circumcised between age 15 and 49 are as follows: Kisii (94%), Maasai (82%), Kalenjin (59%), Taita Taveta (62%), Embu Meru (49%), Kikuyu (40%), Kamba (29%) and Mijikenda/Swahili (10%). The above statistical representation indicates that the Somali community who are Muslim has the highest FGM prevalence rate with 99% and the Mijikenda are the lowest with 8%. This observation points out that the FGM is most severe in the Somali community who are Muslim. This formed the basis to investigate the impact this ritual has on the attitudes of girls towards education.

The controversy towards female circumcision in Kenya goes back to colonial times when the missionaries of Scotland Church in Central Province and the government of the day condemned the act as immoral and unhygienic. Carr, (1997), reports that female circumcision was also condemned on medical grounds.

In 1980, the Retired President of Kenya, H.E. President Daniel arap Moi condemned FGM in Baringo District and warned that any person found performing the act on girls would be prosecuted. The former president also condemned FGM in Meru District in 1987. From early 1990s, there have been a series of campaigns towards FGM eradication by various groups, institutions, the government and individuals. There have been also Conventions and Universal Declarations on Human Rights which Kenya has put its signature to defend the plight of the girl child, FGM included. For example, Maendeleo ya Wanawake Organization (MYWO) initiated the Alternative Rite of Passage (ARP) in 1991, which was implemented in 1996 and 30 girls graduated. Girls are trained on positive customs without necessarily undergoing physical pain (genital cut). The four pilot project districts for Alternative Rite of Passage to replace FGM were Gusii, Meru, Samburu and Narok. Between 1993 and 1998, the Alternative Rite of Passage was conducted in Gucha, Meru North, Meru South, Narok and Samburu districts by MYWO and Programme for Appropriate Technology in Health (PATH) whereby 1400 girls went through the process. MYWO and PATH (1999) showed that by April 2001, 25000 girls from the above four pilot districts had gone through the alternative rite of passage.

Female Genital Mutilation/Cutting -FGM/C is recognized internationally as a violation of the human rights of girls and women. The World Health Organisation-WHO (2010) estimates that between 100 and 140 million girls and women worldwide have been subjected to this practice. Estimates based on the most recent prevalence data have shown that 91.5 million girls and women above the age of 9 in Africa are currently living with the consequences of FGM/C and it is also estimated that every year at least 3 million girls in Africa are still at risk of undergoing FGM/C.

The debate on FGM/C is one that tends to bring about an emotional response from all who understand it or have come across it. For many years now feminists, anthropologists, health practitioners, legislators and human rights organisations have deliberated tremendously in trying to justify the reasons as to why this practice should not be abolished. Many (of the above) do believe that this practice should be eliminated from the face of the earth as it does more harm than good to the physical being of the woman. On the other hand there are others who argue that it is a matter of culture and a sense of identity and that that cannot be judged by any other person apart from those within this culture.

The opposition of the practice can be said to have started off in the colonial era. In an article written by Bodil F. Frederiksen it shows the beginning of the controversy that has transcended till today. In his article he presents the case of Kenya and how the practice of clitoridectomy first erupted in the mid-1920s and was perceived to be in the same line of thinking as a political approach of the colonial regime. The British political system and the Protestant missions in Kenya challenged the right of these communities in the continuation of what was perceived as a "barbaric" custom. Female circumcision brought on a controversy that emerged wide across Britain particularly with the concerns of the consequences that the practice brought about. This foresaw colonial administrators drafting out a policy that stated that the "custom should not be interfered with as it came from an ancient origin" but that it would be an "offense if the people performed severe cutting or incision of greater extent than necessary for the removal of the clitoris during the 'girl's circumcision' Children's Act 8 (2001). This restriction of rites to a custom that involved the female circumcision did not bring about the beginning of the elimination of the practice but rather instead it brought about a resistance from the communities who still wanted to continue with their cultural practice that they had identified with and with that it also became "the heart of the anti-colonial struggle". Children's Act 8 (2001).

There are other cases where the opposition did not set in until much later. A case such as is in Ethiopia. Its history of FGM/C is not quite elaborated as it is in Kenya, however female circumcision is assumed to have started before the conversion to Christianity by the emperors in the 4th Century. It is also associated to the early Judaic practices at that time and it may have probably started at the same time as the male circumcision (EGLDAM, 2008:83. According to the clan leader, the practice was performed to keep girls/women from being raped and impregnated by invaders (FPAK 1996).. But after the colonial era the opposition of FGM/C was experienced in this country and was mainly pioneered by the western countries.

In time the topic of female circumcision moved from being a local practice to a global concern. The first attempt for there to be a global discussion/study on the practice was first presented in 1958 by the Economic Council of the United Nations who requested for there to be a study carried out by WHO. This motion was denied with the argument that the practice was a social and cultural matter rather than a medical matter as they had presented it. This request was later on reiterated by African women who had attended the United Nations General Assembly, three years later in Addis Ababa. The request was again denied by WHO as they had a policy that mandated them to not interfere with domestic politics unless they were invited by the state itself (Creswell, (2005).

During the United Nation decade of Women (1975-1985), the debate took voice once again as it saw many activists at conferences fighting for the empowerment of women and by mid-1990s, the international community was centrally involved in the fight against 'female circumcision'. This saw donor aid being linked with the practice as such from the International Monetary Fund and World Bank and a formal joint statement

from four prominent international governmental organizations (including WHO), stating that the practice should be condemned as it was a violation of the girl child rights Creswell, (2005).

One would question that after all this debates and deliberations that at this day and age the practice would have been eliminated. But this is not the case, for as much as there were those against the practice; there were those who were for it. This brought up a hard time for the anti-FGM/C as whatever arguments they brought to the table they were always reasons as to why the practice should still be up-held. One of the main arguments to this was the fact that the people who were mainly against the practice were of European decent and had no understand the ritual is per-taken. This was taken as ethnocentric values were being pushed onto African values and this tends to disregard the African perspective. A good example was that of the international's women conference in Copenhagen 1980 that saw a score of African women boycotting a session conducted by Fran Hosken who is a well known feminist against FGM/C Creswell, J. W. (2005). The base of this argument was that the European feminist came from a point of view that was foreign and demeaning to the African values. They took the African woman as one who did not have self direction, lacked efficacy and even autonomy and this of course did not go so well with the African women particularly the scholars and feminists.

Looking at it the whole debate, all these discussions tend to boil down to the subject of human rights and that of cultural relativism. The two theoretical ideologies are what both the opposition and those who are for the practice generate their arguments from.

As it is commonly known human rights encompasses a wide range of political, economic and social areas. As defined by the United Nations, "Human rights are those rights that are inherent in our nature and without which we cannot live as human beings. Human rights and fundamental freedoms allow us to fully develop and use our human qualities, our intelligence, our talent and our conscience to satisfy our spiritual and other needs."(United nations 1987 in Reichert 2006a: 2)

A principle established in the foundation of human rights is the notion that human rights do not discriminate any one as they belong to everyone, wherever he/she resides thus terming it as universal Kenya.Republic of Kenya, (2001).

The concept of universalism of human rights came up after the Second World War and the horrific legacy that it left behind which was a result of allowing individual states to define and pursue their own values. This was in particular with the holocaust, where Germany displayed to the world exactly how destructive an individual culture could be without an overriding check. Thus with this countries all over the world came together and discussed and negotiated on the values that would form the basis of human rights Tobia,(1995). But this concept is not without criticism. The critics are mainly that universalism insinuates colonialists practices that assumes the dominance of one group over others, as it bases values, ethics and power in the same assumption Kenya.Republic of Kenya, (2001). Having this the universal concept encounters a legitimate obstacle, that of local cultural, religious and legal norms. The universal human rights principles compel all nations to enforce these principles and this is where contradictions set in as, that between the local cultural norms and the established universal human rights Kenya.Republic of Kenya, (2001)..

Cultural relativism has been one main critic toward the universalism concept. Its perception is that all cultures are equal and the universal values become secondary when examining the cultural norms; that is no outside opinion is greater than that of the local culture (FPAK 1996).. Cultural relativism received its prominence greatly due to its principle of counter colonialism. The main theme of colonialism was that one culture was superior to the others but anthropologists in the 1900s argued that each culture had value in itself. According to the principles of cultural relativism all points of view are equally valid and it maintains the fact that there is an irreducible divergence among cultures because each of these cultures are a unique entity with different parts intertwined within their structure and they cannot be understood or analysed without reference to the other parts and the cultural whole Fraenkel, &Wallen, N. (2009).

Objectives of the Study

The study objectives were:

- i).To find out the school attendance of girls after they have under gone FGM
- ii). To analyze the academic performance of girls after they have under gone FGM.
- iii) To find out the transition rates of girls to the next level of education after under gone FGM.
- iv). To find out if there are administrative or educational arrangements to assist the students after undergoing FGM to advance their studies.

Research Questions

The following were the research questions: -

1. What are the school attendance patterns of girl child who under gone FGM?
- ii).How is the academic performance of girls who went though FGM?
- iii).How is the transition rate of girls to the next level of education after FGM?

iv). What are the administrative or educational arrangements to assist those girls to advance their studies after FGM?

Statement of the Problem

Studies conducted by Family Planning Association of Kenya (FPAK, 1996), Maendeleo ya Wanawake Organisation (MYWO, 1998), Government of Kenya (GOK). (1998). and Henslin, J. (2000). indicate that the cultural practice of FGM is a process of transition for an individual from childhood to adulthood. They also observe that FGM aims to curb masturbation, insanity, epilepsy and bestows honour to the initiate. However, there are negative effects such as indiscipline, poor academic performance, repetition of classes and school drop outs (Global Women Project, 2007) that are associated with FGM in school age going girls.

The Purpose of the Study

The purpose of the study was to find out the impact of Female Genital Mutilation on education of girls Mandera County.

Significance of the Study

The findings of this study will contribute to advancement of knowledge about the impact of FGM on education of girls with hearing impairment. It will also improve strategies for managing education for girls before or after undergoing FGM. This information will also be used as a basis for campaigning against FGM in Mandera County and others may use this study as a basis for further research on this subject.

Socio-Cultural Reasons

Borana

The Borana are a traditionally nomadic people residing in and around Isiolo, Tana River, Garissa, Moyale and Marsabit Districts. Although more and more Borana are choosing to be more permanently settled. The men's duty is to care for the cattle, while the women raise the children, build the houses and relocate the villages. The Borana perform FGM for religious reasons. Most Borana are Muslims, although some still practice the traditional religion which worships a supreme being known as Waqa. practice Type III infibulation Hicks, E. K; (1993)

Somali

The Somali are Eastern Cushites originating from Somalia and have inhabited Kenya for around two hundred years. They live in the North Eastern Province, and are mostly Muslim herdsmen. 97.7% of all the women have undergone FGM, with 75% having undergone Type III FGM (infibulation) Hosken, F. (1993).. The tradition of FGM was brought from Somalia. For Kenyan Somalis, tradition is cited as the strongest factor for the perpetuation of FGM, with cultural values around virginity and marriageability a close second, and belief that it is a necessary procedure to be a proper Muslim woman is the third reason. It is believed that an uncut girl will be sexually promiscuous and unsuitable as a wife, bringing shame to the family. Cutting is enforced via peer pressure amongst young girls at school and by social stigma, and it is usually carried out by traditional practitioners Hicks, E. K; (1993). Girls in the North Eastern region (the Somalis) are typically circumcised at a young age, with two thirds being cut between the ages of 3 and 7 Hosken, F. (1993).

- Some communities believe that unless a girl's clitoris is removed, she will not become a mature woman, or even a full member of the human race.
- She will have no right to associate with others of her age group, or her ancestors.
- Female genital mutilation is believed to ensure a girl's virginity until she is married.
- In some communities, FGM is the rite of passage into womanhood and is accompanied by ceremonies to mark the occasion when the girl becomes a mature woman.
- In communities girls are subjected to powerful social pressure from their peers and family members to undergo the procedure.
- They may be rejected by the group or family if they do not follow tradition.

Effect of FGM on Education

Studies conducted by Women's Global (2008) a non-governmental organization, found that many girls in the mandera region quit school as soon as they undergo female genital mutilation (FGM), which is still widely practiced in that region and other parts of Africa. Sometimes FGM is performed on girls as young as 12 or 13 years old, who most often then drop out of school to marry and start a family. In this region of Kenya, the practice involves a ceremony to perform the cutting, followed by a month-long seclusion for the wounds to heal, during which the girls are often beaten and then a big family and community celebration is performed. Because

of the harmful physical and psychological effects of the practice it prevents most girls, who undergo it from finishing their education. According to the World Health Organization (1995) the complications after FGM are common and can lead to death.

In many cases, FGM has a negative impact on a girl's education. Girls are taken out of school to be cut and the healing time takes several weeks, resulting in further school absence. Moreover, as FGM is considered by many groups to be a rite of passage into womanhood, it is likely that a girl's education will end in order for her to be married. Moreover, studies have shown that education influences perceptions of FGM and that educated women are more aware of the health consequences. There is, therefore, a general correlation that the higher a woman's education level is, the less likely she is to be in favour of FGM Koso-Thomas, (1987).

Psychosocial Complications of FGM

Genital mutilation is commonly performed when girls are young and uninformed and is often preceded by acts of deception, intimidation, coercion, and violence by parents, relatives and friends that the girl has trusted. Liu, Saur & Long (1996). Girls are generally conscious when the painful operation is undertaken as no anesthetic or other medication is used. They have to be physically restrained because they struggle. In some instances they are forced to watch the mutilation of other girls. This can lead to psychosocial problems. Mohamud, A. (1997). Some women suffer pain during sexual intercourse and menstruation that is almost as bad as the initial experience of genital mutilation. Some girls and women are ready to express the humiliation, inhibition and fear that have become part of their lives as a result of enduring genital mutilation. Others find it difficult or impossible to talk about their personal experience, but their obvious anxiety and sometimes tearfulness reflect the depth of their emotional pain.

Girls may suffer feelings of betrayal, bitterness and anger at being subjected to such an ordeal, even if they receive support from their families immediately following the procedure Mule, K. (1996).

This may cause a crisis of confidence and trust in family and friends that may have long term implications. It may affect the relationship between the girl and her parents, and may also affect her ability to form intimate relationships in the future. For some girls and women, the experience of genital mutilation and its effect on them are comparable to that of rape. The experience of genital mutilation has been associated with a range of mental and psychosomatic disorders. For example, girls have reported disturbances in their eating and sleeping habits, and in mood and cognition. Symptoms include sleeplessness, nightmares, loss of appetite, weight loss or excessive weight gain, as well as panic attacks, difficulties in concentration and learning, and other symptoms of post-traumatic stress. Ndurumo, M.M. (2007). As they grow older, women may develop feelings of incompleteness, loss of self-esteem, depression, chronic anxiety, phobias, panic or even psychotic disorders. Girls who have not been excised may be socially stigmatized, rejected by their communities, and unable to marry locally, which may also cause psychological trauma.

Sexual Complications of FGM

Sexual problems as a result of FGM can affect both partners in a marriage, from fear of the first sexual intercourse onwards, and create great anxiety. Excised women may suffer painful sexual intercourse (dyspareunia) because of scarring, narrow vaginal opening, or obstruction of the vagina due to elongation of labia minora, and complications such as infection. Vaginal penetration for women with a tight introitus may be difficult or even impossible without tearing or re-cutting the scar. Inhibition of coitus because of fear of pain may damage the marital relationship and even lead to divorce Oloyinka, (1997).

II. Conclusion

The study has shown that FGM has a negative impact on the education of girls in Mandera County in northern Kenya.

As a result more emphasis should be placed on the alternative rites of passage. For example, in the Tharaka Nithi county of Kenya, new festivals have been organized for the months of August and December, when circumcision is usually performed. The local group calls itself, "Ntanira na Mugambo" which loosely translates as "circumcision through words". With support from their local community the women have devised a new approach to initiation into womanhood that includes song, education, celebration, and a week of seclusion. During a week of seclusion, girls in the alternative program are educated on a wide range of subjects.

III. Recommendations

There should be severe penalties to the parents who force their children to undergo FGM and also law enforcement agencies should ensure all the culprits are apprehended.

Alternatively Rite of Passage should be emphasized and advocated for by all stakeholders of education. Centres like the ones run by save the children in Mandera county and other areas in Kenya should be supported so as provide shelter for girls who have run away from home because of FGM.

Structural adjustments should be undertaken on the integration programme so that the outcomes are satisfactory Orodho, (2004).. For example, replacement of the regular classroom teachers who show negative attitude towards inclusion should be done.

Further Research

The study has made various recommendations in regards to the impact of FGM on the education of girl child. The recommendations reflect the scope of the measures that would be applicable at the society level. However there are other areas that need further research since this study did not exhaust them. The first key area of further research is to find out the social dynamics that lead to bullying which was observed as the most common dropout case in girls who have gone through FGM.

The second area to be researched in future includes that of comparison of academic Performance of girls who have gone through FGM and that of those who have not.

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