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An Evaluation of the Level of Awareness of The Children Act 2001 Amongst Residents of Mandera East Constituency

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Abstract: *The practice of Female Genital Mutilation has been carried out amongst the community members in Mandera East Constituency from time immemorial. The Kenyan government has introduced many measures, throughout the country, including enacting the Children Act 2001 to contain the practice. This study sought to establish the level of awareness of the Children Act amongst the community members and if the introduction of the Act has led to a reduction in the prevalence of FGM. The study was anchored on the Diffusion of Change Theory which has it that members of a community do not absorb new ideas and behaviours at a single point in time but are driven by the innovators among them. The study confirmed that FGM was a deeply rooted cultural practice which was widely supported by members of the community including mothers and girls. The level of awareness of the Act in this community was found to be low, and was rarely used as a tool for behavior change, and very few respondents were aware that the Act prohibited FGM.*

KeyWords: *Female Genital Mutilation (FGM), Children Act 2001, Law Awareness, Mandera East Constituency*

I. INTRODUCTION

When the Children Act, 2001 came into force on 1st March 2002, the Kenyan government hoped that it would use the specific sections in the legislation that define and deal with the issue of female genital mutilation (FGM), to prohibit and finally eliminate it among communities where the practice forms a core component of their culture. But up to this day questions are being asked on what impact the Children Act has had in eliminating the practice, especially when we consider that opinion was divided right at the middle between those who held the belief that passing legislation cannot possibly dissuade the public away from a practice that has long been used to curb and control women sexuality, and those who maintained that there was need to bring the weight of the modern state and its legal system to bear on the shaping of a new national consensus to protect girls and their bodily integrity (World Bank and UNFPA: 2004), when the act came into force.

In enacting the Children Act, 2001 the Kenya government assumed that all Kenyans have access to the law and are literate enough to read and understand the law. Hence, the Act was never widely publicized by the government and up to this day some communities don't even know it exists. As it is the case with all other laws the public was deemed to be aware of the existence of the Act and the maxim that ignorance of the law is no defence applied fully once it was published in the Kenya Gazette. It did not occur to the government that many Kenyans have no access to the Kenya Gazette. The government also made the assumption that communities possessing higher literacy levels would automatically acquire greater awareness of the law and possibly desist from practicing FGM. The government did not consider that many people, especially women, in places where FGM is practiced cannot even read, meaning that there would be low levels of awareness of the Children Act in those areas.

Moreover, there are two main factors that restrict Kenyans from accessing the law. Firstly, the Kenya Gazette is published and printed by the Government Printers in Nairobi, and majority population that the section of the Act dealing with FGM is targeting reside in the rural areas, and have no any other medium to access the laws. Secondly, although the government has published the Children Act, 2001 online, very few people in the rural areas have access to computers and cannot therefore access the law through the internet.

There are also several factors that make it difficult to create awareness of the Children Act amongst the communities that practice FGM. In Mandera East Constituency, where this research was conducted, many organisations dealing with issues related to FGM have set shop here, but while they have done a lot towards eliminating FGM, they have not done much towards understanding the culture and communities that practice it. Hence the predominant views that characterise Somali patriarchal communities like practicing FGM merely to fulfill a tradition continue to reign supreme. As such men from these communities continue to champion FGM while rich and educated women take a lot of pride for having undergone FGM, and hence those women who shun FGM are regarded as children and are generally not allowed to speak in community gatherings (Egueh, S.M., 2012).

Several theories have attempted to explain why societies take long to depart from one set of behaviour to another in the course of civilization. Among the theories is the Diffusion of Change Theory which maintains that members of a population cannot adopt new ideas and behaviours at a single point in time, but rely on the innovators among them to assimilate the ideas so that they can learn from them. The theory is also categorical that the period between awareness of innovations and adoption consists of a complex process communicated over a period of time through various channels amongst the members within a certain social system (Rogers, 1983).

And hardly can women in these communities ever initiate change because they live under a strong patriarchal social and economic regime that allow very few options for choices in livelihood and the room for negotiating a limited amount of power is extremely small (Toubia, (2005). Toubia says that the silent power negotiations allowed in the communities demand that women circumcise their daughters and comply with other certain social norms, particularly around sexuality and its link to the economics of reproduction. And women instinctively know this. "We may scare them with all the possible risks of FC/FGM to health. We may bring religious leaders to persuade them that the practice is not a requirement. We can try to bring the wrath of the law to bear upon them. But in their desperate hold on the little negotiated power they have known for centuries, they are not willing to let go unless they see a benefit that is equal to or more than what they already have" (Toubia, 2005).

Toubia (2005) adds that the practice of FGM is viewed by some of the communities that carry it out as an act of loyalty to the ancestors and the community to which one belongs, a duty to preserve social integrity and regulate sexuality and reproduction. In short, it is viewed as an act which brings reward as opposed to punishment. Thus, those that lobby against the practice of FGM have often been viewed as outsiders who have been exposed to western culture and ideals or observers with little knowledge or understanding of the practice, bent on imposing their own morals and virtues upon a society which has its own existing morals and virtues albeit different from or even conflicting with those of the "outsiders".

In the world today, an estimated 100 million to 140 million girls and women have undergone FGM. Currently, about 3 million girls, the majority under 15 years of age, undergo the procedure every year (WHO, 2002). This is in spite of the fact that a number of studies have linked FGM to the transmission of HIV/AIDS. The manner in which FGM is carried out and the fact that one instrument is usually used to undertake a number of procedures increases the risk of transmission from one girl to another. The damage caused to the sexual organs and the fact that the procedure results in the narrowing of the vaginal passage either by the circumciser or due to scarring increases the chances of bleeding during intercourse thereby increasing the transmission of HIV/AIDS. Studies have also shown that childbirth is difficult among women who have undergone FGM and in case of blood loss they obviously require blood transfusion. Where the blood is not optimally screened for HIV/AIDS, there may be a higher risk of transmission (Kinuthia, 2010).

Further, communities that practice FGM tend to wholly reject issues surrounding FGM like economic and social empowerment of the population including the circumcisers, and change in attitudes and belief systems whenever they are introduced to them because they fail to understand the reasoning behind laws that conflict with their belief systems. This study sought to investigate the level of awareness of the Children Act by the community members within Mandera East Constituency. The study was confined to section 14 of the Children Act which criminalizes female circumcision and section 20 of the Act which imposes a penalty for breach of the Act. This study focused on the awareness of the Act amongst the community members and other actors within the community, its acceptance by the members of the community and whether it has acted as a deterrent in the prevention of FGM.

II. WHY ANTI-FGM AWARENESS LEVELS ARE LOW IN MANDERA EAST CONSTITUENCY

The first onslaught on FGM in Kenya was carried out by the 20th century Christian missionaries who focussed their activities in Nairobi and Kisumu. These missionaries looked on FGM as body mutilation and spirit degradation and made no attempt to preserve the culture. They started by attacking the ritual institutions especially amongst the Kikuyu community (Murray, 1974). They locked out from schools and church those who still insisted on carrying out the practice and also demanded members to pledge that they would not allow their daughters to undergo FGM. However, the message against FGM went as far as evangelism was accepted, and even so the missionaries had to slow down on their demands for fear of reducing the sizes of their congregations.

But though the practice of FGM was most pronounced in the northern region of Kenya, the colonial government kept the region closed to permanent missionary activity for security reasons (Baur, 2009). Secondly, the colonial government did not want to antagonize the Islamic faith that had taken root in the area.

2.1 The legal framework on FGM during the colonial era

Between 1926 and 1956, the colonial government enacted various legislations to stop the FGM practice. Much of the effort was aimed at reducing the severity of the cut, defining the age of circumcision, endorsing parental consent before the rite among other regulations (Irin: 2005). On 26th March 1930, the Penal Code which held that "any person who unlawfully does grievous harm to another is guilty of a felony and is liable to imprisonment for seven years" was given official assent. Section 5 of the Penal Code which was relevant to FGM defined grievous harm as "any harm which amounts to a maim or dangerous harm or permanently injures health or which is likely to injure health or which extends to permanent disfigurement, or to any permanent or serious injury to any external or internal organs or senses".

By 1946, the issue of FGM was widely used to reform and create identity among the Mau Mau nationalist movement. Before the lifting of the state of emergency in 1956, the African District Councils in Meru and Embu Districts passed resolutions completely outlawing FGM in any shape or form. However, the legality and prudence of these by-laws was questioned as the same needed approval of the Minister of Local Government. In January 1957, the Special Commissioner wrote to the Secretary of African Affairs stating that "…as a result of a new trend of legal opinion, all by-laws concerning female circumcision are "ultra vires" on African District Councils and therefore the Minister for Local Government will be unable to approve Meru and Embu by-laws" (Thomas, 1996).

2.2 The legal framework on FGM during the post-colonial era

Prior to the passing of the Children Act, there had been no law dealing directly with FGM and the only statutes that could be said to deal indirectly with FGM were the Constitution and the Penal Code. However, following the death of fourteen girls as a result of FGM in 1982, President Moi issued a presidential decree banning FGM and added that murder charges be preferred against the practitioners (Gachiri, 2000).

The matter also received some attention in 1999 when the Ministry of Health launched the National Plan of Action for the elimination of FGM with an aim of improving the health, quality of life and well being of women, girls, families and communities in Kenya. Its objectives included the reduction of the proportion of women and girls who undergo FGM in Kenya; increasing the proportion of communities that support the eradication of FGM; increasing the proportion of health care facilities that provide care, counselling and support to girls and women affected by FGM; and increasing the technical and advocacy capacity of institutions and communities to develop and manage FGM eradication programs (Gachiri, 2000). To achieve the objectives the plan proposed five broad strategies which included the establishment of national and district FGM program coordination committees; the establishment of a multi-sectoral collaboration to ensure integration of anti-FGM interventions in key development programs; mapping of new and on-going interventions on FGM; co-ordination of new and on-going FGM interventions; and the establishment of pro-active mechanisms for resource mobilization and allocation to the FGM elimination program.

However the evolution of a legal framework containing legislation that prohibits FGM and actions that constitute FGM and penalties that go with it came to fruition with the enactment of the Prohibition of FGM Act, 2012. And by virtue of article 2 of Kenya Constitution 2010, the country domesticated other international instruments like the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the African Charter on the Rights and Welfare of the Child (2000), the African Charter on Human and Peoples Rights (2000), the Convention on Elimination of All Forms of Discrimination Against Women as well as the 1985 Nairobi Forward Looking Strategies for the Advancement of Women. Although these instruments do not deal directly with FGM, they do provide for the protection of the rights which are considered inherent in a human being and worth guarding.

2.3 The Children Act

Section 14 of the Children Act states that "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". It goes on to define female circumcision in Section 2 as "…the cutting and removal of part or all of the female genitalia and includes the practices of clitoridectomy, excision, infibulation or other practice involving the removal of part or of the entire clitoris or labia minora of a female person". Further the Act in Section 20 imposes a penalty for infringement of any of the rights stipulated under the Act by providing that "notwithstanding penalties contained in any other law, where any person wilfully or as a consequence of culpable negligence infringes any of the rights of a child as specified in sections 5 to 19, such person shall be liable upon summary conviction to a term of imprisonment not exceeding twelve months or to a fine not exceeding fifty thousand shillings or to both imprisonment and fine".

But in many cases, FGM is carried out with the blessings of the child's parents. Even when the parents may not have given actual consent, their ambivalent attitude is taken to be implied consent where they do nothing to prevent FGM being carried on their children. An issue arises however with the making of decisions that are in the best interest of the child more so in traditional societies, it was the community that brought up the child and any traditions and cultures carried on by the community were considered to be in its best interest as well as in the best interests of the child. It provided a form of identity for the community which formed its barrier to

protect itself from outsiders. "Therefore, the resilience of the family and its capacity to construct a barrier around itself, thereby resisting and opting out of state law interventions intended to open it up for the protection of the society's weaker members such as the girl-child, are quite natural" (In-depth, 2005).

But the Act has a loophole as it only applies to children. Members of the relatively affluent Kenyan and Somali Diasporas have exploited this loophole to bring girls into Kenya for the cut. "There are some areas where people subject adult women to the cut because they know the Children's Act does not apply to adults. And although anti-FGM NGOs working in the area have made concerted effort to educate families on the consequences of contravening the Act and the dangers posed by FGM like contracting HIV/AIDS, the people still insist that the practice is a Somali tradition and is an Islamic requirement (Abdi et.al., 2008) despite several Islamic scholars publicly stating that it is not found in Islamic doctrine (Asmani and Abdi, 2008). The problem is further confounded by the fact that women as a whole are expected to remain subordinate to men, an aspect of a culture that many men would like to see preserved and any talk of creating awareness in women of their legal rights is viewed with suspicion.

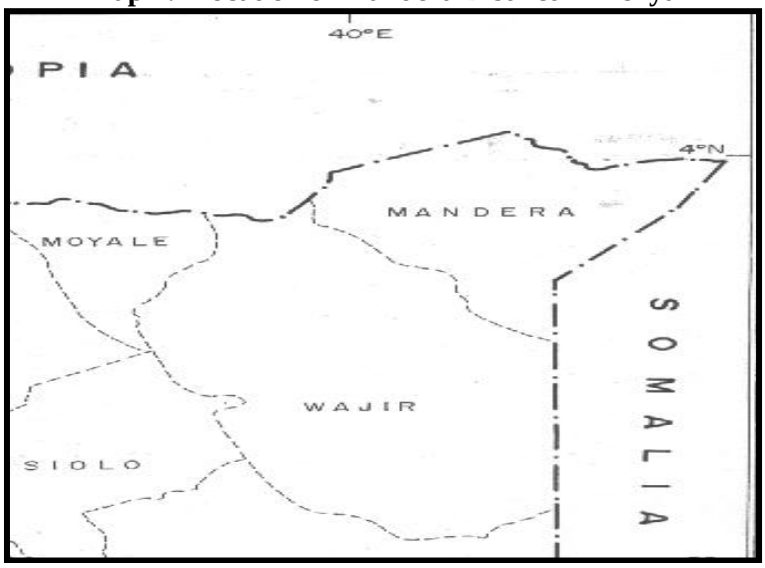
Among the people of Mandera East Constituency, FGM is viewed as a means through which a girl enhances her eligibility for marriage. As such some members of the Somali community are still reluctant to change no matter the number of laws that the government enacts or the amount of education brought forth by other anti-FGM stakeholders. "Any talk of creating awareness in women of their legal rights is, therefore, likely to be viewed with suspicion …..To many men, this was bringing "women's lib" nonsense to their homes", (Butegwa, 2004). Similarly many commentators of this issue have also observed that whenever the communities are cornered by the law they resort to secretly performing cuts at night without ceremony, and in extreme cases girls who evade the practice are cut during childbirth by birth attendants who are also circumcisers!

III. Methodology

3.1 Study Area

Mandera County District covers an area of 26,474 km and lies between latitudes 2^0 11' north, and 4^0 17' north, and longitudes 39^0 4.7' east and 41^0 4.8' east. It shares international boundaries with Ethiopia to the north and Somalia to the east. According to the count in the Kenya Demographic and Health Surveys 2008 the proportion of women who have undergone FGM in Mandera County is 96.8% the highest in the country. The community here is attached to the practice of FGM and the research was premised on the fact that the more the community feels that the tradition is important to them, the more the community will resist the Children Act which criminalizes the practice.

Map 1: Location of Mandera District in Kenya



Source: Action Aid: 2007

3.2 Research design

This study adopted an *ex post facto* research design (Mugenda & Mugenda, 1999) to assess the status and prevalence of FGM and the plausible causal factors, the attitude of the community leaders and in particular, how they dealt with this issue prior to the introduction of the Children Act and comparing the same to the period after its implementation. The unit of analysis and unit of observation was the household. Purposive sampling was used to determine the study site and to identify the key informants. In addition stratified sampling was used to

identify the respondents. Thereafter, simple random sampling was used to identify a total of 70 homesteads from which the respondents were interviewed.

3.3 Data Sources

This study utilised both quantitative and qualitative data. Quantitative data was collected using an open and closed questionnaire administered on selected respondents, key informant interviews and focus group discussions (FGDs). The study organised four FGDs (two with males and two with females) in rural and urban schools which were purposively selected within Mandera East Constituency. Head-teachers of the selected schools were able to randomly select 8 to 12 pupils for the FGDs based on the attendance list of each class. The male participants were between 11 and 18 years old whereas the females were between 9and 18 years old. The discussants were all of Islamic faith.

Qualitative data was gathered through key informant interviews with traditional circumcisers, community elders, public officers and one health worker within the community. The exercise helped the research gain insights into their experiences, reasons for practicing or not practicing FGM, their attitudes towards the Children Act, and the impact the Act has had on this cultural practice. Information on FGM prior to the enactment of the Children Act was also obtained through the use of secondary data. Because of the good road network in the area the number of organisations dealing with issues related to FGM are many. This research made use of studies carried out within the area and data available from the health institutions and in organisations carrying out FGM interventions within the area.

Quantitative data was coded, processed, and analyzed using the Statistical Package for Social Sciences (SPSS) program in order to address the research objective.

IV. Data Presentation and Analysis

4.1 Demographic Characteristics of the Respondents and Key Informants

Sixty two point two percent respondents in this study were male compared to 37.8% female. Their ages ranged from 16 years to over 46 years with a modal age bracket of 26-32 years. Some 85.8% respondents were married, and all parents within the age bracket of 26-32 years had a daughter ready for FGM. Some 79% respondents had some form of education compared to 21% who did not have some form of education. The education of the respondents varied with their gender with male respondents having more education compared to female respondents. Some 21% of the male respondents and 27% of the female respondents who had been to school had college education while 10% male respondents had university degrees or were pursuing university level education. Regarding their occupations 44.3% were employed (teaching, banking, hotel industry and social welfare), 25.7% were self employed (crop farming and small business), 14.3% were housewives, 12.9% were herders while 1.4% were students (table 1). On the other hand, the key informants in this study comprised of persons with a mean age of 44 years. All were married with children and had some form of education.

Table 1: Distribution of respondents by occupation

Occupation	Frequency	Percentage (%)
Employed	31	44.3
Self-employed	18	25.7
Housewife	10	14.3
Herder	9	12.9
Student	2	1.4
Total	**70**	**100**

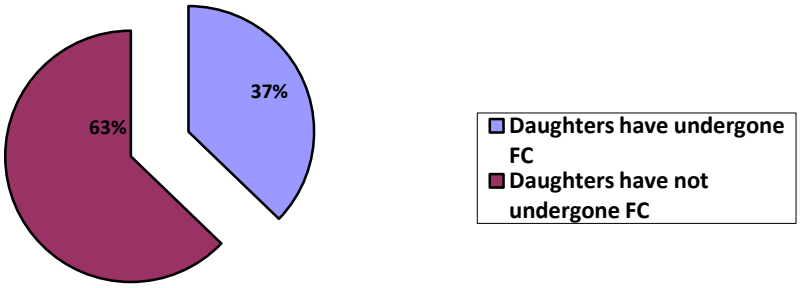
Source: Survey data 2012

Our investigations established that the marital status of a person in this community influences the status and their role at the household level and in the wider community. There are prescribed manners of behaviour that a single person ought to conform in the presence of married persons. Married persons are regarded with higher esteem as they are presumed to bear a greater social responsibility in terms of bringing up a family. In this community the male parent is predominantly the decision maker in the household and is expected to influence the decisions whether his daughters should undergo FGM and whether it serves any purpose. The women's understanding of FGM is mainly based on their personal experience, upbringing and more importantly, the values imparted to them during their youth while that of the men is based on what they have been taught or heard about the practice. The occupation of a person plays a big role in their decision making in the sense that the more economically independent they are, the easier it is for them to make a decision without influence from other persons.

4.2 The Importance which Residents of Mandera District Attach to FGM

We asked participants whether their daughters had undergone FGM and 37.2% respondents said yes compared to 62.8% who said no. Out of the 62.8% respondents whose daughters had not undergone FGM, 63% stated that they intended to take their daughters for FGM. One respondent told this study that "I cannot stand my girl moving around [uncircumcised]. It is a time bomb and it is a real shame to me and my family". The remaining 37% respondents who did not intend to take their daughters for FGM labelled the practice not only archaic, but also harmful to the health of the girls (see fig.1).

Figure 1 Respondents with daughters who had undergone FGM



Source: Survey data 2012

One key informant told us that members of this community do not really view FGM as a form of initiation into adulthood, but more of a tradition that has been passed on from one generation to another, and circumcised mothers merely circumcise their girls because they themselves have undergone circumcision. Majority respondents (48.5%) did not think that FGM was important but they still circumcised their daughters because FGM generally weighed more importance to the community members as a culture than the feelings of a person towards the tradition (table 2). Our FGDs and interviews supported the view that FGM is seen merely as a cultural requirement and is carried out in some cases to children as 5 years old. FGM is seen as a means of preserving a girl's virginity (10%) and thereby securing her better marriage prospects (table 2). Thus, some respondents stated that they insist that their daughters undergo FGM to bring honour to a family as girls who undergo FGM normally fetch a higher bride price.

Discussions with the girls revealed that girls viewed FGM as a means of helping preserve their virginity till marriage and was important because it improved their prospects of being accepted as a mature person and of getting married.

Nearly 6% respondents added that a girl cannot be said to be clean unless she has been circumcised. A girl is usually checked for infibulations on the wedding night, sometimes in the presence of her mother-in-law. If she is found not to have been properly stitched or not circumcised, a refund of the dowry may be demanded and a man may leave and divorce the girl in spite of having gone through the wedding ceremony. Other respondents informed this study that a girl who is not circumcised or struggles against the rite is viewed as a coward and "is a crude exception who should be isolated so as not to corrupt the rest". Girls also underwent FGM because of peer pressure, to avoid ridicule not only by their peers, but also by their family members and relatives. Girls from the urban areas of Mandera East Constituency were however hopeful that peer influence was slowly getting diminished as more girls and their parents were getting exposed to anti-FGM activities. A religious leader who was a key informant to this study shocked us when he informed this research that most community members cannot eat food or meat slaughtered by a person who is not circumcised and such a person is prohibited from offering prayers.

We also asked the respondents to state how they treat uncircumcised women and 18.6% respondents said they had nothing against uncircumcised women and also treat them with respect, compared to 60% who indicated that they despised uncircumcised women while 21.4% stated that they don't despise uncircumcised women nor treat them badly but they have little respect for them. The respondents with a favourable regard for uncircumcised women were mainly the well educated or those that had been exposed to the activities of NGOs involved in sensitizing the community members on the negative impact of FGM.

Table 2 Importance of FGM by the respondents

Importance of FGM	Frequency	Percentage (%)
Keeping with traditions and customs	34	48.5
Control sexual desires	22	31.4
Preserve virginity	7	10
Cleanliness	4	5.7
Securing better marriage prospects	2	3
Religion	1	1.4
Total	**70**	**100**

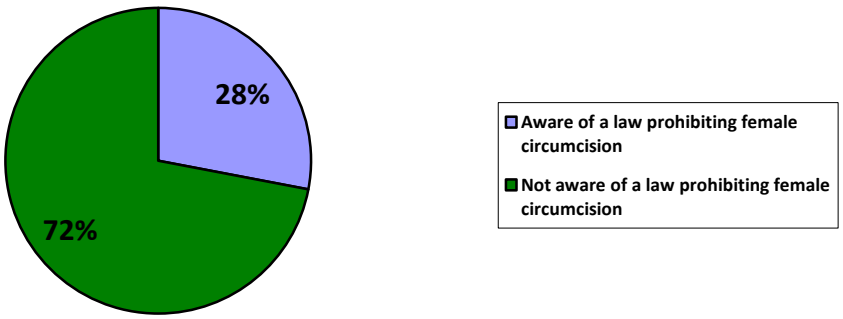
Source: Survey Data 2012

4.3 Awareness of the Children Act amongst Respondents

Awareness of the law in most jurisdictions encompasses a number of assumptions one of these being that every person has access to the law. The laws in Kenya are published at the Government Printers through the office of the Attorney General. The maxim applicable in Kenya with regard to awareness of the law is that ignorance of the law is no defence, with the assumption being that all Kenyans have access to the laws and they are able to read and understand what the law stipulates. But access to the law by residents of Mandera District is restricted owing to fact that residents do not know where to purchase the Acts at the Government Printers which is located in Nairobi more than 700 km away. Majority of the residents also do not have access to computers and cannot therefore access the law through the internet. As illustrated below (fig. 2) residents here have low levels of awareness of the Children Act.

The objective of this study was to determine the level of awareness of the Children Act by the community members and was premised on the fact that if the community members against the practice of FGM were aware of the existence of the Children Act which prohibits FGM, they would be deterred from forcing their daughters to undergo FGM and also use this law as a tool to protect the girls within the community from undergoing FGM. But results showed that 72% respondents were not aware of any law prohibiting FGM compared to 28% respondents who acknowledged that they knew that there existed a law that prohibits FGM (see fig. 2).

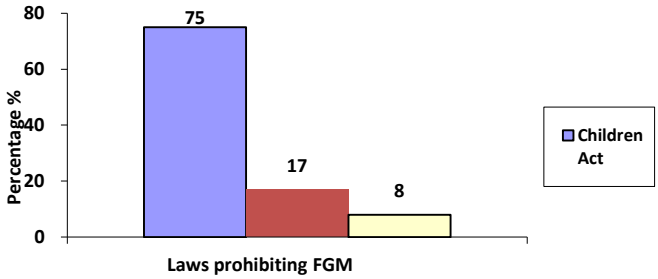
Figure 2 Awareness by the respondents of the existence of a law prohibiting FGM



Source: Survey data 2012

Out of the 28% respondents that knew of the existence of a law prohibiting FGM, 75% of them acknowledged that they were aware of the Children Act which prohibited FGM, while another 17% stated that Islamic law prohibited the practice while 8% stated that Christian laws prohibit FGM (see fig. 3).

Figure 3 Percentage of Respondents who knew of the existence of a law prohibiting FGM



Source: Survey data 2012

Data from Habiba International, an NGO that has conducted awareness of the Children Act in the area indicated that awareness of the act was centred mainly in the urban areas. We asked respondents who knew about the Children Act to describe the content of the Act or what they knew about the Act and 79% of them said that it affirmed the child's right to education and life while 21% of them stated that the law was against mistreatment of children, but none of the respondents stated that the Act prohibits FGM.

Our discussion with young girls revealed that they had a clue of the existence of a law that protects children though not all knew what this law was referred to. We also found that school forums had not emphasised on the role that the Children Act can play in eradicating FGM. School girls focussed on the girl forums which emphasised the consequences of undergoing FGM, the importance of completing education and mentorship, rather than focusing on the Children Act. The girls attributed this tendency to the fact that the community attaches more value to traditional cultural practices than the Children Act. They however acknowledged that they had been taught on some of their rights stipulated under the Children Act especially those on education, including the fact that FGM is outlawed under the Children Act.

Surprisingly, the traditional circumcisers we interviewed were not aware of any law prohibiting FGM though they were aware of activities aimed at ending the practice. Only one circumciser had heard about a law that prohibits FGM but she did not know its reference. The circumcisers considered any law that would interfere with the practice of FGM as irrelevant as the community had from time immemorial governed by traditional laws.

We also interviewed three community leaders and all confirmed that they were aware of the Children Act. Two of them were opposed to the practice of FGM and conceded that though the Children Act was in existence it had no impact on the ground. They added that they opposed FGM because it puts the lives of young girls in jeopardy. According to them, FGM entails cutting 3 portions of the girl (the labia, labia minora and majora and the clitoris). Cutting one portion, they added, is equivalent to killing a girl, and hence, cutting 3 portions is equivalent to killing 3 girls. According to the leaders the penalty for killing a girl is 50 camels, with one camel estimated to be worth Kshs. 10,000/= adding up to a total of Kshs. 500,000/= per girl. A girls parents would receive a compensation of Kshs. 1,500,000/= if the matter was settled through a council of elders without reference of the Children Act. However, cases of compensation are rare either because the circumcision is carried out on the girls when they are young and are thus unable to report the matter to the elders or are too scared to do so or such cases are resolved within the family. The leaders however stated that they would prefer to deal with the issue traditionally rather than resort to the Children Act.

V. SUMMARY AND CONCLUSION

This study was carried out to investigate whether the awareness of the Children Act amongst residents of Mandera District had played a role in behaviour change towards FGM. Results established that while there may have been some change, with the favourability towards FGM dropping to 62%, this change could not be attributed to the Children Act, but rather, to the awareness created by the NGOs and community workers. The residents lacked awareness of the Children Act and therefore did not consider it, and the NGOs and community workers involved in the process of sensitization and eradication of FGM did not use the Children Act as a tool for bringing about behaviour change. The law did not serve any purpose at this stage as it was not used as a tool to bring about behaviour change.

The residents were also found to lack awareness of the Children Act because majority community members did not go outside their traditions as most aspects of their lives are governed by Islamic law. This community is ignorant about the Children Act and other laws that apply in Kenya because they look to the customs and traditions that govern them for any solution. Furthermore, there are a few community members who have heard of the Children Act but reject the same on the basis that theirs is a traditional community that is governed by

tradition and custom. Those who are aware of the Children Act view it as a foreign intrusion into the traditions and customs of the community.

However education has played an important role in raising awareness towards the eradication of FGM particularly amongst girls in the urban areas. The girl forums in schools have gained popularity amongst girls as they are the only avenues that can be used to encourage girls to avoid FGM. Many local and international NGOs conduct meetings to educate parents on issues affecting girls including FGM in order to encourage behaviour change, but hardly do they mention the Children Act as a basis for discouraging FGM.

Most elders in this community view the Children Act as interference in the way of life of the community members who are governed by tradition. The elders in this community are largely traditional and conservative and prefer referencing their traditional customs whenever dealing with any issue presented before them. Thus the Children Act has had no place in this community and has had very little impact in terms of bringing about behaviour change. In fact, rather than compelling people to abandon the practice of FGM, it has forced the practitioners to go underground and carry out the practice in secret to avoid the law enforcers.

VI. RECOMMENDATIONS

There is a need to encourage both girls and boys on the awareness of the Children Act especially on its importance in protecting children within the community. All stakeholders of anti-FGM ought to carry out more awareness and sensitization campaigns within the community with more emphasis on the importance of the Children Act in protecting the rights of the children and the obligations placed on a parent to ensure that his or her child's rights as enshrined under the Act are protected. Similarly the community should also emphasise on the education of the girl child to at least secondary level so that she is able to make more sober decisions especially on matters of FGM and marriage.

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