THE EFFECTIVENESS OF EDUCATION INSTITUTIONS IN CURBING FEMALE GENITAL MUTILATION IN AMUDAT DISTRICT: A case of Kalas girls' primary school in Amudat Town Council, Amudat District

A post graduate dissertation presented to school of Arts and Social sciences in partial fulfillment of the requirements for the award of Master of Arts in Local Governance and Human Rights of Uganda Martyrs University

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Reg. No: 2013-M083-10016

JULY 2018

DEDICATION

This research is dedicated to the Academic Staff of Uganda Martyrs University, my family and my colleagues at work place who have rendered me ample time to concentrate on my academic ambition for all the years I have been at the University.

May the Almighty God bless them all abundantly!

ACKNOWLEDGEMENT

I am grateful to the Almighty God for having enabled me to complete this research work. This work has not been easy but with his guidance, it has been rendered possible.

I would like to express my sincere appreciation to my Supervisor Sr Draru Mary Cecilia whose patience, guidance and encouragement made me succeed in producing this work.

I am equally grateful to the role played by my lecturers at Uganda Martyrs University and all the academic and non-academic staff members who did what they could to enable me complete my course successfully.

I appreciate the role played by the Clergy at the Uganda Martyrs University who prayed for me for these three years I have been at the University. They spiritually made me have faith in God hence leading me to a successful completion of my course.

I am equally grateful to my friends at my place of work especially those who encouraged and pushed me to go on and study. I acknowledge them for the moral and physical support and standing in to fill the gap at my place of work whenever I was away.

May the Almighty God bless all these people.

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LIST OF ABBREVIATIONS

AIDS: Acquired Immune Deficiency Syndrome

CBO: Community Based Organizations

CLO: Community Liaison Officer

D.E.O: District Education Officer

D.H.O: District Health Officer

DHS: Demographic and Health Survey

HIV: Human Immune Virus

FGM: Female Genital Mutilation

ICRW: International Center for Research on Women

LC: Local Council

NGO: Non – Governmental Organization

OHCHR: Office of the High Commissioner of Human Rights

PLE: Primary Leaving Education

UCE: Uganda Certificate of Education

UN: United Nations

UNDP: United Nations Development Programmes

UNFPA: United Nations Population funds

UNHCR: United Nations High Commission for Refugees

UNICEF: United Nations International Children's Emergency Fund

ABSTRACT

The study assessed the effectiveness of education institutions in curbing female genital mutilation taking the case of Kalas girl' s primary school in Amudat town council Amudat district. The study was guided by the following objectives; To establish the ways in which Kalas primary school participates in the FGM prevention programme of Amudat, To Examine the Challenges faced by Kalas Primary school in curbing female genital mutilation and to identify the strategies the school has adopted to curb female genital mutilation. The researcher employed a case study research design which employed qualitative research approaches in the collection, presentation and data analysis. The population of the study comprised of the following categories of people as respondents who participated in the study; including teachers, School pupils, Parents/ guardians, N.G.O, Educational officer, C.L.O, Medical officer, L.C.1, L.C.2, and L.C.3.The sample size was 42 respondents. Simple random and purposive sampling techniques were employed in selecting the respondents that constituted the sample size of the research.

The research findings confirmed that boarding schools provided better education, scholarships mostly to the victims of FGM by ZOA, BRAC and FAO among others. The boarding schools also provide security to the girls which protects them from the pressure to be circumcised and mutilated and they also help the victims of FGM to cope with the trauma. It is clear that there are challenges the school faces in curbing female genital mutilation included discrimination, stigmatization of victims, whereby the victims refuse to report feelings of exclusion, shame, and loss of honour and social position. It was also revealed that when the girls go for holidays, monitoring becomes difficult in addition to the long distances where the girls come from.

It was strongly recommended that the local agencies working in the area should shift their focus from taking care of victims of FGM during circumcision seasons towards a broader programme including a clearly identified, locally acceptable programme, in order to foster acceptance of an alternative rite of passage. It is also recommended that schools should work closely with the stakeholders to give support to the girls in terms of materials like sanitary pads, school fees which may make them stay at home and end up getting mutilated.

CHAPTER ONE

GENERAL INTRODUCTION

This study assessed the effectiveness of education institutions in curbing female genital mutilation on a girl child in Amudat district taking a case study of Kalas girls' primary school in Amudat town council.

1.1 Background to the study

Female genital mutilation also known as female genital cutting clitoridectomy, and female circumcision, is the ritual removal of some or all of the external female genitalia (Wagner, 2011). Typically carried out by a traditional circumciser using a blade, female genital mutilation is conducted from days after birth to puberty and beyond. In countries where national figures are available, most girls are cut before the age of five (OHCHR, and UNDP, 2008). Procedures differ according to the country or ethnic group. These procedures include removal of the clitoral hood and clitoral glands, removal of the inner and outer labia and closure of the vulva. In this last procedure known as infibulations, a small hole is left for the passage of urine and menstrual fluid; the vagina is opened for intercourse and opened further for child birth (Biason, 2005).

Globally, female genital mutilation has existed over a long time among diverse communities in the world as a traditional rite of passage from childhood to adulthood (Toubia, 2008). According to the national clinical group a registered charity in England and Wales, the history of female genital mutilation is not well known but the practice is dated back at least 2000 years. It is not known when or where the practice of female genital

mutilation originated from (iron news, 2004). FGM was believed to be practiced in ancient Egypt as a sign of distinction among the aristocracy. Some believe it started during the slave trade when black slave women entered ancient Arab societies. Female genital mutilation is believed to have begun with the arrival of Islam in some parts of sub Saharan Africa (Susan *et al*., 2014). Others believe the practice developed independently among certain ethnic groups in sub-Saharan Africa as part of puberty rites. Over all, it was believed that female genital mutilation would ensure women's virginity and reduction in the female sexual desire (Wagner, 2011).

FGM/C occurs worldwide, with evidence of its practice highly concentrated in 27 countries in sub-Saharan Africa. Other countries for which nationally representative data exist include Iraq, Yemen and Indonesia. Figures on FGM/C prevalence should be regarded with caution as many data gaps remain, for example, in countries where the practice reportedly occurs but where no data exist at all (Shell-Duncan et al., 2016). Anecdotal reports, pilot studies and small scale studies seem to indicate this hidden practice also occurs in Colombia, India, Iran, Malaysia, Oman, Saudi Arabia and the United Arab Emirates, but our understanding is limited given that no nationally representative data exist (UNICEF, 2016). Two-thirds of all women who have experienced FGM/C reside in just four countries: Egypt, Ethiopia, Nigeria and Sudan (Shell-Duncan et al., 2016) and one in every five women who has experienced FGM/C is from Egypt.

The victims of this harmful tradition are infants, little girls and women ranging between the ages of 7 and 8 days after birth and 10-14 years old, living mostly in 28 African countries across the Sahara Belt, the Middle East, pocket areas in Asia

and among immigrants in the America, Europe and Australia. It is estimated (by Hosken 1997) that there are more than 150 million mutilated babies, little girls and women in Africa. It is also estimated that at least 2 million babies and little girls are mutilated every year. In the European context it is estimated that there are more than 270,000 at risk (EU Daphne).

While FGM/C is primarily performed on children and adolescents, age at cutting varies widely, with some girls undergoing FGM/C during infancy, while other girls and women undergo FGM/C later in life, often in preparation for marriage (Creel, & Ashford, 2001). In the 22 countries for which nationally representative data on age at cutting are available, the majority of girls in 12 countries were cut before the age of five. But notable exceptions such as Egypt, Kenya and the Central African Republic exist, where cutting continues well into the teen years (Shell-Duncan et al., 2016).

Female genital mutilation has been outlawed or restricted in most of the countries in which it occurs, but the laws are poorly enforced. For example, in 1979 the Committee on the Elimination of Discrimination against Women (CEDAW) called on governments to modify or abolish customs and practices that constitute discrimination against women or are based on the idea of female inferiority or stereotyped roles" (Toubia, 1995). Other international standards applicable to FGM include the Convention on the Rights of the Child required governments to take appropriate measures to protect children from all forms of exploitation, abolish traditional practices prejudicial to their health. Specifically Article 39 of the convention states that "no child shall be subjected to torture or other cruel, inhuman

or degrading treatment or punishment" (United Nations, 1989: Article 39)

The increased focus on FGM as a violation of women's and children's rights has, without doubt, been largely influenced by the feminist movement as well as systematic campaigning by women's organizations. However, this has not been the only factor. In recent years it could be argued that Western governments have almost been forced into taking a stand against the practice in order to protect the increasing numbers of immigrants and asylum seekers within their jurisdiction that have arrived from countries where FGM is still practiced (Dorkenoo & Elworthy, 2010; WHO, 1998)

The World Health Assembly Resolution in 2008 (WHA61.16) called for an integrated approach to ending female genital mutilation within one generation through concerted action across health, education, finance, justice and women's affairs, focusing on advocacy, research and guidance for health services.

There are 60,000 girls under the age of 15 who are at risk of FGM in the United Kingdom (UK) (Toubia, 2008). This illegal practice is a form of child abuse, and is a growing concern in the UK. As such, it is essential that girls are not only protected from the practice, but also that girls who have undergone the practice are supported. Schools play a vital role in this. All professionals working with children and young people, including schools and education professionals, have a legal obligation to safeguard children, promote their welfare and protect them from harm (Education Act 2002:175 Children Act 1989:47). Part of this responsibility includes taking action to

enable all children to have the best possible outcomes (Namulondo, 2009).

Despite global efforts to promote the abandonment of the practice, female genital mutilation remains widespread. In Africa, almost 28 countries practice female genital mutilation and there are some reported cases in western Asia as well as in India, Indonesia, and Malaysia. In some developed countries, female genital mutilation is still being upheld by African immigrants, some of whom send their daughters home to be cut (Rahman, & Toubia, 2000).

Female genital mutilation is common in Africa, although through immigration and population movements the practice has spread to other continents such as Europe, north and South America, Australia and New Zealand thus, becoming a worldwide issue (Pillager, 2007 as cited in Susan et al,. 2014). The practice of FGM is also found elsewhere in Asia, the Middle East and among communities from these areas around the world (WHO 2008b). According to the world health organization, it is estimated that about 130 million girls and women living today in the world have undergone the female genital mutilation and yet every year another 2 million girls and young women are at risk despite the many adverse consequences of FGM (WHO, 2006).

In African countries, UNICEF (2010) estimation is that 200 million women had undergone the FGM procedures in 27 countries, with a rate of 80 – 98 percent within the 15-49 age group in Djibouti, Egypt, Eritrea, guinea, Mali, sierra Leone, Somalia and Sudan.

Female genital mutilation (FGM) is an obstacle to girls and women enjoying their human right to education. According to the

Standard Newspaper (2005) most of the girls in Kenya miss educational opportunities and face ridicule and rejection at school due to the fact that they are not circumcised. The lack of education or poor participation of girls in the process of formal education is therefore quite detrimental to national and human resource development in any nation

Garba et al (2012), outreach programs in schools that work with young people were highlighted as a way forward towards elimination of Female Genital Mutilation. For instance, Senegal has introduced "Tostan", a participatory education programme that works at the village level to incorporate literacy and essential health education, including information about female genital mutilation, into the learning experiences of the entire community. However FGM has persisted. Leonard (2000) opined the advocacy groups in schools and in communities have been established. He stressed that these groups have helped to break the silence, promote attitudinal and behavioral changes among men and women, as well as reduce the social pressure that gives rise to the FGM practice. UNHCR has established an advocacy group called "Men against female genital mutilation" comprising 300 men in the Dadaab refugee camp in Kenya. The group members undertake peer education activities, acts as role models and work in close cooperation with the police and other agencies.

Attempts to persuade communities in developing countries like Kenya, to abandon female genital mutilation were first recorded by missionary and colonial authorities early in the twentieth century, and were largely seen as colonial imperialism. The efforts of western feminists in the 1960s and 1970s were similarly regarded as being critical of indigenous culture in Kenya and imposed by outsiders with their own agenda. However,

attitudes of the Kenyans began to change in the mid-1990s. This is when the international conference on population and development (1994) and the fourth world conference on women (1995) took place in Beijing. In these conferences, female genital mutilation was portrayed as a health and human rights issue. It was acknowledged that efforts to encourage abandonment needed to include locally-led initiatives and the full engagement of communities, health professionals and policy makers.

Some Schools have a whole school approach to dealing with FGM and forced marriage which includes comprehensive safeguarding procedure that includes FGM and forced marriage; training for all staff- staff should be able to respond to disclosures. The schools have also tried to ensuring that the designated member of staff with responsibility for safeguarding children is well versed on the issues and is known to staff and students (Leonard, 2000).

Schools and college staff are particularly important in responding to FGM as they are in a position to identify concerns early and provide help for children to prevent concerns from escalating. Schools and colleges and their staff form part of the wider safeguarding system for children (Vlachová, & Biason, 2005). Educational establishments have aimed at creating an 'open environment' where pupils feel comfortable to discuss the problems that they are facing – an environment where FGM can be discussed openly, and support and counseling are provided routinely. This is because pupils need to know that they will be listened to and their concerns are taken seriously.

Female genital mutilation is practiced by one percent (1%) of Uganda's population and among specific ethic groups namely the Sabiny in Kapchorwa, Bukwo and Kween districts, the Pokot and Kadam in Amudat District within the Karamoja sub-region (Wakabi, 2007). Among the Pokot, female genital mutilation is near universal at 95% and the practice is estimated at approximately 50% among the Sabiny (UNFPA, 2011). In Uganda female genital mutilation is practiced by a minority of the population; primarily the Sabiny (Sebei), Pokot and Tepeth tribes whose homes are in eastern Uganda adjacent to Kenya, on Mt. Elgon in the Karamoja region (Namulondo, 2009). Many people who are leaving in these regions have never had of an idea of not circumcising their daughters. Most have no idea of the new Female genital mutilation law (Ochieng, 2003).

Female genital mutilation is also believed to be practiced by the Somalis in Kisenyi zone in Kampala. FGM is also common among the Nubi ethnic group who reside in Bombo, north of Kampala, Arua and other parts of the west Nile region (UNFPA, 2011). Other districts reported to have female genital mutilation are Isingiro, Kamuli, Kamwenge, Bugiri and Busia (Vision reporter 2013).

Agencies such as Kapchorwa Civil Organizations Alliance (KACSOA), Reproductive Education and Community Health (REACH), among others, have designed strategies to engage grassroots community structures to raise awareness on the dangers of Female Genital Mutilation and to evoke the existing laws, such as the Anti-Female Genital Mutilation Act, to protect the vulnerable girls and women in the affected communities.

More so, the Government has advocated against FGM so that every girl and woman enjoy their fundamental freedom to live productive and healthy life and contribute to the development of their families, communities and the nation. However the practice has persisted.

Ministry of education and sports (2017) in Uganda notes that to ensure the cutters of this vice drop their tools, the ministry set up initiatives of giving them goats to help them earn a living, since most of them practice female genital mutilation to get money. In Karamoja the ministry has also constructed boarding schools to have the girls, stay in school (MoES, 2014).

There is a decline in enrolment trends of girls in schools of Amudat District (Amudat District Education Office 2017). Furthermore, retention and completion rates of girls in primary schools of Amudat district are quite devastating. This could be due to the fear for FGM in the district. Therfore, this poses a question to what the education institutions are doing to curb this FGM. Therefore, the researcher was prompted to assess the effectiveness of education institutions in curbing female genital mutilation in Amudat District

1.2 Statement of the problem.

Female genital mutilation is one of the most dangerous practices that cause torture and death among those who undergo the procedure. Female genital mutilation has been carried out over generations by social dynamics that make it very difficult for individual families as well as individual girls and women to abandon the practice (WHO 2008b).

The legal framework shows government effort towards eradication of the practice of female genital mutilation. In response to the

legal framework, many government and non-governmental organizations are making effort towards eradicating FGM. Education institutions like schools do not feature prominently among organizations that fight against FGM.

Female genital mutilation is illegal in Uganda by virtue of the female genital mutilation law passed in the year 2010. In spite of the law, the practice of FGM has persisted underground for fear of perpetrators being reprimanded.

Most primary schools are thought to put their focus on their core objectives of class room learners than on programs that curb female genital mutilation in areas like Amudat district. Therefore this study assessed the effectiveness of schools in the fight against female genital mutilation taking the case of Kalas girls' primary school in Amudat District.

1.3 Objectives of the study

1.3.1 General objective.

The main objective of the study was to assess the effectiveness of education institutions in curbing female genital mutilation in Amudat District.

1.3.2 Specific objectives of the study

The specific objectives of this study were;-

i. To establish in what ways Kalas girls' primary school participates in the FGM prevention programme in Amudat District.

ii. To examine the challenges faced by Kalas Girls Primary school in curbing female genital mutilation.

iii. To identify the strategies the school has adopted to curb female genital mutilation

1.4 Research questions

The following research questions provided a basis for this research.

i. In what ways does Kalas Girls primary school participate in the FGM prevention programme of Amudat?

ii. What are the challenges faced by Kalas Girls Primary school in curbing female genital mutilation?

iii. What are the strategies the school has adopted to curb female genital mutilation?

1.5 Justification

Female genital mutilation or cutting still remains an issue in Amudat District among the Pokot people. It is a well-known fact that the practice is now an illegality in Uganda though it still persists. It is a common assumption among Ugandans that one of the causes of low enrolment, poor retention and completion rates among girls in primary schools of Amudat district is FGM. Underprivileged girls have not been able to pursue their basic education due to the persistence in the practice.

Schools play an important social role in changing social practices through education, making effort towards eradicating FGM. Education institutions are often neglected when it comes to the important role of addressing social challenges in the society. A lot of efforts have been made to address the problem of FGM and its effects on the girl child education (Susan, et al., 2014). However, sufficient assessments on the effectiveness of educational institutions on curbing the practice have not been effectively explored. The thrust of this study therefore rests on the fact that despite the growing awareness of dangers

of FGM, particularly on the role of education institutions in curbing down the practice in Amudat District has been explored.

1.6 significance of the study

The study helped us identify those having health complications as a result of female genital mutilation and what their current state is.

The study was significant in establishing the role played by educational institutions in curbing female genital mutilation. The study will also help to identify the challenges faced by educational institutions in curbing female genital mutilation.

Finally the study findings, conclusions and recommendations will add to the existing body of knowledge about the roles, strategies and challenges faced by educational institutions in curbing female genital mutilation in Amudat District.

1.7 Scope of the study

The study aimed at assessing how education institutions contribute in curbing female genital mutilation, taking the case of Kalas girls' primary school in Amudat District

This research was carried out in Kalas girls' primary school which is located in Amudat Town Council, Amudat District. Amudat is a town located in the Karamoja sub-region in north eastern Uganda. The district is one of the least developed areas in the country with high levels of Female Genital Mutilation.

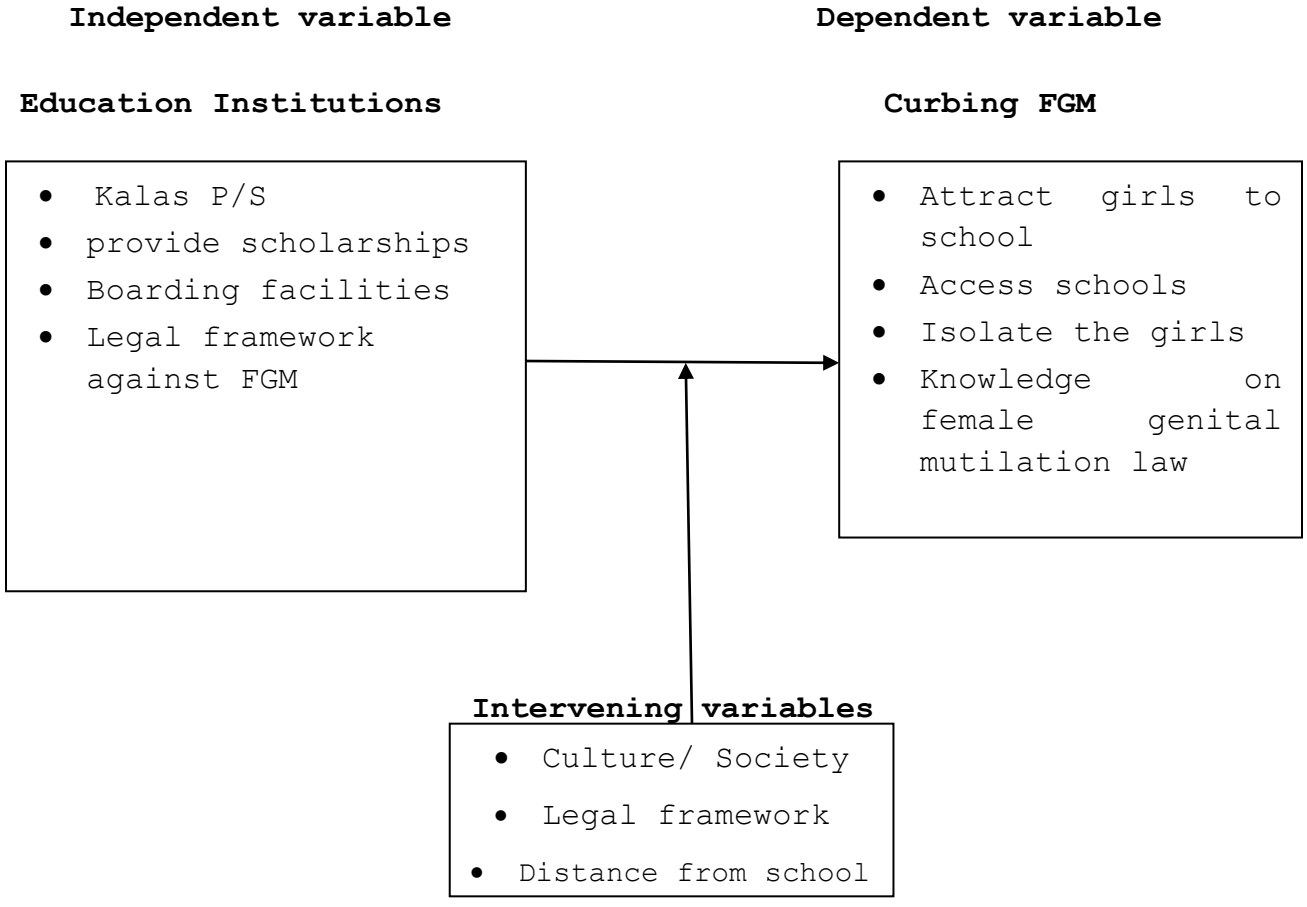
This study covered duration of 2010 -2016. This period is when the cases and the fight against FGM by various institutions increased since there have been many cases of FMG in Amudat District which prompted the researcher to conduct the study.

1.8 Conceptual frame work

The research constituted three variables, education institutions, curbing FGM and Culture/ Society and Legal framework

Distance from school.

Figure 1:1 The conceptual framework showing the role of education institutions in curbing female genital mutilation on the girl child.



1.8.1 Explanation of conceptual framework

Education institutions play an important role in curbing FGM. This is evident through gender specific scholarships and boarding facilities for girls. These school strategies give access and attract girls in school. The boarding schools in particular isolate the girls from dangerous social practices and protect them against FGM. Schools also play important role in creating awareness among pupils and parents by providing knowledge on dangers of FGM. The positive legal environment created by the FGM provides support for the schools to actively engage in curbing FGM. The distance from the school also provides access of the education institutions to the girls so that they can be protected from FGM practices.

1.8.2 Challenges to strategies and outputs

However, schools can face challenges to in curbing FGM. For instance girl child may still want to remain with the identity of her tribe by accepting female genital mutilation. The culture of respect to the parents/guardians promotes sweet-talking girls into accepting FGM since the parents want to uphold their culture.

The legal framework can also be another challenge as the mandated government institutions, like the town council is constrained in terms of logistics and human resource to curb FGM. For example in the whole Amudat Town Council, there is no court of law. Staying in a society which practices female genital mutilation indoctrinates the girl child who grows up knowing it is normal to undergo female genital mutilation. So the institutions mandated with the role of maintaining law and order must show that they are indeed up with task by making sure every stake holder works with them.

1.9 Conclusion

In conclusion therefore, this chapter has looked at the background of the study, problem statement, objectives, scope and justification. The study continued to establish the ways in which the school participates in the FGM prevention programme, and the strategies the school has adopted to curb female genital mutilation as seen in the next chapter two.

CHARPTER TWO

LITERATURE REVIEW

2.0 Introduction

Chapter two presents a review of literature in accordance to the research objectives which are to identify the strategies adopted by schools in curbing female genital mutilation, to examine the role of boarding school in protecting girls from female genital mutilation and to examine the challenges the school faces in curbing female genital mutilation.

2.2 The concept of Female Genital Mutilation

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (World health organization 2010).

The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. In many settings, health care providers perform FGM due to the erroneous belief that the procedure is safer when medicalized. WHO strongly urges health professionals not to perform such procedures (Biason, 2005).

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and

physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death (World health organization 2010)

Female genital mutilation (FGM) is internationally recognized as a violation of the human rights of girls and women, reflecting deep-rooted inequality between the sexes. Since FGM is almost always carried out on minors, it is also a violation of the rights of children (Biason, 2005). FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reason.

Female circumcision derives from a complex set of belief systems. In the majority of countries, the practice is supported among both women and men. The motivation for continuing the practice is often linked to the perception of specific benefits (Wagner, 2011).

These justifications, even if each one can be refuted and demystified, in societies where illiteracy and poverty prevail, where women believe that FGM is universal, where the social pressure is tight, the justifications for FGM are the reality of life for the women in FGM practicing countries(Toubia, 2008).

These justifications are also strengthened by cultural relativists who assert that the practices within any specific culture are unique to the values, systems and practices within that culture (Hernlund & Shell 2006). For them, there are no universal standards and the morality and values of one national culture cannot be compared to that of another. They deny the fact that tradition is dynamic (Wagner, 2011). They refuse to

accept the reality that old harmful traditions have been done away in many parts of the world.

The manner in which female genital mutilation is performed varies widely around the globe. Although it is commonly performed on girls before they turn 15, the specific age varies by region, local custom, and ethnic group, and in many countries, the average age is reported to be falling. The procedure may also be carried out on adult women, particularly around the time of marriage, and in some communities women face the risk of additional FGM later in life (Toubia, 2008).

2.3 Interventions to Curb Female Genital Mutilation

According to the United Nations Population Fund (UNFPA) and UNICEF Joint Programme on Female Genital Mutilation/Cutting: accelerating change, comprehensive formal, non-formal and informal education linked with awareness-raising programs can contribute greatly to preventing female genital mutilation. Evidence in countries like Egypt, shows that the incidence of harmful practices such as female genital mutilation decreases with gains in female literacy for instance, a survey by UNICEF in Egypt found that 72 per cent of women with no education wanted the FGM to continue compared with 44 per cent of women with higher levels of education. This evidence depicts important role schools play in raising awareness among females about harmfulness of FGM.

Leonard (2000) opined the establishment of advocacy groups in schools and in communities. He stressed that these groups have helped to break the silence, promote attitudinal and behavioral changes among men and women, as well as reduce the social pressure that gives rise to FGm. UNHCR has established an

advocacy group called "Men against female genital mutilation" comprising 300 men in the Dadaab refugee camp in Kenya. The group members undertake peer education activities, acts as role models and work in close cooperation with the police and other agencies (Wagner, 2011).

Women who undergo female genital mutilation have reported feelings of empowerment and social acceptance and those who have refused report feelings of exclusion, shame, stigmatization and loss of honour and social position (Kimonge, 2011). Biason (2005) cited that school leaders together with parents should make a campaign on initiating of alternative rites of passage to address these feelings and perceptions. In Kenya, the UNFPA-UNICEF Joint Programme supported alternative rites of passage among practicing communities, who viewed the new practice as culturally acceptable and marking a girl's entry into adulthood. Alternative rites-of-passage ceremonies have been proposed as among the promising approaches to ending Female Genital Mutilation. Various grassroots organizations including schools in East Africa, particularly in Tanzania and Kenya, have used this approach, which maintains traditional symbolism and values while adding an empowering program of reproductive rights and health education. Traditional dances, singing and feasting, gift giving, and the teaching of values and norms of culture without the cutting have yielded success (Hernlund & Shell 2006).

Programmes that are led by schools that are most of the time participatory generally guide communities to define the problems and solutions to Female Genital Mutilation by themselves (Okeke et al 2012).

Programmes such as Collaboration with other Schools, and stakeholders that have demonstrated success in promoting abandonment of female genital mutilation on a large scale build on human rights and gender equality and are nonjudgmental and non-coercive. They focus on encouraging a collective choice to abandon female genital mutilation (Guiné, & Fuentes, 2007).

Toubia (2000) stressed that currently in Uganda, school councils and other leaders are operating outside the school setting and offering support to communities, women's groups and faith networks. In addition to health services, several school committees are engaged in providing protection services such as hosting girls who are at risk in the schools. Girls and women who have undergone female genital mutilation need quality health care and psychosocial and sexual care for instance Eritrea, Mauritania, Kenya, Burkina Faso, Ethiopia, Mali, Somalia and Uganda have all strengthened the capacity of health personnel to address the practice and its consequences (Abdulcadir,2011).

According to Sharief (2003), countries may pass laws to eradicate FGM, but legal instruments by themselves cannot end the practice since traditions and beliefs are strong and deeply rooted in societies. In order to eradicate a culturally embedded practice such as FGM, legal actions must be combined with school initiatives that bring about changes in these beliefs and attitudes. Kentenich (2008) noted that schools have endeavored to raise awareness about negative consequences of Female Genital Mutilation in Kenya and the support of school leaders are vital in producing behavior change, and have been essential to the success of the campaign to end FGM. Kentenich (2008) also stressed that this type of change also requires a complex partnership laws which provide a basis that can allow

governments and policy makers to end FGM and to punish perpetrators of FGM. At the same time, activists should be empowered to do their work more effectively when their efforts have a legal back up.

Boulvain (2011) propounded that the education is critical to changing people's attitudes notably on harmful effect on women and infants but also an empowerment against Female Genital Mutilation. Education is a source of empowerment for women, as a means to bring information to women, as a first step in giving them power to make informed decisions and be able to desist FGM.

Legislation alone has at best a limited effect. It is necessary to work directly with parents, community leaders and those who perform FGM/C. The presence of a law may help legitimize these interventions and underpin opposition to FGM/C.

According to Berg and Denison, (2013), Working with health workers requires intensive engagement. A training programme for health workers in Mali showed no difference in the prevalence of the practice, possibly because of the limited time allocated for training the health personnel.

Working with communities can change attitudes, but it depends on design, implementation and context. The Tostan education programme in Senegal and Mali succeeded in shifting attitudes against FGM/C. The programme was tailored to local needs, including separate educational sessions for men and women. But the same programme in Burkina Faso failed to retain participants, undermining potential achievements. Programmes in Nigeria, Ethiopia and Somalia also affected beliefs through community-based initiatives including group meetings with community leaders, multimedia communications, and action plans

that improved advocacy efforts. In Ethiopia, inclusion of religious leaders facilitated greater knowledge uptake.

Working with youth may be a cost effective alternative. A programme for second year female university students in Egypt made a substantial difference to their knowledge about the dangers of FGM/C. As future mothers such an approach may be cost effective, but may also be ineffective without shifting the attitudes of men and community leaders (Berg and Denison, 2013)

Berg and Denison, (2013) note that urbanization, household wealth and education have been found to be associated with the decline or abandonment of FGM/C. In rural areas, the lack of cultural diversity makes it challenging to change long-standing social norms and traditional practices. By contrast, urban settings may offer opportunity for one to engage with those individuals who do not practice FGM and access/exchange information and ideas that may make it easier for one to challenge the tradition. In 22 of the 30 countries in Africa and Asia with high prevalence of FGM/C, less than half of their populations reside in urban centers (UNFPA, 2015).

Village/community wide campaigns: Community-wide programs such as Tostan's multicountry FGM education model or the FGM Free Village Campaign led by Egypt's National Council for Childhood and Motherhood (NCCM) are programs that rely on multiple levels of coordination in order to achieve success. By focusing on the social aspects of FGM through educational and social media campaigns and by engaging various stakeholders such as youth, parents, religious leaders, medical personnel, journalists, judges and prosecutors, the NCCM's advocacy efforts were pivotal in the issuance of the "The Child law" in 2008 which made FGM/C

illegal (UNICEF, 2010). Eventually, in 2016, Egypt moved to modify the criminal nature of FGM/C, changing it from a misdemeanor to a felony.

2.4 Challenges the School Faces in Curbing Female Genital Mutilation.

Medicalization can act as an additional source of income for health-care workers and can undermine efforts to eliminate the practice of Female Genital mutilation (Namulondo, 2009). Medicalization of female genital mutilation has risen. However, reliable data on medicalization is difficult to obtain. Allowing medical professionals to perform the practice is often the logical response of parents who are under social pressure to have their daughter undergo female genital mutilation (Namulondo, 2009).

Wagner (2011) postulated that the collection of reliable data on female genital mutilation in districts where minority communities perform FGM remains a major challenge, as do the lack of capacity of relevant officials and the absence of standard guidelines. Many front-line professionals, such as teachers, medical professionals and child protection officers, are not trained in or may not understand the law, or may be unfamiliar with the issue and fail to record cases. Similarly, while there is empirical evidence showing that female genital mutilation can result in deaths, many Governments do not collect or maintain official data on deaths associated with the practice (Wagner 2011).

According to Wood (2001), despite the commitment of schools and the government to address the practice of Female Genital Mutilation, in many instances support in the form of shelters

and other services for victims and girls at risk are inadequate. Very few countries make provisions in law or policy to offer protection following allegations of female genital mutilation. The practice does not fit easily into systems to prevent violence against women or child protection systems.

In the area of service provision, a key challenge is the lack of evidence on effective interventions and strategies to mitigate the health consequences of female genital mutilation (Johnsdotter et al, 2007). This includes a need to improve the knowledge base about obstetrical and gynecological consequences.

Magoha (2000) stressed that the persistence of social norms that perpetuate female genital mutilation, differences in the underlying reasons for the practice and cultural environments where it takes place make it particularly challenging to eliminate the practice of Female Genital Mutilation. However, the positive results of programmes to prevent female genital mutilation demonstrate that attitudes in support of the practice can be successfully addressed.

A further challenge is insufficient collaboration among Governments across borders. Girls living near border areas are most vulnerable, particularly if they are living next to countries with weaker legislation against FGM than their own. This fails to recognize the obligation of States to protect all children within their jurisdiction and does not take into consideration the mobile, transnational character of practicing communities (Guiné & Fuentes, 2007).

Guiné & Fuentes (2007) quoted that one of the contributing factors for the slow reduction of FGM practice is lack of proper linkage between the main actors. These actors include local

government as powerful decision maker, NGOs, the informal institutions within the communities, family, individuals, and socio-economic institutions. The failure in the coordination and collaboration among these actors could be seen as failure in action. This coupled with the miss allocation of resources and the improper designing of relevant approaches that could not involve the communities at large have their own significant contribution in the failure.

There are also challenges of Sociological and cultural traditions, such as those signifying a girl's coming of age or passage into womanhood also provide a justification for continuing the practice of FGM/C (UNFPA, 2015). Some communities also argue that FGM/C is necessary for hygienic reasons (UNFPA, 2015). Failure to undergo FGM/C might subject one to alienation, risk of physical violence or could result in a woman or girl being deemed unfit for marriage (UNICEF, 2008). In families, female elders who most often have gone through the practice, uphold the rituals, coming of age/initiation celebrations, teachings and other activities associated with the practice, and it is not uncommon for this elder to overrule the FGM/C preferences of a girl or those of her mother.

The identified gaps from this study by Msuya, et al., (2002) are the failure of these researchers to state the socio-cultural drives impelling the female circumcision practice in Kilimanjaro stated in their work. Similarly, their study ignored to underline the effects of the female circumcision practice to the social cultural development of young children, especially school girls. This needs to be researched so as to get the necessary information to fill the identified knowledge gap.

The findings by Massawe (1983), in his study conducted at Ndada village in Mwanga district, has not clearly stated the form and essence of sexuality in Kilimanjaro region, especially among the communities practicing the female circumcision. This information could reveal the meaning of sexuality and its relation to female circumcision practice in the district, and Tanzania in general. Similarly, Massawe in his studies did not investigate on the effects of female circumcision, especially to young or schoolgirls. This has therefore motivated the designing of this study in order that the identified gaps can be filled.

2.5 Strategies the school has adopted to curb female genital mutilation

According to OHCHR & UNDP (2008), schools have played a big role in teaching about Female Genital Mutilation as these are issues that directly affect them. As a result, OHCHR & UNDP (2008), regard it appropriate that students should be provided opportunities to take on further learning, conduct research and get involved with Female Genital Mutilation campaigns. Female Genital Mutilation can be taught as individual classes (embedded into a wider context) or can be incorporated into lessons that look at citizenship, child and human rights, puberty and changes in the body.

Sass *et al*, (2001) argue that it is important that boarding schools give space to students who need extra support or need to talk about Female Genital Mutilation issues further. The authors further observe that it is best if specific support on Female Genital Mutilation is embedded into already existing support frameworks in the school as the students may already be aware of and comfortable engaging with them. It is important that a

professional who fully understands the issues of FGM and has experience of providing support delivers the outreach and support sessions. As such, it is ideal if outreach and support is arranged prior to student awareness sessions so that it can be clearly signposted during sessions.

Cultural practices teaching sessions and student engagement are effective ways to ensure that messages about Female Genital Mutilation are taken home and this is possible by keeping a girl child in a boarding school (Daia, 2000).

These student sessions, not be targeted to specific families or communities. Female Genital Mutilation is a human rights issue and child protection and safeguarding concerns therefore they affect all parents. Engagement can include: Writing Letters home to explain why students are learning about FGM and forced marriage.

Daia (2000) also accentuated that through boarding schools Female Genital Mutilation information has been clearly available throughout a school, especially resources that clearly signpost to support services. It is important to ensure that information displayed is youth friendly, culturally sensitive and not graphic. Information can be provided to students in a variety of formats including; displaying information on screens or display areas in the school, putting information on the school website or home page, having information at support spaces in the school e.g. school nurse, counselor, pastoral staff.

Female Genital Mutilation engagement has been grounded in a gendered and human rights approach that promotes the rights of women and girls to safety, freedom of movement, dignity, sexual autonomy, bodily integrity, non-discrimination, education and

equal participation in decision making in the society. Taking such a positive approach is important because it does not attempt to create shock or guilt. Instead a positive approach focuses on what children and young people can do to keep themselves and others healthy and safe, and to lead happy and fulfilling life (Guiné, A. & Fuentes, 2007).

Boddy et al (2007) argued that boarding schools place school leaders ample time and space to reassure students that issues of FGM can be sensitively and appropriately handled.

Ochieng (2003) stressed that it is important to conduct comprehensive staff training on Female Genital Mutilation prior to engagement with students. Staff should be trained on how to safeguard girls including what to look out for and how to respond.

Keeping girls in secondary schools has tremendously helped change the perception of female circumcision. Many women are now educated, employed and parenting (Hernlund &Shell 2006). The elite groups have spearheaded campaigns against female circumcision. They too have not only taught about how to combat poverty by educating girls and female empowerment but, have also served as best examples in the communities as they have made a difference between their own families and those whose women (wives) are serving as housewives who yielded to FGM in their youthful past.

The arrival of formal education though it was resisted as a western culture served as unmatched superior substitute for the informal one. Formal education has come heavily with its own laid down procedures. The government, nongovernmental organizations, religion, and the elite in the communities have

joint effort in the fight against FGM by launching heavy education campaigns in the communities. These education campaigns have been greatly successful in many communities that have now understood the incomparable difference between the informal education and the formal one (Creel & Ashford 2001).

School-based interventions that address FGM/C and work with girls can take on many forms. In Burkina-Faso, the government provided anti-FGM/C trainings for teachers and helped incorporate FGM/C into the science curriculum (WHO, 2011). GAMCOTRAP, a Gambian organization, successfully lobbied the Government of The Gambia to incorporate FGM/C into the public school curriculum, beginning in the 2016 academic year.

The Global Women P.E.A.C.E. Foundation, a USA-Liberian NGO that works to end all practices including FGM/C, will launch a curriculum targeting school personnel and administrators on how to carry out conversations around FGM/C with students in late 2016. As an alternate to the formal classroom setting, Global Women P.E.A.C.E. is hoping to work with afterschool clubs as an entry point for sharing this information.

However, formal education settings are not the only arenas for intervention. In areas with low student enrollment, confining information exchanges, learning opportunities and programming to the school setting would fail to reach community members who lack contact with this environment, which is critical to ensure the basic information from the programs reach all groups in the community, in order to foster learning and increase understanding (WHO, 2008).

2.6 Conclusion

This chapter has reviewed literature which shows that schools play an important role in fighting FGM.

Female circumcision, or female genital mutilation, can no longer be seen as a traditional custom. Though stopping female genital mutilation may take subtle to harsh measures, IT has no more places in the present world and therefore every necessary effort should be made to stop it ultimately. The next chapter three proved the research methodology that was adopted by the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter provided an insight into the research methodology in this study specifically; it describes the research design, target population, sample selection and research instruments.

3.1 Research design

The study adopted a case study research design using a qualitative and quantitative research approaches. Qualitative research approach provides a mechanism for collecting and analyzing information based on the participants' views and the way in which they make sense of the world (Amin, 2005). As such, qualitative research serves to reinstate people at the Centre of the research agenda and therefore fits well with the nature of this study. Qualitative research requires use of different techniques and epistemological assumptions, and careful selection of the appropriate qualitative methods (Andrews, Squire, and Tamboukou, 2013).

The study was qualitative in nature aiming at investigating the role of educational institutions in curbing female genital mutilation on a case of Kalas girl's primary school in Amudat town council Amudat district. Qualitative research approach is a scientific method which aims to explore issues with participants and obtain their thoughts and insights of the subject under investigation. The main intention was to obtain data, without influencing the research participants. Consequently, the qualitative research design proved to be the best method to achieve the objectives of the study which was to establish the role of educational institutions in curbing female genital

mutilation on a case of Kalas girl's primary school in Amudat district

Quantitative approach allowed the researcher to obtain information that can be quantified while the qualitative approach allowed the researcher to obtain information that cannot be quantified (Mugenda & Mugenda, 1999). The quantitative also helped in collecting numeric data on observable individual behavior of samples then subjecting the data to statistical analysis Amin, (2005).

3.2 Area of study

The study took place at Kalas girl's primary school which is located in Amudat town council Amudat district. It is government aided school which was started by Catholic Church under Amudat catholic parish. Amudat is one of the districts in the north eastern region of Uganda. It is bordered by Moroto in the north, Nakapiripirit in the west, Bukwo and Kween in the south and Kenya in the east. Amudat district headquarters are situated in Amudat town council.

3.3 Population of study

The target population was the girls in the upper classes of Kalas Girls Primary School. The study involved male and female classroom teachers who teach in Kalas Girls Primary school. The study also targeted girls in upper primary classes (Primary 5, 6 and 7).

The study further involved the parents and guardians, non-government organizations, Community Based Organisations, Local council officials and education officers, Health and community

development officers as key informants on what role they have played in helping educational institutions to curb Female Genital Mutilation.

3.4 Sampling Size and sample techniques

The study involved a total of 42 respondents. These were 4 male and 4 female teachers from Kalas girls primary school, 15 pupils from Kalas girls primary school i.e. 5 in P5, 5 in P6 & 5 in P7, 4 male parents/guardians and 4 female parents/guardians, 4 people from non-government organizations operating in Amudat district, one member from local council I, 1 member from local council II and 1 member from local council III, district education officer, District Health Officer, Community Development Officer and a Female Health officer.

Berg (2001) defines purposive sampling as the sampling procedure that requires the researcher to use his or her special knowledge or expertise to select respondents to represent the entire population. This study employed purposive sampling to select respondents from Non-government Organizations (NGOs)/Community Based Organizations(CBOs), District Educational officer (DEO), Community Liaison Officer of police (C.L.O), District Health Officer (DHO), Community Development Officer (CDO), a Female Health Officer (FHO), Local Council1 (LCI), Local Council 2 (L.C.2), Local Council 3 (L.C.3) parents/guardians and Teachers. Purposive sampling was used because of its characteristics that enhance the selection of information-rich informants, who provided insight and understanding into the issue of persistence of female genital mutilation. The researcher also used purposive sampling to select girls from upper primary in Kalas girl's

primary school who fall in the age group of 10 - 18 years and above.

3.5 Data collection methods and instruments

Both primary and secondary sources of data collection were used.

Primary data was collected directly from the participants through key informant interviews and questionnaires. Interviews were the main data collection method used in this study. They involved asking respondents to talk about their everyday experiences of FGM. This was important in understanding the thinking and the feeling of the respondents (sekeran, 2003). They took a form of a conversation between two or more people to develop ideas rather than facts. The interviewees were assured of confidentiality and informed that they have a right to withdraw from the study at any time, if they feel uncomfortable, without any explanation or consequences. Before the interview, the researcher made appointments liaised with the key informants in order to agree on the time and venue, bearing in mind that the place has to be accessible, comfortable and quiet.

In this method, the researcher used an interview guide to collect data from the LCI Chairman, parents/guardians and the school girls face to face to obtain in depth, information on the role of educational institutions in curbing female Genital Mutilation on a case of Kalas girls Primary School in Amudat District. These respondents were subjected to interviews in order to capture their expressions and opinion in their own words. For interviews data collection interview guides were used.

The questionnaires' were open and closed ended because they provided an opportunity for the respondents who are literate

like the district officials and teachers, LC 2 and LC 3 chairman to reveal the roles they have played in curbing female genital mutilation on a girl child while the closed ended ones were intended to limit the participants so that they provide specific information.

Secondary sources that were used in this research included were from classified documents. These were reviewed before the field work study, to inform the research topic.

3.6 Data quality control

Quality control concerns the validity and reliability of the study in producing accurate results. A validity test was carried out prior to the administration of the research instruments. This was done in order to find out whether the questions are capable of capturing the intended data. Reliability refers to the degree to which a set of variables are consistent with what they are intended to measure (Amin, 2005). To ensure quality control, experts in research reviewed the interview questions to see whether they are capable of capturing the intended response. The researcher discussed the instruments with the research supervisor, academic staff and other colleagues. Here after, validity was established by computing the content validity index whose formula is;

$$CVI = \frac{\text{Relevant Items}}{\text{Total Items}}$$

The CVI method was preferred because it is the most suitable validity measure for the studies using instruments like questionnaires.

The finding from the two experts were used to establish CVI

Table 3.1: Validity findings

	Relevant items	Not relevant items	Total
Rater 1	137	5	142
Rater 2	140	2	142
Total	277	7	284

Source: Primary Data (2018)

$$CVI = \frac{277}{284}$$
$$= 0.975$$

The content validity index (CVI) computed above was above 0.7 the standard cronbach alpha and the instruments were considered valid which was in line with Amin's (2005) who recommended minimum CVI of 0.7.

3.7 Data analysis

Data analysis involved the use of qualitative and quantitative techniques. Field notes from the data collection instruments were compiled and edited at the end of each working day to ensure accuracy in recording and consistency of information given by respondents. Themes were identified and put in coding categories. A thematic content analysis was carried out by identifying common trends. Themes included sensitization at school level, community level, and collaboration with other schools, parental involvement and justice to the culprits among others. They were rating them in terms of their relevance to the aims and objectives of the study. A scheme of analysis was

worked out following the coding categories, using quotations and the most occurring ideas. The themes were then also edited, coded and arranged in different categories to generate useful conclusions and interpretations on the research objectives which were deduced for reporting in a narrative form.

Quantitative data collected edited, coded and later analyzed using Statistical Package for the Social Sciences (SPSS) computer program. Quantitative data was presented in form of descriptive statistics using frequencies and percentages for the variables used in the study.

3.8 Ethical considerations

The researcher put ethical standards at the Centre. The researcher was fully aware of the fact that research ethics are part and parcel of research and anything that compromises adherence to ethical standard equally compromises the validity of the finding. The researcher first sought an informed consent from the respondents prior to the interviews and questionnaire. The respondents were assured of confidentiality of their responses and that information will not be used for anything else apart from that in the study.

Interviews and questionnaires were coded guarantee anonymity as no one of the respondents was named at any time during the research or in the subsequent study. Respondents were selected for their willingness to participate without compulsion and no risks to the respondents were identified at any stage during the research.

3.9 Limitations

Time constraint was a factor as the researcher was not getting enough time to interview all respondents on a time. This was overcome by drawing a schedule ensuring that all the appointments were met and done within the agreed time.

Another limitation to the study was conducting the study in one institution which was not representing a big area of study. However, since qualitative study focuses representation of issues and phenomena and not figures, a case study of Kalas Girls Primary School was surficial to represent the role schools play in curbing FGM. A case study of one institution gives you direct access respondents who answer from the personal experience. It should be noted that, it is the representation of issue not figures which is important.

Limited trust availed to the researcher was another challenge which was experienced during the study. Some respondents such as School teachers and Local officials were hesitant to reveal as well as avail the researcher with information they believed to be confidential. To this end, the researcher had to first assure the respondents of utmost confidentiality and secrecy of each one's details, and that the information they give would be held with utmost concealment and strictly for academic purposes.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSIONS

4.1 Introduction

This chapter presents the findings of the study. The chapter deals with data presentation, interpretation, and discussion of the research findings from Kalas primary school in Amudat District. The study was qualitative therefore the data will be presented thematically basing on the themes drawn from the specific objectives. The research findings will be discussed in the light of the literature reviewed in chapter two.

This chapter is divided into two sections. The first subsection gives demographic characteristic of participants. The second section thematically presents the findings of the study as guided by the research objectives.

4.2 Demographic Information on respondents

The demographic information on participants in this study focused on the gender, and level of education of those who participated in this study.

4.2.1 Gender of the Respondents

According to WHO (2010) gender refers to the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men. In order to find the gender, each respondent's gender was recorded by the researcher. The research records revealed that 15(35.7%) of the participants were school girls, 4(9.5%) were female teachers, 4(9.5%) female parents guardians, 4(9.5%) male teachers, 4(9.5%) male parents/guardians. Respondents were also from NGOs and LCI, LCII, LCIII, DEO, DHO CDO and Health Officer

The participation of both men and women in this study was necessary for the study to get a balanced picture about the issue controlling genital mutilation in Amudat.

4.2.2 Education Level

The findings revealed that the majority of the girls 6(35.3%) involved in the study were in primary seven, followed by 5(29.4%) who were in primary six 6(35.3%) were in Primary five. Girls in these classes were important to the study because they are the ones who are at risk to FGM since they are at the beginning of teenage than the other lower classes

It was revealed that 4(9.5%) of the teachers had been to tertiary institutions, 7(25.2%) had at least attained secondary education, 6(33.3%) had a bachelor's degree. The level of education was important since it determined the knowledge and attitudes of the key informants towards the role of schools in curbing FGM.

4.3. Participation of Kalas girls P/S in the FGM prevention programs.

Kalas's girls P/S built and managed by Ugandan nuns with boarding facilities for girls. It was opened in 2008 and is located in the sub-region of Karamoja in northeastern Uganda. Kalas girls primary school is found in the Southern deanery of Pokot land Moroto Diocese, Karamoja region in the Eastern part of Uganda about 250 Miles from the Capital-Kampala. The school is located in a region that culturally practices FGM. In this section, the study was interested in establishing ways in which Kalas primary school participates in the FGM prevention

programme in Amudat district. The findings reveal 6 major ways in which Kalas participates in curbing FGM.

4.3.1 Sensitization at school Level

Education must move beyond theoretical justifications for ending the practice of FGM to emphasize a victim-centered, prevention-focused approach (Creel, & Ashford, 2001). The findings show that the teachers in Kalas girls P/s reach out to educate families in the community against FGM. One of the female teachers said that:

> Teachers are trained and educated about the practice and consequences of FGM, taught to identify common signs indicating that a pupil may be at risk of undergoing the procedure, and trained to educate families about the importance of complying with state FGM laws (Female teacher Interview, Amudat, 21 Sep, 2016.

Therefore the training of teachers about the dangers of FGM is significant in helping the school to curb FGM in Kalas P/s Amudat district. Firstly, because teachers interact with pupils on a daily basis in the activities and co-curricular activities. They stand a better chance to notice pupils who suffer or at risk of FGM. Teachers have a better platform to sensitize pupils against FGM and its dangers in the Class room. Teachers also interact more often with parents through PTA and community activities

Secondly, they are often more educated and better informed about the risks posed but FGM through their pupils. Therefore, they are more knowledgeable and are able to tackle the issue of FGM in the community.

This implies that teachers in Kalas P/s are trained to monitor children who return to the classroom and to investigate red flags that indicate the child has undergone FGM. More so Anyanwu (2004) postulated that school staff are trained on how to safeguard students, risk factors, how to respond and engage on Female Genital Mutilation. Staff is also clear on their responsibilities and confident to respond to concerns and disclosures.

4.3.2 Sensitization at Community Level

Schools play a central role in the socialization of member's f communities, were they are located. The participants of the school can be influenced directly through organized programs or indirectly

It was also revealed from the study that as a religious founded school, Kalas primary school has an additional platform to sensitize the community through churches and in collaboration with religious leaders.

Kalas P/S participates directly in curbing FGM through school community outreach programs such as music dance and drama; counseling organized by teachers and pupils. One of the female teachers explained that:

> The school organizes drama and plays about FGM whereby the communities around school are invited to attend and be able to learn from them (female teacher 24th, Sep, 2016).

The use of songs, dance and plays against FGM makes the pupils and teachers actively involved in the sensitization of the community. The music dance and drama program is interactive and

makes it easier for both the young and old members of the community to interact together. Pupils and teachers become agents of change of attitude in the local community

Kalas P/S also provides professional Counseling and guidance to the community is also another intervention program to prevent FGM. One of the male teachers interviewed explained that;

> We have guidance and counseling programs regarding FGM and we extend these programs to be able to reach out to the communities so that they too can benefit (male teacher 25th, Sep, 2016).

This shows two levels of counseling. First is counseling within the school which empowers pupils against FGM and prepares them to be the counselors to each other. Secondly, it provides counseling outside the school by both teachers and pupils which is to reach out to both young and old members of the community. This is in line with the United Nations Population Fund (UNFPA, 2010) which documented that it is important to have Joint Programs in communities regarding Female Genital Mutilation/Cutting so as to accelerate change, linked with awareness-raising programs can contribute greatly to preventing female genital mutilation through counseling and guidance. Additionally Abdulcadir, et al.,(2011 emphasize that participatory education programmes that works at the village level are important. Such programs incorporate literacy and essential health education, including information about female genital mutilation, into the learning experiences of the entire community.

4.3.3 Parent Involvement

Kalas p/s does not only work with parents and teachers but also involves parents as well in the fight against FGM. It was established from the study that sensitizing the parents is one of strategies Kalas P/s reducing FGM practices. This is necessary because as one of the local leaders revealed that parents insist to circumcise their daughters to avoid cases of early pregnancy because

> If a girl got pregnant before she was circumcised she would be considered an outcast fit only to be married off to outsiders and nobody would even ask for bride price when she gets married" (male participant, Amudat, 21st Sep 2016)

This implies that Kalas Girls P.S mobilizes its parents through Parent Teachers Association meeting and other school activities so that they can be sensitized against FGM.

The school has registered positive response from parent in relation to FGM. For example, the head teacher of Kalas Girls P.S said that;

> The parents have liked the strategies and advocacy against the scourge because FGM is common in the deep villages but the areas around the town are abandoning the practice since the parents are more enlighten about the dangers of FGM (female, Interview, Amudat, 21th Sep 2016)

The head teacher reveals the urban – rural divide which shows that FGM in more entrenched in rural areas than in urban areas. Sensitizing parents is particularly important because they can influence their own families, relatives and friends. Findings agree with Forward (2002) that

strategies and advocacy are important for parents to appreciate the negative effect of FGM. These help parents to foster ownership of the process of minimizing opposition to abandon FGM.

It was also revealed from the study that negative experience of parents facilitates their participation in eradicating FGM. One of the mothers who has a child at Kalas Girls P.S also said that:

> I was a victim of FGM 10 years ago, and I know the dangers I cannot allow my daughters to go through the same. Therefore I always encourage other parents not to allow their children to be mutilated (Female parent, Amudat, 21th Sep 2016).

Therefore, the experience and role of parents is crucial in eliminating the practice of FGM in society. Mothers in particular cam champion the cause against FGM in two ways, first they can sensitize the daughters against FGM. Secondary, they can influence the fathers to resist cultural pressure to circumcise the girls.

Therefore, Parents must understand the importance of educating their daughters about the practice of FGM, what the procedure entails, and the names by which it may be referred in their native language. They should also be encouraged to create safety plans with their children in the event that they are sent abroad. These safety plans can include simple measures like memorizing emergency phone numbers and ensuring that they have pocket money for a cab in the event that they need to flee (Creel, & Ashford, 2001).

4.3.4 Collaboration with other Schools

The study revealed that the fight against FGM requires a collaborative effort among education institutions. One of the female teachers indicated that;

> Kalas P.S collaborates with other schools in the community. This has helped in fighting the vice of FGM on a larger scale. (Female Teacher, Amudat, 21 Sep, 2016)

Inter-institutional collaboration is particularly important since FGM is widely practiced and entrenched in Amudat. This was in line with Creel, & Ashford, (2001) who argued that collaboration with other education institutions is vital in a collective response towards eradication of FGM can effectively control the practice.

4.3.5 Involving Other Stakeholders and support organizations

Besides its own school programmes, Kalas P/S collaborates with other stakeholders and supports organizations in the fight against FGM. The study revealed that the NGOs work hand in hand with a focal point where the school can be able to fundraise for scholastic materials, mattresses, sanitary pads and other necessary materials which they use to Support education of the girls in Kalas Girls Primary school. For instance, one of the male members from the Community Based Organization pointed out that,

> *collaboration with other stakeholders through linking with the NGOs within the district to offer sponsorships to a few girls who run away from the vice and are physically or emotionally tortured as a result of escaping from FGM (Male, Amudat District, 23th, Sep, 2016).*

This collaboration with important stakeholders and support organizations is necessary. This in addition to the already existing support frameworks enables Kalas Girls P.S to participate in the programs of government and NGOs

4.4 Challenges Kalas Primary school faces in curbing female genital mutilation

In this section, the study was interested in establishing the Challenges Kalas Girls primary school faces in curbing female genital mutilation. The findings reveal key challenges like Distance from school, pressure from parents, stigmatization, teasing, cultural conviction, and perceptions on FGM.

4.4.1 Distant location of pupils

One of the challenges faced by Kalas P/S to curb FGM is the distant location of pupils from school. This was revealed by 7(16.7%) of the teachers who indicated that they are faced with a challenge to reach out to families of pupils who are located far away from the school. One of the male teachers interviewed explained, "the school has children from distant places which makes it difficult to detect FGM". The long distance makes it difficult for the primary school to monitor the pupils in their family. This makes it difficult for the school to build partnership with parents, schools, community leaders, support services and women's organizations in the fight against FGM.

4.4.2 Pressure from the parents

It was also revealed from the study that there is increased pressure from some of the parents to have their daughters to undergo FGM as a rite of passage to adulthood. One of the mothers, explained;

> In my village girls are not allowed to perform some home duties such as milking cows because they are not mutilated (Female parent, Interview, Amudat, 22th, Sep, 2016)

This points out to a misconception regarding home duties for women. For example women are presumed to be emotionally weak, therefore, must be hardened through FGM to be able to do specific responsibility in the household (Creel, & Ashford,2001)

Another challenge to eradicating FGM is its strong association with the bride wealth. One of the female teachers said that:

> It is known that girls are a source of richness according to pokot culture. Some parents think that when they take their daughters to especially boarding school, they may not get their expectations of bride wealth (Female, Interview, Amudat, 22th, Sep, 2016).

This implies that FGM is regarded as a ticket to adulthood which makes the girls ready for marriage and its associated bride wealth. As a result, parents make effect to circumcise girls during long school holidays particularly during the month of December, when the girls are home on vacation, and have adequate time to heal (Daia, 2000). However, circumcision can happen any time during the year and some parents have been known to remove their daughters from school to be circumcised. The payment of bride price contributes to maintain and promote FGM as well as child marriage. Potential husbands will pay the bride price only for a circumcised and virgin girl, thereby, making the operation a necessity and the only option for marriage. Bride price holds the key to marriage by enforcing circumcision and virginity, as well as promoting polygamy in many communities. Economic reasons

are important factors that perpetuate the practice of FGM particularly in the rural as well as urban areas.

4.4.3 Stigmatization for uncircumcised and teasing of circumcised girls

The study revealed social exclusion as a challenge faced by both circumcised and uncircumcised girls in the society in the society. This is particularly common among peers both in the school and at the community

In the school, teasing which refers to making fun of or attempt to provoke the circumcised girls in a playful way (Jones, Ehiri, & Anyanwu, 2004) is particularly common. One of the female pupils in primary 6 confirmed that,

> One of the mutilated girls was bullied by the bigger girls and ended up running away from school *(Female pupil, Kalas Girls P/S 22th Sep, 2016)*

She indicates teasing is one reason why mutilated girls abandon school. She also shows that teasing is perpetuated by un-mutilated girls who tease the victims of FGM. This means that teasing and bullying is common among women themselves and therefore poses a challenge to victims of FGM. When mutilated girls drop out of school they are denied pyscho- social support that the school would have offered to them.

Conversely, Women who undergo female genital mutilation have reported feelings of empowerment and social acceptance and those who have refused report feelings of exclusion, shame, stigmatization and loss of honour and social position (Biason 2005).

Stigmatization refers to attributes, behavior, or reputation which is socially discrediting in a particular way. Stigmatization causes the mutilated girls to be mentally stereotyped by others as undesirable and rejected and not accepted as, normal persons (Jones, Ehiri, & Anyanwu, 2004).

4.4.4 Cultural conviction of the girls

Another challenge to eradicating FGM is the cultural conviction of the girls themselves. Culture refers to the integrated patterns of human behavior that includes the language, thoughts, actions, customs, beliefs and institutions of racial, ethnic, social, or religious groups (California Endowment, 2003). Cultural pressures are imposed on individuals through family and community members. Those who do not take part are ostracized and excluded from community life and activities. They become outcasts, forced to leave their community or are forced sometimes physically to undergo the operation. There are two ways in which culture is a challenge to FGM. Firstly, cultural value attached to FGM, is carried cross generations through, coercion and mobilization by elderly women and grandmothers.

One of the challenges faced by Kalas Girls P.S is the cultural value attached to FGM. FGM is also treated as an honour

This was in line with Guiné, & Fuentes, (2007) who discovered that the lowering of age at circumcision was due to parents' concerns of girls becoming sexually active at an early age. Consequently, parents are concerned about the risks of girls getting pregnant before circumcision, which is regarded a taboo in the community

The belief in Amudat Sub County is that FGM controls women's sexuality (Magoha, & Magoha, 2000). For instance an interview

with one of the female district officials revealed that parents believe that FGM "would ensure that girls stay virgins and make them acceptable brides" She further said that;

> A man enjoys much doing sex with a circumcised woman since she is considered as faithful one, audacious and able to handle a man by satisfying him both sexually and physically. In addition, it is through this practice young girls get occasion to know how to make sex and handle their spouse during sexual activity. The practice enables a woman to adapt to sexual activity and handle her husband in the bedroom (Female, Interview, Amudat, 21th Sep, 2016).

While at negative side, it was indicated that,

> "Both man and woman lack the full pleasure and feeling of love since the removed parts are the ones which increase sexual feeling through touching them. The circumcised women miss something so important in their life that their friends, uncircumcised, enjoy while making love. This practice makes a woman lazy of sex activity and diminishes the stimulation to the woman" (Female, Interview, Amudat, 21th Sep, 2016).

A frequently cited reason for FGM is its assumed ability to diminish women's desire for sex. This in reality is the truth. Cutting away of the sensitive part of the genitalia kills the emotion associated with the organ. There is a generally held belief that uncircumcised women and girls are difficult to satisfy sexually, and this implies that women cannot control their sexual emotions. Uncircumcised women are assumed to be over sexy. One of the interviews local leaders said that;

> "Excision is believed to protect a woman against her over sexed nature, saving her from temptation, suspicion and

> disgrace while preserving her chastity" (Female, Interview, Amudat, 21th Sep, 2016).

This is one of the core reasons for the existence of FGM. It is believed that FGM serves as a means to discourage premarital sex and reducing sexual desire of a girl thereby preserving her virginity. The reduced desire even during the marriage is expected to ensure faithfulness of a woman to her husband. This is why it is believed that uncircumcised girls are assumed to run wild, or are considered of loose moral bringing shame and disgrace to her parents.

FGM is carried from generations through threats by parents. One of the female district officials narrated that;

> Some parents threaten young girls to send them to undergo female genital mutilation, saying that this was family tradition (Female, Interview, Amudat, 21th Sep, 2016).

It can be noted that the culture in Amudat believes that FGM controls women's sexuality effectively. FGM may reduce the feelings and enable the girls to stay virgins.

FGM is expected to reduce the girl's sexual desire and prevent sexual experience before marriage. The gendered aspect that reduced desire even during the marriage a woman is expected to remain faithful and earn respect of her husband.

This shows that the reasons for the continuation of FGM are, as a rite of passage from girlhood to womanhood; a circumcised woman is considered mature, obedient and aware of her role in the family and society. A girl can be recognised as a full woman in the village only after she has been mutilated. Ggrandmothers /

older women are responsible in perpetuating FGM and passing on the practice from one generation to the next. One of the local leaders further says that;

> "The operation is (still) regarded as the very essence of an institution which has enormous educational, social, moral and religious implications, quite apart from the operation itself. For the present it is impossible for a member of the tribe to imagine an initiation without clitordectomy (FGM). Therefore, the abolition of the surgical element in this custom means to the locals the abolition of the whole institution." (Male, Interview, Amudat, 21th Sep, 2016).

He further said that;

> "No proper man would dream of marrying a girl who has not been circumcised, and vice versa. It is a taboo for a man or woman to have sexual relations with someone who has not undergone this operation" (Male, Interview, Amudat, 21th Sep, 2016).

This shows that in Africa marriage does not come easily without its sacrifices. Virginity must be maintained at the time of marriage and the lack of it has damaging social consequences to the individual as well as to the parents. Virginity is the base for marriageability and it also enforces the prohibitions of sexual relationships outside marriage. In countries where the practice of FGM is deeply-rooted, it is the conditions for marriage. Marriage is the only option for most women for a normal life.

Another misconception is that women are presumed to be weak in areas of emotion and, therefore, must be controlled. In other words, women are unable to control their sexuality. That is why it is believed that uncircumcised girls are assumed to run wild, or are considered of loose moral, bringing shame to their parents. FGM is expected to play that role by reducing the girl's sexual desire and prevent sexual experience before marriage. The reduced desire even during the marriage is expected to ensure faithfulness of the woman to her husband.

It is believed that FGM controls women's sexuality effectively. FGM may reduce the feelings but it cannot reduce the desire and, in addition, it does not guarantee chastity. It does not guarantee the morality of women, as shown by the fact that FGM practising countries have relatively high numbers of prostitutes. In addition, FGM has nothing to do with moral behaviour which comes basically from proper moral education and the individual's intended behaviour.

More still, the older women connive with fathers to impose FGM on the young girls often without the consent of the young girls. One of the girls in Kalas Girls P.S narrated that;

> When I was 15, my father told me that 'he had arranged for me and my little sister to travel with a family friend back to the village, during our time off from school. When we arrived, my grandmother greeted us warmly and spent the next few days teaching us 'what it takes to earn respect' from our future husbands and others in society, and explaining that FGM would remove 'unclean' body parts that were susceptible to disease. She warned us that if we refused to undergo FGM, she would be disappointed with us,

and that the entire village would find out and force FGM upon us against our will.

She further narrated that;

In my village, FGM is seen as a way to 'clean' a girl of whatever she might have done before, to make her pure for her husband. For example, I only knew one woman who had not undergone excision. When the man she was supposed to marry found out that she was not excised he refused to marry her, claiming that it was unacceptable to marry her because it would be like he was marrying a man.""

There is also the spiritual, aspect of removing "unclean body parts that were susceptible to disease" as one of the grandmother told the grand daughter at Kalas P/s. Cleansing whereby FGM practitioners still believe at the grass-root level that it is a religious obligation. The absence of clarification on this issue by the concerned religious leaders has strengthened the notion that FGM is part of religious duty. These beliefs and values pose continuous challenges to Kalas Girls P.S in its effort to control FGM in the district.

4.4.5 Prospects for curbing FGM in the community

In spite of the value attached to FGM in the wider society, individuals in the community are increasingly aware that FGM is dangerous and has serious effect on the girls. One of the female teachers pointed out that

FGM leads to obstructed labour and is the reason for the high maternal mortality rate. It also increases the chances of spread of HIV/AIDS since they use sharp objects which are in most cases not sterilized (Female teacher, Interview, Amudat, 21th Sep, 2016).

This implies that the health risk of FGM are evident such as maternal mortality, narrowing of the virginal path which makes sexual intercourse difficult as a result of the scars, fistula and cancer of the cervix, excessive bleeding, increase in the rate of death among mothers old, new and teenage mothers in the community. Parents are acutely aware of these risks as mentioned by the father of one of the girls;

> Aside from the obvious resultant pain and torture that these children and women must endure, there are several other serious and fatal effects (Male parent, Interview, Amudat, 26th Sep, 2016)

Although the parent did not clearly articulate the effects of FGM, he is aware of the serious consequences of FGM on the girls. Additionally FGM increases vulnerability for teen mothers especially because they are already in danger by virtue of their age. FGM brings in an additional danger of obstructed labour. The FGM operation which is painful by itself has immediate and long-term consequences on the health and psychology of women and girl-children

More still the issue of HIV is pertinent as the government has invested a lot in its control. However the direct association between FGM and HIV remains unconfirmed, although the cutting of genital tissues with the same surgical instrument without sterilization could increase the risk for transmission of HIV between girls who undergo female genital mutilation together as agreed by WHO, (2010). Wood (2001), also pointed out that use of the same unsterilized instruments on several girls can put them at the risk of contracting and spreading infectious diseases including HIV, which, in most cases, can lead to AIDS.

These health risks pose continuous challenges to Kalas Girls P.S in its effort to control FGM in the district which calls for awareness by members of the community which can be an opportunity that plays in favour of Kalas Girls P.S participation in programmes to eradicate.

Among the most serious effects of FGM is pain, haemorrhage, infections, damage to the organs surrounding the clitoris and labia can occur and even death among others (Wegner 2011). According to Amnesty International, infibulation has long-term effects, and the constant cutting and re-stitching can result in tough scar tissue. Suffice it to mention that the vicious ripping of a child's genitals with a dirty knife or other similar instruments constitutes torture or cruel treatment.

Therefore, the awareness of parents about the disadvantages of FGM gives Kalas Girls P.S an opportunity to lay strategies to network with parents to reach out and control FGM in families.

4.5 Strategies of Kalas Girls P.S to curb female genital mutilation

In spite of the challenges to control FGM, Kalas Girls P.S has developed some strategies to facilitate its contribution to controlling FGM in the community. These strategies are mainly four, namely: improving Boarding facilities, scholarships, counseling, and security. Each of these strategies are discussed below

4.5.1 Improving boarding facilities

One of the strategies that Kalas Girls P.S has adopted is that it developed a boarding section to enable pupils to reside in school during the school term. Additionally to attract the girls

to the boarding section, the school plans to improve boarding facility as one of the male teachers explained;

> Parents want their children to be in the boarding so as to keep them away from FGM practice. (Male, Interview, Amundat, 25th, Sep, 2016)

Quality boarding schools provide such children with a good education, giving them the knowledge and skills to foster more prosperous futures for themselves, their families and their communities. This improves their prospects for the future and protecting the girls from FGM and early marriage.

Kalas Girls P.S has solicited for funding from NGOs to improve its boarding facilities. This was captured by a female teacher who narrated that:

> The school got a new dormitory constructed by Excel Construction Company funded by Irish Aid. This enabled the girls access good shelter with 48 double decker beds, solar panels for light in the dormitory. This attracted many girls in the boarding section (Female, Teacher, Amudat, 25th, Sep, 2016)

The importance of funding and collaboration of other stakeholders (government & NGOs) enables Kalas Girls P.S to provide secure environment for school girls free of FGM. This is in line with Wood (2001) who emphasizes the importance of collaborative effort to support schools as they campaign against FGM. Education is perceived as an important factor in the abandonment of FGM in the communities. In addition, most anti-FGM programs work closely with schools to recruit young people and their parents in awareness raising activities, through the

actions of teachers, out-of-school clubs, rescue camps, and empowerment programs.

Improved boarding facilities especially solar power infrastructure and beds attract and retain girls in school.

4.5.2 Scholarships

One of the strategies is identifying organizations that provide scholarships for the female pupils. Several of the funding organizations provide scholarships for girls through Kalas Girls P.S. One of the male teachers explained that;

> Scholarships are provided to the victims of FGM by ZOA to keep in school. There are also other organizations like BRAC, FAO, which also support girls who excel in PLE, UCE and UACE to attain tertiary education mostly those with good results,(Male Kalas Girls P/s, 24th, Sep, 2016).

The central issue of availing the scholarships is having mutilated girls re-enter school. Secondly, to retain the girls in school so that they can complete the education circle to higher education or professional training

In addition, retaining the girls in school through scholarships provides safety from FGM. One of the female teachers indicated that;

> Most of the sponsored girls were not mutilated. So this has helped the rest to dodge FGM so as to benefit from the scholarship. The girls are aware that FGM prepares them to be married off by their parents *(Teacher, 21th, Sep, 2016)*

This shows that boarding facilities at Kalas P/S provides safety from FGM and early marriage since the children are kept in school. Giving scholarships and keeping girls in schools has tremendously helped change the perception of female circumcision (Hernlund & Shell 2006). The elite groups have spearheaded campaigns against female circumcision.

In addition to combating poverty, elite women serve as best example role models in the communities. This is because they have been educated about how to combat FGM to make a difference between their own families. These role models also share their experiences about FGM and discourage the practice.

4.5.3 Counseling

One of the strategies of Kalas Girls P.S uses to curb FGM in the community is through group counseling as one of the female teachers said that

> Boarding schools have helped counseling the girls and helped the victims of FGM on how to cope with the trauma. Counseling enable the girls open up, deal with stigmatization of mutilated girls in the school (female *Teacher, 21th, Sep, 2016)*

Counseling is both preventing and curative in kalas Girls P.s. Counselors are important because they fully understands the issues and have experience of providing support and counseling sessions. According to Sass et al, (2001) Boarding schools normally give space to students who need extra support or need to talk about Female Genital Mutilation issues which can help the victims in coping with Trauma. This is important because if specific support on female genital mutilation is embedded into

already existing support frameworks in Kalas P/s as the students may already be aware of and comfortable engaging with them.

When a girl fears that her parents or other family members are arranging for her to be cut overseas, she may confide in her guidance counselor, social worker, therapist, or doctor. As such, school officials, public service providers, and health care professionals must play a fundamental role in preventing FGM from occurring. Unfortunately, currently these front-line agents may lack the education on the issue and the tools they need to interview FGM survivors and identify and assist individuals at risk of the practice (Creel & Ashford, 2001).

4.5.4 Security

It was revealed from the study that boarding schools provide security to the girls against FGM. One of the male teachers on Kalas P/S explained that;

> In most cases, parents send their girls to the schools so that they can be able to get security and protection to the girls who are likely to be lured into the practice *(Teacher, Kalas Girls P.S, 21th, Sep, 2016)*

Parents want to protect their girls from FGM and send them to boarding schools like Kalas Girls P.S. The boarding section provides shelter for girls against FGM. This reduces the potential risk of girls being subjected to FGM. This shows that in Kalas Girls P.S children are protected from harm by parents and relatives. It was revealed through interviews that Kalas P/S has developed additional strategies to provide security for the girls for instance the female deputy Head teacher explained that;

> Some of the girls have been employed in the school and to be models and examples for other communities (Female Deputy Head teacher, 24th, Sep, 2016).

However the girls need extra support from the school and other stakeholders (NGO and police) protecting the girls against the parents value and practice of FGM. Additionally, when some children want to go back to their families, the parents sign commitment letters against FGM. Therefore, the school is trying its best to ensure that the girls are protected from FGM. .

4.6 Conclusion

This chapter has covered presentation, interpretation, and discussion of the research findings from Kalas Girls primary school in Amudat District. The next chapter five covers the conclusions and recommendations of the study

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of findings in line with the study objectives and the researchers derived conclusions, recommendations and suggestions for further research. The study assessed the role of education institutions in curbing female genital mutilation on a case of Kalas girl's Primary School in Amudat Town council Amudat District.

5.2 Summary of Findings

5.2.1 Ways in which Kalas girls' primary school participates in the FGM prevention programme of Amudat district

The research findings highlighted that the participation in FGM prevention programs by Schools in Curbing Female Genital Mutilation. It was revealed that the schools have adopted counseling programs so as to accelerate change, linked with awareness-raising programmes which can contribute greatly to preventing female genital mutilation. More so, the schools are advocating for parent involvement is one of strategies for reducing FGM practices, because FGM is common in the remote villages but the areas around the town are abandoning the practice since the parents are more enlighten about the dangers of FGM. The schools are also involving other stakeholders and support organizations which are helping in fighting FGM. The findings revealed that the NGOs work hand in hand with the CBOs so as to make a focal point where the NGOs can be able to fundraise for scholastic materials, mattresses, sanitary pads and other necessary materials

5.2.2 Challenges the school faces in curbing female genital mutilation

The study revealed 3 major challenges Kalas P/S faces in curbing FGM. The challenges include discrimination, stigmatization of victims. This makes the victims refuse to report feelings of exclusion, shame, and loss of honour and social position. Kalas P/S also faces challenge of monitoring the girls during holiday period. This is because most of the villages are remote and are far away from the school. As such some parents take advantage of the long holiday period to circumcise and get the girls treated and healed before schools open. In some cases, parents forcefully remove girls from school for FGM. This makes it difficult for the school to provide security for girl's safety in boarding school. However, as some participants pointed out, circumcision can happen any time during the year and some parents have been known to forcefully remove their daughters from school to be circumcised.

5.2.3 *Strategies the school has adopted to curb female genital mutilation*

The study revealed several strategies adopted by Kalas girls P/S to curb FGM. Boarding facility shelter and protect girls from FGM. The role of boarding school is important in protecting girls from female genital mutilation. A boarding school provides shelter which protects the girls from FGM practice. Scholarships to attract and retain the girls in school. The boarding school was also seen to provide scholarships mostly to the victims of FGM by ZOA, BRAC and FAO among others. More so, giving scholarships and keeping girls in schools has tremendously helped change the perception of female circumcision. It was also revealed that the boarding school has helped the girls counseling and help the victims of FGM on how to cope with the trauma. This is because it is important that boarding schools

give space to students who need extra support or need to talk about Female Genital Mutilation issues which can help the victims in coping with Trauma.

5.3 Conclusion

5.3.1 Ways in which Kalas primary school participates in the FGM prevention programme of Amudat district

Kalas P/S plays an important role in curbing FGM in Amudat through counseling, involvement parents and community sensitization. More so, the schools are advocating for parent involvement and also sensitizing the parents is one of strategies for reducing FGM practices, working hand in hand with NGOs so that they can be able to fundraise for scholastic materials, mattresses, sanitary pads and other necessary materials.

5.3.2 Challenges the school faces in curbing female genital mutilation

Strong cultural value attached to FGM poses a major challenge to the efforts of Kala P/s to curbing FGM. The value attached to FGM makes parents take advantage of holiday to circumcise the girls or forcefully withdraw the girls from school. This is coupled with distance and remoteness of the villages poses a big challenge to kalas P/S. The major challenge that Kalas girls P/S faces in curbing FGM is its inability to monitor the girls during holidays. Parents are also a challenge especially those forcefully remove the girls out of school. It appears from the research that the boarding facilities have not succeeded in gaining local acceptance, and are therefore limited in their effectiveness and are unsustainable

5.3.3 Strategies the school has adopted to curb female genital mutilation

Boarding facility of Kalas P/S stood out as the most important control against FGM. The sheltered nature of boarding facilities gives protection of the girls and control of FGM. As such boarding school attracts scholarships more easily than non-boarding schools.

5.4 Recommendations

Kalas P/S should be supported by local government education department to strengthen its community engagement to counteract the strongly cultural value attached to FGM.

Teachers must be educated about the practice and consequences of FGM, taught to identify common signs indicating that a student may be at risk of undergoing the procedure, and trained to educate families about the importance of complying with federal and state FGM laws. Likewise, teachers should be trained to monitor children who return to the classroom and to investigate red flags that may indicate the child has undergone FGM. When appropriate, teachers must be educated about the importance of their duty to report FGM.

More interventions are needed to help girls cope with the tremendous social pressure that forces them to submit to the practice, for example through girl empowerment programmes. These could range from informal clubs in schools or churches to more structured residential courses.

Increased community education is needed on the negative health and social effects of FGM and its illegality. Programmes should engage the whole community, including boys, men, local authority

staff, teachers, community and church leaders, and traditional circumcisers and health professionals.

The ministry of Gender, Labour & Social Development and the local agencies need to strengthen public awareness around the existing laws in relation to FGM and the process of reporting cases of FGM to the authorities. The government also needs to enforce the laws more diligently at local and national levels.

More girl empowerment programmes are needed, to help girls resist the social pressure to undergo FGM. These can be as simple as clubs in schools to teach life-skills, and offer information and social skills training to resist family pressure. More Alternative rite of passage programmes are also needed, to extend the coverage of the current activities.

The involvement of medical staff in perpetuating FGM must be addressed by the government more strictly. The Ministry of Health has in the past issued prohibitions against the practice, but it appears not to have succeeded in changing behaviour. It is important to revisit this issue, and enforce the prohibition more effectively, with stricter sanctions.

It is important to support the girls in terms of material like sanitary pads, school fees which may make them stay at home end up getting mutilated.

As this practice serves for culture purposes, and a community without culture is dead, it would be better if this practice is promoted by improving the environment and conditions to perform this activity through the government legalizing this practice and training the specialists of female circumcision as it is for men at hospitals. This can minimize different risks and problems

pertaining to this practice, like contamination of infection diseases, much bleeding, pains and many more.

5.5 Areas for further Research

Due to the limitation of time the same study could be conducted a few years from now in order to establish the contribution of education institutions in curbing female genital mutilation in Amudat district.

More so, the actual correlation between education institutions and other stake holders like NGOS/CBOS in curbing female genital mutilation should be further explored in order to create more efficient programs for FGM prevention. One should also remember not to neglect the girls who already been Mutilated, but help them to ease their situation.

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Appendix i:Questionnaire for head teacher and teachers

Mr. MUDABAN Benon. A student of Masters Degree in Local Governance and Human Rights at Uganda Martyrs University

Research Topic **"assessing the effectiveness of Educational Institutions in Curbing FGM in Amudat District. A case Study of Kalas Girls Primary School in Amudat Town Council"**

Is seeking for consent from you to be interviewed as a respondent (The research is purely for academic purposes)

1. Name :……..……..(optional)
   Sex
   Male ☐
   Female ☐
2. Position……
3. What is your common understanding of female genital mutilation?
   ……
4. Has female genital mutilation got any advantages?
   Yes ☐
   If yes, what are the advantages?
   ……
   ……
   No ☐

If no, what are the disadvantages?

……

……

5. Have you ever talked to your pupils on the effects of female genital mutilation?

Yes ☐

If so, what have you talked to them?

……

……

No ☐

If no, explain why?

……

……

6. Are there any programs to deal to deal with Female Genital Mutilation in your school?

Yes ☐

If yes, what are these programs?

……

……

No ☐

If no, why?

……

……

7. (a) What advantages does the boarding facility offer against Female Genital Mutilation

……

…….

(b) What challenges do the girls face in relation to Female Genital Mutilation in the boarding facility?

……

……

8. Have the parents/guardians embraced the idea of having boarding facility for girls as a measure in curbing Female Genital Mutilation

Yes ☐

If yes, they state

……

……

No ☐

If No

……

……

9. Has the boarding facility helped in creating awareness on the effects of Female Genital Mutilation?

Yes ☐

If yes

……

……

No ☐

If No

……

……

10. Has the school ever got support from any private individual in promoting the boarding facility as a way of curbing female genital mutilation

Yes ☐

If yes, state the effectiveness of the support

……

……

No ☐

If No…….

11. Has the school introduced scholarships for the girl child as a measure in curbing Female Genital Mutilation?

Yes ☐

If yes

……

……

No ☐

If No

……

……

Has the scholarship helped in curbing Female Genital Mutilation?

If yes, explain

……

……

If No, why not?

……

……

12. When the school closes for holidays, do the girls go back or remain at school?

……

……

If they go back home, do you monitor them not to be lured into female genital mutilation?

……

……

13. Among the staff at Kalas girls, do we have those who have under gone female genital mutilation?

Yes ☐

No ☐

Have they ever shared their experience with the pupils?

If yes, explain

……

……

If No, explain

……

……

14. In your own words mention the challenges you have faced in curbing female genital mutilation in your school.

……

……

15. What control measures have you put in place to address the challenges above.

……

……

16. Do you think more boarding schools for girls should be set up in the district?

……

……

END

Appendix ii: Interview guide for Pupils

1. What do you know about Female Genital Mutilation?
2. Have you under gone Female Genital Mutilation? Yes/No

   If yes, explain

   ……

   ……

   If No, explain

   ……

   ……
3. What are some of the good and bad things you get because of Female Genital Mutilation?
4. Are you in the boarding section? Yes/No
5. How did you get to the boarding facility?
6. Where you taken to the boarding facility as a way of protecting you from undergoing Female Genital Mutilation? Yes/No
7. Have your parents embraced the idea of taking you in boarding facility as a way of curbing Female Genital Mutilation?
8. Have your parents partnered with the school administration to support you to be in a boarding facility as a way of curbing Female Genital Mutilation?
9. What measures have been put by the boarding facility as a way of curbing Female Genital Mutilation
10. Does the school offer scholarships as incentives of attracting girls to be in the boarding section as a way of curbing Female Genital Mutilation?

11. Have you ever got any support from Community based Organizations as a way of facilitating you being in a boarding section in order to curb Female Genital Mutilation?

If yes, what are these incentives?

……

……

12. Have you interacted with girls who have already undergone Female Genital Mutilation in case you have not yet undergone it, do not these girls influence you that you should undergo it
13. What measures has the boarding facility put in place as a way of curbing Female Genital Mutilation? Explain
14. Does the school invite other stake holders like Doctors, Community Liaison Police Officers to tell you the effects of Female Genital Mutilation as a way of curbing it?
15. During holidays do you go back to your parents? Yes/No

    If yes, how are you protected against Female Genital Mutilation?

    If No, where do you remain?

16. Does the school offer you enough support in terms of material benefits and awareness as a way of curbing Female Genital Mutilation?
17. Are there any advantages of being in a boarding section? Yes/No
18. What challenges do you face as being in a boarding facility?
19. How do you overcome those challenges?

END

Appendix iii: Questionnaire for District Health Officer/Health Officer

Mr. MUDABAN Benon. A student of Masters Degree in Local Governance and Human Rights at Uganda Martyrs University

Research Topic "**assessing the effectiveness of Educational Institutions in Curbing FGM in Amudat District. A case Study of Kalas Girls Primary School in Amudat Town Council**"

Is seeking for consent from you to be interviewed as a respondent (The research is purely for academic purposes)

1. Name……(optional)
2. Sex
   Male ☐
   Female ☐
3. Position……..
4. What is your common understanding of female genital mutilation?
   ……
   ……
5. Has it got any health effects on the girl child?
   Yes ☐
   If yes, explain
   ……
   ……
   No ☐
   If No, explain
   ……
   ……

6. Have you ever partnered with any Educational Institution and other stake holders which have a boarding facility for girls as a way of curbing female genital mutilation?

   Yes ☐

   If yes, explain

   ……

   ……

   No ☐

   If no, explain?

   ……

   ……

7 As a medical officer, have you put in place any strategies in helping Educational Institutions offering boarding facilities as a way of curbing female genital mutilation?

   If yes, what are the strategies?

   ……

   ……

   Have the strategies been effective in supporting boarding facility in curbing female genital mutilation?

   ……

8. Have you ever been invited by the school administration of Kalas Girl's Primary School to talk about the effects of female genital mutilation? Yes/No

   If yes, explain

   ……

   ……

   If No, explain

   ……

   …….

9. According to you, has female genital mutilation increased or decreased ever since the boarding facility for girls was set up at Kalas girls in Amudat district? Yes/No

   If yes, explain

   ……

   ……...

10. What are the advantages of boarding facilities in curbing Female Genital Mutilation?

    ……

    ……

11. What are the challenges you have faced in helping Educational Institutions with boarding facilities in curbing female genital mutilation?

    ……

    ……

12. What measures have you put in place to overcome the challenges?

    ……

END

Appendix IV: Questionnaire for district education officer

Mr. MUDABAN Benon. A student of Masters Degree in Local Governance and Human Rights at Uganda Martyrs University

Research Topic "**assessing the effectiveness of Educational Institutions in Curbing FGM in Amudat District. A case Study of Kalas Girls Primary School in Amudat Town Council"**

Is seeking for consent from you to be interviewed as a respondent (The research is purely for academic purposes)

1. Name…… (Optional)
2. Sex

   Male ☐

   Female ☐
3. Position…….
4. What is your common understanding of female genital mutilation?

   ……

   ……..
5. What value do you attach to female genital mutilation as far as a girl child is concerned?

   ……

   ……
6. Why does female genital mutilation continue to be practiced despite numerous campaigns against it?……

   …….
7. Have you received cases of girls who have dropped out of school because of female genital mutilation? If so why?

……

…….

8. Have you set up any boarding facilities for the girl child at primary level?

Yes ☐

If yes, has it been effective in curbing female genital mutilation?

……

……

No ☐

If No

……

……

9. What system have you put in place to encourage the parents/guardians to release their daughters to be in the boarding section?

……

……

10. Are there any programs you have designed for boarding facility which help in curbing Female Genital Mutilation?

Yes ☐

If yes, what are they?

……

……

No ☐

If No, why

……

……

11. What advantages does the boarding facility offer against Female Genital Mutilation?

……

……

12. Have the advantages been helpful at Kalas girl's primary school in curbing Female Genital Mutilation?

……

……..

13. What support have you ever given Kalas Girl's Primary School in order to curb Female Genital Mutilation?

……

…….

14. Have you patterned with other stake holders in supporting the boarding facility at Kalas Girls as a way of curbing Female Genital Mutilation?

……

……

END

Appendix v: Questionnaire for District Community Development Officer

Mr. MUDABAN Benon. A student of Masters Degree in Local Governance and Human Rights at Uganda Martyrs University Research Topic "**Assessing the effectiveness of Educational Institutions in Curbing FGM in Amudat District. A case Study of Kalas Girls Primary School in Amudat Town Council**"

Is seeking for consent from you to be interviewed as a respondent (The research is purely for academic purposes)

1. Name…….(optional)
2. Sex
   Male ☐
   Female ☐
3. Position……..
4. What do you know about Female Genital Mutilation?
   ……
   ……
5. Do you always carry out community sensitization on Female Genital Mutilation?
   Yes ☐
   If yes, what are always your target groups?
   ……
   ……
   No, why
   ……
   ……
6. How rampant are cases of Female Genital Mutilation in the district?

……

……

7. Has the boarding section at Kalas Girls helped in reducing Female Genital mutilation?

   Yes ☐

   If yes, explain

   ……

   ……..

   No ☐

   If No, why

   ……

   ……

8. As a community development officer, have you partnered with Community based organizations to support boarding section for the girls as a way of curbing Female Genital mutilation?

   ……

   ……....

9. Have you ever been invited by the Head Teacher of Kalas Girl's primary school to talk to the parents to have more girls admitted to the boarding section as a way of curbing Female Genital mutilation?

10. Have you ever reached out to the parents to take their girl children to boarding school as a measure of curbing Female Genital Mutilation?

    ……

    ……

11. In your opinion has the boarding section at Kalas Girl's helped in reducing the cases of Female Genital mutilation?

……

……..

12. How many community based organizations have been registered in your areas which have programs to help educational institutions in curbing Female Genital mutilation?

……

……

13. Do these community based organizations give scholarships to girls?

……

……

14. What challenges have you faced as a community development officer in helping educational institutions to curb Female Genital mutilation in Amudat District?

……

……

END

Appendix VI: Questionnaire for Community Based Organization Officers

Mr. MUDABAN Benon. A student of Masters Degree in Local Governance and Human Rights at Uganda Martyrs University. Research Topic "**Assessing the effectiveness of Educational Institutions in Curbing FGM in Amudat District. A case Study of Kalas Girls Primary School in Amudat Town Council"**

Is seeking for consent from you to be interviewed as a respondent (The research is purely for academic purposes)

1. Name…….(optional)
2. Sex
   Male ☐
   Female ☐
3. Position……..
4. What is your common understanding of Female Genital Mutilation?
   ……
   ……
5. Do you know the effects of Female Genital Mutilation?
   Yes ☐
   If yes, what are always your target groups?
   ……
   ……
   If No, why
   ……
6. What programs have you put in place as CBO'S to support educational institutions in curbing Female Genital Mutilation?
   ……
   ……

7. Are there any advantages in boarding facility as a way of curbing Female Genital Mutilation?

……

……

8. Are there any advantages in a boarding facility as a way of curbing Female Genital Mutilation?

……

……

9. As members of CBO, what measures have you put in place to monitor the girls who are in the boarding facility not to engage in Female Genital Mutilation

……

……

10. As a CBO, have you helped the boarding facility by offering scholarships as a way of curbing female mutilation?

……

……

11. Do you carry out seminars and workshops in the communities to encourage or to promote the boarding facility as a way of curbing Female Genital Mutilation?\

Yes ☐

If Yes, explain

……

……

No ☐

If No, why?

……

……

12. Do you work with other stake holders in promoting boarding facilities in Educational institutions as a way of curbing Female Genital Mutilation? State

Yes ☐

If yes, explain

……

……

No ☐

If No, why

……

……

13. What challenges does the boarding facility face in your face in curbing Female Genital Mutilation?

……

……

14. What measures have you put in place to overcome the challenges?

……

……....

END

Appendix vii: Questionnaire for community liaison officer of police

Mr. MUDABAN Benon. A student of Masters Degree in Local Governance and Human Rights at Uganda Martyrs University. Research Topic "**assessing the effectiveness of Educational Institutions in Curbing FGM in Amudat District. A case Study of Kalas Girls Primary School in Amudat Town Council**"

Is seeking for consent from you to be interviewed as a respondent (The research is purely for academic purposes)

1. Name…….(optional)
2. Sex

Male ☐

Female ☐

3. Position……
4. What do you know about Female Genital Mutilation?

……

……

5. Do you always carry out community sensitization on effects of Female Genital Mutilation?

Yes ☐

If yes what are always your target groups?

……

……

No ☐

If No

……

……

6. Do you always have target groups which you sensitize about the effects of female genital mutilation? Yes/No

If yes, explain

……

……

If no, explain

……

……

7. Do you have educational institutions offering boarding facilities as a way of curbing female genital mutilation in your area of policing? Yes/No

   If yes, explain

   ……

   ……....

8. What programs do you have in place to support Educational Institutions offering boarding facilities as a way of curbing female genital mutilation?

   ……

   …….

9. Have you ever been invited by the school Administration of Kalas Girl's Primary School to teach the pupils on the law against Female Genital mutilation? Yes/No

   If yes, explain

   ……

   ……

10. Have you ever reached out to the parents to take their daughters to boarding school as a measure of curbing female genital mutilation?

    ……

    ……....

11. Has the boarding section at Kalas Girl's helped in curbing Female Genital Mutilation in Amudat Town Council? Yes/No

If yes, explain

……

……

12. Has Kalas Girl's put in place enough measures to support the boarding facility which can support it curb female genital mutilation? Yes/No

If yes, explain

……

……

13. What challenges have you faced as a Police Officer in supporting Educational Institutions offering boarding facility as a way of curbing Female Genital Mutilation?

……

……

14. What measures have you put in place to overcome the challenges

……

……

15. In your own words, should more educational institutions be set up with boarding facilities for girls as a way of curbing female genital mutilation?

……

……....

END

Appendix viii: Interview guide for Parents/ Guardians

1. Name……(optional)
2. Sex

   Male ☐

   Female ☐
3. Position……..
4. What do you know about Female Genital Mutilation?

   ……..
   .....
   .....
   .....
   .....
   .....
   .....
   .....
5. Do you support the practice?

Yes ☐

No ☐

Why?

……

……

6. Are you aware of any effects of Female Genital Mutilation and which are these?

……

7. Do you have daughters who underwent female genital mutilation?

   Yes ☐

   No ☐

What challenges they faced?

……

……

8. Do you have daughters who are studying at Kalas girls? Yes/No. if yes why did you take her there?
9. Did she undergo Female Genital Mutilation? If not why?
10. Do you think boarding section for girls has helped in curbing female genital mutilation in Amudat district?
11. What support have you given to the school facilitating in curbing female genital mutilation
12. Have you encouraged other parents to take their daughters as a measure of curbing Female Genital Mutilation
13. Have they embraced the idea of taking the girls to the boarding schools as a measure of curbing Female Genital Mutilation
14. As a parent how do you guard this girl not to be influenced by others to undergo Female Genital Mutilation during holidays?
15. Has Kalas girls got any programs which encourage parents to take girls in a boarding section as a measure of curbing Female Genital Mutilation?
16. Has the boarding facility at the school got any challenges in curbing Female Genital Mutilation?
17. What mechanisms have you put in place to overcome those challenges

18. Would you like to see the practice come to an end?

Yes ☐

No ☐

Explain why?

……

……

19. Do you receive any messages from the community leaders against Female Genital Mutilation?

Yes ☐

No ☐

If yes what are these messages?

……

……

20. Do you support your daughter going to a boarding primary school?

Yes ☐

No ☐

Support your answer

……

……

21. What advice do you give to those campaigning against Female Genital Mutilation?

……

22. Do you have children who underwent female genital mutilation? If yes what are the challenges they faced?

END

Appendix ix: Questionnaire for local council members

1. Name…… (Optional)
2. Sex

   Male ☐

   Female ☐

1. Position……..
2. What is your common understanding of Female Genital Mutilation?

   ……

   ……

3. What is your personal opinion about female genital mutilation in Amudat town council?

   ……

   ……

4. Why do you think female genital mutilation still goes on in Amudat town council?

   ……

   ……

5. As a Local Council leader has the law against female genital mutilation been effective?

   ……

   ……

6. As a leader, have you engaged in sensitization of the community to take their daughters to a boarding facility as a way of curbing female genital mutilation? Yes/No

   ……

   ……

7. Have the members of the community responded by taking their daughters to a boarding facility as a way of curbing female genital mutilation? Yes/No

8. You as Local leaders, what programs have you put in place to support the boarding facility as a way of curbing female genital mutilation? Explain
9. Do you have any by-laws governing those programs in case of any?
10. As a Local leader have patterned with other stake holders like District Education Officers, Police, Medical Officers, and Community Based Organization in supporting the boarding facility for girls as a way of curbing female genital mutilation?
11. As Local leaders do you work hand in hand with the school administration of Kalas Girl's Primary School to identify daughters or girls who are willing to be in the boarding facility as a way of curbing Female Genital Mutilation?
12. As a Local leader have you seen any effective roles played by the Educational Institutions offering boarding facility as a way of curbing Female Genital Mutilation? Yes/No
    If Yes, what are the roles
13. What are the advantages of the boarding facility offered by Educational Institutions as a way of curbing female genital mutilation?
14. What are the challenges you face as Community Leaders in supporting Educational Institutions offering boarding facility as a way of curbing female genital mutilation?
15. What measures have you put in place to overcome those challenges?
16. Do you support more Educational Institutions offering boarding facility to be set up as a way of curbing female genital mutilation?

END

Appendix X: Sample Size

Population	**Sample size**	**Gender**	**Sampling technique**	**Justification**	**Data collection method**
Teachers	4	Male	purposive	They interact with the girls on daily basis	Questionnaire
	4	Female			
School pupils	15	Female	purposive	This number represented other girls in the school	Interviews
Parents/ guardians	4	Male	purposive	They are the ones in-charge of the girls (victims)	Interviews
	4	Female			
N.G.O/CBO	2	Any	purposive	They work with institutions and communities	Questionnaires
Educational officer	1	Any	purposive	Senior educational technical officer/ policy formulator	Questionnaire
C.L.O	0	Any	purposive	The link person	Did not return the

				between community and police	questionnaire
District Health officer	1	Any	purposive	Senior medical technical officer who knows the effects of FGM	Questionnaire
Community Development Officer	1	Any	Purposive	Technical officer for development programmes in partnership with the community	Questionnaire
L.C.1	1		purposive		Interviews
L.C.2	1		purposive		Questionnaire
L.C.3	1		purposive		Questionnaire
Total respondents	42				