

**MOUNT KENYA UNIVERSITY**

**SCHOOL OF SOCIAL SCIENCE**

**FOCULTY OF DEVELOPMENT STUDIES**

**THE PERSISTENCE OF FGM AND IT'S IMPACT ON WOMEN  
ACCESS TO EDUCATION AND EMPOWERMENT: A CASE STUDY  
OF MANDERA, NORTH EASTERN REGION  
MANDERA COUNTY, KENYA.**

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## **Abstract**

Female genital mutilation (FGM) sometimes known as female circumcision (FC) is one of the socio-cultural practices that have been and continue to be practised in various parts of the world. For example Somali, Kisii and Maasai community.

FGM/C comprises all procedures involving partial or total removal of the female external genitalia, or other injury to the female genital organs for non-medical reasons. WHO recognises four types of FGM/C, the most severe of which is type III (sometimes known as Pharaonic circumcision or infibulation). Approximately 15 percent of all cases of genital cutting are of this type. It consists of the removal of all, or part of, the clitoris, excision of all, or part of, the labia minora, and cutting of the labia majora to create raw surfaces, which are then stitched or held together so that the scar tissue forms a cover over the vagina when healed. Thorns or stitches may be used to hold the two sides of the labia majora together, and the legs may be bound together for up to two weeks. A small opening is left for the passing out of urine and menstrual blood.

FGM is performed among different ethnic and religious groups, in urban and rural areas, and among all education levels and social classes. There is, however, considerable variability across and within countries regarding these factors, as well as in the type of FGM practiced, the age at which FGM occurs, the type of practitioner who performs FGM, and the rituals and traditions surrounding the practice. The increasing recognition of FGM as an issue of global concern has seen evolving collaborations between nations; donors; international, regional and local nongovernmental organizations; individuals; and communities. These collaborations have proved essential given the complexity of the factors that influence the continuation of the practice and the long-term efforts required to support communit

The overall policy goal of education for the Kenyan Government is the provision of education and training to all Kenyans as it is fundamental to the Government's overall development strategy. This emphasis means that every Kenyan has the right to education and training no matter his/her socio-economic status. The Government has therefore allocated substantial resources and there has been notable achievements attained, but the sector still faces major challenges related to access, equity, and quality amongst others (Session paper no. 1 2005:2). One of these major challenges to access is the existence and persistence of retrogressive traditional practices such as female genital mutilation (FGM). The first concern of this study is that despite the immense awareness of the dangers on the victims in many aspects in life, and efforts to stamp it out, FGM still persists and thrives in many parts of the country to date. Secondly, there is an ever growing gender disparity in Mandera County, whereby women professionals are hard to come by. Even in the teaching profession which is associated with females in Kenya, there are a negligible number of female teachers of Somali origin. There is therefore need to liberate these girls from the persistent "senseless genital mutilation" by proper and relevant socialization and empowerment against cultural practices.

In Kenya, FGM has been in practice since time immemorial. The event is regarded as a significant point of reference in most conversations that reflect on their origin. The Kenya Demographic and Survey Data (KDSD 2003:57) reveals that FGM is nearly universal among the Somalis (97%), Kisii (96%) and Maasai (93%). It is also common among the Taita (62%), Kalenjin (48%), Embu (44%) and Meru (42%). The levels are lower among the Kikuyu (34%) and Kamba (27%). This action is a violation of the right of children of primary school age which is provided for by law (Children's Act 2001), which advocates for, amongst others, the right to education. The survey showed that there is a strong relationship between educational level and circumcision status. This action goes against the Kenyan government's