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RESEARCH ARTICLE

EFFECTS OF FEMALE GENITAL MUTILATION AND ALTERNATIVE RITES OF PASSAGE ON GIRL-CHILD SELF ESTEEM: EXPERIENCES FROM MARIGAT DISTRICT IN KENYA

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ABSTRACT

The purpose of the study was to examine the potency of alternative rites of passage in enhancing girl child self-esteem. To achieve this, the study sought to compare the effects of Female Genital Mutilation (FGM) and alternative rites of passage on girl-child self-esteem in Marigat District in Kenya. The study adopted a descriptive survey research design. A total of 132 respondents were involved in the study. The selection of the study sample was done using stratified random sampling, simple random sampling and proportionate sampling. Schools were stratified into educational divisions from which 16 out of the total of 45 public schools in Marigat District were selected using proportionate random sampling. To get a specific school to participate in the study, simple random sampling was used. The respondents of the study included teachers and pupils from the selected schools, who were selected through simple random sampling. Questionnaires, interview schedules and document analysis were used to collect data. Descriptive statistical techniques and inferential statistics (t-test) were used in analyzing the data with the aid of the SPSS computer program. The study revealed that, unlike FGM, the alternative rites of passage enhanced girl-child self-esteem, though some section of the society still considered it as a foreign practice in the society. Majority of the learners, for instance, agreed that they had no doubts about their academic abilities while others blamed their teachers and fellow pupils whenever things went wrong. The elements of the existing alternative rite of passage included: gender roles; sex and sexuality; adolescence challenges and how to counter them; life skills and self reliance; Christian moral values; family life issues; economic empowerment; rights of the girl-child; health issues; nutrition, cultural values and career choices. It was recommended that the school administrators, teachers and parents should come up with activities in order to enhance self esteem of the learners who have undergone FGM as well as the alternative rites of passage and to eliminate all the barriers that may lead to stereotype or make the learners feel inferior to or ridiculed by others.

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INTRODUCTION

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for non-medical reasons or not. According to WHO (1997) classification, there are four types of FGM. These include:

- **Clitoridectomy:** Partial or total removal of the clitoris and/or the prepuce (clitoridectomy).
- **Excision:** Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (excision).
- **Infibulation:** Narrowing of the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or labia majora, with or without

excision of the clitoris (infibulations). It is the most extreme form of FGM and accounts for almost 15% of all FGM procedures. Infibulation is also known as “pharaonic circumcision”.

- **Unclassified:** All other harmful procedures to the female genitalia for non-medical purposes, for example, pricking, piercing, incising, scraping and cauterization.

Health Effects of FGM

The immediate physical health consequences include haemorrhage, pain, shock, trauma, which can lead to unconsciousness or death, infections and abscesses. Unhygienic conditions, use of contaminated instruments, bare hands and applications of substances such as herbs or ashes to the wound frequently cause serious infections, acute urinary retention, injury to the adjacent tissue, e.g. urethra and the vaginal opening, perineum and rectum/anus, fractures and dislocation and failure to heal.

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Long-term consequences that are also most likely to occur are: cysts and abscesses on the vulva; recurrent urinary tract infections and incontinence; difficulties in menstruation; chronic pelvic infection; obstetric complication, and keloid scar formation. The psychosexual consequences include sexual dysfunction which may occur in both partners as a result of painful intercourse and reduced sexual sensitivity following clitoridectomy, and narrowing of the vagina opening, clitoral neuroma, perineal lacerations and possible brain damage to infants during birth (UNESCO, 2003).

Social Cultural Aspects Regarding FGM

Among many communities, FGM has deep cultural significance. It gives women and girls a sense of belonging to the community. Families that promote FGM claim that the practice has been there since time immemorial and feel obliged that their traditions are followed. Among other reasons, FGM is alleged to enhance a girl's marriage prospects and allow them to become mothers and socially acceptable individuals. Girls who are not circumcised stand to be ridiculed, stigmatized and are not allowed to participate in community activities. Male dominance in society has contributed to the prevailing notions of significance of the practice (Masterson and Swanson, 2000).

Economic Aspects Regarding FGM

There are certain factors that contribute to the cultural importance of FGM. In some communities, the ritual is often associated with presentation of gifts to the girl and a great honour to the family. A girl who is circumcised brings great honour to the family and is likely to fetch high bride price. For the women who perform circumcision, it is a lucrative business and a source of income. Sometimes it is not remuneration but the prestige and power of the position that compels practitioners to continue (UNICEF, 2005).

The Human Rights Aspects Regarding FGM

Gachiri and Ephigemia (2000) state that Female Genital Mutilation (FGM) may be viewed through the human rights lens by recognizing that the practice violates a set of universally accepted minimum standards. This is not only because it is discriminatory against women but also because of its side effects, which effectively affect women's enjoyment of their human right to sexual pleasure by either ending it or significantly lowering its quality. It is an abuse of human rights since it functions as an instrument for socializing girls into prescribed groupings hence denying them the right to self-determination. Masterson and Swanson (2000) posit that the justifications for FGM are based on aspects of tradition, religion and notions of women's sexuality. The latter is most prominent since the main reason put forward for the practice of FGM is that it controls sexuality. It is claimed that the cut preserves the girl's virginity and protects marital fidelity because it diminishes the sexual pleasure of a woman during sex. Without this part, women are condemned to a life of only giving pleasure to men and not receiving any. This effectively makes FGM discriminatory compared to male circumcision where the practice is beneficial and not aimed at denying men

any rights. The practice of FGM is also a violation of other human rights which include: the right to be free from gender discrimination, right to life and to physical integrity, right to health and rights of the child (UNICEF, 2005).

The circumcision rite and the informal as well as formal education accompanying the whole process traditionally had a very special meaning and wherever it is authentically practiced today. All human behaviour within cultures has value for the people who initiate and perpetuate the practice. The circumcision ritual has a place in the life of the people. An individual is placed in their proper status because of the rituals they undergo as they grow up (Gachiri and Ephigemia, 2000). It is worth noting that as much as the FGM is still valued by a number of communities practicing it, it has several negative effects which include the painful surgical procedure done without any anaesthetic, causing psychological trauma, severe blood loss and bleeding of lesser degree which could result in anaemia. The FGM wound is prone to bacterial infections; if this remains localized it causes pain and inflammation and possibly an abscess; if it becomes generalized, it causes septicaemia which may be fatal. Tetanus is another fatal complication likely to arise. The use of non-sterile instruments can cause the spread of viral infections like HIV/AIDS, hepatitis and genital infections. Wrong techniques used during the procedure may cause scarring of the urethra and nerves. Obstruction to the urine flow, if total, can cause kidney failure and death. Long-term psycho-sexual dysfunction causes marital disharmony because of deep psychological wounds resulting in anxiety, depression, frigidity and irritability. Social consequences include the loss of trust in those who should be seen as support and care givers such as mothers and other older women (Gachiri and Ephigemia, 2000). Circumcised girls consider themselves mature and then begin unhealthy preoccupation with their sexuality; soon their performance in school gradually drops, then they begin to feel ashamed when smaller girls perform better than them in class. If this trend continues for some time, together with accompanying punishments for low performance and taunting from small boys in school, the circumcised girls could end up pregnant or just leaving school to be married or are driven to prostitution by poverty and frustration.

Psychological Effects of FGM

Serbin *et al.* (1993) says that the FGM practice has several psychological effects on the lives of girls and women. Girls have reported disturbance in eating, sleep, mood and cognition shortly after undergoing the procedure. Many girls and women experience fear, submission or inhibition and suppressed feelings of anger, bitterness or betrayal. Studies from Somalia and Sudan indicate resulting negative effects on self-esteem and self-identity (Gachiri and Ephigemia, 2000). Rahman and Toubia (2000) argue that governments should devote resources to supplying information to FGM practicing communities about this practice and human rights in general. The information should emphasize the potential psychological and physical impact of FGM on women, girls and the community at large and re-examine the history and purpose of FGM. It should promote human rights and demonstrate the manner in which human rights are affected by FGM and focus on the

needs of women and girls while involving the entire community. Self-esteem beliefs are especially sensitive to contextual variation in a particular task or activity (Pajares, 2001). In a school learning programme, a student's writing self-esteem may vary depending on whether he/she is asked to write an essay, a poem or a creative story.

Self-esteem level thus refers to these variations that cut across diverse tasks, such as mathematical problems presented in progressively increased complexity. Generally, the principle denotes the transfer of self-esteem beliefs across activities, such as different subjects with similar previous achievement. Cognitive skills may differ in subsequent achievement as a result of divergent self-esteem levels (Bandura, 1986). Similarly, students with similar previous achievements and cognitive skills may differ in subsequent achievements as a result of divergent self-esteem perceptions because these perceptions mediate between prior attainments and academic achievement. As a consequence, such performances are generally better predicted by self-esteem than by prior attainments. Collins (1982) reports that ability is related to performance but that regardless of ability level, children with high self-esteem complete more problems correctly and reward more of the ones they miss. In one research on the contribution of self-esteem and general mental ability, it was revealed that despite the impeccable influence of mental ability, self-esteem beliefs make very powerful and independent contribution to the prediction of performance (Pajares and Kranzler, 1995). According to Zimmerman (1995), self-esteem implies judgement of capabilities to perform tasks rather than personal qualities like physical characteristics or psychological traits. Instead they judge their capability to meet certain task demands not by who they are as people or how they feel about themselves in general. Self-esteem beliefs are multidimensional and they do not ascribe to a single dimension (Edelin and Paris, 1995).

Alternative Rites of Passage into Adulthood

According to Rahman and Toubia (2000), the aims of alternative rites of passage include to: eliminate female genital mutilation while retaining the transition from girlhood to womanhood; return all positive aspects of traditional female circumcision; warn the girls against negative instructions during traditional rites of passage; remove social stigma, humiliation and hostility formerly meted on both the uncircumcised girl and her parents; give the girl and her family another identity to substitute for the community identity they have lost; make the rite culturally acceptable to the community as the alternative to the female circumcision, and give the girls a real experience and conviction that from then on, they deserve status, honour and respect accorded to grown up women in the community. In Kenya, a Catholic diocese in Meru is promoting the establishment of an "alternative rite of passage" by organizing yearly classes for young girls and a subsequent ceremony. The development workers are seeking to replace genital mutilation as a part of the traditional rite of passage without eradicating the tradition of formally welcoming a girl to womanhood completely. In the course of their passage, girls spend a week away from their families, being taught about tradition food preparation and medicine,

before taking part in a ceremonial event that completes their passage. As a result, the rate of girls married off at very young age has declined, and the clerics hope that FGM incidents will decrease in the future (Ayabei, 2009).

Statement of the Problem

The introduction of Free Primary Education (FPE) in January 2003 in Kenya raised the national Gross Enrolment Rate from 88.2 per cent in 2002 to 102.8 per cent (105.0% for boys and 100.5% for girls) in 2003. By 2004 the national Gross Enrolment Rate rose further to 104.8 percent (108 % for boys and 101.6% for girls). The introduction of FPE witnessed a widening of the gender gap in favour of boys. Regional gender disparities are evident in enrolment, competition, repetition, transition and performance in the Kenya Certificate of primary education (Ministry of Education, 2007). National primary completion rate for boys are higher than for girls. With regard to educational achievement boys register better results than girls in the Kenya Certificate of Primary Education (KCPE) examination. In secondary school education level, the national completion rate in 2004 was 91.5% for boys and 87.5% for girls, registering a gap of 4% in favour of boys. Gender disparities in transition from secondary to public universities have been wide (Ministry of Education, 2007). To address girls' lower participation, the government has provided grants to some girls' schools, and is currently implementing an affirmative component to address the plight of the girl child on participation in education. For example, the provision of sanitary pads to girls and readmission policy of school-going mothers enables the girl-child to continue participating in school activities. It is also observed that the girl-child's transition and completion rates at secondary school educational level are still low (Ministry of Education, 2007). It is, therefore, evidently clear that in Kenya, gender parity is yet to be achieved. One way of mitigating this is by first establishing and dealing with the factors responsible for this scenario.

In communities that still practice FGM, the practice has been considered a major challenge to girl-child participation in education. However, some members of the same communities have embraced the alternative rites of passage for girls in which positive aspects of tribal culture are taught, such as self esteem, decision making, and respect for elders. At the time of research that informed the writing of this paper, no study had been done in Marigat District on the potency of alternative rites of passage in enhancing girl child self esteem and participation in education. This is the gap that the study sought to fill.

Limitations of the Study

The study was conducted in Marigat District of Rift Valley Province, which may not allow generalisability to the other Districts. Moreover, the study was limited to teachers and pupils. Other groups such as the Ministry of Education officials and other stakeholders may have had different perceptions.

MATERIALS AND METHODS

The study was carried out in Marigat District of Rift Valley Province. The area was selected because it is a place where

both FGM and alternative rites of passage are practiced by the same local community and was therefore ideal for the study since. The area provided an opportunity for comparison between the two practices. The study utilized the descriptive survey design. This design enabled the investigator to collect data from relatively large population which was cost effective and feasible in terms of time. The primary school teachers and Standard Seven pupils in the District constituted the target population. Schools were stratified into educational divisions from which 16 schools out of the total 45 public schools in Marigat District were selected using proportionate random sampling. This ensured that the sample was proportionally selected from the various subgroups constituting the population. To get a specific school to participate in the study, simple random sampling was used. From a target population of 422 teachers, simple random sampling was used to select 32 who participated in the study. Simple random sampling was also used to select 100 pupils from the selected schools. The independent variable was the potency of the alternative rites of passage. The dependent variables were the girl-child self esteem and participation in education. In testing self esteem, statements related to self esteem were generated and responded to on the Likert scale. Participation in education was measured using different indicators such as enrolment, transition rates from one grade to the other as well as the drop-out rates.

The main research instrument for the study was the questionnaire. An interview schedule was also used to overcome the limitations of the questionnaire. The questionnaire enabled the author to cover a wide area and minimized biases. In the study, both descriptive and inferential statistical techniques were used. These included percentages, modes and means and t-test for testing the hypothesis. Data was presented in tables.

RESULTS

Effects of FGM and Alternative Rites Of Passage on Girl-Child Self Esteem. The study sought to compare the self-esteem of female students who had undergone alternative rites of passage and that of those who had undergone FGM. A 5-point Likert scale was used whereby SA, A, U, D and SD were awarded 5, 4, 3, 2 and 1 points respectively. There were thirteen items that the learners were to respond to under this sub-section. The learners' responses were presented in terms of the mean and standard deviation. A mean of 2.5 and below was considered as 'Disagree' while a mean of more than 2.5 was considered as 'Agree'. The results were as indicated in Table 1 below.

Table 1. Effects of FGM and Alternative Rites of Passage on Girl-Child Self Esteem (Group statistics Results)

Rites of passage	N	Mean	Std. Deviation	Std. Error Mean
Self- esteem				
FGM	24	4.0028	0.86489	0.17901
Alternative	58	4.1113	0.87921	0.22353

As shown in Table 1, the girls who had undergone alternative rites of passage had high self-esteem than those who had

undergone FGM. This is indicated by a group mean of 4.1113 and 4.0028 respectively. This enabled the learners who had undergone alternative rites of passage to have no doubts about their academic abilities. They were confident in their academic pursuit and they had positive thoughts about their academic life. Further, majority of the learners who participated in the study stated that they did not blame their teachers and fellow pupils whenever things went wrong. The learners stated that they had a good relationship with teachers and with fellow pupils. Concerning respect, the learners who underwent alternative rites of passage respected themselves and others respected them and they also liked the things they said and did in their school activities and that they had a lot of confidence to perform well in school.

During the interview the teachers were asked to state the effects of FGM and alternative rites of passage on girl child self esteem and participation in education. Most of the teachers who participated in this study were in favour of alternative rites of passage. Majority of the teachers asserted that FGM leads to female torture that lowers self-esteem leading to school drop-out whereas in alternative rites of passage, girls are taught skills that they can apply in life and does not disrupt the education of girls and thus enhancing participation.

They also stated that FGM leads to school dropouts, vulnerability to disease whereas alternative rites enhance participation because the content is current and thus relevant to the modern world. FGM imparts skills that set the girls psychologically for marriage and thus affecting their participation in school and FGM leads to health complications thus affecting education negatively. When asked to evaluate the potency of alternative rites of passage in enhancing girl-child self-esteem and participation in education, the teachers who were interviewed were of the opinion that girls who had undergone alternative rites of passage were more effective than those who had undergone FGM. They stated that alternative rites of passage had led to reduction of incidences of teenage pregnancies; it had enhanced the girls' self-esteem and girls were taught the importance of education, hospitality and counselling and facts concerning HIV/AIDS.

Further analysis was done to confirm the findings as stated by the respondents concerning the influence of alternative rites of passage on girl-child's self-esteem. This was done by using t-test to test the hypothesis of the study. The null hypothesis stated that

HO: There is no significant difference in self-esteem between female students who have undergone FGM and those who have undergone alternative rites of passage.

This hypothesis was tested using t-test. This is an inferential statistics that tries to show whether there exists a difference between two means. The rejection level was set at 0.05. The null hypothesis is rejected if the p-value or significance is less than or equal to 0.05 and if more than 0.05, then the null hypothesis is accepted. After testing the above hypothesis the results were as shown in Table 2 below.

Table 4.5. Independent Samples Test Results

Levene's Test for Equality of Variances		t-test for Equality of Means								
		t	df	Sig(2-tailed)	Mean difference	Standard error difference	95% Confidence Interval of the Difference			
		F	Sig							
				Lower	Upper					
Self-esteem	Equal variances assumed	18.327	.037	4.1031	162	.001	0.1085	0.01432	2.17653	4.87056
	Equal variances not assumed			4.0123	158.481	.001	0.1085	0.01432	2.47682	4.64595

Since the p-value in the column labelled 'Levene's Test for Equality of Variances' was less than alpha (0.05), the author used the row of data labelled 'Equal Variances Assumed' and ignored the first row since it was not significant. Therefore, $t(162) = 4.0123$ and $p=0.001$ was obtained. Since $p < 0.05$, the null hypothesis was rejected, implying that the difference in means is statistically significant at the 0.05 level. This means that there was a significant difference in the level of self-esteem between the girls who have undergone FGM and those who have undergone alternative rites of passage. As shown by the results in the descriptive statistics, the girls who had undergone the alternative rites had a high level of self-esteem than the girls who had undergone FGM.

Variables of Existing Alternative Rites of Passage Curriculum

The interviewed teachers were asked to outline the various forms of the existing alternative rites of passage in the society. Majority of the teachers stated that the alternative rites included child rights, adolescence, personal hygienic and nutrition, girl-child clubs in schools, religious groups like YCS and CU in their churches, guiding and counselling girls and holding seminars to address the effects of FGM. The elements taught in each of the alternative rites mentioned included adolescent stage, sex and sexuality, HIV and AIDS and drug and drug abuse. The teachers who were interviewed stated the following elements that exist in alternative rites of passage curriculum: teachers responsibility; gender roles; sex and sexuality; adolescence challenges and how to counter them; life skills and self reliance; Christian moral values; family life issues; economic empowerment; rights of the girl-child; health issues; nutrition cultural values; and career choices. Concerning the adequacy of the alternative rites curriculum, the teachers were in agreement that basics were taught. However, they suggested that the scope should be widened. Concerning the relevance of the alternative rites curriculum, the teachers stated that it is a good practice since it instils responsibility in girls and that what is taught is relevant to the modern life. It serves the purpose of initiating the girls from girlhood to adulthood and it also exposes girls to skills that are related to the social, economic and religious aspects, hence discourages punitive cultural practices.

DISCUSSION

Effects of FGM and Alternative Rites of Passage on Girl-Child Self-Esteem

The study sought to establish the effects of FGM and alternative rites on girl-child self-esteem. It was found that

majority of the learners agreed that they had no doubts about their academic abilities while others disagreed to the statement that they blamed their teachers and fellow pupils whenever things went wrong. As observed by Redenbach (1991), self-esteem is the one key ingredient that affects the level of proficiency in all fields of endeavour. Concerning participation in school, the respondents disagreed to the statement that participation in school was not important. It was revealed that there was a good relationship between pupils with high self esteem and teachers and also with fellow pupils. In addition, the respondents were confident in their academic pursuit and they had positive thoughts about their academic life. Collins (1982) says that ability is related to performance but that regardless of ability level, children with high self-esteem complete more problems correctly and reward more of the ones they missed. Those who feel confident, generally, achieve more while those who lack confidence in themselves achieve less. Concerning respect, it was agreed that the learners respected themselves and others respected them while others liked the things they said and did in their school activities and they agreed that they had a lot of confidence to perform well in school. Another source of self-esteem is academic achievement. Good academic grades enhance one's sense of worthiness and competence. Self-esteem and academic achievement seem to be most highly related between the years of about seven to fifteen (Malbi and Reasoner, 2000). From the study, it is evident that girls who have undergone alternative rites of passage have high self-esteem than those who have undergone FGM.

The respondents disagreed with the statement that their parents, teachers and fellow pupils never appreciated their efforts in school. This implies that the girls who had undergone alternative rites of passage received support from their parents, teachers and fellow pupils. The findings of the study were in contrast with the views of Masterson and Swanson (2000) that since FGM enhances a girl's marriage prospects and allows them to become mothers and socially acceptable, girls who are not circumcised stand to be ridiculed, stigmatized and are not allowed to participate in community activities.

Elements of Existing Alternative Rites of passage curriculum

This study also sought to examine the elements of the existing alternative rites of passage curriculum. It was found that the following elements existed in alternative rites of passage curriculum: teachers' responsibility; gender roles; sex and sexuality; adolescence challenges and how to counter them; life skills and self reliance; Christian moral values; family life

issues; economic empowerment; rights of the girl-child; health issues; nutrition cultural values, and career choices. Concerning the adequacy of the alternative rites curriculum, the teachers were in agreement that basics were taught. However, they suggested that the scope should be widened.

Conclusion

The study sought to compare the effects of FGM and alternative rites of passage on girl-child self-esteem. It was established that learners who have undergone alternative rites of passage have no doubts about their academic abilities and were not blaming their teachers and fellow pupils whenever things went wrong. The learners also underscored the importance of participation in school and the need for a good relationship with teachers and with fellow pupils. Moreover, majority of the learners who have undergone alternative rites of passage are confident in their academic pursuits and have positive thoughts about their academic life.

The study also examined the elements of the existing alternative rites of passage curriculum. The following elements existed in alternative rites of passage curriculum: teachers responsibility; gender roles; sex and sexuality; adolescence challenges and how to counter them; life skills and self reliance; Christian moral values; family life issues; economic empowerment; rights of the girl-child; health issues; nutrition cultural values; and career choices.

Recommendations

School administrators, teachers and parents should come up with activities in order to enhance self-esteem of the learners who have undergone alternative rites of passage and to eliminate all the barriers that may lead to stereotype or make the learners feel inferior or ridiculed by others. In addition, there is need to widen the scope of the alternative rites curriculum in order to cover all aspects of life necessary to enable children to grow both physically, spiritually and mentally. This should be done by KIE. Moreover, guidance and counselling should be strengthened in all primary schools and even other levels of education. It should be geared to building self esteem, action against violence, exploring personal abilities, developing health lifestyles, and creating role models and taking leadership roles in the community.

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