Educational Empowerment: A Key to Combating Female Genital Mutilation in Samburu County, Kenya

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Abstract: Despite attempts to end FGM, the practice continues and damages girls and women seriously. Several socioeconomic like household education levels have an impact on the frequency of FGM in Samburu County. In research on socioeconomic and cultural factors, household education levels are not adequately explored. Current research has mostly concentrated on the prevalence and risk factors for FGM at the national level, which could not accurately reflect the particular context of Samburu County. As a result, there was a study gap about the precise household education as well as their interactions, that contribute to the frequency of FGM in Samburu County. The study was carried out to fill the gap through answering the question, how does the level of education influence prevalence of FGM in Samburu County, Kenya? Study respondents in Samburu County perceived a strong correlation between education and FGM prevalence. FGM was consistently associated with a lack of education, and respondents considered education a crucial tool for raising awareness and potentially decreasing its prevalence. FGM prevention is also strongly believed to be affected by parents' and guardians' education levels. The study recommends that stakeholders, including government bodies, NGOs, and community leaders to prioritize the establishment and extension of comprehensive educational programs given the correlation between educational attainment and the persistence of FGM In Samburu County.

Key Words: *Female Genital Mutilation (FGM), Household Education Levels, Samburu County, FGM Prevalence, Educational Programs*

Introduction

Female genital mutilation/cutting is described by the World Health Organization (WHO, 1996) as "any procedures that include partial or complete removal of the external female genitalia, or other harm to the female genital organs for non-medical reasons." As a result of the complexity and volume of tissue removed, the organization distinguishes four types of FGM. During Type I, the labia minora and clitoris are both completely or substantially removed. In category IV, non-invasive procedures such as external genital removal and vulva stitching are considered risky practices regarding female genitalia.

In a cross-sectional study, (Sakeah et al, 2018) gathered data from 956 women and provided insights into the prevalence and factors related to FGM in northern Ghana. The findings revealed that 26.8% of the studied population had undergone FGM, with the frequency being higher in the Bawku Municipality than the Pusiga District. Most clitoridectomy (Type I) cases were reported by Muslims, women without formal education, and rural residents. The study also identified poverty and social pressure as significant factors associated with FGM in the study population.

(Ortensi et al 2015) carried out a systematic analysis of research that offered information on the frequency of FGM among female migrants in Western nations and were published between 2000 and 2014. The expert review team selected and assessed 33 studies along with 37 Australians, Canadians, Europeans, New Zealanders, and Americans. The prevalence of FGM among female migrants varied greatly across research and nations, ranging from 0% to 98%, according to the authors. This variability may be due to study design or population characteristics, as well as differences in what FGM is. The authors suggest migration status, migration age and origin country are all important factors.

(Alinia et al, 2020) conducted a cross-sectional study of the Iranian population with the intention of estimating the utility value for FGM. Males underwent FGM with their partners, males without such a spouse, and females underwent or did not undergo. The questionnaire also included a story about a woman with FGM on top of standardized questions about women's health-related quality

of life. Scientists report that FGM decreased women's quality of life significantly. Physical and mental health were especially affected negatively. Chikhungu and Madise, (2015) discovered that in Burkina Faso, media exposure and education were preventative measures against FGM. Women who had more education and media exposure were less likely to have FGM.

The prevalence of FGM in Senegal declined from 28.2% in 1990 to 14.6% in 2017, according to (Kandala and Shell, 2019) Duncan's research. Younger women and those living in cities experienced a greater reduction in FGM prevalence. Also found was a reduced risk of FGM based on affluence, education, and media exposure. A key finding of the study is that ongoing monitoring and evaluation of the trend and focused interventions will accelerate the decline in FGM rates. The study also sheds light on the elements that have contributed to Senegal's declining FGM prevalence. This drop may have been attributed to community mobilization and education programs. Similar research was conducted by (Chikhungu and Madise, 2015) between 1999 and 2010 in Burkina Faso on the protective factors and trends of female genital mutilation (FGM). A city address, education, and a job were all associated with a lower prevalence of FGM. Women with more influence in their households and media access were less likely to have FGM, as well. The reduction of low-response FGM requires greater educational and employment opportunities, as well as increased decision-making authority for women.

Kandala et al., 2009 found significant variations in FGM prevalence among the northern and southern states. Research revealed that rural living, low education, poverty, and practicing Islam all contributed to FGM. A study demonstrates the importance of comprehending where FGM occurs geographically in Nigeria and what causes it. FGM reduction in Nigeria should concentrate on high-risk areas and address underlying social and cultural influences in the southern states. Affecting women who are subjected to FGM, orgasm inducing is difficult, and their desire for sexual activity decreases (Fahmy et al., 2010). FGM survivors also showed little awareness of sexual and reproductive health due to social pressure to fit stereotypical gender norms. FGM's adverse effects on Egypt's sexual and reproductive health are urged in the report. Women must be empowered through these interventions while being informed and understood about sexual and reproductive health. In addition, traditional beliefs and insufficient education were all implicated by (Pashaei et al, 2012) as significant predictors of FGM. There were more difficulties after childbirth, including protracted labor and perineum tears, for FGM victims, the study found.

Literature Review

(Al Awar et al, 2020) looked into the relationship between FGM and education. The findings revealed that 1.6% and 0.4%, respectively, of respondents and their daughters, respectively, had a low overall prevalence of FGM. Nonetheless, 56.3% of the participants knew about FGM. The vast majority of responders opposed FGM and supported making it a crime. The health benefits of FGM were substantially more well known among women with greater levels of education. It was found that despite FGM's low prevalence in the UAE, more awareness raising is needed. A report suggests education could be important to eradicating FGM in the UAE. To emphasize this, (Waigwa et al, 2018) discovered that health education interventions were successful in transforming attitudes regarding the procedure and raising knowledge and understanding of the harmful health effects of FGM. The study also discovered that treatments that involved religious leaders and engaged with religious beliefs were very successful at encouraging the behaviour to stop.

The impact of these characteristics on the circumcision of a mother's daughters in Nigeria is examined by (Ackah et al, 2022) in respect to the relationship between a mother's education level and her attitudes toward FGM. The authors examined 5,039 youngest daughters born five years before the survey. The study discovered that 34% of the sample had undergone FGM, with a lower frequency among daughters whose moms had more education and thought FGM should be banned. The authors discovered a mother's higher educational level and belief that FGM should be banned reduced her daughter's likelihood of getting circumcised by 40% using multivariate analysis. However, if a mother thought that FGM should continue and had a greater level of education, the likelihood that her daughter would be circumcised increased by 64%, which the authors speculate may be because to the mother's personal circumcision experience. Besides promoting female education and shifting attitudes regarding FGM, the authors stress the importance of strong political commitments towards enforcing laws against it. In a different study, (Ameyaw et al, 2020) look at the connection between education and support for women in Sierra Leone to stop having FGM. Women's education level impacted support for ending FGM after controlling for other variables. Education levels were associated with higher support for ending FGM compared to women without education. The survey also discovered that urban dwellers and media-exposed women were more inclined to support ending FGM.

The efficacy of health education programs for avoiding FGM is examined by (Waigwa et al, 2018). FGM is being addressed internationally, but author focuses on its human rights violations. Health education interventions are seen to be a potential strategy for avoiding FGM because they have been proven to be successful in preventing a number of health disorders and encouraging service usage. The authors reviewed 359 distinct papers in the literature and found 12 that satisfied their inclusion criteria. Seven quantitative, three qualitative, and two mixed technique studies were included in the study. Socio-demographics, socioeconomics,

traditionality, and religion contributed to the effectiveness of FGM health education interventions, along with the approach, structure, and delivery.

The impact of a community-based education program in encouraging the cessation of FGM in Senegal is examined by (Diop and Askew ,2009). The initiative, which was executed in six rural villages, was centered on promoting alternative rites of passage for girls and spreading awareness of the health hazards connected with FGM. The intervention was evaluated before and after knowledge, attitudes, and behaviors concerning FGM. The study's findings demonstrated how well the community-based education campaign worked to spread awareness of and alter attitudes around FGM. In Somaliland (Newell-Jones ,2016) describes a strategy for empowering local people to stop performing FGM. FGM's negative effects are promoted by involving local groups, including religious leaders and health professionals, to spread awareness. The strategy also addresses underlying socio-cultural issues that support the practice's persistence, such as gender inequity, through community involvement.

A program (Galukande, 2015) focused on educating and training community members on the negative effects of FGM and the need for its elimination—including religious leaders, young people, women's groups, and health professionals. FGM prevalence in the study area decreased significantly, since the program raised community awareness about its harmful effects and motivated people to stop performing it. Since the program's main tactic was community education and awareness-raising, education was essential to the intervention's effectiveness. Certain types of education increased the likelihood of people rejecting FGM and viewing it negatively.

(Njue et al, 2019) evaluated interventions implemented to prevent FGM in high-income countries. Reviewers classified interventions into three categories: awareness-raising programs, clinical guidelines, and legal and policy interventions. An education and awareness-raising program, which was considered the most effective intervention, can prevent FGM. Furthermore, timing, target group, cultural context, and implementation effectiveness influence interventions' success. To assess their effectiveness and identify potential gaps, the interventions should also be evaluated. It has been found that awareness programs and education can prevent FGM in high-income countries even though further research is necessary. The perplexing state of FGM in Kenya is highlighted by empirical data from Kajiado County. In Seketian (2015), limited education was investigated in relation to the continued practice of FGM in Kajiado County through a qualitative study. Insufficient awareness has been identified as the primary reason for continuing FGM practice.

Methods

The study used Structural Functionalism Theory by Emile Durkheim (1897) and Talcott Parsons (1951) which underscores that society is a complex system whose components cooperate to foster stability and unity. Social structures, which are comparatively consistent social behavior patterns, direct people's lives. Social institutions are supposed to function as the organs that maintain and reproduce society, which is viewed as an organism. The structure of each social group serves a social purpose or impacts the function of society. For instance, education promotes socialization and learning, two very important goals.

The study was undertaken in in Samburu County, which is based in what was once Kenya's Rift Valley Province. It is located in northern Kenya, on an area that is roughly 21,000 km2 (8,000 mi2), and is home to the Samburu, Turkana, and other tribes. The county extends from the Wuaso Ngiro River in the south to Lake Turkana's southern shore. The county, which consists of three sub-counties, had 310,327 residents as of the most recent census in 2019. (Samburu East, Samburu North, and Samburu West). It is located in Kenya's arid and semi-arid regions (ASALs), where nomadic pastoralism predominates and agro-pastoralism is practiced in some areas of Samburu.

Due to their personal experiences and knowledge of FGM in the community, adult women in Samburu County who were at least 18 years old were the study's target population. Women over the age of 18 made up 43% of the population overall, according to the 2019 Census, making 133,441 women in Samburu County the target population. The individual Samburu woman, religious leaders, education officers, government administrators and non-governmental actors served as the study's analytical unit. This target group was chosen because they have personal experience with the causes and are knowledgeable about the social and economic forces that support the practice.

The study used questionnaire and key informant interviews as the main tools of data collection. The study also used descriptive design to describe the variables of the study. A simple random selection of 15 women was done for the purpose of piloting the study. The researcher sought advice and input from the university supervisor to determine the content and construct of the research instruments in order to ensure their validity. Additionally, during the pilot phase, the content reliability of instruments was established. Cronbach's Alpha was employed to assess reliability by evaluating internal consistency. Alpha value of 0.700 was achieved and the tools considered significantly acceptable and reliable.

Descriptive statistics, such as frequency, mean, standard deviation, and percentages, were used for the analysis of quantitative data. The results were presented in table format and organized thematically for better interpretation and reporting. The thematic order aided in answering the research questions. Analysis of the qualitative data was also organized according to the key themes of the study.

Results

The study sought to examine the influence of household education levels on the prevalence of Female Genital Mutilation (FGM) in Samburu County, Kenya. The following were the questions asked;

Table 1:Women in my community undergo FGM due to lack of education

	N	Minimum	Maximum	Mean	Std. Deviation
How do you agree or disagree with the following statement? Women in my community undergo FGM due to lack of education	351	3	5	4.42	.841
Valid N (listwise)	351				

Source, Researcher (2023)

The statement "Women in my community undergo FGM due to lack of education" yielded a mean (average) response of 4.42, with a standard deviation of 0.841. A mean value of 4.42 indicates that respondents tend to agree or strongly agree with the statement, suggesting that the average respondent sees lack of education as a significant reason for the practice of FGM in their community. The standard deviation of 0.841 shows a moderate variability in responses. However, given that it's lower than 1 and considering the scale of your survey (1-5), it suggests that most of the responses are clustered around the mean (4.42). Accordingly, despite some differences of opinion, the majority of respondents agree some degree that a lack of education contributes to FGM's prevalence. FGM is generally seen as prevalent within communities due to lack of education, according to respondents. The study's second objective also examines how household education levels affect FGM prevalence. The agreement among respondents suggests that education, or lack thereof, could indeed be a significant influence on the continuation of FGM practices. The mean response of 4.42, which falls between "agree" and "strongly agree," resonates with findings from studies like Al Awar et al. (2020) and Ackah et al. (2022), both of which highlight how education levels, especially among women, influence attitudes toward FGM. Higher educated women view FGM negatively and are aware of its detrimental effects significantly more often. Our data reinforces this narrative, suggesting that lack of education is perceived by community members as a major driver for the practice of FGM. The findings also add another layer to the existing literature by capturing community perceptions, which often act as a strong determinant in driving social change. In this study, the relatively low standard deviation of 0.841 indicates that there is a broad consensus within the community that education is a vital factor. This echoes the sentiments expressed in studies like those of Waigwa et al. (2018) and Ameyaw et al. (2020), which found that education interventions were effective in altering attitudes regarding FGM.

Illiterate women are likely to undergo FGM in my community

Table 2:Illiterate women are likely to undergo FGM in my community

	N	Minimum	Maximum	Mean	Std. Deviation

How do you agree or disagree with the following statement? Illiterate women are likely to undergo FGM in my community	351	2	5	4.64	.583
Valid N (listwise)	351				

Source, Researcher (2023)

The statement "Illiterate women are likely to undergo FGM in my community" yielded a mean (average) response of 4.64, with a standard deviation of 0.583. A mean value of 4.64 is quite high on the scale, suggesting that respondents strongly agree that illiterate women in their community are more likely to undergo FGM. The standard deviation of 0.583 is relatively small, suggesting a lower level of dispersion in responses. This indicates that most responses are close to the mean, suggesting a strong consensus among your respondents around this issue. In the study, respondents strongly believed that illiteracy significantly impacts the likelihood of women undergoing FGM in their community. FGM is associated with the lack of education previously found to be a key reason. The strong consensus among respondents, indicated by the high mean and relatively low standard deviation, emphasizes the perceived importance of education in influencing FGM practices. According to respondents, FGM is associated with women's literacy (and education by extension). This could reflect beliefs that education provides knowledge that can challenge traditional practices like FGM, or that education can empower women to resist societal pressures to undergo FGM. It could also reflect socio-economic factors, with education often correlated with income levels and social status, which could influence practices like FGM. These findings align with existing literature such as Ackah et al. (2022) and Al Awar et al. (2020), which also indicate a strong correlation between educational levels and attitudes toward FGM. Studies like that of Waigwa et al. (2018) further support the efficacy of educational interventions in changing attitudes about FGM.

Education creates awareness against FGM.

Table 3:Education creates awareness against FGM

	N	Minimum	Maximum	Mean	Std. Deviation
How do you agree or disagree with the following statement? Education creates awareness against FGM.	351	1	5	4.35	.875
Valid N (listwise)	351				

Source, Researcher (2023)

The statement "Education creates awareness against FGM" yielded a mean (average) response of 4.35, with a standard deviation of 0.875. A mean value of 4.35 indicates that respondents generally agree with the statement, suggesting that they believe education plays a significant role in creating awareness against FGM in their community. The standard deviation of 0.875, while showing some variability, indicates that the responses are fairly clustered around the mean value. This suggests that the majority of the respondents agree to some extent that education is instrumental in generating awareness against FGM, though there is still some level of disagreement. In general, respondents view education as a key tool for raising awareness and potentially reducing FGM's prevalence. According to this result, respondents perceive illiteracy as a significant reason for FGM, similar to what was found earlier. The consensus around this statement reflects an understanding among your respondents that education can provide critical knowledge about the physical, psychological, and human rights implications of FGM. Specifically, this data point supports research such as Al Awar et al. (2020) and Ackah et al. (2022), which highlighted the direct impact of education on attitudes toward FGM. FGM has been linked to greater awareness of the risks and consequences among more educated individuals. The standard deviation

of 0.875 indicates moderate variability but still suggests that a majority of the respondents are clustered around the mean value. This aligns well with findings from studies like Waigwa et al. (2018) and Ameyaw et al. (2020), which have shown that educational interventions have the potential to alter community attitudes regarding FGM. In this regard, the study adds an additional layer of empirical evidence by highlighting the community's perception that education can serve as a potent tool for generating awareness against FGM.

Women who have undergo FGM do not require education

Table 4:Women who have undergo FGM do not require education

	N	Minimum	Maximum	Mean	Std. Deviation
How do you agree or disagree with the following statement? Women who have undergo FGM do not require education	351	1	5	2.28	1.392
Valid N (listwise)	351				

Source, Researcher (2023)

The statement "Women who have undergone FGM do not require education" yielded a mean (average) response of 2.28, with a standard deviation of 1.392. A mean value of 2.28 suggests that respondents tend to disagree with the statement. This suggests that the average respondent believes that women who have undergone FGM still require education. The standard deviation of 1.392 is relatively high, indicating significant variation in the responses. Although the average response is disagreement, there's still a large spread of opinions, with some respondents strongly agreeing. On average, respondents oppose the statement that women who have undergone FGM do not require education. Despite having undergone FGM, most respondents recognize the importance of education for all women. This is a noteworthy finding, as it moves away from a deterministic view that once FGM has occurred, education becomes irrelevant. The data resonates with the broader educational and gender empowerment literature, such as studies by Kabeer (2005) and Sen (2001), which argue that education is a lifelong right and a significant tool for empowerment, regardless of a woman's past experiences.

Women brought up in households with educated parents and guardians are less likely to undergo FGM

Table 5:Women brought up in households with educated parents and guardians are less likely to undergo FGM

	N	Minimum	Maximum	Mean	Std. Deviation
How do you agree or disagree with the following statement? Women brought up in households with educated parents and guardians are less likely to undergo FGM	351	1	5	4.44	.655
Valid N (listwise)	351				

Source, Researcher (2023)

The statement "Women brought up in households with educated parents and guardians are less likely to undergo FGM" yielded a mean (average) response of 4.44, with a standard deviation of 0.655. A mean value of 4.44 indicates that respondents generally agree or strongly agree with the statement. This suggests that respondents believe that having educated parents and guardians can reduce the likelihood of a woman undergoing FGM. The standard deviation of 0.655 is relatively low, indicating a lesser degree of dispersion in the responses. This suggests that most responses are fairly close to the mean, reflecting a general consensus among respondents about the protective effect of parental education on FGM prevalence. Researchers found that respondents strongly believe that educational programs for parents and guardians are critical to preventing FGM. Education may be associated with understanding the harm associated with FGM, challenging traditional norms and practices, and restraining social pressures to continue using this practice. Bojicic-Dzelilovic et al. (2018) and Leclerc-Madlala (2001) have also found that parental education, especially the education of mothers, has a protective effect against harmful practices like FGM. The generally high level of agreement among respondents that women brought up in households with educated parents and guardians are less likely to undergo FGM dovetails with this broader academic consensus. Educated parents and guardians as well as women are strongly impacted by educational interventions. Educating the family can potentially aid policymakers in reducing FGM prevalence more effectively. This approach is consistent with studies like Yoder and Wang (2013) and UNICEF reports that emphasize family-based educational interventions as a holistic way to tackle FGM.

Conclusion and Recommendation

Several conclusions are drawn from the findings, which examined how household education level influences FGM prevalence in Samburu County, Kenya. Data strongly suggest that low levels of education in communities and families are closely linked to FGM prevalence. There was a widely held perception among respondents that illiteracy or low educational attainment increased the likelihood of women undergoing FGM. FGM education has been widely viewed as crucial to creating awareness about its detrimental effects. FGM-specific content should be incorporated into educational curricula since this could increase the effectiveness of educational initiatives.

Respondents also disagreed that women who’ve undergone FGM do not need further education. This reveals a recognition among respondents of the value of education for all women, regardless of their FGM status. Education is essential for empowering survivors and preventing FGM from occurring. Also, the data suggest that adult education about FGM's harmful effects could contribute to its prevention. These findings strongly indicate that raising education levels within Samburu County, Kenya's community, at the individual and household levels, could significantly reduce FGM prevalence. This supports the prioritization of educational initiatives as a key strategy in the broader effort to eradicate FGM

The study recommends that stakeholders, including government bodies, NGOs, and community leaders to prioritize the establishment and extension of comprehensive educational programs given the correlation between educational attainment and the persistence of FGM In Samburu County. The study also recommends the designing of educational interventions targeting parents' and guardians' education levels on FGM decisions considering the perceived influence of this specific demographic. The involvement of these interventions should emphasize how preventing FGM will benefit girls and women in the long run enabling them to challenge traditional norms and make informed decisions against FGM for their children and wards.

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