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Abstract

The reasons for performing FGM vary from one context to another and in most cases; social cultural factors within families and communities will influence or contribute to the decision to cut. The main purpose of this study was to assess the influence of local women groups' preventative initiatives on Female Genital Mutilation (FGM) practice in Kajiado South Sub County, Kajiado County. The study population was 45 registered women groups with an estimated number of 675 members. Purposive sampling approach was used to pick 30 percent of the women groups, leading to 18 registered women groups, each with a chairperson, hence a total of 18 chairpersons. Each group had an estimated number of 15 members leading to a total of 270 members also selected through census approach. A sample size of 270 members was adopted through census approach. Data was collected using questionnaires and an interview guide. Quantitative data comprised descriptive (means, median and frequencies) and inferential analysis (Pearson chi-square correlation and simple linear regression) which was done with the help of the SPSS version 25. Qualitative data was presented in a narrative format and later incorporated into the existing quantitative data. Findings indicate a majority of the women interviewed 87.3% had been circumcised, and 36.5% of women indicated they were not aware of the FGM associated risks. At regression and correlation level, women education was found to have significant influence on reducing FGM practices. The study recommends that women groups and their preventative initiatives should be promoted and more sensitization provided to change the world view and belief system for women understand the dangers of FGM.

Keywords: *Women, Female Genital Mutilation, Preventative Initiatives, Education, Advocacy*

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1.1 Background to the Study

The removal of the external female genitalia in whole or in part for non-medical purposes is known as Female Genital Mutilation (FGM), also known as Female Circumcision (FC) or Female Genital Cutting (FGC) (World Health Organisation, 2020). Cutting portions of the external genitalia of girls or young women was, and is still regarded to be, a sign of virginity in a majority of societies throughout the globe that practised FGM as part of custom and social practise (Mpofu et al., 2017). In India, Mpofu et al., (2017) notes that the alteration of the external genitalia is a cultural tradition and rite of passage into womanhood that is said to lower women's desire and sexual arousal (Mpofu et al., 2017). FGM is practised, primarily and in various ways, in more than 30 Asian nations and certain European nations. This is done as part of a rite of passage meant to meet, support, and preserve traditional, cultural values and norms rather than because it has any known or proven benefit. FGM has always been accepted as a societal norm that is handed down from generation to generation with little thought given to its effects. In India, for instance, Llamas (2017) claims that there are adverse side effects associated with the treatment, including pain, infection, bleeding, mental and physical shock, and damage that reaches near to the urethra or intestine.

In Indonesia, however, Llams (2016) claims that chronic vaginal infections, chronic urinary tract infections that cause scarring and reduced renal function, blood-born viral infections (HIV, Hepatitis B or hepatitis C), not to mention physical and psychological trauma, prolonged and/or obstructed birth that, in some cases, may cause excessive haemorrhage during birth, damage to the birth canal, and last but not least, may even result in the mother's or the child's death (Llamas, 2016).

According to UNICEF's figures for 2021, an estimated 200 million girls worldwide have undergone female genital mutilation, and an additional 3 million girls are thought to be at risk and danger of undergoing the same each year. It has also been established that the practise is typically rooted in traditional beliefs, values, and attitudes in about 30 countries, mostly in Asia, including Sri Lanka, Singapore, Malaysia, Brunei, and Thailand, to name a few. In many of these countries, the practise is a rite of passage into womanhood and marriage (UNICEF, Annual Report 2020). It is because of population increase and the likelihood that approximately 70 million girls may experience female genital mutilation by 2030 that the need to put an end to FGM is so urgent.

According to a 2013 study from the United Nations Children's Fund, the practise is also carried out in isolated areas of Europe, Australia, and North America. Immigrants from nations where the practise is still prevalent have often chosen to settle in these areas. Over 1240 girls in Russia are in danger of undergoing FGM each year, (Antonova & Siradzhudinova, 2018). According to Baig (2015), between 50 and 60 percent of Bhora females in Pakistan were subjected to FGM. The community has also saw this practise as symbolic. Nevertheless, the practise continues to be carried out covertly. In Portugal, there could be more than 6,500 immigrant females 15 years or older who have been circumcised and 1,830 girls under 15 years who are probably going to or have experienced circumcision (Teixeira & Lisboa, 2016).

A notable number of nations, including 16 in Europe, the United States, Canada, Australia, and New Zealand, have legislation or other legal restrictions against female genital mutilation (Adigüzel et al., 2019). Only Iraq and Oman have been able to pass legislation or other legal regulations outlawing FGM in the Middle East. There is not a single nation in Asia that has specifically banned female genital mutilation under the law. According to Equality Now's 2020 worldwide report, there are no particular legislation or legal protections against FGM in Latin America either (Adigüzel et al., 2019). Apart from the African continent, nations where female

genital mutilation is most often practised by expatriate populations account for 41% of all legislation prohibiting the procedure.

The genesis of Female Genital Mutilation (FGM) in the African continent is still a mystery. Following the finding of circumcised mummies from the fifth century BC, ancient Egypt (modern-day Sudan and Egypt) has been suggested as the region of origin (Ross, Strimling, Ericksen, Lindenfors, & Mulder, 2016). The practise may have travelled via the lines of the slave trade, from the western Red Sea to southern West African areas, or it may have come from the Middle East through Arab merchants (Andro & Lesclingand, 2016). The practise of FGM has also been documented by numerous researchers in other nations, including Kenya (United Nations Population Fund, 2021), Uganda, Ethiopia (Rashid, Patil, & Valimar, 2010), Tanzania (Al-Hinai, 2014), Djibout (Alsibiani & Rouzi, 2010), and South Africa (Al Marzouqi, 2011). However, it should be highlighted that there are differences in the types of FGM carried out, the conditions surrounding the practise, and the number of the demographic groups impacted.

FGM practise has drawn criticism in the past as it does now. FGM violates women's and children's human rights, including their rights to health, to be free from violence, to life and physical integrity, to non-discrimination, and to be free from cruel, inhuman, and degrading treatment - violence just because of a person's gender. As a result, it has been recognised internationally as a human rights violation and falls under the category of malpractices viewed and classified as Violence Against Women (VAW) or Gender Based Violence (GBV Although it should be emphasised that the African continent leads the world in the existence of laws against FGM, with 28 countries in Africa accounting for 55% of all laws worldwide. Laws have been put in place to protect women and girls against FGM.

The traditional elements of FGM differ amongst ethnic groups in Africa. Some carry out the procedure on their females between the ages of six and eight years while some prefer to cut at birth or before marriage. The process is undergone alone or in a group of about 40 women of a similar age group or more using the same instruments throughout. According to Odukogbe, Afolabi, Bello, and Adeyanju (2017), at least 80% of the women who undergo FGM are from Egypt, Ethiopia, Mali, Sudan, Djibouti, and Guinea. This demonstrates how widespread the practise is across Africa. Nevertheless, steps are being taken to remedy it and some progress being made.

Notably, campaigns to stop FGM/C in Sub-Saharan Africa (SSA) go back to the days of colonialism. According to Johansen, Diop, Laverack, and Leye (2013), such initiatives were driven by various perceptions and used a variety of methodologies, including those based on human rights frameworks, a health risk approach, training health workers to act as change agents, and the use of comprehensive social development approaches (Adigüzel et al., 2019). Evidence from certain SSA nations suggests that "alternative" ritualistic programmes (ARPs) have a crucial role in changing attitudes and behaviours, especially when accompanied with intense community education on FGM/C (Chege, Askew, & Liku, 2001). Although ARPs are thought to be a change catalyst, effects within a community vary and rely on the environment, period, and way the intervention is carried out (Graamans et al., 2019).

For instance, attempts have been undertaken in Ethiopia to raise awareness on the harmful impacts of FGM by partnering with former traditional circumcisers and Non-Governmental Organisations (NGOs). Women get training in reproductive health education via this approach, as well as abilities to run alternative small enterprises. Additionally, money is given for the assistance of women and girls throughout the nation (The New Humanitarian, 2010).

According to a recent UNICEF (2020) research, around 4 million Kenyan girls and women have undergone FGM. This accounts for 21% of all girls and women between the ages of 15 and 49 (Ahinkorah, 2021). Following FGM-related deaths of 14(fourteen) girls in 1982, Kenya became involved in the debate to end this vice. The late President Moi then released a statement denouncing the practise and ordered the filing of murder charges against the FGM practitioners. Kenya implemented a legislation outlawing FGM in 2011 that carries severe penalties for individuals who engage in the practise (Ahinkorah, 2021).

The legislation (Act 32 of 2011) forbids FGM not just inside Kenya but also across international borders. It also prohibits medical professionals from engaging in the practise (medicalization of the practise), which is the current trend, in hospitals. FGM will persist if there is no total renunciation of the practise or zero tolerance of it, and as long as the population is growing, there will always be FGM survivors, which is unacceptable (World Bank, 2010). The frequency of FGM varies throughout the nation, with prevalence ranging from 1 percent to 98 percent across various counties, according to Kenya Bureau of Statistics (2016).

The Protestant Christian Missionaries in Kenya were the forerunners in the fight against FGM (Thomas, 2000). Over time, other organisations, such as Maendeleo ya Wanawake Organisation (MYWO), a community-based women's organisation, joined the fight against FGM by utilising ARPs that embrace positive traditional values and exclude FGM as well as communication for social change initiatives (Chege et al., 2001). There are signs that some of these interventions are beneficial, especially community-led ones that have focused on high incidence locations like Tigania and Igembe in Kenya's Meru County (Muchui, 2015).

Nearly 999,891 persons are said to reside in Kajiado County, where FGM is still routinely carried out. FGM is still prevalent among women between the ages of 15 and 49, according to the Kenya Demographic and Health Survey conducted in 2014 (Kenya National Bureau of Statistics, 2014), despite evidence to the contrary. FGM is widely practised in Kajiado County; however, estimates vary across researchers and organisations.

According to Mbogo, Karanja, Omwaka, Lugayo, and Leshore (2019), type two (excision) circumcision has the greatest incidence rate at 96.7 percent. Further, according to the United Nations Population Fund (2021), FGM is prevalent in all of Kajiado County, with Kajiado South having significantly higher incidence rates owing to its rural setting and Tanzanian border, which permits cross-border travels. According to Muhula, Mveyange, and Oti et al. (2021), FGM prevalence is at 43.6 percent, necessitating the present investigation. The County Government, under its pillar of Gender, Social Services, Culture, Tourism, and Wildlife, assented to a Policy to End FGM on August 21, 2019, demonstrating their commitment and coordinated efforts to eradicate FGM. The World Bank predicts that during the next 40 years, Kenya's population would increase by 1 million people per year or 3000 people each day, reaching an estimated 85 million people (Sasson, 2020). This implies that the number of women and girls who will undergo FGM will increase with population expansion, and preventative measures taken by local women's organisations will be beneficial and serve to lower these figures (Sasson, 2020).

The policy aims to empower and support the perpetrators of FGM to seek out and embrace alternative sources of income while pursuing a multi-sector intervention to strengthen community dialogue and participation to hasten eradication of FGM. It also provides a framework through which the community will be made aware of the illegality of FGM.

Given that Kajiado County can speak to the bad effects of FGM in the wake of the death of a 14-year-old in 2014 who bled to death as a result of FGM by the same persons who were meant to protect her from it (Migiro, 2014), it is a pain that is often overlooked.

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History makes it clear that FGM has been extensively practised and has had a big impact on a lot of people's lives. Therefore, efforts are currently being made to remedy the issue. FGM is still practised in most communities, notably the Maasai Community in Kajiado South Sub-County, despite the execution of several activities, including laws and regulations against it (Towett, Oino & Matere, 2020). For instance, in March 2020, a 12-year-old girl was rescued from a four-year forced marriage in which her father had previously subjected her to female genital mutilation when they were married when she was eight years old (Towett et al., 2020).

After investigating, the police discovered that the child had registered with the registrar of individuals in order to get a counterfeit Kenyan National Identity Card as evidence of her legal adult age (18 years). Therefore, this research goes on to determine the problems underlying causes and what contributions local women's organisations' preventative activities make to tackling FGM practise.

Based on the observations made from global, African, regional and local studies, it is clear that FGM is still active in some parts of the world. Therefore, it is justified to study the preventative initiatives local women groups have put in place. In studying their effectiveness and required corrective measures to make them robust and active in tackling the vice. It is also justified to study this topic as various countries, both globally, regionally and locally have put in place measures such as enacting legislation to protect young girls and women from the ravages of FGM. This study is justified as the practice has been rampant in Kenya and measures to curtail its spread have faced enormous challenges. Hence, studying the strategies put in place by women groups in Kajiado County is justified to determine their suitability, effectiveness in combating FGM

1.2 Statement of the Problem

Loitoktok ward, in Kajiado South sub-county FGM practice is done ‘quietly’ and in most cases it leads to ‘quiet’ child marriage. The belief that FGM is a Right for Passage into adult hood especially for young girls is not only an act of Gender Based Violence but also a violation of human rights (Muhula et al., 2021; Mbogo et al., 2019). This is because, most girls are forced to undergo FGM after which they are supposedly regarded as ‘ready for marriage’; this is despite their tender age and even lack of experience in the child bearing and marital duties, they are then forced to drop out of school due to pregnancy and responsibilities stemming from parenthood.

The manner in which FGM practice is carried out by traditional cutters who also practice as traditional midwives, further exposes these young girls to lifelong challenges, ranging from physical to psychological pain obstructed labor during child birth which leads to fistula (tearing), bleeding which in most cases maybe fatal for the mother and the child. The unfortunate thing is that in most cases, once these girls are married off, they get pregnant and drop out of school (Muhula et al., 2021; Mbogo et al., 2021; Graamans et al., 2019). Every child, boy or girl has the right to education and FGM practice is therefore denying the Girls from Kajiado South sub country the right to access free education, as provided by the government of Kenya.

From an empirical point of view, there is little evidence in regards to the role played by local women groups’ preventative initiatives in addressing FGM. Most of the studies carried out have only focused on the impact of FGM on women and girls and the factors that contribute to FGM. This study therefore aimed at bridging or closing the knowledge gap by examining the influence, local women groups’ preventative initiatives on FGM practice in Kajiado South Sub County, in Kajiado County. A study by Mwendwa et al., (2020) has noted that there are five initiatives utilized by a majority of local women groups in tackling FGM menace in the country.

Mwendwa et al., (2020) notes that initiatives such as reviving and supporting Alternative Ritualistic Programmes (ARPs), encouraging the involvement of fathers in the upbringing of their daughters, including the topic of FGM in the current education curriculum and in the public domain, strengthening community policing strategy through Nyumba Kumi and setting up of community centres for orphans can help much (Mwendwa et al., 2020). It is important to note these initiatives can as well be applied in Kajiado County and its relevant sub counties and in our current study to determine how effective the local women groups' preventative initiatives have helped in the fight of FGM practice in the country.

2.0 Literature Review

2.1 Theoretical Framework: Theory of Planned Behaviour

Perkins and Berkowitz put out this notion in 1986. The hypothesis explains why certain people's perceptions of the attitudes and conduct of their peers and other members of society diverge from reality. This condition has been dubbed "pluralistic ignorance" (Toch & Klofas, 1984; Miller & McFarland, 1991). Misconceptions arise when people exaggerate the significance of problem or risk behaviours and minimise the significance of healthy or protective activities. Individuals may adjust their behaviours in an attempt to conform to the falsely perceived standard as a result of pluralistic ignorance. Because of this, unhealthy behaviours may be avoided or rationalised away while problem behaviours are encouraged (Segrist, Corcoran, Jordan-Fleming, & Rose, 2007). Misconceptions about how other people think and behave are said to have an impact on conduct, according to the Social Norms Theory. Individuals who overestimate their propensity for problem conduct are more likely to engage in such activity, whereas those who underestimate it are more likely to refrain from doing so (Berkowitz, 2005). According to the hypothesis, if we can get people to stop misinterpreting social norms, we can get them to start behaving in more desirable ways. This theory underscores the need to educate communities involved in this practice the value of hygiene even behind cameras while they carry out the practice. The notion of "pluralistic ignorance" should not be a point of concern considering that basic education has been incorporated within the health education practices that caution people on dangers of unhealthy and unhygienic practices. This approach, which may be more successful than concentrating simply on the individual, aims to understand the environment and interpersonal impacts (such as peers) in order to modify habits. Social factors that encourage FGM include peer pressure and the need to conform, the stigmatisation of unexcised females, and the fear of rejection.

Furthermore, there are a number of misconceptions circulating that cut women are superior spouses. Some people support FGM because they believe it helps girls transition into womanhood and marriage and train them in proper sexual conduct.

Female Genital Mutilation (FGM) is increasingly common since it is believed to increase a girl's "marriageability" by assuring her virginity before marriage and marital fidelity. In addition, other notions support FGM by assuming that circumcised women and girls have much self-control when it comes to managing their sexual conduct. It is believed that cutting them reduces their urge to enjoy sexual pleasure and confine them to a longer time without having sex. They are easier to manage within a family, considering that ancient African homesteads supported polygamy. This has to do with the idea that the "wife worth" of a woman increases since she is more likely to have sons after having her ovaries removed. Female Genital Mutilation (FGM) is associated with cultural notions of femininity and modesty since it entails the amputation or removal of supposedly unclean or masculine body parts (Ferrant & Loiseau, 2020). Misconceptions like this encourage communities and perhaps individual women to accept the practise despite the potential risks to their health. Some have pointed out flaws in the theory, such as the need for sufficient amounts of information to be shared in order to have

an impact on the respondents and the possibility that unreliable sources may affect the data by conveying the wrong message, which in turn affects the campaign. Despite the theory's flaws, it's worth noting that social norms theory, when used properly, may be very successful in altering individual conduct by correcting erroneous beliefs on a societal scale. Even though, there are some truths in this theory could, it is difficult to prove since a majority of studies done point out that controlling sexual urge is only managed by self-control of the individual in question. It implies that cutting women their genitals does much harm to their vital organs has life-threatening consequences. Interventions based on shifting social norms may stand on their own or be combined with other methods. Therefore, this theory played an important role in the present study since it allowed researchers to consider how treatments or strategies based on the approach may be devised to combat FGM by fostering a more optimistic outlook. The hypothesis provides empirical evidence on the importance of lobbying and women's education in reducing the prevalence of FGM in local communities. It is related to the preceding theories as well, as its focus is on altering the pre-existing conduct and beliefs of the society with regards to FGM.

2.2 Review of Empirical studies

Education is favoured above other rights-based measures, such as legislation, since it is less restrictive, as stated by Waigwa, Doos, Bradbury-Jones, and Taylor (2018). Efforts to eradicate FGM via the promotion of educational rights provide several educational resources to local communities. When implemented from above, however, communities may resent the intrusion (Waigwa et al., 2018). Therefore, engaging communities beforehand is essential. A program's effectiveness is increased when it is well received by the community (Babalola, Brasington, & Agbasimal, 2006). The concerned communities should be made to own the problems and seek solutions as a whole, having in mind that the solutions reached will help in developing the community and the society at large and will be more sustainable in the future. Promoting education rights for girls and young women remains another cornerstone in taming FGM as they will understand the dangers that lie ahead.

Van Rossem, Meekers, and Gauge (2015) conducted research on how Egyptian women's socioeconomic status affected their views on female genital mutilation (FGM). The research also looked at whether or not rising awareness about FGM was connected with the rising status of women over time. Data from the Egypt Demographic and Health Surveys was used to analyse the development of public opinion towards FGM from 1995 to 2014.

To quantify the impact of markers of a woman's social standing on her attitude towards FGM and whether these effects vary over time, multilevel logistic regressions were conducted. Women who were more likely to resist FGM were those who were literate, more educated, and employed. While the rising tide of anti-FGM sentiment was first tied to the rising status of educated women in Egypt, it has now expanded to other sectors of the country's population. In conclusion, this shift was spearheaded by more modern, less conventional women, who laid the groundwork for the anti-FGM movement in Egypt.

This study's results are applicable to ongoing investigations since they emphasise the significance of women's access to and participation in higher education. Women and young girls should be encouraged and motivated to aspire to access higher education as it opens their future and allows them to achieve their potentials and dreams. Women and girls should be supported financially through sponsorship and allowed to access higher education in terms of fees payment for girls who hail from economically disadvantaged communities and families. It should also be made possible for young girls and women to access higher education as opposed to basic skills they acquire in the elementary levels and are then forced to get married as is the norm with the Maasais and other communities.

The purpose of this study was to determine whether and how women's organisations in Kajiado South Sub County give educational assistance in the battle against female genital mutilation (FGM). Williams-Breault (2018) evaluated the methods for eliminating FGM in a secondary study. According to the research, any non-medical practises that entail the partial or complete removal of external genitalia or other injuries to the female genital organs fall under the umbrella term of Female Genital Mutilation and Cutting (FGM/C). The author went on to point out that, FGM/C is in direct opposition to numerous articles of the Universal Declaration of Human Rights, as well as the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child.

It was also mentioned that regulations, education programmes geared towards empowerment, and initiatives to recruit change agents from within communities are all examples of human rights-based ways to ending the practise. According to the study's premise, empowering women through education is key to ending female genital mutilation. Therefore, the purpose of this research was to test this theory.

Hogson (2011) wrote that the structural exclusion of Maasai and other indigenous women from the international women's movement is reflected in the general exclusion of their ideas, concerns, and experiences from the indigenous movement in Africa. During the first Maasai Conference on Culture and Development, older, mostly illiterate Maasai women who had been relegated to the balcony to display their crafts walked into the conference and demanded to know why they had not been included, asking, "Are we not Maasai?" This demonstrates the persistent gender gap that exists within the Maasai community. Advocacy by women leaders demonstrates their resolve to end the practice and it is now a wake-up call to signify that they (women) have realized the dangers of the practice on their daughters. While they are the ones who circumcise the girls, women hold the key to eliminating this vice and it is upon them to advocate for their rights through community-initiated groups which sensitize the larger society on the dangers of such harmful practices.

According to Hogson (2011), FGM is not a pressing issue for the Maasai, who instead choose to concentrate on other problems they find more concerning, such as rising poverty, a lack of rights, marginalisation of Maasai women, and ineffective health care. Maasai women activists see the debate over FGM as political and impractical. The only way, they argue, for the practise to alter is for girls and (boys) to be educated so that the latter may make up their own minds about whether or not to participate in the custom. The political perspective is that they would rather argue with and fight against foreign organisations that continue to "speak for" the Maasai than listen to them, learn from them, and collaborate with them.

From the above, it is important to note that the members of the community have to be brought. to the table for a detailed participatory conversation around eradication of FGM and its negative impact on women and girls. Bottom up approach to solutions is a more sustainable approach to the eradication of FGM because proposed solutions would be those that locally owned by the members of the community and therefore easy to adopt and implement

3.1 Methodology

This study adopted mixed methods research approach to allow use of quantitative and qualitative data. This study was conducted in Kajiado County was the focus of the research and has a population of about 999,891 and occupies an area of 21,292.7 km2 of mostly dry and semiarid terrain. Kajiado Central, Kajiado North, Kajiado East, Kajiado West, and Kajiado South are the five sub counties that make up Kajiado County (Munene, 2019). The Maasai people, who make up the bulk of the county's residents, are pastoralists by trade but also renowned as skilled hunters and fierce warriors. The study's sample size consisted of a

sufficient number of women who were involved in the registered initiatives and held positions as Women Representatives.

Questionnaires and Key Informant Interviews guides were the data collection instruments in the study. The researcher collected secondary data from publications and articles, journals, and past study thesis to complement primary data. Data was collected in two phases consisting of quantitative and qualitative data. Structured questionnaires were administered to women group member respondents, while for qualitative data, focus group discussions with key informants and interviews were conducted with chairpersons of the women group and the country woman representative. The study's sample size consisted of a sufficient number of women who were involved in the registered initiatives and held positions as Women Representatives. The researcher together with research assistants, then proceeded explained to the respondents the reason for the study and assured them that the findings would only be used for academic purposes.

For the pilot study, the researcher identified two distinct groups of women within Kajiado Central Sub County which had not been selected for the main study. During the pilot testing, a total of 25 women were selected, after which, the researcher established communication with the respective chairpersons in order to facilitate the administration of the questionnaire.

The questionnaires were administered to the participants by the researcher, who then collected the completed forms, and subsequently selected them for analysis. The researcher employed the widely utilised alpha coefficient as a measure of internal consistency. This coefficient is typically employed in surveys or questionnaires that contain multiple rating scale questions, which collectively form a scale. The Cronbach's Alpha (α) is a reliability coefficient that measures the internal consistency of a set of items. It ranges from zero to 1 and indicates the extent to which the measured items are positively correlated with each other. The study exclusively included constructs with a cut-off value of 0.7 or higher for subsequent analysis.

3.7 Data Analysis Procedures

The study employed both quantitative and qualitative methods for data analysis. Quantitative analysis involved the utilisation of descriptive statistics, specifically frequencies and percentages, as well as inferential statistics, including chi-square correlation and regression analysis, to analyse the collected data. The data collected from the questionnaires was analysed by tabulating, coding, and processing it using a computer programme called Statistical Package for Social Science (SPSS). The findings were presented using frequency tables, figures, and pie charts. In the context of inferential statistics, the utilisation of regression analysis was employed to ascertain the correlation between local women group initiatives and the prevalence of female genital mutilation (FGM) in Kajiado South Sub-County

4.1 Results and Discussion

The study sought to assess the role of local women groups' preventative initiatives in addressing female genital mutilation practices in Kajiado South Sub County. Specifically, this research focused on women education initiatives and how that have contributed to prevention of FGM practices. The study targeted 270 persons/respondents which was distributed as 252 questionnaire interviews, 18 key informant interviews. The researcher was however able to cover 260 questionnaires, 10 interviews, making a total of 270 respondents. The response rate was therefore considered as 100 percent, making it suitable to proceed with data analysis and interpretation

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4.2 The influence of women's education support on the FGM practice in Kajiado South

It was observed that majority of women (76.2 percent) believed that supporting women in accessing education was associated with preventative effects on FGM practice. Similarly, over 92.3 percent of women agreed that women education has varying range of effectiveness in the fight against FGM practices, hence it needs to be encouraged. It was also observed that creating an opportunity for women to access education has helped a lot of young girls from being subjected to FGM cutting (70.8 percent). Another 70.0 percent (and a mean of 3.6) of women who agreed that access to educational support has helped a lot of girls and women from being married at an earlier age. From these findings, it can be summarized that women education was considered a key component aiding the fight against FGM practices. At bivariate level, women education was considered a key component influencing the FGM practice in Kajiado South (sig. 0.00).

This means that promoting or embracing of education support among the women and girls contributes to reduction of FGM practice in Kajiado South. At multivariate level, women education was also found to influence a reduction of FGM practice (sig. 0.001).

Table 1: Summary of responses on women education on FGM practices

Statement	SD	D	U	A	SA	M	S.Dv
Creating an opportunity for women to access education has helped a lot of young girls from being involved in FGM.	2.3	4.2	2.7	66.2	24.6	3.6	0.87
Provision of education has helped to sensitize the community on the negative effects of FGM (bleeding, infections etc.)	1.5	3.1	4.6	66.2	24.6	3.6	0.83
Sensitization programs also create awareness among the communities on the appropriate systems to follow to protect women and girls from FGM practice.	1.5	4.2	4.6	65.4	24.2	3.6	0.84
Access to educational support has helped a lot of girls and women from being married at an earlier age.	1.2	1.5	7.3	64.6	25.4	3.6	0.80
Education has opened up the eyes of the community to new ideologies, practices and values that are helpful in the fight against FGM.	0.4	1.2	3.1	67.7	27.7	3.7	0.78

Source: Field data, (2023)

There were 70.8 percent (n=184) of women who agreed that creating an opportunity for women to access education has helped a lot of young girls from being exposed to FGM cutting. There was however another 16.5 percent (n=43) and 12.7 percent (n=33) respectively of women who disagreed and were not sure whether creating opportunities for women to access education contributes to helping girls get involved in FGM. The mean of 3.6 further shows that majority of women agreed that creating an opportunity for women to access education had helped a lot of girls from undergoing FGM. Similarly, there were another 70.8 percent (n=184) of women who agreed that provision of education has helped to sensitize the community on the negative effects of FGM (bleeding and infections). Findings from the two, helped to conclude that education for women in Kajiado South sub-county has helped in creating awareness on the

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negative effects of FGM and delay early marriage of girls through education hence saving them from undergoing FGM practice.

From the qualitative data, women were established to have significant influence on reducing FGM activities. There were however challenges in funding education.

"*The support is very low since there are no funds to cater for education*." Member, Mwamba CBO.

"*Education has acted as an eye opener since they become aware of complications involved after undergoing the cut*." Woman member, Maasai Transformation CBO.

"*Education has enabled girls to understand their rights, thus they can report those involved in FGM practices to concerned FGM officers*." Woman member, Naret Intoyie CBO.

From the qualitative information, education was found to be a significant contributor to reducing FGM activities. It was felt that education enabled women and girls to learn their rights and protect themselves against exposure to FGM practices.

4.3 Correlation Analysis

The relationship between the study variables was evaluated through the use of Pearson, product-moment correlation**.** The aim of this was to assess the strength of the related variables in order to draw accurate conclusions about variable that could be used to predict the future. The results of the correlations are presented in the table below. The role of women education (X^2=45.266, df=4, sig. 0.00) had statistically significant correlation with FGM practice. Women funding (sig. 0.446) and women advocacy (sig. 0.075) had no statistically significant correlation with practicing of FGM in Kajiado South.

4.4 Regression Analysis

To evaluate the connection between independent and dependent variables was done through Regression Analysis.

Table 2: Regression Results

Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
1	.290a	0.084	0.07	0.622

	Sum of Squares	df	Mean Square	F	Sig.
Regression	9.052	1	2.263	5.848	.000b
Residual	98.683	258	0.387		
Total	107.735	259			

	Unstandardized Coefficients		**Standardized Coefficients**	**Sig.**	**95.0 percent Confidence Interval for B**	
	B	Std. Error	Beta		Lower Bound	Upper Bound
(Constant)	2.121	0.206		0	1.716	2.527
Role of Women Education	0.206	0.06	0.243	0.001	0.087	0.325

a Dependent Variable: Practice of FGM

Source: Field data, 2023

The ANOVA summary shows that the model was significant (sig. 0.000), hence at the independent variable had a significant influence on the fight against FGM practices. From the

regression coefficients, it was established that three out of the four independent variables had significant influence on of fighting FGM practices in Kajiado South sub county. The role of women education was found to have positive significant effect on the practice of FGM (β=0.0206 sig. 0.001).

5.1 Conclusion

It was observed that majority of women (76.2 percent) believed that supporting women in accessing education was associated with preventative effects on FGM practice. Similarly, over 92.3 percent of women agreed that women education has varying range of effectiveness in the fight against FGM practices; hence, it needs to be encouraged. It was also observed that creating an opportunity for women to access education has helped many young girls from being subjected to FGM cutting (70.8 percent). Another 70.0 percent (and a mean of 3.6) of women who agreed that access to educational support has helped a lot of girls and women from being married at an earlier age. From these findings, it can be summarized that women education was considered a key component aiding the fight against FGM practices. At bivariate level, women education was considered a key component influencing the FGM practice in Kajiado South (sig. 0.00). This means that promoting or embracing of education support among the women and girls contributes to reduction of FGM practice in Kajiado South. At multivariate level, women education was also found to influence a reduction of FGM practice (sig. 0.001).

6.1 Recommendations

Key among the findings was women education as a significant predictor of FGM practice. The county and national government should therefore work to ensure girls and women are educated for them to not only better the life and future, but also as a strategy to either delay the process or avoid the FGM practice among the schoolgirls. Respective government officers such as the village elders, chiefs and their sub-chiefs are responsible to ensure all school-going children are admitted in school and any adult who marries a young girl is apprehended. Chiefs and their sub-chiefs are responsible in ensuring that all children who have reached the required age to attend school do so until when they finish their studies. They can achieve these initiatives through community policing by collecting information from members of the community on areas that have high school dropouts and taking appropriate measures to ensure the children are enrolled back in school.

Among the recommendations is to have awareness campaigns among mothers and local leaders for them prioritize education for the girl child. Through education, then FGM practice will reduce with time. It is also recommended that women advocacy and use of role models be used to further create sensitization on the negative impact of FGM practice. Women including mothers are responsible to ensure their daughters attend school until when they are mature for marriage and any form of traditional practice, against their rights to education should be reported to relevant authorities. Women can achieve these recommendations by liaising with local women group leaders in their respective areas to identify areas of concern such as girls being forced to undergo the rite and providing shelter to such girls as well as increased absenteeism among young girls. They can pay school fees and provide other needs to such girls in an effort to help continue and finish their studies away from their unsupportive and hostile homes.

In addition, funding needs to be channelled towards awareness campaigns, creating rescue centres, and giving bursaries to girls who have been rescued from FGM. Rescue centres, which are also education centres, serve to empower girls and raise their levels of awareness and consequently reduce exposure to FGM. Local political leaders are responsible for establishing rescue centres that will house the girls who run away from their families and homes due to

forced marriage and FGM. Women leaders in the society such as County women representatives in every county in the county have a responsibility of providing girls with sanitary towels; a rare commodity that force young girls to fall for preying men who force them into early marriage and circumcision.

7.1 Recommendations for future research

Since FGM is prevalent in Kajiado South, sub-sequent studies to assess whether the interventions done by county and national governments, as well as the NGOs have born fruits is necessary. Studies to assess the perception and changes in reduction of FGM is also necessary within the Kajiado South sub-county, and the Kajiado County at large. The results of this study contribute to the advancement of my field of study by enhancing the problem-solving skill that will help in expanding my horizons, explore new areas of interest and broaden my knowledge capacity in pioneering social and scientific solutions in solving problems.

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