FEMALE GENITAL MUTILATION AND ACADEMIC PERFORMANCE OF THE GIRL CHILD IN BENET SUB COUNTY KWEEN DISTRICT UGANDA

BY

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A RESEARCH REPORT SUBMITTED TO THE FACULTY HUMANITIES AND SOCIAL-SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A DEGREE IN SOCIAL WORK AND SOCIAL ADMINISTRATION OF KAMPALA INTERNATIONAL UNIVERSITY

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DECLARATION

I Musobya Iddi declare that this work is my own original and has never been presented anywhere and in case of any pollution of the information, I will be accountable.

Signature..... date.09TH-07-2015

Musobya Iddi

APPROVAL

This is to certify that the research report by Musobya Iddi have been done under my close supervision and is now ready for submission to College of Humanities and social sciences for examination with my approval.

Supervisor's name: Mrs Shamira Nassiwa

Signature ..... date 28th July 2015.

DEDICATION

I dedicate this work to Dr. Habib Omari who has been always there in my struggle from day one in terms of support financially and in other things.

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LIST OF ACRONYMS

FGM	-	Female Genital Mutilation
HBM	-	Health Belief Model
NGO	-	Non Governmental Organization
FC	-	Female Circumcision
WHO	-	world Health Organization
CDS	-	Compact Disks
RAINBE	-	Research Action and Information for Bodily Integrity
PATH	-	Program for Appropriate Technology in Health
CEDPA	-	Centre for Development and Population Activities
USAID	-	United States Agency for International Development
HRI	-	Human Rights Initiative
UDHR	-	Universal Declaration of Human Rights

ABSTRACT

The purpose of the study was to establish the effects of Female Genital Mutilation on girl child education. With the following objectives; to establish the effects of Female Genital Mutilation on examination grades of female pupils in final examination in Benet sub-county, to find out the effects of Female Genital Mutilation on school attendance of female pupils in Benet sub-county, to establish the impact of Female Genital Mutilation on school enrolment /drop out in Benet sub – county.

The study answered the following questions; What are the effects of FGM on examination grades of female pupils in final examination in Benet sub-county?, What is the impact of FGM on school enrolment /drop out in Benet Sub-county? And How has FGM affected school attendance of female pupils in Benet sub –county?

Benet sub county has an overall population of 11,314 people in accordance to the population Census carried out in 2014 where by only girls constitutes to a population of 4,107 both school going and out of school girls there for, since the population was big, the researcher intended to use the sample size of only 50 members involved 30 students, 10 teachers and 10 community members. However, the whole population could not be used to get information due to inadequate resources, thus a sample of nine schools was considered appropriate to carry out. The sample was also cut across different age groups of population thus the school going girls, women and teachers.

In line with the findings, table shows that 80% respondents agree that term contributes to high poverty levels among families therefore, the government of Uganda should put more effort together with the NGO's in sensitizing more about the dangers of FGM and in effect so that people just eliminate it.

Table 11 shows that illiteracy among talents contributes 48% in being an obstacle to the elimination as female Genitor mutilation in Benet as also said by the respondents therefore government should create more awareness and also encourage parents to take their daughters and sons to schools, so that they get more knowledge about how to erase the practice per their good life.

Basing on the actual study findings of the study, it can certainly be concluded that FGM highly contributes to poverty in families as per the table it contributes up to 80% illiteracy amongst parents also contribute to being an obstacle to FGM stoppage as it constitutes 48% and culture which goes up to 68%. Therefore, the practice still exists in up countries though others do it hiding and many young girls are still experiencing the pain which serves no gain in their lives except affecting their physical, mental and psychological stands as witnessed from the findings.

CHAPTER ONE
INTRODUCTION

This chapter involves the background of the study, statement of the problem, objectives of the study, scope and the significance of the study.

1.0 Background to the Study

In every area you go, there is one way of improving people's lives and that is through erasing some of the unconstructive practices, to do with culture that aim at undermining people's way of life.

Globally, female genital mutilation is practiced by almost four continents in the whole world starting with Africa with at least 28ountries practicing FGM, Australia with at least 6 countries practicing FGM, Asia with almost every country in the continent for example china, Philippine and others, Europe . WHO estimates between 100 and 140 million girls and women in the world have been subjected to one of the first three types of female genital mutilation. Estimation based on the most recent prevalence data indicates that 91,5million girls above 9 years in the world are currently living with consequences of female genital mutilation.

Regionally, in the sub- sahara Africa region, the current estimate show that 3million girls are at risk of under going female genital mutilation every year. In sub African sub Saharan region, out of the 28 countries, the prevalence is almost universal ,more than 85%, found in four countries have high prevalence of 60-85%, medium goes to 30-40% and the low prevalence is at 0.6-28.2% and this is found in the remaining nine countries and these countries include; uganda, Kenya, Sudan, Eretria, Somalia, Egypt, Cameroon, Nigeria, Senegal, Burkina Faso, Benin, central African republic, Chad, Djibouti, Ethiopia, Gambia, Liberia, Mali, Niger, Togo, and many others and in these countries have been documented.(MICS, DHS and other national survey 2006 report, Map developed by UNICIEF,2007).

Locally, in Uganda today, the practice of female genital mutilation is conducted in mostly the eastern part of Uganda in districts like Kapchorwa, Mbale, Kween and Bukwo. According to the world health organization 2006, the prevalence rate was at 0.8% and now the 2011 UNICEF report shows that 14.2% of girls had under gone the practice where by kween district covers 2.0% and Kapchorwa covers the biggest percentage being the mother district to which these others were created from it and over 3,422million. Looking at Benet Sub County in Kween

District, Female genital mutilation amongst the young girls is quite challenging especially to those around 15 years old and 55% of these girls in the sub county have under gone the practice. The government of Uganda in hands with various Nongovernmental organizations like the Human Rights Initiatives and Joy for Children Uganda were established to create awareness and educate people to end and stop the practice that is considered an act against humanity basing on the effects. It has on the social, physical, psychological, spiritual and the economic wellbeing of the person. Faith Based Health Project together with the Human rights Initiative has played a major role in discouraging their practice by telling out the dangerous into the people of Benet Sub County. (H RI report 2011)

1.1 The Conceptual Perspective

Female Genital Mutilation is the total removal of the female external genitalia; the external genitals include the clitoris, labia, mons pubic and the urethral and vaginal openings.

The definition of Female Genital Mutilation among the Benet people involves the very first sage where the girl ask the parents for permission to undertake the procedure this is followed by arrangement for the day which will be marked by over right singing and dancing to motivate the girls not to develop signs of cowardness as they are expected not to cry or run away but bravely persevere the pain as the circumciser removes the clitoris and the labia minora. Here, the entire community will be presented to witness the whole process because any sign of cowardness constitutes to family shame and isolation from the community. It is also said that the father may even decide to kill the daughter in case she shows any sign of cowardness and increase the initiate successfully under take the practice. She will be put in some place for two months no see by father or uncles till the final graduation "Latan" is acceleration performed when the girl is a ready heated from the cutting and this is when members of the community join for full day cerebration and there other initiates also come into celebrate. It's from here they announce that the girl has been circumcised any whoever interested in the can prepare to go and engage.

1.2 Statement of the Problem

Although numerous efforts have been put towards addressing this practice issues, the government of Uganda together with other non government organizations. Almost two decades when the government and private sectors intervention on the dangers of Female Genital Mutilation through the media, awareness and public talks, dramas and kinds of plays, the practice of Female Genital Mutilation is still common among the Sabine's of Benet sub-county Kween district.

Many have not changed their way of living health wise. They do not respond to the awareness in a suitable sense.

A number of projects have been put to teach the people in different communities including schools and seeking to change the people's attitudes despite those who do not undergo the practice is still seen to be a passage from childhood to adulthood. despite of this, the practice is still high, surprisingly, many first born die at birth due to the complications associated with post mutilation. This information forms a basis why the researcher feels the perspective has done more harm than good to the people of Benet sub- country mostly the girls.

The researcher therefore prompted to conduct this study in Benet sub-county Kween district in the Female Genital Mutilation and academic performance of the girl child in order to bring the situation and display strategies to improve on the enrollment and performance of the girls in school in Benet.

1.3 Objectives

In my study, the objectives were;

1.3.1 Purpose

The purpose of the study was to establish the effects of Female Genital Mutilation on girl child education

1.3.2 Specific Objectives

i) To establish the effects of Female Genital Mutilation on examination grades of female pupils in final examination in Benet sub-county

ii) To find out the effects of Female Genital Mutilation on school attendance of female pupils in Benet sub-county

iii) To establish the impact of Female Genital Mutilation on school enrolment /drop out in Benet sub – county.

1.4 Research Questions

i) What are the effects of FGM on examination grades of female pupils in final examination in Benet sub-county?

i) What is the impact of FGM on school enrolment /drop out in Benet Sub-county?

ii) How has FGM affected school attendance of female pupils in Benet sub –county?

1.5 Scope

This research was focused on the period between the year 2006 to date, Apart from the Health brief model theory contribution of 1989 by Banduro since the area and sub-country was large and no public means of transport and its hilly and mountainous, it was hard to cover the whole area in time. To overcome this problem, bicycles was used. The study was also conducted in Benet sub-country which included seven Parishes, for example. Kaseko, Piswa, Tulkot, Kwoir, Mt. Ziponact and Yatui with schools like Benet Secondary School, Benet Primary schools, St. Peter high School Benet, Giswa Secondary School, Kaseko Academy Benet, St. Paul High School Benet and others.

1.6 Significance of the Study

The study was conducted with the outcome or result expected to be of benefit all school going pupils, parents, the government, NGOs, communities, the Education Ministry and finally the Ministry of Planning and Development.

1.7 Limitations

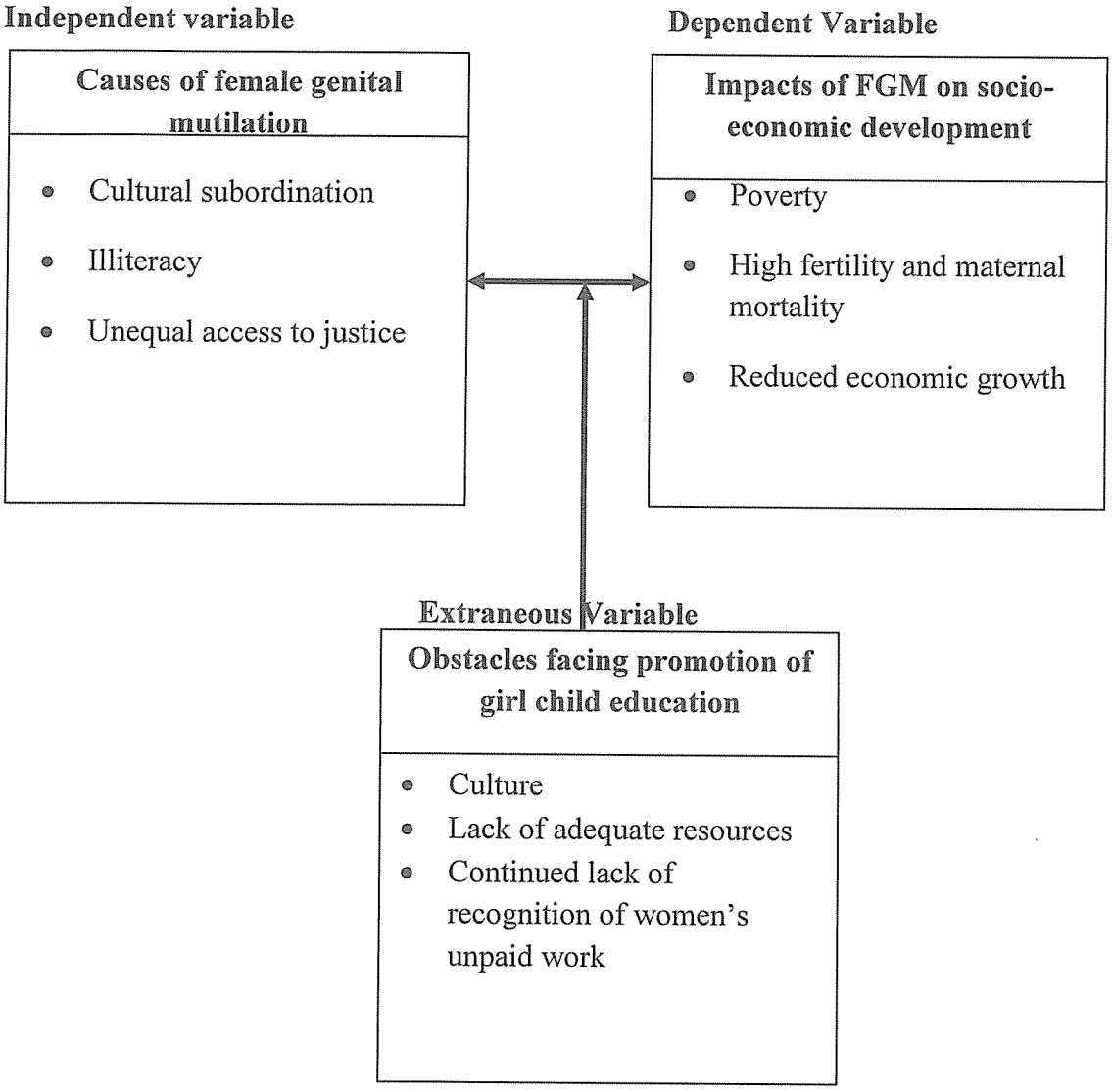
The researcher was mostly encountered by the following obstacles during his study;

Language barrier as most of the primary schools pupils could not understand English hence the researcher experienced difficulties in communication.

Time factor, due to time limit, the researcher could not cover all the schools intended.

1.8 Conceptual framework

Showing the relationship between the different variable in the study.



The conceptual framework shows diagrammatically the relationship between the different variables in the study. In this, the researcher perceived the effect of FGM as the independent while the impact on the academic performance as dependable and the researcher also identified the extraneous that also affect the outcome of the study. Cultural subordination is seen as female are denied the chance to putt education and married at very tender age, illiteracy and limited access to justice has also led to high mortality rate as people cannot detect early signs.

CHAPTER TWO
REVIEW OF RELATED LITERATURE

2.0 Introduction

This chapter concentrated on what scholars, academicians and philosophers have written about the subject under the investigation. This information will be solicited from primary sources mainly textbooks, recorded CDs, Newspapers and Magazines among others.

2.1 Female Genital Mutilation and Academic Performance

Female Genital Mutilation (FGM) is the partial or total removal of the female external genitalia. External genitals include the clitoris, labia, mons pubis (the fatty tissue over the pubic bone), and the urethral and vaginal openings. The practice of FGM is often called "female circumcision" (FC), implying that, it is similar to male circumcision. However, the degree of cutting is much more extensive, often impairing a woman's sexual and reproductive functions. Academic performance is the outcome one gets after undergoing training and provision of knowledge and one is tested to see what he or she has gained from what he has been taught. It's mostly an out come from being tested. (Forward USA, 2000, Female Genital Mutilation (online accessed 9, Nov. 2000)

2.2 Forms of Female Genital Mutilation

While it has been said by different scholars that Female Genital Mutilation (FGM) takes different forms The World Health Organization (1995) developed four broad categories for FGM operations. W H O report November (1995)

2.2.1 Excision

Removal of the clitoral hood with or without removal of part or the entire clitoris. In the commonest form of this procedure the clitoris is held between the thumb and index finger, pulled out and amputated with one stroke of a sharp object. Bleeding is usually stopped by packing the wound with gauzes or other substances and applying a pressure bandage. Modern trained practitioners may insert one or two stitches around the clitoral artery to stop the bleeding. WHO November (1995)

2.2.2 Removal of the clitoris together with part or all of the labia minora.

The degree of severity of cutting varies considerably in this type. Commonly the clitoris is amputated as described above and the labia minora are partially or totally removed, often with the same stroke. Bleeding is stopped with packing and bandages or by a few circular stitches which may or may not cover the urethra and part of the vaginal opening. There are reported cases of extensive excisions which heal with fusion of the raw surfaces, resulting in pseudo-infibulations even though there has been no stitching. Types I and II generally account for 80-85% of all female genital mutilation, although the proportion may vary greatly from country to country. WHO report (1995)

2.2.3 Infibulations

Removal of part or all of the external genitalia (clitoris, labia minora, and labia majora) and stitching and/or narrowing of the vaginal opening leaving a small hole for urine and menstrual flow. The amount of tissue removed is extensive. The most extreme form involves the complete removal of the clitoris and labia minora, together with the inner surface of the labia majora. The raw edges of the labia majora are brought together to fuse, using thorns, poultices or stitching to hold them in place, and the legs are tied together for 2-6 weeks. The healed scar creates a hood of skin which covers the urethra and part or most of the vagina, and which acts as a physical barrier to intercourse. A small opening is left at the back to allow for the flow of urine and menstrual blood. The opening is surrounded by skin and scar tissue and is usually 2-3 cm in diameter but may be as small as the head of a matchstick. If after infibulation the posterior opening is large enough, sexual intercourse can take place after gradual dilatation, which may take weeks, months or, in some recorded cases, as long as two years. If the opening is too small to start the dilatation, re-cutting (de-fibulaion) before intercourse is traditionally undertaken by the husband or one of his female relatives using a sharp knife or a piece of glass. Modern couples may seek the assistance of a trained health professional, although this is done in secrecy, possibly because it might undermine the social image of the man's virility. WHO report November (1995)

2.2.4 Unclassified

All other operations on the female genitalia, including: Pricking, piercing, stretching, or incision of the clitoris and/or labia; Cauterization by burning the clitoris and surrounding tissues; Incisions to the vaginal wall; Scraping (angurya cuts) or cutting (gishiri cuts) of the vagina and surrounding tissues; and Introduction of corrosive substances or herbs into the vagina.

Type 1 and Type II operations account for 75 percent of all FGM. Type 1II (infibulation) is common in Djibouti, Somalia and Sudan and in parts of Egypt, Ethiopia, Kenya, Mali, Mauritania, Niger, Nigeria, and Senegal

2.3. Complications associated with FGM

The highest maternal and infant mortality rates are In FGM-practicing regions. The actual number of girls who die as a result of FGM is not known. However, in areas in the Sudan where antibiotics are not available, it is estimated that one-third of the girls undergoing FGM will die. Conservative estimates suggest that more than one million women in Central African Republic (CAR), Egypt, and Eritrea, the only countries where such data is available, experienced adverse health effects from FGM. One quarter of women in CAR and 1/5 of women in Eritrea reported FGM-related complications. Where medical facilities are ill-equipped, emergencies arising from the practice cannot be treated. Thus, a child who develops uncontrolled bleeding or infection after FGM may die within hours. (World health organization hand out and the united nation, 2006, 2011, universal declaration of human rights)

2.3.1 Short term Complications of Female Genital Mutilation

Intense pain and/or hemorrhage that can lead to shock during and after the procedure. A 2009 Sierra Leone study found that nearly 88 percent of the 283 women interviewed experienced intense pain during and after FGM, and more than 13 percent went into shock.

Hemorrhage can also lead to anemia, many young girls have had severe bleeding which lastly result to anemia and other related complications. Wound infection, including tetanus. A survey in a clinic outside of Freetown (Sierra Leone) showed that of 100 girls who had FGM 1 died and 12 required hospitalization. Of the 12 hospitalized, 10 suffered from bleeding and 5 from tetanus.

Tetanus is fatal in 40 to 60 percent of all cases. Damage to adjoining organs from the use of blunt instruments by unskilled operators. According to a 1993 nationwide study in the Sudan, this occurs approximately 0.3 percent of the time. Urine retention from swelling and/or blockage of the urethra. The daily monitor paper, (2001,) .

2.3.2 Long term Complications of Female Genital Mutilation

Painful or blocked menses. In 2004, 55.4 percent of women surveyed in Baydhaba, Somalia, reported abnormal menstruation. Recurrent urinary tract infections. A 1983 study in the Sudan revealed that 16.4 percent of women who had the operation experienced recurrent urinary tract infections. Abscesses, dermoid cysts, and keloid scars (hardening of the scars).

Increased risk of maternal and child morbidity and mortality due to obstructed labor. Women who have undergone FGM are twice as likely to die during childbirth and are more likely. To give birth to a stillborn child than other women. Obstructed labor can also cause brain damage to the infant and complications for the mother (including *fistula formation*, an abnormal opening between the vagina and the bladder or the vagina and the rectum, which can lead to incontinence). Among 33 infibulated mothers followed at Somalia's Benadir Hospital in 1988, all required extensive episiotomies during childbirth. Their second-stage labor was 5 times longer than normal, 5 of their babies died, and 21 suffered oxygen deprivation because of the long, obstructed labor. Infertility, in the Sudan, 20-25 percent of female infertility has been linked to FGM complications.

Some researchers describe the psychological effects of FGM as ranging from anxiety to severe depression and psychosomatic illnesses. Many children exhibit behavioral changes after FGM, but problems may not be evident until the child reaches adulthood. However, little research has been done on this subject. FGM is likely to increase the risk of HIV infection - often the same unsterilized instrument is used on several girls at a time, increasing the chance of spreading HIV or another communicable disease. (WHO report (1995)

2.4. Reasons for Prevalence of Female Genital Mutilation

Reasons for supporting FGM include the beliefs that it IS a "good tradition", a religious requirement(s), or a necessary rite of passage to womanhood; that it ensures cleanliness or better marriage prospects, prevents promiscuity and excessive clitoral growth, preserves virginity, enhances male sexuality, and facilitates childbirth by widening the birth canal.

Until the 1950s, FGM was performed in England and the United States as a common "treatment" for lesbianism, masturbation, hysteria, epilepsy, and other so-called "female deviances". Religious affiliation can affect approval levels: A study in Kenya and Sierra Leone revealed that most Protestants opposed FGM while a majority of Catholics and Muslims supported its continuation. There is a direct correlation between a woman's attitude towards FGM and her place of residence, educational background, and work status. DHS data indicate that urban women are less likely than their rural counterparts to support FGM. Employed women are also less likely to support it. Women with little or no education are more likely to support the practice than those with a secondary or higher education. Data from the 2010 Sudanese survey (of women 13- to 49- years-old) show that 86 percent of women with no education or only primary education support FGM, compared to only 55 percent of those with senior secondary or higher schooling. A woman's age does not seem to influence support. Most women who have had the FGM procedures are strongly in favor of FGM for their daughters.

In Egypt, 30 percent of the women surveyed reported that they had at least one daughter who had gone through the procedure, while 48 percent intended to do so in the future. In addition, most of these women want their daughters to undergo the same type of procedure they had. Most women who favor ending the practice also feel they do not have enough information to convince men of the harmful effects of FGM. Men help continue the practice by refusing to marry women who have not had FGM or by allowing or paying for their daughters' procedures. DHS data indicate that, in general, women believe that their husbands' attitudes toward FGM are similar to their own. However, recent studies in Eritrea and Sudan found that men may actually be less supportive and more indifferent than women toward this practice. UNICEF 2010),

2.4.1 Historical Perception of Female Genital Mutilation

The historical basis of Female Genital Mutilation could be traced to the biblical account of the covenant between God and Abraham as recorded by the Holy Bible where God instructed that every male of Abraham and his generations be circumcised. It is salient to observe that this biblical account does not include female in the list of human beings ordained by God to be circumcised. As early as the 17th century, there were attempts by Christian missionaries and colonial administrators in Africa to prevent the practice.

The international interest which aroused about Female Genital Mutilation led to the first International Conference organized by the Sudanese had not been adjudged through various studies and research works to be the African nation where the practice started; it could be argued that the nation is one of the oldest center of Female Genital Mutilation since it was the first nation in Africa to legislate against the practice in 1946. Beginning from 1970s, many non-governmental organizations and a number of intergovernmental and governmental bodies have been actively involved in raising awareness about Female Genital Mutilation as well as developing strategies for its eradication. Tom S.Cortere (2010)

2.4.2 The Theoretical Perspective

The Health Belief Model (HBM) is a psychological model that attempts to explain and predict the health behavior by looking on the attitude and beliefs of individuals. HBM has been adopted to explore a volume of short and long term health behaviours including sexual risk behavior and transmission of HIV/AIDS. Another variable of the HBM is that of self efficacy which is the belief in being able to successfully execute the behavior required to produce the desired outcome. This model will be used to analyze the people of Benet sub-county in Kween district on Female Genital Mutilation and education and finally their benefits. *(Tom S.Cortere (2010)*

2.4.3 Cultural Dimension of Female Genital Mutilation

Culture amounts to the customs, beliefs, arts and way of life and social organization of a particular country or group of people40. In Africa, the preponderance of evidence establishing culture as one of the factors for Female Genital Mutilation in different ethnic groups is that people have a resolute belief that women's un removed genitals are ugly and bulky. That a

woman's genitals can grow and become unwieldy, hanging down between her legs unless the clitoris is excised. It is also believed that a woman's clitoris is dangerous and that if it touches a man's penis he will die. Similarly, if the baby's head touches the clitoris during childbirth, the baby will either die but if it manages to survive, he or she may not succeed in life.

In Kenya, customs and traditions are the most frequently cited reasons for Female Genital Mutilation. It was even said that the former President of kenya Jomo Kenyatta, said that Female Genital Mutilation was an inherent part of the biggest ethnic group in Kenya (the Kikuyu tribe), to the extent that abolition of it might destroy the tribal system. Also, other Female Genital Mutilation - practicing societies like Sierra-Lieone, Ghana, Gambia, Liberia, Sudan, Egypt, Togo, Pakistan, India, Turkey, Malaysia etc. regard the age-long phenomenon as so normal that people cannot imagine a woman or a girl who has not undergone it to be considered an adult. The daily monitor paper, (2001,)

2.4.4 Social Dimension of Female Genital Mutilation.

The subject of sociology is predicated on the nature and development of the society. In considering social factor as one of the foundation elements for the practice of Female Genital Mutilation in different societies, it would have been ideal to see the practice in the context of each society, the way it is organized and the behavior of its people. However, in view of the fact that so many societies are involved in the practice, a method of adopting an holistic view of outstanding features of the social factor common to many jurisdictions is preferred in this article.

In most traditional societies in Africa, Female Genital Mutilation is often deemed necessary in order to make a girl a complete woman while the practice itself is seen as marking the divergence of the sexes in terms of their future roles in life and marriage46. The removal of the clitoris and labia which is thought by some tribes as the 'male parts of a woman's or girl's body' is believed to enhance her feminist so necessary to pave a way for docility, obedience and total submission to her husband. In certain African and Asian cultures, Female Genital Mutilation is usually carried out as part of an initiation ceremony during which the woman or girl may be taken to a special designated place to recover while some traditional teachings are imparted. In some places too, the practice is associated with festivities, gifts and rituals at the end of which

the woman or girl will be considered as becoming an adult, brave, ready to face challenges of life and acceptable to the community Reeves H and S. Baden, (2000),

2.4.5 Illiteracy

The word "illiteracy" in English Language is traditionally translated to mean inability to read and write, or without much education. In the context of this article, illiteracy is also to be seen as a situation where a person could be well educated, able to read and write but not knowing much or anything at all, about a particular matter. Illiteracy as a serious factor responsible for persistent Female Genital Mutilation particularly in the developing countries of Africa, Asia, Caribbean and Middle-East, manifests principally in the inability of millions of people to read and write. Such people might not have been slightly apportioned to go to school. They therefore, grow up in their traditional societies, glued to their customs, never mixed with people from other enlightened societies and so, not ready to forsake their culture and patterns of existence.

Another category of persons are those who may either be illiterates or literates but lack any knowledge about Female Genital Mutilation, its harmful medical or sociological effects and volumes of campaigns for its eradication. One other interesting category of persons consists of I iterates who know much about the practice but feel strongly that since a people's culture determines their fate and existence, they are free to practice what God had given to them so long as their faith, belief and confidence remain unshakable in it. Some of these persons also assert that the latest complaints about harmful effects of Female Genital Mutilation originated from advanced Western nations as a ploy to condemn and defame the age-long tradition of other developing nations. In fact,

In view of the above, there is an extent to which illiteracy can actually be capitalized upon as a serious factor for the prevalence of Female Genital Mutilation in various societies without looking deeply at the socio-economic and cultural settings of the people concerned. Even if the so called ill iterates suddenly become literates today, what is the likelihood that they will relinquish the practice? The nexus between human rights and Female Genital Mutilation can be well appreciated in terms of their interactive effects on the rights of women and girl folks in many societies. WHO (2010)

2.5 Effects of Female Genital Mutilation on Communities.

It may be necessary to observe that though, the prohibition of torture had been enshrined in International Law since the end of the Second World War Female Genital Mutilation has only recently found a place in the international human rights agenda. Certain factors have worked against Female Genital Mutilation from being recognized easily as a human rights issue for many years. First, people who are often involved in the practice are private actors rather than State Officials. Second, the practice is encouraged by parents and family members who believe it will have beneficial consequences for the child in later life. Third, since Female Genital Mutilation is rooted in cultural traditions of various societies, outside intervention in the name of universal human rights is often regarded as cultural imperialism. Today however, the effects of Female Genital Mutilation on the human rights of women and girl-children can be viewed under the following headings. New vision (2011,)

2.5.1 Violation of the Rights to Life and Dignity of Persons.

The rights to life and dignity of human person may be regarded as highly fundamental since all other species of human rights depend on them. In other words, human-life and its dignity remain most essential to enable every person assert and claim any other right under the law. The right to life of many women and female children has always been adversely affected when death occurs in the process of unorthodox genital mutilation. Early in 1996 for instance, the National baseline Survey on Harmful and Positive Traditional Practices reported that over 114 million women and girls all over the world lost their lives through Female Genital Mutilation. Putting direct loss of lives a side, certain complications also arise in the course of the practice. These include: loss of blood resulting in anemia, urinary tract infections, tetanus, faecal contamination, HIV or Hepatitis-B arising from the use of unsterilized instruments, chronic pelvic infections etc. Such complications have resulted to death of many women and girl-children in many nations. In Nigeria for instance, it was reported that about 32.7 million women were seriously affected by this practice in 1996.

Apart from being natural gifts, the rights to life and dignity of human person are cardinal in various international legal instruments53. In fact, the desire to protect life and dignity of human person constitutes the gritty of the preamble to the United Nations Charter which provides inter alia. "We the peoples of the United Nations determined to save succeeding generations from the

scourge of war, which twice in our lifetime has brought untold sorrow to mankind, and to reaffirm our faith in fundamental human rights, in the dignity and worth of the human person...".

Despite the availability of many international legal documents containing provisions which guarantee the rights to life and dignity of human person, provisions also exist in domestic laws and constitutions of various nations expressly declaring these rights. For instance, Sections 33 and 34 of the Constitution of the Federal Republic of Nigeria 1999, declare the rights to life and dignity of human person. There are also provisions in various laws and constitutions of most common law countries like Britain, Australia, Canada, United States of America, South Africa, Ghana, Zimbabwe etc. unequivocally declaring the rights to life and dignity of human person of women and female-children. HRI (2000) and joy for children Uganda,(2010),

2.5.2 The Rights to Private and young girls.

The rights to privacy and young girls are fundamental to the effective realization of individual's personality and existence. Women and girl-children are seriously in need of these rights because they are often believed to be the most vulnerable set of human beings in the society. The right to privacy is defined as the right of a person to personal autonomy. It is also the right of a person and person's property to be free from unwarranted public scrutiny or exposure. Privacy, on the other hand, is a condition or state of being free from public attention, intrusion or interference with one's body, property, acts or decisions.

The rights of women and girl-children to privacy are violated when their genitals are mutilated with or without their consent. Every process of Female Genital Mutilation is a violation of the right of women and female-children to their personal autonomy. That is, their right to remain un tampered with and be left alone as created by God. Female Genital Mutilation is also a violation of the right of female individuals to their anatomical property which is meant to be in privacy or secrecy. Hence, it is a process which violates their fundamental right from public ridicule, exposure, intrusion and interference.

The right to family life of women and girl-children is involved since this category of human beings requires their female genitals to consummate their marriage and family life. In most instances of unorthodox Female Genital Mutilation, female genitals have been permanently

endangered, tampered with and rendered unfit for future family reproduction and growth. It is important to realize that there are international legal instruments on the rights of women and female-children to private and family life. In Nigeria, the 1999 Constitution declares the rights to private and family life to the end that "the privacy of citizens, their homes, correspondence ... is guaranteed". Also, the Criminal Code forbids unlawful infliction of wounds, grievous harms and injures on any person.HRI (2000) and joy for children Uganda, (2010),

2.5.3 Violation of the Right to Peace and Common Heritage of young girls.

As noted earlier, the rights to peace and common heritage of young girls fall into the third new generation of human rights conceptionalized by Professor Karel Vasak in 1979. This category of rights entails the rights of all persons, including women and female-children to live in peace without being subjected to harmful and injurious cultural or traditional practices like Female Genital Mutilation capable of inflicting pains that can take away their peace. It also covers the right to share in the common heritage of humankind. This specie of right involves the ability of women and female-children to have their genitals preserved as created by God and to enjoy their maximum use in the natural course of sexual intercourse either to reproduce or satisfy their sexual desires. It has been scientifically propounded that Female Genital Mutilation reduces the size of clitoris which is the most sensitive female organs. Such reduction in size they claim, reduces if not completely eliminates the degree of sexual enjoyment by Black's Law Dictionary 2004 op. cit. 135

Article 17 of the United Nations Declaration on the Rights of the Child 1979 and Article X of the African Charter on the Rights and Welfare of the Child 1979 both provide that "no child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence or to unlawful attacks on his or her honor and reputation". Similarly, the 1993 United Nations Conference on Human Rights in Vienna sounded an historic call by stressing the importance of working towards the elimination of violence against women in public and private life and the eradication of any conflicts which may arise between the rights of women and the harmful effects of certain traditional or customary practices (like Female Genital Mutilation). The third generation of rights also includes the right of women and girl-children to the development of their personality. The right to development is now a subject of international and global concern through the United Nations Vienna Conference of 1993 which declared the right

to development as a universal and inalienable right and an integral part of fundamental human rights. UNDRC (1979)

2.5.4 Violation of the Rights to Sound Health and Physical Integrity like in Education.

The rights of women and female individuals to sound health and physical integrity like Education are now universal and basically fundamental to the extent that a cultural claim for Female Genital Mutilation may not be easily invoked to justify their violation. Health is wealth. Any act capable of inflicting violence on women and female children like Female Genital Mutilation deprives them of their rights to sound health and physical well-being which also reduces their level of skills, education, work opportunities and participation in the development of their nations. The right of women and female individuals is violated when unorthodox Female Genital Mutilation is performed thereby, leading to the following medical complications: bleeding, pains, urinary infections, urine and vagina leakages, chronic pelvic inflammatory diseases and HIV infections.

The negative effects of Female Genital Mutilation on the rights to sound health and physical integrity of female folks had been recognized by the United Nations Organization since the early 90's. For instance, the Committee on the Elimination of Discrimination against women issued several recommendations in 1990 urging States to take appropriate and effective measures with a to abolishing traditional practices prejudicial to the health of and children. Various health regulations and laws have also been put in place in many nations prohibiting all forms of traditional practices injurious to health and well-being of female persons. In Nigeria, some States like Ogun, Cross-River, Ondo, Osun, Rivers and Bayelsa, have enacted laws banning Female Genital Mutilation since 1999. The human rights initiative (2000)

2.5.5 Violation of the Rights to Protection and Freedom from Discrimination.

The right of every individual member of a society to be protected by law is rooted in the theory of Social Contract by which men decided to yield some of their basic rights to a sovereign authority with an understanding or a guarantee that such rights and the individuals would be protected by the sovereign. In the event of any default or failure, the sovereign is doomed to be removed. Over the years, the basis of any democracy world-over is that elected representatives ought to use every legislative, executive and judicial apparatus of the State to protect and

advance the interest of the electorate. Every injurious cultural practice like Female Genital Mutilation administered on female members of the society in contravention of laws forbidding the practice violates the right of such individuals to adequate protection by the government and other authorities of their nations.

Female Genital Mutilation is regarded as an attempt to confer an inferior status on women and female-children by branding them with marks which diminish them and remind them that they are only women inferior to men. The practice is a mere signal that female individuals do riot have any right to exercise over the condition and state of their own bodies. Talking about the effect of Female Genital Mutilation on the right of female folks to freedom from discrimination, the former President of Burkina Faso, Thomas Sankara was quoted as saying that: "Female Genital Mutilation is rooted in discrimination against women. It is an instrument for socializing girls into prescribed roles within the family and community which intimately link to the unequal position of women in the political, social and economic structures of societies where it is practiced." The rights of all persons to protection and freedom from discrimination have been given prominence in the United Nations Universal Declaration of Human Rights, 1948 and the United Nations Convention on the Elimination of all forms of Discrimination against Women. (1981).

At domestic level, many nations have also enacted laws prohibiting all forms of discrimination against individual members of their societies. In Nigeria, the 1999 Constitution provides in part that: "No citizen of Nigeria shall be subjected to any disability or deprivation merely by reason of circumstances of his birth." Apart from the use of laws at domestic and international levels, spirited efforts have also been made by various international bodies to work for the eradication of Female Genital Mutilation through e3gaJl forms of educational media and enlightenment campaigns. HRI **(2000)**

2.6. Extensive Educational Programs

2.6.1 Global and Regional Efforts towards Eradication of Female Genital Mutilation

In more than 20 African countries, the Inter-African Committee on Traditional Practices (lAC) with the collaboration of local non-governmental organizations (NGOs) has launched an

extensive educational campaign aimed at eliminating FGM. Women in Egypt and Sudan recommended education as the best means to end this practice.

Various African NGOs are involved in research and eradication campaigns. These include The Comite National de Lutte contre la Pratique de, Excision in Burkina Faso, the National Association of Nigerian Nurses and Midwives, the Maendeleo Ya Wanawake Organization in Kenya, the National Research Network in Senegal, the National Union of Eritrean Youth, and the Seventh Day Adventist Church in Kenya.

Technical assistance, advocacy, and funding are being provided by various national and international development agencies such as PATH (Program for Appropriate Technology in Health), RAINBE (Research, Action, and Information Network for Bodily Integrity of Women),Equality Now, the Centre for Development and Population Activities (CEDPA), Population Council, Wallace Global Fund, and Women's International Network.

Education about the harmful effects of FGM and its illegality is provided to African immigrants in Australia, Canada, France, Holland, Norway, Sweden, the United Kingdom, and the United States. United Nations agencies (UNICEF, UNFPA, and WHO) issued a joint position paper and are increasing their efforts to eradicate FGM. WHO recently launched a 15-year strategy to accelerate these efforts?

The United States Agency for International Development (USAID), recently reviewed its FGM programming and increased its support for FGM eradication programs by working with technical agencies such as PATH, RAINBE, International Center for Research on Women, CEDPA, The Focus Project, and the Population Council.(world health organization 2010),UNICEF 2010)

2.7 The Trend of Attitude towards Female Genital Mutilation.

FGM prevalence rates are slowly declining in some countries, as indicated by lower prevalence rates among adolescents (compared to older women). In Kenya, a 1991 survey showed that 78 percent of adolescents had undergone FGM, compared to 100 percent of women over 50. In the Sudan, another study revealed that the prevalence among 15- to 49-year-old women dropped

from 99 percent in 1981 to 89 percent in 1990. People are choosing less severe forms of FGM. A 1991 study in Kenya showed that 62.3 percent of women over age 50 had Type II FGM, while only 38.9 percent of the 15-19 age group underwent the same type (most of the remainder underwent Type I). A 1981 Sudanese survey of women - 94 percent of whom had undergone FGM - reported Type III FGM among 94 percent of the respondent's mothers, 83 percent of the respondents themselves, and only 5 I percent of their daughters.

Attitudes are also following this pattern of slow change. Eighty-two percent of 15- to 44-year-old women participating in a 1981 Sudanese study supported FGM. Almost a decade later, in 1989-90, only 78 percent favored its continuation. Considering how deeply engrained the practice is in the social fabric, this 4 percent change of attitude is significant. A recent study found that about 4 of 10 Eritreans want to see FGM discontinued. In Sierra Leone, survey respondents who had learned of the health risks associated with the practice generally favored modifying FGM to make it less painful or dangerous, or abolishing it altogether. Of those with college, university, or postgraduate education, percent favored ending the practice. Recent research in Kenya reveals numerous reasons for a decline in FGM, for example, secondary education is associated with a four-fold increase in disapproval of FGM. Other reasons include: girls' refusal; greater access to health education; modernization with its resulting changes in lifestyle; fear of anti-FGM laws; public ridicule; and realization that FGM has no effect on girl's behavior.

Among women who are against FGM, the main reasons given are medical complications and pain. Other reasons include: it is seen as a negative tradition; it counters religious belief; it prevents sexual satisfaction; and it diminishes a woman's dignity. Djibouti and Sudan restrict types of FGM, which has legitimized the practice and has led to treatment instead of eradication. In some countries, FGM is available under more sterile conditions involving less "cutting", in an effort to lessen the immediate health complications. WHO, and many other agencies including PATH, however, oppose the modification of FGM and call for its complete eradication on the grounds that all FGM threatens the mental.

Physical, and psychological health of women and girls and violate human rights standards. Countries with laws or regulations against FGM include Burkina Faso, Central African Republic.

Djibouti, , Great Britain, Guinea, Sudan, Ghana,Sweden, and the United States. Existing laws against assault and child abuse cover FGM in Canada, France, and the United Kingdom. Governments that support FGM eradication include Benin, Burkina Faso, Cameroon, Central African Republic, Cote d'Ivoire, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Kenya, Niger, Senegal, Sudan, Tanzania, Togo, and Uganda WHO report . (2010),

2.8 Implications from the Review of Literature

It is observed that there are many cultural and traditional reasons for persistent Female Genital Mutilation just as there are a host of reasons why the practice is held to be injurious to health and fundamental rights of women and female-children in all societies where practiced. The totality of canvassed on both sides are though, persuasive but equally subjective. Subjective in the sense that each individual has his or her own pre-conceived notion for any particular position. The argument that seems convincing in support of the practice may not hold water in the opinion of another person. Hence, the need to strike a balance between the two opposing situations. There have also been submissions and affirmations through scientific/medical research works that Female Genital Mutilation is injurious to health and that on many occasions; it had resulted to loss of lives in many nations. It is also on record that a lot of national, regional, non-governmental, international and global bodies have intervened to eradicate the practice without satisfactory and appreciable results. It would seem therefore that the panacea for the eradication of Female Genital Mutilation may not lie in further campaigns against its practice. Rather, a via-media approach should be adopted by all the stakeholders with a view to reconciling the conflicts between culture and the need to ensure sound health on one hand; and between socio-cultural values of different societies and the desire to effect adequate protection of human rights of women and girl-children. This approach is the main function of law as articulated by the postulations of various authors in the Sociological School of Jurisprudence in view of the above observations, it could be suggested that international communities, governments of nations and all persons must continue to pay due respect to the customs and traditions of the people and to encourage effective means of their preservation. But where such cultural and traditional practices become inimical to the health and fundamental rights of the people, immediate actions must be taken to avert evil consequences that may follow. Progressive means of educating the people on

the destructive effects of Female Genital Mutilation should further be intensified in all societies where the practice is common.

There is an urgent need to identify those societies where people may, forever, not likely or prepared to relinquish Female Genital Mutilation for the sacred values of their customs and traditions. In such societies, adequate laws should be put in place not to call for the eradication of the practice but to insist vigorously, that Female Genital Mutilation must not be carried out under unorthodox or unhygienic conditions without the use of properly sterilized instruments and without the attention of medical experts. Another step which the governments can take is to establish circumcision health clinics or centers where experienced medical experts provided with adequate facilities will be able to carry out its orthodox practice and counsel people about its negative effects. This is necessary for stemming the tide of incessant loss of lives, medical complications and gross violation of human rights often engendered by unorthodox Female Genital Mutilation.

This suggestion should not be taken as an attempt to advance the course of Female Genital Mutilation in any society to the detriment of human rights and well-being of women and other female individuals. The fear being exercised is that protracted emphasis on the eradication of the practice for the sake of human rights may not likely yield the desired result in societies where people are bent on protecting the values of their customs and traditions. Traditions and culture form part and parcel of human existence and nothing could be done easily and hurriedly to uproot people from their foundation. Instead of adopting an approach that will force people to practice unorthodox Female Genital Mutilation which often leads to loss of lives capable of further endangering human rights of female persons; a more realist approach as suggested above should be adopted. Human Rights cannot thrive in an atmosphere where people cannot find viable alternative to practice their culture than to embark on acts likely to cause infirmity and death in the society. It must be regarded as a deep-rooted socio-cultural phenomenon likely to vanish in course of time.

In order to ensure the use of law for the eradication of the practice, the particular law must have stiff penalties like life imprisonment or a period of 21 years' incarceration for any person found

guilty of indulging in unorthodox Female Genital Mutilation. The effective function of such a law in the society depends upon certain factors. These include: adequate publicity, appropriate structure of the law enforcement agencies in terms of training, equipment and conditions of service. The nation's judiciary must also be well established and be made independent. Both the leaders and the entire citizens should also be patriotic, loyal, disciplined and always ready to obey the rule of law and respect the principles of justice and fundamental rights.

CHAPTER THREE
RESEARCH METHODOLOGY

3.0 Introduction

This chapter involved the research design, area of the study, data collection method, sample framework, data processing and the ethical consideration that was observed during the research process.

3.1 Research Design

The research design that was used were be both qualitative and quantitative in a sense that, under quantitative, the researcher applied semi structured interviews while with qualitative, questionnaires both primary and secondary data sources were being used.

3.2 Area of Study

The study was conducted out in seven primary schools and Secondary schools within Benet sub-country. This was due to the convenient location of the school to the researcher which was to ensure accurate data collection.

3.3. Population target and Sample Size

Benet sub county has an overall population of 11,314 people in accordance to the population Census carried out in 2014 where by only girls constitutes to a population of 4,107 both school going and out of school girls there for, since the population was big, the researcher intended to use the sample size of only 50 members involved 30 students, 10 teachers and 10 community members. However, the whole population could not be used to get information due to inadequate resources, thus a sample of nine schools was considered appropriate to carry out. The sample was also cut across different age groups of population thus the school going girls, women and teachers.

3.4 Data Collection Method

The researcher intended to apply various data collection methods. These methods included; observation, interviewing, questionnaire and reading documents good to the research and focused group discussion.

3.4.1 Interview

Here, the researcher used both structured and non structured interview techniques to gather key data from the respondents and key informants. The interview was based on an interview guide that had a list of questions for girls, teachers and community members.

3.4.2 Questionnaire

This was directly administered to the respondents at various levels of the population sample to put the study required data. Questionnaires were open ended and closed ended. It was filled on the spot then the researcher immediately collected the questionnaires and responded data gathered from all respondents in different areas and data was statistically transformed.

3.4.3. Observation

The researcher also observed what will be going on in real life situation of the present girls in schools and those who had dropped out of schools and got married at an early age and records were taken by the researcher. This was done with an observation checklist.

3.4.4 Focused Group Discussion

The focused group discussion was also used and this involved 20 respondents from seven schools and deferent age groups were preferred so as to show the magnitude of the practice and to determine whether it's practiced on a high increase or decreasing with the young generation.

3.5 Sample Framework

Here, this section described the sampling techniques, and sampling procedure. The reason on certain sampling techniques, and procedure was employed.

3.5.1 Sampling Techniques

The researcher employed random sampling for students who were the major victims of FGM and so detailed data was expected from them and purpose sampling technique for teachers and community members since they had tried to put much concern on erasing this evoke in the society, the purpose of the purposive was to ensure that precise information from respondents who were not easily allocated yet crucial for the study. Selected informants are selected based on the knowledge about the subject under the study. The students were be used as the respondents for random sampling as this was to help me get a wide range of ideas from them. On the other hand, purposive sampling was used on the side of the teachers, and the community members. This was due to reasons that they had great knowledge about the existing practice.

3.5.2 Procedure ensuring Authorization to carry out the study

The researcher got an authorization letter from the University for Identification then proceeded to the area administration chief to inform him about the purpose of the study and get permission to conduct the study in his area. The researcher then visited all the schools informing the head teachers about his study and asked for permission to carry out the study in their schools.

3.6 Data Processing

The data was processed after being gathered. This was to ensure that the information collected was complete, accurate and uniformly presented.

3.6.1 Coding

The researcher categorized data in coding frame to tabulate data into simple tables and all necessary percentages of the respondents against a particular related variable to test hypothesis.

3.6.2 Tabulation

The researcher also intended to tabulate data or transform data collected into a tabular form from the instrument for further examinations. This was to encourage the researcher to put down raw data from data gathered.

3.6.3 Editing

The researcher edited the data to check for errors and therefore rectify all areas that needed corrections. This was guided by the research objectives, qualitative and theoretical framework.

3.6.4 Analysis

Data was analyzed in line with research objectives in order to realize a harmonious plan during the study and this depended on the response from field respondents. The researcher organized and extracted meanings from data corrected during the study. The Analysis was also to ensure that the researcher avoids duplication of information and leading to a critical analysis.

CHAPTER FOUR
DISCUSSION, FINDINGS AND INTERPRETATION OF DATA

4.0 Introduction

This chapter involves the findings and interpretation of the conducted research.

4.1 Findings and Interpretation

This mainly focuses on the study findings as conducted and the interpretation of data collected from the field, the way data was tabulated and analyzed using frequency tables and percentages to allow comparison of respondents, interpretation of data and this was done to support the hypothesis as stated below;

4.1.11 Does Female Genital Mutilation contributes to poverty level among families?

4.1.2 Do you think illiteracy among parents is an obstacle to the elimination of FGM in Benet Sub County?

4.1.3 Does culture appear an obstacle to stopping FGM?

4.1.4 Does Female Genital Mutilation contribute to the economic growth of Benet?

4.1.5 Does FGM have an effect on Education?

4.1.6 Do you think Female Genital Mutilation leads to girls dropping out of schools?

4.1.7 Does FGM lead to high mortality rate in Benet Sub County?

Here, the responses were stated as yes, No, and not sure in following respondents explanation as illustrated below;

Table 1: Does Female Genital Mutilation contribute to high levels of poverty among families?

Responses	**Number of respondents**	**Percentage (%)**
Yes	40	80%
No	5	10%
Not sure	5	10%
Total	**50**	**100%**

In accordance to the table above, 40 respondent constituting to 80% agreed with the hypothesis standing to the fact that FGM contribute to high levels of poverty among families. This is supported with their various views that FGM has contributed to their girls dropping out of schools yet if they were to stay in school, they would even graduate and get jobs be paid so that they support their families and has led to poor performance of these girls in class poverty.

10% of the respondents disagreed with the hypothesis reasoning that poverty is caused by poor attitudes towards working that most people do not want to work and they claim its FGM. how about those who have only boys and those with girls who have not under gone FGM? Most of these respondents under 10% were church leaders.

10% of the respondent also said they are not sure of the hypothesis meaning they did not have any idea about the hypothesis.
Therefore, basing on the respondents suggestions, the government of Uganda should put more effort in sensitizing much about the problem.

Table 2: Do you think illiteracy among parents is an obstacle to the elimination of FGM in Benet Sub County.

Responses	Number of respondents	Percentage (%)
Yes	24	48%
No	21	42%
Not sure	5	10%
Total	**50**	**100%**

Basing on the readings on the table, 48% of the respondents said yes to the hypothesis with much explanation that, they do agree because, a big number of the parents in Benet sub-county never went to school that's why they support the practice because they don't know the dangers involved in the practice but if they had attained informal education, they would be the top people to fighting against the practice.

42% of the respondents disagreed with the hypothesis with reasons for example' they explained that, it's not illiteracy that contributes to FGM not being eliminated instead it's the poor sensitization method used by the government and poor creation of awareness, they explained it with examples of these other communities that have more illiterate people but do not practice female genital mutilation and still their girls do not study.

10% of the respondents reached, they did not agree neither disagree but they were not sure of the hypothesis whether it is nor not.

Looking at the percentages represented, in the tables, respondents reported that the government should encourage people to involve their daughters and sons in free education so that the problem should not repeat.

Table 3: Does Female Genital Mutilation Reduce on the Level of the Economic Growth of Benet?

Responses	Number of respondents	Percentage (%)
Yes	16	32%
No	27	54%
Not sure	7	14%
Total	**50**	**100%**

On the presented information as of the table above, 16 respondents constituting to 32% of their response agreed with the hypothesis that FGM has reduced the level of economic growth of Benet in a way that besides agriculture being one of the contributors to economy's growth, education also plays a big role in the economic growth of any community. 40% of its contribution, now an assumption that all those dropout of their schools due to FGM were to continue with their education graduates and get jobs of course they would get jobs, be paid and also pay taxes and also improve on education in Benet but due to the FGM practice, most of the girls are dropouts of schools and others performing poultry and the more down the economy goes.

54% of the respondents disagreed with the hypothesis explaining that FGM does not reduce on the economic growth of Benet Sub County but instead contributes to the economic growth of the sub county in a way that the practice acts as a tourist attraction to the extent that many people from various countries come to see how the practice is conducted and by so doing, they pay money to these girls and also to the cell wan leaders to construct the gathering venues for the practice and also those gives us this money for other developmental things hence contributing to the economic growth.

Table 4: Does culture appear an obstacle to stopping female genital mutilation in Benet sub-county?

Responses	Number of respondents	Percentage (%)
Yes	34	68%
No	8	16%
Not sure	8	16%
Total	**50**	**100%**

The table above shows that 68% of the respondents which involved the community leaders, teachers and a few students agreed with the hypothesis saying that culture appears an obstacle to stopping the FGM practice due to the fact that, in Benet sub-county, there are many old people who still believe in their culture that its only through Female Genital Mutilation that can approve and declare that such a girl is ready for marriage and strong and it can also reduce and control women's sexual desires because according totem is that it's through FGM that women would lose their sexuality in order to avoid adultery but do not look at the pain they inflict to these girls and that the practice started with their ancestor way back.

Also according to the table above, 16% of the respondents disagreed with the hypothesis by saying that if one says that culture is an obstacle to FGM stopping is like saying that culture is the major cause of FGM yet the problem clearly goes to the government that has failed to create awareness about the dangers involved in the practice for example damaging of other body parts and also spreading of HIV/AIDs to young girls through going to villages and tell the people what is bad about the practice. Culture can be changed if proved dangerous to humanity.

As finally per the table, also 16% of the respondents claimed have no idea about culture and therefore they were not sure about the hypothesis.

Table 5: Does Female Genital Mutilation have an effect of Education in Benet?

Responses	Number of respondents	Percentage (%)
Yes	48	96%
No	2	4%
Not sure	0	0%
Total	**50**	**100%**

According to the interpretation of the table above shows that 96% respondents agreed with the hypothesis that female genital mutilation have an effect on the education of Benet sub county due to the reason that many of their girls who have under gone the practice have been found out of schools because the injuries they encounter and shame they get from fellow students or pupils who are boys limit them to go to schools in fear of being laughed at and also lowering their performance because surely the moment you recall what happened on you during the practice yet you are in your examination room, you even fail to write your exams hence poor performance.

4% of the respondents reached did not agree with the hypothesis explain that the levels of a girl child's performance in class depends on how one is treated at home, that FGM is just a practice that everyone knows even children therefore it has nothing to do with education. They also gave the example of those girls who have undergone the practice and have managed reaching universities for example Eunice Cheptai who is now an anti-female genital mutilation advocate and member in Kapcworwa they also continued to say that most of these girls just don't want to study in fact they prefer marrying to education.

On the centrally, 0% of the respondents were not aware, meaning no one was not sure about the hypothesis.

Basing on the report given in the table by percentage, there is need for the government and the NGO's to work hard in addressing quick solutions to the problem as suggested by the respondents.

Table 6: Do you think Female Genital mutilation leads to High maternal mortality rates in the sub county of Benet?

Responses	Number of respondents	Percentage (%)
Yes	18	36%
No	10	20%
Not sure	22	44%
Total	**50**	**100%**

Basing on the represented percentages, 36% of the responses got agreed and said yes to the hypothesis giving their reasons that, many mothers die when giving birth and this is in fact 14% of those who die when giving birth due to the complications they encountered during and after undergoing the practice and the injuries got due to 1too much pain they end up dying as said by Grace Chepteng who almost died during her first time to give birth in the hospital.

20% of the respondents disagreed with the hypothesis saying that most mothers don't die because of the complications from FGM but rather the poor way of how these nurses handle them during that time and also personal hygiene and the way they behave when pregnant that results to them failing to breath and push due to lack of exercise.

44% of the respondents were confused about the hypothesis and said they did not have any information about the hypothesis so they were not sure.

CHAPTER FIVE
CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter contains the conclusion and recommendation.

5.1 Conclusion

Basing on the actual study findings, it can certainly be concluded that FGM highly contributes to poverty in families as per the table it contributes up to 80%, illiteracy amongst parents also contribute to being an obstacle to FGM stoppage as it constitutes 48% and culture which goes up to 68%. Therefore, the practice still exists in up countries though others do it in hiding and many young girls are still experiencing the pain which serves no gain in their lives except affecting their physical, mental and psychological stands as witnessed from the findings.

5.2 Recommendations

In line with the findings, table 1 shows that 80% respondents agree that term contributes to high poverty levels among families therefore, the government of Uganda should put more effort together with the NGOs in sensitizing the community more about the dangers of FGM and its effect so that people just eliminate it.

Table 2 shows that illiteracy among parents contributes 48% in being an obstacle to the elimination of female genitor mutilation in Benet as also said by the respondents therefore government should create more awareness and also encourage parents to take their daughters and sons to schools, so that they get more knowledge about how to erase the practice for their good lives.

The government also needs to also work with the community members in going down villages teaching people how risky is the practice by putting such teaching in drama, role plays, even on media so that people put to see and change their minds against the practice hence addressing quick solutions to the problem.

Looking at all the tables above from table 1 to 6, there is still need for the government to employ scientists and social workers to teach the people of Benet more about how FGM is bad to one's health by using influential people like musicians thus aiming at solving the painful practice and saving the lives of our sisters who are innocent, hence a good Ugandan deserves a good life

5.3 Further research

Further studies should be done on female genital mutilation and academic performance of the girl child. This will help to establish the effects of Female Genital Mutilation on girl child education.

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APPENDICES

APPENDIX A: QUESTIONNAIRE FOR SCHOOLS GIRLS

Dear Respondent,

The researcher is an undergraduate student at Kampala International University Conducting a research on "female Genital Mutilation and girl Child academic performance. A case of Benet Sub county Kween district" this research is part of requirement of the award of Bachelors of Social Work and Social Administration Your are therefore requested to spare some time in filling this questionnaire as honestly as possible. All information you submit will be confidentially kept.

Instruction: Please tick where appropriate

1. Personal Information

a). Sex

Male ☐

Female ☐

b). Age

10-15 years ☐

15 -20yaers ☐

20-25 years ☐

25 and above ☐

c). Education level

Primary ☐

Secondary ☐

Diploma ☐

Degree ☐

Others.....

d). Marital status

Single ☐

Married ☐

Widowed ☐

Divorced ☐

e). Village:.....Parish.....District.....

2. SECTION A: WHAT ARE THE EFFECTS OF GIRL CHILD EDUCATION?

2.1 What is female Genital Mutilation?

.....

2.2 What do you think are the effects of FGM on examination grades of female pupils in final examination in Benet Sub County?

.....

.....

2.3 What are the impact of FGM on school enrolment /drop out in Benet Sub County

.....

.....

2.4 What are the effects of FGM on school attendance of female pupil in Benet sub county?

.....

.....

2.5 Do girls drop out of schools after undergoing FGM?

Yes ☐ No ☐ Not sure ☐

2.5.1 If yes why?

.....

2.6 Is there gender inequality in Education?

Yes ☐ No ☐ Not sure ☐

2.6.1 If yes why is it so?

.....

2.7 Does FGM have an effect of Education?

Yes ☐ No ☐ Not sure ☐

2.7.1 If yes explain

.....

2.8 Are girls in this sub county aware of FGM?

Yes ☐ No ☐ Not sure ☐

2.9. Do girls and women have equal opportunities in decision making?

Yes ☐ No ☐ Not sure ☐

2.10 Are girls aware of their Education rights?

Yes ☐ No ☐ Not sure ☐

3.0 SECTION C: IMPACT OF FGM

3.1 What are the impacts of FGM on girl child academic performance in the development of Uganda Benet sub-county?

.....

3.2 Does FGM contribute to poverty levels among families?

Yes No Not sure

3.2.1 If yes how?

.....

3.3 Does Female genital Mutilation reduce on economic growth?

Yes No Not sure

3.3.1 If yes how?

.....

3.4 Does FGM lead to high mortality rates in Benet sub –county?

Yes No Not sure

SECTION D: OBSTACLES FACED IN STOPPING FGM

4.0 What are the common obstacles faced in stopping FGM?

.....

4.1 Are FGM policies in the county effectively implemented?

Yes No Not sure

4.2 Does culture appear an obstacle to stopping FGM?

Yes No Not sure

4.2.1 If yes how?

.....

4.3 Do you think illiteracy among parents is an obstacle to FGM elimination?

Yes No Not sure

4.4 How can these obstacles be overcome?

.....

End

APPENDIX B: INTERVIEW GUIDE FOR TEACHERS AND NGOS

Dear Respondent,

The researcher is an undergraduate student aka Kampala International University Conducting a research on "female Genital Mutilation and girl Child academic performance. A case of Benet Sub county Kween district" this research is part of requirement of the award of Bachelors of Social Work and Social Administration Your are therefore requested to spare some time in filling this questionnaire as honestly as possible. All information you submit will be confidentially kept.

1) What are the effects of FGM on examination grades of female pupils in final examination in Benet?
2) What are the impacts of FGM in school enrolment /drop outs
3) What are the effects of FGM on school attendance of female pupils in Benet sub-county
4) What are the causes of FGM
5) What is the cultural importance of FGM?
6) Hat has the government done to stop FGM?
7) Mention any obstacles encountered in trying to stop FGM?
8) How can these obstacles be overcome?