EFFECTS OF LEVEL OF EDUCATION ON PERCEPTIONS OF ALTERNATIVE RITE OF PASSAGE OF THE MARAKWET OF KENYA

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Abstract

The Alternative Rite of Passage (ARP) is an intervention programme sponsored by NGOs as an alternative to female circumcision (FGM). ARP mimics the traditional rites aspect by putting the initiates in seclusion and counselling them while avoiding the physical operation of the genitals. There is a gap in the analysis of the Marakwets' perception of ARP and their level of awareness of effects of FGM as it has not been empirically investigated. The aim of this study was to determine whether level of education influenced perceptions of ARP. This study focused on the Marakwet people of Kenya who have interacted with ARP from the year 2000. The study employed the *ex post facto research* design. Two purposively chosen locations were used in the study. A sample of 415 males and females from different age brackets were identified through quota sampling. Quantitative data was collected through a questionnaire while qualitative data was collected through interviews conducted among Marakwet Elders and ARP Graduates. Validity and reliability of the instruments, in a pilot study, were established through expert opinion and Cronbach reliability test, respectively. The data obtained was analyzed by use of descriptive and inferential statistics using the SAS System. The analysis of variance tests were done at 0.05 alpha level of significance. The content analysis for the qualitative data was done by identifying the key points. The results showed that differences in level of education influenced perceptions of ARP. However, Qualitative data on experiences of ARP Graduates indicated that the mechanisms that ensure women undergo FGM are still firmly rooted in the culture. This study is significant in that the outcome will guide the expansion of existing approaches to FGM eradication. One of the recommendations is that ARP proponents should ensure that ARP Graduates are given enough support to sustain their resistance to FGM pressure and that the community should not hold onto myths about un-circumcision.

Background of the Study

Female Circumcision, the partial or total cutting away of the female genitalia, has been practiced for centuries in parts of Africa as one element of a rite of passage. This practice has been cherished since time immemorial as a period of acquisition of knowledge, which is otherwise not accessible to those who have not been initiated (Mbiti, 1969; Orchardson, 1961; Kenyatta, 1938). Female circumcision defines reproduction, sexuality, adulthood, womanhood, power, religion, and diverse kinds of identity (Kratz, 1994).

However, under the conditions in which most procedures take place, female circumcision constitutes a health hazard with short and long term physical complications as well as psychological effects (WHO, 1996). From the perspective of public health, female circumcision

is much more damaging than male circumcision. The mildest form, clitoridectomy, is anatomically equivalent to amputation of the penis (Toubia, 1994). Most circumcisions are still being carried out among a populace without anaesthesia or antibiotics, with rudimentary, unsterile instruments such as razors, scissors or kitchen knives (Lightfoot-Klein, 1991). The term Female Genital Mutilation (FGM) has been adopted by human rights activists to clearly indicate the harm caused by the practice (Rahman & Toubia, 2000).

Bringing an end to this practice is described by WHO (1999) as a long and arduous process, requiring long term commitment and establishment of a foundation that will support successful and sustainable behaviour change. It is clear that the people who practice FGM share a similar "mental map" that presents compelling reasons why the clitoris and other external genitalia should be removed (Mohamud,1997). Historically, efforts at ending FGM go back to the late 1800's. Africa Inland Mission (AIM) began work in Kenya in 1895 and by the year 1914, the Mission was offering systematic teaching on the effects of female circumcision to all patients who came to Kijabe Hospital. As a result, female circumcision became the centre of controversy in Kikuyu areas in the 1920's and 30's (Kibor, 1998).

One of the oldest and most widely used anti-FGM strategy to date is the "health risk" or harmful traditional practice approach but little evidence exist to show that it has reduced the incidence of FGM, instead, it has led to the medicalization of FGM (Population Council, 2002). In addition, this approach does not address the core values, the myths, or the enforcement of mechanisms that support the practice (WHO, 1999). In the 1990s, with population based surveys and large studies on the types of FGM practiced, there came a clear shift from a focus on medical consequences to one on human rights. Amnesty International (1998) observed that eradicating the practice must be presented as a question not of eliminating rites of passage, but of redefining or replacing those rites in a way that promotes positive traditional values while removing the danger of physical and psychological harm. Intervention strategies that led to the creation of a cultural vacuum were avoided and alternative rites of passage for young girls were encouraged (WHO, 1996).

Programme for Appropriate Health Technologies (PATH) introduced the concept of an Alternative Rite of Passage (ARP) in Kenya in 1996. Maendeleo Ya Wanawake Organization (MYWO), a Kenyan national women's body with the objective of improving the living standards of families and communities, worked with PATH to develop and introduce the first Alternative Rite of Passage in Tharaka Nithi in Meru in August 1996, with 29 girls participating. It was called *"Ntanira Na Mugambo'* in the Meru language which means "Excision by Words." The initiates go through one week of intensive instruction through guidance and counselling on various issues but do not undergo the mutilating FGM operation. They also obtain all the information and privileges associated with the traditional coming of age ceremonies which includes dancing, feasting and gift giving. Moreover, they are presented with graduation certificates (WHO, 1999).

However, FGM is one of those cultural elements which exhibit enormous resistance to change (Chebet & Dietz, 2000). In spite of over 60 years of FGM discouragement, female circumcision is still going on in Marakwet District (Kibor, 1998). Since the year 2000, World Vision-Kenya has sponsored ARP for Marakwet girls, but over 300 underage girls including secondary school students were forcibly circumcised in Marakwet District in December 2004. Some of them had graduated from ARP ("Rite: Parents Defy," 2004). In 2003, 23 ARP graduates were forcibly

circumcised by their parents ("Twenty three Girls," 2003). It is against this background that this study is undertaken to evaluate the effectiveness of ARP by examining the perception of ARP and the factors affecting it among a people who cherish female circumcision: the Marakwet of Kenya.

Statement of the Problem

Girls were being forcibly circumcised while others had ran away from home to live in rescue centres to avoid circumcision in Marakwet. Chebet (2005) observes that the current ARP is viewed as alien and does not reflect the culture of the communities concerned, hence, lack of adaptability and sustainability. Such reports on ARP need to be verified empirically in order to ascertain its effectiveness. An investigation of the role played by level of education in shaping perception of ARP in Marakwet was necessary. Moreover, there was a gap in the analysis of the Marakwet's perception of ARP and the influence of level of education as it had not been empirically investigated.

Purpose of the Study

The purpose of this study was to investigate the perceptions of the Marakwet of Kenya on ARP and the role played by level of education in influencing their perceptions. How ARP is perceived as a replacement of FGM in its roles as a rite of passage, training and sexual control method were examined.

Objectives of the Study

The study attempted to achieve the following objectives:

To determine the influence of level of education of the Marakwet of Kenya on their perception of ARP as a rite of passage.

To determine the influence of level of education of the Marakwet of Kenya on their perceptions of ARP as a training method.

To determine the influence of level of education of the Marakwet of Kenya on their perceptions of ARP as a sex control method.

Research Question
The following research question was investigated:

Does level of education of the Marakwet significantly influence their perceptions of ARP in its role as a rite of passage, training method and sex control method?

Hypotheses

The following research hypotheses was tested.

Ho_1 The level of education of the Marakwet of Kenya does not significantly influence their perception of ARP as a rite of passage.

Ho_2 The level of education of the Marakwet of Kenya does not significantly influence their perception of ARP as a training method.

Ho_3 The level of education of the Marakwet of Kenya does not significantly influence their perception of ARP as a sex control method.

Significance of the Study

The recommendations from the results of this study will give suggestions regarding the eradication of FGM in Marakwet.

Types of FGM

The term Female Genital Mutilation is used to refer to the removal of all or part of the female genitalia. It consists of excision, clitoridectomy, infibulation, and other unclassified variations. Kibor (1998) found that the older Marakwet women went through the most severe form of FGM; the clitoris, labia majora and labia minora were cut and the women held their legs tightly together for many days before the wound healed. The middle aged and the younger women lost the clitoris and most of the labium (clitoridectomy).

Health Consequences of FGM

WHO (1996) lists immediate complications as haemorrhage, shock, infection, urine retention, and injury to adjacent tissues. Long term effects are bleeding, recurrent urinary tract infections, incontinence, chronic pelvic infections, infertility, vulval absesses, fistulae, sexual dysfunction, difficulties in menstruation, problems in pregnancy and childbirth, and the risk of HIV transmission.

In infibulation, part or all of the labia majora may be removed and the two sides fastened together with catgut, thorns, or a paste of gum arabic, sugar and egg. Where the two sides are not fastened together, the same effect can be achieved by tying the girl's legs together until the two sides have adhered to each other in the healing process. When these wounds finally heal, the introitus of the vagina is almost completely blocked. A very small opening is maintained by inserting a small piece of wood or bamboo (Nyangweso, 2002). Interestingly, the Marakwet do not associate such suffering with FGM. The effects are attributed to unconfessed sins such as adultery, lack of respect for elders and parents, stealing or a host of other problems (Kibor, 1998).

Roles of Circumcision:

Rite of Passage

circumcision transforms the Marakwet girl into a woman, eligible for marriage. The terminology which the Marakwets use reflects this process. A young girl is *chepto* (girl), then she becomes *chemeryan* (girl during initiation period) and then *Murar* or *cheros* (marriageable girl). A mark that distinguished Marakwet women from "children" (the uncircumcised) was *siman* (a special earring). All circumcised women from the oldest to the youngest wore this earring (Kibor, 1998). Indeed, it is not birth, but initiation that makes a man or a woman a

Marakwet (Kipkorir & Welbourn, 1973).

Training during Seclusion Period

Kibor, (1998) notes that in Marakwet initiation, much of the teaching in *Kapkore* (seclusion house) is about the power of female equality, the difficulties of being a wife, the strength of women as a group and the respect that is owed to older women. Most of the instructions were not formalized, with the exception of dances, songs and ritualized sign systems. The initiates were taught midwifery, (but not allowed to deliver the child of a "child," if they did so, they had to circumcise her or let the child be aborted). They learnt to gather wild vegetables, collect firewood, carry water, prepare food and feed their families. This training lasted for about three months. Many young men chose circumcised women because they had been taught that such women would be loyal to their husbands. It is considered a failure and a great shame especially to the tutors if a woman was found to be ignorant of her marital duties after initiation. Such a neophyte was promptly returned to her parents for training.

Women's Sexual Control

Circumcision, and specifically infibulation, is believed to reduce the sexual drive, and to protect women not only from aggressive males but also from their own sexuality. It is believed in Marakwet that extramarital affairs are the result of uncircumcision. In Marakwet, female circumcision is an essential genital alteration to reduce female aggressiveness in sexual relations. The smaller the vaginal opening, the bigger the gift the husband gave to his new bride. The majority of Marakwet men support female circumcision. They want their daughters or wives circumcised for fear of losing face and for their own pleasure. However, in spite of circumcision, promiscuity has risen greatly in the Marakwet society in recent years (Kibor, 1998). In support of this finding, a study in Nigeria found that FGM neither lowers sexual feelings nor reduces the level of promiscuity among women (Kyuli & Akoko, 2003).

Including an isolated message about the fact that FGM reduces sexual enjoyment is not likely to change people's practice. In fact, many people, men and women alike, want to reduce women's sexuality, something of which they are uncertain and afraid. Supporters of the practice still hold the beliefs that an unexcised woman will "run wild", "rape men", or "be unfaithful to her husband" (Yoder, P.S., Abderrahim, N. & ZhuZhuni, A. (2004). In a survey of 55 health care providers in Kenya, the notion that "FGM reduces a woman's libido" was given as a reason for supporting the practice as well as a reason to stop the practice (Abwao, Mohamud & Omwenga, 1996).

Theoretical Framework

Albert Bandura's Social Learning Theory states that social behaviour is learnt mainly through observation and the mental processing of information. This is a process in which an individual learns a behaviour by observing others (models) perform it.

Methodology

This study employed *ex post facto* research design. The location of Study was Marakwet District in the Rift Valley Province of Kenya. Two divisions were purposively chosen for the study, namely; Kapsowar Division, and Tirap Division. This district was chosen because of the high prevalence of FGM and ARP programmes. The target population of this study was the Marakwet

people of Kenya in Marakwet District. Quota sampling was used in selecting participants. Kathuri and Pals' (1993) table for determining the sample size indicated a sample of 380 corresponding to a finite population of 40,000 and was used to determine the sample size. One questionnaire and two structured interview schedules were used to collect data. The questionnaire was used to collect data from the respondents grouped in 12-22, 23-40, 41-60 and 61+ age brackets. The interview schedules were used to gather responses in depth from Community Elders and ARP Graduates for qualitative data. The instruments were piloted in Kapyego Division in East Marakwet. The questionnaire was tested for reliability by using Cronbach Alpha method reliability test. Prior to collection of data, research assistants were trained on how to administer the questionnaires. The interviews were solely conducted by the researcher on a one to one basis. The quantitative data obtained was analysed by use of descriptive statistics such as frequency distributions and results presented in graphs and tables. Inferential statistics such as ANOVA and Post Hoc tests were also carried out. The data was analysed by using the SAS System.

Results and Discussion

The distribution of the Marakwet's level of literacy showed that only 15% (n=61) had no formal education at all, while 16% (n=66) had college or university education, 35% (n=145) had primary school education and 34.5% (n= 143) had secondary level education

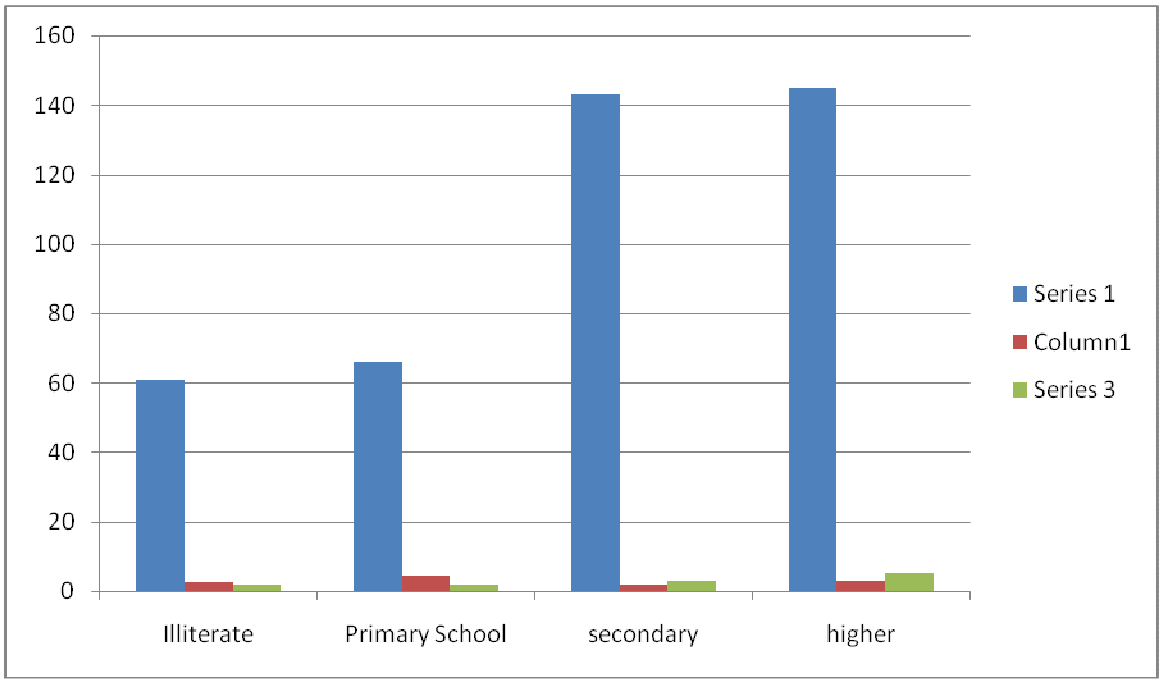

Figure One: Marakwet's levels of literacy

Influence of Level of Education on the Perceptions of the Marakwet of Kenya on ARP as a Rite of Passage.

One objective of this study was to determine the influence that the level of education has on perception on ARP as a rite of passage. Descriptive statistics for mean perception index towards

ARP as a rite of passage by level of education of the respondent is displayed in Table One. An examination of the means for the four subgroups revealed that those who have primary, secondary and university education had higher perception means; 3.7, 3.9 and 4.0, respectively, as compared to 3.1 for those who had not been to school. The ANOVA calculation revealed existence of statistically significant differences in means of ARP as a rite of passage. This showed that level of education influenced perceptions of ARP as a rite of passage. To determine which means were statistically different from others, post-hoc tests based on Duncan's Multiple Range Tests at 5% level were computed and presented in column two of Table One which also presents means for ARP as a method of training and as a sex control method which will be discussed in subsequent sections.

Table One: Duncan's Range Test for Perceptions of ARP as a Rite of Passage, as a Training Method, and as a Sex Control Method, According to Level of Education

Level of Education	Mean Scores of Perception towards ARP as...		
	A Rite of Passage	Method of Training	Method of Sex Control
Not been to school	2.9508 b	3.0984 a	3.3115 b
Primary School	3.7931 a	3.7931 a	3.6621 a
Secondary school	4.0629 a	3.6503 a	3.7832 a
College/University	3.9091 a	3.3939 a	3.8182 a

*Means followed by the same letter are not significantly different at 5% level.

The ANOVA results; $F = 18.150$; $df = 3, 411$; $p < 0.05$ revealed that there are significant differences in perception of ARP as a rite of passage relative to level of education. The hypothesis (Ho) suggesting that the level of education does not influence one's perception of ARP as a rite of passage was therefore rejected. To determine which pairs of means were significantly different, post hoc tests were done and results showed that the only pair whose perception mean scores were not significantly different is the secondary and college/university pair. All the other comparisons revealed significant differences. This gave the impression that those who have attained higher levels of education have favourable perceptions towards ARP and can take part in ARP activities while those who have no formal education and those with only primary school level may still practice FGM. One can therefore, conclude in the first place, that higher levels of education influences perception of ARP as an acceptable rite of passage and therefore, its adoption. Secondly, illiteracy contributes to the continuation of FGM practice. This is because education enables one to look at other options positively and critique what is being practiced as a result of becoming more knowledgeable.

Surveys on FGM practice support this finding, for instance, Kenya Demographic and Health Survey (2003) results; show that FGM practice is strongly related to education. FGM practice was found to be five times more prevalent among uneducated women than among those with higher educational levels. In addition, Snow *et al*. (2002) in a study done in Nigeria, also found that the highest proportion of FGM (66.6%) was found among women with the least education (primary or less schooling).

This finding also agrees with an Adolescent and Social Change Research carried out in Egypt in 1999 which revealed that mothers who had only been to primary or preparatory school were just as likely to circumcise their daughters as mothers who had not been to school at all. On the other hand, mothers who had attended secondary school, or higher, were substantially less likely to circumcise their daughters (Population Council, 1999). Yoder *et al*. (2004) have noted that there is a close relationship between a woman's level of education and the probability of having a daughter circumcised. They reached the conclusion that prevalence of FGC is lower among educated women after analysing results of DHS survey from 9 countries. They also found that the amount of education a woman had was also paramount in determining discontinuation of FGM. Those with primary or less education were more likely to have been cut than those who had received secondary level of instruction.

Influence of Level of education on the perception of the Marakwet of Kenya on ARP as a Method of Training

Gitau (1994) explains that the whole process of initiation is a school of instruction where initiates are not only taught how to follow tribal laws regarding sex and marriage but also societal morals and secrets with emphasis on marital duties and homemaking skills. One of the objectives of this study was to determine the influence that the level of education has on perception of ARP as a method of training. Descriptive statistics for mean perception index towards ARP by level of education of the respondent reveal that the lower the level of the respondent's education, the lower their mean perception of ARP as a method of training. For instance, those who never went to school attained a mean score of 3.1 while those with primary level scored 3.7 and those with secondary education and above all obtained a score of 3.9. In addition, The ANOVA results revealed existence of significant differences in perception means for different levels of education ($F = 18.262$; $df = 3,411$; $p < 0.05$). The null hypothesis (Ho) that suggested that level of education does not influence perception of ARP was therefore rejected at the .05 level of significance.

It is evident that one's level of education influences one's perception of ARP as a method of training. To establish the pairs whose mean scores were significantly different in the four subpopulations, post hoc tests were carried out and results showed that the mean score of the 'not been to school' was significantly different from the mean score of 'primary', 'secondary' and 'college/university' levels of education. This can be said to divide the sample into two in terms of different perpectives: those with a formal education and those without it.

This finding implies that having a formal education influences the perceptions of ARP as a training method and consequently, the practice of FGM. Those who have an education, despite the level, have an appreciation of ARP's method of training probably because they can relate to the process of classroom learning and guidance and counselling. Those who have not been to school may think that formal education has little to offer in terms of teaching or training of girls to be responsible Marakwet women and may hold on to what they know best: training through the pain of FGM. This finding corresponds with the results of a survey done by Magiel *et al*., (2003) in the Sudan among secondary school girls. They found that education is a major factor that would influence positive change of attitude towards the practice of FGM.

The influence education has on FGM practice can further be illustrated by a study by Olenja & Kamau (2001). They carried out a study in Koibatek District of Kenya and found that while FGM prevalence among the mothers was 67 percent, it was 2.2 percent among the young girls. They attributed this difference to an attitudinal change within the community where a new value system priced formal education more than female circumcision. This finding also tallies with findings of a study carried out in the State of Ebonyi in Eastern Nigeria done by Babalola and Amauzou (2000). They found that perception of the benefits of FGM increased with age and decreased with education. However, in the State of Enugu, the respondent's approval of FGM increased with education and this was attributed to ethnicity.

The implication for this finding is that illiteracy contributes to unfavourable perceptions of ARP on the one hand and the continuation of FGM practice on the other. Therefore, ARP proponents need to target the illiterate population with carefully designed and culturally appropriate messages and activities in order to slowly change their views on the role of ARP as training method.

Influence of Level of Education on the Perception of the Marakwet of Kenya on ARP as a Sex Control Method

The belief that uncircumcised women are apt to be promiscuous is prevalent in all societies that practice female circumcision (Giorgis, 1981). Babalola and Amauzou (2000) found that one of the most frequently mentioned benefit of FGM by the respondents was prevention of sexual promiscuity and that favourable attitudes towards the continuation of FGM increased significantly with education. Dorkenoo (1994) explains that in traditional societies, if a woman does not play her part, in terms of FGM, she is ultimately breaking the family and cultural norms of chastity, cleanliness, marriageability and preserving family honour. For this, she can be killed, Indeed, the preservation of virginity was taken so seriously among the Nandi of Kenya that its loss could earn a girl death by a spear (Nyangweso, 2002).

In this study, the third objective was to determine the influence of level of education on perception of ARP as a method of sexual control of women. Descriptive statistics for mean perception index towards ARP by level of education of the respondent shown in Table One reveal that respondents doubt ARP's ability to 'sexually control.' While the overall perception mean for role of ARP as a rite of passage and training method stood at 3.6, the mean for role as sexual control method stood at 3.2. Furthermore, those who had not been to school scored a low of 2.6 while primary level scored 3.1, secondary 3.3 and college/university 3.5.

ANOVA computation results revealed that mean scores were significantly different ($F = 21.525$; df 3,411; $p < 0.05$). The null hypothesis (Ho_3) suggesting that level of education does not influence perception of ARP as a method of sexually controlling women was therefore rejected at the .05 level of significance. It is evident that one's level of education influences perception of ARP as a method of training. To determine the pairs whose mean scores were significantly different in the four subpopulations, post hoc tests were carried out. The tests established that the only pair whose mean scores were not significantly different was the secondary and college/university pair. This gives the impression that higher level of education is important in positively influencing one's perception of ARP as a sex control method. The cutting off of the

erogenous zones as a cure for sexual urges may have influenced the response to the questionnaire statement "ARP graduates make better wives because they have not been cut" as 46.6 % of the respondents in this study disagreed, 21.7 % indicated 'uncertain' while 31.8 % were in agreement. It is worth noting that those who practice FGM have beliefs that may need to be addressed if ARP is to be considered an option by them. It is important to recognize that although seemingly preposterous, these notions are ingrained in the culture and accepted by the entire community (Dorkenoo, 1994).

Strategies to raise levels of education need to be established and implemented. ARP proponents can also carry out outreach programmes through seminars targeting those who have not been to school and those with primary level education. Proponents of ARP also need to understand the mental map. This map refers to the range of enforcement mechanisms that ensure that the majority of women comply with FGM which include fear of punishment from God, men's unwillingness to marry uncircumcised women and lack of respect and denial of opportunities to engage in adult social functions (WHO, 1997).

Similar findings from DHS data from Eritrea, Kenya, Central African Republic and Burkina Faso show that 80 % to 90 % of women with secondary education are opposed to the practice of FGM. Elsewhere, a 1995 Health Survey in Egypt reported that women whose mothers had no formal education reported a 99.4 percent rate of FGM while women whose mothers completed secondary or higher education reported a 89.6 percent rate (Dillon, 2002). UNICEF (2006) explains the 30 percent of reduction of FGM practice in Kenya according to the DHS 2003 survey as largely due to education. As a result, UNICEF is working with the Ministry of Education and Office of the President to increase access to education through support for mobile schools, boarding schools, improved water and sanitation facilities in schools and better quality teaching in girls centred, girl friendly classrooms. The same can be done by ARP proponents in Marakwet for both boys and girls.

Qualitative data from the ARP graduates did not tally with the impressive perception means posted by those who are in high school. The myths that surround the external genitalia of women shaped their negative perception towards their uncircumcised sisters as shown in Except One. The statement 'uncircumcised women pose no danger to their husband's manhood,' had 33 % of the respondents (137) indicate 'uncertain'. This implies that the myth about the clitoris causing impotence upon contact with male genitalia still holds sway in Marakwet. Myths, beliefs, values, and codes of conduct that cause the whole community to view women's external genitalia as a potentially dangerous, that if not eliminated, has the power to affect uncircumcised women, their families and their communities (WHO,1999). The myths and the corresponding enforcement mechanisms that support the practice need to be addressed. Programme activities should be designed to correct these false beliefs. This will require that consistent information be disseminated persistently through a variety of media and that dialogue focus on understanding, dismantling and dispelling these beliefs.

Excerpt One

Qualitative data from ARP graduates on their acceptance by the community

Researcher: Are there ARP graduates who have opted for circumcision so as to be accepted by colleagues and society?

Respondent: Yes, the peer pressure is very powerful. Many people, even the educated, say that it is our culture and FGM is a must. Moreover, most ARP graduates are not serious, they believe in culture.

Researcher: Would you say that ARP has been accepted in Marakwet?

Respondent: Maybe 40 percent acceptance. We still have a long way to go. Parents now

From Excerpt One, it is clear that ethnicity plays a bigger role in perpetuation of ARP and the seeming acceptance of ARP is far fetched. Level of education does not matter.

ARP graduates need to be followed up, given counselling and possibly protected from 'forcing' their parents to circumcise them as explained in Excerpt 2.

Excerpt Two

Qualitative Data from ARP Graduates on their Acceptance by the Community

Researcher: How does the community at large regard you as ARP graduates?

Respondent: The community and especially our colleagues in school (High school) make life difficult for us. They treat us like outcasts.

The following points are a summary of the graduates' narration (N = 8) of what they experience in the hands of their colleagues in high school. They are told they:

- Smell very badly
- Don't know how to speak in front of men
- Have no self control sexually
- Are outcasts
- Use a lot of perfume to ward off bad odours from their genitalia
- Jump over the fence to look for men
- Are not mature women but are just children
- Will have their clitoris grow until it touches and drags on the ground
- Spend lots of money buying many panties as the clitoris pokes holes in them
- Are shy and cowardly
- Should seek advise from the circumcised
- Do not have any secret language as the circumcised
- Received ARP training that was empty
- Will never get husbands to marry them
- Will never be respected in society
- Will never get children

Excerpt Three

Qualitative data from the Marakwet elders on status of ARP Graduates

Researcher: ARP graduates are not children anymore. Explain your response.

Respondent: The community views the ARP graduates as children. In Marakwet circumcision involves sealing the virginal opening. The initiate is infibulated. A child therefore means one

Abusharaf (2004) explains in reference to ARP that pain and suffering are appropriated

and employed as techniques for creating social cohesion and gender solidarity. Following the ritual, girls become adults, while those who are uncircumcised may not be vested with this rank whatever their age. As far as adherents of the practice are concerned, an uncircumcised female is not a woman. Because of the nature of this belief, its effects on consciousness cannot be underestimated.

Conclusion

Education plays a very important role in eradication of FGM. As seen in this study, those who have high rating of the Alternative Rite of Passage are those who have high level of education. It is clear that illiteracy has a hand in the continuation of FGM. On the other hand, the fact that ARP as a training method did not show any differences according to level of education puts weight on the aspect of training. There is a similar mindset that requires ARP proponents to satisfy in order to gain respect and acceptance. In addition, those who really hold on to the culture and fight for it are mostly illiterate people. This implies that if levels of literacy can be raised, then incidences of FGM can be lowered as education can challenge the myths that ensure women are circumcised.

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