FACTORS INFLUENCING PERFORMANCE OF FEMALE GENITAL MUTILATION ERADICATION PROJECTS AMONG GABRA COMMUNITY IN MARSABIT COUNTY, KENYA

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ABSTRACT

Female Genital Mutilation (FGM) is practiced mostly in sub Saharan Africa. An approximated number of between 100-140 million women have undergone FGM and 3 million girls yearly are perceived to be at risk globally. This study focused on identifying factors influencing the performance of female genital mutilation eradication projects among Gabra community in Bubisa location, Marsabit County. The study specifically focused on the influence of cultural beliefs, community awareness, level of income and community participation on performance of genital mutilation eradication projects. The study used the structural functionalism theory and social exchange theory as a basis. This study employed a descriptive survey design. The population of the study comprised of 327 employees including; projects managers, project officers and field officers in Marsabit County. A sample of 177 was calculated using a formula by Kothari (2004). Stratified and simple random sampling techniques were adopted. Primary data was obtained using self-administered questionnaires. The data collected was analyzed by the use of descriptive statistics (measures of central tendency and measures of variance) and inferential statistics of correlation and regression using SPSS version 21. The specific descriptive measures used for analysis were mean, percentages, frequency distributions and standard deviation. Multiple regression analysis was used to establish the relations between the independent and dependent variables. The results were then presented using tables and graphs. The study found that marriageability, rite of passage, level of education, literacy level, level of income, project ownership and community contribution influenced performance of female genital mutilation eradication projects in Marsabit County to a great extent. The study concluded that that community participation had the greatest influence on the performance of FGM eradication projects among the Gabra community, followed by level of income, then cultural beliefs while community awareness had the least influence to the performance of FGM eradication projects among the Gabra community. The study recommends for a multi-sectoral approach for eradication of FGM through coordinated efforts from the government agencies, non-governmental organisations, community based organisations on the fight against FGM. The study also recommends that continuous anti-FGM campaigns, awareness, sensitization and education should be done that include topics and discussions on harmful effects of FGM.

Key Words: *performance, female genital mutilation, eradication projects, Gabra community, Marsabit County, Kenya*

INTRODUCTION

Female Genital Mutilation (FGM) entails a sum total of all processes as well as procedures, which engross a partial or total pulling out of a female's external genitalia, and or manipulating the genitalia organs, mainly for cultural benefits or even other non-therapeutic reasons. Bosch

(2011) defines FGM as the ritual removal of some or all of the external female genitalia. The practice is rooted in gender inequality, attempts to control women's sexuality, and ideas about purity, modesty and aesthetics. According to study conducted by Anita and Wager (2012)**,** the procedures differ according to the ethnic group. They include removal of the clitoral hood and clitoral glans (the visible part of the clitoris), removal of the inner labia and, in the most severe form (known as infibulation), and removal of the inner and outer labia and closure of the vulva.

The practice of FGM in the UK focus only on minors. During the past decades several international and national humanitarian and medical organizations have drawn worldwide attention to the physical harms associated with FGM (Bosch, 2011**).** The World Health Organization and the International Federation of Gynecology and Obstetrics have opposed FGM as a medically unnecessary practice with serious, potentially life-threatening complications (WHO, 2006). Several countries, including Sweden and the UK, have banned it regardless of consent, and the legislation would seem to cover cosmetic procedures. Sweden, for example, has banned operations on the external female genital organs which are designed to mutilate them or produce other permanent changes in them regardless of whether consent to this operation has or has not been given.

Developing countries over the last decades have experienced unprecedented growth in social, economic and cultural aspects. The development and the use of technologies to the increased access to education have changed the way individuals and groups inter relate with each other. On the other side traditional patterns of culture, social and economic life persists and contributes to maintaining cultural malpractices, including FGM (Gruenbaum, 2006). These cultural malpractices stand in the way in the achievement of the Millennium Development Goals Number 4 and 5 while disregarding progress that has already been achieved so far. Onuh et al. (2006) note various reasons have been given for the practice of FGM in these different geographical and cultural settings ranging from culture, religion to superstition. This is also supported by Oloo (2011) who identifies that the main reasons for the continuation of FGM are firstly, as a rite of passage from girlhood to womanhood; a circumcised woman is considered mature, obedient and aware of her role in the family and society. Secondly, FGM is perpetuated as a means of reducing the sexual desire of girls and women, there by curbing sexual activity before, and ensuring fidelity within, marriage (Yoder & Khan, 2008).

FGM phrase has often been utilized in describing cultural practices involving and facilitating female organs' mutilation. The practice is as well referred to as female circumcision, female genital surgeries or even female genital cutting (Toubia, 1996)**.** It is usually initiated and carried out by women, who see it as a source of honour, and who fear that failing to have their daughters and granddaughters cut exposed the girls to social exclusion. Over 130 million women and girls have experienced FGM in the 29 countries in which it is concentrated (Gruenbaum, 2006). The United Nations Population Fund estimates that 20 percent of affected women have been

infibulated, a practice found largely in northeast Africa, particularly Djibouti, Eritrea, Somalia and northern Sudan.

According to World Health Organization female genital cuttings area common problem in approximately 28 countries in Africa. In about 85% of these countries, female genital cutting takes the form: Clitoridectomy (where all or part of the clitoris is removed) or Excision (where all or part of the labia monorails cut) About 15% of the cases of this practice in Africa are of the most extreme form called infibulations in which all or parts of the external genitalia are removed followed by the stitching and narrowing of the vaginal opening. According to figures released by the World Health Organization, about 50% of Nigeria's female population is circumcised with the most common forms being Clitoridectomy (Yoder & Khan, 2008). Despite all influence of modernization, earnest and conscientious activity such as awareness programs, public orientations, funding of researches, publication by the governmental and non-governmental organization and also private individual both at the National and International level to eliminate this unfair practice, the practice is still in existence till date. In Nigeria, there are still cases in which children at infancy and childhood age are been circumcised in isolation as a result of their cultural and religious belief, norms and myths, and the likes.

According to Yoder et al. (2004), in Africa FGM has been practiced for other reasons than those that border on cultural, traditional and religion. The main reason being the social and cultural significance of the practice as opposed to the medical justification of the practice in Europe and North America in the last two centuries. Advances in Science and medicine could easily disapprove such medical justification unlike social and cultural aspects in the African context. In the FGM practicing societies in Africa, uncircumcised women are recognized as unclean and are not allowed to handle food and water.

It is also believed the practice of FGM is known to have existed in ancient Egypt, among ancient Arabs in the middle belt of Africa before written records were kept. It is therefore difficult to document the first operation or determine the country in which it took place. However, document lists suggest that FGM dates back to 25 B.C. (Lightfoot-Klein, 2011). The most radical form, infibulation that the Somali community practices, is called pharaonic type. Although this might imply that the practice started in ancient Egypt, there is no certainty that it started in Egypt or some other African country then spread to Egypt. The pharaonic cut is more popular among the Muslim population in Africa (Bosch, 2011). Both Muslims and non-Muslims alike practice FGM. In Kenya there are many non-Muslim communities practicing it while many other Muslim communities who do not practice FGM. Hence this means this practice has no known Islamic origin (Abdi, 2007) Both Muslims and non-Muslims a like practice FGM. This practice is not known in many Muslim countries such as Iran, Saudi Arabia and Iraq to name but a few.

In Kenya, the practice of female mutilation is considered dangerous and the country has imposed laws to prevent the practice from continuation. Evidence from the recently launched Kenya

Demographic and Health Survey (KDHS) 2008-2009 indicates that the overall prevalence of FGM has been decreasing over the last decade (Antia & Stinson, 2009). In 2008/9, 27% of women had undergone FGM, a decline from 32% in 2003 and 38% in 2008. Older women are more likely to have undergone FGM than younger women, further indicating the prevalence is decreasing. However, the reverence has remained highest among the Somali (97 percentages), Kisii (96%), Kuria (96%)) and the Maasai (93%)), relatively low among the Kikuyu, Kamba and Turkana, and rarely practiced among the Luo and Luhya (less than 1%). The practice of FGM occurs mainly at the teenage and adolescent years; however it is also practiced at later ages. Kenya Demographic and Health Survey (2008) results show broad range of age at circumcision. One-third of circumcised women say they were 14-18 years old at the time of the operation, 19 percent were 12-13 years old, and 15 percent were 10-11 years old. Twelve percent of women were circumcised at 8-9 years of age, and an equal proportion was circumcised at 3-7 years of age. Only 2 percent of women were circumcised before 3 years of age.

It is internationally accepted that, apart from serious threat to the health, FGM is considered to be the most offensive form of violation of fundamental human rights of girls and women as recognised by various international legal instruments. Indeed, female genital mutilation violates and impairs or nullifies the enjoyments of human rights of girls and women. It associates with violation of children's right to health which are protected under article 24 of the CRC. The article recognises the right of the child to the enjoyment of the highest attainable standard of health. Moreover, article 14(1) of the African Charter entitles every child the right to enjoy the best attainable state of physical, mental and spiritual health.

Shell-Duncan and Hernlund (2000) note efforts to abandon the practice in Africa can be traced back to the beginning of the twentieth century when missionaries and colonial authorities emphasized the alleged adverse health effects and framed the practice as “uncivilized, barbaric, and unacceptable in the eye s of Christianity (Yoder & Khan, 2008). In response, FGM became an instrument of war to the ethnic independence movement among the Kikuyu reacting against what they perceived as cultural imperialistic attacks by Europeans. Other ethnic groups like Meru, Kisii, Kuria & Kalenjin affected by the British prohibition of the procedure drummed help to strengthen Mau Mau movement against British colonial rule in the 1950s (FIDA Kenya, 2009).

Furthermore, the Kenya Law Report (KLR) has also played a vital role in eradicating FGM. According to the KLR, there is need to establish more stick laws to eradicating FGM and punish its practitioners. However, it should be noted that KLR just provides provisions in the penal code pertaining to offences against-person and health” that might be applicable. The KLR further prohibits the practice of FGM in government-controlled hospitals and clinics. This is evident by the fact that in 1982, the director of medical services instructed all hospitals to stop the practice stating that all medical practitioners undertaking the vice would be prosecuted before the courts of law.

STATEMENT OF THE PROBLEM

Female genital cutting or circumcision is widely practiced in many Kenyan communities. It involves partial or total removal of the external female genitalia or other injury to the female organs for cultural or other non-therapeutic reasons. Prevalence of the practice varies widely among ethnic groups. KDHS (2013) state that it is nearly universal among Somali (97%), Kisii (96%), Kuria (96%) and Gabra (93%) women. It is also common among Taita Taveta (62%), Kalenjin (48%), Embu (44%) and Meru (42%). Levels are lower among Kikuyu (34%), Kamba (27%), Turkana (12%) and Mijikenda (6%). In Marsabit County the largest share of the population in regard to gender are women at 141,818 compared to men at 135,644 according to the 2014 National Housing and Population Census. This shows that FGM is widely practiced in Kenya. The Marsabit County Strategic Plan 2015-2020 links the spread of HIV/AIDs and STDs as mainly due to poverty, outdated cultural practices like FGM which is also a major issue affecting children and youth among the gabra community. Intervention measures to reduce the practice of FGM involves sensitization and education of the public and parents on reducing incidences of the practice coordinated by the Ministry of Education, Office of The President and churches. With measures in place not only on research but also practically, girl child empowerment has been boosted over the past few years courtesy of the efforts made to eradicate FGM (KDHS, 2008). Despite the fact that there is still remarkable persistence of the practice especially among the pastoralists communities, tremendous efforts have been made to reducing the prevalence rates of the practice in Kenya. To this end therefore, this study sought to examine the factors influencing eradication of FGM in Kenya specifically focusing on the Gabra community

PURPOSE OF THE STUDY

The purpose of this study was to identify factor**s** influencing the performance of female genital mutilation eradication projects among Gabra community in Bubisa location, Marsabit County.

OBJECTIVES OF THE STUDY

1. To examine the influence of cultural beliefs on the performance of female genital mutilation eradication projects among the Gabra community.
2. To determine the influence of community awareness on the performance of female genital mutilation eradication projects among the Gabra community.
3. To assess the influence of level of income on the performance of female genital mutilation eradication projects among the Gabra community.
4. To determine the influence of community participation on the performance of female genital mutilation eradication projects among the Gabra community.

LITERATURE REVIEW

Performance of the Female Genital Mutilation Eradication Projects

Over the years FGM has been punitively perpetrated in numerous countries where African countries have the greatest prevalence. Other countries where FGM has developed roots are Malaysia and Indonesia (Odeyemi, 2008). Further, the practice has also been spread by immigrants to other western nations including Australia, Canada, Norway, Sweden, The United States, France, Switzerland among others (WHO, 2006). In Africa, over 28countries have been practising the FGM. Moreover, statistics have shown that 90% of female populace in Guinea, Mali, Djibouti, Egypt, Sudan, Somalia and Sierra Leone undergoes through the procedure (Yoder & Khan, 2008).

According to Shell-Duncan and Hernlund (2000), measures to eradicate FGM in African countries could be traced to have been initiated by colonialists and missionaries when they rose the undesirable effects and termed the practice as barbaric, uncivilized and intolerable to the doctrines of Christianity. International and National organizations have described the FGM practice as a way of violating the rights of humans through actions as well as resolutions in global forums. These actions and resolutions have facilitated a conspiracy against FGM especially in criminalising it through national legislation. Nevertheless, the resolutions have not been received warmly by all. They have received criticism both positive and negative, the latter being common in communities that value the practice. Their disconcertment begins with the name itself. The use of the term mutilation has received condemnation. According to Abdel Halim., (2009), the terms used to describe FGM have been controversial. They questioned whether FGC (female Genital Cutting), FC (female circumcision), or any other term should be used to describe the FGM procedure(s). They also noted that the issue of the terms used to describe FGM has always masked the key issues regarding it and that the misconception pertaining the practice among Westerners has made most of the Africans to be defensive.

According to Richardson (2009), the performance of FGM projects is considered in relation to achievement of project set objectives in the constraints of time, cost and quality. During project implementation performance indicators inform the project team on the project's progress as it gears towards achieving the ultimate goals and/or objectives. By considering and measuring the three constraints that is time, cost and quality one is able to make a conclusion on the performance of a project. The performance of FGM projects in view of the time and cost incurred and the quality to show can also be influenced by external factors.

According to Burke (2004), failure to plan in project management has a ripple effect on a project's survival that remains uncontrollable until it has been dealt with from the basics. It is a project plan that shows a project's end from the beginning. According to Usman, Kamau and Mireri (2014), the inability to implement governing policies is a major setback to project performance in developing countries. Policies can have a positive or negative influence on

project performance. The reduced frequency of supply of resources or complete lack of the same, not only drags a project but threatens the very quality of the project output. The position of resources in a project is therefore a major consideration if the project will be termed successful (Harold, 2009). Belasi and Tukel (1996) in their review on the reasons why projects fail point out lack of community participation as a major contributor. Reduced community participation challenges a project's progress right from the beginning. These are some of the factors that this study will seek to explore.

FGM projects empower people and encourage participation by involving them in bringing change and in that way develop different skills, knowledge and experiences. Development at the community level is about collective action and cooperation void of discrimination on economic, social, political, racial and religious lines. The community members are expected to be at the fore-front in decision making and the planning and implementing process. Apart from what is provided for by the donor funding, communities also take lead in mobilizing material resources especially those that are locally available. For instance, a community member may offer his or her portion of land for demonstration of an innovation in agricultural initiatives (International Fund for Agricultural Development, 2013).

The contribution of the German Development Cooperation has also been very eminent. This has been done through GTZ. The government of Kenya, civil society organizations and development partners has worked with GTZ in the fight against FGM in Kenya for over a decade. Since its inception, GTZ has adopted broader frameworks and more responsive programs focused at preventing Gender Based Violence (GBV). It has strongly encouraged policy formulation and legal reforms to reduce FGM prevalence.

To this end, the organization has provided links of partnering with local institutions such as the Ministry of Health, Ministry of Gender, the Gender commission and civil society networks. For instance, GTZ supported the inclusion of FGM within the National Gender Based Violence Framework and supported the revision and dissemination of the children's act and the sexual offences act. At the moment, GTZ is in a mission to promote a comprehensive literature research aimed at updating information about a policy brief to inform and adopt policy and strategy formulation. GTZ has also brought together all stakeholders in the fight against GBV and FGM, support inclusions of all aspects of GBV and FGM in the county and national level thus empowering girls and women a move that is extremely vital towards the eradication female genital mutilation practices. (World Bank Report on FGM, 2005).

Cultural Beliefs and Performance of FGM Eradication Projects

Haralambos and Holborn (2008) defined culture as a norm for its members, a set of routines and traditions that are acquired and transmitted to future generations. Lewis (1996) highlighted culture as a belief that have value orientation which give logic, meaning, and importance to their continuation and occurrence in relation to other people as well as the environment to which they

are practiced. Culture is acquired and imitated by children from their parents or other adults. Traditions are passed down from generation to generation and are important to those who follow these traditions.

FGM is a practice which is multifaceted and deeply rooted in a strong cultural and social framework. It is endorsed by the community and supported by the loving parents with what is believed to be the best interests of a young girl at heart. FGM can only be understood within its cultural context, for in the societies where it is practiced, despite its harmful physical effects, FGM provides women with many social and cultural benefits. As much as beliefs about FGM vary from one ethnic community to another, there are several themes that are common (FGM New Zealand, 2016). These common themes in beliefs are as follows: Many societies believe that FGM prevents the women and girls from being promiscuous. This they believe is to tame the girl so that she is not oversexed.

FGM is held high in societies where virginity is a prerequisite for marriage. In Gabra community any form of extramarital relationship is punishable by extreme penalties. FGM is therefore believed to preserve their virginity and save them from temptation and disgrace. In times of war FGM is also thought to protect women from rape. In other societies FGM is associated with family honor, which is of vital importance in the Horn of Africa. The most dishonorable experience for a man is the sexual impropriety of a female member of the family, and once lost it cannot be restored. In some communities they also believe that FGM promotes fertility and increases the man's sexual pleasure, both of which enhance a woman's attractiveness in marriage.

According to Momoh (2005), there are diverse fundamentals of culture observed in societies that practice FGM. Some of these fundamentals include diverse sets of beliefs, social hierarchies, religious, customs and norms. Such communities tend to share a common way of life as well as share a common principle with regard to FGM. For instance, in certain African traditions, it is perceived that if the clitoris is not expunged, it may grow wildly to hang down between her legs. In other customs it is believed that a clitoris might injure and kill the infant during parturition (World Bank, 2005). But scientifically these allegations are not supported because in both practicing and non-practising FGM communities the babies are born are healthy.

FGM Eradication is a means for tainting its authenticity and undermining cultural riches because they constitute an essential element of the culture in such a way that, those women who have not undergone the same reportedly lack authority in their homes. This provides a strong background as to why Anti-FGM campaigners often get hostile responses. Those communities practising FGM often have the feeling that entire way life is being subjected to threats and criticisms from the outside, whose individuals are not willing to bring help but to interfere with an activity they have engaged in for many years. Overstated claims in relation to the subject have continued to demoralize eradication efforts on the practice where mostly, the campaigners often conflict with the experiences of locals; thus, creating an integrity gap (Shell-Duncan & Hernlund, 2000).

Most communities in Kenya are patriarchal communities, (male dominated) thus women are seen as inferior therefore cannot make decisions or even own resources. Due to this, community-based rescue centres are forced to organize separate seminars for men and women, after which they are educated on the dangers of FGM by demonstrating the side effects of FGM (NAFGEM, 2011). Furthermore, girls are given knowledge about the Children's Act, (2001) that prohibits and punishes perpetrators of FGM. They are also educated on other related criminal offences such as rape, defilement and drug abuse. Further still, open forums are presented for both women and girls given their own account FGM so as to demonstrate practically the nature in which FGM is dangerous (Children's Rights, 2001).

Moreover, other reasons behind pliability of FGM may be attributed to the desire of preserving the culture and resistance by the Africans and as a result furthering westernization. Some communities that practice FGM observe that the measures taken to eradicate by western countries as an upfront device of colonial interference and intrusion of traditions that is intended at weakening their customs and exposing them to the ills of Western persuasions. In most of the African cultures, FGM continue to spread as a sign of resistance against colonization by the West. Western influence is regarded to have an overt reference of destroying African heritage in which it interacts with (WHO, 2008).

Lightfoot-Klein (2011) argues that custom, the penalty for not practicing which is total ostracism, make up some of the reasons for female genital mutilation. According to Lightfoot-Klein other reasons for female circumcision seem to be the same in most African societies and are based on myths and ignorance of biological and medical facts. To some practicing communities, the clitoris is seen as repulsive, filthy, foul smelling, dangerous to the life of newborns and hazardous to the health and potency of the men. Sanderson (2005) writes that some of the reasons advances for FGM include family honour, cleanliness, protection against spells, insurance of virginity and faithfulness to the husband. Simply terrorizing women out of sex are sometimes used as excuses for the practice of FGM. Other scholars have associated the justification for this practice with a manifestation of deep-rooted gender inequality that assigns the female gender in an inferior position in society and has profound physical and social consequences.

Among Gabra community Female genital mutilation (FGM) is performed on women and girls of a variety of ages, mostly ten years. Also it is practiced in some communities on newborns and on adolescents usually before marriage (Annas, 2009). Ethnic groups perform on adult women with consent when they are married into their group. However, during times of political unrest mutilation has been found forcibly imposed on all ages. In extreme culturally specific cases, FGM is carried out on widows if they had previously escaped the practice (Dorkenoo, 2004). Population Reference Bureau (2006) asserts that Girl Child education provided by the FGM eradication projects has enabled ethnic communities to look in to their own beliefs and values related to the practice in a dynamic and open way that is not experienced or seen as threatening. In this case takes various forms of training, including literacy training, analytical skills and

problem-solving as well as through the provision of information on human rights, religion, general health, sexual and reproductive health (UNICEF, 2005).

Community Awareness and Performance of FGM Eradication Projects

When people lack awareness of how their behavior affects their health and wellbeing, they have little reason to put themselves through the misery of changing the risk behaviors they have engaged in for many years. Although increased knowledge creates a precondition for change, additional communal or self-influences are needed to overcome the impediments to adapting and maintaining new behaviors. As much as there are many behavior change theories, changing the behavior of FGM requires a unique approach as the Female Cut (FC) is a communal rather than an individual behavior (Gele, Bo & Sundby, 2013b).

The education process must thoroughly teach meaningful health education and training in being a woman. The practice is common across the Maasai and thrives partly because of their geographical isolation and the high illiteracy rates. While any form of circumcision presents a danger to the women involved, the use of a method called Pharaonic circumcision is particularly harmful. It involves cutting of the labia majora, labia minora and the clitoris, as well as both an external and internal stitching of the genitalia after the cutting process is completed. The subjects discussed should relate to FGM, early marriage, human reproduction, pregnancy, childbirth, breastfeeding, hygiene, and nutrition. Educational ceremonies may last for several weeks or months and girls would leave these as women who are ready for marriage (Pracht, 2011). The difference is, she really is ready and prepared mentally. Traditional birth attendants and retired excisors will play a major role in the campaign against the harmful traditional practices. It will be these women, who have proven to be very determined in carrying out social practices, which will continue to carry on the revised practice of education. They will also be provided income for teaching girls to become women in the educational programs. In order for them to educate, these 'mothers of the community' women must first attend training workshops on the educational process (Pracht, 2011).

Education is one of the most important means of empowering women with the knowledge, skills and self-confidence necessary to participate fully in enhancing socioeconomic change (Ongong'a, 2000). In all parts of the world, women are facing threats to their lives, health and wellbeing as a result of being overburdened with work and of their lack of power and influence. In most regions of the world, women receive less formal education than men do, and at the same time, women's own knowledge, abilities and coping mechanisms often go unrecognized. For instance, as the principal providers of family health care, women tend to the sick and disabled and protect children. Although not officially recognized as health workers, women are responsible for 70 to 80 percent of all the health care provided in developing countries. In Narok County, the need to promote sensitization of girl-child education to ensure girls do not drop out of schools has also been instrumental in discouraging FGM. In this case for instance, girls who leave rescue centres are provided with opportunities to join secondary schools for higher

education by which they are able to acquire professionalism and training courses to help them become self reliant and dependent. Among Gabra community the number of girl's enrolment to school is high as compared to years back and this definitely increases the level of awareness on health impact of Female Genital Mutilation among girls.

With the dawn of the new era, sensitization on the need to abolish FGM has taken legal twist with the adoption of several conventions such as, the Universal Declaration of Human Rights (UDHR), the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) and the rights of the children enslaved at the Maputo Protocol, all of which have played a pivotal role in the fight against FGM. Furthermore, there have been international conferences and seminars which all aim at eradicating harmful, social and cultural practices among which FGM is one. In 2008, the Social Council and the Health Assembly vowed to issue a devoted resolution to promote action towards eradicating FGM. In 2008, a new statement emphasizing the FGM atonement advocacy was stressed by the United Nations (WHO, 2008).

One of the major international bodies that have been instrumental in the fight against FGM is the Norwegian Church Aid. This was started by the Norwegian government to initiate dignity and self-esteem among the women who were in the communities practicing FGM. According to a report on the Norwegian Church Aid work, on FGM, there has been tremendous decline in FGM practices since the initiative started. The report shows that some communities such as the Kisii in Western Kenya have declined the practice courtesy of the Aid and hence have vowed to fight the vice with the practitioners who perpetuate the vice. The initiative has encouraged dialogue, dissemination of information and education among women with an aim of sensitizing the masses on the dangers of FGM thus the reduction in the prevalence rate (World Bank Report on FGM, 2005). Further still, the Norwegian government in collaboration with civil society organizations in Kenya has agreed on the adoption of a legal instrument to redress FGM (World Bank Report on FGM, 2005).

Focusing on community sensitization MYWO implemented FGM sensitization activities with the idea of an alternative ritual for those girls who made the decision to stop the practice in their own families. In this case information raising awareness of the health risks of the practice and the ways in which it violates human rights are disseminated to the women at grassroots level. Izett and Toubia (2003) describe this while discussing behavioural change. Community sensitization activities therefore ought to provide sufficient and appropriate information to stimulate contemplation about a change. MYWO also organizes public meetings small group meetings and workshops targeting various groups in the community. Nevertheless, several communities still held the belief that FGM was critical to a woman who wanted to enter into womanhood and therefore some form of public declaration that a girl has successfully finished this stage of passage remained an important part of their culture. In this case it was urged that preventing the cut would be inhibited. This provided an alternative rite which did not involve FGM but still valued in the community thus the introduction of seclusion and training public ceremonies among other practices (MYWO, 2008).

Level of Income and Performance of FGM Eradication Projects

The prevalence of FGM tends to be linked to the household economic level. The parental economic level is a significant factor determining FGM practice in Sudan (Almorth, 2005). A study among adolescents (13-19 years) in Khartoum found a strong association between the economic status of the parents and the state of FGM of the daughters. Most of the girls with parents of high economic status were not cut while the majorities (91%) of those with parents of lower economic status were cut (Magied et al., 2003). Similarly, in Burkina Faso, the probability a daughter will be cut is lower among richer families than among poor families (Ouedraogo, 2009).

Abdi (2007) also observed that the commercialization of the practice among the Somalis where more bride wealth is earned by the girl's family if she has undergone FGM sustains the practice. This increases pressure from family members to ensure there is conformity by their daughters. Due to this, parents push their daughters to undergo the cut to ensure maximum benefit from the in-laws. Among Gabra community girls must undergo the practice of Female Genital Mutilation before marriage and be paid three camels as a bride price accompanied with some other stuffs including cash. On the same note, Moranga (2014) posits that the preference for girls who have undergone FGM has led to the persistence of the practice due to the higher bride wealth offered. The Abagusii believe that FGM was to control a girl's sexual desires and ensure marital fidelity, especially within polygamous marriages, hence a factor given priority when choosing a partner. The number of cows for uncircumcised women is less compared to that of circumcised women. The bride wealth payment for uncircumcised women may also be delayed despite the woman being already staying in marriage.

Women and girls are normally less educated than men, and have limited job opportunities, especially outside urban centres, hence they have no or few options and would find it difficult to survive without the approval of their community (Landinfo, 2008). According to Nwakeze (2001), women's sexuality is influenced by their limited decision-making power, and the decision-making power is a function of their economic independence. Along the same line, uncut daughters are not eligible for marriage where FGM is a common practice in the community. They may be seen as an extra burden on their parents and to avoid this, parents prefer to cut their daughters (Moges, 2003). This may explain how the economic status of women influences their decision.

In most societies in Kenya, the girl-child is seen as a source of income due to the anticipated bride price that their parents are likely to get. Due to this, parents tend to be motivated by wealth thus giving their daughters away early for marriage meaning that girls as young as nine years are sometimes given away and thus have to undergo FGM, which in the long-run forces them to drop out of school. As a result, Community Based Rescue Centres play an important role in identifying such cases and rescue the girls as easy as they can and educate the community on why they do that for the benefit of the girls. This strategy has proved to involve members of the

community to campaign for girl safety, thus a sense of ownership and promote long-term sustainability and rapid elimination of FGM, (Messito, 2004). Furthermore, Community-Based Rescue Centres monitor rescue and support girls who have been sensitized and who have run away from their families to escape FGM. They further provide temporary accommodation to young women who run away from FGM. According to Karanja (2004), the main objective is to ensure that the girls who have been thrown out of their homes or run away as a result of refusing FGM or early marriages are sheltered and supported morally, socially and eventually returned to their homes through a reconciliatory process.

Community Participation and Performance of FGM Eradication Projects

Sanoff (2000) defines participation as a tool that empowers people, a means to educate citizens and increase their competence while acknowledging their natural abilities in order that they may be involved in decision making. The receptiveness and ownership of a project initiative can only be encouraged by the incorporation of the community. Participation is not only mobilized by an outside party but also the people involved in a group, a community, an institution or a state can reach their fellow members in empowering them on participation on an initiative of their own or such from an outside party. Participation is built in the confines of who participates, what people participate in, why people participate and how they participate (Mansolff, 2000)

Community -Based Rescue Centres (CBRC) play an important role by adopting a multifaceted approach in campaigning against FGM. CBRC issue centres involve in educating the community against FGM. They create community awareness about FGM by organizing workshops and seminars that target specific groups, including community leaders. In this case religious leaders, village chiefs, elders, FGM practitioners and peer educators involved in the mission of rescuing girl child from FGM (Wangila, 2007). Kaufman and Poulin (1994) states that the involvement of community members in community initiatives is a requirement that cannot be ignored owing to the fact that these projects are by the communities and for the communities. The involvement emanates right from project initiation, execution and closure. In the recent past, projects were imposed on community members by elite groups, politicians and other leaders in the society. A greater percentage of those projects succumbed to failure especially when the project initiators exited the areas.

Binswanger and de Regt (2010) point out that even though efforts have been in place to ensure community participation with the donor agencies and the state governments putting the project implementers on toes, the gaps are still out spoken. Lack of participation they state greatly influences ownership which has major effects on the performance of the FGM projects. This is because lack of initiative will eventually influence on their lack of transparency on the impact and quality of the project.

NBC NEWS (2007) report on the failed Lake Turkana fish processing plant project by the Norwegian Government is an indication that the project implementers did not involve the

community. This is because the reason given is the fact that the Turkana nomads had no history of fishing or eating fish. This therefore means a context analysis was not undertaken well to establish the people's preferences. Chikati (2009) concludes that community participation does not just involve roping people in the actual project execution but should be considered right from context analysis where the people's culture can be learned, their needs analysed and prioritised. This should proceed on to the planning process of the project down to execution and finally evaluation and closure.

An Empirical study by Diop and Askew (2005) highlight significant findings of operations research studies undertaken in Senegal, Burkina Faso, and Mali. Their analysis deepens our understanding of the importance of including community perspectives on the practice, especially its negative health outcomes, as well as lessons learnt about the role of health providers and the conversion of traditional practitioners. Community interventions that use an integrated approach, including public declarations and social support for forgoing FGC, are exemplified by the Village Empowerment Program (VEP) conducted by Tostan, a Senegalese NGO. One of the most successful projects in Africa, Tostan's VEP mobilizes whole villages to sign on to plan their campaign "so that no one carried a stigma" by dissenting and abstaining from performing the ritual (WHO, 1999). Diop and Askew's chapter not only provides empirical data about the effectiveness of common intervention strategies but also illuminates the social processes through which they work.

In order to achieve this successfully, Community-Based Rescue Centres work in partnership with county authorities to protect run-away girls or women. Once a girl runs to the rescue centre, a Children's Officer or police or the chief is notified to ensure that the girls are safe, protected and free from any form of abuse. In the centre, the girls are given counselling and knowledge on the dangers of FGM. The officials in these rescue centres work hand in hand with administrative authorities to give early warnings and protection initiatives that in the long run save the girls from going through FGM. This measure has worked since the authorities have managed in numerous occasions to arrest the parents and perpetrators of FGM for prosecution, (NAFGEM, 2011). Most importantly, Community-Based Rescue Centre also organizes reconciliatory meetings between the girls and their own parents. During the process parents and relatives are educated on the health complications of FGM and an anti-FGM laws that they may face if they are to continue with the practice.

Among the Kuria community, classes and workshops are done to include the use of traditional means of communication such as theatre, poetry, storytelling, music and dance, as well as more modern methods, such as computer-based applications and mobile phone messages. Communities based educational activities also build on and expand their work with the mass media such as drama, video and local radio. 'Champions' against female genital mutilation, such as public personalities, can also be used to relay information and messages about female genital mutilation (Population Reference Bureau, 2006). However, educational activities must reach all

groups in the community with the same basic information to avoid misunderstandings and to inspire intergroup dialogue (UNICEF, 2005).

THEORETICAL FRAMEWORK

Structural Functionalism Theory

Structural functionalism theory was developed by Emile Durkheim, Radcliffe-Brown and Herbert Spencer. Structural functionalism is a framework for building theory that sees society as a complex system whose parts work together to promote solidarity and stability. It offers a perspective that sees society as a complex system whose parts work together to promote solidarity and stability. It asserts that individuals' lives are guided by social structures, which are relatively stable patterns of social behavior. Social structures give shape to people's lives -for example, in families, the community, and through religious organizations. And certain rituals, such as initiation rites or complex religious ceremonies, give structure to our everyday lives. Each social structure has social functions, or consequences for the operation of society as a whole. Education, for example, has several important functions in a society, such as socialization, learning (Macionis, 2012).

Barnard (2000) notes that in the functionalist perspective, societies are thought to function like organisms, with various social institutions working together like organs to maintain and reproduce them. The various parts of society are assumed to work together naturally and automatically to maintain overall social equilibrium. Because social institutions are functionally integrated to form a stable system, a change in one institution was precipitating a change in other institutions. Dysfunctional institutions, which do not contribute to the overall maintenance of a society, will cease to exist.

Merton (1957) argued that functionalism is about the more static or concrete aspects of society, institutions like government or religions. However, any group large enough to be a social institution is included in Structural Functionalist thinking, from religious denominations to sports clubs and everything in between. Structural Functionalism asserts that the way society is organized is the most natural and efficient way for it to be organized. To Merton, institutions come about and persist because they play a function in society, promoting stability and integration. Therefore, structural-functionalism often focuses on the ways social structures (e.g., social institutions like FGM, marriage etc.) meet social needs.

Rahman and Toubia (2000) used this theory to examine FGM/C as a complex and deeply rooted traditional practice that, while infringes the rights of women and children, is a fundamental part of collective cultural experience that relates to the essence of a girl's womanhood, family honor, economic prosperity, and social identity. Human behaviors and cultural values, however senseless or destructive they may appear from the personal and cultural standpoint of others, may have meaning and fulfill a function for those who practice them. However, culture is not static

but it is constant flux adapting and reforming. People were to change their behavior when they understand that hazards and indignity of harmful practices and when giving up meaningful aspects of their culture. In terms of FGM/C, this theory has been used to explain or understand cultural norms around cutting of female genitalia in terms of what the expected behavior is and how it is shaped depending on different institutions such as the family, education, economy.

Social Exchange Theory

The exchange theory was developed and discussed by Blau (1960) through his view of society as composed of social activity based on social exchange (reciprocity) and integration in small groups. Social exchange theorists have often argued that every human association are accomplished through individual cost-benefit analyses as well as through assessment of alternatives. Emerson (1962) social exchange theory in relation to the persistence of FGM, can be explained where individuals opt to undergo the practice, their choice being influenced by the perceived benefits of acceptance and respect from the peers and the society. In communities that practice FGM/C, women and men support the practice without questioning anything. Any individual who does not adhere to the same faces the risks of harassment, condemnation as well as ostracism. Therefore, FGM/C is termed as a social convention that is governed by punishments and rewards that act as powerful forces that determine the continuity of the practice. Considering this; it is hard for a family to leave out the practice devoid of support from the entire community. According to MYWO (2008), despite being educated women still embrace the practice to avoid losing potential husbands from circumcising communities, losing respect by their peers. The legislations put in place by the government have had no implication towards women willingly undergoing the practice.

The theory promotes the idea that interaction is guided by what each person stands to gain and lose from the others. The practice of FGM/C based on the social exchange theory has derailed eradication efforts. Relating the social exchange perspective to FGM can be observed when individuals opt to undergo the practice. This choice is influenced on the perceived benefits that the practice may have for the individual. According to MYWO (2008), some women opt to be cut despite their education. Some girls who come from communities which do not circumcise embrace the cut in order to avoid losing potential husbands from circumcising communities. For instance, although there is legislation against the practice of FGM, it has been critiqued as having no implication towards women willingly undergoing the practice. The social exchange theory promotes the idea that interaction is guided by what each person stands to gain and lose from others.

RESEARCH METHODOLOGY

Research Design

Research design refers to the organizations of particular conditions that are aimed at collecting and analyzing data in an approach aimed at combining relevance with the purpose of research, and economy in procedures (Moores, 2017). This study employed a descriptive survey design that works out with occurrences, distribution as well as interrelations of education related variables. Therefore, this descriptive survey design laid emphasis on number or frequency of answers relating to similar questions that have been posed by diverse individuals. Garson (2012) asserts that a descriptive study is usually designed for obtaining data with reference to a current situation as well as other phenomena, and in possible situations, for drawing suitable conclusions from particular facts under investigation.

Target population

Population is the complete group of individuals or companies that the researcher wishes to investigate (Sekaran & Bougie, 2010). It is defined in terms of availability of elements, time frame, geographical boundaries and topic of interest. The population of the study comprised of 327 employees including; projects managers and officers, CBO officials, Health officials and Community Leaders who take part in the genital mutilation eradication projects in Marsabit County.

Sample Size and Sampling Procedure

Kothari (2010) has explained that a sample size is the number of items or objects that are chosen to represent a large population, while sampling procedures refer to the methods that are applied in the selection of a suitable representative sample. According to Barlett, Kortlik and Higgins (2011) expound that a sample is a subset of the population, this is because it impossible to use all the members in a population to carry out research project. It is costly and require a lot of time, hence a selected few is recommended to ensure that sample is representative of the entire population (Babbie, 2012). In order to obtain statistical significance an optimal sample size need to be obtained in research (Owino, 2013). Using a formula by Kothari (2004), a sample of 177 was calculated from 327 which was the target population of the study.

$$n = \frac{z^2.N.\partial_p^2}{(N-1)e^2 + z^2\partial_p^2}$$

Where: n =Size of the sample; N=Population, in our study is 327; e = Error that is acceptable given as 0.05; ∂p = Population standard deviation which is 0.5 where not given; Z = Standard variate at a confidence level given as 1.96 at 95% confidence level.

These are the approaches used by researchers during the statistical sampling process. This is done when the researcher aims to draw conclusions for the entire population after conducting a study on a sample taken from the same population (Garson, 2012). In this study, stratified and simple random sampling technique were adopted as it is providing greater precision and guarantees that the resultant samples were representatives of the population. Simple random sampling was then applied to pick individual firms from the different strata and respondents respectively. The purpose of this technique is to increase precision by ensuring that key population elements are represented in the sample (Saunders et al., 2009).

Research Instruments

Data collection instrument is used in research and refers to a tool which specifies and objectifies the data collecting process. Instruments are usually written and may be given directly to the subject in order to collect data or may provide objective description of the collection of certain types of data. Primary data was obtained using self-administered questionnaires. The questionnaire was made up of both open ended and closed ended questions. The open-ended questions were used so as to encourage the respondent to give an in-depth and felt response without feeling held back in illuminating of any information and the closed ended questions allowed the respondent to respond from limited options that had been stated. According to Wang (2015), the open ended or unstructured questions allow profound response from the respondents while the closed or structured questions are generally easier to evaluate. The questionnaires were used in an effort to conserve time and money as well as to facilitate an easier analysis as they are in immediate usable form. The study also employed focus group discussions to capture more views including the illiterate respondents.

Data Collection Procedures

Questionnaires were administered to the respondents' all having similar questions by the researcher. The questionnaires comprised of both closed and open-ended questions. The respondents had an allowance to express their response using open-ended questions that were not well captured in the closed questions. On the closed questions, a 5-point Likert gauge was employed. The scholar was permitted to gather quantitative data using closed questions while the open-ended questions enabled collection of qualitative data. Public library, virtual sources and counter study were also approved out by inspecting authorized information, monitors and performance documents in demand to amass secondary data.

Data Analysis Techniques

Once primary data was collected, the questionnaires were edited for accuracy, consistency and completeness. In order to eliminate any discrepancies before final analysis, data was then classified on the basis of similarity before being tabulated. The data collected was analyzed by

the use of descriptive statistics (measures of central tendency and measures of variance) and inferential statistics of correlation and regression using SPSS version 21. The specific descriptive measures to be used for analysis were mean, percentages, frequency distributions and standard deviation. The results were then presented using tables and graphs. Inferential data analysis was done using multiple regression analysis and Pearson correlation coefficient. Multiple regression analysis was used to establish the relations between the independent and dependent variables. The multiple regression model generally assumed the following equation;

$$\mathbf{Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon}$$

Where: Y = Performance of female genital mutilation eradication projects; X_1 = Cultural beliefs; X_2 = Community awareness; X_3 = Level of Income; X_4 = Community participation; β_0 = constant (coefficient of intercept); ε = error term

RESEARCH RESULTS

The study sought to examine the influence of cultural beliefs on the performance of female genital mutilation eradication projects among the Gabra community. The study found out that cultural beliefs influenced performance of female genital mutilation eradication projects in Marsabit County to a great extent. The study also found that marriageability and rite of passage influenced performance of female genital mutilation eradication projects in Marsabit County to a great extent. The study further found that traditional beliefs influenced performance of female genital mutilation eradication projects in Marsabit County to a moderate extent.

Moreover, the research aimed to determine the influence of community awareness on the performance of female genital mutilation eradication projects among the Gabra community. The study found that community awareness influences performance of female genital mutilation eradication projects in Marsabit County to a great extent. The study also found that level of education and literacy level influence performance of genital mutilation eradication projects in Marsabit County to a great extent. Sensitization was found to influence performance of genital mutilation eradication projects in Marsabit County to a moderate extent.

The study sought to assess the influence of level of income on the performance of female genital mutilation eradication projects among the Gabra community. The study found that level of income influences performance of female genital mutilation eradication projects in Marsabit County to a great extent. The study found that source of income and socioeconomic status were influenced performance of genital mutilation eradication projects in Marsabit County to a great extent. The study also found that bride price influenced performance of genital mutilation eradication projects in Marsabit County to a moderate extent.

The study sought to assess the influence of community participation on the performance of female genital mutilation eradication projects among the Gabra community. The study also

found that community participation influences performance of female genital mutilation eradication projects in Marsabit County to a great extent. Moreover, the study found that project ownership and community contributions influence performance of genital mutilation eradication projects in Marsabit county to a great extent. The study also found that level of involvement influences performance of genital mutilation eradication projects in Marsabit County to a moderate extent.

Further, the study found that the project's completion in set time, community satisfaction, completion with set budget and number of FGM cases had improved while realization of set objectives had remained constant over the last five years.

INFERENTIAL STATISTICS

Pearson Moment Correlation Results

A correlation is a number between -1 and +1 that measures the degree of association between two variables. A positive value for the correlation implies a positive association while a negative value for the correlation implies a negative or inverse association. The findings were as shown in Table 1.

Table 1: Pearson Moment Correlation Coefficients

		Performance of FGM eradication projects	Cultural beliefs	Community awareness	Level of income	Community participation
Performance of FGM eradication projects	Pearson Correlation	1				
	Sig. (2-tailed)	.				
Cultural beliefs	Pearson Correlation	.784	1			
	Sig. (2-tailed)	.020	.			
Community awareness	Pearson Correlation	.739	.223	1		
	Sig. (2-tailed)	.027	.006	.		
Level of income	Pearson Correlation	.815	.243	.497	1	
	Sig. (2-tailed)	.025	.002	.000	.	
Community participation	Pearson Correlation	.872	.333	.420	.531	1
	Sig. (2-tailed)	.017	.000	.000	.000	.

The analysis of correlation results between the performance of FGM eradication projects among the Gabra community and cultural beliefs shows a positive coefficient 0.784, with p-value of 0.020. It indicates that the result is significant at α =5% and that if the cultural beliefs increase it will have a positive impact on the performance of FGM eradication projects among the Gabra

community. The correlation results between community awareness and performance of FGM eradication projects among the Gabra community also indicates the same type of result where the correlation coefficient is 0.739 and a p-value of 0.027 which significant at $\alpha = 5\%$.

The results also show that there is a positive association between level of income and performance of FGM eradication projects among the Gabra community where the correlation coefficient is 0.815, with a p-value of 0.025. Further, the result shows that there is a positive association between community participation and performance of FGM eradication projects among the Gabra community where the correlation coefficient is 0.872, with a p-value of 0.017. However, the positive relationship indicates that when the practice of the above-mentioned factors is in place, the performance levels of FGM eradication projects among the Gabra community will increase.

Multiple Regression Analysis

Regression Analysis was applied to determine the relative importance of cultural beliefs, community awareness, level of income and community participation with respect to the performance of FGM eradication projects among the Gabra community. The findings were presented in Table 2, 3 and 4.

Table 2: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.827	0.684	0.674	2.132

The outcome of Table 2 found that adjusted R-Square value (coefficient of determination) is 0.674, which indicates that the independent variables (cultural beliefs, community awareness, level of income and community participation) explain 67.4% of the variation in the dependent variable (performance of FGM eradication projects among the Gabra community). This implies that there are other factors that affect the performance of FGM eradication projects among the Gabra community attributed to 32.6% unexplained.

Table 3: Analysis of Variance

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1268.88	4	317.220	68.169	.000
	Residual	586.33	126	4.653		
	Total	1855.21	130			

The results shown in Table 3 revealed that p-value was 0.000 and F calculated was 68.169. Since the p-value was less than 0.05 and F-calculated was greater than F-critical (2.444), then the overall model was statistically significant.

Model coefficients provide unstandardized and standardized coefficients to explain the direction of the regression model and to establish the level of significance of the study variables. The results are captured in Table 4.

Table 4: Regression Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	0.951	0.217		4.382	.000
Cultural beliefs	0.812	0.352	0.784	2.307	.026
Community awareness	0.633	0.281	0.539	2.253	.029
Level of income	0.899	0.196	0.815	4.587	.000
Community participation	0.913	0.233	0.872	3.918	.000

As per the SPSS generated table above, the equation ($\mathbf{Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon}$) becomes:

$$Y = 0.951 + 0.812\mathbf{X_1} + 0.633\mathbf{X_2} + 0.899\mathbf{X_3} + 0.913\mathbf{X_4}$$

The findings showed that if all factors (cultural beliefs, community awareness, level of income, community participation) were held constant at zero, performance of FGM eradication projects among the Gabra community will be 0.951. The findings presented also show that taking all other independent variables at zero, a unit increase in the cultural beliefs would lead to a 0.812 increase in the scores of performance of FGM eradication projects among the Gabra community. This variable was significant since the p-value 0.026 was less than 0.05.

The findings also show that a unit increase in the score of community awareness would lead to a 0.633 increase in the score of performance of FGM eradication projects among the Gabra community. This variable was significant since 0.029<0.05. Further, the findings show that a unit increases in the scores of level of income would lead to a 0.899 significant increase in the score of performance of FGM eradication projects among the Gabra community since p-value (0.000) was less than 0.05.

The study also found that a unit increase in the score of community participation would significantly lead to a 0.913 increase in the score of performance of FGM eradication projects among the Gabra community since p-value (0.003) was less than 0.05.

Overall, it was established that community participation had the greatest influence on the performance of FGM eradication projects among the Gabra community, followed by level of income, then cultural beliefs while community awareness had the least influence to the performance of FGM eradication projects among the Gabra community. All the variables were significant since their p-values were less than 0.05.

CONCLUSIONS

The study concluded that there is a positive impact between cultural beliefs and performance of FGM eradication projects among the Gabra community. The study concluded pliability of FGM may be attributed to the desire of preserving the culture and resistance by the Africans and as a result furthering westernization. The study also concluded that Girl Child education provided by the FGM eradication projects has enabled ethnic communities to look in to their own beliefs and values related to the practice in a dynamic and open way that is not experienced or seen as threatening.

The study concluded that there is a positive and significant influence of community awareness on performance of FGM eradication projects among the Gabra community. The study concluded that when people lack awareness of how their behavior affects their health and wellbeing, they have little reason to put themselves through the misery of changing the risk behaviors they have engaged in for many years.

The study further concluded that there is a positive association between level of income and performance of FGM eradication projects among the Gabra community. The study concluded that the girl-child is seen as a source of income due to the anticipated bride price that their parents are likely to get. The study also concluded that parents tend to be motivated by wealth thus giving their daughters away early for marriage and thus have to undergo FGM.

The study also concluded that community participation has a strong and positive significance on the performance of FGM eradication projects among the Gabra community. The study concluded that lack of participation greatly influences ownership which has major effects on the performance of FGM projects. This is because lack of initiative eventually leads to lack of transparency and therefore impacts the quality of the project.

RECOMMENDATIONS

The study recommends that local leaders, politicians, church leaders and other stakeholders should enforce women and girls right through participatory/advocacy for education in culture and culture-in-education. Empowerment of community groups in the fight against FGM. The study recommends for a multi-sectoral approach for eradication of FGM through coordinated efforts from the government agencies, non-governmental organizations, community based organizations on the fight against FGM

The study also recommends that continuous anti-FGM campaigns, awareness, sensitization and education should be done that include topics and discussions on harmful effects of FGM. There is also need to emphasize on sensitization among medical practitioners who are involved in FGM practice. The study recommends that there should be emphasis on awareness on the dangers associated with FGM which should be integrated into the education of the girl child.

Severe punishment should be taken against those found practicing and promoting the female genital cuttings. Law enforcement by the police, social workers, chiefs and children officers should pursue those caught in the practice and close all unregistered facilities and seasonal clinics in the county.

In regard to the knowledge of community on the law concerning FGM, the study recommends for intensive education and awareness of the legal instruments protecting girls from FGM as they are the most vulnerable in the community. The study recommends the project managers to constantly involve the community at all levels of the project lifecycle in order to boost ownership. This can be done by engaging the community in barazas and allowing them appoint the management teams.

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