

Role and responsiveness of community structures and actors in upholding the rights of girls in Ewuaso, Kajiado West, Kenya



YES I DO.

ANKE VAN DER KWAAK

JOHN KRUGU

KIT ROYAL TROPICAL INSTITUTE

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ABOUT PROJECT

The Yes I Do project (2016-2020) aims to reduce child marriage, teenage pregnancies and female genital mutilation/cutting (FGM/C) related practices in Pakistan, Indonesia, Ethiopia, Kenya, Mozambique, Zambia and Malawi. It is a joint collaboration with Plan Netherlands, CHOICE, Rutgers, Amref and KIT Royal Tropical Institute. It is funded by the Dutch Ministry of Foreign Affairs.

ABOUT KIT ROYAL TROPICAL INSTITUTE

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Executive Summary

This qualitative study aimed to understand the extent to which existing community structures in Kajiado west sub-county support the rights of girls in the community, particularly in relation to reducing the prevalence of FGM/C, teenage pregnancy and early marriage. The study defined community structures to include traditional structures such as schools, church groups, local administration, and community leadership. In addition to these traditional structures, the role of rescue centres, civil society organizations, and non-governmental organizations was examined. The role of various traditional and modern health-related stakeholders and services were also discussed.

The study found that girls appreciate the protective value of community structures and the high demand for these structures is becoming an avenue for parents avoiding their duty of care towards their daughters. In addition, the increasing rates of teenage pregnancy indicate a disconnect between the mandate of existing community structures and how they seek to address the interconnected issues of teenage pregnancy, FGM/C and early marriage. In particular, recent efforts such as Alternative Rites of Passage (ARPs) seem to be making positive inroads to unlocking the social norms perpetuating harmful traditional practices such as FGM/C, yet some concerns about such efforts exist. A more rigorous impact evaluation of local interventions such as ARPs can address negative community perceptions and enhance their effectiveness in stopping the practice of FGM/C. Future studies can also explore the critical role of community engagement and male involvement in addressing entrenched patriarchal norms perpetuating gender inequality and the low social status of women in the Maasai communities. In particular, our report shows that traditional cultural values and social norms play a significant role in the continuation of teenage pregnancy, FGM/C and early marriage, and impact efforts to reduce these practices. For example, myths and negative misconceptions about girls who are not circumcised encourage the perpetuation of FGM/C, which increases the likelihood of early marriage and teenage pregnancy. The study also found that while laws and policies meant to protect the sexual and reproductive health and rights of girls are in place, enforcement is limited.

The study recommends the targeted provision of local interventions and comprehensive information on sexual and reproductive health and rights at various levels, particularly at key cultural gatekeepers such as community leaders. Positive changes such as examples of men opposing the practice of FGM/C and encouraging their sons to marry uncircumcised girls and the importance of social norms in promoting community solidarity and harmony are entry points. Education was recognized as a protective factor that may reduce girls' vulnerability to rights violations. Thus, an intersectional approach to promoting girl's education, involving different agencies of the state and also ensuring full community participation can be a game changer for

girls. Such an approach must also ensure the full implementation of existing laws and policies meant to protect girls' rights.

1.0 Introduction

The 1948 Universal Declaration of Human Rights (UDHR) affirmed that - 'All human beings are born free and equal in dignity and rights.' This is intrinsic to the very concept of human rights and is reflected in the follow-on conventions such as the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). A specific focus on female genital mutilation/cutting (FGM/C) is found in the UN General Assembly resolution 56/128 on traditional or customary practices affecting the health of women and girls (2001) and in the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, commonly known as the Maputo protocol (2003). Additionally, the recognition of a human rights-based approach in addressing FGM/C is articulated at various levels with emphasis on the principle of promotion of gender equity and equality, including the elimination of all forms of gender-based violence and related harmful practices (WHO 2008).

Girls' rights are human rights and include the right to education and health, including sexual and reproductive health rights (UN Women 2018). However, these rights are violated through traditional cultural practices such as female genital mutilation (FGM/C), and early/child forced marriage (ECFM). Even though child marriage is considered a human rights violation, more than 30% of women in developing countries are married before their 18th birthday and a total of 70 million girls worldwide are affected, mostly in South Asia and Sub-Saharan Africa (UNICEF 2014).

Within the context of the Sustainable Development Goals (SDGs), achieving Goal number 5 on gender equality is key to realizing women's and girls' human rights as well as catalysing progress across all the other SDGs. The targets for SDG 5 specifically recognize women's equality and empowerment as both objective as well as part of the solution. To empower women and girls to reach their full potential requires eliminating all forms of discrimination and violence against them, including harmful traditional practices. In addition, it seeks to ensure that they have every opportunity to realize their sexual and reproductive health and reproductive rights. The SDG makes explicit reference to the elimination of FGM/C (Goal 5.3.) This is expected to strengthen the arms of governments, NGOs and multilateral organizations when implementing policies and legislation against FGM/C. Achieving other SDGs may also contribute to women empowerment, particularly those related to health (Goal 3: Ensure healthy lives and promote wellbeing for all at all ages) and education (Goal 4: Ensure inclusive and quality education for all and promote lifelong learning that are relevant to girls' rights) (UN Women 2018).

Kenya has seen great improvements in gender equality. The 2010 Constitution recognizes women's social, economic, cultural and political rights (Kenya Constitution, 2010). The 2015-2018 National Action Plan built on this, with the launch at the National Women's Conference in February 2016 to push forward the Kenya Women's National Charter for Realizing the Rights of Women and Girls. However, a low level of awareness among women in Kenya of what rights they actually have, particularly in rural areas, is apparent, as well as a gap between law and practice. Discrimination still occurs in areas where laws are not fully implemented and many barriers for women still exist (Royal Norwegian Embassy in Nairobi 2015). The Protection Against Domestic Violence Act 2015 is the first piece of legislation to deal specifically with domestic violence. The Act also addresses child marriage, female genital mutilation, forced marriage, forced wife inheritance, interference from in-laws, sexual violence, virginity testing, widow cleansing, emotional abuse, stalking and economic abuse. Similarly, within the Adolescent Sexual and Reproductive Health policy, emphasis is on the rights of adolescents including: reproductive health decision-making; voluntary choice in marriage; right to access information and means needed to exercise voluntary choice; making free and informed choices in all spheres of life; freedom from discrimination based on gender; sexual and reproductive health security, including freedom from sexual violence and coercion; and the right to privacy (MOH 2015).

1.1. YES I DO Programme

The Yes I Do programme aims to contribute to a world in which adolescent girls can decide if, when and whom to marry and have children, and are protected from FGM/C. This requires interventions that address child marriage, teenage pregnancy and FGM/C in a combined and holistic manner. The programme is implemented in Ethiopia, Kenya and Indonesia, and child marriage and teenage pregnancy in Malawi, Mozambique, Zambia and Pakistan. The programme has five strategic goals:

1. Community members and gatekeepers have changed attitudes and take action to prevent child marriage, teenage pregnancy and FGM/C
2. Adolescent girls and boys are meaningfully engaged to claim their sexual and reproductive health and rights (SRHR)
3. Adolescent girls and boys take informed action on their sexual health
4. Girls have alternatives beyond child marriage, FGM/C and teenage pregnancy through education and economic empowerment
5. Policy makers and duty bearers develop and implement laws and policies on child marriage, FGM/C and teenage pregnancy

The strategy of the intervention consists of forming a social movement, empowering and meaningfully engaging young people, improving access to information and services, stimulating education and economic empowerment for girls, and enhancing evidence-based lobby and advocacy for improved legal and policy frameworks. These are based on the experience of alliance

partners as well as global evidence on what works in trying to reduce child marriage, teenage pregnancy and FGM/C (OHCHR and UNDP 2008, Malhotra, Warner et al. 2011, Williamson 2012, Loaiza and Liang 2013).

1.2. Problem Statement and Justification

According to the baseline study conducted by the Yes I Do programme in 2016, female genital mutilation/cutting (FGM/C), child, early and forced marriage (CEFM) and teenage pregnancy (TP) remain high at 51.83%, 22.6% and 18.71% respectively in Kajiado West, competing with the national prevalence of 21%, 26.4% and 19% respectively (Gitau, van der Kwaak & Kusters 2018). The high prevalence rates in Kajiado West suggest negligible change despite the various interventions undertaken by NGOs and government programmes. These cultural practices infringe on the rights of girls and young women who have limited decision-making power regarding the practices and therefore cannot challenge the practices.

FGM/C, child marriage and teenage pregnancy deny girls the opportunity to complete their education and achieve their potential. These practices are propagated by a cultural and patriarchal system that largely supports and provides the momentum for continuity. Concerted efforts have been put in place to address these cultural practices by state and non-state actors. The interventions include provision of a legal framework of social protection safety nets, education initiatives, and health policies cascaded to the community level to safeguard the rights of the girl child. Community structures have also been put in place to sensitize communities on the negative impact of these cultural practices and the need to safeguard girls' rights.

For the purposes of this study, community structures are state and non-state arrangements, setups, committees and networks whose functions include protecting girls and women's rights or preventing harmful practices against them. However, there is scanty information on the nature and responsiveness of these structures in addressing these cultural practices and safeguarding the rights of girls. It is on this basis that this study proposes to provide such information by answering the general question: What is the role of community structures in addressing the rights of girls?

Efforts to address FGM/C, teen pregnancy and early marriage in Kajiado West have been implemented by the Yes I Do Alliance since 2016. Multiple interventions have focused on the role of local government institutions, non-governmental organizations (NGOs) and community-based organizations (CBOs) in meaningfully engaging adolescent girls and boys, establishment of community structures such as setting up advisory committees, working with teachers, rescue centres, youth groups and local leaders. This study set out to provide a detailed understanding of the contribution of these interventions within the context of community structures in addressing the rights of girls. It also provides an opportunity to reflect on the progress of the programme in

meeting its targets, objectives and documenting challenges experienced. Overall, the findings are expected to be of value to the efforts towards abandonment of FGM/C, early/child and forced marriage and teenage pregnancy with the view to enhancing intervention approaches. This is also in line with the key policy statement of strengthening capacities of institutions, communities, families and individuals to prevent and respond to harmful traditional practices to adolescents (MOH 2015).

1.3. Literature Review

Female Genital Mutilation/Cutting (FGM/C) is globally recognized as a violation of the human rights of girls and women. It reflects deep-rooted gender inequality, and constitutes an extreme form of discrimination against women and girls. FGM/C also violates many other human rights including rights to security, to be free from torture and in too many cases the right to life (Commonwealth Education Hub 2016). Previous studies have shown that FGM/C is a precursor for both CEFM and TP (World Vision 2014). The problems of CM, TP and FGM/C are interrelated. They have common root causes and social drivers such as gender inequality, social and cultural norms, poverty, and inadequate access to education and sexual and reproductive health and rights (SRHR) information and services. Child marriage and TP have comparable impacts on the health and education of young girls, and therefore on the economic opportunities, decision-making and agency of girls. Besides sharing common causes and consequences, these three issues can be mutually reinforcing: CM increases the likelihood of TP and vice versa (UNFPA 2013)

A few studies have documented the influence of community structures on social change with a focus on protecting the rights of girls and women by changing existing social norms such as the practice of early marriage, FGM/C and gender-based violence. Social norms are described as societal behavioural rules which people prefer to follow under the belief that majority of persons in their community conform to the rule and expect them to follow and behave likewise (Bicchieri 2006). Here we present some of the best-known ones in literature.

TOSTAN, a Senegalese non-governmental organization, developed a community-based education intervention aimed at empowering women through a broad range of educational and health-promoting activities. An evaluation of the program reported that information from the program was diffused widely within the intervention villages, as evidenced by improvements in knowledge about and critical attitudes toward FGM/C among women and men who had and had not participated in the program, without corresponding improvement in the comparison villages. The prevalence of FGM/C among daughters aged ten years and younger decreased significantly over time as reported by women who were directly and indirectly exposed to the programme, but not among daughters in the comparison villages, suggesting that the programme had an impact on family behaviour as well as attitudes. Findings from this study provided evidence-based

information to programme planners seeking to empower women and discourage a harmful traditional practice (Diop & Askew 2009).

The Population Council's Abriendo Oportunidades ("Opening Opportunities", AO) which was implemented in rural communities around Chisec in Guatemala focused on social norms change and child marriage and the wellbeing of girls in the context of important legislative and political changes. The overall objective of AO was to support Mayan girls' successful transition to adulthood, including the delay of marriage. The project implemented a series of workshops on leadership, professional skills, public speaking, gender relations, sexual and reproductive health, violence prevention, and other topics to promote girls' empowerment. The workshops were hosted in safe places established by the programme and were led by trained female mentors. An evaluation of the AO project found that although child marriage has indeed declined in Chisec in the last half-decade, there is complexity around social norms that encourage child marriage. Some norms were reported to have changed significantly; others had relaxed somewhat, while others remained strongly entrenched. To understand how social norms change in this instance required analysis of not only AO but also factors and processes at various levels: girls themselves, families, communities, and municipal and national governments (Bapu et al. 2017).

The SASA! program of Raising Voices in Uganda is a community mobilization intervention seeking to change community norms and behaviour that result in gender inequality, violence and increased HIV vulnerability for women. The SASA! approach draws on two theoretical frameworks: the Ecological Model of Violence and the Stages of Change Theory. SASA! seeks to change individuals' attitudes, community norms, and structures, by supporting entire communities through a phased process of change. SASA! was associated with lower onset of abuse and lower continuation of prior abuse (Abramsky et al. 2016).

Africa Inland Church (AIC) Girls' Primary School in Kajiado was established by missionaries in 1959 and later taken over by the Government of Kenya, to serve as a refuge for girls that have been victims of negative cultural practices, in addition to being a haven for several physically and visually challenged girls. FAWE Kenya has come in to transform the school by building physical structures such as a library, an administration block and a rescue center to meet the needs of the girls. FAWE Kenya also rolled out FAWE's demonstrative interventions such as the Tuseme ("Let's speak out") and Gender Responsive Pedagogy (GRP) models to address the gender issues that the girls face in both the school environment and in their community. To integrate the models, the girls formed a club in which they are taught how to speak out about their problems and devise comprehensive solutions to personal, school and community problems (FAWE 2017).

1.4 Research Objectives:

1.4.1 General Objective

The main objective of the study is to explore the role and responsiveness of community structures and actors in upholding the rights of girls.

1.4.2 Specific objectives

1. To describe the phenomenon of community structures responding to the plight of the girl child in Kajiado West.
2. To explore the perceptions of community members of existing community structures.
3. To describe the responsiveness of community structures and actors in upholding the rights of girls.
4. To make recommendations towards strengthening community structures to respond to the rights of girls.

2.0 Methodology

2.1. Study design

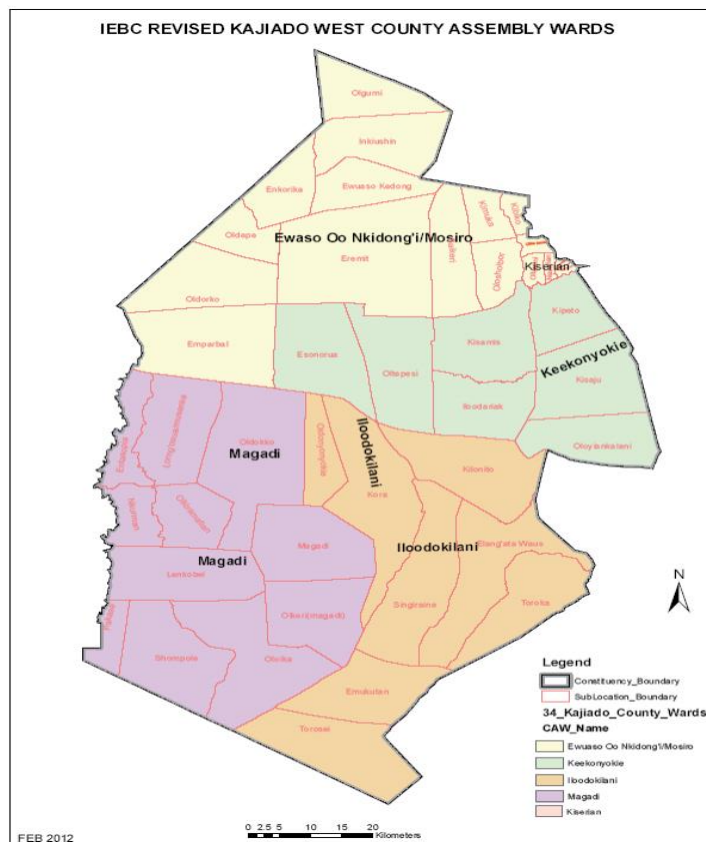
This study was exploratory, using a qualitative research design to explore the role and responsiveness of community structures and actors in upholding the rights of girls. The specific methods used for data collection in this study were In-Depth Interviews (IDIs), Focus Group Discussions (FGDs) and Key Informant Interviews (KII).

2.2. Study area

Kajiado West is a sub-county of Kajiado County in Kenya with a population of about 104,300 people (KNBS 2019 Population Census). The sub-county has five wards, including Keekonyokie, Magadi, Illoodokilani, Ewuaso Oo Nkidong'i and Mosiro.

Kajiado county has a Primary School Net Enrolment Rate of 75% and a lower Secondary School Net Enrolment Rate of 26%. A large number of primary school-age children (43,405) and secondary-age children (56,205) are out of school (NCPD 2015). Ewuaso Oo Nkidong'i, Keekonyokie north location was the selected study site. It is located approximately 50 kilometres to the west of Ngong town. The local population comprises mainly pastoral Maasai community and few migrants including the Kikuyu, Luo and others who found their way there for business, employment and by marriage. The area is semi-arid with hot and dry weather conditions prevailing almost throughout the year apart from the months of March and April which come with rain and some flooding. While pastoralism is the main economic activity of the population in Kajiado West Constituency, other income-generating activities such as sand harvesting, transport businesses (including boda-boda), and charcoal burning are gaining prominence.

The study area has one trading centre, various private clinics and one county government health centre. It also has four public primary schools, three mission primary schools (Seventh Day Adventist, Baraka Catholic academy and Osiligi Educational Centre). There are three rescue centres and a child development organization-NGO. These include Soila Girls, Catholic Church rescue centre, Osiligi educational centre and Compassion International. These rescue centres also serve as schools for rescued girls and day scholars within the community.



2.3. Study population

The Kajiado county people are a Maasai speaking community. The Maasai community is a patriarchal society where power is vested in men. They practice both male and female circumcision (Type I). The prevalence of FGM/C among the Maasai is 77.9% (KDHS 2014). Study participants were chiefs, traditional leaders, women leaders, youth leaders, government officials, village elders, men, as well as girls and boys in school, married women and girls including those who dropped out of school and or married at an early age.

2.4. Data collection process and methods

The following section presents the study instruments and the process of data collection

1. In-depth interviews. A total of 8 in-depth interviews (IDIs) were conducted with 2 circumcised girls, and 2 girls who had not undergone FGM/C. The girls in the latter category had unique experiences, having escaped from either FGM/C or early/forced marriage. They discussed how they might have benefited from community supported interventions. Four (4) boys were also identified and interviewed.



2. Focus group discussions: A total of 8 focus group discussions (FGDs) were conducted with girls at the rescue centres, circumcised girls, uncircumcised girls, boys and community members (men and women as parents). These were homogenous groups of between 8 to 12 research participants mobilized to participate in the discussion, focusing on their perceptions and attitudes towards structures involved in the protection of girls' rights. Focus group discussions lasted between 1-1.5 hours, under the guidance of a moderator and a note taker. These interviews were tape recorded.

3. Key informant interviews: 17 key informant interviews (KIIs) were conducted with county and sub- county policy and programme managers, Curriculum Support Officers (CSO), heads of rescue centres, a head teacher, a child protection officer, and community and religious leaders. Key informants provided information on: available structures and the services that they provide; perspectives and opinions on programme approaches; strengths and weaknesses of the community structures; and what could be done to enhance the role of these structures in supporting the rights of girls.

4. Observation. Observation facilitated collection of data that would otherwise not be available through discussions. This was useful in assessing the physical structures and social status of community members in general.

Most of the interviews at the community level were conducted using Maasai and Kiswahili languages and translated into English after verbatim transcription.

A table with a summary of the participants and the research methods is below.

Table 1. Participants by Qualitative Method

| | Policy/ leader | Teachers | Circumcised Girls | Uncircumcised Girls | Rescued girls | Boys | Community members | Total |
|--|-------------------|----------|----------------------|------------------------|------------------|------|----------------------|-------|
| | | | | | | | | |

| | | | | | | | | |
|-------|----|---|---|---|---|---|---|----|
| IDIs | | | 2 | 2 | | 4 | | 8 |
| FGDs | | 1 | 2 | 2 | 1 | 1 | 2 | 8 |
| KIIs | 17 | | | | | | | 17 |
| Total | 12 | 1 | 4 | 4 | 1 | 5 | 2 | 33 |

2.5. Participant recruitment strategy

Participants were selected through a purposeful method of sampling by the research team, and recruited with the help of community mobilizers and the chiefs. The primary participants were young girls in and out of school and girls in rescue centres. Key informants were identified through the local leadership and teachers in the local schools. Community members as parents are potentially an important support system for girls' rights. They were identified through existing group networks. Interviews were conducted separately between men and women to better enable open discussions. Boys were also identified for focus group discussions through the youth advocates.

2.6. Development and translation of data collection tools into local languages

In-depth interview (IDI), FGD and KII topic guides were developed to address the objectives of the study. These included understanding the role of community structures and how they are perceived by girls, boys, the community, and parents and how they respond to the reproductive rights needs of girls. These tools were translated into Kiswahili and the Maa language and back-translated into English to ensure consistency and retention of meaning.

2.7. Recruitment and training of research assistants

A primary consideration was that the research assistants had to be committed and willing to work in a hard-to-reach environment. A lead research assistant who knows the location well was identified to facilitate entry into the community as well as orient the other members of the research team. More specifically the research assistants were recruited based on the following criteria:

- Having attained secondary and preferably college/tertiary education.
- Equal numbers of both gender to ensure that during interviewing groups were facilitated by preferred gender of the research assistant.
- Having prior experience in qualitative data collection and transcription of IDIs, FGDs, KIIs.
- Being fluent in both English, Kiswahili and Maa language. This was important given the low literacy levels in this community.
- Being literate in basic computer skills, MS Word, and MS Excel.

2.7.1. Training of research assistants

Research assistants were trained for 4 days, including pilot testing of the data collection tools. The training employed a participatory approach and provided the theoretical background and context of the study. The training further emphasized:

- Study objectives
- Skill acquisition in interviewing, transcribing and translation
- Note-taking, writing field notes and ethics in field research.
- Understanding of the study tools. This was achieved through detailed discussions of the tools and their translations into Kiswahili and the Maasai local language in order to ensure standardization of the questions so as to ease the process of asking questions.

2.7.2. Pre-test of data collection tools

The theoretical training was followed by practical field training, including pre-testing of the range of data collection tools in Kibiku, a location that is similar to the study area, but where the study was not conducted. Research assistants pre-tested the data collection tools and topic guides for clarity and appropriateness. Subsequently, appropriate adjustments were made to the tools after the pre-test.

2.8. Data collection

Data was collected using focus group discussions (FGDs), in-depth interviews (IDIs) and key informant interviews (KIIs). The interviews covered issues related to perspectives on girls' rights; laws and enforcement, community structures and responsiveness to girls' rights. To ensure different perspectives on these issues, interviews were held with girls, boys, community members, heads of CSOs, CBOs and policy makers at the county level. Focus group discussions were conducted by research assistants who worked in pairs - a moderator and a note taker who ensured that the discussions were tape-recorded, after having obtained permission from the participants. As far as was possible, interviews were conducted in an environment that ensured privacy for participants.

2.8.1. Data quality control

The research team employed the following steps to guarantee that data collected was of good quality:

- Consistently reviewing the guides including gaining consensus on how to ask questions in the local language, how to probe and how to write field notes.
- Use of audio tape recorders to ensure that all the discussions were captured.
- All short notes were checked for completeness and consistency at the end of the day and were also checked against the expanded transcript.

- A debrief was held at the end of the day to review any challenges and agree on the way forward for the next set of interviews.

2.9. Ethical Issues

Ethical approval for this study was obtained from Amref Health Africa Ethical and Scientific Research Committee (ESRC). This is an accredited national ethics and research committee registered in Kenya. Training of the research assistants was carried out to ensure their understanding of the consent process and confidentiality of the data collected. Participation in this exercise was completely voluntary and participants were given the opportunity to ask questions about the discussion prior to giving consent. For uniformity, informed oral consent was obtained from each participant. Participants also had the choice to stop participating in the discussion at any time. Data collectors explained the use of the audio tape recorders and requested participants' permission to use them, indicated the duration of the interview, possible risks and benefits, and potential use of findings. Confidentiality was key and participants were assured that their identity would be protected to the fullest extent possible, and that no individual names would be revealed in any report.

2.10. Data Management and Analysis

All interview recordings were transcribed verbatim and translated into English. A fraction of these were reviewed to facilitate the development of a codebook. The team of researchers from KIT and University of Nairobi (UON) were engaged in reviewing the transcripts, developing the codebook and supervising the coding. Coding of data into NVIVO 11 was conducted and the data generated was used during the preliminary data analysis five-day workshop. This was a participatory exercise involving the research team from KIT, UON, Yes I Do partners and two of the research assistants.

2.11 Limitations of the study

This is a qualitative study and hence generalization of the findings to other communities should be done with caution. Also, the number of participants interviewed in each category were limited by data saturation. However, efforts to ensure maximum variation among participants, including various categories of community members, programme implementers and policy-makers, have enriched the results. Triangulation during analysis and an extensive validation process have been helpful in providing consensus on some of the key findings. A validation workshop that was conducted with stakeholders including Kajiado West sub-county leadership and community leaders/representatives confirmed the findings generally as representing the general view of the responsiveness of community structures to girls' rights. Again, following data collection, it was detected that one FGD with teachers occurred in a school where the data collection supervisor teaches. The FGD in this particular school was excluded from the analysis which might have limited the perspectives shared by the study participants. Finally, during the validation process, it emerged

that only one ARP intervention had been implemented in Ewuaso Oo Nkidong'i, Keekonyokie north location where the study was conducted. Thus, it seems our participants' experiences about ARPs are limited. Therefore the findings regarding ARPs ought to be interpreted with caution.

3. Results

3.1. Introduction

The results of this study are presented to highlight thematic areas that have emerged from the data, focusing on: girls' perspectives on the protection of their rights; the role of Alternative Rites of Passage; a detailed description of existing community structures and their responsiveness to girls' rights; challenges experienced by existing community structures; and enforcement of laws protecting girls' rights. The results are followed by a discussion, conclusions and recommendations that include views of key stakeholders from a validation meeting with stakeholders from Kajiado county and Kajiado west sub-county.

3.2. Girls' experiences and perspectives on their rights

Girls in Kajiado West experience female genital mutilation, early marriage and teenage pregnancy as well as limited access to education and/or health services. In the FGDs girls exhibited an understanding of their rights including the right to education and protection from FGM/C, early marriage and teenage pregnancy. However, they also pointed out that often these rights are violated and although there is recourse in certain instances, in many cases these violations go unchecked. Based on cultural expectations girls undergo female genital mutilation which is then closely linked to early marriage. Girls who decline to undergo FGM/C are often ostracised and discriminated against by the community and their peers.

In FGDs it was reported that girls who are not circumcised tend to be looked down upon and shunned by members of the community and their peers. This is mainly due to the myths, misconceptions and beliefs the community holds about uncircumcised girls. For example, girls reported that those who are not circumcised are referred to as children regardless of their age and are also described as being *“smelly”*. It is also widely believed and drilled into girls that they will *“have difficulties while giving birth”*, and may not get assistance from any community member because *“one is not supposed to touch the blood of an uncircumcised girl”*. This inevitably causes a great deal of anxiety for pregnant girls in a community where health services are scarce. Most childbirths occur at home with the assistance of traditional birth attendants within the community and therefore the prospect of being abandoned and expected to give birth on her own without assistance is distressing for a girl or woman. Where girls have tried to disassociate with the culture, they have been faced with the threat of exclusion from peer networks and the family. Yet this is an essential social network and support system that these girls need and depend on. The pressure to conform is so strong that there are instances when girls are forced to request that they be circumcised even when this is not what they really want. As the following FGD quotes illustrate, uncircumcised girls also face social ostracization and discrimination from others in the community.

It also brings about separation because those girls who support circumcision stay together and will not want to mingle with those who are against (FGD, Girls aged 15-19).

In school, girls can discriminate against those who are not circumcised, asking them how you can stay without being circumcised and this can lead to girls asking to get circumcised even though they did not want but because of the influence of other people (FGD, Girls aged 15-19).

They will say you are bad, when those women who are mostly uneducated start discouraging you saying you are bad, you are not following the culture that you have to be circumcised and they mock you for giving birth before being circumcised. It brings enmity between the girls and parents and even parents and other parents because one may be opposed and the other may support it (FGD, Girls aged 15-19).

Girls reported that they face pressure from their parents and women elders to undergo FGM/C. For instance, a girl who may wish to choose not to undergo FGM/C can be forced by women in the community to undergo FGM/C. This situation leads to conflict at family level where girls are seen to be going against their culture.

It causes misunderstanding between girls and their parents because parents know that girls have support to refuse but some may want their girls to undergo it----- there is a challenge because parents may see that you are refusing to follow the culture, (FGD, Girls aged 15-19)

In the Maasai community girls have limited access to education, despite the fact that universal primary education (in the form of fee abolition) has been a government policy in Kenya since 2003. During the current study participants reported that, girls' access to education was mainly through boarding schools or rescue centres. There was a perception among girls that going to the rescue centre provides protection from being circumcised and/or early marriage. Girls perceived the rescue centres to be safe, offering counselling and guidance, and that the centre managers can invite parents for questioning regarding FGM/C. Girls further noted that rescue centres were important because they were contributing to reducing the practice of FGM/C and early marriage in Kajiado West. In their view, rescue centres play a key role in improving girls' access to formal education and reducing their risk of early marriage. In the long run, this support and opportunity could enable girls to go on to marry a person of their choice. This emphasises the importance of education as a key building block in establishing agency among girls, which is important in a culture where arranged early marriages are the norm. However, girls noted that the downside of rescue

centres is that they are likely to separate girls from their families as they do not allow girls to go back home due to the fear of them being forced to undergo FGM/C and early marriage. In most instances girls who come to the rescue centre stay for a long time (over a year) without going back to their families or seeing them. In some instances parents may disown girls who escape from home to stay at the rescue centre; this may further affect their emotional wellbeing.

When one is in a rescue centre, it will be difficult to see your parents and family members and by chance you were rescued and your father said he wants nothing to do with you, he will not come to visit you. You will not have people visiting you and you can stay up to a year without seeing any of your family members - and one suffers emotionally from that (FGD Girls aged 15-19).

In spite of the loneliness encountered at the rescue centres, girls reported that they regarded these centres as their main pathway to accessing education. For the girls who have been rescued their perception was that rescue centres were safe places where they receive love, care and protection from FGM/C and early marriage. Girls also described rescue centres as places where they gained experience of activities that opened their minds and gave them livelihood skills that would be useful in the future.

They [rescue centres] are good because like for education you start seeing your goal being achieved, you start seeing the future, (FGD girls aged 15-19)

There is nothing that I'll gain from going back home. I will not get the opportunity to go to school. I will get friends who will tell me let's do this, let's do this, here I don't have friends I'm only studying I will not get a chance to study there. Here I can study without disturbance and it's safe, (IDI, Rescued girl).

The fact that girls in rescue centres are provided with an education makes the rescue centre a favourable place for them to achieve their goals. It is also important to note that rescue centres were also reported to accept girls who may have been married and therefore help these girls to rebuild their lives. Girls also spoke of having parents visit them at the rescue centres and over time amends are made and acceptance re-established. This could therefore reflect elements of remediation and family reunification, as part of the rescue centre concept. The girls also acknowledged that they can only make decisions about to whom and when to get married when they get sufficient education, and that girls who get married early often face oppression from their partners. They explained that a pregnant teenage girl can be married to just “anyone” and in most cases, they are “wife number two or three”, suggesting that this is not the kind of relationship they want to find themselves in, especially when they are not involved in the decisions regarding such

a relationship. Comparatively, girls who are better educated seem to wield a greater degree of power to engage in decision making about their lives. This observation is evident in the quotes from a focus group discussion with the girls.

As long as she is educated and has finished school, she makes those decisions (FGDs, Girls aged 15-19).

...get oppressed and you will not have the powers to say anything but when you have finished school you can decide for yourself (FGD, Girls aged 15-19).

A parent will not choose a husband for you so a girl can study to the highest level of education so it's good to have a rescue centre (FGD, Girls aged 15-19).

3.3. Girls' experiences with teenage pregnancy

Teenage pregnancy is of major concern in the community. The fact that the teenage pregnancy rate is higher in Kajiado west than the rest of Kajiado county and is increasing shows that there is a disconnect between the community structures that address teenage pregnancy. It seems that the focus on FGM/C and early marriage without concomitant focus on teenage pregnancy has affected the overall progress in tackling these social issues, as efforts are not moving in tandem. This view was expressed by a key informant, and boys in a focus group discussion observed that girls who undergo FGM/C are also likely to become pregnant.

Let us not focus on ceremonies or someone rescuing a girl and running around saying she has achieved ... have we addressed teenage pregnancies and school drop outs? The FGM/C thing has not succeeded because the two are directly related (KII, County level policy implementer).

When girls are cut, it leads to pregnancies. It is like FGM/C is connected with pregnancy. The adolescent girls are the ones cut and later become pregnant (FGD, Boys 15-19)

There were divergent views about pregnancy. In an in-depth interview with a 21-year-old boy from a sub-location in Najile, he mentioned that he hardly sees teenage pregnancies anymore, and that there are also fewer child marriages. He suggested that the chief's efforts in going around villages and checking on girls contributed to fewer teenage pregnancy cases. This was substantiated in an in-depth interview with other boys. However, this view was contradicted by a boy of 15 years old who mentioned that there is a lot of teenage pregnancy, with about 6 to 7 girls getting pregnant each year within their school. Boys in an FGD mentioned that in the past pregnant girls were mostly married off but there is a change in that recent years relatively fewer girls, mostly from poor families, are married off. This could be due to lack of school fees, parents not valuing education, and a general reluctance to re-enrol girls in school after childbirth. Thus, while some girls may be

given a second chance to go back to school, others are married off so that the family can access wealth through the receipt of bride price payments. The same view was held by girls in another FGD who highlighted changes in relation to teenage pregnancy: before girls used to drop out from school in high numbers and never completed formal education but now, they are completing school because of the sensitization programs in the community by NGOs.

Amref came with seminars which in turn left the girl with courage and confidence to face life and how to stay healthy (FGD, Girls aged 15-19).

It has also empowered the girls on leadership grounds as compared to before where girls couldn't compete with boys (FGD, Boys aged 15-19).

Now there is an NGO called Compassion International which supports these adolescent girls get back to school whether the parents like or not (KII, Community leader)

Girls were of the opinion that some parents are actively involved in promoting FGM/C rather than protecting girls' rights. They noted that parents often force girls into marriage when they become pregnant as teenagers, as opposed to taking them back to school.

I cannot say that they are a hundred per cent in protecting girls because most girls who are undergoing FGM/C are undergoing in the hands of their parents. So, these parents must be organizing the environment for the ritual (FGD, girls aged 15-19)

The teenage pregnancy cases are too high here because in our community here in the lower classes girls are too many but as the ladder grows the number reduces. Again, FGM/C practically is still in the community (FGD, Teachers).

Teachers, on the other hand, observed that they now see more girls returning to school following pregnancy, largely because dropping out from school due to pregnancy is not viewed as negatively as it was previously. This is an indication that parents are beginning to relax their views about girls' education. To sustain this progress, teachers emphasised that educating the community was very important to sensitize and influence parents. They suggested that even when girls are sensitized and empowered they experience resistance at home, as culture and tradition continue to be the biggest challenge to girls' education and avoiding teenage pregnancy.

The teachers further argued that to reduce teenage pregnancy, parents have a duty to ensure that girls do not leave their homes at night. This restriction, together with the fact that girls are not allowed to take animals out for grazing, is perceived to protect them from sexual violence. Among parents, fathers placed the responsibility for protecting girls on mothers, subjecting them to violence in the event that daughters become pregnant 'under their watch'.

In FGDs with girls, it was pointed out that they are aware of the government policy that stipulates that a girl who drops out of school due to pregnancy can go back to school after giving birth. Some of the girls have embraced this and would prefer to go back to school rather than be married off. Indeed, in one of the FGDs it was reported that some girls attempt to induce abortions by drinking a concoction of water and cow dung or taking abortion pills bought at the pharmacy, in order to avoid being married off.

In as much as cultural practices and expectations play a key role in the violation of girls' rights, girls also pointed out that they have a role to play, particularly with regard to teenage pregnancy. Although parents are taught in different fora how to take care of their daughters, girls reported that some girls often 'mess up' and drop out of school because of teenage pregnancy. Despite the efforts of family, elders, chiefs, and *nyumba kumi* (a village leader responsible for 10 households), some girls still get pregnant. For example, it was reported that some girls who had gone through alternative rites of passage (ARP) and were placed in one of the rescue centres had to be sent home because of becoming pregnant. The girls in the FGD gave several examples of girls meeting boys secretly, engaging in sexual activity, and falling pregnant. They were reported to use phones, often those belonging to their mothers, to make appointments with boys and even give their school uniforms to boys who then come into the boarding facility as girls.

The girls are well aware of their vulnerability and mentioned youth church seminars or night vigils (*kesha*) as places that put them at the risk of early pregnancy. They suggested that these seminars should be cancelled, especially when there are no parents to accompany them to and from the church. Alternatively, they suggested a change of the vigils' hours from night to day-time in a bid to protect girls from teenage pregnancies. It was also observed that younger boda-boda riders and sand harvesters, who are largely males, play a significant role in causing teenage pregnancies.

The boda-bodas owners are asked by the boys to lend them motorbikes for hire only to realise it has been a means of accessing to the girls wherever they are and the process girls fall prey to sexual activity. The boda-boda riders gets information about parents through carrying them using their boda-bodas hence get access to the girls who are left alone at home (FGD, Girls aged 15-19).

3.4. Alternative Rites of Passage (ARP)

The Alternative Rites of Passage ceremony is a community-led seven-step process that implies the participation of different community groups, including cultural elders who are the community decision makers, morans or young men who have just undergone circumcision and graduated to adulthood in the community – they are often socialised to marry circumcised girls, female circumcisers, women, girls, and all other community leaders like the religious leaders, traditional

cultural elders as well as government structures such as the administration, education, health, gender and youth departments.

Program staff explained that it is an all-round social movement/event, spanning several months, during which a community will denounce and do away with FGM/C and all other malpractices that follow FGM/C including child, early and forced marriages. The 6th step of the process involved a week-long activities culminating in a “Candle Night Out” event where the participating girls showcase the knowledge, skills and their enhanced agency (in terms of self-confidence and esteem) acquired over the several months of participating in the ARP. The girls are issued with a certificate at the end of the ceremony. The majority of traditional and religious leaders are heavily engaged in the ceremony where community members and circumcisers make public declarations to stop FGM/C. The last step of the ARP process focuses on sustaining the gains of an ARP through organising post ARP Symposia and the strengthening any community structures emerging from the ARP. The sustenance of this last step can lead to an FGM/C free community.

Alternative Rites of Passage interventions are part of the Yes I Do programme being implemented in Kajiado west sub-county. During the period of 2016 to 2018 the following ARPs were conducted within the project area.

Table 2. Number of ARPs conducted by the Yes I Do Alliance (2016-2018).

| | Community level ARP Venue | Date of ARP | Participants | | |
|----|----------------------------------|--------------------------------|--------------|------|-------|
| | | | Girls | Boys | TOTAL |
| 1. | Kilonito (indupa primary school) | 16 th August 2019 | 78 | 44 | 122 |
| 2. | Esonorua primary school | 26 th April 2019 | 198 | 164 | 362 |
| 3. | Torosei Primary School | 8 th December 2018 | 107 | 87 | 194 |
| 4. | Mosiro | 30 th November 2018 | 178 | 78 | 256 |
| 5. | Olentoko Primary school | 24 th August 2018 | 326 | 183 | 509 |
| 6. | Kilonito Primary School | 27 th April 2018 | 320 | 96 | 416 |
| 7. | Ewuaso Catholic Church | 13 th April 2018 | 306 | 124 | 430 |
| 8. | Najile Primary School | 24 th November 2017 | 171 | 170 | 341 |
| 9. | Emurkeya primary school | 2nd to 6th Dec 2019 | 198 | 128 | 326 |

In the present study, the majority of participants talked about ARP ceremonies (referring to the ARP intervention by Amref). They are aware that during the ARP interventions organized by Amref, girls and boys are taught about the negative effects of FGM/C, how to escape or avoid going through FGM/C by reporting to chiefs, running to rescue centres or informing their teachers. During the ARP ceremony girls are also encouraged to identify and showcase their talents. From the girl's perspective, it was observed that whereas in the past, girls could on their own volition, demand to be circumcised, by being invited to participate in ARP intervention, they have been empowered and have started opposing the practice. The girls in the FGD felt that the ARP had given them support. In the past girls would get circumcised and nothing was done but now they have support to say no and can report to authorities when they feel threatened.

It helped because a long time ago, girls used to ask to be circumcised but when they attended the ARP and were taught about FGM/C, they are now opposing it (FGD, Girls aged 15-19).

There was a number (seem in reference to the telephone help line 116) that we were given who to talk to in case of threat of being circumcised or married off (FGD, Girls aged 15-19).

Some key informants mentioned that ARPs have become better over the years, integrating both cultural and health components, attracting more young people than ever before. However, the strong community belief in FGM/C was noted as a counterforce to ARP. In the FGD with teachers, they talked about ARP intervention as an alternative avenue of transitioning girls to the so called "upper life" and/or transition to adulthood. One of the chiefs mentioned that more than 300 girls in his community had participated in ARP and none of them had subsequently undergone FGM/C. However, in his view, it would help further if churches would speak out more in unison against the practice. In the KII, the youth advocate was positive about ARP as it targets girls and boys in youth dialogues.

Boys are engaged in youth dialogues: three days with girls and three days with boys and they graduate all at once with the parents. We find old men bless their kids as they pass through that and they sign a form that FGM/C will not be done again, (KII, Youth Advocate)

One of the questions that was posed to leaders is what they think about FGM/C and whether the efforts towards its abandonment are bearing fruits. One of the key informants illustrated by providing his personal experience. He reported that he has several children including girls, some of whom are cut others are not. Once he received information about the negative impacts of FGM/C through the ARP, he refrained from cutting the younger girls. He attributed this change to

the influence of the programmes implemented in the area.

I am a man of eighteen children and I have cut girls before the training. After being trained and being enlightened, I have totally changed and I don't cut anymore. For instance, I now have three uncut girls whom we have agreed together not to go that route anymore. Three of the uncut girls are in secondary school and have gone through the ARP Amref-. So as per my observation when I look at the area - Ewuaso, the ritual has really reduced. Again, at the end of every year we spy around the village to ensure that no family is having such arrangements to cut girls. However still there are few who are doing it secretly, (KII, Elder 1).

3.4.1. Who are the girls participating in the ARP?

From the qualitative narratives, there were mixed reports about the ages of girls participating in ARP. Some participants mentioned that girls taking part in ARP were aged between 10 to 18 years. There was a difference of opinion with regards to the age at which girls should participate in ARP, with some noting that if they took part when too young they could still be married off afterwards. In addition, if they took part when too young, their level of comprehension of what was taught would be limited. Some study participants were concerned about the graphic images used during the teachings. Most key informants felt that there was need for more age-appropriate teachings so as not to traumatize the very young girls.

I have seen it [ARP] including children of all ages and you see there is a difference of a child of 5 or from 14, (KII Sub-county health manager).

It seems the mentioning of “5” in this quote is used figuratively to mean younger participants since ARP does not involve 5-year olds. In general, there was a perception that despite ARP and other interventions being conducted in Kajiado West for several years, FGM/C was still going on and rates of teenage pregnancy and early marriage remain a challenge in the community. The main reported challenge related to ARP intervention was that it was difficult to determine girls who had undergone FGM/C and participated in ARP and vice versa. Most respondents stated that girls are likely to take part in both (ARP and FGM/C). Study participants reported that during the ARP, community members would proclaim not to be in favour of FGM/C, but afterwards they would “laugh and speak in the local language” to insinuate that some of the girls participating in ARPs had already been circumcised. They explained that this is largely because stigma still exists around uncut girls. Others mentioned the role of the circumcisers who would proclaim their intention to stop cutting girls during ARP, but after the event they would continue with the practice. Key informant interviews noted that after the ceremony the girls and circumcisers slide back into the

practice of circumcision as it is regarded as “a family honour that has to be done.” These sentiments are captured in the following quotes:

How many ARPs have we had ever since but there is no impact, we get invited [to ARP graduation ceremonies] and women laugh and talk in local language saying that even that one who has worn like that-- we finished their work [implying some girls graduating in ARP have already been circumcised](KII, Kajiado County official 1).

They openly state they will stop circumcision but are known to implement their practices elsewhere, (KII, County Health Manager).

...am not against ARP but I think it is not high impact as it should be. Because if you were to do another survey backwards, if you will just tell them [Amref] give me a list of girls who went through ARP and then you go back to the community and ask where the girls are - this one which class did she reach? You are told class 7 and this other one what happened? she got married, you even see it, it is not a secret you will see it that ARP did not succeed, (KII, Kajiado County 2).

3.4.2. Community Engagement in ARP

There were mixed reports on the extent of community engagement and participation in ARP. In the FGD with teachers, they reported that some parents were often not present when girls who have gone through ARP were awarded certification and hence, they were not sure whether the certificates awarded were because of ARP or were academic. In the same discussion it was reported that the girls who were awarded certificates were often already cut girls and hence the certificate loses meaning.

...as the certificates are issued, parents are never there to witness, so they cannot distinguish whether it is an academic certificate or a rite of passage, (FGD, Teachers).

However, this view is contrary to what is known about ARPs, where participating children require parental consent to participate in the intervention. Also, during FGDs, girls mentioned that the ARP process is a form of schooling where they learned about their rights, including the right to not undergo FGM/C. The majority of respondents reported the need to continue to involve all community members: girls and boys (in and out of school), women, men, community elders and community political leadership in the ARP process. Concerns were raised by few key informants that ARP currently focuses too much on women and girls, despite the fact that men are the decision-makers within households. In addition, ARP mainly target young people who are attending school, with limited involvement of public officers and political leadership.

... for them [parents] to know that the girls have been taught to assume the roles of the adulthood (upper life). Let the whole community participate and witness the graduation of girls moving to adult life, (FGD, Teachers).

The importance of involving boys was emphasized since boys also needed to be sensitized to the fact that it is okay to marry a girl who is not circumcised. Contrary to what happens during an ARP implementation, some participants had the perception that ARP focuses more on girls and their surroundings, and boys are not targeted or not sufficiently involved.

Man-power if I may use that word, the man gives authority for entirely everything that happens in the community, I would one day wish that they are involved in ARP because mostly they say that is it for women and children, but it is them who make the decisions for those women and children, I would say ARP is a good thought but no impact by now, (KII, County Health Manager)

.... the boy child needs to be trained to accept uncut girls because where they say 'I can't marry an uncut girl' then the girls will be forced to go through FGM/C so as to get a marriage partner, (FGD, Teachers).

The reality seems to be that the local intervention of ARP recognises the importance of the involvement of boys and men and it remains unclear why community members maintain a perception of non-male involvement.

The involvement of 'outsiders' like the 'wazungu' (*white people*) in ARP intervention raises eyebrows among community members as to the real function of the ARP. Some key informants were sceptical and stated that ARP could be an avenue that organizations use to raise money for their own benefit. Suspicions were raised about whose benefit ARP are for in these circumstances. Contrary to ARP being a community-led processes, some community members had the perception that the purpose is to make films and fund-raise, rather than signalling a process with many stages that is more outward-looking and of which the community feels they are part.

I am not very sure, you know this ARP thing is very cosmetic I do not want to say it is almost stage managed because you take people...I told you some of them [the girls] have even gone through FGM/C, some are actually about to and some are too young to understand what they are being told, and they will go back to the same community, (KII, Kajiado County).

During the months of August and December, when most ARPs are held, people are vigilant or wary about what might happen and therefore seems to associate all other events to ARPs. This has sometimes caused a strain between the community and NGOs who may be seen as attempting to

impose foreign values on the community. For example, the arrest of suspected circumcisers in Ewuaso was not well received by the community and led to a strained relationship between them and Amref, as the latter were regarded as being behind the arrests.

We have seen many ARPs especially at the end of the year and they even look who is there and who is not there and girls are followed up and when it is found out the girl has been circumcised the parents are automatically arrested, (KII, Youth advocate).

Such perceptions may pose as risk to the ARP intervention and albeit may not be true, may require the attention of the programme implementers (see discussion section).

3.4.3. How to improve ARP

Key informants (health managers, teachers and social services officers) reported that there was a need to improve the way ARP were implemented at the community level to enhance impact, as well as create more community ownership of the process. This was because despite ARP being a good anti-FGM/C intervention, some people had the perception that there was no evidence to show positive impact. Suggestions about how to implement ARP differently included the following:

- **Use of local community members in conducting ARP trainings:** from the FGDs with teachers it was reported that members of the community should be trained on ARP so that they can come and train other community members.

We need to take 3 people from the community and train them and they train the rest. This will give some ownership, (FGD, Teachers).

However, it became clear during the validation process that Amref (the implementers of the ARP intervention) has been doing exactly what the teachers are asking for. It is unclear why participants have limited information regarding the operational elements of the ARP intervention.

Community-wide engagement to enhance ownership: study participants stated that ARP largely focused on women and girls. In addition, most attention is directed towards school-based youth. The need for involvement of senior public officers who are provided with proper messaging on ARP was also emphasized. This was based on the observation that if these officers are not well-informed in advance on ARP, they are likely to transmit ambiguous messages about them to the community. The view from county government officials in the health sector is that there is need for rethinking and re-strategizing to understand how best to implement the ARP programme.

We might need to go back to where we all started and see how different we can implement ARP in the County or even among those communities that are practicing FGM/C, (KII, County Health Manager)

What we need to see is have we addressed the number of teenage pregnancies? no, have we addressed the issue of school drop outs? No, if those two have not been addressed then your anti FGM/C has not succeeded because the two are directly related. If the indicator of success is having 100 girls in a field and telling them that you have succeeded, I don't think that is true. It might not be the right indicator, (KII, County Health Manager).

During the study validation processes, it became apparent that most of these suggestions for improvement of the implementation of ARP were already key aspects of the intervention. However, this was not a view shared by some community members in a validation workshop which again raises the question as why some community perceptions seems quite different from those presented by programme implementers.

3.5. Description of other existing community structures safeguarding the rights of girls

The study set out to understand the existing community structures in Kajiado west sub-county and the extent to which they address the rights of girls in the community. Health-related structures include circumcisers, traditional healers, and modern health services led by formal health service providers based at institutions located within the county and supported by both national and county governments. Participants considered traditional structures to include schools, the church, local administration, and community leadership, including cultural and religious leaders.

In addition to these traditional structures there are others that have recently been introduced, including rescue centres, civil society organizations, non-governmental organizations such as Amref Health Africa as an umbrella of other NGOs, Plan International, and Compassion International – a faith-based organization that also supports a rescue centre. The Girl Child Network focuses on the support of girls in terms of providing sanitary pads. There is also the Beacon Teacher's Movement that complements activities in schools.

In the context of FGM/C and early marriage, community engagement involves working with the local administration including the chiefs, village elders, and community leaders in upholding and enforcing laws regarding FGM/C, including protection from FGM/C and early marriage, access to education, and other social services. Religious leaders (through the church), and family as a community structure that comprises parents (men and women), girls, and boys, also have a role to play in addressing the rights of girls in the community. In this study, participation and contribution of each of these structures was found to be at various levels as described below. During the study validation process, programme staff mentioned other community structures such as Community Advisory Teams, Champions of Change, Village Agents and Community Health Workers-(CHVs) but none of our study participants made reference to these other structures.

3.5.1. Rescue centres

Rescue centres may be established by civil societies or philanthropic organizations. Within the study site the available rescue centres that were visited included one at Osiligi established by the Lutheran church, and the Catholic-run rescue centre at Ewaso. There are different perspectives about rescue centres depending on whose opinion is being sought. For the girls who have been rescued their perception of rescue centres was positive. They are considered safe places where they received love, care and protection from FGM/C and early marriage. The Lutheran rescue centre is relatively new with the first intake of girls having been admitted in September 2019. Benefits of the rescue centres are summarized in the views of the various girls interviewed, who refer to opportunities availed to them and their chances for a better future.

It will help in future; you won't go hungry because you have learnt a skill and it will make one be able to earn a living and won't have time to misuse, (FGD, Rescued Girls).

Those girls who undergo early marriages, will go there and be educated and get jobs they get married to a person of their choice, (FGD Rescued girls 15-19).

5.5.1.1. Who are the girls that escape to rescue centres?

Rescue centres accept girls who are escaping FGM/C and early marriages that have been organised by their families. Escaped girls often wish to continue with their education. It is important to note that rescue centres were also reported to accept girls who have already been married, with the aim of helping these girls to rebuild their lives. These views were also echoed by a teacher and a women leader who acknowledged that rescue centres provide an escape for girls who would otherwise be exposed to female genital mutilation and early marriage.

I think the success of the rescue centre is in helping those children go through their education. There are some that we know are working and they went through the rescue centre and if they didn't get that rescue centre, they would not have been educated, (IDI, Teacher).

It has really helped those children who have no second chance to go back to school like those who have become pregnant while in school, I see that it has really helped them because our culture is very harsh and this rescue centre in my opinion has been of great help (KII, Women leader)

A rescue centre based at the Catholic centre (Compassion International) provides education and counselling services for those girls who may have already undergone FGM/C. The girls also benefit from spiritual nourishment. There is also an element of reproductive health service provision, but

with a focus on abstinence and a strong emphasis on avoidance of contraception, in line with the teachings of the church and Catholic ideas of 'purity'.

We were taught something about contraceptives, that girls should not take contraceptives because they have effects in our bodies so we are supposed to keep our bodies well and not take those medicines. Also, during our menstrual period, we should keep ourselves clean, (FGD rescued girls)

They also offer guidance and counselling for girls who have let's say undergone FGM/C and they will just be fine, (FGD Rescued girls).

Overall, the positive contribution of rescue centres was highlighted across the focus group discussions. It was only in one instance that parents raised their concerns about rescue centres and examples were given to demonstrate the vulnerability of girls while in the rescue centres. However, it is important to recognize that the rescue centre is under pressure to 'keep the girls in' and ensure their safety, a task for which they are not always fully equipped. It is particularly stressful for staff when girls get pregnant while in the care of the rescue centre as the blame falls squarely on the institution, who are seen as responsible. Participants discussed stories of girls pretending to be ill in order to be allowed to leave the rescue centre and go to the nearby hospital. The girls then use this opportunity to meet up with the boys and sometimes engage in sexual activity, after which some girls end up becoming pregnant. Other examples were discussed of girls and boys tricking the rescue centre managers. For example, the girls might give the boys their uniforms by throwing them off the fence so that the boys can come into the rescue centre dressed as girls and engage in sexual activity.

Girls fake sickness and get permission to visit the dispensary and within that time they meet. I got information from a victim... a boy who did impregnate a girl in a rescue centre, (FGD, Parents).

At Ewuaso girls centre, girls throw their own school shirts to boys outside the fence and the boy comes in just like a girl and the act eventually takes place, (FGD, Parents).

Also, the narratives show mothers taking a particular interest in protecting their daughters' right to education. An example was given where a mother consulted the chief, asking for her daughter to be rescued and assisted to pursue her education. In this instance the mother was not supportive of the father's decision to have the daughter circumcised and was determined that the daughter is protected from FGM/C. Some of these reasons, in addition to the perceived benefits of sharing responsibility for child care, motivate mothers to send their daughters to the rescue centres.

--as we closed school, she (mother) revealed the motive of my father and advised us to run to the chief for help ... we stayed at the chief's place until schools reopened and we were going to school from the chief's home (IDI, Rescued girl).

5.5.2. Role of Non- governmental organizations

The majority of participants reported that non-governmental organizations have a long history in the Maasai community. Community members appreciate the contribution of non-governmental organizations in terms of their role in creating awareness about the negative implications of early marriage and female genital mutilation for the girl child. The Yes I Do Alliance has been recognized as a group of NGOs that have been instrumental in sensitizing and providing services to the community. Specifically, participants mentioned NAYA as focusing on the youth through Youth advocates and Plan International for organizing community dialogues and supporting girls in schools.

Government officials at the county level also appreciated the role of NGOs in supporting and complementing the delivery of services at the community level. These include other smaller organizations that have been established through the Gender Office and the Children's Office that meet to address issues to do with children rights. However, one observation is that the coverage of these services may not be fully monitored, therefore presenting a challenge in terms of reporting what changes have taken place.

On the government side/NGOs, I appreciate the work done by the NGOs like to create such forums to tell parents on the disadvantages of FGM/C, early marriages and parents are taught on how to take care and provide for their children especially girls, (FGD, Parents: P1 check for KII).

What I know is there are those NGOs for example like the Yes I do - what I have witnessed they do is maybe train the young girls against the vice like FGM/C and then give them that knowledge, that information. But you see that is all when they are being taught that is all then is nothing else that follows maybe to try and monitor if these girls are not going through the vice, (KII, Health worker).

5.5.3. The school environment

The school environment presents opportunities for girls. Girls reported that schools provided a protective environment in the sense that education provided them with learning and counselling as well as an opportunity to improve their lives. Teachers were reported to be working with the local administration and monitoring girls to ensure that they remained in school. The Beacon¹ teachers were particularly mentioned as working with the chief to keep children and especially

¹ Beacon teachers are child protection champions in schools in Kenya. Beacon teachers movement is an initiative of Plan International in Kenya

girls in school.

The Beacon teachers are also there and are doing good work. In fact, I had cases in a place called Kisharu and there was a man who didn't take his children to school. The head teacher in that village gave me information and we took those children to school- So teachers are doing well, (KII, Chief).

However, schools can also be an environment where social norms supporting FGM/C are perpetuated. For a girl who is not cut, peer pressure and ostracization can be an incentive to undergo FM/C in order to fit in.

*In school, girls can discriminate against those who are not circumcised, asking them how can you stay without being circumcised and this can lead to girls asking to get circumcised even though they did not want but because of the influence of other pupils (FGD Girls)
It also brings about separation (ostracization) because those girls who support it stay together and will not want to mingle with those who are against it (FGD Girls).*

In supporting the girls with the purpose of protecting them from FGM/C the teacher may also experience a backlash as a member of the larger community where he or she is expected to adhere to the accepted social and cultural norms. This poses a challenge for the teacher who may be reluctant to protect girls, even when he or she feels the need to do so. For male teachers they must consider their position in society particularly in relation to the fathers of the girls. If they are of the same age-cohort, they are expected to operate on amicable terms, which includes upholding the same values.

In protecting a child or girl - in that matter being married off by a parent at a tender age, may face cultural resistance - for example maybe the head teacher is of the same age group with the parent involved. The cultural law suggests that men from the same age group should not quarrel as it may bring havoc and curses to the family, (FGD, Uncut Girls)

5.5.4. The local administration

The local administration is headed by the chief who is effectively the extension of the national government. The chief is in a position of authority, which includes responsibility for securing protection for the community and enforcing laws by working closely with community leaders and village elders. In addition to the chiefs there are ward administrators and village elders who are in charge of a designated number of villages (10) also referred to as “nyumba kumi”. From the interviews and discussions (IDIs, FGDs and KIIs), participants acknowledged the importance of the role of the chief, which is well recognized by government. Informants highlighted the chief’s role

in protecting the rights of the girl child, and that chiefs are provided with information regarding abandonment of the practice of FGM/C. One of their major responsibilities is to ensure that children go to school following the government declaration of free education. In the case of FGM/CM he is responsible for ensuring that girls are protected and, where possible, rescued and placed under care. This may include the church, school and rescue centres. He does this with the help of village elders and teachers who provide the information while the local police assist in escorting girls and where necessary making arrests.

In the Maasai community you can't actually work without the chiefs as they are the ones who know the community well even by age, clan and even individual homes and families. So they are really assisting, (KII, Inspector Police).

The authority and power of the chief, particularly in relation to their protective role over the rights of girls, was commended. This was evident in some of the positive comments made by the girls themselves, boys and teachers.

When they want to circumcise you, you should tell the chief, and they be arrested and fined and that way they will stop (FGD girls:1)

If she by force undergoes FGM/C and runs to his office (Chief), he will take her to a rescue centre (FGD Girls Uncut, R1).

5.5.5. Community and Religious leaders

Traditional and religious leaders interviewed confirmed that they work very closely with the chief and the local security team to address the issues of FGM/C, early marriage, and ensuring that children go to school. Through churches and church-based organizations such as Compassion International and the Catholic church, pastors were reported to play a key role in the rescue of girls and supporting them with education. It was noted that even before the start of the YES I DO programme, religious leaders were already at the forefront of advocating for the end of FGM/C and early marriages. Religion has been instrumental in spearheading change in communities even where there is a very strong cultural belief system. In one KII it was stated that there is one instrumental church leader who had initiated sensitization on the three issues, and it is believed that this changed a number of people's views and behaviours, especially the church leaders in the community. It was further observed that because religious leaders command the respect of the community as well as government bodies, they are therefore in a good position to mobilize community members for social change. The following quotes from two key informants illustrate the place of religious leaders in the fight for the rights of girls.

By the aid of the chief, me and other community leaders, we have fought hard including using security officers, we went home to home, brought children from homes, school and in the current years many girls have graduated and finished school (KII, Religious leader 2).

Religion has been used to change communities so if the parents are convinced, and the pastors can convince them that you don't have to take your children for FGM/C definitely they will not, (KII, Policy maker).

Participants considered keeping girls in schools and working through religious leaders as existing opportunities to prevent girls from undergoing FGM/C. It was believed that in schools where the girls are properly sensitized on what options there are for them, they are unlikely to undergo FGM/C.

5.5.6. Challenges faced by community structures in protecting the rights of girls

Participants were asked to identify challenges faced by community structures. The following are some of the challenges that were identified:

Lack of enforcement of SRHR laws: one common observation across all the participants was that although laws protecting the SRHR of girls were available, enforcement was a major challenge. Law enforcement challenges were experienced at the community level and institutional level such as difficulties working with the local administration, the children's department and the police.

Anti-FGM/C efforts may cause a rift between families: while girls may not want to undergo FGM/C because of the education and training received through different initiatives, parents may still insist on the girls undergoing FGM/C. This is likely to cause tension within the family as parents may feel that the girls are refusing to follow their culture.

It causes misunderstanding between girls and their parents because parents know that girls have support to refuse but some may want their girls to undergo it, (FGD Girls aged 15-19).

there is a challenge because parents may see that you are refusing to follow the culture, (FGD Girls aged 15-19).

They will say you are bad, when those women who are mostly uneducated start discouraging you saying you are bad, you are not following the culture that you must be circumcised, and they mock you for giving birth before being circumcised. It brings enmity between the girls and parents and even parents and other parents because one may be opposed and the other may support, (FGD Girls, 15-19).

The pressure to conform to peers' expectations: there were reports by key informants that men of the same age-cohort must conform to their peers' cultural expectations, otherwise they may

be excluded from interacting with others of the same age. This means that if the practice of FGM/C continues to be accepted within an age-cohort then the norm would be for all men in this group to conform so that they do not attract disapproval and ostracism from their peers.

.....you know this is a community where the bonding is still there so if your age mates have done FGM/C to their children why not you so you will show that you are a rebel if you are to refuse, so I know several have done that but they need to be converted, (KII, County Health Manager).

Lack of understanding of the negative effects of FGM/C within the community: FGM/C and teenage pregnancy are closely linked but this is not well understood by community members, including the circumcisers themselves. From the focus group discussions and key informant interviews it was observed that anti-FGM/C interventions may not be addressing the root cause of the problem by targeting all relevant persons. Teachers explained that some approaches to tackling FGM/C target only the girls without community-wide engagements including their parents. When girls try to explain why they should not be cut, they are ignored by their mothers who have undergone FGM/C and expect that their daughters are cut too in order to continue the tradition. In such instances, girls end up undergoing FGM/C due to peer pressure or parental influence. This partly results from parents not understanding or appreciating the negative consequences of FGM/C. This has led to the perpetuation of the practice and now it is being done secretly, without the traditional pomp to circumvent the law and arrest.

Because the wise say you can never do what you don't know, and seventy percent of FGM/C is equal to teenage pregnancies and early marriage the practitioners don't yet see the effects of the ritual, (FGD, Teachers).

Because nowadays they even do it very secretly, extremely secretly they no longer do the celebrations they used to do they now just do it in their houses and finish there, (KII, Policy maker).

Lack of proper collaboration between sectors: key informants reported that there was a lack of collaboration between different sectors such as education, health and social services. This is in recognition of the fact that the problem of FGM/C and early marriage are interconnected and therefore require that the relevant ministries work together in a multi-sectoral way.

For example, the Ministry of Health records that teenage pregnancy rates were rising from 2016-2018. It might be expected that these statistics are shared with other relevant ministries such as Education and Gender and Social services in order to coordinate interventions, but there is no structure or modality for sharing. The impression from the discussions is that the available

structures are fragmented in approach. While the Ministry of Education was singled out as performing well, other ministries such as Health and Internal Security were not doing well in relation to the health of the girl child. A call for intersectoral collaboration was recommended in order to ensure a more holistic approach to improving the health of young girls in the community.

We need a multi sectoral approach just not like now for us as a department doing our own things, the children service is doing their own thing, the National Government is doing their own, I think we need to all collaborate and put all those efforts together for us to succeed (KII, Policy maker).

Champions against FGM/C are branded as NGOs which carries connotations within the community of “people looking for money”. Some of the key informants reported that persons who fight against FGM/C especially if they are young and driving large cars were branded as traitors by the community. In addition, if they associate with the police and other law enforcement agencies they are more likely to be regarded in this way. This creates a dilemma for organizations that want to establish programmes to address local problems as being viewed with such suspicion tends to hamper the operation of such programmes.

this people who are champions against FGM/C have been branded as NGO, people who are looking for money from Wazungu (donors) and the like, so the community does not give them the kind of influence they are supposed to have and of course if you associate with law enforcement agencies people will think you are a traitor, (KII, Health manager).

5.6. Understanding laws and policies that protect girls’ rights

All participants were asked to describe their understanding of the laws that govern girls’ rights. The findings confirm that even though they did not mention all the laws, the Constitution of Kenya 2010 and the Anti-FGM/C Act (2013) were clearly mentioned by most participants. The Education Act that establishes the right to free education for both girls and boys was also mentioned without prompting from the research team. However, other laws such as the Sexual Offences Act were acknowledged only after prompting.

Key informants at sub-county and county levels were the most conversant with these laws, particularly the County Director of Health, the reproductive health coordinator, and the administrators at the community level (the chief, police and village elders). This could be attributed to the fact that they apply these laws on a day to day basis in their professional roles. For example, key informants shared that there are specific clauses in the Criminal Procedure Code (CPC) that criminalizes marriage below 18 years and FGM/C. They also mentioned that the Constitution of Kenya, the Sexual Offences Act, and the Children’s Act had clauses protecting girls’ rights.

However, in Kajiado cultural beliefs make the application of these laws ineffective. The Maa culture poses a challenge to realizing girls' rights under the Child Protection Clause since cultural practices like FGM/C and early marriages are still common practice. A commonly cited example was that the government's school re-entry policy may not work well without community-wide support, because family members and other relatives need to take care of the child to enable the teenage mother to go back to school. For the school re-entry policy to be implemented successfully, one would therefore need to engage the community and its leadership including authority figures, village elders, and men and boys.

If residents in the community have not made up their mind to change, they create a scenario where it is impossible to even share information. There are enough laws only that they are not implemented since the culture dominates. That is the major problem. You even realize some parents do not want to disclose the pregnancies of their daughters. It is like they are embarrassed (KII, County Health Manager)

The KII participants also reported that the national board for FGM/C has been supporting Kajiado County authorities and the local administration (chiefs) to implement anti-FGM/C activities, including sensitizing on the existing laws and their enforcement. However, FGM/C is still being conducted in secret and sometimes even at night. Teachers reported that they believed the application of the law through arresting and charging people involved in FGM/C and child marriage is likely to deter other members of the community from participating in such events. However, to circumvent this, some community members and key informants noted that FGM/C is a more coordinated event. Some parents reportedly arrange for their girls to be circumcised in a health facility or, if they are more concerned with potential legal repercussions, they take their children to neighbouring countries (e.g. Tanzania) where currently there are no laws against FGM/C. A health worker from a facility in Kilonito confirmed that circumcision sometimes happens at night and is usually witnessed by relatives, neighbours or close friends who may not agree to testify in court for fear of being alienated from other members of the community.

There are those who pretend that they are going to the grandparents and they are circumcised at night and the girl stays indoors for a while, the only people that will know are her parents.”(KII, Health Worker)

Whereas both girls and, to an even greater extent boys, were not very conversant with the details of existing laws and their SRH rights, they did understand that they are supposed to be in school, that girls should not be married early, and that FGM/C is not encouraged.

Boys did not refer to any specific laws but were aware of the importance of girls' education and how this can help girls escape FGM/C and early marriage. In a focus group discussion with boys they were aware of the institutions supporting girls' education. Like girls they also referred to rescue centres as playing a key role in girls' education. They were also aware of what should happen to perpetrators of FGM/C and the fact that they should be punished.

If anyone is caught forcing a girl to a cut or marriage he should be sentenced for life, (, FGD Boys aged 15-19)

5.6.1. Perspectives of parents, teachers and community members on laws protecting girls' rights

During FGDs with parent participants talked about measures that have been put in place to reduce teenage pregnancy, citing by-laws banning night meetings and seminars with no parental supervision. They also cited ongoing discussions to change 'night vigils' that accompany funeral ceremonies to 'day vigils'. It was felt that night vigils create ample opportunity for girls and boys/men to intermingle and could possibly explain the high rates of teenage pregnancies in the sub-county. They also referred to limiting movements of girls during the school holidays as a safety measure to reduce vulnerability to teenage pregnancy.

In the community no girl will should be allowed to loiter around in the name of visiting friends during vacation holiday (FGDs with parents).

A discussion with parents revealed, they were aware of the existence of laws protecting girls' rights, but they noted that these were not enforced. Although it was explained that some community members do not genuinely know the laws, generally there was a tendency to ignore and therefore continue to violate the laws prohibiting abuse of girls' rights. Even when incidents are reported, the law is reportedly not often followed; instead, incidents are referred to local bodies where culture is invoked, and the matter is settled at the community level. This is a challenge as existing laws do not help girls in this context. In explaining how culture and tradition continue to perpetuate FGM/C despite the laws prohibiting the practice being in place, parents noted that when a girl refuses to undergo FGM/C in the Maasai community, women will 'gang up' and pressure her until she changes her mind. The women will convince her that she is incomplete as a woman until she undergoes FGM/C and this contributes to the violation of the rights of girls.

Most of the laws are being broken because in this community a girl can say she does not want to be circumcised and women can gang and do something called brainwashing; telling her she is not a complete woman until she is circumcised and slowly she changes her mind (FGD, Parents).

Parents noted that existing laws have not been effective in protecting girls' rights. They explained that in some families, the head of the family (father) can make a traditional decree that no one in his family should go to school and this decree is believed to carry a curse upon anyone who ignores it. This kind of a decree is taken seriously in the Maasai community. Also, girls are sometimes considered potential sources of income through marriage, who do not need to be educated. When girls drop out of school due to factors such as teenage pregnancy or due to long distances between home and school, they are sometimes married off.

You will find in some families, because of culture, the head of that family left a curse that no one in this family should go to school, so you find people follow that culture and fail to follow the law, (FGD, Parents).

There are people who believe that a girl child is like an object of sale so that they can benefit or can move forward so their thinking is that this girl will be married so that they can gain financially, they get property, so in their mind a girl is an income generating thing in a family. They have that mentality, so a girl does not go to school (FGDs, Parents).

Some participants explained that application of existing laws is inadequate. For example, one participant explained that community participation in implementing laws to protect girls' rights is low. It was suggested that community members either do not know how to participate or they judge whatever actions the chief or police take as sufficient, even if the law is not enforced.

You see for example a child is raped, the issue is just done locally that let us finish this matter at home, let us not take it far. So the child remains suffering (IDI, Social worker)

I think the community has not been involved fully and maybe they don't know their part in participating, maybe they only think the police has and maybe chief whatsoever, those who have authority, they fail to understand that they are part of the community, (IDI, Social worker)

This was reinforced by teachers' views that implementation of the FGM/C and early marriage laws is poor. They reported that young girls and boys were aware of these laws from the information they are given in school, but the parents have not fully internalized these laws. Due to the nature of Maasai culture, it remains a challenge for children to pass on this information to their parents.

This is something which is planned, executed and kept as a secret how does the law come in? where will you get witnesses even the child will refuse to testify, they will say it was not done, how will you prove because if you look at those women roaming on these streets

how will you know which of them is circumcised it is not a disability and it is not something that you can easily see, (KII, County Health Manager).

The police were trying their best to enforce laws against FGM/C and early marriages by working closely with the chief and community leaders. However, there is a lot of resistance from the community since FGM/C is deeply embedded in the community and no one is willing to testify against a fellow community member who is suspected of performing FGM/C. The FGM/C campaigns are in place because most of the community members are now aware that FGM/C and early marriages are illegal, however there is a belief that these practices will never end. Participants stated that the belief that these practices might end cannot be shared in public because so many people participate in them, including the chiefs who are charged with the responsibility of enforcing the laws.

I have investigated and realized that campaigns are very successful but at the end girls are taken to secret places, circumcised and told never to report the act. So that tradition to change is a great challenge. Like the other day we arrested some parents who cut their girls only to realize that the chief is in that family. So the dynamics in the culture poses a great challenge to the campaign against FGM/C, (KII, Inspector of Police).

The community is of the opinion that the chief and police hold responsibility for enforcing the FGM/C and early marriage laws. However, the police and health managers reported that the community has to take responsibility since they are aware of the laws but continue practicing FGM/C and early marriage. A health worker explained that keeping girls in boarding school is critical in reducing FGM/C and early marriages since girls in boarding schools are less able to engage in other activities outside school. This was echoed by a women leader who shared that once a girl gets pregnant while in school, she is bound to be married off.

I usually see when a girl gets pregnant because it can happen accidentally, the girl will not have a right to finish school she will drop out and be married off to older men, (KII, Woman Leader).

During the validation workshop, stakeholders were also of the opinion that community-wide engagement of all stakeholders is critical for changing social and cultural practices which were harmful such as FGM/C and early marriage. They urged the need for engagement of all decision makers including traditional leaders, parents, girls, and boys.

6. Discussion

This study sought to establish and understand the role of community structures in addressing the sexual and reproductive health and rights of adolescent girls in Kajiado West sub-county. Specifically, the study sought to: document the work of existing community structures; explore perceptions of the girls themselves as well as the community towards these structures; describe the responsiveness of these structures to girls' SRHR protection; and suggest mechanisms for improvement.

Community structures were identified based on perceived contribution towards the protection of girls' rights. Globally, various interventions have been adopted largely focusing on the protection of girls who are at risk of or those who escape FGM/C and early marriage. At the community level these include intervention by state actors (government departments and agencies) and non-state actors (grassroots community organizations and non-governmental organizations). In this study the identified community structures include rescue centres, schools, the local administration, and the family unit. Alternative Rites of Passage (ARP) was identified as an approach being promoted by Yes I Do partners as an alternative to FGM/C. Whereas non-governmental organizations were credited with the contribution they made towards increasing community awareness of SRHR for girls, the issue of continuity and sustainability was raised. It was observed that for a practice that is so entrenched in the societal fabric it is important to establish continuity of community education for sustained campaign to create awareness on these harmful practices.

6.1. Girls' perception of existing community structures

The results from this study show that girls value the existence of community structures such as rescue centres as they perceive them to be places that offer them protection when escaping FGM/C and early marriage. Rescue centres also provide them knowledge and awareness about their rights and an opportunity to continue and complete formal education as well as meeting their basic needs. By their very nature rescue centres offer protection and provide an avenue for girls to escape traditional harmful practices. Because of this unique role, they are a flagship intervention by various organizations in Kenya such as World Vision (Olenja and Godia 2009). Rescue centres can be set up within the church or as boarding high schools (Jidovanu and Otieno 2019). Other research reports have also found that girls' opinions about rescue centres as an intervention to reduce FGM/C is positive as they are viewed as a safe haven for girls running away from FGM/C and early marriage (Matanda et al. 2018).

Rescue centres are often established by civil society or philanthropic organizations. For example, in Kenya there are rescue centres set up in Laikipia (One More Day for Children), Narok and Samburu. These are also regions in Kenya where FGM/C and early marriage is highly practiced. The rescue centre provides social support and counselling to the rescued girls while working with

social workers and advocates to facilitate family reunion. In parallel, local police conduct investigations with a view to secure prosecution. In a Population Council (2018) study, rescue centres were also reported to initiate reconciliation between girls and their families. The report stated that community members decried the scarcity and thinly spread nature of rescue centres, noting that there is a high demand for the centres. On the other hand, there is also the feeling that agitation for rescue centres could also be encouraging parental irresponsibility in the community as well as alienating girls from their family lives. This is more so where formal reconciliation does not take place. Indeed, in some discussion groups reference was made to parents ceding their responsibility for their daughters to rescue centres. Rescue centres should therefore be viewed as stop gap measures in the short term for the protection of girls but not an end in themselves.

6.2. Girls' education, agency and decision-making

Decision making is a key indicator of agency. The results from this study shows that traditional cultural values and socio-economic factors still play a significant role in girls' decision-making, especially when determining whether or not to undergo FGM/C, whom and when to marry and whether or not to go back to school after pregnancy. For example, the decision to drop out of school may be precipitated by pregnancy or poverty with the next step that follows being early marriage, a process that is not closely controlled by the girl. Such a girl is at the mercy of her parents, especially the father who makes decisions on her behalf. Decision-making around girls' rights to education and marriage is still predominantly with the parents of a girl and particularly the father. On the other hand, a girl who has gone through formal school and obtained college or university education has some form of power to make certain decisions around her reproductive health. It has also been documented that girls who have completed secondary education are more likely to have better sexual and reproductive health outcomes (AFIDEP and Norad 2015). Education, in part, is protective of FGM/C, teenage pregnancy and early marriage, and enhances the decision-making power of girls, even in a culture where parents remain dominant in decision-making. Education is an important determinant of young girls' decision-making as well as building their agency towards negotiating for safer SRH choices.

6.3. Alternative rites of passage

Although now mainly implemented by Amref and other NGOs, Alternative Rite of Passage (ARP) was first introduced in 1996 by Maendeleo ya Wanawake (MYWO), a strong national women's movement in Kenya in collaboration with PATH, as an 'alternative ritual' among the Meru, Maasai of Narok, Samburu and Kisii communities (Olenja 2000). ARP avoids genital cutting but maintains the other essential components of female circumcision, such as education for the girls about

family life and women's roles, exchange of gifts, celebration, and a public declaration for community recognition (Chege, Askew & Liku 2001).

Over the years, ARP has generated a lot of discussion on its value and whether the approach has achieved the intended objectives. The intervention as implemented by Amref Health Africa is comprehensive, encompassing different groups and stakeholders, involving seven steps and largely community-led (Amref, 2020). While this study was not solely focused on assessing the effectiveness of ARP as an intervention, girls citing ARPs as an avenue for learning, gaining awareness on their rights and improved agency, the concerns raised by some participants and the perceived pessimistic views warrant further reflections of the intervention to shape public perception about its effectiveness. Public denouncement of FGM/C are made during ARP interventions where community traditional leaders, parents and circumcisers proclaim their intentions to end the practice. However, during FGDs, while girls were positive about ARPs, other participants of this study raised concerns about the effectiveness of ARPs in preventing or ending FGM/C. Similar concerns have been cited in an evaluation of the joint UNFPA/UNICEF FGM/C (2019) abandonment programme, which reported that *“Counts of public declarations reflect readiness to publicly name, discuss and condemn FGM/C on the part of at least key leadership, provide a basis for holding both leadership and perpetrators to account and are indicators of progress towards abandonment and statements of intent by leadership on behalf of the community. However, they are ineffective proxies for normative change or behavioural change”* (UNFPA 2019). Also, a report on lessons learned from implementing alternative rites in the fight against FGM/C pointed to areas of improvements, including reducing the perception that ARPs are initiated by outsiders and the publicly flamboyant manner in which the final event is organized (Graamans et al., 2019). These finding does not tell us much about the effectiveness of ARPs but highlights a need to rigorously assess the impact of the ARP intervention with the aim of improving public perceptions about its effectiveness in contributing to ending FGM/C.

6.4. Community engagement

Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest or similar situations to address issues affecting the wellbeing of the people. It also involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners and serve as catalysts for changing policies, programs and practices (CDC, 2011). The results of this study show that within the Maasai culture, community engagement is critical for abandonment of negative cultural practices. Likewise, in order for a change to occur with regards to the practice of FGM/C, early marriage and teenage pregnancy, the process has to be all inclusive, whereby all sectors of the

community are engaged including, parents, girls, boys, community elders, religious leaders as well as political leaders. Similarly, it has been argued that continued work for the elimination of harmful cultural practices such as FGM/C call for investment at different sectors/levels of society, and where there has been change in the practice, community action has been widespread and sustained over a long period of time (Cottingham and Kismodi, 2009).

Patriarchy is a social structure in which men have authority over their families (Monagan, 2010). Maasai culture is patriarchal and therefore men wield immense power over women. This is more so regarding decision-making in matters regarding marriage and access to education for girls. In the discussions among participants of this study, male involvement stood out as a critical approach in dealing with FGM/C and early marriage. Although female genital mutilation is described as a women-driven practice, the influence of men as the drivers of the practice is evident (Monagan, 2010). In almost all instances, men support women in FGM/C with the underlying belief that after the circumcision the girl will get married and bring wealth in the form of cows to the family. But there are also instances when men as fathers make a stand to oppose FGM/C and go on to support their daughters through the education system. These are the local change agents/drivers of change who can potentially drive change from within.

Meaningful youth participation and in particular involvement of boys was viewed as a critical element of recognizing the gender related elements of both FGM/C and early marriage. Whereas female genital mutilation, early marriage and teenage pregnancy involve young girls, these also draw in young boys and thus become problems for youth of all genders at the community level. In a setting where boys believe in marrying only circumcised girls, girls are forced to conform to this cultural expectation. In order to address this challenge, there is a need for efforts that influence perceptions of both boys and girls through dialogues with parents and community leadership.

The results of this study show that the policy and legal environment for protection of sexual and reproductive health rights is in place in the study areas and that there is a clear understanding of the laws that protect the rights of girls. However, there is insufficient enforcement of these laws. This observation was reiterated in the discussions with both policy makers and implementers at the local level. Various barriers to implementation were identified including institutional and cultural factors. Suggestions were made as to how the barriers can be mitigated to adequately address the issue of access to and protection of girls' rights.

6.5. Change in social norms

Social norms are described as societal behavioural rules which people prefer to follow under the belief that majority of persons in their community conform to the rule and expect them to follow and behave likewise. Social norms matter because they influence people's behaviours and can

perpetuate harmful practices and reinforce gender and other inequities, for example, violence against women. Once a particular way of doing things becomes established in a social group, it continues because people prefer to conform (Bicchieri 2006; Mackie et al. 2015). Child marriage, teenage pregnancy and FGM/C are manifestations of deeply rooted gender inequality and social norms, poverty and limited economic prospects. The results of this study confirm that the factors that hold both FGM/C and child marriage in place are the consolidation of family interests of maintaining honour, enhancing fidelity within marriage, the social integration of the girl and family, and financial security in situations of poverty (Boyden et al 2012). In the study there are reported changes in terms of economy, education and the political landscape as experienced by people at the community level. Our participants also reported a slight positive change in social norms, regarding practices such as FGM/C and support for the education of girl children. These changes were largely attributed to the various community education interventions that the community has been exposed to over the years. The midline evaluation of the Yes I Do programme reported that positive changes such as sending girls to school, reporting early and forced marriages and enhanced rescue of girls have been realized as a result of various interventions (Gitau, Van der Kwaak, and Kusters 2018).

In an evaluation study conducted by the Population Council (2018), reference was made to the fact that social norms change slowly and while some changes may be significant, others remained strongly entrenched. This underscores the need for analysis of factors and processes at various levels that influence changes in cultural practices in a given society (Vaitla et al 2017). This is also a reminder that community structures that attempt to bring about change in negative practices work within age-old social structures that are also significant for community solidarity and harmony. Hence the practices of FGM/C and early marriage should be understood within the context of social norms, including how these norms shape and normalize behaviour (Berger and Luckmann 1966; Merton 1957). Results from a publication documenting lessons learned from implementing ARP by Amref Health Africa among the Maasai and Samburu communities in Kenya also reported that culture plays a key role in anti-FGM/C abandonment as described by one elder: *“the Maasai culture states that all the girls, all the women and all men are to be circumcised. No exceptions are made. So, it is very hard for me to leave that culture. And I see no reason to change”* (Graamans et al. 2019). This is in line with our results of girls demanding circumcision due to peer pressure from school mates and discrimination, labelling and ostracization of uncut girls. The stigma associated with uncircumcised girls drives them to demand the ritual. It has also been reported that the torment from peers and the community which can become unbearable, leads girls to see circumcision as the only option (Graamans et al. 2019). These findings confirm that anti-FGM/C efforts still have a long way to go in achievement of tangible results. Change of social

norms is a slow process which requires initiation from within the community as opposed to reliance solely on outsider perspectives (UNFPA and UNICEF 2018). The UNFPA-UNICEF joint program of action report emphasised the engagement of a full range of stakeholders in the community in changing social norms. The stakeholders outlined include social influencers (such as religious leaders), family influencers (such as grandmothers), young peers, teachers, health providers, law enforcement and child protection officers and use of Champions of Change (UNFPA and UNICEF 2018)

This study shows that although the practices of FGM/C and early marriage remain, there is some level of law enforcement that affects the operations of the practice of FGM/C and school dropout due to teenage pregnancy. Our participants reported instances where arrests have been made of parents and female circumcisers. This has driven the practice underground where it happens with a lot of secrecy. It was noted that this could also signify that as a result of community education and enforcement of SRH rights laws, these FGM/C ceremonies (while still present) are on the decline as parents and women who perform girl circumcision are afraid of being arrested and jailed. It also means that efforts should equally focus on creating awareness of the ‘harmful’ nature of FGM/C and its impact on girls’ agency in general.

Throughout the discussions with our participants, the value of education as the gateway to societal change was evident. It was perceived that girls who had gone through education were less likely to accept to undergo FGM/C. In addition, parents who had educated their daughters through high school and college were also less likely to allow their daughters to go through FGM/C. Our findings confirm results from the midline evaluation of the Yes I Do programme which reported that positive changes such as sending girls to school, reporting child, early and forced marriages and enhanced rescue of girls have been realized as a result of these interventions (Gitau, Van der Kwaak, and Kusters 2018). More importantly girls who get pregnant while in school are given an opportunity to go back to schools and complete their education. This is a positive departure from past practice where teenage mothers among the Maasai community would not return to school after childbirth.

6.6. Intersectoral collaboration

The regulation of traditional practices such as FGM/C and early marriages is the mandate of the Ministry of Gender, Culture and Social Services. Laws advocating for the rights of girls are scattered across various documents such as the Kenya Constitution of 2010, and policy documents within the Ministries of Health, Education, Gender, Culture and Social Services. However, in terms of programme implementation ministries often operate vertically. Our results show that girls who

undergo FGM/C or early marriage also have health as well as social needs and so it is important that stakeholders or duty bearers work together to address the needs of girls holistically. Sharing of information is key for monitoring progress, for example in terms of how many girls are attending school, how many are dropping out and the reasons for dropping out of school. The local administration working at grassroots level is also a good source of information in terms of conformity to existing laws. Such information is critical for programming and demonstration of impact.

6.7. Conclusion

The laws and policies governing the protection of sexual and reproductive health and rights for girls are in place, however, enforcement is limited. The practice of FGM/C continues albeit underground and with a lot of secrecy. This means that the influence of cultural and social norms is high, and a substantial section of the community still believes in the value of FGM/C and early marriage. Discrimination, myths and misconceptions as well as shunning of uncircumcised girls creates stigma and pushes uncircumcised girls to demand to be circumcised in order to conform to social norms and expectations including those that influence marriageability.

The position of men in the Maasai community, their relationships with others in their age cohorts, the cultural expectations of the women in their lives (as wives or daughters), and their link to the circumcision status of these women, all place pressure on men to conform to and enforce the social practice of FGM/C. If they do not, men are threatened with the loss of any leadership positions they may have or aspire to have. Community education through partners such as the Yes I Do Alliance have made inroads in influencing some community members' perceptions of FGM/C and early marriage. There are indications that positive changes (declining rates) are occurring regarding the practice of FGM/C and early marriages, although at a slow pace. The changes are illustrated by girls escaping FGM/C and/or early marriage to seek refuge in rescue centres and going to school to complete their education. The prospect of girls as key to family wealth generation through marriage still holds great currency among the Maasai community.

There is an evolving sense of community engagement at various levels including men, women, children and leaders to collectively address the issues of FGM/C, early marriage and teenage pregnancy. Community leaders, as the gatekeepers of culture, hold the key to change and hence to ending FGM/C and early marriage. Interventions that provide information to girls, though deemed to be empowering, do very little to change the situation of girls unless they are embedded in broader change of the social and cultural environment.

Rescue centres provide an avenue for the protection of girls' SRHR by acting as a haven for girls escaping FGM/C and early marriage. This gives escaping girls an opportunity to continue and complete their education. Educated girls are more likely to make independent and informed decisions about their sexual and reproductive health. The importance of rescue centres and formal education for girls as protective factors against FGM/C and early pregnancy has been clearly illustrated in this study. However, there is the threat of rescued girls facing exclusion from their families especially where the girls have escaped from FGM/C and early marriage, and parents feel their daughters have gone against their wishes and brought dishonour to the family. There is also the threat of parents ceding their responsibilities to rescue centres. Therefore, the reports of high demand for rescue centres require further research to better understand the role of rescue centres in protecting girls' rights.

ARP remain one of the key interventions by NGOs engaged in the anti-FGM/C campaign as it involves the participation of girls and boys as well as community members. More research needs to be undertaken to help determine the impact of ARP interventions in reducing or preventing FGM/C.

6.8. Recommendations

1. The importance of providing comprehensive information on SRH and its reinforcement is critical in sustaining change in the community. This information should be targeted at various levels considering the organizational structure of the community and recognizing the key gatekeepers. Anti-FGM/C efforts therefore should be consultative and all-inclusive to engage all sectors of the community.
2. Building on the positive drivers of social change such as focusing on girls' education as the pathway to their overall empowerment.
3. Investment in and strengthening local structures that have permanence such as the local administration and the family. For sustainability and gender equity, there is a need to focus on engaging families through dialogues to invest in their daughters in the same way as their sons.
4. As a stop-gap measure, there is need to strengthen the capacity of rescue centres including increasing their coverage as the existing centres can only take in so many girls at a time.
5. Rigorous methods need to be used to conduct impact assessment of current interventions such as the ARP on FGM/C abandonment.
6. There is need for targeted interventions so that all the relevant stakeholders are reached for synchronized action within the community. The key community cultural gatekeepers are critical when introducing change in the community and illustrate the importance of community engagement.

7. There is need to use an “insider approach” in designing community-wide education sessions for building trust, ownership and sustainability of effort.
8. The need for intersectoral collaboration at the community level to maximize the comparative advantage of the complementary strength of each stakeholder. This is particularly important as girls’ rights cut across many sectors including health, education and social services. Intersectoral collaboration is vitally important for dissemination of information on girls’ rights as well as the enforcement of the laws that govern these rights.

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