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## Influence of Legal and Regulatory Framework on Female Genital Mutilation in Kenya

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### **Abstract:**

*Several unique obstacles are involved in creating and enforcing laws meant to end harmful behaviors that society accepts and supports. The main components of an extensive legislative framework to promote FGM cessation are presented in this study. Additionally, it offers detailed instructions on the legislation's content and how it relates to the social change process intended to foster.*

*Indeed, one essential step in helping to end these practices is establishing a legislative framework that makes it clear that abusive behavior is prohibited. However, the practice will continue and may be eradicated if legislation prohibiting it is adopted in situations where people engage in the activity. Therefore, the challenge is to develop, introduce, and implement legislation in a way that contributes to a social change process that ultimately leads to communities choosing to abandon using the practice.*

*This paper argues that a human rights-based approach is fundamental in developing, enacting, implementing, and monitoring legislation on FGM, especially where there is societal support for the practice. Such an approach ensures that the legislation is a positive force in promoting the abandonment of FGM as it requires the public participation of those directly or indirectly affected by the legislation. A human rights-based approach to legislative reform promotes a transformative process by enabling people to recognize and claim their rights.*

*This paper is intended to guide legislators, parliamentarians, jurists, lawyers, judges, ministries, government officials, human rights and children's rights advocates, policymakers, and all involved in laws, programs, and policies addressing FGM.*

**Keywords:** FGM, institutional frameworks, enforcement, reporting mechanisms

### **1. Introduction**

The case for eliminating female circumcision, often known as female genital mutilation (FGM) because it causes unnecessary damage to the female genital organs, is based on a well-articulated position supported by universal human rights and medical reporting (Mayhew et al., 2020). From this standpoint, the supply of legislation, regulation, and guidelines that prohibit FGM and educate people on the cost of the practice becomes necessary. On the other hand, change is more than merely following rules and making strong arguments against an entrenched phenomenon. AMREF Health Africa, for instance, has advocated for an Alternative Rite of Passage (ARP) as a suitable replacement for FGM practice since 2009 (Kimuyu, 2021).

In Kenya, FGM practice is outlawed under the Anti-FGM act of 2011 and in other international human rights conventions and protocols ratified by the republic. The Anti-FGM act of 2011 prohibits FGM acts and safeguards peoples' mental and physical integrity against the violation. In addition, several FGM-related legal instruments have been proposed by health sectors to address the practice's abolition. Moreover, the Kenyan Constitution 2010 safeguards basic rights through sections that ensure human rights and fundamental freedoms are protected and promoted (GoK, 2011). Some of these clauses make it illegal to subject anyone to any sort of violence or punishment that is cruel, inhumane, or humiliating. Furthermore, forceful participation, observation, or exposure to any cultural practice or rite is illegal. Additional articles protect children subjected to abuse, neglect, detrimental cultural practices, violence, inhumane treatment, or other forms of harm.

As a member of the international community, Kenya has ratified several international human rights treaties and protocols seeking to eliminate FGM. Its commitment to abolishing this practice is embodied in the FGM Act of 2011, which prohibits the practice (Graamans & Smet, 2019). Community policing systems have been established to enforce these and other laws. Several non-governmental health organizations, including AMREF Health Africa, have made it their mission to influence the affected population where the practice is highly prevalent to abandon FGM. AMREF Health Africa collaborates closely with the Kenyan Government. Still, it emphasizes building relationships and fostering dialogue with and among practicing communities by organizing sexual and reproductive health and rights awareness campaigns and facilitating support groups.

The Prohibition of FGM Act of 2011 is one of the numerous statutes of Kenya and the most comprehensive in dealing with the problem of FGM. Under this Act, all kinds of FGM, including medicalization, are illegal and punishable by law. The Act also includes procedures for raising public awareness about the harmful effects of FGM and measures that make it illegal for a doctor, nurse, midwife, or their trainees, to practice FGM. It also makes it illegal to use premises (clinics or health facilities) to conduct FGM, to possess instruments or equipment for FGM, to help, abet, or procure a person to perform FGM in another community, and to fail to notify the commission of Anti FGM and to law enforcement officers while it is taking place.

### 1.1. Problem Statement

The Government has been on the front line for an extended period creating awareness among the citizens, mainly the affected communities, on the need to eliminate FGM. In addition, it has gone miles to enforce policies that hinder FGM practice and establish the resultant punishments for lawbreakers. It is thus expected that no community by any means should be involved in any practice relevant to FGM. For instance, the Prohibition of FGM Act of 2011 prohibits FGM acts and safeguards peoples' mental and physical integrity against FGM violation (Cappon, 2022).

Even though the Government has passed legislation prohibiting FGM, it is still practiced in many Kenyan communities. FGM is a deeply rooted cultural tradition that varies in form, scope, rationale, and legality. Although legislation or excellent practice from one community cannot always be used as a template in another, it can serve as inspiration. Although the prevalence of FGM is decreasing in most communities, the absolute number of girls subjected to FGM is anticipated to increase as most affected communities are undergoing a rapid population rise.

Eliminating FGM requires a legislative framework that explicitly prohibits it. When a government makes FGM illegal, it powerfully conveys that the practice is unacceptable. Thus, this study will show the influence of legal and regulatory frameworks in eliminating FGM. A national law is an essential step toward ending FGM, but for it to be effective, a lot of emphasis must be put on ensuring that the law is implemented and enforced.

### 1.2. Main Objective of the Study

The main objective of this study is to determine the extent to which the FGM legal and regulatory framework affects the prevalence of FGM practice in Kenya.

Specific objectives are:

- To investigate how knowledge about the existence of the law influences FGM prevalence.
- To determine the extent to which the Level of enforcement influences FGM prevalence.
- To determine how reporting mechanisms and rescue centers' responses influence FGM prevalence.
- To find out how Institutional frameworks influence FGM prevalence.

### 1.3. Research Questions

- How does the knowledge about the existence of the law influence FGM prevalence?
- To what extent does the law being enforced influence FGM prevalence?
- How do the reporting mechanisms and rescue centers influence FGM prevalence?
- How do institutional frameworks influence FGM prevalence?

### 1.4. Hypotheses

#### 1.4.1. Null Hypothesis

- There is no significant difference between the knowledge about the existence of the law and FGM prevalence.
- There is no significant difference between the reporting mechanisms and rescue centers and FGM prevalence.
- There is no significant difference between the level of enforcement and FGM prevalence.
- There is no significant difference between the institutional framework and FGM prevalence.

#### 1.4.2. Alternative Hypothesis

- There is a significant difference between the knowledge about the existence of the law and FGM prevalence.
- There is a significant difference between the reporting mechanisms and rescue centers and FGM prevalence.
- There is a significant difference between the level of enforcement and FGM prevalence.
- There is a significant difference between the institutional framework and FGM prevalence.

### 1.5. Significance of the Study

This study is vital to Kenyans to help plummet Female Genital Mutilation practices. These practices have adverse effects on girl children; therefore, they should be dealt with to improve women's lives. This study is also significant to many sectors. The findings will help in policy making by legislating exonerated and sophisticated health policies targeting to do away with FGM in the country entirely.

The usefulness of laws to end FGM has been questioned, especially given the lack of evidence on the impact of legislation on behavior modification. In addition, critics claim that legal prohibition is unproductive or harmful since it fails to function as a deterrent. Although this is true in some situations—mainly where widespread resistance to ending the practice still exists legislation, particularly criminal law, is a crucial and necessary step to deter, raise discussion, and educate individuals.

Kenya School of Government aims to provide and facilitate advisory services to the Government; this research illustrates those laws prohibiting female genital mutilation may be effectively implemented and that efforts can be made to prevent the practice from continuing. Laws also make those who continue to conduct FGM accountable and stop impunity. This study contributes to continued advocacy for the formulation, implementation, and revision of successful FGM legislation and the societal transformation that must accompany such legislation. This study also provides a resource for people interested in examining and comparing the various legal systems studied.

## 2. Literature Review

Female genital mutilation (FGM) has attracted the attention of global policymakers due to the health and human rights repercussions on women and girls (WHO, 2021). As a result, legislators have included FGM interventions in the global sustainable development goals' key target of abolishing all malpractices by 2030, while governments have reaffirmed their commitments and ratified and adopted a variety of international and regional legal and policy instruments (UNICEF, 2021). Kenya has adopted and implemented legal policies to curb FGM. This literature review will highlight much knowledge on the law's existence, enforcement level, reporting mechanism, rescue centers, and institutional frameworks.

### 2.1. Knowledge about the Existence of the Law

Many countries are signatories to several international human rights instruments that condemn, outlaw and criminalize FGM. Health sectors in the countries are guided by several nationwide FGM-related legal instruments that address the abandonment of the practice. Among these instruments, we have the Prohibition of FGM Act, 2011. This Act prohibits FGM acts and safeguards peoples' mental and physical integrity against FGM violations. In Kenya, the Kenyan Constitution (Government of Kenya 2010) guarantees fundamental rights through clauses affirming commitment to protecting and promoting human rights and fundamental freedoms. Specifically, Articles 29(c) and (f) prohibit subjecting any person to any form of violence and outlaw treatment or punishment in a cruel, inhuman, or degrading manner (Capon, Female genital mutilation: knowledge, attitude and practices of Flemish midwives. *Midwifery*, 31(3), e29-e35., 2022). Article 44 (3) prevents anyone from compelling anyone to perform, observe, or undergo any cultural practice or rite. Article 53(d) provides that children not be subjected to abuse, neglect, harmful cultural practices, and all forms of violence, inhuman treatment, and punishment.

In addition, the Children's Act of 2001, which has provisions for the protection of children (Kennan & Brandy, 2018), from FGM by way of clauses explicitly states that 'no person shall subject a child to female circumcision, or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity, physical or psychological development' (Meroka-Mutua, 2021). The Children's Act has the following provisions relevant for FGM management: recording and preservation of evidence on FGM by medical officers and health facilities; waiver of any expenses incurred in connection with FGM-related medical treatment or hospitalization of a child; and provision for safe housing or custody interventions for care, and protection of a child in danger of imminent injury or harm.

Moreover, we have the Protection against Domestic Violence Act of 2015 (Kenya Law, 2015) which is put in place to fight against FGM. This Act defines and classifies FGM as a form of violence. It provides protective measures for survivors and victims of domestic violence, including FGM. The Penal Code, Cap 63 (Laws of Kenya, 2012), has provisions for offenses under which the circumcisers can be charged (Gill, 2018). Thus, the Penal Code and the Acts above are read and interpreted together to protect and seek justice for the survivors of FGM. This Act invokes protection orders for the victim in safe custody. It covers potential victims against engagement or threats to engage in cultural or customary rites or practices that abuse the victim. It also has provisions for counseling the victim to promote a protective environment.

In countries such as Nigeria, the Act of 2015 has provisions that address FGM management, including the right to information on health services available (Kimani & Obianwu, A review of laws and policies in Kenya and Nigeria, 2020); entitlement to comprehensive health services from both governmental and non-governmental agencies; and entitlement to easy access to health services through the provision of transport to the nearest health facility (Nnanatu, 2021). Additionally, the Federal Ministry of Health must document and disseminate information about accredited health service providers and develop guidelines for the operation of the service providers (Trezona & Rowlands, 2018). Similarly, there is information-sharing with community members on the health risks and complications related to FGM.

Furthermore, we have the National Health Act of 2014, which, on the other hand, aims at ensuring people's health is in line with the health regulations. This Act governs the removal of a living individual's tissue, blood, or blood products (Hehir, 2021). It states that such a demonstration is legitimate if done with that individual's consent, for clinical

examinations and treatment in crises, and as per rules given by a true power. The demonstration likewise expresses that an individual will not eliminate tissue that is not replaceable by an individual more youthful than eighteen years.

In addition, the Medical Practitioners and Dentists Act, Nurses Act, and Clinical Officers Act lay down the guidelines for dealing with FGM-related cases. These Acts do not expressly condemn FGM. In any case, they express those disciplinary procedures might be brought against a clinical specialist, an attendant, or clinical official who commits an offense under the penal code or participates in 'any notorious or disreputable lead in an expert regard' (Miles, 2020) which will bring about expulsion from the particular clinical, medical caretakers, or clinical officials registers or cancellation of their licenses. For example, in Nigeria, the Clinical Act states that the individual in question might be dependent upon punishments when an enlisted clinical expert is found guilty of misconduct by any official courtroom for an offense contrary to a clinical specialist's situation.

However, the COVID-19 (coronavirus disease 2019) regulations contradict the above acts. The worldwide pandemic in 2020 has expanded girls' risk of going through FGM. School terminations may put numerous young ladies at risk for extended periods. In the meantime, front-line service providers are redeployed to answer the Coronavirus emergency, weakening conventional security frameworks (Esho, 2022). An examination from UNICEF shows that as many as 86 million additional kids will be residing in poverty toward the end of the pandemic. As Coronavirus regulation estimates drive more families into poverty, families may progressively take on harmful survival methods to diminish financial weight, such as having young ladies go through FGM as a forerunner to child marriage.

## 2.2. Level of Enforcement

Interventions on FGM are any type of activity or interaction of interceding or an intentional cycle to disrupt, adjust or change individuals' considerations, feelings, information, or ways of behaving to diminish the prevalence of FGM or to offer consideration and different administrations to young girls, women, and those by implication impacted by the practice. The approaches are classified as framework level (giving an empowering climate to ending FGM), people group level (testing orientation and everyday practices around FGM), individual-level (engaging women and young girls), or administration level (offering types of assistance for FGM avoidance, security, and care).

Also, the system-level targets give an empowering environment for ending FGM. It includes Regulations that give stages and roads at which different intercessions can be securely carried out. Moreover, it might speed up change in FGM practice in conditions where local area individuals are now addressing or have deserted the training and are looking for social acknowledgment.

Contrary, in many nations, there are no effective systems set up to report, refer to, and safeguard young girls and women in danger of FGM. Subsequently, the quantity of legal disputes is low or non-existent, proposing an absence of political will and preparation of the local area to leave the training. It is noted that some rehearsing networks do not direct FGM chiefly because they dread the lawful outcomes of disobedience. This has prompted changes in the training, like cutting more youthful young ladies, performing less severe cuts, or leading FGM in confidentiality with additional unfriendly unexpected impacts on young ladies.

As a result, the presentation of regulations against social practices, such as FGM, that local area individuals firmly esteem can prompt the work covertly. In Ethiopia, Child insurance regulations (established and authorized without due respect to setting and nearby subtleties) have brought about the change instead of the disposal of the training. They may try and have expanded hazards to young ladies.

In addition, we have the Community Level enforcement, which includes mediations carried out to determine the challenges existing on practices related to FGM. It centers, for the most part, around everyday practices, as opposed to explicitly orientation norms (Hayford, 2020). The intercessions evaluated for viability at the local area level were well-being instruction, total local area commitment, media and correspondence drives, public statements, working with strict pioneers, and change of conventional professionals.

Furthermore, the human being schooling mediations are generally instructive campaigns for mindfulness creation focused on local area members. Health training utilizing the well-being risk approach can help give information connected with FGM's physical, mental, and close-to-home results (Matanda, 2021). The schooling is made to set off and direct conversations among rehearsing networks on the impacts of FGM and, subsequently, the requirement for the activity to dispose of the training. In Nigeria, the well-being instruction intercession decidedly affects the mentality of people, with a measurably massive expansion in the number of men who believe FGM should be halted and a decline in the number of people who mean to have their little girls go through FGM (Obi, 2018).

The impacts of well-being schooling across networks and target gatherings may not be uniform. The informational meetings about regenerative well-being, including the risks of FGM, further develops mindfulness about the training among female understudies (OGUNADE, 2019). For instance, a broadened correspondence program focusing on Nigerian residents worked on understanding FGM in all kinds of people.

Moreover, intercessions at the singular level encourage young ladies and women to settle on their own educated choices concerning their sexual and regenerative freedoms (Mullaney, 2022). Mediations surveyed for viability under this class are formal instruction for ladies regarding instructive accomplishment and approaches that utilize elective transitional experiences to energize deserting.

However, Formal schooling is fundamental as it opens young ladies to new information, including the well-being dangers, outcomes, and lawlessness of FGM, and can hence assume a considerable part in the deserting of the training. Studies have connected low schooling degrees to an improved probability of supporting and rehearsing FGM (Matanda, 2021). Proof recommends that FGM is predominant among young ladies who did not seek conventional training

contrasted with those in school. Assuming a mother has advanced education, her little girl is less inclined to go through FGM.

Furthermore, we have the Administration level intercessions, which target safeguarding young girls and women in danger of FGM (Mullaney, 2022). It implies considering women and young girls who have gone through FGM. Mediations evaluated for viability in this survey incorporate preparation of medical care suppliers and limit the working of the well-being framework. The utilization of salvage focuses on the local area level (Mohamud, 2021). The more significant part of the mediations focused on giving information and abilities to medical care suppliers as problem solvers in avoiding FGM or offering better administrations to clients looking for well-being administrations post-FGM.

### *2.3. Reporting Mechanism and Rescue Centres*

Reporting mechanisms are determined arrangements integrated settlement-based substances to work with and screen arrangement execution. The Common freedoms Council, the Board of trustees for Financial, Social, and Legacy Rights, and the functioning gathering on ending FGM are presently dynamic arrangement-based bodies (Mullaney, 2022).

We have the Auditing State Party Reports, whereby all States Gatherings are expected to answer to the Council consistently on the state and progress of their singular arrangement responsibilities on FGM. The Advisory groups give broad announcing measures to this objective concerning FGM (Home, 2020). The reason for revealing is to investigate the execution measures thoroughly, screen progress, distinguish blames and blemishes in the settlement's execution, and dissect future requirements and goals to work on the deal's execution.

Along with the Auditing State Party Reports, Individuals are also allowed to protest against FGM (Mullaney, 2022). Protests can be put together by any person 'who guarantees that his/her privileges under a deal have been disregarded by a state party to that settlement, given that the state has perceived the ability of the Council to get such objections. Outsiders can likewise fill grumblings if they violate individuals who have given their composed assent or cannot give such assent. Individual objections are supposed to be the 'most court-like capacity of the settlement-based bodies' since they bring about a particular choice about supposed common freedom about FGM infringement and may incite in 'sign of proper change.' Typically, there are two stages in treating a case: suitability and legitimacy (Mullaney, 2022). The principal manages procedural issues, for example, whether homegrown cures have been depleted; the second concerns the grumbled infringement's substance.

However, the deal bodies are qualified for send-off requests assuming they have factual data that a state party commits genuine arrangement commitments. Satisfied parties are welcome to participate by submitting perceptions on FGM (Strachan, 2021). The Council sends its discoveries as well as remarks or suggestions to the individual satisfied party.

### *2.4. Institutional Framework for the Protection of Women against FGM in Kenya*

The UN classic design is answerable for authorizing and observing the execution of the instruments recorded above and can be separated into Sanction based and arrangement-based bodies. Contract-based bodies are either straightforwardly ordered by the UN Charter or laid out and approved by a Charter-based body (Mullaney, 2022).

First, The Charter-based body and the Overall Gathering (GA) are entitled to examine any inquiries or issues inside the extent of the UN Charter, which, in this manner, remembers common liberties issues for FGM. Moreover, the GA will start studies and make suggestions to aid the acknowledgment of common liberties and essential opportunities for all regardless of race, sex, language, or religion. Consequently, the UN has far arrived at skills and conceivable outcomes concerning fundamental freedoms (Kiemo, 2019). It has taken on various goals and announcements covering common liberties questions, and even though its statements are not lawfully restricting, they have been a forerunner for restricting global settlements.

The UN Contract indicates that the GA is qualified to set up auxiliary organs, called Boards of trustees, to fill its roles. As per the UN Sanction, the Financial and Social Board (FSB) is one of the central UN bodies managing common liberties on FGM (FGM, 2018). The Financial and Social Board is qualified to make proposals to advance regard for and recognize fundamental liberties and principal opportunities for all. They might additionally plan draft shows for accommodation to the GA, and it might start global meetings, connecting with issues falling inside its capability. Moreover, FSB is qualified to get standard reports from particular organizations. It can set up commissions in financial and social fields and for the advancement of everyday freedoms, and different commissions are expected to exhibit their capacities.

For instance, in June 2006, the principal meeting of the Basic Liberty Committee occurred in Geneva, supplanting the Commission on Common freedoms, which had been in inactivity for just about 60 years and which was reprimanded for being too political and specific in its analysis as well as incorporating Part States with a poor basic freedoms record (Mullaney, 2022). The Committee was laid out by Goal A/RES/60/251 embraced by the GA on April 3, 2006. The Committee assumed control over the job and obligations of the CHR. The Basic Liberty Committee comprises 47 Individuals States, which are chosen straightforwardly and independently by the GA (Mulvey, 2019). The enrolment depends on fair geological dissemination of possibility to the advancement and insurance of everyday freedoms and their intentional promises and responsibilities made thereto. The Committee meets routinely over time.

As a result, the Basic Liberty Committee has a few systems and strategies for its removal, as will be seen underneath. As shown, the General Occasional Audit comprises another instrument in the UN common liberties structure, which was imagined as a type of 'peer survey' of the UN Part State's activity to satisfy their basic freedoms commitments to recognize regions in which help and exhortation are expected to assist states with meeting these commitments (Armstrong, 2020). The assessment of a nation depends on a public report on the common liberties execution and accomplishments, best practices, difficulties, and critical needs presented by the individual state and an assemblage of UN

data, including data, suggestions, and perceptions on the state under survey made by significant UN bodies, for instance, settlement-based bodies (Mullaney, 2022).

Given GA Goal, the Committee laid out a grievance system 'to address consistent examples of gross and dependably bore witness to infringement of ladies and crucial opportunities happening in any area of the planet and for any reason (Oskison, 2022). A grumbling is acceptable given that it is not politically inspired and that it contains a verifiable depiction of the supposed infringement, and on the off chance that it is presented by an individual or a gathering of people professing to be survivors of infringement of basic liberties and essential opportunities, or by any people or gathering of people, including NGOs, acting sincerely as per the rule of common freedoms. The grievance is at first separated through an audit by two Committee working gatherings with help from the secretariat of the Workplace of the Great Magistrate for Common liberties (Mullaney, 2022). Assuming they are acceptable, the functioning gathering will give a report and suggestions for conversation in the Committee.

### 3. Methodology

This study will use a cross-sectional design to determine the influence of legal and regulatory frameworks on the prevalence status of FGM in Kenya and other specific objectives of the study.

#### 3.1. Data Collection

According to the data provided by the Kenya National Bureau of Statistics KNBS in the 2019 Census, the population of Females was 24,014,716, while that of males was 23,548,056 in the Country with 1,524 intersexes (KNBS, 2019). Kenya has 47 counties. Data was collected from Child Protection Practitioners from different parts of the Country. The tool to be applied for this study during the data collection will be questionnaires issued to randomly sampled respondents across the counties in Kenya.

Data collection will require ten days to effectively distribute the questionnaires and then fetch them once the respondents have responded to them. The enumerators for this study will be four (4) to work effectively in the allocated ten days of data collection. Each county out of the forty-seven (47) Counties in Kenya will receive 20 questionnaires to make the research intensively done and have a variety of responses from the Child Protection Practitioners in the Country. This will also avoid bias in selecting a county receiving more or fewer questionnaires while, in the real sense, we are researching FGM across the county.

### 4. Research Findings and Analysis

	F	%
MALE	74	60.0
FEMALE	50	40.0
N	124	100.0

Table 1: Respondents' Gender

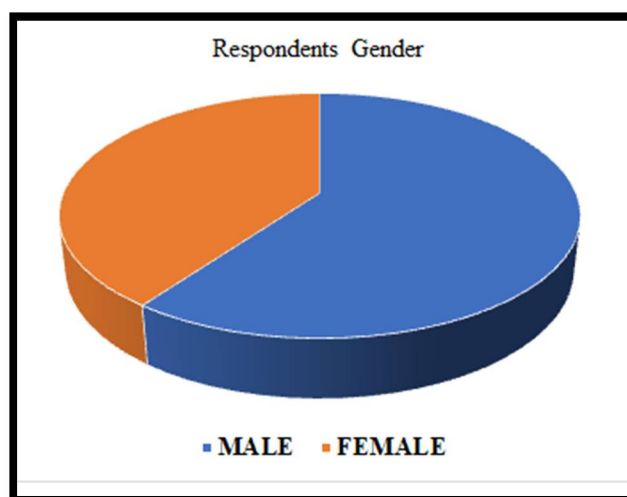


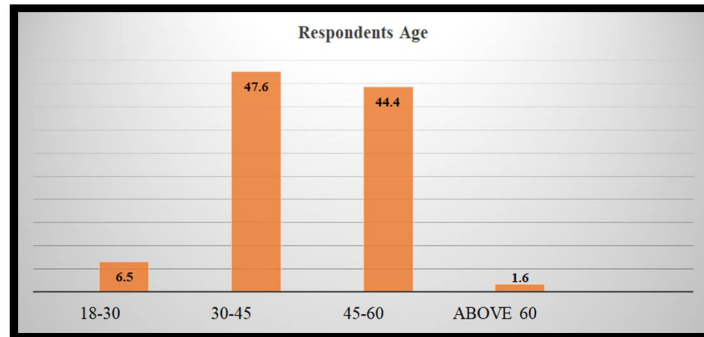
Figure 1: Respondents' Gender

From the above pie chart, it is observed that 60% of the respondents are male, and 40% of the respondents are female.

This implies that the majority of the respondents are male.

	<b>F</b>	<b>%</b>
18-30	8	6.5
30-45	59	47.6
45-60	55	44.4
ABOVE 60	2	1.6
<b>N</b>	<b>124</b>	<b>100.0</b>

*Table 2: Respondents' Age*



*Figure 2: Respondents' Age*

From the above bar chart, 92% of the respondents are between 30 and 60 years. Therefore, the majority of the respondents are between 30 and 60 years.

	<b>Level of Education</b>	<b>%</b>
	Secondary School	49.0
	University	51.0
<b>N</b>		<b>100.0</b>

*Table 3: Respondents' Highest Level of Education*

From the above output, 51% percent of the respondents are University graduates, while 49% of the respondents had a high level of education in Secondary school.

This implies that more than half of the respondents have graduated from different Universities.

	<b>Religion</b>	<b>F</b>	<b>%</b>
	Protestant	78	62.9
	Catholic	33	26.6
	Muslim	6	4.8
	Others	7	5.6
<b>N</b>		<b>124</b>	<b>100.0</b>

*Table 4: Respondents' Religion*

From the above output, 62.9% of the respondents are Protestant, 26.6% of the respondents are Catholics, 4.8% of the respondents are Muslims, and 5.6% of the respondents are others. This implies that the majority of the respondents are Protestants.

		<b>F</b>	<b>%</b>
	Single	17	13.7
	Married	102	82.3
	Divorced	5	4.0
<b>N</b>		<b>124</b>	<b>100.0</b>

*Table 5: Respondents' Marital Status*

From the above output, 82.3% of the respondents are married, 13.7% are single, and 4% are divorced. This implies that the majority of the respondents are married.

	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree	%
I am aware of the policies and regulations relating to FGM	3.0	9.0	13.0	57.0	19.0	100.0
I am able to access information on policies and regulations on FGM easily	6.0	22.0	11.0	48.0	13.0	100.0
The policies and regulations are effective in supporting Anti-FGM Interventions	4.0	18.0	11.0	53.0	13.0	100.0
The adherence to FGM policies and regulations has reduced the practice of FGM in my Community	5.0	9.0	14.0	50.0	22.0	100.0

Table 6: Knowledge about the Existence of the Law

From the above output:

- 12% of the population is unaware of the policies and regulations relating to FGM, and 13% of the respondents do not know about the policies, while 76% are aware; thus, the FGM practices should be minimal since a large number are aware.
- 61% of the population is in a position to access information on policies and regulations on FGM, and 11% of the respondents do not have any information on the policies, while 28% are not in a position to access information. Therefore, since the most significant population can access the information, the FGM practices should be minimal.
- 22% of the population disagree that the policies and regulations are effective in supporting Anti-FGM Interventions, and 11% of the respondents do not know if the policies are effective or not, while 66% agree that the policies and regulations are effective; thus, it is recommendable for the Government to continue making and implementing such effective policies.
- 14% of the population disagree that the adherence to FGM policies and regulations has reduced the practice of FGM in Communities, and 14% do not know if the adherence to FGM policies has reduced the practice of FGM in Communities or not, while 73.1% agree that the adherence has reduced FGM practices in their communities; thus, it is recommendable for the Government to continue upholding to the rules and regulations put in place to ensure that the people adhere to the FGM policies.

	Degree of Freedom	Sum of Squares	Mean Sum of Squares	F Value	P-Value
Questions	4	8423	2105.9	70.254	0.0000000319
Response	3	1	0.2	0.006	0.999
Residuals	12	360	30.0		

Table 7

From the above R output, 0.999 is greater than 0.05. Thus, we fail to reject the null hypothesis that there is a significant difference between the knowledge about the law and FGM prevalence and conclude that there is no significant difference between the knowledge about the law and FGM prevalence. Therefore, there is enough evidence to suggest that many people are aware of the existence of the law.

	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree	%
There is a need to be vigilant on the policies and regulations to support Anti-FGM Initiatives fully	3.0	7.0	4.0	45.0	41.0	100.0
The Government has provided guidelines for conducting Alternative Rite of Passage in Kenya.	6.0	17.0	36.0	27.0	14.0	100.0
The policies and regulations are fully adhered to while implementing the FGM initiative	9.0	28.0	27.0	29.0	7.0	100.0

Table 8: Extent to Which the Level of Enforcement Influences FGM Prevalence

From the above output:

- 10% of the population disagree that there is a need to be vigilant on the policies and regulations to support Anti-FGM Initiatives fully, and 4% do not know whether there is a need to be vigilant or not, while 86% agree that there is a need; thus, it is evident that there is need for the Government to be vigilant on the policies and regulations to end FGM.
- 23% disagree that the Government has provided guidelines for conducting Alternative Rite of Passage in Kenya, and 36% are not sure whether the Government has provided guidelines for conducting Alternative Rite of Passage



or not, while 41% agree; thus, it is recommendable for the Government to provide more relevant guidelines for conducting Alternative Rite of Passage.

- 37% disagree that the policies and regulations are fully adhered to while implementing the FGM initiative, and 27% do not know if the policies are adhered to, while 36% agree that the policies are fully adhered to. Thus, the government needs to create awareness for those who do not know and ensure that policies and regulations are fully adhered to.

	Degree of Freedom	Sum of Squares	Mean sum of Squares	F value	P-value
Response	4	1819.1	454.8	1.448	0.033
Questions	2	0.1	0.1	0.000	1.000
Residuals	8	2512.5	314.1		

Table 9

From the above R output, 0.033 is less than 0.05; we reject the null hypothesis that there is no significant difference between the level of enforcement and FGM prevalence and conclude that there is a significant difference between the level of enforcement and FGM prevalence. Therefore, there is enough evidence to suggest that the FGM policies are not fully enforced.

	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree	%
I am aware of the existence of the Anti-FGM Board in Kenya	6.0	8.0	34.0	35.0	17.0	100.0
There are enough facilitators of Anti -FGM Activities in my community	16.0	44.0	17.0	15.0	8.0	100.0
Government agencies, NGOs, FBOs, CBOs, and Civil Society, support the Anti-FGM Activities in my community	5.0	18.0	14.0	44.0	20.0	100.0
There is enough Legislation on Anti-FGM in Kenya	5.0	26.0	25.0	33.0	11.0	100.0
There exist Global and Regional Interventions on matters of FGM, such as SDGs and agenda AU 2063	3.0	11.0	42.0	37.0	7.0	100.0

Table 10: How Institutional Frameworks Influence FGM Prevalence

From the above output:

- 52% of the respondents are aware of the existence of the Anti - FGM Board in Kenya, while 48% of the respondents are unaware. Therefore, people should be educated on the existence of the Anti-FGM board.
- 77% of the respondents say there are not enough facilitators of Anti -FGM Activities in the community, while 33% of the respondents say there are enough facilitators of Anti -FGM Activities in the community. This implies that most respondents say there are not enough facilitators of Anti-FGM Activities in my community; therefore, more facilitators of Anti-FGM should be put in place.
- 64% of the respondents say that Government agencies, NGOs, FBOs, CBOs, and Civil societies support Anti-FGM Activities in their respective communities. In comparison, 36% of the respondents say that Government agencies, NGOs, FBOs, CBOs, and Civil Society do not support Anti-FGM Activities in their respective communities. Therefore, Government agencies, NGOs, FBOs, CBOs, and Civil Society should support Anti-FGM Activities in every community.
- 56% of the respondents say there is not enough Legislation on Anti- FGM in Kenya, while 44% percent of the respondents say there is enough Legislation on Anti-FGM in Kenya. Therefore, there should be enough legislation on Anti-FGM in Kenya.
- 56% of the respondents say the Global and Regional Interventions on matters FGM, such as SDGs and agenda AU 2063, do not exist, while 44% of the respondents say that the Global and Regional Interventions on matters FGM, such as SDGs and agenda AU 2063 exist. Therefore, people should be educated on the Global and Regional Interventions on FGM, such as SDGs and agenda AU 2063.

	Degree Of Freedom	Sum of Squares	Mean Sum of Squares	F- Value	P-value
Response	4	3317	829.4	4.138	0.1730
Questions	4	1	0.2	0.001	1.0000
Residuals	16	3207	200.4		

Table 11

From the above R output, 0.1730 is greater than 0.05; we fail to reject the null hypothesis that there is a significant difference between the institutional framework and FGM prevalence and conclude that there is no significant difference between the institutional framework and FGM prevalence. Therefore, there is enough evidence to suggest an institutional framework that helps eliminate FGM.

	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree	%
There exists a Monitoring, Evaluation, and Reporting Mechanism on matters of FGM in Kenya	7.0	19.0	35.0	28.0	11.0	100.0
There exists a Participatory ME&R Session with stakeholders to engage in taking corrective actions on FGM Matters	9.0	17.0	39.0	30.0	5.0	100.0

Table 12: How Reporting Mechanisms and Rescue Response Influence FGM Prevalence

- From the above output, 39% of the respondents say that there exists a Monitoring, Evaluation, and Reporting Mechanism on matters of FGM in Kenya, and 61% of the respondents do not know about the existence of monitoring, Evaluation, and Reporting Mechanisms on matters of FGM in Kenya. This implies that most of the respondents do not know and are unaware of the existence of monitoring, Evaluation, and Reporting Mechanisms on matters of FGM in Kenya. Therefore, people should be educated on the existence of monitoring, Evaluation, and Reporting Mechanisms on matters of FGM in Kenya.
- 35% of the respondents say that there exists a Participatory ME&R Session with stakeholders to engage in taking corrective actions on FGM Matters, and 65% of the respondents do not know about the existence of a Participatory ME&R Session with stakeholders to engage in taking corrective actions on FGM Matters. This implies that most of the respondents are unaware of the existence of Participatory ME&R sessions with stakeholders to take corrective actions on FGM Matters. Therefore, people should be educated on the existence of a Participatory ME&R Session with stakeholders to engage in taking corrective actions on FGM Matters.

	Degree of Freedom	Sum of Squares	Mean Sum of Squares	F Value	P Value
Response	4	2055.4	513.9	35.075	0.00226
Questions	1	0.4	0.4	0.027	0.87677
Residuals	4	58.6	14.7		

Table 13

From the above R output, 0.00226 is less than 0.05. Therefore, we reject the null hypothesis that there is no significant difference between the reporting mechanisms and rescue centers and FGM prevalence and conclude that there is a significant difference between the reporting mechanisms and rescue centers and FGM prevalence. Therefore, we have sufficient evidence to suggest that rescue centers and reporting mechanisms do not exist.

## 5. Conclusion and Recommendation

### 5.1. Summary

This study is set off to lay out the impact of Kenya's legal and regulatory framework. This report aims at explaining why having a lawful system that condemns FGM is an urgent move toward ending the practice. Research has shown that when FGM is challenged, regulation and its approvals can empower individuals who are inclined towards abandoning the practice. Based on the analysis, the most significant part of the population is aware of the current regulations. Apparently, from the analysis above, it is evident that most of the policies are not implemented. Also, from the findings, the Government has put in place various institutional frameworks such as NGOs, FBOs, CBOs, and civil society that support Anti-FGM activities.

Moreover, it is evident from the findings that the Monitoring, Evaluation, and Reporting Mechanism on matters of FGM in Kenya do not exist. Then again, as featured by the report discoveries, having regulations is not sufficient; regulations should be carried out and implemented. More critically, it must be accompanied by strategies encouraging positive social change in communities.

### 5.2. Recommendation

This research has demonstrated that significant national commitment is required to establish, legislate, and enforce legal frameworks that protect girls' and women's full enjoyment of all human rights and basic freedoms, as well as to stop the practice of FGM. To stop FGM, national policymakers, lawmakers, law enforcement authorities and the justice system, civil society, communities, their leaders, and other key stakeholders must collaborate based on their complementary roles and responsibilities.

From these findings, it is recommended that:

Laws should be enforced against female genital mutilation and monitoring. As this analysis shows, in many Kenyan communities, FGM still is performed without legal consequences for offenders, despite a law prohibiting the practice. The number of court cases in the Country is low or non-existent. To ensure effective enforcement of national laws prohibiting FGM, the Country must establish a concrete national mechanism for implementing and monitoring legislation, law enforcement, and national policies. In addition, a comprehensive monitoring system is needed to track the law's implementation.

It has to be ensured that law enforcement goes hand in hand with social change. A significant challenge in prosecuting offenders is the lack of cases reported to the police. Since FGM acts as a social norm in practicing communities, people can be unwilling to report cases because of their social pressures. These dynamics make it extremely difficult for the authorities to secure evidence for prosecutions and illustrate the need to work on promoting social change to accompany law enforcement.

The study has highlighted a researchable aspect that could be pursued further. The results from the four variables prove beyond reasonable doubt that a large portion of the population gave their response as 'don't know', and this would have many implications such as: having a carefree attitude towards responding to the questions, having poor questions structure or even having a negative attitude towards FGM acts. This calls for further research to get to know their implications clearly.

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