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An Investigation of Coping Strategies for Managing Effects of Female Genital Mutilation by the Girl Child among the Ameru Community in Kenya

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Abstract

Female Genital Mutilation (FGM) is an old cultural practice which acts as a rite of passage from childhood to adulthood among the Ameru community of Kenya who still perpetuate the practice despite the ban by the Government of Kenya and the Njuri Ncheke (Supreme Council of Ameru Elders). It is documented that the physical, psychological and social effects of FGM cause distressing pain and suffering warranting the need for coping strategies for use by the female initiates. The purpose of this study was to investigate the post FGM effects' coping strategies employed by the girl child among the Ameru community in Kenya. The study employed descriptive survey research design. The target population was 300,176 girls from both Meru County and Tharaka-Nithi County in Kenya where FGM is prevalent. The accessible population was 137,044 girls from whom a total of 489 respondents participated in the study. This comprised of 408 girls who had undergone FGM, three social workers, 48 health workers and 30 Focus Group Discussion members. Snowball sampling and purposive sampling methods were used to obtain the study sample. Data was collected using questionnaires, interview guides and Focus Group Discussion schedules. The validity of the instruments was confirmed by University supervisors and other research experts while reliability was tested by use of Cronbach coefficient alpha. Descriptive statistics including frequencies, percentages were used to analyze the data. The research findings indicated that the Ameru girl child frequently utilized counselling services, social support, medical attention as well as education and training to manage the effects of FGM. It was recommended that these coping strategies be strengthened and access improved among the Ameru girl child who have undergone FGM.

Key words: Coping strategies, Female Genital Mutilation, Girl child.

1. Introduction

Coping strategies are interventions that can be used to help the Ameru girl child overcome and adjust in life despite experiencing post FGM effects. These coping strategies include the awareness campaigns as well as training given to the girl child for regaining wholeness and achievement of full potentialities in life despite the FGM status. Among the coping strategies used by the girl child in Ameru community in Kenya are counselling, religious support, social support groups as well education and training.

Counselling is designed to help people understand and clarify their views about life and to learn to reach self determined goals through meaningful well informed choices and resolutions of problems of an emotional and interpersonal nature (Burks & Steffire, 1982). Through counselling, the Ameru girl child may be facilitated to make meaningful well informed choices which will enable her explore her competencies and potentials for a better life (Rickey & Theresa, 1990). The counsellor hopes to achieve counselling goals such as facilitating behaviour change, enhancing coping skills, promoting decision making abilities, improving social relationships and enhancing the Ameru girl child's potential (Fuster, 2002). Krumboitz (1966) notes that almost all individuals run into difficulties in the process of growing up and only a small number completely achieve all the human growth and developmental tasks. The various unique expectations and requirements imposed on individuals by significant others can result in children's learning behaviour or coping patterns that are inefficient and ineffective. These learned coping patterns may serve the expected role demands, create an overload and produce excessive anxiety and difficulty for the Ameru girl child. Therefore, helping the Ameru girl child learn to cope with new situations and demands by making critical decisions is an essential goal of counselling (Egan, 2002).

Religion enables people to develop physical, social, and spiritual capacities. The Ameru Girl Child participates in religious activities such as church choirs, youth groups, prayers, Christian unions and young Christian

students' movement for spiritual growth and nourishment and also as a buffer to the psychosocial effects of FGM. Involvement in these activities gives the Ameru girl child a sense of belonging through social acceptance and understanding. Collins (1988) maintains that there is a significant positive correlation between the wellbeing of people and the experience of spiritual dimension. This means that religion plays an important role in facilitating a positive change in the Ameru girl child's life despite the FGM status. Nyaga (2011) adds that religious influence shapes what people think about themselves and ultimately their actions resulting in improved ways of life, personal growth and autonomy.

Social Support Groups give practical and emotional help to people undergoing similar challenges through sharing experiences and brainstorming alternatives to resolving or coping with the situation. Birichi and Rukunga (2009) describe brainstorming as thinking of and expressing as many solutions to a problem as possible. It is a creative way of addressing conflicts in relationships. In this situation, the counsellor works with several people who have similar challenges or problems. The group sessions provide a place where group members confide in each other as they point out various options of dealing with the problem. Members of the group are able to understand their own perception and learn how others perceive the same problem; an experience that is very therapeutic (Egan, 2002). Group members take solace in the fact that they are not suffering in isolation as they enrich their resources of dealing with the problem. When group members generate alternative solutions to the problem, it reveals that many possibilities exist even when individual members think they are at an impasse (Rogers, 1961). Consequently, the Ameru girl child may benefit by interacting with peers through social support groups in order to brainstorm and share experiences regarding the FGM process and the emanating effects. This may reduce shame, isolation, stigma and feelings of low self esteem related to FGM status

Ondiek (2010) purports that FGM initiates often undergo attitudinal changes and reject formal education perceiving themselves as adults and schools as institutions for "children". There is need to encourage FGM initiates to go back to school in order to improve and develop intellectually, socially and economically (DOM-CJPC, 2008). This is because the major objective of education is to sharpen individual's capacity for appreciating and controlling themselves effectively in various roles that the individual is expected to play in the society (UNICEF, 2008). Academic achievement serves to raise self esteem, positive self concept and facilitate self confidence in the uptake of leadership positions, investment projects and personal autonomy in decision making and implementation. Therefore, the lack of education or poor participation by Ameru girl child in the process of education is quite detrimental to individual, community and national development (WHO, 1999). Thus, facilitating the Ameru girl child's potential through varied coping measures may be viewed as a goal of improving both personal and corporate effectiveness.

2. Objectives of the Study

This study sought to investigate the post FGM effects' coping strategies employed by the girl child among the Ameru community in Kenya.

3. Methodology

The study adopted descriptive survey research design on a target population of 300,176 girls aged between 14years and 30 years from Meru county and Tharaka-Nithi county in Kenya. The accessible population was 137,044 girls from Igembe South District, Tharaka District and Meru South District. These Districts were selected because of the high prevalence of FGM compared to other Districts in the Counties. Snowball sampling technique was employed to obtain the sample of girls who had undergone FGM from the selected Districts.

To provide supplementary information, 48 health workers and three social workers were selected for the study using purposive sampling technique from the selected districts. Also included were 30 members forming the Focus Group Discussions. There were three Focus Group Discussions each from the selected Districts. Each Focus Group Discussion comprised of 10 community members including three village elders, one chief/sub chief, three church representatives and three mothers/guardians to the girls. Ultimately, the total number of respondents in the study was 489.

Data were collected by use of two sets of questionnaires, an interview guide and a Focus Group Discussion schedule. The questionnaires were employed to obtain data from the girl child and health workers who were relatively many in number while the interview guided helped solicit information from the social workers. Validity of the research instruments was ensured through opinions and expert judgement of the University Supervisors and other research experts. The reliability of the research instruments was estimated by use of Cronbach coefficient alpha. A reliability coefficient of 0.92 for girls' questionnaire and 0.87 for the health workers questionnaire were obtained and deemed appropriate since a coefficient of at least 0.7 is considered the threshold for research in social science (Fraenkel & Wallen, 2000).

The collected data were analyzed quantitatively as well as qualitatively. The quantitative data was cleaned and entered into the computer for analysis using SPSS version 17.0. Descriptive statistics such as frequencies, percentages, means and standard deviations were used to analyze the quantitative data. Qualitative data was analyzed thematically. The analyzed data were presented on tables and excerpts.

4. Results and Discussions

The following were the results and discussions of the study.

4.1 Demographic Characteristics of the Respondents

This section focuses on the demographic characteristics of the respondents. This information is essential in understanding some salient features of the respondents. The demographic analysis was done on the basis of the respondents' age, residence settings, level of education, work experience as well as religious affiliations. Table 1 shows the distribution of the respondents based on their residence.

Table 1: Distribution of Respondents by Demographic Characteristics

Respondent	Demographic Characteristic	Frequency	Percentage
Girl Child	**Age in Years**		
	14 – 19	41	10
	20 – 24	244	60
	25 – 30	122	30
	Residence		
	Rural	369	90.7
	Urban	38	9.3
	Level of Education		
	Not been to school	130	34.3
	Pry School	162	37.4
	Sec School	115	28.3
	Religious Affiliation		
	Catholic	172	42.3
	Muslim	11	2.7
	Protestant	211	51.8
	Others	13	3.2
Health Workers	**Gender**		
	Female	25	54.3
	Male	21	45.7
	Age in Years		
	25 and below	3	6.5
	25 – 34	25	54.3
	35 – 44	10	21.7
	45 and above	8	17.4
	Level of Education		
	Primary	1	2.2
	Secondary	4	8.7
	College/University	41	89.1
	Religious Affiliation		
	Catholic	20	43.5
	Muslim	1	2.2
	Protestant	22	47.8
	Others	3	6.5
	Work Experience in Years		
	Below 5	13	28.3
	5 – 10	15	32.6
	11 – 15	6	13.0
	Above 15	12	26.1
Social Workers	**Age in Years**		
	35 – 44	1	33.33

	45 and above	2	67.67
	Level of Education		
	College/University	3	100.0
	Religious Affiliation		
	Catholic	1	33.33
	Protestant	2	66.67
	Work Experience in Years		
	11 – 15	1	33.33
	16 and Above	2	66.67

4.2 Coping Strategies for Managing the Effects of FGM

The objective of this study was to investigate the coping strategies used to assist the girl child manage the effects of FGM in the Ameru community in Kenya. The coping strategies explored in this study included: counselling, social support, medical attention as well as education and training.

4.2.1 Counselling as a Coping Strategy for Managing the Effects of FGM

The investigation of utility of counselling services by the Ameru girl child as a coping strategy for managing the effects of FGM viewed two types of counselling: the counselling sessions and brainstorming. These counselling services were chosen because of the emphasis placed on the aspect of increasing the girl child's personal responsibility for their own lives. The findings are indicated in Table 2.

Table 2: Use of Counselling as a Coping Strategy

Copying Strategy	**Respondent**	**Statistic**	**Never**	**Rarely**	**Always**
Use of counselling sessions	Girls	Frequency %	51 12.5	87 21.4	269 66.1
	Health Workers	Frequency %	6 13.0	23 50.0	17 37.0
Use of Brain storming	Girls	Frequency %	39 9.6	129 31.7	239 58.7
	Health Workers	Frequency %	11 23.9	19 41.3	16 34.8

An inspection of the results in Table 2 indicates that 66.1% of the girls reported that they always utilized the counselling sessions as a coping strategy against post FGM effects. This reflects the importance of counselling sessions for the Ameru girl child with regard to the effects of FGM. These results are consistent with the view that effective counselling helps the client to move towards a greater level of self acceptance and self understanding thus becoming more realistic of personal abilities (Fuster, 2002,). Further, Egan (2002) affirms that the goal of counselling is to reduce psychological disturbances of the clients which may be the reason for popularity of post FGM effects counselling sessions among the Ameru girl child. Contrary, 50% of the health workers reported that counselling was rarely used as a coping strategy by the Ameru girl child for mitigating the effects of FGM. This suggests that not many girls consulted the health workers for post FGM effects counselling sessions. Nyaga (2011) suggests that the best counselors for girls would be the female counselors because girls are more likely to be relaxed and self disclosure would be easier.

Results in Table 2, depicts that 58.7% of the girls reported that they always preferred the use of brain storming after FGM, as a coping strategy. However, only 34.8% of the health workers supported the girls' position on use of brainstorming as a coping strategy. As such, brain storming was being utilized by Ameru girl child as a buffer against the effects of FGM. These findings are in line with results obtained by Ed, Robert and Railey (2009) that brain storming helps an individual clarify the changes they want to make in their lives and provide the tools they need to make these changes take place. The girls in this study can be helped using this method to attain their competences, hence, realizing their full potentialities by overcoming their post FGM effects which could be creating barriers in their lives.

4.2.2 Social Support as a Coping Strategy for Managing the Effects of FGM

The respondents were required to indicate the frequency with which the Ameru girl child utilized social support services to combat the effects of FGM. The results are presented in Table 3.

Table 3: Social Support as a Coping Strategy

Statement	Respondent	Statistics	Never	Rarely	Always
Use of Advocacy (giving public support)	Girls	Frequency %	- -	194 47.7	213 52.3
	Health Workers	Frequency %	6 13.0	21 45.7	19 41.3
Training in interactive activities	Girls	Frequency %	11 2.7	140 34.4	256 62.9
	Health Workers	Frequency %	13 28.3	21 45.7	12 26.1
Community Awareness	Girls	Frequency %	23 5.7	120 29.5	264 64.9
	Health Workers	Frequency %	5 10.9	19 41.3	22 47.8
Linkage for social and economic support	Girls	Frequency %	39 9.6	143 35.1	225 55.3
	Health Workers	Frequency %	11 23.9	16 34.8	19 41.3
Linking girl-child with NGOs and government agencies for consultation and guidance	Girls	Frequency %	23 5.7	160 39.3	224 55.0
	Health Workers	Frequency %	12 26.1	15 32.6	19 41.3
Use of social models to assist the girl-child cope with life	Girls	Frequency %	39 9.6	144 35.4	224 55.0
	Health Workers	Frequency %	20 21.7	24 52.2	12 26.1
Inculcate the culture of justice in the local community for protection of the girl-child	Girls	Frequency %	23 5.7	99 24.3	285 70.0
	Health Workers	Frequency %	3 6.5	18 39.1	25 54.3
Engage the girl-child in communal activities which foster positive change in attitude towards good behaviour	Girls	Frequency %	11 2.7	98 24.1	298 73.2
	Health Workers	Frequency %	10 21.7	13 28.3	23 50.0

Most respondents attested to the use of social support services by the Ameru girl child for managing the effects of FGM. Information in Table 3 reveals that the Ameru girl child used public support in form of Advocacy where individuals or groups of people go round their localities sensitizing and educating people on dangers of FGM. This indicated that FGM is a subject that was well known and well publicized among the Meru community. This means that there was a lot being done by the Government, NGOs, churches and the local community leaders to create awareness on negative effects of FGM and to promote community understanding of roles and responsibilities in assisting the Ameru girl child cope up with the effects.

Training in Interactive Activities involves training the FGM initiates to engage in activities where there is contact with others, as a coping strategy. Majority of the girls (62.9%) reported that they always got involved in the training of interactive activities such as going to church, village gatherings, belonging to welfare groups and church choirs among others. This builds their level of social interaction assisting them gain social knowledge and skills. This in turn makes the girl-child competent to live with others; and coping very well with post FGM effects. Bandura (1986) affirms that behaviour is not solely defined by inner drives or environment but also by interactive association between inner processes and environmental variables. The Ameru girl child acquires a sense of belonging by getting involved in a busy social life for progress and achievement.

Linkage for social economic support involves empowering the Ameru girl child and strengthening their economic independence in the community. It implies getting some connection with other girls, becoming friends and even starting business together for income generation. Results in Table 3 shows that 55.3% of the girls

reported that they had some linkage for social and economic support to moderate the socioeconomic effects of FGM. This finding is in line with the health workers' responses where 41.3% noted that girls were encouraged to form linkages for social and economic support. The linkages for social economic support enable groups of Ameru girl child to get financial assistance from donors, NGOs and Banks which may not have been possible if one worked as an individual. The Ameru girl child is able to form or join youth and women groups which can access finances from micro-finance agencies like Faulu Kenya, K-Rep, the Kenya Women Finance Trust and Youth Enterprises Fund among others. This sense of belonging to a group gives the girls confidence thus getting rid of any shame or stigma related to FGM status. Such empowerment links helps the Ameru girl child cope with life after FGM and overcoming any financial hindrances.

The Ameru girl child engaged in communal activities which fostered change in attitude towards good behaviour as a coping strategy to mitigate the effects of FGM. These communal activities included tree planting, women groups, farming, church activities, CDF projects, weddings and fundraising meetings among others. Such activities promoted social support since the girls felt that they had a community to identify with. Moreover, the communal activities also provided a lot of social and emotional help to the Ameru girl child as well as rejuvenating their energies to assist them start living again. The activities also help to reduce guilt, shyness, remorse, sense of failure and loss of identity which they had initially suffered due to their FGM status. Through social interaction, the Ameru girls can get information on good career planning, marriage at the right time and remarrying for those Ameru girls who may have divorced after marriage at a relatively young age.

4.2.3 Medical Attention as a Coping Strategy for Managing the Effects of FGM

The respondents were required to indicate the frequency to which specific medical interventions were used to counteract post FGM physical health effects as a coping strategy. The findings are outlined in Table 4.

Table 4: Medical Attention as a Coping Strategy

Statement	Respondent	Statistics	Never	Rarely	Always
Encourage deliveries in medical facilities	Girls	Frequency	36	92	279
		%	8.8	22.6	68.6
	Health Workers	Frequency	3	13	30
		%	6.5	28.3	65.2
Provision of medical attention and treatment	Girls	Frequency	24	131	252
		%	5.9	32.2	61.9
	Health Workers	Frequency	6	17	23
		%	13.0	37.0	61.9
Sensitize on gynaecological care and attention	Girls	Frequency	24	205	278
		%	5.9	25.8	68.3
	Health Workers	Frequency	5	12	29
		%	10.9	26.1	63.0

Information in Table 4 points out that 68.6% of the girls reported that they were always encouraged to deliver children in medical facilities. This is a strategy which is also supported by 65.2% of the health workers responses. Seeking and utilizing modern medical facilities where services are offered by trained medical staff tends to minimize the negative effects of FGM practice. This is because the trained medical staff members help in providing the necessary healthcare to increase the girls' chances to proper recovery by putting the FGM victims on strong antibiotics to reduce infection (Toubia, 1999). They also perform bilateral episiotomy (cutting both sides of the vagina) to increase chances of safe delivery. In addition, WHO (2001) suggests that FGM practice doubles the risk of the mother's death in childbirth with the major maternal obstetrical complications being prolongation of the second stage of labour because of scar of soft tissue dystocia with the attendant need for anterior episiotomy (deinfibulation). There are also perineal lacerations because of loss of natural compliance of the tissues around the vagina as well as haemorrhage leading to shock and death because of tearing of the scar tissue. In support, Toubia (1999) affirms that hospital deliveries are the best since obstructed labour can cause necrosis of the vaginal wall because of the constant pressure of the baby's head on the posterior wall of the urinary bladder and anterior wall of the rection resulting to vesco vaginal or recto vaginal fistula.

4.2.4 Education and Training as a Coping Strategy for Managing the Effects of FGM

The Kenyan Sessional Paper No. 5 of 2005 confirms that formal education and training of girls and women is quite critical for long term social development. Therefore, education and training of the Ameru girl child is a vital strategy against intellectual, social and economic effects of FGM practice. An item in the questionnaire

required the respondents to indicate the frequency of utilizing education and training a coping strategy for managing the effects of FGM. Information in Table 5 presents the findings.

Table 5: Education and Training as a Coping Strategy

Statement	Respondent	Statistics	Never	Rarely	Always
Training on life skills	Girls	Frequency	27	76	304
		%	6.6	18.7	74.7
	Health Workers	Frequency	11	13	22
		%	23.9	28.3	47.8
Family life education	Girls	Frequency	12	125	270
		%	2.9	30.7	66.3
	Health Workers	Frequency	9	16	21
		%	19.6	34.8	41.3
Expose to media messages	Girls	Frequency	89	148	170
		%	21.9	36.4	41.8
	Health Workers	Frequency	70	20	19
		%	15.2	43.5	41.3
Promote participatory approach to capacity building and problem solving	Girls	Frequency	28	126	253
		%	6.9	31.0	62.2
	Health Workers	Frequency	10	20	16
		%	21.7	43.5	34.8
Encourage the girls to go back to school	Girls	Frequency	28	163	216
		%	6.9	40.0	53.1
	Health Workers	Frequency	1	16	29
		%	2.2	34.8	63.0

Results depicted in Table 5 indicate that majority of the respondents affirmed that the Ameru girl child used life skills training, family life education media messages, capacity building, problem solving and formal education to cope with the effects of FGM. Technically, the Ameru girl child does not go back to school after FGM as she considers herself as a grown up woman and is also viewed so by her society. Instead she opts for marriage as she has to adapt to her new roles and accept a change in identity. After FGM, girls acquire perceptions which lead to various negative effects at school. For instance, there are reports of girls behaving in a superior and disrespectful manner to uncircumcised female teachers and classmates while others become too obedient to the male teachers and peers exposing them to emotional and sexual harassment (PATH, 2005). Education may be perceived as a compass with which one can navigate life and equips individuals with means to understand and participate effectively in various life activities by providing literacy, knowledge, skills and ability to take on new opportunities in life (Ondiek, 2008). Thus, enhancing education and training for the Ameru girl child enables creation of opportunities for gainful employment and rational decision making in socioeconomic domains.

4.2.5 Qualitative Descriptions of Coping Strategies for Managing the Effects of FGM

Detailed qualitative information about coping strategies for managing the effects of FGM by the Ameru girls was solicited from the social workers and focus groups for triangulation purpose. Interview responses from social workers are presented in Excerpt 1 with the real names withheld to enhance confidentiality.

.**Excerpt 1**

Researcher: What are some of the coping strategies on the Post FGM physical health effects used by the girl-child?

Respondent 3: Counselling the girls to accept their FGM status and they should be advised to use medical facilities for any complications experienced.

Researcher: What are some of the coping strategies on the psychological effects affecting the girl-child?

Respondent 1: The girl-child should be advised and supported to cope with stress disorders, irritability, anxiety and depressive states. This can be done through attending workshops and seminars, specifically based on FGM practices and outcomes. Counselling is also important for these Ameru girls, and should therefore be encouraged.

Researcher: What are some of the coping strategies on the social effects affecting the girl-child?

Respondent 2: The girls should be supported to learn how to cope with marital conflicts and divorce, family conflicts, family negligence and fear of social interaction. The girl should be encouraged to join social support groups, in order to get assisted to overcome fear, shame, stigma and isolation, she may be experiencing, because of her FGM status. Any girls who may have dropped out of school should also be encouraged to go back to school

Researcher: If one is to pass on messages pertaining to FGM practice which media strategy would be used in educating the public on consequences of FGM?

Respondent 3: There are quite many:

i. Best is to use radio stations that use local languages, so that many people can receive the messages.

ii. Publications of posters, pamphlets, T-shirts with written messages.

iii. Use of the T.V. and Billboards on the roads.

iv. Folk-media that is communicating the message through songs, role plays and drama in local language, in any county's celebrations.

These methods are the best because they assist in covering a wider community with the FGM messages.

Researcher: In your own opinion, what is the relationship between FGM practice and one's level of education?

Respondent 1: FGM practice is more rampant among people who are less educated, and especially the less educated mothers, force it on their daughters.

Researcher: In your opinion what is the relationship between economic status and the FGM practice?

Respondent 2: Among the Ameru, the people of low economic status are the ones who are highly involved in the FGM practice.

Researcher: Is FGM advocacy required by these Ameru girls?

Respondent 3: Yes. A lot of advocacy is needed.

Researcher: Anybody else with a different opinion?

Respondent 1: Yes. Guidance and counselling sessions for the youth, just before the months meant for FGM ceremonies, can save some girls from this practice.

Researcher: What has been the reaction of the church towards the families that have been involved in FGM in this community?

Respondent 2: The church is trying to fight FGM very much such that those families practising FGM have been ex-communicated from the church. Some churches have initiated Advocacy Programmes such as "Ntanira na Mugambo", which is an Alternative Rite of Passage programme. However, I know of some church elders with daughters who have undergone the FGM practice. This makes it hard to know the stand of the church.

The information gathered from social workers revealed that there was need of coping strategies for the Ameru girl child because the persistence of FGM practice was still a real threat to the girl child's psychological and physical health as well as social welfare. The findings indicated that a mother's educational level had an effect on the dissemination of FGM procedures to her daughters. In addition, a mother's understanding of the stakes involved in excision as well as her own experience had a direct bearing on her decision to mutilate her daughters. The probability that a daughter would be excised was lower among richer families and higher among poor families. Although, the church was expected to play a major role in discouraging FGM practice among the Ameru community, the findings revealed that some church elders had their daughters circumcised. This implies that some years back, the church did not have a very firm stand against FGM practice. The respondents suggested the need for awareness on coping strategies to assist these Ameru girls acquire knowledge and social skills for career advancement as well as improvement of social lives despite their FGM status.

Focus group discussions were also used to seek for more information on post FGM coping strategies utilized by the Ameru girl child. The focus group discussion teams of community members included three village elders, one chief, three church representatives and three mothers/guardians. Information on the role of various group members in mitigating the effects of FGM is given in Excerpt 2. The real names of these community members

were withheld to conceal identity and maintain confidentiality.

Excerpt 2

Researcher: What types of coping strategies do you offer to the girls who have undergone FGM practice?

Respondent C: Although FGM practice is part and parcel of the Ameru culture, the church does not support this practice implying that the church can only advocate for its abandonment. However, the Diocese of Meru has put in place through its many Catholic parishes advocacy groups to create awareness to its members especially the girls who have undergone FGM, on post FGM side effects and intervention measures to counter these effects. This is being done through seminars and workshops for the youth, being conducted in various churches. Moreover, the diocese has planned field activities in different churches, where they are creating awareness on problems of FGM practice and on how the girls can cope with them. Resources like slides, films, stories, testimonies of victims and witnesses, as well as poems are also being used to make the messages clearer. This has greatly assisted and rejuvenated the energies of these girls, making them start living freshly once again. *(Catholic Church Father – Igembe south)*

Respondent E: We assist these girls by trying to encourage them to go back to schools. We anticipate that from these schools, the girls are able to gain knowledge and skills which can help them develop in various careers hence improving their lives. These are the messages that we always put across to their parents every time we hold community barazas. There should be increased outreach to primary schools to influence both teachers and students. This can be done with an aim to create a critical mass of young peer educators who may be used to influence other youth who have undergone FGM practice. *(Chief – Igembe South)*

Respondent F: There are no formal programmes organized by our church to assist these girls who have undergone FGM practice. However, occasionally, we hold informal meetings or seminars for the youth groups. These provide forums where these girls who have undergone FGM practice are given words of encouragement. For instance, they are counseled on how to improve their social lives by getting engaged in communal activities such as weddings, joining the church choirs and other youth activities in the communities. This has been an effective method and has assisted the girls in overcoming shyness, isolation as well as improving their level of self esteem. *(Pastor- African Independent Church Tharaka).*

Respondent G: Yes, counselling has been the best method to empower those girls cope with post FGM effects experienced. Occasionally I informally counsel these girls whenever we interact within community activities and I have witnessed a lot of social growth in them. They are now able to interact so freely with other community members unlike before when they used to suffer a lot of stigma due to their FGM status. In some areas of Meru, like Mukothima, an NGO like Maendeleo ya Wanawake Organization (MYWO) has been organizing seminars, where girls who have not undergone FGM are taught about Alternative Rite of Passage (ARP); commonly referred to as 'Ntanira na Mugambo' among the Ameru Community. This will help the girls move from the actual physical cut, and hence no coping strategies would be required. A lot of counselling is also given by this programme to these girls. *(A mother – Meru South)*

Respondent D: Having been a primary school headmaster for many years before my retirement, I share with these girls who have undergone FGM practice many times, whenever we meet. Personally, I give them a lot of social support, because freely we discuss about their marriages, relationships with their friends, the careers they got into or the business the plan to start, among many other social issues. I even advice them freely on ways and means of how they can get some little finances for small projects they may be planning to start. This information and emotional help, has uplifted them in exploiting their potentials and competencies, making their lives more improved. *(Village Elder – Igembe South)*

Respondent B: We assist these girls who have undergone FGM a great deal as a church. In many of our parishes, the church has managed to use trained health workers to act as Change Agents, among these girls. The health workers organize conferences, discussions and exchange of information and views, with the girls. This strategy has given the girls a lot of knowledge and skills, as well as uplifting their levels of self esteem. The health workers also advise the girls to go to hospital whenever they fell sick. In turn, this is bringing long lasting changes and improvement in the lives of these girls, despite their FGM status. *(A church Reverend – PCEA*

Church Meru South)

The findings from focus group discussions suggested that community members were making intensive efforts to assist the Ameru girl child to cope and live comfortably with their FGM status. The discussion revealed that the community members were fully involved in supporting and strengthening the girl child's education in the community. They also tried to empower these girls to live positively with the post FGM effects by encouraging them to join social support groups such as NGO projects within the community, women welfare groups, church activities and seek medical checkup for infections whenever they felt unwell. It was also noted that the chief's main goal was to sensitize large parts of communities and families affected by the FGM practice with messages on how to live on despite their FGM status. The chiefs also sensitized the girls to get involved in communal activities in order to attain competencies hence realizing their full potentialities. Village elders assisted to bring about changes in the lives of the Ameru girl child through education and training. This was achieved by sensitizing and motivating the Ameru girl child to get out of their home either in the morning or evening to engage in learning activities. From these intervening strategies, the Ameru girl child can acquire skills that they need to make changes in their lives. All the focus group members reported that they were ready to give the Ameru girls any practical and emotional help by providing the necessities of life. The main goal was to assist them rejuvenate their energies and start living freshly once again despite their FGM status. It was anticipated that the many interventions discussed by the focus groups would make the Ameru girl child ambitious in life as well as assist them adjust in their new lives free from shame, isolation and stigma.

5. Recommendations

From the findings, it is evident that the FGM practice is a contributory factor to many post FGM effects which are painful and severely disabling for the Ameru girl child to bear. Therefore, based on these findings, the following recommendations were made.

i. There is need to sensitize the Ameru community about post FGM counselling services provided by health workers so that the Ameru girl child can benefit from these professional services.
ii. The various agencies and personalities that offer post FGM counselling services to the Ameru girl child need to be identified and empowered to effectively facilitate holistic growth and development of these girls.
iii. The Government through the ministries of Education, Health and culture may need to provide and increase access to FGM coping strategies like medical attention, counselling services, social support services, communal advocacy, economic support, communal activities, education and training among others by the Ameru girl child.
iv. There is need for emphasis on the importance of the alternative rite of passage in order to minimize and eventually end the FGM practice with its negative effects.

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