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**KNOWLEDGE ON ALTERNATIVE RITE OF PASSAGE  
AMONG TEENAGE GIRLS IN THARAKA NITHI COUNTY**

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## KNOWLEDGE ON ALTERNATIVE RITE OF PASSAGE AMONG TEENAGE GIRLS IN THARAKA NITHI COUNTY

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### Abstract

**Purpose:** The purpose of this study was to determine knowledge on Alternative Rite of Passage (ARP) among teenage girls in Tharaka Nithi County

**Methods:** A cross sectional descriptive study was carried out in Tharaka Nithi County Kenya. The study targeted girls aged 12-18 years who were 24,458. A sample of 317 girls was selected using proportionate sampling method. Data was collected using questionnaire and key informant interviews that yielded both qualitative and quantitative data. Data was analyzed using SPSS version 25 and presented in pie charts, bar graphs and tables. Chi square was used to establish relationship between variables and a P value of 0.05 was considered significant. Pearson correlation coefficient was used to establish the strength of the linear relationship between the variables under study.

**Results:** Several factors were found to be significant, while most of the respondents would want to undergo ARP (75.9%), most did not know the benefits of ARP. Statistically knowledge on the benefits was found to be significant in that those who knew were more likely to undergo the rite as opposed to those who did not know. Similarly, those who knew where and which organizations offered ARP were more likely to undergo the rite. Most of the efforts have been concentrated on educating the community about Female Genital Mutilation and the benefits of ARP without recognizing that the girls who are the recipients of these rites of passage need to be empowered. This agrees with Ofware, 2018 that empowering girls with knowledge on ARP was a vital pillar in the fight against FGM. This is more so because these FGM happens in secrecy and the community members and local leaders may not be able to fight. When the girls are empowered, they can resist and seek help from rescues centers and authorities.

**Unique Contribution to Theory, Practice and Policy:** The study recommended that Maendeleo ya wanawake, Plan International and other stakeholders who are conducting ARP in Tharaka should partner with ministry of education in order to educate girls on ARP and its benefit. This empowering of the girl with knowledge will help in the fight against FGM. The study further recommends that the ministry of gender and ministry of education to development a framework that will ensure teenagers are educated on reproductive health issues including FGM.

**Key Words:** *Knowledge, Alternative Rite of Passage, Teenage Girls*

## 1.0 INTRODUCTION

The most affected people by FGM are the people living in the rural areas of Kenya where education levels are low. Several studies have shown great association between knowledge and acceptance to change (United Nations International Children's Emergency Fund, 2013). One of the key issues to be addressed any change and in abandonment of FGM is community awareness and advocacy for formal education in all areas in Kenya and specifically those affected by FGM (UNICEF, 2013).

Promoting girls education empowers them with knowledge to resist FGM and gives them a chance in the society to withstand the stigma that comes with not undergoing the practice leaders (Oloo, Wanjiru, & Newell-jones, 2014). Civic education to community leaders is key in the success of ARP in most communities. In every community there are local leaders like elders who are perceived to be the custodian of culture. These leaders need to be involved in order to ensure success of ARP. In some communities, local government leaders are in support of FGM regardless of the existing law. Others who are key to the success of this program are traditional circumcisers and traditional birth attendants (TBA) whose business is greatly affected by this program (Cheserem, 2013)

Education of the community is important aspect in promoting uptake of ARP as it increases knowledge on the effects of FGM and helps the community to know about important aspects of life. It is true that every parent wants the best for their child even the daughter, if the understand of the parent is that education is important and then they would embrace change and abandon FGM (Ofware, 2018)

### 1.2 Statement problem

The prevalence of FGM in Tharaka is 68% (Charles, 2016), which is above the national average (21%) and the regional average (35%). With this prevalence rate about 14,154 girls aged 12-18 years are at risk of FGM. ARP was first introduced in Kenya in 1996 in Tharaka North and since the initiation of ARP with 29 girls, its uptake has been slow reaching a peak of 356 girls out 10,902 (3.3%) in 2009 and then declining to 146 girls out of 14154 girls (1.03%) in 2015 and an average of 200 girls per year (MYWO, 2018). This slow uptake is in region where about 14,154 girls aged 12-18 years are at risk. In Tharaka, FGM was practiced as a rite of passage and it is seen that the introduction of an alternative rite of passage would help in the fight against FGM, but its uptake is slow. This study therefore seeks to find out knowledge on ARP among teenage girls in Tharaka Nithi County

## 2.0 LITERATURE REVIEW

### Alternative Rite of Passage (ARP)

The idea of an 'alternative ritual' to substitute for FGM introduced in Kenya by the Program for Appropriate Technology in Health (PATH) in 1995. PATH worked with a grassroots women's organization, *Maendeleo ya Wanawake* (MYWO), to consult the communities on a possibility of abandoning the cut while maintaining other essential components of rite of passage such as education on reproductive rights and gender roles, women's rights, and a public ceremony. In August 1996, PATH carried out its first alternative rite in Tharaka, with twenty-nine girls

participating. The idea was to keep the teaching and training that girl underwent after FGM without the harmful cut of FGM (Oloo et al., 2014).

### **Knowledge and Alternative rite of passage (ARP)**

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## **3.0 METHODOLOGY**

The research used a cross-sectional descriptive study design. The study was conducted in Tharaka Nithi County, Tharaka constituency in Tharaka North and South Sub Counties. These Sub Counties are purposively chosen because it has the highest prevalence rate in FGM in the East of Mt. Kenya region and among the Meru tribe. The study was conducted among young teenage girls aged 12- 18 years who are about 14,154, key informants included program managers involved in ARP and local leaders. The sample size of 317 was determined by Fisher *et al*, (1998) formula. proportionate sampling method was used to sample households in different locations in the five wards. Purposive sampling was used to sample key informants. Semi-structured questionnaires were used to collect quantitative data and interview schedule was used to collect qualitative data. Interviews with key informants were conducted. Once the data was collected Quantitative data was coded, sorted and entered into the computer. It was then processed using SPSS version 25. Descriptive statistics; mean, frequencies, percentage were used and presented using tables, bar graphs and pie charts. Appropriate statistical tests like chi square Fischer's exact test and binary regression was used and qualitative data from the interviews was analyzed thematically

## **4.0 RESULTS**

### **4.1 Demographic characteristics of the study population**

The highest number 75(21.5%) were 16 years old, 74(21.2%) were 18 years, 48 (13.8%) were 14 years old, 45(12.9%) were 15 years, 43(12.3%) were 17 years old, 37(10.6%) were 12 years old and 27(7.7%) were 13 years old. On the education background 228(65.3%) had not completed

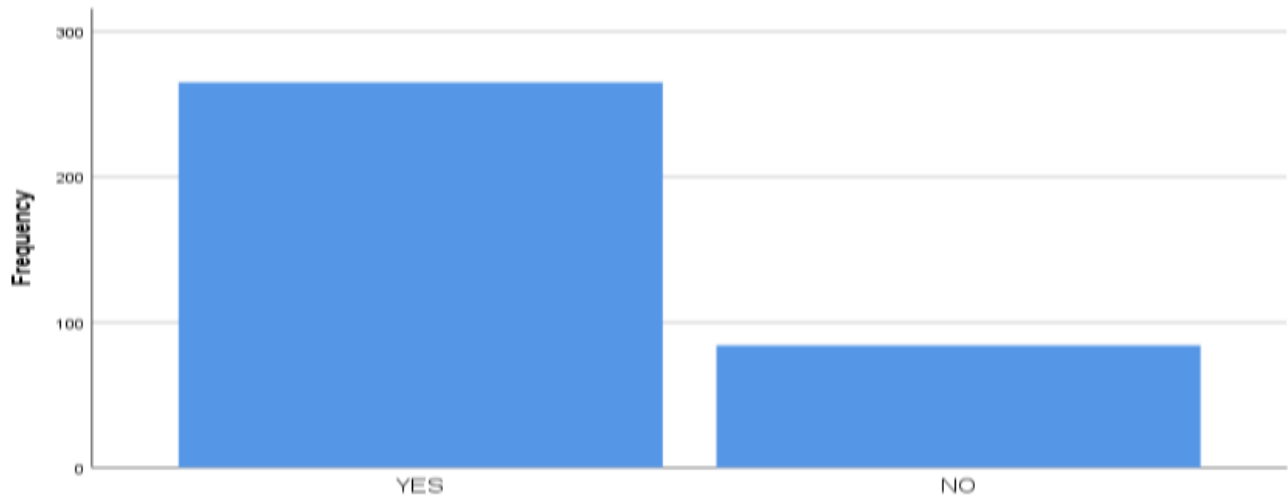
secondary education while 121(34.7) were in upper primary. All the participants 349(100%) were never married. 249(71.3%) were protestants, 83(23.8%) were Catholics while 17 (4.9%) were Seventh Day Adventists. Regarding birth position most were first born 94(26.9%) followed by second born 76(21.8%), the third born at 62 (17.8%), fifth and above 61(17.5%) and finally fourth 56(16%). 309 (88.5%) had not undergone any rite of passage while 40 (11.5%) had undergone a rite of passage. Out of those 40 who had undergone a rite of passage 26 (65%) had undergone FGM while 14 (35%) had undergone ARP. Table 1 summarizes the basic characteristics of the respondents

**Table 1: Demographic and background characteristics**

Factor	Category	Frequency (n)	Percentage (%)
Age	12	37	10.6
	13	27	7.7
	14	48	13.8
	15	45	12.9
	16	75	21.5
	17	43	12.3
	18	74	21.2
	<b>Total</b>		<b>349</b>
Education	Upper Primary	121	34.7
	Incomplete Secondary	228	65.3
	<b>Total</b>	<b>349</b>	<b>100.0</b>
Marital status	Never Married	349	100.0
	<b>Total</b>	<b>349</b>	<b>100.0</b>
Religion	Protestant	249	71.3
	Catholic	83	23.8
	Seventh Day Adventist	17	4.9
	<b>Total</b>	<b>349</b>	<b>100.0</b>
Birth position	First Born	94	26.9
	Second Born	76	21.8
	Third Born	62	17.8
	Fourth Born	56	16.0
	Fifth Born and above	61	17.5
	<b>Total</b>	<b>349</b>	<b>100.0</b>
Undergone a rite of passage	NO	309	88.5
	YES	40	11.5
	<b>Total</b>	<b>349</b>	<b>100.0</b>

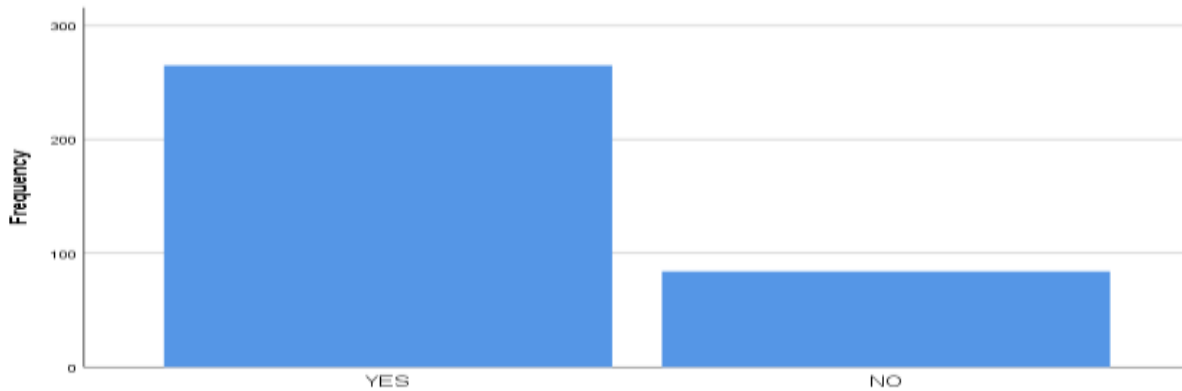
#### 4.2 Knowledge on ARP

Majority of the respondents 265 (75.9%) had heard of ARP while 84 (24.1%) had not heard of ARP.

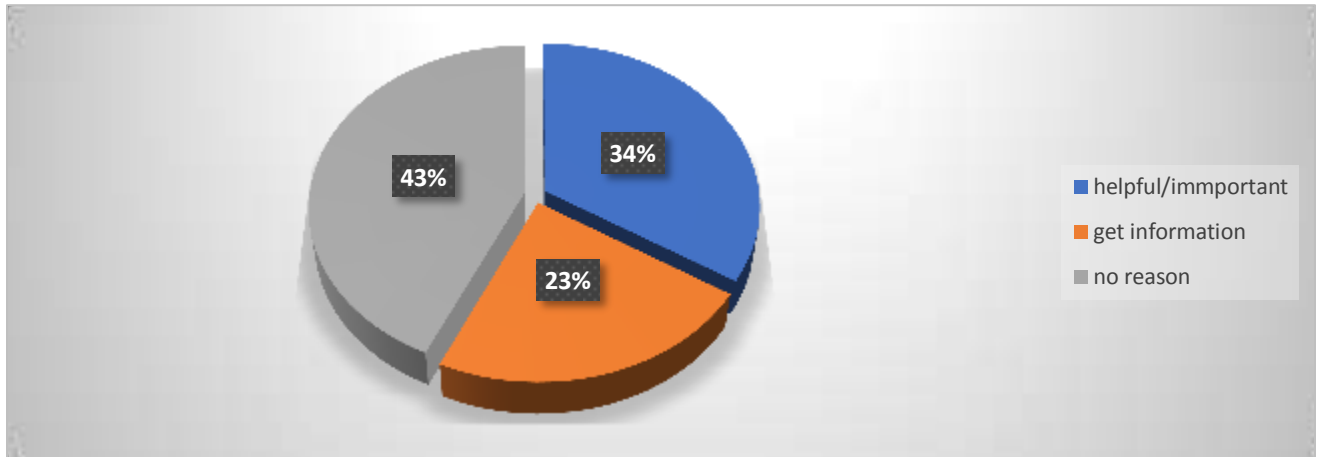


**Figure 1: Heard of ARP**

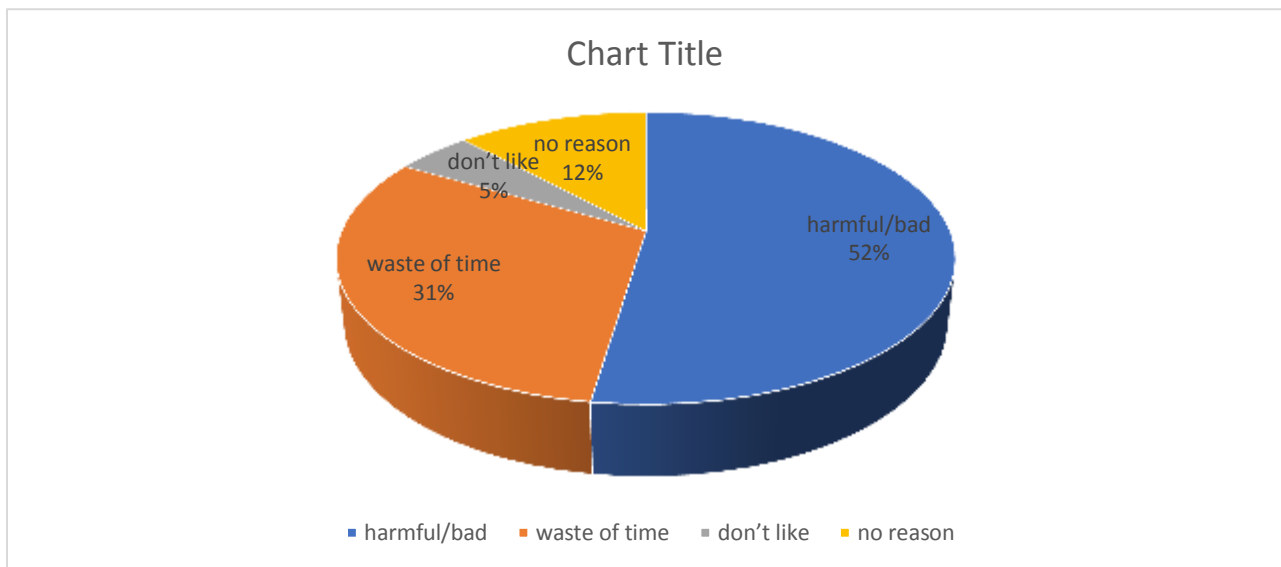
Those who participated in the study 265 (75.9%) would undergo ARP as a rite of passage and 84 (24.1%) said they would not undergo ARP. Out of the 265 who would undergo ARP 89 (33.6) said that ARP is helpful and important rite to undergo, 60 (22.6%) said they would undergo ARP to have information on life and how live well as a go in the society while 113 (43.8%) did not have any reason for wanting to undergo ARP. Of the ones who said they would not undergo ARP 44 (52.4%) said ARP is harmful, it's a bad practice that is illegal in Kenya, 26 (31%) said it's a waste of time that it did not add any value to life, 4 (4.7%) said they didn't like the practice and 10 (11.9%) did not have any reason at all. Figure 2, 3 and 4 represents this data



**Figure 2. Would you undergo ARP**

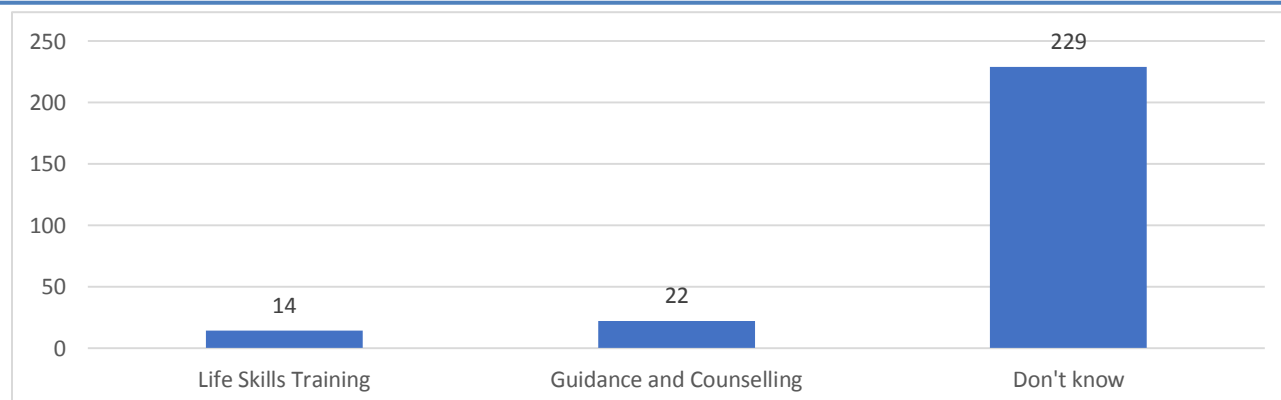


**Figure 3 What reasons for undergoing ARP**



**Figure 4 what reasons for not undergoing ARP**

Those of the respondents who had heard about ARP, 14 (5.3%) said it help in life skills training, 22 (8.3%) said it gives guidance and counselling while 229 (86.4) didn't know any benefit. Figure 5 presents these findings.



**Figure 5 Benefits of ARP**

A total of 263 (75.4%) respondents did not know where ARP services were offered while only 86 (24.6%) of them knew where ARP was offered.

Of the 86 respondents who knew where ARP was offered 73 (84.9%) mentioned Gatunga while the rest 13 (15.1%) mentioned Marimanti.

A total of 313 (89.7%) did not know which organizations offered ARP while 36 (10.3%) knew which organizations offered ARP.

Of the 36 who knew which organizations offered ARP 30 (83.4%) mentioned Tharaka Women Welfare Project (TWWP), 3 (8.3%) mentioned Methodist church and 3 (8.3%) mentioned Plan International. Table 2 below presents this information.

**Table 2: Knowledge on ARP services**

Factor	Category	Frequency (n)	Percentage (%)
Knowledge on where ARP is offered	No	263	75.4
	Yes	86	24.6
	<b>Total</b>	<b>349</b>	<b>100.0</b>
Places where ARP is offered	Marimanti	13	15.1
	Gatunga	73	84.9
	<b>Total</b>	<b>86</b>	<b>100</b>
Knowledge of which organizations offers ARP	No	313	89.7
	Yes	36	10.3
	<b>Total</b>	<b>349</b>	<b>100</b>
Name of these organizations	Methodist church	3	8.3
	Tharaka women welfare project	30	83.4
	Plan international	3	8.3
	<b>Total</b>	<b>36</b>	<b>100</b>



## 5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

### 5.1 Summary

Several factors were found to be significant, while most of the respondents would want to undergo ARP (75.9%), most did not know the benefits of ARP. Statistically knowledge on the benefits was found to be significant in that those who knew were more likely to undergo the rite as opposed to those who did not know. Similarly, those who knew where and which organizations offered ARP were more likely to undergo the rite. Most of the efforts have been concentrated on educating the community about FGM and the benefits of ARP without recognizing that the girls who are the recipients of these rites of passage need to be empowered. This agrees with Ofware (2018) that empowering girls with knowledge on ARP was a vital pillar in the fight against FGM. This is more so because these FGM happens in secrecy and the community members and local leaders may not be able to fight. When the girls are empowered, they can resist and seek help from rescues centers and authorities.

Another study done by Jerop (2015) in Keiyo- Marakwet found out that knowledge was also significant. The girls involved in the study agreed that they would undergo FGM. This shows that knowledge on ARP is an important component in the uptake of the practice.

### 5.2 Conclusion

Most of the respondents had low knowledge on ARP, that where it is offered and who offers it, it was however noted that those who had knowledge were more likely to undergo the rite. The study therefore concludes that knowledge on ARP among girls influences the uptake of the rite and rejects the null hypothesis.

### 5.3 Recommendations

Maendeleo ya wanawake, Plan International and other stakeholders who are conducting ARP in Tharaka should partner with ministry of education in order to educate girls on ARP and its benefit. This empowering of the girl with knowledge will help in the fight against FGM

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