FEMALE CIRCUMCISION

ITS PERSISTENCE AMONG THE ABAGUSII OF KENYA

BY

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DECLARATION

his is my original work and has not been presented for a degree in any other niversity

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his thesis has been submitted with my approval as the university supervisor

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Dedication

Dedicated to our daughter Kristal Moraa and my husband Meshack Matoke for putting up with my absence during field study and Samwel Ntabo for allowing me time to write up.

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This study could not have come to a successful completion without the tireless effort of my Supervisor, Dr. Collette Suda who is not only extremely talented intellectually but also social, humane and understanding. She brought this rare combination to guide my research and help me through the production of this thesis. I thank her most sincerely and will remain deeply indebted to her for the contribution.

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ABSTRACT

The purpose of this study was to establish the reasons behind the continued practice of female circumcision. This practice has been discouraged in the past but some communities in Kenya have continued practising it despite the mounting pressure to abandon the practice. For instance, the surgical operation and the associated rituals have been regarded as harmful to the physical and psychological well-being of the initiates. This has made little impact on this traditional practice.

The practice of female circumcision has lived for some millennia and is believed to have started in ancient Egypt. One of the aims of this study was determine whether female circumcision was still prevalent and intact as it used to be in traditional times. A further concern was to establish what forces had sustained it and whether it served the same functions as it did in the traditional society. It was also important to determine wheher those who practised female circumcision were aware of its implications to health, and if so, whether these discouraged this practise. The impact of the ban and the sensitization campaigns which had been launched against the practice were also examined.

A field study that was aimed at fulfilling the study objectives outlined above was carried out in Kisii District which is among the category of 'highest in prevalence'. Samples of both urban and rural Kisii were selected using the cluster sampling method. More than 200 households were selected using stratified random sampling method. The household was the unit of analysis and the views of the mother represented those of the household. More primary data were generated using key informants, direct observations and focus group discussions.

The data analysed into cumulative frequencies and percentages using simple statistical techniques. These were synthesized into tables and were used as a basis for explaining the cause of the continued practise of female circumcision.

The major findings showed that the practice was equally prevalent in both rural and urban samples. The Abagusii were determined to continue practising female circumcision. Moreover, the surgical operation, the accompanying ceremonies, rituals, and education had changed significantly. Other parts of the ritual had been left out altogether.

The traditional roles of providing prestige, status,and stamina tests to the initiates were not applicable beyond the participant's horizon. It did not work towards national cohesiveness. The practice was reinforced and sustained by social pressure.

One of the main findings of the study was that several people were aware that female circumcision could cause health problems to the initiates but were not aware of the extent of the harm. The damage made to their health did not warrant their decisions against the practice, which they felt was transcendental, and could be passed on to their children. Consequently, there existed a traditional explanation for every ailment or complication that affected the initiates after the surgical operation.

The study further revealed that the Abagusii are aware of the campaigns that had been launched against the practice of female circumcision. However, many of them felt that the practice was discouraged without a valid reason. Health as a basis for discouraging the practice was not seriously considered. They asserted that the practice had existed since time immemorial, even during the time when hospitals to nurse the sick were non-existent. It did not affect the initiates. It was predicted that it will take long before the practice was abandoned. This period could be shortened if the government was stringent on

discouraging the practice. Subsequently, those who practise should be given plausible reasons for abandoning the customary practice.

It was concluded that since those who practise female circumcision were determined to continue, they may do so, but on condition that they take appropriate precautions to protect the health of those circumcised. It was recommended, for example, that the circumcisers should be trained on the art and be required to use sterile kits and devices. Other recommendations were that: campaigns should educate people about the primary and secondary complications that result from the operation.; and the traditional education component should be promoted.

Areas which needed further research included the question whether there was a relationship between clitoridectomy and female libido. The results would establish whether teenage girls who are in school could be provided with contraceptives, to avert teenage pregnancies as well as information to help them discourage the practice of female circumcision.

CHAPTER ONE

INTRODUCTION AND STATEMENT OF THE PROBLEM

1.0 Introduction:

There are four principal rites of passage in the traditional Gusii society which its members undergo. These include the naming of children, marriage ceremonies, funeral rites and circumcision ceremonies. Whereas the former three have declined significantly, circumcision ceremonies have continued to present day. This is because of the role circumcision plays in the socialisation and integration of members of the Gusii society.

Circumcision has been studied, commonly for males, but female circumcision as a subject has received little focused studies. This is due to a number of limiting factors. Right from traditional times, it was taboo to talk about female circumcision. This was exacerbated by the fact that most of the early scholars were men; given that Gusii is a patrilineal society, women were inaccessible. Whenever there was accessibility,it was difficult for women to talk to outsiders about a cultural domain which was regarded as taboo and had a bearing on sexuality. In the contemporary society, policy makers regard it as a non priority area. This has perpetuated ignorance of the facts about female circumcision. The negligence and disregard of the subject have allowed the continuation of the otherwise preventable problems it causes the initiates.

For centuries, female circumcision has been practised by different groups of people in many parts of the world. There is no clear cut age limit for carrying out the operations. Young as well as mature females are operated on in particular seasons of the year, depending on the reasons for the practice and the particular society's requirements. In most instances, it involves damage to the external genitalia which is accompanied by ceremonies and symbolic acts. It is often carried out in unhygienic conditions by practitioners who are trained in the art through apprenticeship. It is performed in different forms, which include burning of the clitoris by use of hot iron, cutting most of the external genitalia, including labia minora and majora and in, some cases, stitching together the labia majora, and cutting off the clitoris.The practice has been fatal

in some cases.

Theories of its origin are many and varied. But there is contention among anthropologists such as El-Dareer (1978), Giorgis (1981) and Badri and Badri (1990) that it is an old practice which dates back to around 500 B.C. Like other cultural practices, it has been handed down from one generation to another. However,due to social changes, this practice has been abandoned in other areas, but in Africa, it is prevalent. According to Hosken (1978) only 15% of the Kenyan population do not practise circumcision ceremonies. These include the Luo and Turkana communities .

Reasons for the practice are mainly socio-cultural and medical. Some medical practitioners regard it as a cure for some female ailments. This may be real, a placebo or imagination. Some societies regard the practice as an important rite of passage, also called an initiation rite. It is used as a mark of integration of members into sects and religions like the Muslim, Skoptz and secret societies. The socialisation processes, ceremonies and training which accompany initiation rites enhance group homogeneity, solidarity, and cohesion.

Female circumcision has been discouraged in the past by the World Health Organisation (WHO), the church and some governments, but only a few groups and families abandoned the practice. The bulk of the population of Africa who had the practice continue to the present day (Murray,1974). In the contemporary world, information technology, education, cultural integration, concern for quality of life and gender issues, have changed people's perceptions about this practice. This one time very important initiation rite to some indigenous populations is now viewed with suspicion. It is described as a heathen practice, a health hazard, a barbaric mutilation of innocent victims, which should have no place in the modern world. It is regarded as a violation of human rights of sexual expression and a very expensive ceremony which has become a relic. There are contradictory attitudes and trends of this practice as a result.

Efforts by interested parties to have the practice abandoned have had decrees, conventions, legislations and campaigns made against it. However, the practice continues in some areas as though unchecked. Yet, in others it is being revived [Nypan,1991].

There is contention both at the local, national and international levels that eradicating this practice will create a positive opportunity cost. If this practice has to stop, regulatory policies are necessary. These must depend on detailed investigation of its functions in society as well as the communities' attitudes towards it. It is in this context that a study focused on female circumcision, its prevalence and functions in a specific community is important. It will establish the main cultural forces influencing this age-old practice.

1.1 Statement of the Problem

Kenya is one of the countries in Africa where most people practise female circumcision. Apart from the Luo and Turkana people, who are Nilotes, the Bantu, Cushites and other Nilotes celebrated initiation rites in the past, which included circumcision, for boys and girls. With time, some ethnic groups like the Abaluyia abandoned the initiation of girls because they felt they achieved nothing by circumcising women. However, others like Abakuria, Abagusii, Nandi, Kipsigis, and Akamba as argued by Hosken (1978), and the Aembu, Tugen, Keiyo, Ameru, Samburu, Maasai, Pokot, Somalia, and Agikuyu circumcise both boys and girls (Maendeleo ya Wanawake Report,1992; Daily Nation, February 15, 1991, PP. 10).

From colonial times, some missionaries made efforts to stop the practice of female circumcision without success. Opposition of the practice became a source of political strife and unrest, on the one hand, and religious protests and sectionalism, on the other (Murray 1974; Kenyatta 1978).

The World Health Organisation (WHO) discouraged the practice worldwide in 1952, because it was a health hazard (WHO 1986). Sunderson (1986) asserts that the government of Kenya banned the practice in 1982 because of the same reason. The ministries of Health and Culture and Social Services as well as Maendeleo ya Wanawake, have launched campaigns to eradicate this practice. The mass media, interested organisations and schools have made contributions by holding seminars, workshops and other fora.They argue that apart from being a health hazard, female circumcision is an oppressive

example of the general subjugation of women.

Despite its harmfulness, female circumcision is a cultural practice that is cherished by the Abagusii and other communities. This explains why it is rampant. However, people's perceptions of their indigenous cultural practice, vis a vis the other groups, is difficult to establish. This is hampered by the scarcity of current data on these perceptions.

There are several research questions which have been addressed in this study. They include such questions as, what have been the peoples responses towards the opposition against the practice?. Have they abandoned the practice? if not, what is the magnitude?. There have been several cultural changes in Kenya and worldwide, have these had any impact on the practice of female circumcision or has it retained its originality?. Does the practice serve the traditional functions or has it taken up new functions?. What is the extent of the peoples awareness of the complications to health that are associated with the practice?. Has this awareness and the campaigns made any impact on the practice?.

1.2.0 Objectives of the Study

The study set to find out why female circumcision still persists Among Abagusii, a society which is characterised by fast changes both socially and economically. Other traditional practices are now practically extinct after the colonial contact and the radical changes of modern times. Notwithstanding the above, female circumcision is rampant despite pressure to have it abolished.

1.2.1 Specific Objectives

(i) To examine the nature and practice of female circumcision among Abagusii.

(ii) To identify the functions of female circumcision among Abagusii.

(iii) To establish the reasons for the persistence of the practice.

1.2.2 Research Questions

1. Is female circumcision and the associated practices more common in the rural areas than in the urban areas?
2. Is female circumcision carried out the traditional way or has it changed?
3. Is the cultural function the most important factor explaining the persistence of clitoridectomy among the Abagusii?
4. Does lack of awareness of the dangers female circumcision poses to health encourage it?

1.3 Justification of the Study

Many studies have been conducted on initiation rites. Examples include(1972), Murray (1974), Audrey (1956), and El-Dareer (1978). These studies either look at the medical aspects of female circumcision or are ethnographic in nature. None has considered the reasons why there are antagonistic tendencies towards efforts to have the practice abandoned, nor why it has not become redundant.It is envisaged that this proposed study will generate sufficient information which will contribute to the repertoire of knowledge about the practice, and particularly, its persistence.

Whereas there is need to protect and preserve good and beneficial cultural aspects, it is important to critically re-examine those practices that are detrimental to health. In view of the current intervention against the practice of female circumcision, this study may help in establishing contradictions and identify prevalent bottlenecks. These will enhance the goals of the campaigns

This research may benefit the women and girls who are both victims and perpetuators of the practice by sensitising them to the health problems associated with it. They, in turn, may warn the youngsters against the practice. Concerned menfolk will be alerted of the implications of their opinions if they put female circumcision as a condition for marriage. It is also hoped to benefit administrators, policy-makers, educators and anybody in need of information on female circumcision. Finally, the project may stimulate further intellectual debates and research .

1.4 Scope of the study

The study focused on the practice of female circumcision among Abagusii.It did not include male circumcision, which is commonly carried out at the same age and time, nor other cultural domains which had raised concern in the area. It was restricted to the Bantu in Kisii District because they were more aware of the practice and the social significance attached to it.

1.6 Definition of terms

Circumcision — Is the removal of the foreskin or the excision of the prepuce.

Prepuce — The fold of skin that covers the conical body that forms the distal end of the clitoris.

Sunna circumcision This involves the removal of the prepuce and the tip of the clitoris. This is the dictionary meaning of circumcision. El-Dareer (1978) sees it erroneously as the mildest type undergone so as to fulfill the traditions of Mohammed.
To be able to do it successfully, skill and proper devices are necessary.

Clitoridectomy — The removal of the clitoris.

Excision — The removal of the clitoris, labia minora and, in some cases, all the external genitalia with the aim of facilitating birth. Hosken(1978) observes that clitoridectomy and excision are the frequent procedures done. The surgeons use razor blades, knives or sharp implements like broken bottles.

Infibulation- This is clasping or fastening a ring, clasp or frame to the genital organs to prevent copulation. After excision, the labia minora are scrapped and then fastened together by stitching or by use of a molten mixture or thorns to promote fusion.

Cauterisation	Needles are placed on the clitoris the evening before the operation to make it swell to a bigger size. The following day a piece of hot iron is pressed against the clitoris so that it burns off. Sometimes the girls are instructed to dance immediately.
Vaseline push	Vaseline pushing involves a continuous massaging of the clitoris with the thumb after applying Vaseline jelly lubricant. It is done for a period of 6 weeks on infants with a belief that it will reduce the size of the clitoris. In some instances hot water is used instead of Vaseline jelly.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Introduction

This chapter constitutes a review of literature from documents. These include both published and unpublished articles from textbooks, reports, theses, journals, magazines and local dailies. It also has a theoretical framework which is used to inform the study.

2.1 Origins of Female Circumcision

Although female circumcision has existed for centuries, the exact time and place where it was first performed cannot be traced, nor what the underlying motives were. Theories and suppositions have been put forward to explain its origins. Giorgis (1981) postulates that it originated on the land around the Nile valley during the Pharaonic era when young slave girls from the lower valley of the Nile were mutilated to curtail their sexual freedom and to reduce unwanted pregnancies. The author argues that it was performed as a sacrifice to the deity who presided over fertility. It started in the Nile valley as a sacrifice made on part of the body for the salvation of the whole with a conviction that the blood that was spilt could make rain fall and bestow land fertility. This was to replace human sacrifice which was performed annually to increase land fertility.

Badri and Badri (1990) and El-Dareer (1978) contend that female circumcision was first known to the ancient Egyptians, Romans, Pre-Islamic Arabs and the Tsarist Russians. Traces of infibulation were found in Egyptian mummies dated to 200 B.C. It was also referred to by Aramaic in Egypt during the second century B.C. A papyrus dated to 163 B.C. found in Greek described female circumcision as an operation performed in Memphis at the age when women received their dowries. In Kenya, the origin of this practice cannot be traced but it is linked to the early civilisations in the Nile (Maendeleo ya Wanawake Report, 1992)

Theories point at Egypt and the countries surrounding the Nile valley as the origin of the practice. Infibulation, which in the Sudan is referred to as 'pharaonic circumcision, is named after a Pharaoh of Egypt. This can also be regarded as evidence that the practice started during the pharaonic era in ancient Egypt. Notwithstanding the above speculations, the beliefs and functions of female circumcision are widespread and different. It is not possible as yet to conclude whether the practice originated in one area and spread, or evolved independently in several places.

2.1.1 Prevalence and Distribution of Female Circumcision

Several reports have appeared on the practice of female circumcision or female genital mutilation. There is a contention among scholars like Nypan (1991) and Hosken, (1978) that it is both widespread and prevalent. For varied reasons, it has been practised in all continents.

On the international scene,excision is practised in Oman, South Yemen and the United Arab Emirates. Circumcision is practised by the Muslim populations of Indonesia, Malaysia,India, Pakistani and East Africa (Hedley and Dorkenoo,1992; Hosken, 1978).

England in the nineteenth and twentieth centuries, clitoridectomy was practised by surgeons to treat psychological disorders like epilepsy and migraines (Giorgis,1981). Until recently, clitoridectomy was not only performed as a surgical remedy against masturbation in Europe, United States of America and Australia, but also as a traditional custom by immigrants from endemic areas (Shryock, 1968; Newsweek vol.CXXI No.7, 1993.)

It is estimated that over 100 million women worldwide are circumcised yearly (Duncan 1992). Of these, 74-84 million are from Africa. (Newsweek, vol.CXXIII, N0.2 1994) Hosken (1978) identifies 40 states in Africa which have the practice of female circumcision and adds that they could be more. Moreover he suggested that there were some ethnic groups and families in these states which do not practise female circumcision. In Africa, the practice is spread and forms an uninterrupted belt across the centre of the continent, which expands up to the length of the Nile. Some of these states and the estimated

percentages of the circumcised women include Somalia and Djibouti (100%), Ethiopia, Eritrea, Mali, Sudan, and Sierra Leone (90%), Burkina Faso (70%), Gambia,Cote d'voure and Kenya (60%), Uganda, Zaire, and Tanzania (below 10%).

The studies aimed at showing statistically the extent of the practice, apart from Nypan (1991) who carried out a qualitative study on the resurgence of the practice in Tanzania. She observed that between the 1960's and the 1980's, young girls wanted to be circumcised; this was in most instances against their parents' wishes. The researcher attributed this to lack of community pressure groups to pressurise against the practice. One can also argue that the resurgence was accelerated by the failure of the modern image of women to provide them with acceptable identity. This resulted from failure of the Tanzanian economy and Africa in general to provide jobs and other opportunities to women. These would accord them the status and identity which is recognised by society.

The literature reviewed in this section has contributed greatly in putting the extent of prevalence and distribution of the practice in global perspective. In Kenya, 60% of the circumcised women belong to the Bantu, Cushites and some Nilotic ethnic groups. Other Nilotes do not have circumcision rites.

It is evident that this practice is found in every continent in the World. The origin and spread of the practice cannot be attributed to religion, belief or geographical region, but to the conditions which sustain it.

2.2 Religious Beliefs Associated with Female Circumcision

There are varied beliefs associated with the practice of female circumcision. Some people attach religious significance to it. According to the cosmology of the Bambara of western Sudan, when born, a human being has two souls, Ni (the consciousness of man) and Dya (the prepuce that embodies the principle of the other sex). Muso koroni (the evil principle) stays in the prepuce. He represents the impurity and chaos of man. This necessitates circumcision, clitoridectomy and ritual cleansing to remove muso koroni, who opposes fertility and socialisation (Beuchelt 1981).This belief also exists among the Dogon and the Bambara of the Niger Valley (Erny, 1981).

In Nigeria, the Anambre feared that uncircumcised women harbour evil spirits and are unclean, and thus they are avoided. In the Bendel state, they irrationally performed female circumcision on pregnant women with fear that if the baby is male and his head touches the clitoris, he will die, (Adebajo,1992:5). The Tagouana of Burkina Faso and Bagisu of Uganda believe that a non-circumcised woman cannot conceive. The spirits will make her childless. If by chance she conceives and bears children, they will die (Dorkenoo and Elworthy 1992:13; Daily Nation February 15, 1991). This belief finds support among the Bamanan of Mali and the Mossi of Burkina Faso who see the clitoris as a source of evil which causes child mortality (Grosz-Ngate, 1989).

From the foregoing information, it is impossible for the clitoris to have contact with the foetus head because the former has to be elevated to give way for the foetus' expulsion from the birth canal. These beliefs have no biological relevance nor are they workable. The beliefs are mere explanations that reinforce the practice.

People from different faiths including Christians, Muslims Bohra and Animists,have this practice. Muslims practise because it is a tradition (Sunna) from Mohammed. Badri and Badri (1990) negated the argument and asserted that it is not explicitly stated in the Quran that women should be circumcised. It is inferred from the statement that 'the woman's reward in the afterlife will depend on the treatment she accords her husband in this life'. Rationally, circumcision is not part of this service!. Furthermore, it is not explained why female circumcision is not found in all Muslim countries, including Saudi Arabia which is regarded as the seat of Islam. It also predates Islam (Dorkenoo and Elworthy,1992).

The Skoptz, a religious sect from Russia, requires her members to practise castration, clitoridectomy and other forms of sterilisation before taking vows of celibacy (Giorgis, 1981).The above is evidence of the control of female sexuality by use of clitoridectomy.The Skoptz should take vows of celibacy and use their will power for self-control instead of having sterilisation.

In the 18th century Britain, renowned surgeons like Baker Brown performed clitoridectomy to cure epilepsy, insanity, and hysteria. Even in

present day America, some surgeons perform it to treat neurosis. (WHO, 1986). It is ironical that beliefs are used as a basis for treatment even in the 20th century.

2.3.0 Socio-cultural Reasons

Anthropologists like Kenyatta (1978), Van Gennep (1972) and Gluckman (1962) agreed that the initiation ceremony is multifunctional. It can be a means of changing status or it may be intended to reduce collision in social relationships, or both. Gluckman (1962) argued that they help in differentiating roles in a society, especially where people play many roles. They provide mystical sanctions which check the spread of conflict inherent in such a society.

Functions of female circumcision are many. For the initiates, it is a mark of a movement from childhood to adolescence or adulthood. It is a socialisation process, a gateway to marriage, a sign of a bond with the community and the environment. It is regarded as a mark of identity, status and social age (Mbithi, 1975). But in most communities or groups that have the practice, individuals are hardly aware of all the reasons.

Ninety percent of women in the western part of Sierra Leone are initiated into women's secret societies which are very influential. Female circumcision incorporates and identifies them as members(Smyke, 1991). The Ituri of Zaire believe that children are made strong by the circumcision ordeals. Thereafter girls become members of the Alima association of adult women(Angulu, 1981). The Ibo, Anambre and Cross River states (Nigeria) carry out female circumcision on mature girls as part of puberty rites. They may be withdrawn from schools for a period of six weeks to be trained in housewifery, relationships with in-laws and baby care. The ceremony is crowned with female circumcision festivals (Adebajo, 1992).

In a research by Maendeleo ya Wanawake (1992) in four selected districts, a mark of adulthood was the main reason behind female circumcision. An average of 80.0 % of the women undergoing circumcision to have a mark of adulthood. Another survey by Gwako (1992) showed that 80 % of Gusii women

favoured female circumcision because it was a mark of socio-cultural identity which accorded them status.

The initiates in the communities that have the practice, and their families derive prestige, recognition and other privileges because they had successfully gone through the tests of stamina. It reinforced the feeling that they were more competent and courageous than those who refused to undergo the rite (Herzog, 1973).

The practice is sometimes regarded as a gateway to marriage. Nypan (1991) argues that among the Meru of Tanzania, female circumcision differs from male circumcision because it was performed as part of the customary wedding ceremony. This is similar to the Maasai and Samburu of Kenya (Maendeleo ya wanawake 1992). Kenyatta (1978) echoes the same when he asserts that' no Gikuyu man can think of marrying an uncircumcised woman'.

The Pokot regard circumcision as the important rite of passage because it amplifies social attractiveness, reconfigures the body, and channels its desires into the pursuit of cattle and children. This is the primary means by which Pokot women and men create intimacy and reconstitute social bonds. A circumcised woman augments her social stature through marriage and motherhood (Bianco, 1991).

Circumcision marked time and social age in most communities including the Agikuyu who had riika for both gender. After receiving an age-group name, the group members were obliged to maintain honour and reputation for oneself and the age-group (riika) (Ahlberg,1992).

The traditional surgeons receive revenue from the operations. This becomes a source of livelihood. Therefore, they encourage the continuation of the practice (El-Dareer, 1978).

It is evident in the foregoing information that female circumcision has important social functions. It is no doubt deeply tied to society's socio-cultural fabric and it has a place in the lives of its members. This explains why it is not forced on individual; they have been indoctrinated, and they desire it.

2.3.1 Aesthetics and Hygiene

In Ethiopia, it is believed that female genitals will dangle between the legs if they are not excised. Excision is performed as a surgical operation for removal of hypertrophy (enlargement of the genital organ) which obstructs intercourse (Giorgis 1981). This is very ridiculous because there is no medical evidence to suggest that these females have a different genital structure from those who do not excise, nor why it is performed on every young female and not specially on those with this mutation.

In the Oyo state of Nigeria, on the other hand, they are considered dirty and ugly to look at. Offensive smell and discharge emanate from the clitoris (Adebajo, 1992). She further point out that in some parts of Egypt, Somalia and Sudan, bodily hairs are considered dirty. Excision is encouraged so as to make a smooth skin surface.

The above views on female beauty in some societies show that practices which disadvantage women are encouraged. This is common to partriarchal communities and patriarchs. The patriarchs encouraged every practice which subordinated women, especially the ones that made it difficult for them to meet their general needs.

2.3.2 Control of Female Sexuality

There exists a claim on anatomical grounds that females have stronger sex drives than males. It is insatiable and multi-organic and is comparable to that of other female primates when on heat. This is the claim which has riddled females with centuries of suffering. Female circumcision is aimed at attenuating sexual desire by removing the clitoris, which is the erotogenous zone. This would protect her from her oversexed nature and preserve her chastity (Mugo, 1982). This is done with sinister motives because the women are not deprived of their sexual desires (Nypan, 1991).

There are explanations advanced on the functions of excision as a control of sexuality or libido in various communities. Among the Yoruba of Nigeria, it is believed that if sperms found their way into the nursing mothers milk, they will kill the child (Adebajo, 1992). The woman went without sex for

eighteen months during breast-feeding. Circumcision made it easier for them to bear a sexless life. It is argued that culture and tradition tie and people are in a dilemma as to what to believe in. In some states of Nigeria, children are circumcised on the 7th day of their life which is the naming day. This is when the child is brought out to the open air. It is a joyful thing to do . It starts at six a.m. The circumcisers use a knife handed down the generations, sharpened on a stone, and is never washed. She further suggests that other female children are circumcised in the fifth month for purity purposes. This is the situation which can probably cause infections or death to infants. For example,a rare clinical case was reported from Benin City, Nigeria, of Fourniers's gangrene in a one month-old baby following traditional circumcision and application of herbal haemostatic. The child died within a few hours of reaching hospital.

In America, genital mutilation is performed to control masturbation and teenage pregnancies (Shryock, 1968). Even today, removal of the clitoral prepuce is occasionally performed to counter failure of a woman to attain orgasm as well as by immigrants from endemic areas (WHO 1986,31-36). One can argue that since Americans are not pent to ignorance and poverty, they would afford themselves free contraceptives to curb teenage pregnancies.

Female circumcision is a prerequisite for successful marriage. According to Maendeleo Ya Wanawake (1992), it is believed that uncircumcised women are promiscuous and too independent. Circumcised women, on the other hand, are believed to be docile, humble, submissive and know their place in the family. These are the results of a survey carried out in Samburu, Meru, Kisii and Narok.

It can be argued that these people fall short of seeing that the said good qualities of women are a result of socialisation and training during the initiation period. This socialisation can take place, if need be , without women necessarily undergoing circumcision operations.

Among the Meru of Tanzania, Samburu and Maasai of Kenya, female circumcision is tied to marriage ceremonies. It is believed that excision allows easy child birth (Nypan, 1991). It is also associated with payment of bride-wealth. Infibulations are done to act as a proof of virginity, before bride-wealth

is paid. In Nigeria, the operation allows the potential mother in-law to find out whether or not the girl is a virgin. If not, the disgraceful bride will lose a suitor and will be stigmatised. Nonetheless, a narrow vaginal opening is believed by both men and women to heighten male sexual pleasure (Dorkenoo and Elworthy, 1992). It is done to young girls, widows, divorcees and women whose husbands are in prolonged journeys. It is also done after every birth. This is evidence of the height of subjugation of women. Circumcision promotes polygyny, possession and pleasure for men while, on the other hand, it denies pleasure and encourages monogamy, subduction and pain for women in these communities.

2.4 Health Consequences

Even with the praise this traditional practice enjoys, it is associated with some health problems. It mostly involves cutting. It is performed by professional health providers in some cases but it is commonly performed by traditional practitioners without anaesthesia, usually in unhygienic conditions with non-sterile devices. The victims are females of all ages from just a few hours old (as in Ethiopia) to corpses.

Hosken (1978) identifies the consequences which include bleeding. When bleeding is severe and combined with fear and pain, it may cause shock and even death. Retention of urine, infection and tetanus are also common occurrences. In cases of infibulation, consequences include retention of menstrual blood.

El-Dareer (1978) adds to the list by identifying secondary complications which include formation of dermoid cysts and keloid, frequent infections of the urinary tract and pelvis. In Sudan, 20 % to 25 % of infertility is attributed to pharaoic circumcision. In eastern Nigeria, a review of 78 females with acquired vaginal stenosis showed that circumcision was the most important underlying cause (Duncan, 1992).

The damage caused is irreversible. Women suffer great pain during intercourse. During childbirth, the scars, instead of dilating, break. This causes painful and prolonged labour. There are also cases of obstructed delivery. This may cause fetal brain damage and stillbirth (Ongonga and Kirya Eds, 1989).

This makes assistance during delivery necessary but this is jeopardized by traditional taboos. In Nigeria, for instance, it is taboo for women to seek assistance during labour and they are discouraged from seeking assistance in hospitals. There are known cases when women in labour may run away from hospitals to deliver elsewhere. It is a worse stigma if a woman is delivered through caesarean section (Adebajo, 1992). On the contrary, if these women with secondary labour complication must be saved, help must be sought in hospitals and the alternative often left for health professionals is to perform a caesarean section.

Duncan (1992) and Amanda (1988) contend that traditional knives and other devices for circumcision are sometimes shared and are not sterilised before, after, or in between the operations. This increases the risks of Human Immuno-deficiency Virus infection.

The consequences to health brought by traditional practices are avoidable if these practices could be changed. This is possible if research is done to expose the taboos and associated consequences which are a hindrance to not only halting it but also to general development of individuals and communities. Governments and individuals are obliged to make their stand concerning negative practices and have a commitment towards their eradication and promotion of health.

2.5 Current Trends

Scores of people are aware of the damage caused by female circumcision, but it is still rampant. From a survey carried out in the Sudan, Badri and Badri (1990) pointed out that since 1945 when the practice was legislated against, there have been repeated campaigns and decrees to stop it. Surprisingly, 95.9 % of college female students were infibulated. The reseachers concluded that there was no significant difference in prevalence when it was compared to another survey carried out in 1983.

At the Ndada Diocese of Lukendi in Tanzania, the church tried to modernise and Christianise the initiation rites but failed. This is not only specific to Ndada mission but similar situations have risen elsewhere (Pelt, 1971).

In Kenya a survey carried out by Murray (1974) in Murang'a (where the 1929 female circumcision crisis arose) revealed that 50 % of high school female students were circumcised. She concluded that it was not common as it was 70 years earlier, but it was not rare nor dying out. This suggests that even if this practice has been banned, legislated against or prohibited, it is still common. In a report on "Harmful traditional practices that affect the health of women and their children", by Maendeleo ya Wanawake organisation in 1992, the prevalence of female circumcision in four selected Districts was 89.6% among women aged 14 and above years, with Meru having 73.5%, Kisii 98.0%, Narok 96.0% and Samburu with 91.3%.

In developed countries like the Netherlands, Sweden, France and Britain, female circumcision has been banned and those who practise it are prosecuted in the law courts (Newsweek Vol. CXX1 No 7, Feb. 15, 1993, p 54,).

In Africa some heads of state have expressed their views on the practice.In Egypt,a law was passed in 1959 against all forms of circumcision. However, this made very little impact, for it was not given priority by the government and no popular support was rallied behind it (Ladjali,1990).

The late Thomas Sankara of Burkina Fasso discouraged the practice by comparing it with butchery of daughters. He pointed out that it was an attempt to confer an inferior status on women which would always remind them of their inferiority to men (Dorkenoo and Elworthy, 1992).

In Kenya president Moi gave a decree against the practice in 1982. Individuals who go against this decree can be prosecuted under the Chief's Act of 1912 (Sunderson, 1986). However, there is some pressure from the media and elsewhere to have the Chief's Act abolished. When this happens, there will be no law to prosecute individuals who commit circumcision crimes. Moreover, there are no known culprits who have been prosecuted for committing circumcision crimes, although the media reports several cases each year.

Non-Governmental Organisations have campaigned against this practice.It is regarded as a barbaric practice that has no place in modern Kenya, (Maendeleo ya wanawake Organisation, Kenya). It is argued that local Non-Governmental Organisations have contradictory attitudes towards the practice.

Whereas there is no dispute over whether it is a peoples' culture, the Non-Governmental Organizations differ over whether it should be discouraged or left to continue. Given the fact that it is linked to the grassroots, these organisations need to educate the public on the dangers of the practice.

It is a child abuse as well as a human rights issue. In present day Africa, there is a lot of ignorance on human rights and education on human rights is needed. The practice is performed as a traditional requirement, but it affects the health of women and their children.

Other Non-Governmental Organisations which are interested in the eradication of the practice include the United Nations International Children's Education Fund (UNICEF), United Nations Fund for Population Activities(UNFPA), United States Agency for International Development (USAID), World Health Organisation (WHO), and the United Nations Economic Social and Cultural Organisation(UNESCO), to name just a few. They provide fora for education and dissemination of information through the media. Their efforts are limited by the fact that they are mainly centralized in urban centres and capital cities where attitudes towards the practice have changed. The fact that they use the media in dissemination of the relevant information aggravates the situation because it may not help the illiterate rural population where the practice is rampant. Individuals have also campaigned against this practice through the mass media and other publications. These encourage women to use any fora like hospitals, schools, church or women groups to have the practice abandoned.

The preceding section has looked at the origins, prevalence, distribution, and functions of the practice, its influence on health and the current trends. The following is the theoretical framework used in the study.

2.6 THEORETICAL FRAMEWORK

This study regards female circumcision as a traditional custom among the Abagusii. It is performed as initiation from childhood to adulthood (Mbithi, 1975; Kenyatta; 1978). Van Gennep (1972) analyzed rites of passage which constitute initiation rites and put them in phases of Separation, Transition and Incorporation. Initiation rites, and female circumcision in particular, which is

practised by Abagusii, among others, conform to the above phases.

As a customary practice, female circumcision has been a source of dispute in Kenya and elsewhere in the world. A review of the literature showed that the practice still continues . This confirms that it is cherished by some groups of people to whom it serves a useful function. The fact that it has been banned, prohibited and legislated against, confirms its negative qualities. This poses a contradiction, and conflicts may arise as a result. These have necessitated the use of the functional and conflict orientation to guide the study.

Brownislau Malinowski (1884-1942) started the school of functionalism which assumes that all existing cultural traits serve the basic, secondary and tertiary needs of individuals in society. He identified the basic needs as nutrition, reproduction, bodily comfort and security. He noted that secondary function existed to ensure the production of primary needs for instance, organisational structures which ensure the production of food, its distribution and consumption. Tertiary roles which consist of integrative needs help society to cohere. Example of these are religion and magic. Female circumcision is by all means found in this category.

Radcliffe-Brown (1881 -1955), a contemporary of Malinowski, extended functionalism in explaining human social relationships and behaviour. He called it structural functionalism. He pointed out that various aspects of social behaviour exist to maintain a society's social structure. He gave society an analogy of a biological organism whose existence depended on the proper functioning of its constituent parts. Moreover, he argued that society has a life of its own; it obeys laws that transcend the individuals. He pointed out that to understand change, both diachronic and synchronic studies in society are important (Angulu, 1981). This augurs well for the study of female circumcision.

Robert Merton (1942, 1949) agrees with Radcliffe-Brown and Malinowski. He also states that each aspect of culture may be beneficial or harmful and it affects other cultural traits. A single cultural trait may have multiple functions in relation to the system in which it occurs. He categorised cultural traits into Functional, Dysfunctional, and Eufunctional.

Functional traits are the commonly recognised roles played by the cultural

traits. They constitute manifest and latent functions. Manifest functions are always intended while latent functions are unintended, but both are displayed in the activities. Manifest and latent functions exhibit both positive and negative qualities. Dysfunctional traits are not acceptable in society, but they exist. They exhibit both manifest and latent functions which also exhibit positive and negative qualities. Eufunctional traits are generally redundant. Even though they may be regarded as part of culture, and be used to serve some functions, there are alternative ways of performing such functions easily and fast.

Whereas Bronislaw Malinowski used the functional approach to study ethnography and Radcliffe-Brown used structuralism to study relationships in society, this study used the above approaches on an aspect of culture, a rite of passage, namely, female circumcision and its functions in a particular community in Kenya

When female circumcision is analyzed using the above functions, social, economic, and cultural roles of female circumcision may still be functional. The religious functions may have become redundant due to the present varied religious beliefs and decline in superstitions. The health hazards caused by female circumcision are dysfunctional. Social functions have become Eufunctional or redundant, for instance, when the practice is regarded as a prerequisite for marraiage and pregnancy. When having an holistic perspective on the functions of female circumcision, they are multiple and frequently conflicting. These should be analyzed and put in their proper perspective.

Dynamism was introduced into functionalism in 1963 (Nanda, 1991). Dynamism orientation postulates that culture or a behavioural trait should maintain social equilbrium and adapt to change. Due to the inevitability of change, material culture changed faster than non-material culture. There are some people who reject change while others accept it readily. This creates a cultural lag. The author pointed out that change is not always spontaneous, it may be introduced or accelarated by external intervention. Causes of change in symbolic and behavioural traits should be illuminated because events affect the structure and function of social relationships differently.

Bronislaw Malinowski and Radcliffe-Brown either assumed a world that

was orderly or did not encounter conflict and competition in their studies. Gluckman (1911 -1975) was critical of this and pointed out that conflict is an attribute of social organisation and need not disrupt a social system. He argued that social order is maintained through the checks and balances of overlapping allegiances. Rex (1976:17) pointed out that institutionalised social relationships rest upon the balance of power in society. He argued that norms, which are internalised by society members, order behaviour. When conflicts arise on the question of norms, they help to revitalise the existent norms or they contribute to the emergence of new ones. He concluded that conflicts are mechanisms for adjustment of norms adequate to new conditions. A flexible society benefitted from conflicts because they helped to create and modify norms, thus ensuring its continuation under changed conditions.

Gluckman (1962) argued that conflict brings together those who unite against the common enemy. He added that there are a whole lot of cross-cutting conflicts in a social system. One enemy in relation to one conflicting situation may be an ally in relation to another, hence social solidarity will be ensured. It is assumed that the current campaigns against female circumcision in Kisii will have support as well as opposition. This is will encourage formation of new norms, cohesion of community members and its survival under changed conditions.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter discusses the methodological techniques used in the study. It defines the study site, sampling frame, selection technique, the research instruments, the framework for analysis and the problems encountered during the study.

3.1 The Study Site

This research was carried out in Kisii District among the Bantu group who speak Ekegusii. Abagusii are among the most densely populated communities in Kenya, with 1,137,054 people, covering an area of 2,198 square kilometres (Kenya population census, 1989).

They occupy the region covering the South Western tip of the Kenyan highlands. This region is characterised by high altitude, good soils, and moderate rainfall which is received in two peak seasons in a year.

The Gusii organisational social structure starts from the nuclear or polygynous family (omochie), clusters of which make a village (enyomba). These villages of a common ancestor constitute a clan (egesaku) and the clans make up the national unit embracing all the Gusii people. They recognise a common patrilineal ancestor.These people occupy a common territory organised into a lineage system, clan system and the neighbourhood group.

The lineage is based on the male line; the kinsmen who share a common descent form a corporate group. Residence after marriage is patrilocal. The people value lineage solidarity and regard it as a point of cleavage and a source of pride as noted by Anthony and Uchendu (1975). It involves patrimonial rights over land and inheritance, defence obligations and common sacred interest in the ancestors, an activity that activates the lineage members by reinforcing their corporate norms, values, beliefs, economic and legal interests in the lineage land. They cooperate in religious, social and economic life which involves exchange

of goods and reciprocity. The Gusii culture is made distinct by Ekegusii language, which distinguishes it from other Kenyan communities.

The Gusii people have six distinctive lineages (ebisaku) which trace their ancestry to Omogusii (their great grandfather). These are Kitutu, Nyaribari, Majoge, Bobassi, Bonchari and Bogirango. Kisii District is further sub-divided into 12 administrative divisions, namely, Ekerenyo, Suneka, Ogembo, Nyamache, Borabu, Irianyi, Magombo, Marani, Nyamira, Bosongo, Masaba, and Kisii Municipality.

3.2 Sampling Frame

From the vast population described above, two representative samples were purposely selected. One sample was from Kisii, township, part of the greater Kisii Municipality Division. Kisii Township covers an area of 12 square kilometres with 22,171 people. Another sample was taken from Bogitaa-Nyamware sub-location of North Wanjare location of Suneka division. Bogitaa-Nyamware covers an area of 31 square kilometres and has a population of 10,526 (Kenya Population Census,1989).

Kisii Municipality is the major town as well as the district headquarters. A survey of ten wards in Kisii township sample represented households which had been influenced by the urban lifestyle. Four wards in Bogitaa-Nyamware sample represented the rural peasants whose cultural traditions were still very strong. It is argued that the ancestors of the Abagusii first settled around Bogitaa-Nyamware, and then spread to other areas of Gusii due to population increase. It was assumed that they had retained most of the Gusii cultural heritage and carried out the original type of female circumcision.

3.3 Sample Selection

A sample of 200 households was selected. To allow comparison between the rural and urban trends on the practice of female circumcision, 100 households from each sample were considered adequate. One female member of the household, commonly the mother common represented the household views. This was necessary due to the constraints of time, costs and analytical precision.

A list of households from the 1989 census was provided by the Central Bureau of Statistics, Kisii District office. However, it proved difficult to use in selecting respondents. This was because in the urban sample, most of the respondents had transferred from the town or had moved to other estates within. In the rural sample, on the other hand, the area Chief, and the District Statistical Officer explained that it involved moving from one clan to get one respondent then to another which was a distance of many kilometres. This would cause delays. Cluster sampling technique was adopted instead.

With the help of the District Officer, the District Statistical Officer and Assistant Chief, cluster samples were made using polling stations. In Kisii township, there were ten wards, namely: Central, Nyanchwa, Daraja Mbili, Mwembe Tayari, Kanga, Nyambera, Gesonso, Nyaura, Bobaracho and Nyabururu. In Bogitaa sub-location, there were four wards namely, Bogitaa, Nyamiobo, Omwari and Chisaro.

Twenty-five and ten representative households were purposely selected from each of the four rural and ten urban wards, respectively. In every homestead, only one household was selected. The researcher talked to the mother whose views represented those of the household. In the absence of the mother, females above 17 years were interviewed. This was necessary due to a survey by Maendeleo ya Wanawake in 1992 which indicated that decisions concerning the circumcision of girls were made by women. (Maendeleo Ya Wanawake, 1992).

3.4 Data Collection

The data in the study were derived from both primary and secondary sources. Secondary sources were from a survey of literature in both published and unpublished documents on the practice of female circumcision.

Primary information was generated from field research which was carried out in Kisii District. This area was selected because it is among the places with high prevalence. From a pilot survey there was evidence that the practice was homogeneous in this population; thus, the respondents could be reached easily.

The field study made use of interviews, focus group discussions, and

observation. Interviews were conducted using both structured and unstructured questionnaires. Two hundred women, who represented the households, responded to the structured questionnaire.

The questionnaire items were written in English but were translated into the mother-tongue during the interview. Women above 17 years were selected as respondents because they were able to overcome taboo restrictions and respond adequately to the questions.

Interviews using unstructured questionnaires were made with key informants who were were midwives, church leaders, social workers and elderly women and men. They were very resourceful, and identified the candidates who would undergo the initiation rites when the season came. This made it possible for the researcher to talk to the parents of the candidate and organise observation schedules. Observations on the procedures of the practice were made. This allowed comparison with the key informants' information.

Three focus group discussions were performed. Schedules were initially made with group leaders. The first was with a women group, which consisted of 10 women who volunteered to find a day to discuss the practice of female circumcision. With the moderator and rappoteur, the focus group discussed several issues, which included the origin of the practice, when the Gusii people started practising it and why, their attitudes towards the practice, the community's response to the ban, campaigns against and alternatives to the practice. Another focus group which consisted of teachers of both gender was also formed. The teachers deliberated on several issues on the subject but concentrated on the current practice and female sexuality, whether it should be abolished and how best; the community's responses to the said supernatural ramifications and their reality. The third group was made in the township sample while the other two were based in the rural sample. The group discussed how to escape the community's demands of having all female children circumcised, the punishment which befalls those initiates whose parents are infidels and how it is achieved.

Interviews, observation, focus group discussions and documentary materials were used so as to countercheck the reliability and validity of the

data collection instruments.

The subject matter of the study aroused much interest among respondents. They felt this was an area that required much attention. They were against the ban on their tradition of female circumcision. They hoped that the views they expressed would find their way to policy makers. They wished to have the ban against female circumcision revoked.

3.5 Problems Encountered During the Study

Documented literature on the practice was difficult to access. This was made easier by attending workshops on the practice of female circumcision and talking to individuals and groups who were interested in this practice.

Torrential rains hindered the field research by making the roads impassable. This caused some delays and necessitated staying with and near the respondents to avoid time wasting, especially in the rural area.

The respondents feared to talk about this practice because it was taboo, and others feared victimisation by the police. This was more common among the urban respondents. This resulted from the Presidential decree against the practice in 1982. The respondents thought the interviewers were government spies. This was overcome by reassuring them that the interviewers were around basically for study purposes and this would be to their advantage in the long run.

There were some respondents who wanted payment. This was more common in the urban sample where they insisted that most interviewers gave them money. In the rural area on the other hand, the majority of the respondents asked for advice on education and family planning. Besides, they asked for money to purchase beer.

3.6 Framework for Analysis

Primary data were coded and entered into the statistical package for social sciences (SPSS) and cumulative frequencies and percentages were obtained. The frequencies and percentages were tabulated and the results were discussed. Qualitative data were also presented for analysis.

In order to achieve the stated objectives; primary data, backed with

secondary data were collapsed into four main themes to facilitate appropriate answering of the study questions. These revolved around the characteristics of the study population, the prevalence of the practice, reasons for the prevalence which were explained by its functions, the role of social pressure, the peoples' lack of awareness of the dangers the practice posed to their health, and the campaigns that had been launched against the practice. These follow in chapters four and five.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter looks at the characteristics of the respondents, the nature of the current practice, its prevalence, persistence, change and, thereafter, follows a discussion.

4.1 Characteristics of the Respondents

4.1. Age

After creating rapport with the respondents, they were asked to state their actual age. Their responses are recorded in Table 4.1 below.

Table 4. 1: Age Distribution

AGE	RURAL		URBAN		TOTAL	
	n	%	n	%	n	%
BELOW 19	6	6.0	11.0	11.0	17	8.5
20 - 29	38	38.0	38	38	76	38.0
30 - 39	32	32.0	30	30	62	31.0
40 - 49	10	10.0	13	13	23	11.5
50 - 59	6	6.0	2	2.0	8	4.0
60 +	7	7.0	3	3.0	10	5.0
NON RESPONSE	1	1.0	3	3.0	4	2.0
TOTAL	100	100	100	100	200	100

The average age of the respondents was 32.4 years while both the median and mode were 30 years. The cohort of age 19 and below was 8.5 % due to the taboo which restricted selection below the age of 17. The age range was between 17 and 95 years.The largest age cohort was between 20 and 29 years

with 38.0 %. It was followed by age 30 to 39 cohort with a per cent of 31.0 %. The remaining cohorts of age 40 and above together make a score of 22.5 %. This agrees with the Central Bureau of Statistics (CBS) Economic Survey of 1992 on demography which showed that the largest age cohorts are below 40 years. A majority of these are the ones who uphold the practice of female circumcision in the study population.

4.1.2 Religion

Inquiries concerning the respondents' religious affiliation were made. The responses are shown in Table 4.2 below.

Table 4.2: Distribution of Religious beliefs by Residence

		RURAL		URBAN		TOTAL	
RELIGION	DENOMINATION	n	%	n	%	n	%
TRADITIONAL		4	4.0	-	-	4	2.0
MUSLIM		-	-	4	4.0	4	2.0
CHRISTIAN	S.D.A	27	27.0	58	58.0	85	42.5
	CATHOLIC	46	46.0	22	22.0	68	34.0
	LUTHERAN	12	12.0	9	9.0	21	10.5
	P.A.G	6	6.0	7	7.0	13	6.5
	OTHER	5	5.0	-	-	5	2.5
TOTAL		100	100.0	100	100.0	200	100.0

A high proportion of respondents (96.0 %) were Christians while a few (4.0 %) were Muslims and Traditionalists. This shows that the majority of the Abagusii are Christians. Over 40 % of the respondents (42.5%) belonged to the Seventh-Day-Adventist Church, while 34.0 % were Catholics. The rest belonged to the Lutheran and the Pentecostal Assemblies of God, with 10.0 % and 6.5 %, respectively. The remaining 2.5 % comprise people who uphold other religious beliefs.

4.1.3 Marital status

Information regarding the marital status of the respondents was obtained and the results are tabulated in Table 4.3.

Table 4. 3: Distribution of Respondents by Marital Status

	RURAL		URBAN		TOTAL	
MARITAL STATUS	n	%	n	%	n	%
SINGLE	7	7.0	25	25.0	32	16.0
MARRIED	80	80.0	69	69.0	149	74.5
SEPARATED	2	2.0	3	3.0	5	2.5
DIVORCED	-	-	-	-	-	--
WIDOW	11	11.0	3	3.0	14	7.0
TOTAL	100	100.0	100	100.0	200	100.0

From Table 4.3 it is evident that three quarters (74.5 %) of the respondents were married while 16.0 % were single. There was no case of divorce but a few respondents were separated while 7.0 % were widowed.

4.1.4 Levels of Education By Residence

The highest level of education that a woman had attained was sought and the results are presented in Table 4.4 below.

Table 4.4: Level of Education by Residence

	RURAL		URBAN		TOTAL	
Number of Years in School	n	%	n	%	n	%
Never attended school	28	28.0	3	3.0	31	15.5
1 - 4	21	21.0	3	3.0	24	12.0
5 - 8	29	29.0	10	10.0	39	19.5
9 - 12	14	14.0	45	45.0	59	29.5
13 - 14	4	4.0	23	23.0	27	13.5
15 and Above	-	-	12	12.0	12	6.0
Non Response	4	4.0	4	4.0	8	4.0
Total	100	100.0	100	100.0	200	100.0

Table 4.4. shows that 15.5 percent of the respondents had never attended school. The majority of these (28.0 %) were from the rural sample. Those who had been in school for not more than four years were 12.0 %. Of these, 21.0 % were from the rural sample as compared to only 2.0 % from the urban sample. Those who completed between 5 and 8 years in school were 19.5 %. Among these, 29.5 % were from the rural sample.The rural sample is poorly educated as 78 % of the rural respondents never received more than eight years of schooling. Only 16.0 % have secondary education and none above that. In the urban sample, those with 9-12 years of schooling were the majority of 45.0 %. They were followed by the next grade of 13 to 14 years in school. The urban sample had also a few (12.0 percent) who had gone beyond 15 years in school. Those who never responded were 4.0 %. It is likely that the respondents in this category did attend school.

4.1.5 Types of Employment

Respondents were asked to state whether they were employed and thereafter, state their occupation. The data obtained were recorded on table 4.5.

Table 4.5: Distribution of Respondents by Occupation

	RURAL		URBAN		TOTAL	
Occupation	n	%	n	%	n	%
Teaching	5	5.0	7	7.0	12	6.0
Nursing	2	2.0	6	6.0	8	4.0
Secretarial	-	-	7	7.0	7	3.5
Tailoring/homecraft	2	2.0	7	7.0	9	4.5
Petty Trading	10	10.0	23	23.0	33	16.5
Housewife/Unemployed	78	78.0	33	33.0	111	55.5
Others	3	3.0	17	17.0	20	10.0
Total	100	100.0	100	100.0	200	100.0

Only a small percentage of the female respondents with a total of 13.5 % are salaried employed. These are in the said female professions of Teaching (6.0 %), Nursing (4.0 %), and Secretarial (3.5 %). The self employed are almost twice the salaried employed (21.0 %). These are in Tailoring\Homecraft (4.5 %,) while petty trading takes the majority of these (16.5 %). There was another category of 'Others' with 10.0 %, which consisted of many different occupations, both salaried and self employed. When put together, the employed form 44.5 % of the sample population.

This is against the unemployed who were the majority (55.5 %). The occupation of most women in the rural sample is peasantry which they combine with household chores, while those in the urban sample are basically unemployed. They are involved in household chores. The petty traders stated that they only have part time job because they visit the market to sell or exchange their produce/goods during market days which are usually between 1-3 days per week. There are generally poor employment trends in this areas of study since 33.0 % urban and 78 % rural sample respondents were unemployed while the most common occupation is petty trading.

4.1.6. Income

The respondents were asked to state their actual amount of income in Kenya shillings per month. Table 4.6 below presents the results obtained.

Table4. 6: Income

	RURAL		URBAN		TOTAL	
Monthly Income (Kshs)	n	%	n	%	n	%
Below 500	61	61.0	9	9.0	70	35.0
600 - 1000	20	20.0	8	8.0	28	14.0
1100 - 2000	5	5.0	24	24.0	29	14.5
2100 - 3000	3	3.0	18	18.0	21	10.5
3100 - 4000	1	1.0	6	6.0	7	3.5
4100 and Above	-	-	21	21.0	21	10.5
Non Response	10	10.0	14	14.0	24	12.0
Total	100	100.0	100	100.0	200	100.0

The category with the leading score of 35.0 % earns below Ksh 500 per month. The majority of these (61.0 %) were from the rural sample. People in this area have low income per month because the earnings from subsistence and farm products are not very reliable and may be available only during the harvest season. This trend of low earnings is shown further by the cohort of earnings between 600 and 1000 with (14.0%) of the respondents. This is more marked in the rural area, with 20.0 % of the respondents. Only 9.0 % of the rural respondents earn between Ksh 1100 and Ksh 4000. In the urban sample, the highest cohot on earnings is between 1100-2000 shillings a month, with a score of 24.0 % . A majority of these people work as subordinates. This group is followed by those earning between 2000-3000 Kenya shillings per month. This is where most secretaries, nurses and primary school teachers fall. Those who earn the 4000 Kenya shillings and above per month are self employed business women and petty traders. Businesswomen and petty traders expressed their fears concerning the unavailability of constant incomes. At one point they may have very high incomes which may be followed by a state of bankruptcy. Their monthly incomes were influenced by the incomes from cash crop farmers.

4.2 Discussion of Background Characteristics

The socio-economic characteristics of the respondents show that the population that upholds the practice of female circumcision has the common age cohorts as the rest of the Kenyan population. Respondents above 50 years were very few (9.0 %) in the study population. The highest cohort with an average of 46.5% is that of below 30 years of age. This is the case despite the fact that women below age 17 were not interviewed

The majority of the respondents are christians while very few are traditionalists and muslims. Christians have a tendency of calling cultural practices sin. On the contrary, in Kisii circumcision was used as a marker of mature age by some denominations. Circumscision allowed the youth to move to onother age in christian growth. This was to enhance church expansion. Nonetheless, the Seventh-Day Adventist denomination had started campaigns against the practice in the district in 1990.

Most of the respondents were married at the time of the field study. A majority of them seemed to support the practice. No case of divorce was encountered. This shows that the study population highly adhered to the traditional codes of behaviour.

Education is acceptable in this community but most women only acquire what can best be described as functional literacy. This problem may be a result of preference for schoolfees payment being given to boys, girls being barred from school to help in domestic chores, commonly,childcare and being forced or opting for early marriage. There are comparatively higher education levels among urban women. This is due to the migration of the learned to town in search of jobs , urban centred industries ,and provision of better education facilities. Migration of the learned is high since 18.0 % of the 9-14 level of years in school are found in the rural sample compared to 68.0 % in the urban sample.

There are poor employment trends among the rural as well as the urban populations.The few employed women are in the technical service industry which employs the well educated and trained .The sample women are unfortunate because they are poorly educated. Incomes are equally low and poorly distributed. This situation can easily become a vicious circle unless there are quick interventions aimed at enabling these people to better their lives.

These characteristics do not have much influence on the population's attitudes towards female circumcision. Whereas the people are receptive to

change and have discarded other customs, they have continued to practise circumcision as shown in the following exposition.

4.3 The Nature of the Practice

As a preamble, it was stipulated that clitoridectomy and the associated practice was universal among Abagusii.This was based on the assumption that female circumcision was an important rite of passage,which was deeply embedded in society' s socio-economic fabric (Sunderson,1986) A review of the literature showed that this practice had failed to stop elsewhere and there were cases of its revival (Nypan, 1991). It was assumed that in Kisii, even the non-indigenous people had adopted the practice.

As stated by the key informants, female circumcision is regarded as a rite of passage among the Abagusii. It marks a transition from childhood to adulthood. Preparation for and the ceremonies are conducted by women. Men are allowed to join at the stage of feasting.

Girls are initiated before puberty. Before they qualify for the initiation rituals, they should demonstrate ability to shoulder household duties like provision of water, firewood, food, child care and maintenance of residence hygiene.

For the initiation ceremonies to be successful, preparations are made by the initiates and their parents. The initiates collect enough firewood and water for use during the ceremonies and rituals. On the eve of the initiation day, they go round the village to invite people to attend their initiation ceremonies. The parents and community members encourage the girls to be stout during the operations for the prestige of the family and her person. They also prepare enough food for the ceremony and shelter for the initiates.

The day of circumcision finds the initiates at the place of circumcision. They leave for the place at dawn. To allow numbness during the operation, the initiates are forced to dip themselves in the waters of the rivers they bypass on the way. The circumciser (Omosari), using a traditional knife or razor blade and flour makes the girl to sit on a stone, naked, blindfolded. In the event whe she shows fear, she is forced down. They added that use of force was not common because the girls fought to be circumcised first.This was because prestige goes with the girl who got operated upon first. Flour, which is believed to stop bleeding and allow the circumciser to grip on the clitoris is smeared, on the external genitalia. The clitoris is cut and thrown away.

Another girl follows until all are done.

The idea of using force to circumcise their daughters is common to almost all those people who have this practice.This has been supported by Newsweek (CXX111,No. 2, 1994) which argued that use of force was more common with infibulation. To discourage the girls from crying out, there are threats of stoning or being hit by logs of trees if they scream. The Gusii people believe that life long bad luck will follow those who scream during circumcision operations (Mayer, 1953). If any one screamed, the stone they sit on would be thrown away and the person who screamed cajoled by those who escorted her to have the operation. They go away leaving her and her mentor behind at the circumcisers place. A sacrifice of a black goat is necessary to cleanse the ground. Later the initiate must have the operation done and then accompanied by her mentor to a place of seclusion at night. There is no accompanying ceremony for such cowards. The girls who find themselves in this pitfall are forced to live with the stigma because nobody in the community will accord them respect, not even children.

Those who have the operation completed successfully, are praised by those who escorted them with songs and ululations. The family and the clan they belong to are also praised. The songs are obscene, but educate on acceptable behaviour in society with stress on sexuality. They mock ill behaviour and praise success at the same time. They emphasize moral values such as, without women there is no life, friends share food and sex relations should be between the circumcised only. They sing initiation songs as the initiates walk back to their homesteads after the operation.

When they get to the home compound, the girls go through the side door or window (bweri). This is a ritual which is performed by initiates in the presence of elders to symbolise the custom that women do not belong to the lineage. They come to the lineage through the side door and leave for marriage through the front door.

When they "enter" the house, a period of seclusion ensues. The initiates are restricted from meeting strangers and male relatives until their graduation. with the help of a mentor (Omosegi) they are trained and socialised on the customs, behaviours and practices of the community. They learn as much as they can about the environment surrounding them including therapy. They are fed luxuriously and are restricted from doing any chores.

The circumcision ceremonies allow participants and any passer by to stay on and feast on the food which is served. This includes drinks like traditional

brews, beer, sodas,foods like ugali, and others that the family can afford for the sake of the children. Music, singing and merry making accompany the feast.

On the eve of the graduation day, test ordeals are done. The initiates are warned that the moment they reveal what takes place during the ordeals, they will die. Nobody will know about the ceremony unless the person was participating in the group.The key informants indicated that the initiates are tested on their ability to show courage and keep secrets. The ordeals are usually administered by the senior age-sets.

The following day they graduate with more rituals and promises of blessings and good fortune. Early in the morning they are allowed to go to the river to bathe. On the way from the river, they are joined by people who sing in their praise. They put flowers on each of them and give them presents. Each initiate is greeted at home with presents and congratulations for leaving the stage of childhood successfully and becoming an adult.

The now adult girl goes to greet her father or guardian carrying milk in a calabash. The girl tells her father that she is now ready to earn bridewealth to the family. The girl can be married off when a suitor is found. Apart from being a cultural heritage and its function as a socialising agent, key informants asserted that female circumcision is a mark of identity for a grown up woman. It brings homogeneity and is a sign for a proper Gusii woman.

The practice which has persisted is not peculiar only to the study area. Apart from being ancient, it has been reported in several states of Africa and other parts of the world as 0shown in the literature review.

The procedure used during the ritual has been narrated in the preceding paragraphs and it subscribes to Van Gennep (1972), who argued that rites of passage constitute the stages of separation, transition and incorporation. These stages came up in the analysis of female circumcision among the Gusii people. The fact that the initiates are taken from the village, operated on, then secluded, after that they are welcomed in a special way to the village, puts this ceremony among other rites of passage.Young [1964] also identified characteristics of initiation rites which agree with what takes place in Kisii.
These include ;-

-The rite is presided over by elders.

-It involves a process of indoctrination into the customary practices of the group.

-It involves tests and ordeals which involve genital mutilation.

-The senior rank of the initiates are involved in conducting the ceremony.

-The immediate parents are excluded from the rite,
-it is universal for the members of that sex and age and excludes the opposite sex.
-It is done in a group but it focuses on the individual.

The characteristics to the procedure of the ritual that is followed by Abagusii concur with these. These characteristics also differentiate between the operations which are carried out as initiation, from those carried out for other reasons.

4.3.1 Prevalence of the Practice of Female Circumcision in Kisii District

To establish whether the practice had persisted as suggested in one of the objectives, samples were selected from both the rural and urban centres. Investigations pertaining to the prevalence of female circumcision were made, and the results are as shown in Table 4.7 below.

Table 4.7: Prevalence of Female Circumcision in Kisii District

	RURAL				URBAN				TOTAL			
	yes	%	no	%	yes	%	no	%	yes	%	no	%
re of idectomy	98	98.0	2	1.0	99	99.0	1	0.5	197	98.5	3	1.5
erwent dectomy	98	98.0	2	1.0	95	95.0	5	5.0	193	96.5	7	3.5
whose en will have dectomy	87	87.0	13	13.0	78	78.0	22	22.0	137	68.5	63	31.5

All the respondents (98.5%) except three (1.5%) were aware of the practice. Of these, 96.5 % had already been circumcised at the time of the survey. A majority (68.5 %) already had or were intending to have their female children circumcised. The higher proportion of 87.0 % were from the rural area while those from the urban area were 78.0 %. Only an average of 31.5% of the respondents had decided against having their female children circumcised due to various reasons. A further analysis proved that only 22.0 % had fully decided. A few (9.5 %)of the respondents were not decided on this issue. They

suggested that their decision will be influenced by the prevailing trends in the community. If others continued with the practice, they will be obliged to follow. Others felt that their mothers-in-law and husbands will decide whether or not their daughters will have clitoridectomy when the time comes. The indecisiveness of the women shows that they did not have children or they were very young and not of the age of clitoridectomy. Alternatively they do not make decisions on whether or not to have their daughters circumscised.

From the above data, it is clear that clitoridectomy is a common practice in this area. Notwithstanding the peoples' religious beliefs and affiliation, their levels of education, training, income and employment types, the average of those circumcised was 96.5% .All community members came together for this initiation rite. Urbanisation has not alienated the residents from the practice. This is supported by by the fact that 78.0 % of the urban sample respondents were for the circumcision of their daughters. It is likely that they are still influeced by their rural background. The prevalence of the practice tallies with Gwako, (1992) whose study in Kisii noted that 97.1 % were in favour of the continuation of the practice.

Suggestions gathered from the field to explain the prevalence regarded female circumcision as part of the Gusii cultural heritage. "Our parents practised it, we are practising it, and we must pass it on to our children"!, they exclaimed.They wondered how life could be without circumcision and insisted that they had to continue with their circumcision rites.This included individuals from high cadres who argued that those who campaign agaist the practice have been influenced by western culture and feminism. As a result they have been misled to believe that one's culture is bad.They made a stand that they cannot abandon their traditions because somebody said so. It is evident that some people feel invaded.

The above reactions show lack of substitutes for initiation rites as has been the case with naming and wedding ceremonies as well as funeral rites. There is no indication of their forthcoming. The fact that male age-mates are initiated at the same period may keep on influencing female circumcision. Nevertheless, there are changes in the current practice of female circumcision.

4.4 Changes in the Practice of Female Circumcision

To find out whether this practice that had persisted and was very prevalent had changed, or it was still carried out using the same procedures as the traditional type, the respondents were asked the procedures that they underwent. Table 4.8 below shows the procedures that the initiates observed.

Table 4.8: Types of Procedures Observed by the Initiates.

	YES		NO		TOTAL	
Type of Procedure	n	%	n	%	n	%
There Were Songs	188	94.0	12	6.0	200	100.0
Was in Group	170	85.0	30	15.0	200	100.0
Male were Prohibited	142	71.0	58	29.0	200	100.0
Male elders Presided	123	61.5	77	38.5	200	100.0
There was a Feast	162	81.0	38	19.0	200	100.0
Underwent Seclusion	176	88.0	24	12.0	200	100.0
There was Fire	140	70.0	60	30.0	200	100.0
There was Grass	116	58.0	84	42.0	200	100.0
Graduation Ordeals	124	62.0	76	38.0	200	100.0
Age set	8	4.0	192	96.0	200	100.0

As shown 'in the nature of the practice' during the initiation ceremony, people were required to sing and make merry. This was validated through observation. Many of the songs were tradtional and were aimed at educating the initiates and expressing what was required of them. Up to 94.0 % of the respondents had songs. The songs could be Christian, mixed, but mostly traditional. This shows that even the initiation ceremonies are borrowing from society and adapting to change.

The custom of carrying out initiation rites in a group, was observed by 85.0 % of the respondents, but 15.0 % did it alone. It is likely that the latter had their operation done in hospital or, as is expected of the modern society , families make decisions and execute them on their own.

Males are prohibited from viewing the female initiates as indicated in the analysis of the practice.It was required that there would be no contact with members of the opposite sex until after graduation. Ironically, discussants of a focus group discussion revealed that this requirement is not respected, as males are known to perform the clitoridectomy operations in hospitals as well as nursing the initiates. Elderly members of the groups were of the opinion that if the present society cannot observe the traditional regulations for the practice, they should abandon it.

Elders are required to demonstrate the fact that females do not belong to their lineage, unless married into it. They are regarded as strangers because they will marry and leave. If male elders are not around to show this drama, the initiates may not be allowed entrance into the compound nor into the house for shelter. sixty-one and a half per cent (61.5 %) of the respondents fulfilled this requirement, while 38.5 % had abandoned it. Feasts were performed by 81.0 % of the initiates. This part of the ceremony is highly regarded because it involves feeding. As revealed by some respondents, some community members are known to nag for these feasts, especially if there is an initiation-age-individual in the household.

The seclusion period was observed by 88.5 % of the respondents. This time enables the initiates to be socialised, rest and allow for the wound to heal. Not all who were secluded fulfilled the customary requirement of sustaining a fire and nurturing of grass during their seclusion period. The least number of days recorded that were spent in seclusion were 5 while the highest recorded were 365 days. Only 62.0% of the respondents faced the graduation tests and ordeals. They mentioned that it was taboo to reveal what was done during these ordeals. Only those who have experienced these ordeals are allowed to exchange views.

The data in Table 4.8 shows that the percentages for nurturing grass, fire, and the graduation ordeals which commonly ensue confirmed that fire was the most common with 70 %, followed by graduation ordeals with 62.0 % and finally nurturing of grass with 58.0 %. The focus group discussions revealed that nurturing of the fire and grass was discouraged by Christian denominations like the Seventh-Day Adventists and the Lutheran church who are the majority in the population. Therefore it may not be as common as the figures indicate.

Other respondents explained that due to scarcity of firewood, they will not succeed in nurturing the fire even if they wanted to. Other herbs used during the initiation ordeals were difficult to find because the environment had changed. This had led to abandonment of some practices.

From the respondents, only 4.0 % affirmed that they had age-set names. These were elderly in age. One of these respondents with an age-set name "Mameka"(beads) revealed that age-set names were discouraged by a chief in 1949. At the same time, he directed people to use 7 cows and 3 goats as payment for bride-wealth. This was intended to create uniformity because people had become many and were managing their affairs independently. The chief wanted to discourage disparity.

Kisii lacks alternatives to replace or supplement initiation rites. Whereas rites of passage like naming, marriage ceremonies and funeral rites have been supplemented by church services, initiation rites have not. Nor is there indication that any services will come up to replace initiation rites. The fact that male age-mates are initiated at the same period, may continue influencing female circumcision.

4.4.1 Indicators of change

Apart from the changes which are anlysed above, there are many others.It was expected that clitoridectomy would be more prevalent in the rural than in the urban sample to allow comparison but both the rural and urban sample had high prevalence. This made it necessary for comparison to be made between respondents and their children and a remarkable difference was recorded.

The respondents who were not circumcised were 3.5 %. This percentage is very low.An encouraging number of 22.0 % of the respondents had decided not to have their children initiated. A group of 9.5 % were yet to decide. The explanations they gave for deciding against the practice were the pain it caused, its purposelessness and the dangers it posed to the health of the young girls. They had been influenced by missionaries of the Lutheran denomination and the Seventh-Day-Adventists. These missionaries seemed to have convinced some of their followers that circumcision did not help them in their spiritual growth. Instead, it brought health complications. Among this group were the non-

Abagusii who were married in Kisii. Although most of them were not forced to have clitoridectomy, they were not able to stop the initiation of their daughters. This was due to the strong position of their husbands and their mothers-in-law. These women were prohibited from participation during the initiation ceremonies because they never underwent them.

The age at clitoridectomy and the associated practices had declined. This was revealed by key informants who said that "nowadays , very young children who have not learnt to respect themselves nor their seniors are circumcised". A decline in age was validated by a comparison which revealed that the mean age for clitoridectomy for the respondents was 10.02 while that of children was 9.6 years. Both groups had a mode of 10 years.

The respondents were aware that the age at clitoridectomy had declined. They explained that due to the fact that these children eat well and work less, facilitates their early physical maturity. The parents were obliged to have their daughters circumcised early, so as to control their libido.

The operation was always carried out on the circumcision stone. One old respondent exclaimed, "but nowadays they have gone to hospital!". This concurred with the respondents who revealed that 5.0 % had their operations done in hospital while 53.5 % had them done traditionally. But this change is more marked for the children. An average of 18.5 % had their operations in hospital while 13.0 had them performed traditionally. When asked why they took their children to hospital to accomplish a tradition, they said that the circumcisers died and there was nobody to take over. It is likely that in future the practice will be performed in hospital unless hospital authorities prohibit it. When this is the case, It is assumed that the damage done to the external female genitalia will be reduced.

Though comparison was made between parents and their children, the results are not conclusive because the age was not constant. It is possible that a mother aged sixty years could be having a grand daughter from her daughters' line, therefore the age at which they both circumcise their daughters will be different although the study regards them as being relatively the same.

According to the functionalists perspective, (Ahlberg, 1992) One of the important functions of initiation rites was to mark age categories. This helped in the formation of social structure (Flemming, 1975). Initiation as a mark of

age set was known to the respondents, but it has become redundant due to its replacement by countable years, birthdays, graduations and other social ranks which are concomitant with societal changes.

The average period of seclusion for the respondents was thirty days, the average for their children was twelve days. This is evidence that the seclusion period has also declined significantly. As revealed by key informants, initiation rites in the traditional society were intended to educate girls on family and life in general. This included giving them fattening foods and making them to look beautiful for the marriage market. These allowed them to be in seclusion for almost one year. All these are hardly observed in the modern society.Moreover, traditional processes of education and courtship have been abandoned. The modern educational system takes most of the youngsters time and only healing is provided during the seclusion. No education is imparted by the elders. Apart from shying away from giving it due to fear that the youngsters are too intelligent, the elders also felt that the youngsters despised their kind of education. The traditional values and norms are not entertained in the modern society. The environment restricts their existence because the initiates are taken to hospital for operation, and traditional tests and ordeals will not be allowed in hospital. It is equally difficult for communities to organise traditional education sessions unless it is allowed in the school curriculum.

It was argued that the initiation ceremonies had become expensive. Key informants noted that in traditional society, payment for the operation was made in kind. It could be a gift of food or services. In the modern society, payment is in cash. Respondents agreed that they paid for their operations in cash, the lowest payment being .50 cents and the highest Ksh. 1,600. Moreover, they explained that they incurred more costs in the feasts, where the highest amount spent was Ksh. 6,000. Gwako (1992) also observed with this and noted that costs were high because of the types of food used during the feasts. Whereas in the traditional society beer was brewed for use, in the modern society, this beer must be bought, teetotallers given soda, and in most cases on demand. Most respondents who were concerned about the expenses were employed. They complained that the feasts have become something to take a loan for. This did however, not deter them from the practice at all. They said that it was implicitly expected of them to circumcise all their daughters, if one of the daughters was

circumcised. To minimize the costs, they said that they will be taking their daughters to hospital, using their National Hospital Insurance Fund cards, and not invite people to feast. This is evidence that the practice is continuously adapting to change . The most important part of the initiation rites is clitoridectomy. This shows that there are other reasons for the practice which are beyond socialisation and may not be overcome by the changes that are taking place in society. This contradicts Murray (1974) who argued that the socialization process was more important than the operation. In Kisii, or in the modern society, the operation is the most important.

The foregoing chapter looked at the nature of the practice of female circumcision in Kisii, its persistence, and change. It showed that the practice is adapting to change. It is infered that it will be sustained in changed conditions contrary to public opinion that it will die off soon.

CHAPTER FIVE

FUNCTIONS, AWARENESS OF THE RISKS AND CAMPAIGNS AGAINST THE PRACTICE

5.0 Introduction

This chapter analyses and explains the functions of female circumcision among Abagusii and the forces that sustain it. It also looks at the health risks posed by the operations, their management, and the campaigns that have been launched against the practice.

5.1.0 The Functions and Significance of Female Circumcision Among Abagusii

Any cultural trait exists to serve a particular function in society. This cultural trait may be good or bad, and it may manage the function fairly or crudely. Some cultural domains may be replaced by alternative traits which may manage the function fairly, but this does not always happen. There are cultural traits that exist as relics (Merton,1942,1949)

The axiom is based on an assumption that since female circumcision is cherished by those who practise it, has withstood opposition,it must be serving a useful function. For instance, circumcision ceremonies are regarded as powerful socialising agents which are used as alternatives to formal schooling (Herzog, 1973).

The school system was introduced in Kenya with the colonial contact in the nineteenth century. School enrolment in Kenya for both boys and girls is among the highest in Africa. Notwithstanding the formal school system, its encountering opposition,the practice has lived on along with male circumcision and schooling. This is due to the roles it plays in some societies.

This initiation ceremony serves various functions. It marks an individual as a proper Omogusii and a member of adults. This helps to remove taboo restrictions which are put on those who had not undergone the rite. It allow socialisation of individuals, and this makes them productive members of society. Moreover, this aspect of socialisation seems to have declined because they put it in the past. The above roles allows integration of community members. Through their participation they understood each others' behaviour, negative behaviour was discouraged and positive qualities were promoted. The

ceremonies allowed distribution of harvests due to feasting, and exchange of presents and gifts. Society gave to the youngsters models and maps for their future. Circumcision rites then became a dividing line between immature childhood behaviour and respectable adult behaviour.This made the practice indespensible.

For the cultural models to be observed, society constructed taboos and restrictive codes to regulate behaviour. Fear and mystical sanctions were instilled in members so that they could guard against breaking taboo. Punishment was applied in cases of taboo breakage. Indicators of prestige and status were also constructed and individuals and families strove to achieve them. These became reasons for undergoing initiation rites.

Indicators which prompted or influenced decision to undergo or have female children undergo clitoridectomy were many in number. These included the wish on the part of the initiate or her parents to show stamina, make a bond with the community, the initiate to be allowed to marry, because it was one's culture, be like others by having an adult identity, make a feast for relations, be given presents, pay the circumciser, to have a suitor and discourage divorce, avoid a curse, please ancestors, have blessings and good luck, bind oneself to the land by use of the spilt blood, stop ridicule, control libido, be told the community secrets and avoid social stigma. These were collapsed into four broad areas which consisted of the social, economic, cultural, and religious. These are compared in Table 5.1. Social pressure as an independent factor was also a strong determinant of circumcision.

Table 5.1: The main functions of female circumcision.

	n	
FUNCTIONS	n	%
Social (stigma, prestige,marry,feast,respect),	70.8	35.4
Cultural (libido, stamina, our culture)	79	39.5
Economic (suitor, pay surgeon,gifts)	11.6	5.8
Religious (please ancestors, bind self to land, avoid a curse)	19.0	9.5
Other	19.6	9.8
Total	200	100.0

To undergo clitoridectomy so as to acquire respect from the peer group and the community was the most frequent reason which prompted respondents to undergo the initiation rites. About 67.0 % of the respondents said they underwent clitoridectomy for this reason while 46.5 % were circumcised to stop ridicule. These were followed by being circumcised to gain prestige, and because it was one's culture. Over 40 % (43.0 %) of the respondents said these were their reasons for undergoing the operation. On the other hand 35.5 percent of the respondents said that they wished to control the libido of their children.

The reasons given above for undergoing initiation rites are mostly social and cultural. When all reasons given for the practice were tabulated (see Table 5.1), the majority of the respondents (39.5%) underwent clitoridectomy for cultural reasons, that is, to make a bond with the community, because it is our culture, and to control libido. They were followed by those who underwent the operation for social reasons, with 35.4% of the respondents. The social reasons included to show stamina, be allowed to marry, gain respect and avoid stigma. This shows that 74.9 % of the respondents circumcise due to cultural and social reasons. A conclusion can be drawn to the effect that the main function of female circumcision is socio-cultural.

A smaller propotion (15.3%) of the women circumcised for economic and religious reasons. Those who circumcise for religious reasons alone were 9.5% of the sample.The economic and religious reasons are rarely the primary reason for undergoing the circumcision rites. They are in many cases realised only after the rites. As noted by some members of a focused group discussion, no circumciser can force one to undergo these rites, because decisions on initiation rites are made by the immediate parents. The circumciser can only influence the community members to pressurise the parents and the young girl to go for circumcision. On the same note, supernatural repercussions are a result of failure by the initiates to observe the required rituals regulations. They stressed that only fathers could curse. Others only threatened to because their curses are never effective. Moreover, none of the respondents ever heard of a curse from a father because her daughter refused to undergo the initiation ceremonies, nor were there known cases of rejection or disownment.

There is strong evidence that the cult has many subscribers in the community. It is more of a rule than exception. Apart from its high prevalence,

there was no information on those who have refused to be initiated.

Initiation ceremonies were tied to individuals' life paradigms. More than half of the respondents described female circumcision as their culture (*ekemira giaito, nœnde omogiro)* which they were socialised to undergo. Half of the respondents said that they made sure that their female children underwent circumcision because it was a cultural requirement. A few set out to prove endurance of pain which was a sign of stamina.These could earn prestige, status and respect for the initiate and her family. Others wanted to avoid the social stigma associated with failure by families or individuals to undergo initiation rites.

The blood from the circumcision operation which was allowed to drop to the soil is regarded as a symbol. This showed that with her blood, the young girl had made a bond between her and the land and at the same time with the peoples' history. She would henceforth be regarded as a full member of the community, be accorded privileges which are not accorded to children and non-members of the community who are not circumcised. These include attending circumcision ceremonies, disciplining children and the uncircumcised and attending community socio-economic activities. In traditional religious life, there were sacrifices whose attendance was restricted to adult members. Elaborate cleansing rituals follow when an uncircumcised woman unknowingly takes part. The community believed that the uncircumcised have a lot of evil ghosts *(ebirecha ebibe*). To allow bodies of these women to be buried in their community, their corpses must be circumcised or evil will come to the land. Many women including those who are foreign to Kisii, wish to undergo clitoridectomy to alleviate such outrageous rituals on their bodies when they have died. Alternatively they undergo the operation to eliminate the elaborate restrictions they encounter in such a community in their social life. When compared, clitoridectomy will be an easier alternative to daily restrictions.

There is anecdotal information to the effect that the traditional birth attendants performed clitoridectomy on the non-circumcised when they are in labour. Even in modern day hospitals, some midwives are said to be doing it on all non-circumcised women whom they deliver. They do this out of a conviction that everybody should follow their culture because it is absolutely good.

On the supernatural realms, it was explained, people feared repercussions from the dead ancestors. The Gusii people were convinced that ancestors were intermediaries between humanity and their God (*engoro*). The people solemnly observed the elders requirements. The elders had the repertoire of knowledge on the code of regulations in the community, since the art of writing was non-existent.

Refusal to go for initiation when one was of age was a source of stigma. The girl cannot be allowed to mix with the initiated, nor will she be allowed to undergo another rite of passage called *ekeigoroigoro.* This rite of passage was intended to bestow blessings and fortune and was regarded as a source of wealth (Mayer, 1953).

The cleansing rituals which follow when an initiate cries out during the operation and *ekeigoroigoro* seem to have lost their significance, as stated by informants. In the past two decades, they said they had not heard *ekeigoroigoro* being celebrated in their vicinity. Moreover, some young respondents are contented with the fact that they cried out and did not mention any ritual cleansing. A respondent aged below 25 years was punished with a pinch and a threat of being strangled if she continued crying out. She had children and did not believe that crying out or failure to observe all rituals that are associated with clitoridectomy can be a cause of bad luck and barrenness.

After clitoridectomy, informants explained that the initiate is admired because she and her family have given a feast for the participants, gifts and presents are exchanged, and the initiates become the centre of interest. These allowed interaction and good families as well as bad families were known. After graduation, the girls were allowed to join other adult members in dances *(ribina)* organised by society where they were encouraged to find suitors. This brings to focus LeVine and LeVine (1966) who noted that after clitoridectomy, Gusii girls were ready to marry. The average age at circumcision was 8 years. Maendeleo ya Wanawake organisation report of 1992 agrees with him when they argue that after clitoridectomy, the young girls were free to look for husbands.

Parents and educationists complained about the ills of teenage pregnancies, which they argued caused wastage and dropouts in schools. At the same time there was a strong belief that female circumcision controls libido in women in Kisii and elsewhere (Nypan, 1991). It can justifiably be argued,

contrary to the beliefs of the people in Kisii and other places, that among Abagusii, clitoridectomy encourages sexual misbehaviour, pregnancies and therefore school dropouts.

This argument is supported by the evidence which came up to support the fact that clitoridectomy is a mark of maturity. After these rites, men are allowed to propose marriage to the initiates. As shown by the research findings, 15.0% of the respondents underwent initiation because they wanted to be allowed to marry. Other respondents were of the opinion that they were very young then to think of marriage, but they wanted assurence that when they are mature enough and want to marry, they would not miss a suitor because they were not circumcised.

Clitoridectomy as a factor in marriage is still regarded as very important. A study by Maendeleo ya Wanawake organisation (1992) noted that Gusii boys revealed that they would not marry uncircumcised women. In Kisii there are very few spinsters. One can rightly say that there are no alternatives for Gusii women other than marrying. Therefore, to become ideal for marriage made the young girls undergo circumcision.

Those respondents who supported the practice, even community members who learnt that abolishing the practice was being advocated for recounted cases of economically successful individuals who did not circumcise their daughters. They were however sorry that this had made the said daughters be divorced.

The economic function played little as a determinant of circumcision. Apart from the revenue generated by the circumcisers carrying out the operations, the respondents revealed that initiates were allowed to join work groups after clitoridectomy. The work groups sold labour for pay. Some of these were traditionally regarded as *ebiombe* and *ebisangio*. These can be regarded as the present day women groups. These groups were allowed to control their incomes and even invest. This created some degree of economic independence for the initiates. It is important to note that the functions of female circumcision or any other customary practice are many. They are also intertwined and lack clear-cut definitive lines between them. This finding concurs with Max Gluckman (1962), Van Gennep (1972), Kenyatta (1978) and Angulu (1981), who regard circumcision as multifunctional. This becomes the case when circumcision ceremonies are based among other rites of passage in the same

communities.

In the foregoing analysis, it is evident that the practice of female circumcision has several functions in the Gusii community. When these functions were compared, its being a symbol of cultural heritage and preservation was the most important. This was followed closely by its being a source of social cohesion and uniformity. It also enhanced chances of marriage. This finding agrees with Giorgis (1981), who argued that in the Sudan, a non-circumcised woman cannot be married because bride-wealth cannot be paid. Bride-wealth is only paid when infibulation was found to be intact. Bianco (1991) agrees with Giorgis (1981) and gives an analogy among the Pokot of Kenya. She noted that circumcision configured a woman and made her able to look for children through marriage. The economic and religious functions of female circumcision did not serve a very important role among the Abagusii. Their functions were only realised within the context of socio-cultural meaning.

The research indicated that despite the importance which was attached to this practice, its functions in the traditional society are not in line with the aspirations of the twenty first century. For instance markers of prestige and status have changed. Life challenges of being able to prepare for maturity and keeping secrets was important to traditional societies because there was warfare between ethnic groups and the society's wish not to make traitors. Most respondents, especially those of the urban, sample got involved in the practice because of insecurity and social pressure.

Societal norms were imparted before and after initiation ceremonies, not only by parents but by the whole community, all the time at any place. The modern society has failed to take up the traditional way of imparting norms to the youngsters. This role has been left to teachers who are not trained to impart norms (which differ) but to teach.This has caused a public outcry on the falling standards of morality. The fact that they carried out initiation rites in a group enhanced solidarity, while the mentors trained the young girls to be of good character. They learnt the virtues of life ,to respect other peoples' property and be able to defend theirs.

5.2 Social Pressure and the Practice of Female Circumcision

The research ascertained that social pressure reinforced as well as

iscouraged the practice. It worked both ways; it was opposed or supported epending on what the groups concerned wanted. Sources of pressure were eighbours, friends,parents, grandparents, acquintances and the senior age-set. As a result, young girls learnt to fear the practice, and were not ready to be nitiated. This is explained by the fact that among the few who were not initiated nd the mothers who had decided against the practice, they were influenced by eighbours and friends. About 5.5 % of the respondents from the rural sample net opposition in their decision. They indicated that their children were not llowed to mix with those who were initiated. They were not accorded respect, nstead they were ridiculed. This contrasted with 16.0 percent of the respondents n the urban sample who had made decision against the practice. They did not ndicate any encounter of restrictions from the urban community. This is because he urban area is a mixed society and people may not be sharing the same value ystem.

Social pressure reinforced the practice in several ways. This was achieved through influence from friends of grandparents, parents and young girls. The most influential of them were the young girls who had just been initiated. A majority (86.5%) of the respondents agreed that their decision to be initiated were influenced by the senior age-set. Only 13.5 percent of the respondents had other reasons while 83.5 percent were influenced by their friends. Respondents indicated that grandparents could be so influential for 73.0% subscribed to their influence. This is achieved through constant demands and misinterpretation of the issue. There were incidents of young girls demanding to be initiated because their male age-mates would be initiated. Their grandmothers coerced them into it because they wanted uniformity. Members of one focus group discussion wondered why female circumcision was being abolished while male circumcision was promoted. This showed ignorance of the reasons for opposing female circumcision.

The above findings bring into focus Ngugi Wa Thiongo's (1965) novel which was set in colonial Gikuyu country. Muthoni, a character in the novel, meet her death when she overruled her parents' decision and was initiated. Nypan (1991) also indicated the same among the Meru in Tanzania. She notes that young girls are initiated against the parents will. These studies prove that people have not accepted the reasons for abolishing the practise. It further

confirms that attitudes ifluencing cultural behaviour are difficult to alter. Despite the contention by respondents that the cultural function of initiation rites had diminished, they were still practiced. One person or just a group cannot be able to influence for their rejection. Community members must agree unanimously for its rejection. This is when success will be registered.

This finding contradicts Maendeleo ya Wanawake organisation report (1992) which noted that decisions on whether to have female children initiated or not were determined by mothers. The researcher is of the view that there existed a lot of pressure to continue with the practice during the field research. For instance, male youth wish to marry only circumcised women. The family which does not have its children initiated is regarded as spoiling the lineage, and is blamed for every calamity that befalls society, commoly drought. The uncircumcised were ridiculed in this society. It can be concluded that the decision to undergo or not to undergo initiation rites depended on a wide range of factors.

Informants argued that those women who are not initiated have bad morals. About half of the respondents (49.0 %) agreed with that claim while onother half (50.5 %) refuted it. The majority (59.0 %) of those who refuted belonged to the urban sample.This shows that these beliefs were present in both samples , but were more common in the rural sample than in the urban sample.

Focus group discussions argued that clitoridectomy controlled the young girls' libido. When they were not circumcised, they became difficult to control (*abaroro)* and behaved like "butterflies among trees". The discussants believed that initiated womens' libido was controlled. They admired that and wanted all women to be initiated. They mocked the uncircumcised in that community and said that they had loose morals. These women's origin was always not Kisii. It was difficult to establish whether these allegations were true or it was just prejudice. The discussants argued that uncircumcised women are infidels. They get lured into sexual affairs so easily and these leads to breakage of marriages. They insisted that they had to initiate their children so as not to jeopardize their education due to early pregnancy. They were indignant of the fact that the government had put a ban on clitoridectomy. One of them exclaimed let the 'crown' stay away, let the church keep off and let our cultures stay. Neither the church nor the government will solve our problems when our daughters

climb men's backs because of a strong libido !".

It is evident that clitoridectomy is performed as a cultural requirement as well as a control of female libido. This concurs with Howard (1986) who quoted the Association of African Women for Research and Development's (AAWORD) argument that female circumcision existed to insubordinate women in the sexual act, while male circumcision brought men together to educate the male initiates on how to sustain the patriarchal structures in the patrilineal society. They socialised community members to support this structures as well. From the study, it is evident that it was not clitoridectomy per se which controlled women's libido. It was, instead, the moral fibre in the community. Bad or good morals are not brought by clitoridectomy or lack of it. Initiation rites were a period for socialisation in which the initiates were trained on standard behaviour with a stress on sexuality. This is what created control of libido in women and not clitoridectomy.

In effort to discourage the practice in the modern society, female circumcision is regarded as child abuse, a violation of the women's right of sexual expression, or a health hazard. In Kenya, as noted by a Maendeleo ya Wanawake organisation (1992) report, it is contended that in effort to eradicate that practice, it will be treated as a health hazard. This became a point of entrance to find out whether the practice still persisted when the Gusii women were aware that it brought problems to health. The study endevoured to establish whether awareness of the practice as a health hazard hindered them from practising clitoridectomy.

5.3.0 The Health Consequences

It was assumed that if the Gusii women were aware that clitoridectomy caused them and their children health problems immediately the operations are performed and later in life during marriage and child delivery, they would halt the practice and discourage their friends, from participating in it.

The following theme of health captures the World Health Organisation's (WHO) definition of health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Female circumcision is a traditional practice with negative health consequences. This became evident in the field when the mean age for circumcision was found to

be ten years. Circumcision operations are performed on children whose physiological development is in progress. There are possibilities of its impairement.

When inquiring about their role, circumcisers *(abasari*) who included a hospital nurse said that they learnt by apprenticeship. They were called to service through dreams and bouts of madness and it was revealed to them that they would be circumcisers. They rarely use sterilised razor blades, traditional knives or pairs of scissors. Tne nurse said she carried out the oparations due to her desire to uphold her culture. She retorted that she only circumcised the willing; afterall it was the parents who required her to operate on their children.

5.3.1 Place of Operation

In order to establish where female circumcision operations were carried out, respondents were asked where they and their children had their operations done. The results are presented in Table 5.2 below.

Table 5.2 : Distribution of place of surgery and type of surgeon

		Respondents		Their Children		Total	
Type of Surgeon	Place of Surgery	n	%	n	%	n	%
Traditional Circumciser	Circumcisio n place	107	53.5	26	13.0	133	33.25
	Home	67	33.5	27	13.5	94	23.5
Nurse	Hospital	10	5.0	37	18.5	47	11.75
Non response		16	8.0	110	55.0	126	31.5
Total		200	100.0	200	100.0	400	100.0

A majority (56.75%) of the circumcision operations are carried out away from hospital. Only 5.0 % of the respondents had them performed in hospital and 8 % of these stayed in the urban centre. These trends have changed among children. It was revealed that 18.5 % were operated in hospital while 27.0% were operated at home and the circumcision place.

There is a remarkable difference in trends between the rural and urban

samples. The urban trends decrease more compared to the rural trends. This is further shown in the case of children where 24.0% from the rural sample have their operations in hospital while only 13.0% from urban sample go to hospital for these operations. These trends indicate that the urbanchildren have absndoned the practice.The reasons why this practice is mainly performed by the traditional circumcisers and in the circumcision place is because it is a traditional ritual which started before hospitals were established. Since time immemorial it has been done by these people and in the same place and unless there is intervention, it may continue in the same vigour.

The respondents further revealed that when the girls are admitted to hospital for the circumcision operations, they are at risk of contagious diseases from inpatients.They gave an example of 1989 when 40 girls were infected by measles in one private hospital in the district.

5.3.2 Effort to Curb Infections and Reduce Pain

Whenever an operation is carried out, basic steps are taken to ensure reduction of pain, infections and haemorrhage. The respondents were asked to mention what was used by the surgeon to prevent the above occurances and the following was recorded (See table 5.3).

Table 5.3: Manner of curbing infections and reducing pain

	Respondents		Children		Total	
Used by Surgeon	n	%	n	%	n	%
Local Anaesthesia	8	4.0	38	19.0	46	11.5
Antibiotics	1	.5	8	4.0	9	2.25
Antiseptics	7	3.5	7	3.5	14	3.5
Flour	166	83.0	34	17.0	200	50.0
Non response	18	9.0	113	56.5	131	32.75
Total	200	100.0	200	100.0	400	100.0

A minimal number of the respondents (4.0%) said that local anaesthesia was

used when they underwent the operation. The use of anethesia becomes more frequent with the children with 19.0% . The minimal use of local anaesthesia is due to the fact clitoridectomy is used to determine the courage and stamina of the initiates. The initiate who sits stoutly through the operation is regarded as a heroine. It was revealed that the initiates who have their operations performed traditionally accrue more respect from the community. Those who go to hospital are despised and told that the only pain that they can stand is that of an injection.

These attitudes have changed since more children (19.0%) are using local anaesthesia and fewer are using flour when compared to the respondents. Nonetheless, the use of flour is still very high, with 17.0% among children and 83.0 % among the respondents.The use of antibiotics is very low, with only 2.25% of the respondents using them. The respondents gave anecdotal information that "only the sick take medicines and circumcision is not sickness". The use of antiseptics to prevent infection is also very low. The instruments used may be shared and this puts the initiates at a higher risk of infection. Some urban respondents lamented that the circumcisers sometimes use anything, including pesticides, in conviction that it can control infection. This causes a lot of pain to the initiates but they are told that "that is what it means to be a woman".

The use of flour which, as indicated earlier, is believed to have healing properties, to curb bleeding and facilitate the operation because it allows a grip on the clitoris. It was the highest score with 91.0 % of the rural, and 75.0 % of the urban sample respondents having used it. This confirms that this traditional practice still uses traditional devices and even if there is change, it has not adversely affected the use of flour during the operation.

5.3.3 Immediate Dangers to Health

This practice is regarded as easy and is associated with gifts, good food and prestige. Respondents were asked to reveal their feelings and what happened to them before or after the operation. The results were as shown in table 5.4.

Table 5.4:Immediate dangers to health associated with circumcision

Type of Reaction	RURAL		URBAN		TOTAL		NON-RESPONSE	PERCENT
	True	False	True	False	True	False		
Scared	38.0	59.0	58.0	36.0	48.0	47.0	5.0	100.0
Painful	62.0	34.0	72.0	21.0	67.0	27.5	5.5	100.0
Screamed	3.0	94.0	8.0	85.0	5.5	89.5	5.0	100.0
Bled	75.0	22.0	88.0	5.0	81.5	13.5	5.0	100.0
Haemorrhage	27.0	69.0	27.0	66.0	27.0	67.5	5.5	100.0
Urine Retention	74.0	23.0	77.0	14.0	75.0	18.5	6.5	100.0

Close to half (48.0 %) of the respondents were scared while 47.0 % were not. Something painful causes fear and stress. Ironically, several respondents declined from expressing pain. This is due to the community custom which regards expression of pain as betrayal of one's courage.

Anaesthesia is rarely used (3.0 %). As a result, 67.0 % of the respondents felt pain but only 5.5 % expressed it by screaming. The majority of these are found in the urban sample. The operation causes bleeding to almost everybody (81.5 %) and this bleeding is the most common feature in the operation because it is of the highest percentage when compared to the rest. Haemorrhage was experienced by 27.0 % of the respondents. This complication may lead to fainting, anaemia or death. It was expressed by some respondents that even if it is commonly said that children become fat *(abana iga'bakobuchecha*) after circumcision; at the practical level, they look weak and sickly. It is popularly believed that circumcision lets out bad blood and this makes the initiates sprout and look healthy. Whenever initiates become anaemic or become less resistant to infections, circumcision is not regarded as the underlying cause.

Three quarters (75.0%) of the respondents experienced urine retention for an average of three days. Those who got infections after the operation *(obosaga)* experienced urine retention for an average of 21 days. Urine retention, swelling and infections seem common because there are specific names and explanations given for each type of ailment after the operation.

5.3.4 Other Consequences to Health

On exploring into the study population's awareness and the prevalence of secondary complications which are caused by clitoridectomy, the following was observed (see Table 5.5).

Table 5.5: Incidence of secondary complications caused by clitoridectomy

Type of Complication	RURAL		URBAN		TOTAL		NON-RESPONSE	PERCENT
	yes	No	Yes	No	Yes	No		
Pus Formation	2.0	98.0	2.0	98.0	2.0	2.0	-	100.0
Swelling	2.0	98.0	1.00	99.0	1.5	98.5	-	100.0
Accidental injuries	26.0	67.0	8.0	84.0	17.0	75.5	7.5	100.0
Malformations	27.0	68.0	13.0	77.0	20.0	72.5	7.5	100.0
Heard of Fatalities	62.0	37.0	54.0	42.0	58.0	39.5	2.5	100.0
Awareness of Delivery Complications	11.0	85.0	34.0	62.0	22.5	73.5	4.0	100.0
Association with HIV	67.0	30.0	92.0	8.0	79.5	19.0	1.5	100.0
Mutilation of Children	39.0	60.0	57.0	42.0	48.0	51.0	1.0	100.0
Health hazard	33.0	62.0	53.0	43.0	43.0	52.5	4.5	100.0

Complications of pus formation and swelling were not common (2.0%). The respondents said that pus forms when the wound is bandaged and girls do not bandage after clitoridectomy. The responses on swelling were lower than expected because whenever a person is hurt it is associated with swelling. It is likely that the respondents did not notice their swelling because of their position and taboo restrictions which do not allow scrutiny. Accidental injuries and malformations were fairly common since 17% suffered from the former, while 20% suffered from the latter. The problem was more common in the rural sample, with 26.0% accidental injuries and 27.0 % malformations.Some respondents did not know how the operation is carried out ,while few others did not know whether their operations were injured accidentally or malformed. This is possible because there is no standard measure for the operations nor are the circumcisers trained on the standard way of performing clitoridecdomy. One respondent cried out that the cut using a razor removed her labia majora, but

she was congratulated by the group members for seemingly standing a more serious type of circumcision and she would accrue more respect. This was not the case as the respondent feels demoralised to this day.

The circumcision is known to cause 70 deaths out of 1000 operations. More than half (58.0 %) of the respondents had heard of deaths from circumcision complications.Deaths were seemingly more common in the rural sample where 62.0 % of the respondents agreed that they were aware, while the urban sample has 54.0 %.

From the above, one can infer that the common occurrence of complications which mostly involve injuries, malformations and deaths in the rural sample may be as a result of poor health care or failure to seek medical assistance.

An exploration into their awareness of the association of circumcision to obstruction during delivery revealed that only 22.5 % were aware that this operation complicates labour. The majority of these (34.0 %) were from the urban sample and 11.0 % were from the rural sample. Sources of this important information were identified as the church and hospital.

A teacher revealed that when she had delivery complications, she learnt from the nurses that they were caused by circumcision. She was warned that for the sake of her life and the child's, an extensive episiotomy or a caesarean section was necessary. She escaped with an episiotomy.

One nurse further revealed that she hated to work on circumcised women, let alone deliver them. Apart from taking longer time to deliver,it was difficult to suture them because of the scars. Identifing the urethra is a problem, sometimes the urethral orifice is sutured erroneously.

On non-sterility and sharing of operation instruments and their role in the spread of Human Immuno-deficiency Virus (HIV), a high proportion (79.5%) were informed. The majority of these (92.0%) were from the urban sample while 67.0 % were from the rural sample. Surprisingly, this did not deter the women from carrying out this practice. They argued that "these days everybody is required to carry her own razor blade". They also erroneously believed that Human Immuno-deficiency Virus (HIV) is an urban or city problem and it is not found in the rural areas. Besides, the initiates were considered too young to harbour such dreaded diseases.

When asked to give opinion on whether female circumcision was a

mutilation of children as well as a health hazard, half of the respondents felt it was a health hazard. A majority of these respondnts were from the urban sample. This shows that the population's attitudes towards the practice are influenced by perceptions of the larger society in the sense that when it is said that female circumcision is bad, they also find it easy to identity with the bad aspect. This shows that these people can be influenced to abandon this practice.

5.3.5 Type and Place of Treatment of Maladies that Arise from Circumcision Operations

Due to the number of maladies that arise from these practices, the researcher probed further to find out the kind of treatment given,the place and the people providing it. The results are presented in Table 5.6.

Table 5.6: Type and place of treatment of circumcision related maladies

Place and Person	RURAL		URBAN		TOTAL	
	n	%e	n	%	n	%
Taken to Hospital	2	2.0	1	1.0	3	1.5
Taken to Traditional Doctor	1	1.0	4	4.0	5	2.5
Treated at Home by Traditional Doctor	15	15.0	14	14.0	29	14.5
Treated at Home by Hospital Doctor	1	1.0	8	8.0	9	4.5
Other	1	1.0	1	1.0	2	1.0
Non-response	80	80.0	72	72.0	152	76.0
Total	100	100.0	100	100.0	200	100.0

Most of the respondents (76.0%) declined from giving any figures. This may be because they were not having serious maladies. However, 24 % of the respondents were affected. A minimal number of 1.5 % were taken to hospital, 2.5 were taken to a traditional doctor's home for treatment and 19.0 % were treated at home, 14.5 % of them by traditional doctors.

From these percentages, it is clear that most families seek treatment for initiates from traditional doctors though a few, 4.5 % got it from hospital doctors. This may be due to the fact that the traditional doctors are more

available and more exposed to the circumcision maladies. Anecdotal information from a focus group discussion exposed a belief that maladies caused by circumcision operations are not treated in hospital because the initiates will not be healed. They should be treated traditionally. They further said that for an initiate to heal, she must fulfil traditional requirement of graduation and ritual cleansing.

5.3.6 Treatment

One medical doctor said that he handles many circumcision patients during the circumcision period, which is between August and December. He noted that they come with high fever and are not able to walk. The treatment provided is successful because they never go back for referral letters.

From a focus group discussion in the rural sample, it was indicated that any malady affecting an initiate has an ulterior cause (*amasangi).* This is due to involvement by parents in extra-marital relationships, shock and anxiety from the initiate, and the initiate having had sex-play with boys before circumcision. Discussants in the focus group gave metaphysical modes of treatment which respondents believed worked.

These methods of explanations and types of treatment given for various problems are types of social control mechanisms. They aim at controlling the parents and the young girls sexual behaviour. This is one of the areas which has been adversely affected by the changes which continously take place in society.

5.4 Campaigns Against the Practice and Attitudes to Clitoridectomy

The christian missionaries have made efforts to have the practice of female circumcision abolished. A remarkable example is the ban on the practice in 1929. People did not heed the ban. Instead, it became a necessary unifying force for fighting the colonialists (Kenyatta, 1978; Murray, 1974).

The government of Kenya put a ban on the practice in 1982. Anybody found practising it, would be prosecuted under the Chiefs' Act of 1912. Non-governmental organisations and interested individuals have also campaigned against the practice.

Investigations seeking information on the extent of the awareness of the presidential ban on the practice of female circumcision and the community's

subsequent reaction were made. Only 9.0 % of the respondents disagreed as 91.0 % of the respondents were aware of the presidential ban. From the total, 93.0 % were from the urban sample and 89.0 % were from the rural sample. It is likely that those who declined to respond and those who responded negatively were afraid that the researchers were spies.

Sources of information on the ban were mostly from the broadcast media 67.0% of the respondents said they heard it from the radio. These were of relatively equal numbers from the rural as well as from the urban samples. Asmall proportion (14.0 %) got information from their chief and the church. Other sources of information were the school, family planning clinics and women groups.

Almost every respondent was aware that the practice continued even more frequently, after the presidential ban. They said that even very young girls of three years of age were circumcised. This was to ensure that when the government became more stringent in punishing those who practised, their daughters would have gone through the rites.

Older members of the focus group discussion were of the opinion that the government did not stop their culture per se but the beer which was brewed for use during the ceremonies. They did not understand why a government should put a ban on anybody's culture. They argued that laws were there to safeguard them and not to impinge on their traditions, which they thought were transcendental.

They felt that their circumcision ceremonies were good and the type of operation they performed superb. They were of the opinion that the Gikuyu, Meru, Tugen and Maasai type of circumcision (excision) was bad. Therefore this should be discouraged first and not the type found in Kisii. They felt that their type of circumcision (clitoridectomy) should be encouraged because they remove only a little. They compared it to a pinch. Members of the focus group discussions were of the opinion that the neighbouring Luo had started circumcising their children, both male and female because circumcision promotes maturity. They felt that this was then, a wrong time to discourage the practice.

Culture was the main reason that was advanced to explain why the practice continued by 83.0 % of the respondents, to please their ancestors, because others continued, because of husband demands. Some of the rural

residents declined to answer because they felt they should not be asked to explain why they were alive or why they ate because it is something which was done by everybody. Some respondents explained that if all people stopped practising clitoridectomy at the same time, they too would stop, but so long as others continued, nobody would stop. One respondent revealed that her husband tricked her in the past. He sent her to celebrate Christmas with her parents leaving her children behind. When she came back, she found her children circumcised. The husband explained that he had the children circumcised because he did not want to lose his identity.

The foregoing, is evidence that the respondents attitude towards the ban against the practice hindered the efforts to have the practice abandoned. They regarded their practice so highly despite the fact that it was a health hazard. They cherished the practice to the extent of trying not to be the first to abandon it. The fact that other communities must stop first shows a state of insecurity as well as lack of alternative group identity.

The groups which campaigned against the practice did not educate the people on the dangers associated with the practice. When investigating on the groups which had campaigned against the practice of female circumcision and the education they gave on its dangers, the information that was obtained is as tabulated below.

Table 5.7: Groups which have campaigned against female circumcision

Type of Group	RURAL		URBAN		TOTAL	
	n	%	n	%	n	%
Medical Staff	1	1.0	15	15.0	16	8.0
Government	29	29.0	18	18.0	47	23.5
Church	9	9.0	38	38.0	47	23.0
Women Groups	11	11.0	4	4.0	15	7.5
Politicians	5	5.0	10	10.0	15	7.5
Do not Know	45	45.0	15	15.0	60	30.0
Total	100	100.0	100	100.0	200	100.0

Some respondents (30.0%) were not aware of any campaigns against female circumcision. Nearly half of these (45.0%) were from the rural sample. It is likely that the campaigns against female circumcision end at workshops and media levels and hardly get to the grassroots where the problem abounds. The urban population may read about the campaigns from the dailies which the rural population may not access. This explains why only 15.0 % are not aware of the campaigns.

A higher proportion (70.0 %) of the respondents had received some influence against the practice. The majority (23.5 %) had this influence both from the church and the government. The church has a lot of influence on the urban sample with 38.0 % of the respondents while the government is frequent in its campaigns in the rural sample with 29.0 %. The medical staff's share of the campaign is 8.0 %. This is mostly in the urban sample where 15.0 % said they were influenced by doctors. Only a bare 1.0 % was found in the rural sample. This is due to the fact that most hospitals in Kisii are centralised in the urban centre and most doctors will meet socially with urban dwellers as compared to rural inhabitants.

Other groups which had made campaigns against the practice were the women groups, through the Maendeleo ya Wanawake initiative and polititians. Anecdotal information indicated that they talked against the practice immediately after the presidential ban. Later on when the people insisted that they wanted their children circumcised, the politicians gave way. Members of the urban focus group discussion were of the opinion that the government was not serious about the ban on female circumcision. This was because most of the government leaders seemed to encourage circumcision because they threatened their enemies that they are going to circumcise them. They also used circumcision as a criterion to seek for votes. This attitude from government leaders thwarted the efforts of those who wished to discourage the practice.

The respondents were asked to state the reasons for the discouraging the practice. Table 5.8 gives their responses.

Table 5.8: Reasons for discouraging the practice of female circumcision

Reasons	RURAL		URBAN		TOTAL	
	n	%	n	%	n	%
Backward Practice	6	6.0	7	7.0	13	6.5
Health Hazard	24	24.0	49	49.0	73	36.5
Redundant	10	10.0	19	19.0	29	14.5
Unchristian	10	10.0	11	11.0	21	10.5
Controls Libido	4	4.0	5	5.0	9	4.5
No reason	46	46.0	9	9.0	55	27.5
Total	100	100.0	100	100.0	200	100.0

Whereas 27.5 % of the espondents stressed that they were aware of the campaigns and did not know reasons for discouraging female circumcision, 36% of the respondents said that the practice was discouraged because it was a health hazard. Just about a half (49.0%) of these were from the urban sample while 24.0 % were from the rural sample. Another frequently given reason was the redundancy of the practice with 14.5 % of the respondents stating so, 19.0 % of these were from the urban sample. Only 10.5 % felt that the practice was unchristian, while 6.5 % felt that it was backward. A minority (4.5 %) of the respondents noted that it controlled libido. The percentage score of the responses were all high in the urban sample when compared with the rural sample, the most frequent one being the fact that female circumcision is a health hazard. Whether this information was obtained from the campaigners or other sources could not be established, but most of the respondents in the rural sample were not aware of any reason for discouraging their cultural practice.

This is evidence that the study population is aware of the reasons used to discourage the practice.The fact that they show no sign of abandoning this practice shows that they do not take the campaigns seriously. The respondents who seemed convinced that for whatever reason female circumcision should be abandoned, were Protestants.

On a point of departure that female circumcision had become redundant,

and was practised as a relic, respondents were asked to explain why they thought the practice was functional. Several of them (70.0 %) felt that it was still their culture, but it had changed. Only 8.0 % accepted that it was redundant and served no purpose. Respondents who were noncommittal were 22.0%. Those who said that female circumcision is redundant explained that it did not serve any purpose and people had changed their attitudes to it. The respondents who said that it had not changed argued that the youngsters were still initiated into adulthood, and it controlled in morality. Others felt that it had changed because not all rituals and ceremonies were performed. The female initiates were also very young and were taken to hospital. It was not possible to train them in the ways of the community.

The respondents were able to note the changes which had occurred in the practice, but these were not enough to make them discourage the practice. A question on their attitudes showed that 36.0 % of the respondents liked the practice, 28.0 % were indifferent while 25.0 % disliked it. Those who loathed it were few (11.0 %), with relatively the same percentage from both samples. A conclusion can be made to the effect that only 35.0 % of the study population disliked the practice.

When asked whether they were ready to abandon the practice and allow their daughters to stay uncircumcised, 45.0 % felt they should abandon the practice. Most of these (58.0%) were from the urban sample. An equal percentage (45.0 %) felt that the practice should not be abandoned because it was still very good. The majority of these (60.0 %) were from the rural sample, while only 30.0 % were from the urban sample. Ten percent of the respondents were undecided, 12.0 % of these being from the urban sample. The rural population seems to be bound to this practice compared to the urban population, and it is likely that the practice will decline faster among the urban than in the rural population.

5.5.0 Opinions on the Redundancy of the Practice.

Their opinion on when the Gusii community will stop these practices showed that 86.5 % of the respondents indicated that it will not be in the near future. Only 13.5 % felt that if people are forced to stop by the government, most of them will stop. Others argued that the practice may die off due to the

bsence of performers because the circumcisers *(abasari)* were not enough. When asked to predict when they thought this practice will be non-existent, they gave the answers shown in table 5.9.

Table 5.9: Opinions on redundancy of the practice

Period in Years	RURAL		URBAN		TOTAL	
	n	%	n	%	n	%
1 - 5	11	11.0	16	16.0	27	13.5
6 - 10	11	11.0	24	24.0	35	17.5
11 - 15	6	6.0	12	12.0	18	9.0
16 - 20	4	4.0	8	8.0	12	6.0
20 and Above	25	25.0	22	22.0	47	23.5
Unpredictable	43	43.0	18	18.0	61	30.5
Total	100	100.0	100	100.0	200	100.0

Slightly below half (46.0 %) of the respondents were of the opinion that the practice will stop in less than twenty years. About a quarter (23.5 %) of the respondents said that they needed more than 20 years to have the practice abandoned while 30.5 % could not predict the future trends of this practice. Key informants said that it was likely that the practice will go underground if the government put pressure on the people to stop the custom. On the contrary, other respondents were of the opinion that if the campaigns became more frequent, and the government more stringent on its part, the practice will be abandoned. They identified some families which had abandoned the practice and said that nobody even remembers that they did not undergo the initiation rites. Notwithstanding the above, those who have stopped are only a few.

The foregoing chapter has considered the functions of female circumcision, the role of social pressure, the consequnces the practice poses to health and the campaigns which have been made against the practice. Following is a summary of the text.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

This chapter makes a summary of chapters one to five, followed by conclusions of the objectives the study set out to achieve, and thereafter the recommendations.

6.1 Summary

Chapter one spelt out the introduction to the study and the statement of the problem. It was noted that female as well as male circumcision were regarded as rites of passage. Whereas there was a wealth of literature on other rites of passage, particularly male circumcision, very little had been written on female circumcision. This was attributed to the fact that the subject is shrouded in secrecy and restricted from discussion. It was aggravated by the fact that most of the early researchers were male and communities restricted their access to female respondents. There was contention among scholars that female circumcision has been practised for millennia, for different reasons, in most parts of the world. It was performed in various ways but the most common were excision, infibulation and clitoridectomy. It was indicated that the practice has been abandoned in all parts of the world except Africa.

The statement of the problem asserted that the practice is found in Kenya, with a prevalence of 60 per cent. This was the case despite opposition from the government and Non-governmental organisations which are spearheaded by the church. In an effort to explain the persistence, objectives which were to be achieved by a field study as well as by information from documentary materials were set. These aimed at establishing whether the practice was prevalent in Kisii. This objective formed a basis for finding an explanation for the prevalence. This gave the functions of the practice, the role of social pressure and the campaigns against the practice. The community's lack of awareness and attitudes to the risks the practice poses were also established.

Chapter two is the review of literature on the origins of the practice. It

was suggested that the practice may have started in the Nile Valley around 500 B.C. It was very prevalent in Africa and was distributed in more than 40 states. The reasons for the practice were many, and non-concomitant with the modern society requirements. At one point the reasons mere were beliefs, superstitions and religious fundamentalism. Theose who practiscd believed that lack of the operations would lead to infertility, barrenness, pregnancy wastage, and child mortality. Other religious sects like the Muslims and Skoptz regard the operation as a religious requirement.

As a socio-cultural phenomenon, female circumcision was regarded as multi-functional. It was a mark of identity, prestige, status, a prerequisite for marriage, a symbol of cultural preservation and a marker of age sets. It also generated revenue whenever the female circumcision operations victims were hospitalised. The operations are also done to promote hygiene and aesthetics. It was argued that the practice marked and promoted gender roles in society.

The health consequences arising from the circumcision operation were also reviewed. The operation which involved cutting in unhygienic conditions using unsterilised devices by people trained by apprenticeship was risky. The risks included bleeding, infection, anaemia, death, dermoid cysts and keloid, urinary tract infections, infertility, vaginal stenosis and risks of HIV infection. The long term effects to women include problems during coitus, and delivery complications. The foetus could suffer brain damage and the risk of repeating the cycle.The current trends indicated that some people were aware of the damage caused by the practice. There was continuous opposition by several parties, but the practice continued unabated.

The chapter on methodology showed that the study was conducted in Kisii District which is agriculturally productive. Urban and rural populations were sampled. The household was the unit of analysis and the women's views represented those of the household. Interviews, focus group discussions, and observation schedules were used to generate primary data for analysis. Primary data were analyzed and put in frequencies and percentages. The findings answered the objectives that the study set out to achieve. These are dealt with below.

6.2 Summary and conclusions of findings

The characteristics of the population of study indicated that 96.0 percent of the respondents were christian, 74.5 percent of these were married, while 16.0 percent were single. The most frequent levels of education attained was 9-12 years of schooling although 49.0 percent of the respondents attained 4 years and below of schooling. It is important to note that the education received and the religious dogma provided by the church did not emancipate the respondents or the community from practising female circumcision. It did not change the groups' attitudes towards the practice nor has it made them regard their health as being more important than culture. This explains the high prevalence of female circumcision in all the sections of the community.

Education attained by the respondents did not lead to self or salaried employment for most respondents as 55.5 % were not in salaried employment. They occupied themselves with housewifery and peasantry. Levels of income were generally low. Most of the women's (35.0 %) earnings were in the below Ksh. 500 per month category while 28.0 % were in the category earning 1000 and 2000 shillings per month. It was concluded that the majority earned low incomes. This suggests the study population leads a relatively poor standard of living. It is against this background that a study on the prevalence of female circumcision was conducted.

Investigations on the prevalence of the practice showed that in Kisii, female circumcision was regarded as a rite of passage.This asserts that the Gusii people have no new reason for practising female circumcision. In perpetually all communities which have the practice in the world, " rite of passage" is the reason which is given. It may change status, identity, and may be associated with courage and prestige.

Among the Gusii, it was performed before puberty and involve all females of that age. All community members whatever their characteristics were expected to participate at various levels of the ceremony. Socialisation and inculcation were used to prepare the female children for the ritual, but coercion was used whenever the above two were not successful. It was regarded as a social control mechanism for not only female children but women and men who were parents as well.

The study indicated that it was prevalent in the urban sample, with 95.0

percent, as it was in the rural sample with 98.0 percent, of the respondents circumcised. This supports the view that the practice is very rampant in Kisii. Further investigation showed that 68.5 % of the respondents were willing or had already had their female children circumcised. The Gusii people were determined to continue with the practice. The most important objective for allowing the practice was to maintain culture and morals.The objectives for disallowing female circumcision, on the other hand, were disjointed.'It was a health hazard' was the main reason. Others were, it had been banned, it was ungodly, redundant, and it reduced sexual desire. Several respondents were for the continuation of the practice.

It was stressed that the maintenance of morality, which was mentioned by respondents, was achieved through education imparted during the ceremonies. It was not achieved by clitoridectomy as most respondents thought. Behaviour is controlled by the mind and not the circumcision operation.

It was encouraging to find that several individuals (44.0 %) had reasons to discourage the practice. It can be envisaged that these individuals who had decided against the practice, will henceforth advocate for its abandonment. In spite of their positive attitudes, there were limiting factors.More than half of the respondents (56.0%) encouraged the practice because they wanted to maintain their culture. This may be due to lack of substitute markers of identity and status for young girls. Alternatively,the modern supplements, like achievement in school and sports had not been incorporated fully in this community.

The practice was also influenced by male circumcision which is done at the same age and period of the year. The fact that other parents were for the practice allowed disparity, and the young girls who were barred by their parents ran away to join their friends in the place of circumcision. The role of social pressure therefore became a very important determinant of the practice. Some respondents indicated that "if the practice was stopped at the same time in every place, then everybody would stop".

Another area which did not realise fruits in Kisii were campaigns against the practice. The 1929 Scottish Mission campaigns against female circumcision were in Muranga. The practice continued unabated in Kisii. Other campaigns occasionally made through the print and broadcast media were known to a only few people. The important groups like the traditional circumcisers who perform

the operations and the grandparents who coerce grandchildren to go for it rarely got to know about the campaigns because of the high levels of illiteracy and monolingualualism. Those who carried out the operations felt secure because there was no law in Kenya to prosecute them other than the Chiefs Act of 1912 which had not been used to persecute individuals because they performed female circumcision.

Notwithstanding the prevalence noted in the preceding pages, there is evidence of change in the practice. This becomes evident when comparing between the traditional and modern way of performing it. The age at clitoridectomy has declined. The songs have decreased and are mixed with christian as well as political songs. Some initiates had their operations carried out in hospitals and were not accompanied by traditional ceremonies. In the traditional setting only females carried out the operations, but in the modern society, male nurses do the operations, nurse the initiates, and males drive vehicles the female initiates board. Seclusion is only for a few days to allow healing. The circumcisers do less damage than was in the traditional society. Anaesthesia, antiseptics, antibiotics and pain killers are sometimes administered.

The protestant church, mainly the Seventh-Day-Adventist and the Lutheran churches have played an important role in discouraging the practice. This was achieved by discouraging other traditional rituals associated with the practice, for instance fire, grass, drinking of beer and use of obscene language during the rituals. The repercussions which are believed to follow did not. They discovered that they were only superstitions. The fact that these were discouraged led to the decline of graduation ordeals and age set names. This shows that some community members successfully carried out clitoridectomy and avoided accompanying ordeals. Others followed suit. It is likely in the near future, even initiates in the rural areas and non-christians will carry out only the operation and do away with the accompanying ceremonies.

There were complaints from some parents that the practice had become so expensive because it demanded a feast and offsetting surgeon and hospital bills. This necessitates saving some money to meet the these expenses. When this is not possible, funds are raised through harambee.This is done by those who have allowed modern changes to infiltrate the practice. These changes have influenced peoples' attitudes towards the practice. The determining factor for

circumcision is no longer age, there are new influencing factors such as affordability, whether to have the operation done in hospital or in the village by traditional circumcisers, and whether there should be the accompaning rituals and at times,whether girls should be circumcised . These decisions depended on the prevailing influence.

6.3 Functions of the Practice of Female Circumcision

The second objective endeavoured to find out whether female circumcision played a role in society, and if so, determine the most important roles. The findings established that the practice was cherished by many Gusii people despite opposition.

An investigation into the roles brought out a myriad of functions which included mark of status and identity, a proof of endurance, a bridge to fortune and blessings as well as a gateway to marriage. It was concluded that as a socio-cultural ceremony, initiation rites are multifunctional. In the overall they promote tribal cohesion and solidarity. The several functions were categorised into four main sections, namely, economic, social, cultural and religious functions. When these were compared, the cultural function was found to be the most important, with an average of 39.5 percent respondents. The respondents argued that it was a cultural requirement (*omogiro)*. Failure to perform the initiation rites leads to problems for the individual and her family. These problems are encountered in these people's social undertakings. A critical evaluation of the problems showed that these were simply rationalisations. The social function was also important, with an average of 34.5 percent of the respondents, which, when put together, explains 74.9 percent of the functions of female circumcision in the Gusii society.

The indicators of these functions were symbolic. They are better understood in context and by the performers. When the young girls who had just graduated from the initiation rituals were interviewed, it became evident that they did not understand reasons for having gone through the rituals. One of them from the urban sample said *"Mama yangu alitaka nishike adabu"* which translates that her mother wanted to discipline her. This shows that the younger or modern generation has not grasped the meaning of initiation rites. One can argue that they go for circumcision due to social influence. That is why the

slogan "our culture" becomes the main and, sometimes, the only reason for performing the rite. Fear of the supernatural repercussions influences parents to have their children initiated.

Society has abused the role of initiation rites, parents have a bigger share in it. This derives from the fact that they do not train their young girls before or after initiation on the meaning of the rites. The practice has gravely failed because it is not the operation which is important but also the associated education. When people who do not understand the meaning of circumcision are forced into it, it becomes an abuse of human rights. It is because sometimes the victims are not in a position to protect themselves. The common case is when midwives perform it on women in labour or corpses.

One important observation is the fact that the meaning of the initiation rites is understood and works best only in the traditional context. In traditional societies, the paradigm for the life cycle of individuals was given and each individual knew the course of action to take. In most cases, there were no alternatives. This is not the case in the modern society. For instance, when circumcision is regarded as an indicator of status and prestige, endurance of pain and hard work, it does not make meaning to most people, nor does it make meaning to the individual in a different context. The objectives of the education given was to construct a humble and submissive girl for marriage, that is, girls who were able to give the best service to the husband. These traditional educational objectives and achievement indicators are not concomitant with the aspirations of the modern society.

Indicators of achievement in modern society are basically elimination of ignorance, poverty and disease. This will enhance quality life for the individual. These can be achieved by acquisition of all round education and proper use of the environment. Female circumcision cannot be regarded as an indicator of achievement whatsoever nor is marriage the only career for young girls and women. Female circumcision should not be regarded as a prerequisite for a successful marriage because the operation does not play any positive part to make marriages successful.

'Our culture', shrouded the functions of the practice in society,which is mainly its association with control of female libido. The fact that discussion of sexual matters was restricted rendered the results inconclusive. There was no

sufficient evidence to suggest that clitoridectomy affected sex relations between husband and wife in the study population, the aim of perpetuating the practice by both men and women was to control the libido of young girls before they attain puberty. This is explained by the decline in initiation age. As noted by some respondents, girls these days mature faster due to the types of foods they eat. Cowed Gusii young men asserted that they will not marry uncircumcised women (Maendeleo Ya Wanawake Organisation report, 1992).

Clitoridectomy is performed to reduce teenage pregnancy and school drop-outs. In the traditional Gusii community, women are not allowed to own property, they are expected to marry. As wives, they are allowed to use the husband's resources. To be economically and biologically productive, women had to marry and this was only possible after clitoridectomy. Any man who married an uncircumcised woman was not accorded respect. These kind of barriers were constructed by the patriarchal systems in which the Gusii one falls, to assert male control over key aspects of female productivity and behaviour. Clitoridectomy, therefore, reinforced male dominance by asserting male control over female sexuality, and if traditional education was given, it made the woman totally submissive to the husband. Libido or behaviour control is psychological and so these objectives were not all the time achieved.

Social pressure was seen as the main influence on decisions on clitoridectomy. It worked in several directions and included friends, parents, grandparents, the senior age-set, and the pre-initiated. This is expected because female circumcision was regarded as the ethos of Gusii community. Sometimes parents did not decide to have their female children circumcised because the young girls ran off to join friends.

6.4 Awareness of Health Hazards Associated with Female Circumcision

The third objective explored the study populations awareness of the health hazards which were caused by clitoridectomy. It was realised that the operations were done on young children. The mean age at circumcision was 10 years when physiological development was in progress. It was commonly done by traditional surgeons under risky conditions. The circumcisers agreed that they did not use antiseptics and sometimes a razor-blade was shared. Only a few used anaesthesia and antiseptics.

The operation was carried out using traditional devices. No effort was made to curb pain as it was encouraged to test stamina. Use of flour intended to reduce bleeding was common. The health problems which were encountered by the respondents during initiation were identified as bleeding, fear, fainting due to overbleeding, crying out because of grave pain, and urine retention,. In spite of the problems, only a few women regarded these problems as enough to make them decide against the practice. They agreed that the operation was painful and bad, but none of them could take the courage to stop it. After circumcision, malnourished children became flaccid. This was a symptom of anaemia which followed hoemorrhage. Surprisingly they did not associate this condition to clitoridectomy. They generally understood that initiates looked pale. Other identified consequences to health included accidental injuries and malformations. However, this did not change the majority of the respondents' attitudes towards the practice since they felt that it was neither a mutilation nor was it bad. It is evident that they still cherish the practice.

The victims of the operations were unfortunate because they rarely sought treatment in hospitals. They were treated by traditional healers in the village. Delivery complications experienced by women were not attributed to clitoridectomy. The women opposed the proposition because "they had seen other women who are not circumcised with the same problems". They argued that their parents and great grandparents gave birth successfully and there were no hospitals, clitoridectomy could not be regarded as a cause only in the present society. This showed a state of extreme ignorance and attitudes which will take time to change. This was reinforced by traditional mythological explanations for any ails which affected the initiates after the operation.

6.5 Campaign Against the Practice

Investigations on the campaigns and the study populations' attitudes on the practice showed that elderly informers were aware of the 1929 campaigns. The Gusii community felt isolated from these campaigns on female circumcision because they were very far from the mainstream of activities which were in Murang'a.

Over 90.0 % of the respondents were aware of the presidential decree against the practice although it continued. Reasons advanced for the

continuation included its role as an initiation rite and for control of female libido. Other reasons were derogatory. Sources of information on the presidential directive against female circumcision were the broadcast media, the church and women groups. The respondents identified the groups which had campaigned against this practice as the government and the church. The church which had made serious campaigns through seminars and workshops was the Seventh-Day-Adventist who are the majority in the district. Therefore if the church is made to gather momentum on the campaigns, more people will be won. It was argued that the government should be more stringent in discouraging the practice by defining their role. The police need not mix the issue of beer brewing with female circumcision. Other parties which had interest in discouraging the practice were Maendeleo Ya Wanawake Organisation and a few national politicians.

The reasons given for campaigning against the practice were its being a health hazard, redundant, backward and its control of libido. A number of respondents were not aware of any reason for discouraging it. An estimated period for ending the practice was not less than 20 years as indicated by many respondents. They were of the opinion that if the practice had to stop earlier, more campaigns were necessary and the government had to be more stringent. This suggests awareness of non-commitment by the government. Apart from the presidential directive against the practice, there exists no law against female circumcision in Kenya. Some informants warned against pressuring people to abandon the practice. Trends of the practice are contradictory, this implies that the prevailing influence is accepted by the majority. Ignorance of the adverse effects of the practice were also registered. The people so earnestly held to the practice because they did not understand its implication.

6.6.1 Recommendations for Advocacy and Areas for Further Research.

Although this study achieved the stated objectives, it did not answer exhaustively all the questions that were and can be raised on the subject of female circumcision. Nonetheless, it raised some important issues that may generate intellectual debate, and identified areas that needed action.

Areas for Advocacy

The results of the study have shown that advocacy is needed in the following areas:

1. Female circumcision is very prevalent in Kisii. It is desired by both men and women out of tradition which seems to rationalise everything because they feel invaded by those who do not have the practice. It is perpetuated by social pressure. This underscores the need for education. Campaigns against the practice should be mounted. In their forefront, they should include education on the adverse effects of the practice to the health of the initiates. Every individual should be reached. This will be enhanced by use of a broad framework including:

- use if the print and broadcast media in a language they understand.
- The Adventist church's campaigns which have been launched in the district should be enhanced.
- Other churches in the community should be convinced to take up the challenge.
- The pre-circumcised should be reached by including the information about the adverse effects of practice in lower primary school curriculum of the district.
- The circumcisers should be discouraged from performing the circumcision operations. They should use sterile surgery kits whenever they perform any operation.

2 The practice is very acceptable inspite of its being hazardous to health. It is therefore recommended that health facilities in Kisii District should be improved. Those initiates who get complications after initiation should be encouraged to seek medical attention. The community should learn acceptable health seeking behaviours so as to improve health in their community. Those who have abandoned the practice should not be victimised. The government should offer protection to these individuals because they are regarded as opposers of the said traditional practice. The circumsers should use health kits, sterile devices to prevent infection.They should also be required to do less damage to the initiates' genitals.

3. The campaigns should aim at educating the population on the impact to

health, of the practice. They should offer convicting reasons for opposing the practice. They should also provide acceptable substitutes or alternatives to group identity which also gives prestige and offers status to the youth of that age.

6.6.2 Areas for intellectual Debate

In our communities there is no forum for traditional family education. The circumcision ritual was used by community members as a reference for discouraging unwanted behavior and promoting acceptable standards of behaviour. If this practice is discouraged, where will the youth learn the acceptable sexual behaviour. This assumes alot of importance in the contemporary society with the scouge of sexually transmitted diseases (STDS) and Human-Immuno-virus (HIV)?

In Anthropology, there is a consensus that no construction of reality is better than the other. From this preamble, should this practice be discouraged, or should society try to accommodate the complications that arise from the surgical operations and develop it as an important cultural institution for those people who need it?

6.6.3 Areas for further research

This study has identified several areas that deserve further investigation. These are:

1. Research is needed on female sexuality. Analysis of data generated by such investigation could prove whether female circumcision determines female libido and to what extent.
2. Policies in Kenya prohibit provision of contraceptives to the unmarried because it is believed that parents disapprove of it. The study findings suggest that parents' use of female circumcision as a form of contraception has failed because circumcised girls still drop out of school due to pregnancy. Further research is needed to establish whether parents would prefer contraceptives to counter teenage pregnancies instead of female circumcision. This assumes great importance in the light of the adverse effects of the practice.
3. Research is needed to identify alternatives to female circumcision. These

would be important in promoting national cohesiveness and cultural survival amid the drastic changes of modern life.

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APPENDIX ONE
QUESTIONNAIRE

The purpose of this project, is to establish the state of Female Circumcision by recording peoples opinion and attitude towards it. Your answers are very important because among others, they will ensure its success.

No. ..... Sample. .....

1. Name.....
2. Age ..... years
3. Religion - Check Appropriately
   { } Traditional { } Christian
   { } Muslim { } Other - Specify
4. Denomination { } Catholic
   { } S.D.A { } P.A.G
   { } Lutheran { } Other - Specify. .....
5. Marital Status { } Single
   { } Married { } Separated
   { } Divorced { } Widowed
6. Number of years in School { } Never Attended School
   { } 1-4 { } 5-8
   { } 9-12 { } 13-14
   { } 15 and Above
7. Your Present Job { } Salaried Employment
   { } Self-Employment { } Not Employed
8. Profession, specify.....
9. Do you have another source of income? { } Yes { } No
10. What is the estimated amount of your earnings per month?
    { } Below Kshs.500 { }About Kshs.1000
    { } About Kshs.2000 { }About Kshs.3000
    { } About Kshs.4000 { }About Kshs.5000
    { } About Kshs.6000 {}above 6000 indicate the amount inKsh..
11. Are you aware of the initiation rites which are performed on young female adolescents?
    { } Yes { } No

12. Did you undergo them? { } Yes { } No

13 Do you have Children? { } Yes { } No

(If your answer is no, proceed to item number)

14. If yes, have you or are you intending to have them undergo circumcision?

{ } Yes { } No { } Not decided

(Depending on the above response)

15 Why did you (NOT) undergo circumcision?

Select the Most important reason in the following groups.

(Did proceed to number 28)

(Did not, proceed to number 16)

16. R C R C

{ } { } It is not common { } { }

It serves no purpose

{ } { } I'm not a Kisii { } { }

I feared Pain

{ } { } It is dangerous Medically { } { }

Other Specify.....

17. What are some of the factors that led you to decide against circumcision?

R. C R C{ } { }

Family influence { } { } Church influence

{ } { } Medical influence { } { } Neighbourhood influence

{ } { } Educational influence { } { } Government Ban

{ } { } Other, Specify R.....

C.....

18. Are there restrictions you or your children are given because you are not Circumcised?(If no, skip to No 22) { }Yes { }No

19. If your answer is Yes,

specify.....

20. Are there other reasons which made you and your children not undergo Circumcision? Explain.....

21 If yes, Why did you undergo circumcision? select the most important reason from the following groups.

You want to ...

R C R C

{ } { } Show Stamina { }{ } Make a Bond with the community

{ } { } To be allowed to Marry { } { } Because it is our Culture

{ } { } None of the above

22. R. C R C

{ }{ } Be one with the people { }{ } Identify with adults

{ }{ } Gain respect from the people { }{ } Choose a Blood Sister/Mother

{ }{ } None of the above

23. R. C. R C

{ }{ } Make a ceremony for people to eat { }{ } Allow Exchange of presents

{ }{ } So that the Surgeon can be paid { }{ } To be assured of a Suitor

{ }{ } To reduce chances of divorce when married

24. R. C R C

{ }{ } Avoid a curse { }{ } Please the ancestors

{ }{ } Be given blessings and good luck { }{ } The blood would bind me to the { } { } None of the obove peoples, past,present and future

25 . R C R C

{ }{ } Stop people from ridiculing me { }{ } Control Sexual urge

{ }{ } Invite relations { }{ } To be taught the community { } { } To associate with adults customs

26. R C R C

{ }{ } Earn Prestige { }{ } To be allowed to attend other circumcision { } { } Avoid the Social Stigma. ceremonies

{ }{ } Have a mark of an adult { }{ } None of the above

27. At what age were you circumcised?.....years.

28. Which year were you circumcised?.....

29. At what age were your daughters circumcised?.....years

30. Which years? (start from the eldest).....

31 Where were the operation carried out?

R. C. R C

{ }{ } At home { }{ } Hospital

{ }{ } Circumcision Place { } { } Other, specify

R..... C.....

32. Check the one that was used by the Surgeon

R. C. R C

{ }{ } Local Anaesthesia { }{ } Antibiotics

{ }{ } Antiseptics { }{ } Flour

{ }{ } Songs

33. If there were songs, of what kind were they ...

{ } Christian { } Traditional

{ } Mixed

34. Which of the following procedures were accomplished during the circumcision ceremony? a { } I was in a group of other girl initiates

b { } I was alone

c { } Elders presided over it

d { } I was taught on our peoples customs

e { } There was a ceremony

f { } Fire/[Omorero]

g { } Grass/[Esuguta]_

h { } Seclusion,

35. If you observed seclusion, for how many days was it? R.....C....

36 { } Males were excluded from witnessing.

37a What is the name of your age set.....

b Was the Midwife paid? Yes{ } No { }

c If your answer is Yes, how much? R Kshs..... C Kshs.....

d Was Food prepared, Yes{ } No { }

e If Yes, how much did it cost? Kshs.....

f Were presents exchanged?Yes{ } No{ }

38. Check what happened or what you did before,immediately and \ or after the operation.

a I was scared True { } False { }

b The operation was painful True { }
False { }

c I screamed True { }
False { }

d There was bleeding True { }
False { }

39. Was the bleeding a lot?Yes { } No { }

40. Did any complications arise? {Yes} {No}

41. If your answer is yes, were you taken to any of the following places?(check)

{ } hospital { } traditional doctor { } treated at home by a traditional doctor

{ } treated at home by the hospital doctor Other.....

42. Were you afraid of passing urine Yes { } No { }

43. If your answer is Yes, for how long? ..... days

44. Were there injuries to other parts of the body? Yes{ } No { }
If your answer is Yes, specify.....

45. Were there other malformations? Yes { } No{ }
If your answer is yes, specify.....

46. Clitoridectomy is as a health hazard; True { } False { }
Give reasons .....

47 Do you discuss it openly with your friends? Yes { } No { }
If your answer is no give reasons .....

48. Have you heard or seen fatalities arising from the operation { }Yes { }No
If yes how many? .....

49. Do you associate complications during childbirth to the scars made during

the operation? { } Yes { } No

50. Do you think the sharing of the razor blade can pass on the Aids virus if one person in the group is infected with the Aids virus. { } Yes { } No

51. Have you heard or seen cases where the initiates wounds have gone septic?
{ } always { } occasionally { } rarely { } hardly ever { } never

52. I understand that the government stopped clitoridectomy. Is it true? (if no skip to number 59) { } Yes { } No

53. If it is true, why do you think the practice continues?
{ } to please the ancestors { } meet demands from my husband
{ } it is our culture { } because other people have not stopped
{ } other, specify .....

54. Through which source did you get the information? { } through the radio { } church { } area chief { } school { } women groups { } family planning officials
{ } other, specify .....

55. Who are the people who have campaigned against this practice. List them.
(a) ..... (b) .....(c) ..... (d) .....(e).....

56. Why do you think these people say clitoridectomy is bad? because:-
{ } it shows that we are not developed { } it is a health hazard
{ } it no longer serves the same purpose as it used to
{ } it is not compatible with christianity { } it makes women not to enjoy sex
{ } other, specify .....

57. What is your attitude towards the ban against clitoridectomy?
{ } it is very good { } it is fair { } it is satisfactory { } it is bad { } it is very bad

58. Clitoridectomy is an old Gusii custom which can be compared to ear pricking among the Kipsigis, or tooth removing among the Luo, what is your attitude towards it?

{ } I like it { } I don't mind it { } I don't mind if it is there or not
{ } I dislike it
{ } I loathe it

59 Are there any profound changes in the practice of female circumcision? explain.

I will read a list of statements you'll say whether you agree or disagree with each of them

60. Most girls demand to be circumcised because they are ridiculed by the senior age set
{ } Agree { } Disagree

61. Those who are not circumcised have bad morals { } Agree { } Disagree

62. Most parents socialize their children to get circumcised { } Agree { } Disagree

63. Most women circumcise their girls to please their husbands { } Agree { } Disagree

64.. Most parents circumcise their young girls because their grandparents insist that they should be circumcised { } Agree { } Disagree

65. Parents may refuse to prepare the girls for circumcision but they refuse and join their friends and be circumcised. { } Agree { } Disagree

66. The Gusii people will stop circumcising their girls this year. { } Agree { } Disagree

what was the most important deciding factor?

{ } socialization { } peer group influence { } grandparents
{ } neighbours { } the midwives

67. Why do you think the old people support this custom more { } they fear change
{ } they show prestige { } because they rule { } they are not learned { } they want to preserve the lineage

68. Do you see female circumcision as a mutilation of young children { } Yes { } No

69. Choose one:- in my opinion, female circumcision { } should be stopped { } is very good { } is a waste of time { } indifferent

70. When do you predict the practice will become redundant { } 1-5

years { } 6-10 years { } 11-15 years { } 16-20 years { } 21-30 years { }21-30 years { } 31> years

71. What is your main objective for disallowing clitoridectomy? explain.....
72. What is your main objective for allowing clitoridectomy? explain.....