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THE MALE ROLE IN FEMALE CIRCUMCISION: SOME EXPERIENCES FROM KISII DISTRICT

BY:

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DECLARATION

This thesis is my original work and has not been presented for a degree in any other University.

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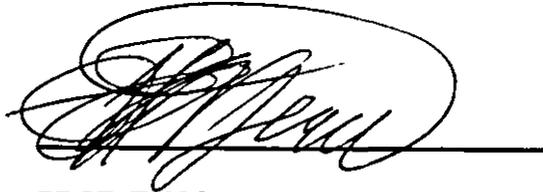
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DEDICATION

This work is dedicated to my mother Mrs. Rebecca Nyakundi, my husband Shem Nyangito and my son, Brady Ogega, for their support and patience leading to the completion of this thesis.

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In accomplishing the task of research and writing this thesis, I received support, intellectual and personal encouragement from various people of whom it is difficult to acknowledge by names. However, I have to mention and express my deepest appreciation and thanks to my Supervisors, Prof. Enos. Njeru and Dr. Charles Nzioka for their untiring efforts to bring this study to a conclusion. Their intellectual guidance, insight and constructive criticism gave me not only a strong intellectual foundation to pursue the objectives of this thesis but also the courage and determination to continue with the work during those trying periods of emotional discouragement.

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ABSTRACT

Female circumcision is persistent in Kisii and women and young girls are the primary players in this practice. But the practice has been considered as a health hazard and a violation of both human sexual expression and women's rights. Yet women seem incapable of stopping it. Therefore, this study sought to investigate the role that men play in the persistence of female circumcision among the Abagusii of Kenya. The study examines male attitudes towards the practice and the socio-cultural factors responsible for their participation in female circumcision.

The sample of 120 men and 30 women key informants were randomly sampled from Keumbu division, Kisii District. They were interviewed during the months of July and August, 1998. Various techniques were used in the collection of data. For the primary data, a questionnaire was used for personal interviews, mainly used to generate primary data while, other data was gathered through key informant interviews and focus group discussions. Secondary data sources were also used. Data analysis was done using percentages, grouped frequencies and cross-tabulation, following the SPSS computer package.

The results indicated that female circumcision is prevalent in Kisii, as the majority of the people still practice it. Men were also found to be reinforcing the persistence of the practice in various ways, which included: making decisions on whether or not a daughter has to be circumcised, financing the ceremony and paying fees for

the initiation. The men's authority and participation are founded on their superior positions in the family by virtue of the fact that Kisii is a patriarchal society where male dominance prevails. The study further revealed that in some cases the decision as to whether or not a girl undergoes circumcision is made by both parents.

Socio-cultural factors based on preservation of cultural traditions were also found to influence men's attitudes and participation in female circumcision. Thus the desire to preserve one's tradition was cited by most respondents as the single most important reason for circumcising their daughters. The majority of the people were also found to be unaware of the dangers associated with the practice.

This study recommends that any efforts aimed at eradication of female circumcision must focus on both men and women and create positive awareness among the people by promoting favourable attitudes towards the abandonment of the practice.

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CHAPTER ONE

1.0 INTRODUCTION

Female circumcision is a widely used term at both national and international fora. Activists for the abolition of the practice feel that it should be called female genital mutilation (FGM), instead of circumcision, since circumcision de-emphasises the extent of the problem (Hosken, 1978). Female circumcision implies the many forms of identification marks performed on young females as a right of passage from childhood to adulthood. According to WHO (1996) Female circumcision encompasses all procedures that involve partial or total removal of the female external genitalia and injury to the female external organ for cultural or any other non-therapeutic reasons. These procedures are pretty diverse and range from relatively mild operations to extremely severe ones, which involve cutting into the vagina (Toubia, 1995). WHO identifies three major types of female genital mutilation. Clitoridectomy or sunna circumcision, this is where all or part of the clitoris is removed. Excision involves the amputation of the clitoris and complete removal of the labia minora. This is the widely practised type and it is estimated that approximately 85% of women who undergo female genital mutilation have excision. Infubulation is the severest form where the clitoris and the labia minora are completely removed as well as the inner surface of the labia majora. The two sides of the vulva are then stitched together to leave a small opening to allow for the passage of urine and menstrual blood. In Kisii where this study was based,

Sunna circumcision is the characteristic type and is therefore the type of female circumcision referred to throughout this study.

The practice is commonly found in Africa and many overseas countries. For instance, according to World Health Organization (WHO, 1986), 30 million women and girls are circumcised every year in the world. In Africa 28 countries circumcise females where more than 100 million women have been circumcised, including approximately 50 percent of Kenyan girls and women (Mwaniki, 1985). Female circumcision is practised in Arabia, Indonesia, Madagascar, Ethiopia, Ghana, Sudan, Senegal, Mauritania, Somalia, and Kenya. It is also practised in Britain (by black women living in the country), among the Aborigines of Australia, a few minorities of Asia and in the Middle East.

Kenya is among the African countries where the practice of female circumcision is prevalent and has continued to serve as solemn mark of identification and unity among the communities which practice it (Murray, 1974). The practice is believed to be so entrenched in the culture of many African societies that sometimes it is taken as a way of life. Those rejecting it are seen to get off their traditional roots. This might explain why the practice is rampant and persistent in the areas which practice it. Gwako (1992) observed that in Kenya, the Kuria, Suba, Meru and Abagusii are among the contemporary cultural grouping which continue to believe in the importance of the practice.

The Gusii are no exception. As a Bantu ethnic group, the practice of female circumcision is of great significance to them in terms of maintaining a strong

cultural identity against the practices of the neighbouring Luo who are Nilotes (Mburugu, 1985). Studies have revealed that 96.1% of the Gusii still practice female circumcision as a condition before a girl gets a husband (Nyamwaya, 1986; Gwako, 1992). This may explain why even those leaders, especially the church leaders who publicly claim to be in favour of its abandonment in Kisii secretly arrange for their daughters to have this operation in hospitals (Gwako, 1992).

However, the women and the young girls have become increasingly dissatisfied with the practice to the extent that in some cases, some of the women have had to be forced to undergo the rite. On some of the negative consequences of the practice, Ogundipe (1985) asserts that, apart from a great deal of unnecessary pain and trauma, some girls have bled to death as a result of their genitalia having been mutilated by inexperienced and crude hands. The practice has been seen as a health hazard, a heathen practice, a barbaric mutilation of innocent victims, a violation of both human sexual expression and women's rights. Circumcised women suffer great pain during intercourse and childbirth as the scars tear up instead of dilating. This causes painful and prolonged labour. Studies have also revealed that traditional knives and other devices used during the operation are sometimes shared and are not sterilised. This puts the initiates at risk of contracting diseases like HIV/AIDS.

As a result, the World Health Organization discouraged the practice worldwide. As early as 1952, Black women in Britain were pleading for the stoppage of the

practice. In Kenya the church, the ministries of Health and Culture and Social Services as well as Maendeleo Ya Wanawake Organization (MYWO) have launched campaigns to eradicate the practice. The mass media, interested organizations and schools have also contributed to this crusade by holding seminars to discourage the practice (Nyansera, 1994.) Despite all the efforts to stop female circumcision, the practice still persists in places in Kisii where this study was carried out and where 96.1% of the population appears to practice it.

In spite of the fact that female circumcision is a well studied area, the studies in question are mainly skewed and centred around women and young girls, overlooking the issue of the male role in female circumcision. Studies by Nyansera (1994), Gwako (1992) and Maendeleo Ya Wanawake (1992) might have incorporated men in their studies, though they were not designed to make a thorough analysis of the role played by men in female circumcision. Such deep understanding and insight into men's participation in the practice has not been developed, resulting in serious lack of details. Oboler (1985) in her study of the Nandi did look at male role and masculinity. However, she does not deal with men's attitudes and participation in female circumcision. Therefore little is known about men's role in the practice. Their contribution to the persistence of the practice has not been seriously questioned.

The Gusii have a deep-seated patriarchal family set up in which men are the heads of the family and are the major decision makers and custodians of cultural values

which cement and maintain their cultural identity. The fundamental requirement in identity is a recognition and acceptance by others. Here identity is linked to the existing norms and values which prescribe the rules and requirements of behaviour which must be followed in order to achieve recognition and acceptance from others (Silberschmidt, 1991). Therefore among the Gusii one has to undergo female circumcision in order to be accepted and recognized as 'Omogusii' by others.

Based on the above, the rationale behind the practice of female circumcision needs to be understood from a male perspective, as women on their own without the support of men cannot easily succeed in rooting out the practice. Hence an attempt has been made in this study to provide a detailed analysis of the role and behaviour of men in explaining the persistence of the practice.

1.1 STATEMENT OF THE PROBLEM

Both men and women are participants in the practice of female circumcision, though women are the victims. In the recent wave of women's empowerment, the practice has been noted to adversely affect women and young girls, in that it is a denial and an abuse of women's rights. Yet the women seem to be incapable of saying no to the persistence of the practice. The issue of female circumcision could also be viewed as a form of violence by women against women, where women are at war with themselves. It is however not clear why women render support to the practice which disadvantages them.

Studies in Kenya and elsewhere on female circumcision (Murray 1974; Kenyatta 1938; Giorgis 1981; Singhaten 1988; Nypan 1991; Gwako 1992; Nyansera 1994; and a survey by Maendeleo Ya Wanawake Organization (MYWO) 1992) mainly focussed their attention on women and young girls. The studies, however, indicated that decisions concerning circumcision of girls depend on women especially mother in-laws. These studies have neither focussed on men nor have they incorporated the men's roles. No substantive study has been conducted focussing mainly on male role in female circumcision. These studies suggest that female circumcision is a female affair and perpetuates a practice that is even detrimental to their own health. Then does it mean that the woman is her own enemy or is the issue at hand beyond the women's control? There lies the problem and in this study we seek to examine whether there are other external factors which would be dictating women to do what they do, even when it is against their conscience.

Studies by Silberschmidt (1991), Wachege (1992); Hakanson (1968); and Rono (1994), have noted that most communities in Kenya adhere to patriarchal family structures where the role of men in the family with regard to decision making is paramount. The Gusii are not an exception. They further agreed that men's superiority could not be questioned on the basis that the men pay bride wealth for the women. This gives men rights over both the women and children. Mburugu (1985) noted, on the other hand that due to labour migration involving mainly men, women have taken over most of the men's roles in making household decisions.

In spite of this, as observed by Silberschmidt (1992), women still lack economic and political power to put them at par with men.

It is thus clear that men still remain the heads of the household, overall decision makers and controllers of resources, empowering them to be at the centre stage of all that happens at household level. This suggests that men have a bigger role in determining the persistence or abandonment of the practice of female circumcision. The above studies, however, seem to have overlooked male involvement in the practice. It was mentioned earlier that women are the victims of the practice, yet they are its major supporters. Why should women support a practice which abuses their rights? Why would women seem to be against the practice and yet they have not succeeded in stopping it? It is possible there are other more critical forces and reasons that enhance the persistence of the practice.

Many African societies are patriarchal in nature, where most decisions, rituals and practices have all in the past done to suit the men's desires. Could it be the case that female circumcision was a practice made to suit men's interests and not the women? These are questions we seek to answer and hence our focus being on the male role in female circumcision. This study (of the male role in female circumcision among the Abagusii of Kenya), investigated the male role in the persistence of the practice, in terms of men's attitudes towards the curtailment of the practice and the socio-cultural factors shaping the men's attitudes towards the practice as well as their participation in it. The study also aimed at generating

information on whether or not female circumcision is solely a female affair. This study also aimed at establishing what men think about circumcised women regarding physical sexual responses with regard to sexual urge.

1.2 OBJECTIVES OF THE STUDY

Broad Objective

The major objective of this study was to establish the extent of the male role in the persistence of female circumcision among the Gusii.

Specific Objectives

1. To investigate the men's opinion towards the abolition of the practice.
2. To establish whether or not young Kisii men attach importance to female circumcision as eligibility for girls to get married.
3. To identify the socio-cultural factors that influence men's participation in female circumcision.
4. To establish the socio-cultural factors that influence male's attitudes towards female circumcision.

1.3 SCOPE AND LIMITATION

This study focuses on married men who are also household heads in Keumbu Division. The study also interviewed some 30 women key informants as it was realized that without involving them, the study would have been incomplete. But generally, the study aimed at

focussing on men because the male role has received marginal attention from past researchers on female circumcision.

1.4 JUSTIFICATION OF THE STUDY

In the traditional African communities, there are four principal rites of passage undergone by members. These include the naming of children, marriage ceremonies, funeral rites and circumcision ceremonies (Mbiti 1989). Among the Kisii the four rites were very important in an individual's life and marked a change in the individual's social status. However, the naming, marriage and burial ceremonies have declined significantly, while circumcision has continued to retain its importance to present date because of its role in the socialization and integration of members of the Gusii society. The practice is persistent despite the profound economic, political and social transformations that have taken place in Sub-Saharan Africa since independence (Nyansera, 1994). This study was thus undertaken an aim of finding out men's role and attitudes in the persistence of the practice. Although female circumcision is a topic that has long fascinated the church, the government, women, health and other interested parties, their approaches have focussed mainly on women and young girls as victims of the practice. Therefore the focus on men here was an attempt to challenge such conventional biases.

Scholars like Silberschmidt (1991); Wachege (1992); Rono (1994); Haakansson (1986); Levine (1966); Kirkpatric (1963) and Mayer (1953), have noted that African communities portray patriarchal authority structures in which husbands are the household head, carry prestige, are the absolute decision makers, with authority over wives and children and are generally in charge of all transactions that involve property rights. Women on the other hand, have lower social status and hold less power in the social organization than men.

However, while through social change, African societies have been transformed, women still lack much of the economic and political power that would put them at par with men (Silberschmidt, 1992).

It is indisputable that women and young girls do have a say on whether or not they should be circumcised. But then Nyamwaya (1986) and Gwako (1992) have noted that Gusii men require female circumcision before a girl gets married. Yet campaigns against the practice regard it as a violation of the human sexual expression. In some cases where women circumcisers are few, men act as circumcisers. In her study, Nyansera (1994) noted that the persistence of female circumcision was reinforced by sociol-cultural aspects. Further, Hakasson (1984) and Parker (1978) asserted that social structure and cultural values mediate and shape the transformations taking place within the society, nothing also that cultural continuity in the societies in question tended to be largely dependent on the men's social status.

This study is also justified on the basis that female circumcision has been posed as a problem as acknowledged by the ministries of Health, Culture and Social Services, the Church, MYWO, schools and both local and international NGOs. They view the practice as a health hazard and a violation of female sexual expression.

1.5 SIGNIFICANCE OF THE STUDY

This study has critical policy implications. There already are movements gathering and disseminating information on upholding of women's rights. This study would make positive contributions to such efforts. This study would also contribute to the bank of

knowledge regarding female circumcision. This would help policy makers in formulation of appropriate approaches that incorporate both men and women as critical actors in decision making processes within the family.

CHAPTER TWO

2.0 LITERATURE REVIEW AND THEORETICAL FRAMEWORK

This section is a review of relevant literature from Sub-Saharan Africa and other developing countries. This section also presents the theoretical framework used to guide the study.

2.1 Husbands and wives in the pre-colonial African societies

Most communities in Africa adhere to patriarchal family structures where the role of men in the family especially that of decision making is paramount (Levine, 1964). According to Kirk Patrick (1963), this stemmed from the Hebrew patriarchal family and, as he noted:

The first contribution to the heritage of the present day can be thought of as coming from the Hebrew patriarchal family... The account of the contemplate sacrifice of Isaac by his father Abraham indicated patriarchal authority, (Kirk Patrick, 1963).

Most Kisiis are Christians and Christianity seems to agree with the above view, on the pattern and distribution of power in the family involving the husband and wife (New Testament, Ephesians 5: 22). In the same verse wives are also advised to submit themselves to their own husbands.

Staples (1986) argued that becoming a mature man means assuming a protective role towards one's female mate and towards women in general and further gives us

a summary of the basic core characteristics of a husband in the patriarchal family. These include, transmission of power and rank which is seen from the wife's assumption of husband's name at marriage and after marriage, residence is patrilocal where the bride joins the groom. This in turn makes women subordinate to men. Another characteristic is that of prestige and privileges of husbands in the family. Finally, the man is seen as a representative of the family, speaking for the family regarding property relationships, legal and other matters. Yet recent studies indicate that women's position in Africa societies have been increasingly marginalised, while their burdens as family providers have increased (Tobisson, 1986; Oboler, 1985; Pala, 1980).

According to Kirk Patrick (1963), women have a low social status because they have less power, influence and prestige in the social organization than men, with respect to things which matter. Wachege (1992) holds the same view that:

“As a patriarchal society, the descendants adhere to the father's lineage---, maintaining a cultural prejudice against women and women are inferior to men---, men have a theory that they are leaders and women are led, even where men are idiots. As such they occupy a subordinate social position in their male dominated society.” (Wachege, 1992:46,50).

In her studies, Silberschmidt (1991:31) observed that pre-colonial African societies were based on a deep-seated patriarchal family structure, where male superiority could not be questioned. A man gained authority over his wife through the payment of bride wealth (Hakansson, 1988). Levine (1964) also points out that a father has a right and authority over his children, he has absolute formal decision

making powers, has rights to cultivatable land, hence rights over its produce and wealth. He is also the ruler of his family and the owner of all homestead possession.

Silberschmidt (1991), however, noted that women had a certain amount of economic and social authority as they could “own” fields, granaries and houses. But in reality they did not possess them but only had access to them through marriage. The social order of the Gusii on which this study is based put women in a distinctively inferior position as Levine and Levine (1979) noted:

Gusii women owned no property in a situation where property was the basis of social power. Women were ordered about by their husbands and mothers-in-law. They were considered morally and emotionally immature, irresponsible and lacking in sound judgement and were in fact prevented from bearing legal responsibility or exercising judgement in matters of importance, (Levine and Levine 1979: 8-9).

Even with all the above prejudice against women who were seen as subordinate to men, owning no property, morally immature and lacking sound judgement, studies undertaken on female genital mutilation have mainly addressed women, presenting them as the decision makers on whether or not to be circumcised. As such, women are seen to be a major factor behind the persistence of the practice. Why then would women seem to support a practice that disadvantages them?

2.2 Changes in the Family Today

Colonialism left a heavy imprint on African societies. African systems of social control have been gradually eroded and the roles of husbands and wives have changed, while money, sex and children are increasingly becoming the sole areas of interest (Silberschmidt, 1991). She further noted that women have developed support networks and some of them have turned into formalized Women Groups. Kirk Patrick (1963) seems to hold the same view pointing out that the basic patterns of male and female roles have been altered as they have been vigorously challenged by women's rights. Such efforts as the 1975 International Women's Year, the 1980 and 1995 World Conference on Women have brought attention to the traditional roles of men and women and the subject is now being talked about.

Mburugu (1995) in his research in Kisii, observed that where the labor migration has been common over years, women have taken over most of the male roles in making household decisions. The sense of being in control of family matters encourages women to make their own decision even when their husbands would not agree. But Mburugu does not give us the specific decisions made by the woman. Decision making matters especially circumcision ceremonies which individuals undergo once in a life time are still vested in men who remain the major decision makers and custodians of cultural values and practices which define cultural identity (Mayer, 1953).

Although many improvements have been recorded since independence, women are still lacking much of the economic and political power that would put them at par with men (Silberschmidt, 1992). This again is a clear indication that women cannot be the overall decision -makers in matters of the family. While these studies have revealed that decisions concerning female circumcision are often made by women and young girls as in cases where the girls have been noted to run away and join their friends during the operation, this only applies only to a small number. In short the decisions by young girls as to whether or not they should be circumcised may have as much weight as those one of their fathers, but certainly not overriding the parental father dominance.

From the above discussions, it is not clear why women and young girls have not succeeded against female circumcision. This is a knowledge gap which needs to be bridged. It is against this background of patriarchal family structures that this study reviewed literature on the practice of female circumcision.

2.3 Theories on Female Circumcision

Although the practice of female circumcision has lived for a millennia, the exact place where it was first performed cannot be traced, nor what the underlying motives were (Nyansera, 1994). Theories put forward to explain its origin postulate that it originated in Egypt on the land around the Nile Valley during the Pharaohic era when young slave girls from the lower Nile Valley were mutilated to curtail their pregnancies. It started in the Nile Valley as a sacrifice made on part of the

body for the salvation of the whole community, 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 for Egyptians.

Badri and Badri (1990) and El-Dareer (1978) argue that female circumcision was first known to ancient Egyptians, Romans, Pre-Islamic Arabs and the Tsarist Russians. Even though Islam did not introduce female circumcision, it is most prevalent in the Islamic cultures. Female circumcision was often seen as being mandated by Mohamed. This was derived from the story of Abraham, Sarah and Hagar that is recorded in the Bible and the Koran. In the story, Sarah forces Abraham to circumcise Egyptian born Hagar. God then commands Abraham and Sarah to circumcise themselves because of their actions. This story allows groups of people to justify Sunna female circumcision. Traces of infibulation were found in Egypt during the second century B.C. A papyrus dated to 163 B.C. found in Greek described female circumcision as an operation in Memphis at the age when women received their dowries. In Kenya, the origin of this practice is difficult to trace, but according to MYWO report (1992), it is linked to the early civilization in the Nile. According to another school of thought, there is a legend that in ancient times, females never used to be circumcised, but that when the women started talking rudely to men, the latter decided to circumcise them, so that they may feel the same pain and become mature and respect men (Mwaniki, 1985).

2.4 Prevalence of Female Circumcision

Most African countries and some Western countries like Britain (among the immigrants from infibulation practicing countries who wish to have the procedure done on their children) circumcise girls (Mwaniki, (1985). Thus it causes a dilemma of whether to provide services in a sterile environment, making it legal, or to leave it to “backroom operations”, making it illegal. According to WHO (1986), 30 million women and girls are circumcised every year in the world. Duncan (1992) pointed out that over 100 million women worldwide are circumcised yearly. Of these 74-84 million are from Africa. According to Mwaniki (1985), 28 African countries circumcise females, where more than 100 million women have been circumcised, including approximately 50% of Kenyan girls and women.

In spite of variations in statistics on the magnitude of the practice, there is much consensus among scholars (Nypan 1991 and Hosken 1978) that the practice is found in many parts of the world. Female circumcision is practiced by the Muslim population of Indonesia, Malaysia, India, Pakistan and East Africa, (Hedley and Dorkenoo, 1992; Hosken, 1978).

In the 19th and 20th century England, female circumcision was practiced by surgeons to treat psychological disorders (Giorgs, 1981). In Europe, United States of America and Australia, female circumcision was performed as a surgical remedy against masturbation and also as a traditional custom by immigrants from endemic areas (Shryock, 1968; News Week Vol. C XXL No 7, 1993).

In Africa, female circumcision is widespread and forms an uninterrupted belt across the center of the continent that expands to the length of the Nile. Some of these states and the estimated percentages of the circumcised women include Somalia (100%); Ethiopia, Eritrea, Mali and Sierra Leone (90%); Burkina Faso (70%); Gambia, Cote d'Ivoire and Kenya (60%); Uganda, Zaire and Tanzania below (10%) (Mbacke, *et al* 1998). Hosken (1978) also identified 40 states in Africa which practice female circumcision noting that they could be more given the likelihood of unreported cases.

In Kenya, 60% of the circumcised women belong to the Bantu, Cushites and some Nilotic groups (Murray, 1974). Other Nilotes like Luos do not have circumcision rites, though they have a practice of teeth removal for both men and women as an initiation rite.

2.5 Socio-Cultural Functions of Female Circumcision

According to Taylor (1958: 1), culture is that complex whole which includes knowledge, belief, art, morals, customs and any other capabilities and habits acquired by human being as a member of society. It is the sum total of people's way of life which is learnt by individuals and transmitted from generations through the process of socialization. The environment plays an important role in the culture of a society where each society has its own unique culture that is developed throughout its history and transmitted to its members. In relation to female

circumcision, cultural beliefs about the practice can be important understanding to the Gusii who hold the practice as a universal mark of their culture, which makes them distinct from the neighbouring Luos.

Bilton *et al* (1987) define values as rules which are not attached to particular roles but are more general standards concerning worthy behaviour, acting as significant forces in one's socio-cultural environment. As ideal goals, values may also have motivational qualities. They motivate the functioning of the social system towards the achievement of group goals. Values and norms must exist for any society to operate satisfactorily. It is through socialization that individuals learn to regard the rules and traditions of their society as rightful. The Gusii have been socialized to accept female circumcision as a meaningful practice which binds them together (Nypan, 1991).

The initiation ceremonies are multifunctional, as noted by Gluckman (1962) who asserted that the initiation ceremonies help in differentiating roles. They also provide mystical sanctions that check the spread of conflict in a particular society. The same view was upheld by Kenyatta, (1978) and Van Gennep, (1977).

A study in western Sierra Leone by Smyke (1991), showed that 90% of the women are initiated into the very influential women's secret societies and in which female circumcision plays a key role in identifying them as members of that society. Angulu (1981) observed that the Ituri of Zaire believe that children are made strong

by the conscious ordeals like female circumcision. Thereafter girls become adult women. In Nigeria, the Ibo, Anambare and people along the Cross River states carry out female circumcision on mature girls as part of puberty rites. The initiates may be withdrawn from schools for a period of six weeks to be trained in house wifely, relationships with in-laws and baby care. The ceremony is crowned with female circumcision festivals (Adebajo, 1992). Adongo *et al* (1998) in their study in Ghana also established that the practice is mainly observed as a puberty rite to prepare young women for marriage.

Nypan (1991) in Tanzania on the resurgence of female circumcision, observed that young girls in most instances were circumcised against their parents' wishes. The resurgence was accelerated by social pressure from peer groups that require women to undergo the rite to accord them adult status and identity within their society. Further, Nypan noted that the practice of female circumcision was regarded as a gateway to marriage. She argues that among the Meru of Tanzania, female circumcision was performed as part of the customary wedding ceremonies. This is similar to the cases of Samburu and Masaai of Kenya (MYWO, 1992). If marriage was a woman's highest hope, it makes sense that a woman would desire to be circumcised in a culture where that is the path to marriage.

In Kenya, a survey by MYWO (1992) revealed that 80% of the women undergoing female circumcision practice it as a mark of adulthood. Another research undertaken by Gwako (1992) revealed that girls are never considered to be fully

fledged members of their ethnic group until they had undergone this rite. The cutting of the clitoris symbolizes cleansing of elements of childish lifestyles in readiness for impending adulthood. Thereafter, the girls gain recognition and status as adults who are fully bonded to the ancestral world, as well as the groups' living and unborn members (Gwako, 1992).

The Pokot of Kenya regard female circumcision as an important rite of passage because it amplifies social attractiveness, figures the body and enhances desires into the pursuit of cattle and children (Bianco, 1991). He further pointed out that this was a primary means by which Pokot women and men create intimacy and reconstitute social bonds. A circumcised woman augments her social status through marriage and motherhood. This seems to agree with Nyamwaya (1986); Gwako (1992); and MYWO (1992) on the Kisii among whom female circumcision was seen as a prerequisite for marriage.

Circumcision marked time and social age in most communities, including the Agikuyu who had age groups for both sexes. After receiving an age-group name members of the group were obliged to maintain honour and reputation for oneself and the age group (Achiberg, 1992). This according to Gwako (1992) was to revitalize the spirit of togetherness, mainly by participating in the celebrations that reinforce the group's social solidarity.

According to El-Dareer (1978), circumcision rites were seen as a source of livelihood, where the traditional surgeons received revenue from the operations. Even today where it is done in hospitals, it is seen as a source of revenue.

From the foregoing literature, it is evident that the practice of female circumcision has important social and cultural functions and is deeply tied to society's socio-cultural fabric as well as having a place in the lives of its members. Culture and customs are seen to change according to time. But as Schmidt and Sigusch (1970) put it, while material culture is conservative and resistant to change, some changes do occur even in the most static cultures. With regard to the Kisii, however, contemporary research studies describe them as a society that is different from all others in Kenya, due to their remaining anchored in an extremely traditional and inflexible system (Mayer, 1974 and Silberschmidt, 1991). Kisii is seen as one of the societies in which all are subject to a large number of prescriptions, social taboos and norms. This study sought to focus on men because they are the social custodians of values and customs.

2.6 The Male Role in Female Circumcision

The role that men play in female circumcision has not been specifically dealt with. But from a few studies that have been done on female circumcision might have incorporated men in their studies and have generally pointed out that female circumcision was aimed at ensuring virginity in girls and chastity in women throughout their marriages. This is how men can control women while away or

when they have multiple wives. Since women are seen as having uncontrollable sexual desires, being the weaker of the sexes, it is necessary to take away the temptation. This was from an article about power alienation extracted from the Internet. The article talks about how female circumcision was practised as a way of alienation of power and control of women by men. Women are controlled in community, family, emotional and even sexual matters. Women lose autonomy where they have little ability to choose freely anything for themselves. We should ask ourselves, why women in particular, were subjected to such torture and cruel suppression? This is why this study sought to focus its attention on men and establish whether Kisii men still require female circumcision as a condition before a girl gets a husband.

Saadawi, (1980) pointed out that there seemed that society was dominated by class of male structure, that was realised at a very early stage that sexual desire in the female is very powerful and that women unless controlled will not submit themselves to the moral, social, league and religious constraints with which they have been surrounded, and in particular the constraints related to monogamy. She attributed this to patriarchal system which necessitated the imposition of one husband to one wife whereas a man was left free to have several wives, therefore women sexuality had to be kept in check and limit her sexual relations who had to be her husband. This seems to concur with an article from the world wide web about female circumcision. Politicians pointed out that the countries where female circumcision occurs do not have women in their political structure. These political

structures are generally reflective of the closed societies which propagated them. For example, the closed nature of Islamic North Eastern African societies continue to affect the overall position of women and, by extension, the persistence of the practice of infubulation (Hicks, 2000). This implies that men are behind the persistence of the practice of female circumcision as they control the political structures which are known to insubordinate women.

Similarly, Mahmoud *et al* (1965) in their studies of female circumcision and sexual desire among the Egyptians indicated that they received criticisms from religious leaders who considered themselves the divinely appointed protectors of morality and therefore required to shield society from such impious understandings, which constituted a threat to established values and moral codes. This agrees with the studies of Hakansson (1984) and Parker (1978) who noted that cultural identity in patriarchal societies tended to be largely dependent on men's social status. A few studies who have incorporated the role of men in this practice

In Kenya, studies by Nyamwaya (1986), Gwako (1992) and Nyansera (1994) in their studies among the Abagusii also established that female circumcision is a prerequisite before a girl gets a husband. Therefore this is another contribution of the male roles towards female circumcision. Also in a survey by MYWO (1992), in Narok established that a father recommended more than a half of the circumcision cases.

From the literature review above, it shows that men also have a role to play towards

the persistence of female circumcision. However, these studies are mainly centred towards women and young girls and were not aimed at making a thorough analysis on the role that men play in female circumcision. Such deep understanding and insight into men's participation in the practice has not been developed, resulting in serious lack of details. Therefore little is known about men's roles in the practice. Their contribution to the persistence to the practice has not been seriously questioned.

2.7 Management of Female Sexuality

There are explanations advanced on the functions of circumcision as a control of sexuality and libido in various countries. In America, genital mutilation is performed to control masturbation and teenage pregnancies (Shryock, 1968). Even today, clitoridectomy is occasionally performed to prevent a woman from attaining an orgasm (WHO 1986, 31-36). However, as noted by Schmidt and Sigusch (1970) in their research in Hamburg University, sexual sensitivity is something psychological. They attributed it to viewing of erotic materials which stimulate subsequent sexual activity. This they supported by their study in California, in which 77% of the males and 63% of the females who viewed sex films reported greater sexual activity during the night, as compared to only 41% of the females and 35% of the males who were shown non-erotic materials.

Among the Ghana, it is believed that the clitoris increases desire for sex and therefore it is the main cause of pre-marital and extra marital sex among women (Adongo, *et al*, 1998). This will make men to have no worry of infidelity or of having to satisfy all of the women in the house in cases where men have multiple wives. The argument is that the clitoris erects and increases the desire for sex among girls at puberty. The removal of the clitoris is thus believed to reduce or suppress sex drive among girls and hence reduce pre-marital sex and teenage pregnancy. The removal of the clitoris does not decrease sexual desire. It simply decreases the chance of the satiation of that desire Thus a woman is alienated from an innate appetite that she is generally unable to fulfill.

Adebajo (1992) in his study in Nigeria, noted that among the Yoruba, there is a belief that if sperms found their way into the nursing mother's milk, they will kill the child. This made the women to go without sex for a period of eighteen months during breast-feeding. In other communities postpartum taboos were made to control female fertility where a mother could breast-feed for a long time so as to avoid a pregnancy. The claim that sperms can poison the mother's milk may however not be serious as men could use it as an excuse of having extra marital affairs.

Among the Meru of Tanzania, Samburu and Maasai of Kenya, female circumcision is tied to marriage ceremonies. Nypan (1991) pointed out that excision allows easy childbirth. 'It is also associated with payment of bride wealth. Infibulation is 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 stigmatized. It is also done in young girls, widows, divorcees and women whose husbands are on prolonged journeys to lessen their sexual desires. It is also done after every birth.

According to a survey by MYWO (1992), female circumcision is seen as a prerequisite for a successful marriage. It is believed that uncircumcised women are promiscuous. In Kisii male honour is said to be derived from the struggle to maintain intact the virginity and chastity of kinswomen and when men marry uncircumcised women and are not virgins, their prestige is minimized and they lose their honour (Mayer, 1950). Murray (1974) also noted that women whose clitoris are still intact are bound to adopt loose sexual morals and that they are likely to cause embarrassment to their parents as well as to the entire society.

Circumcised women on the other hand, are believed to be docile, humble, submissive and know their place in the family. It can be argued that the said good qualities of women are as a result of socialization training during the initiation period. This training can however, be done in schools, churches and in the family, without women necessarily undergoing circumcision.

From the above, it is clear that male superiority and dominance come out as key factors in female circumcision in the patriarchal structures which clearly benefit men more than women.

Women are commonly subordinated to men, where the social relations between men and women are shaped by societal structures, institutions and ideologies and where these favour the men (Rosaldo, 1980, Ortner and White Whitehead, 1981). Thus, female circumcision has been seen as an inscription of control and power. Control for the man and alienation for the woman.

It could still be argued that while female circumcision may not always control the libido among the targeted females, it may but instead increase their chances of being 'spoilt' as the girls get sensitized to becoming grown ups through the practice. This is particularly where the practice is seen as a gateway to marriage, and transition from childhood to adulthood.

2.8 Hygienic Perspective

Giorgis (1981), observed that in Ethiopia there is fear that female genitals will dangle between the legs if they are not excised. Excision is thus performed as a surgical operation for removal of the enlarged genital organ that obstructs intercourse. This, of course may not be valid because there is no medical evidence that has been documented on women to show that genital organs obstruct intercourse. If this were the case, then the operation would be limited to older women whose genitals are likely to have grown and to become larger than those of young girls. Adebajo (1992) observed that in the Oyo State of Nigeria, women's genital organs are considered dirty and ugly to look at. Offensive smell and

discharge emanate from the clitoris, hence the need for female circumcision. According to (Hicks 81) female circumcision was seen as a way of purifying women of their masculinity, because the clitoris is viewed as undeveloped penis. A woman who still has her clitoris intact is seen as somewhat bisexual.

The above views, imply that men see themselves as role models and use female circumcision to make the women fit to serve men's interests. If these claims are true, that women's genitals are offensive, ugly to look at and obstruct sexual intercourse, uncircumcised women would find it difficult to sexual and marriage partners. However, if women themselves feel they are unclean and are denied their sexual pleasure because of obstruction from their genitals, then they would be the ones to want to have them removed.

2.9 Dangers and Worries Associated with Female Circumcision

Despite the social and cultural functions of female circumcision, it is associated with health problems. In some cases it is performed by professional health providers while in some instances it is performed by traditional practitioners without anaesthesia, usually under unhygienic conditions with non-sterile devices (Giorgis, 1981).

Hosken (1978) identified some consequences of female circumcision, which include bleeding. When bleeding is severe and combined with fear and pain, it may

cause death and even shock. Retention of urine, infection and tetanus are also common occurrences in cases of infibulation. Gwako (1992) in his research on the Gusii noted that shock ranked the highest with 91% of the study cases because of inadequate preparation.

El-Dareer (1978) identified 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 Pharaoich circumcision. In Eastern Nigeria a review of 70 females with acquired vaginal stenosis showed that circumcision was the most important underlying cause (Duncan, 1992).

WHO (1996) pointed out that circumcised women suffer great pain during intercourse. During childbirth, the scars tear instead of dilating. This causes painful and prolonged labour. There are also cases of obstructed delivery. This may cause fatal brain damage and still births (On'gonnga and Kirya Eds, 1989). This makes delivery a risky experience and professional assistance very necessary. Also an article from www indicated that each time the circumcised woman copulates, the stiff penis in her rasps with her scarred labia. She is reminded of this inscribed message every time she has intercourse with her husband. Thus, a woman not only has mental anguish of the alienation, but also is often reminded, painfully, of the alienation inflicted upon her (Lingis, 2000)

Duncan (1992) and Amanda (1988) contend that traditional knives and other devices for circumcision are sometimes shared and are not sterilized before, after, or in between the operations. This increases the risks of human immuno-deficiency virus infection. These consequences should not be taken for granted as they have adverse effects on women and young girls, much as the women may not be aware of them as they support the practice. It is also possible that some of their male counterparts are also not aware of the adverse effects associated with female circumcision.

2.10 Action Against Female Circumcision

Badri and Badri (1990) in their research in Sudan, pointed out that since 1945 when the practice was legislated against, there have been repeated campaigns and decrees to stop the practice of female circumcision. In 1952, the WHO discouraged the practice worldwide. In the Diocese of Lukindi in Tanzania, the church tried to modernize by discouraging people that the practice is incompatible with Christianity, is outdated and serves no purpose. Similar situations have risen everywhere (Pelt, 1971). In response to the evidence of the harmful effects and widespread practice of female genital mutilation, human rights organization are increasingly active in promoting laws and policies aimed at preventing female genital mutilation (Turshen, 1991).

In developed countries like the Netherlands, Sweden, France and Britain, female circumcision has been banned and those who practice it are prosecuted in the law courts (News Week Vol. CXXI, No. 7, Feb. 15, 1993, p.54). For example, France took a first step in trying to stop it completely by convicting a mother for having her daughter infibulated (New York Times, January 11, 1993). In the French case, the infibulation was done, as it is often in Europe, by a woman 'imported' from home countries. in this case Gambia, for the purpose of performing the procedure. But as reported by the Nation Correspondent in London, black women living in Britain cry for stoppage of the practice though they do not want it to become a criminal law.

In Africa, some heads of state have expressed their views on the practice. Ladjali (1990) pointed out that in Egypt, law was passed in 1959 against all forms of female circumcision. However, this made very little impact. The late Thomas Sankara of Burkina Faso 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 that would always remind them of their inferiority to men (Dorkenoo and Elsworth, 1992).

In the recent years, the Ghana Association of Women's Welfare (GAWW) encouraged parliament to eliminate all traditional practices that are considered harmful to women and children including female genital mutilation. Act 29 of the

1960 criminal code was amended to make female genital mutilation a crime punishable by three years imprisonment (Toubia, 1998)

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). But there is clearly no legislation in practice in Kenya against this practice.

Non-legal measures against the practice have also been in place for over a decade in many countries. Activism by women groups, both African and International have made female circumcision one of the issues affecting women and children's rights. This has resulted into condemnation of female circumcision and strong recommendation for actions to stop the practice in the declaration of two recent world conferences. The International Conference on Population and Development (Cairo, 1994) and the World Conference on Women (Beijing, 1995).

Despite the mounting pressure from all the above campaigns to abandon the practice of female circumcision, the practice has continued up to the present date especially among the Gusii where up to 96.1% still practice it (Gwako, 1992). The studies on female genital mutilation have however left out the behaviour and participation of males in female circumcision. The impact of men's roles and attitudes in female circumcision is an issue which has not been adequately addressed and as such, more academic inquiry is still necessary.

2.11 Contemporary Changes in Female Circumcision

In his study among the Abagusii of Kenya, Gwako (1992) noted that female circumcision is gradually being affected by various elements of social change. However, this does not mean that the practice is being eradicated because even those who publicly claim to be in favour of its abandonment, secretly arrange for their daughters to be circumcised in hospitals.

Olayinka (1987) observed that the singing and dancing during the ritual has changed and some of the shameful and embarrassing terminologies used during the occasion are gradually being dropped, while the time being spent in initiation activities had become much shorter, partly because of financial constraints. Also the training is less thorough as the traditional educational functions appear to be slowly disappearing. Oruka (1990), acknowledging elements of incorporation of change pointed out that the practice is in the category of traditional cum Christian suggesting modernization of the practice.

Ladjali (1990) makes similar observations, noting that this rite of passage is being gradually watered down by economic and global cultural changes. For instance, there is a shortening of seclusion periods due to inadequate supplies of the wood required to keep a fire constantly burning in each seclusion home. He further noted that there is a decline in the role of grandparents which is increasingly being taken over by the formal school system, meaning that the educational role of female

circumcision is declining. For example, Nyansera (1994) observed that 70% of the parents take their daughters to hospitals.

Gwako (1992) noted that the kind of drinks and food served to mark circumcision occasions have been changing as the mode of feasting was shifting to tea and bread rather than the traditional liquor drinking during the ceremony.

Nyansera (1994) in her study among the Abagusii of Kenya found that 70% of the parents are taking their daughters to hospitals for circumcision surgery by trained medical personnel. Such parents are aware of the dangers of having the operation done at home.

While the above studies provide plenty of evidence that changes regarding female circumcision have taken place, the practice itself has not been eradicated.

SUMMARY

The literature review presented above indicates that studies on female circumcision are based on women and young girls without much attention to men. The role played by men in female circumcision is thus unclear.

The foregoing literature also indicates that men encourage female circumcision as a pre-condition for girls to get married. The practice has however been seen as a health hazard and a violation of both human sexual expression and women's rights.

Women seem to lack status and authority to stop the practice. This study will examine the attitudes of men towards the practice and other socio-cultural factors that explain men's participation in the practice as this has not been adequately documented in available literature on female circumcision.

The traditional Kisii culture, coupled with resource control, gives the men power over the women, hence it is important to investigate the roles of men in female circumcision. A wife might express her desire not to have her daughter circumcised, but may be overlooked by the husband. Yet many studies in Africa particularly in Kenya where female circumcision is prevalent, have ignored this fact. Therefore the role of men in the persistence of the practice needs to be addressed.

2.12 THEORETICAL FRAMEWORK

The study used the cultural lag theory and the structural functionalism as theoretical frameworks to guide this study. From the foregoing literature, the practice of female circumcision is regarded as a traditional custom among the Abagusii of Kenya. Scholars like Mbithi (1975); Kenyatta (1938) and Gwako (1992) pointed out that the practice is performed to mark initiation from childhood to adulthood. The practice has continued up to the present date. Nypan (1991) observed that it is regarded as a vital part of the people's traditional roots.

As a customary practice, female circumcision has been a focus of debate in Kenya and elsewhere in the world where it is practiced. The literature reviewed above showed that the practice still continues and is cherished by groups of people among whom it serves useful functions. On the other hand, the practice has been banned, prohibited and legislated against due to its negative characteristics. The cultural lag and structural functional theories were thus deemed applicable to this study.

2.13 Cultural Lag Theory

There is a tendency for old forms of behaviour to persist, and as a result create an environment that is less hospitable to the new. Female circumcision can be seen in this context where despite all campaigns to stop the practice because it has been posed as a health hazard, outdated, serves no purpose and is a violation of human sexual expression; the practice still is prevalent in the communities which still practice it. In some instances, people in certain cultures reject change while others accept it readily and at different rates. This according to Ogburn (1964) is how cultural lag occurs. The demonstration of the lag pre-supposes certain conditions. These conditions include the identification of two valuables, demonstrate that they were in adjustment at some point in time, determine that one valuable has remained behind in greater degree than the other and as a result there is less satisfactory adjustment than existed before.

The central focus of the cultural lag theory is the occurrence of change at unequal times. Due to inevitability of change, material culture changes faster than non material culture. Change is not always spontaneous, it may be introduced or accelerated by external intervention (Nanda, 1991). Causes of change in symbolic and behavioural traits should be illuminated because events affect the structure and function of social relationships differently.

The above literature review suggests that there is a cultural rationale reflecting the normative traditions. Among the Gusii, the collectivity, through the family, clan or lineage, take precedence over the individual. The typical person is one who is firmly rooted in the group with commensurate orientation to social relationships. Therefore the Gusii are socialized to respect the group, its ancestors and the needs of their community. This is achieved through initiation ceremonies.

In spite of the explanatory potential of lag the cultural lag theory, in explaining female circumcision, it has been subjected to various criticisms in that, it cannot be scientifically demonstrated, and may also face difficulties in determining the degree of adjustments in two aspects of culture. Further, the theory assumes that culture or behavioural traits should maintain social equilibrium and yet adopt to change. This has indeed created conflict within female circumcision where some people are campaigning for abandonment of the practice, while others strongly hold to it as a sense of maintaining their cultural identity from those who do not practice it.

Nevertheless, the theory provides insights into the study with regard to men's participation to the persistence or curtailment of female circumcision.

2.14 Structural Functional Theory

The theory of functionalism was propounded by Malinowski (1894-1942). Functionalism assumes that all existing cultural traits serve the basic, secondary and tertiary needs of individuals in society. The theory was amplified further by Radcliffe- Brown (1881-1955) who is a contemporary of Malinowski, who called it structural functionalism. He pointed out that various aspects of social behaviour exist to maintain society's social structure. He gave society an analogy of biological organism whose existence depended on the proper functioning of its constituent parts. Moreover he argued that the society has a life of its own, it obeys laws that transcend individuals'. He pointed out that to understand change, both diachronic and synchronic studies in society are important (Angulu, 1981). This is applicable with female circumcision in that, the practice is so persistence in Kisii where it serves as a solemn mark of unity and identification and those rejecting it are seen to get off their traditional roots.

Supporting this theory, Merton (1968) stated that each aspect of culture may be beneficial or harmful and it affects other cultural traits. A single culture may have multiple functions in relation to the system in which it occurs. He categorized cultural traits into functional, dysfunctional and eufunctional.

Functional traits are the commonly recognized roles played by the cultural traits. They constitute, manifest and latent functions. Manifest functions are always intended while the 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 are latent functions which also exhibit positive and negative qualities. Eufunctional traits are generally redundant. They may be regarded as part of culture and serve some functions, but there are alternative ways of performing such functions more easily and faster.

Malinowski used the functional approach to study ethnography and Radcliffe-Brown used structural functionalism to study relationships of individuals in society. He identified the basic needs as nutrition, reproduction, body comfort and security. He noted that secondary functions existed to ensure the production of primary needs for instance, organizational structures which ensure the production of food, its distribution and consumption. Tertiary roles which consist of integrative needs help society to cohere. Examples of these are religion and magic. Female circumcision is found in this category as it helps to define people's cultural identity. This study will use the approaches in question to explain female circumcision among the Gusii of Kenya.

Analysing female circumcision using the above functions, social and cultural roles

of female circumcision may still be functional. The religious function may have been redundant due to existence of varied religious beliefs and decline in superstitions. The health hazards caused by female circumcision are dysfunctional while the social functions have become eunfunctional or redundant, for instance, when the practice is regarded as a gateway to marriage. When having a wholistic perspective on the functions of female circumcision, there are multiple and frequently conflicting. These should be analysed and put in proper perspective.

Malinowski and Radcliffe either assumed a word 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 attitude of social organization and need to disrupt a social system. He argued that social order is maintained through the checks and balances of overlapping allegiances. Rex (1976) pointed out that institutionalized social relationships rest upon the balance of power in society. He argued that norms which are internalized by society members, order, behaviour when conflicts arise on the question of norms, they help to revitalize the extent norms or the contribute to the emergency of new ones. He concluded that conflicts are mechanisms for adjustment of norms adequate to new conditions. A flexible society benefited 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 will encourage formation of new norms, cohesion of community members and its survival under changed conditions.

2.15 HYPOTHESES

The preceding discussion focuses on how the various characteristics of the position of men in the family are likely to influence their behaviour in relation to female circumcision. Having observed that the Kisii are a patriarchal society, and since no study of female circumcision has focused on men, the following three hypotheses were formulated to guide this study:

1. Male roles in the household are likely to influence the persistence of female circumcision.
2. Men's attitudes towards female circumcision have contributed to the persistence of female circumcision,
3. Men's roles in female circumcision are largely dependent on socio-cultural factors.

2.16 VARIABLES AND CONCEPTS: OPERATIONAL DEFINITIONS

These concepts are defined as used in this study.

1. **Male role** - This refers to what men do as the heads of households, (e.g Decision making, allocation of resources, acting as breadwinners and having authority over children). Men's to female circumcision will be reflected by the ways in which they participate in the practice of female circumcision.
2. **Adult Male** -In this study, an adult male is a married man.
3. **Household** - A household consists of a group of persons bound by kinship ties who are catered for and reside within one compound under the leadership of a man, who is also identified as a parent. Households headed by women were left out of the study.
4. **Men's Attitudes** - Are used to mean the feelings of men as indicated by the behaviour and verbal evaluation of the practice of female circumcision.
5. **Socio-Cultural factors** - In this study socio-cultural factors include people's norms and values. This entails the reasons why female circumcision is practiced as they relate to participation in the practice.
6. **Female Circumcision** - Is the removal of the clitoris which is the mildest type undergone so as to fulfil the traditional initiation ceremonies.

7. **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 with molten mixture or thorns to promote fusion.
8. **Female Genital Mutilation:** According to WHO, female genital mutilation includes clitoridectomy or Sunna circumcision, excision and infubulation. Activists for the abolition of female circumcision feel that it should be called female genital mutilation, since circumcision de-emphasizes the extent of the problem (Hosken, 1998).
9. **Clitoridectomy** - This refers to the removal of the clitoris. This is the dictionary meaning of female circumcision. El-Dareer (1978) sees it as the mildest type undergone so as to fulfill the traditions of Mohammed.
10. **Sunna circumcision** - This involves the removal of the tip of the clitoris.

CHAPTER THREE

SITE SELECTION AND METHODOLOGY

This chapter deals with site selection and description, sampling procedures, sample size and framework for data collection and analysis.

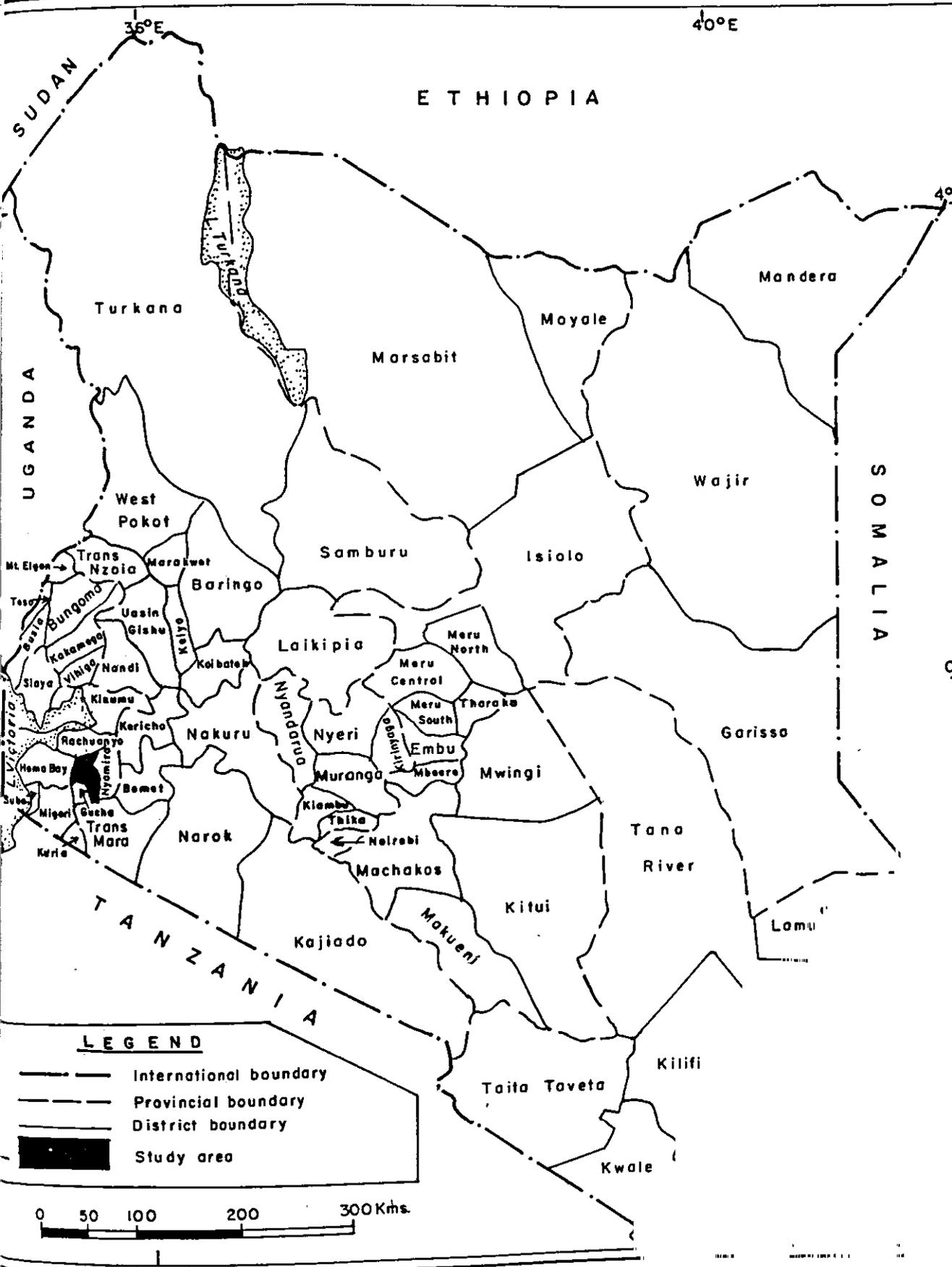
3.1 Site Selection and Description

This study was conducted in Keumbu, one of the eleven divisions which make up Kisii district (see Map II). Administratively, Keumbu is divided into five locations, namely: Nyaribari Keumbu, Kegati, Kiogoro, Bosongo, and Ibeno; with a total of 19 sub-locations. From the 1989 census, its population was 92,106 with a leading number of households of 161,072. Keumbu division has the highest population density. The selection of Keumbu was purposive.

3.2 Location

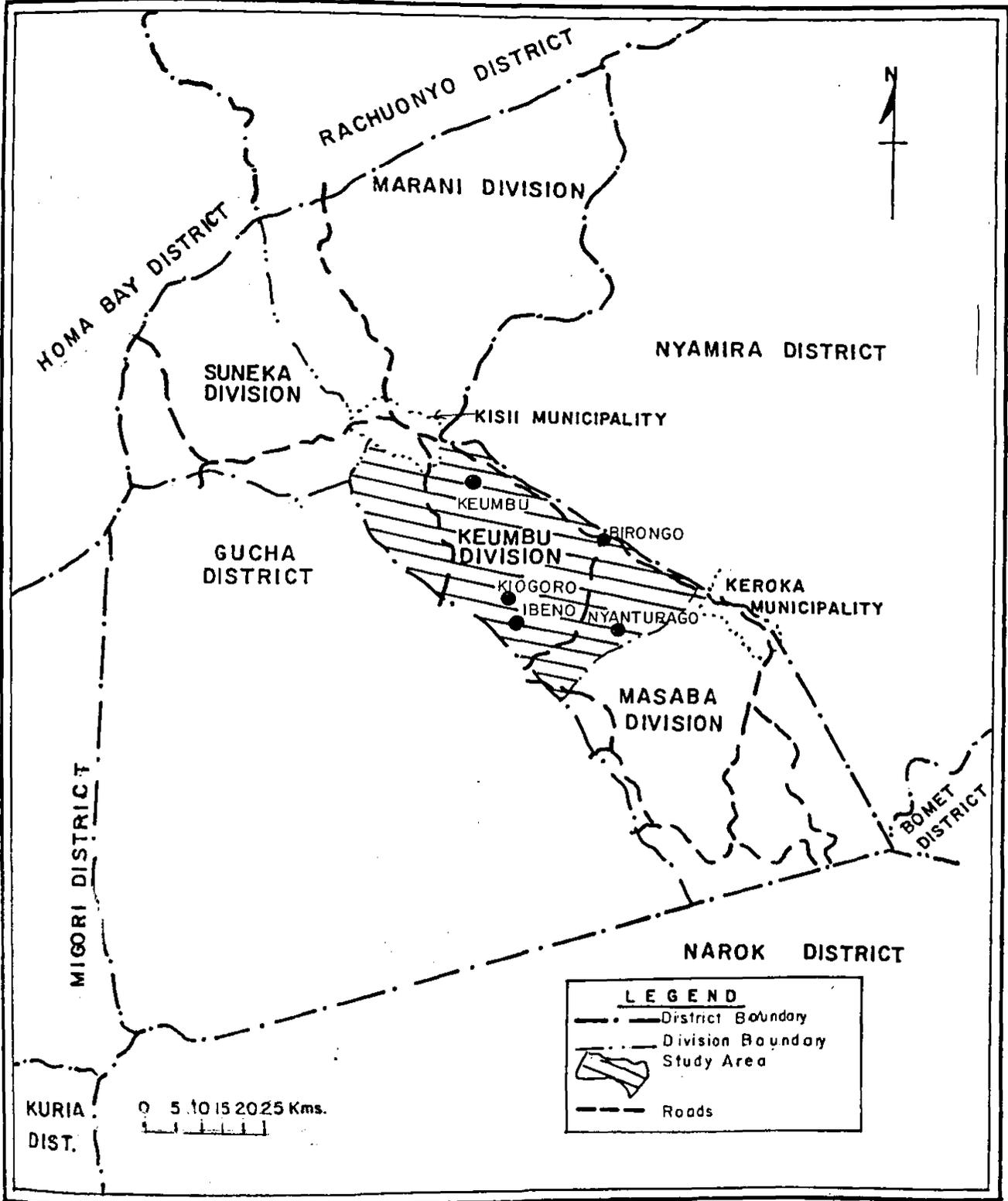
Kisii district is located about 400 kilometres west of Nairobi and 50 Kilometres east of lake Victoria (see Map I).

MAP I : THE LOCATION OF KISII DISTRICT IN KENYA



Source : D.D.P. 1999 - 2000.

MAP II : KISII DISTRICT ADMINISTRATIVE BOUNDARIES.



The district covers the South Western tip of the Kenyan Highlands and is one of the districts of Nyanza province. It shares common borders with Nyamira to the North and East, Narok to the south and Homabay and Migori to the West.

3.3 Climate

Kisii district is a hilly highland which lies at an altitude between 1500 and 2000 metres above sea level. Its climate is of the highland equatorial zone.

Rainfall is ample and concentrated in two rainy seasons. Long rains start from the end of March, while the short rains start from October to November. However, some changes in the weather patterns have been noted though not frequent. As a result, heavy rains may be received unexpectedly. Average annual rainfall is about 2000 mm. Minimum night temperatures average approximately 10.1 degrees centigrade, whereas the maximum day temperatures average 28.5 degrees centigrade through out the year.

3.4 Population

The district is inhabited almost exclusively by the Kisii, a Bantu speaking society. It has an area of about 1320.1 Km² and is one of the most densely populated areas in the country, with an average density of 612 per square km. It is seen as a district

with the highest population growth rate which actually exceeds national growth rate by 4% per annum. The rapid population growth has caused increased land fragmentation and landlessness. This has led to the cultivation of steep slopes. As a result soil erosion is an ever greater problem in the area.

3.5 Economy

Kisii district is basically dominated by small-scale agricultural farming. The combination of fertile soils and ample rainfall makes the district agriculturally productive. Both crop farming and livestock husbandry are practised by the majority of the district's small holder farmers.

The main cash crops grown are coffee, pyrethrum, tea, sugarcane, bananas and passion fruits. Food crops and other horticultural crops grown include maize, sorghum, finger-millet, beans, onions, carrots, cabbages and pineapples.

A part from farm enterprises non-farm enterprises (informal sector), salary and wages contribute significantly to the household incomes.

3.6 Social and Political Organization

The Kenyan (Gusii) administrative structure begins from the top with the president

as the head of state, to the bottom with the village headmen at the village level. Kisii is described as a society which is different from all others in Kenya in terms of being strongly traditional and almost resistant to change, given their conformity to a large number of prescriptions, social taboos, norms and values (Mayer, 1950)

The Gusii recognize a common patrilineal ancestor, on the basis of which male dominance prevades the structural framework of the society. Males are the acknowledged heads of households and post marriage residence is patrilocal. Male superiority and dominance is accepted and respected. As Silberschmidt (1991) puts it, manness among the Gusii is a quality that all men sought and is closely linked to self control and dignity, where dignity is to obey the prescribed norms and values.

Rituals like female circumcision are practised in line with the community's values and norms. Circumcision was also practised as a way of maintaining cultural identity. The Gusii valued sons as opposed to girls as they believed that boys would inherit their property and take care of them during old age, while the girls would get married away (Gwako, 1992 and Rono, 1993). Lineage solidarity is valued and regarded as a source of pride (Anthony and Uchendu, 1975), revolving around patrimonial rights over land and inheritance.

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3.7 Sampling Procedures and Sample Size

Multi-stage sampling technique was used, whereby all locations in the division were listed on separate pieces of paper, then three picked randomly. From the three locations selected, a list was drawn separately for each location, with its respective sub-locations. Using simple random sampling, two sub-locations were picked from each of the three locations. Further, a list of all villages in the six sub-locations was prepared separately for each sub-location. Then two villages were picked randomly from each sub-location, making a total of twelve villages.

According to Bailey (1987), simple random sampling is that method of drawing a portion of a population or universe, so that each subject has an equal chance of being selected. This is in line with the above procedures. The next task was completing of a sampling frame of all married men in each village. This was conducted with the assistance of the village headmen from the sampled areas. The men in each sampling frame were assigned numbers which were transferred to separate pieces of paper. The pieces of paper were then folded and tossed on a table at different intervals for each village. Depending on the size of the sampling frame in each village, five percent was randomly picked from the tossed folded pieces of paper. The folded pieces of paper for each village were then unfolded and the names of the men represented by the numbers on the papers were recorded on twelve separate lists, each representing a village. Men whose names appeared

on these lists were contacted for interviews.

With the help of village headmen, I proceeded and identified and subsequently interviewed 120 men using the standard questionnaire method. The household was the unit of analysis as the views and roles of men towards female circumcision were analysed at the family level.

3.8 Data Collection Techniques

In an attempt to answer the study objectives and to a larger extent the time and financial limitations, favoured application of specific data collection techniques. Therefore, the use of interviews, key informants, focus group discussions and other data collection techniques was not merely a matter of procedural and methodological applications. A combination of quantitative and qualitative strategies of research were hence intended to provide dimension of typical case materials and enhance of verifying the total ethnographic picture. It is as a result of these discussions that the following techniques were found appropriate in this study.

3.9 Questionnaire

An interviewer administered a single standard questionnaire with many topics and

was used to obtain pertinent information from 120 sampled men. This ensured that all the sampled respondents were asked the same questions in the same sequence. Some of the answer categories were pre-coded while others were open-ended. This enhanced reliability, allowed efficient use of time and labour, and simplified the coding, computing and tabulation processes.

Before the actual fieldwork, a pilot study was carried out during the last week of June, 1998. During this time, the questionnaire was pre-tested to assess whether it had the right structure and proper wording of the questions. As a result of this, necessary adjustments were done before hand to make the instrument more comprehensive to the respondents throughout the data collection period, the questionnaire was kept flexible to accommodate necessary amendments. This research was interpreted into the local language (Ekegusii) in the course of its administration.

The questionnaire has the elements of quantification which permits increasing viability, comparability and precision in testing theoretical propositions as well as providing a rapid and systematic means of acquiring large amounts of information. The response rate was generally high, given that the technique was flexible, allowing probing for more specific answers and clarification of potential ambiguities. The use of the questionnaire also guaranteed confidentiality and control over the interview environment. Similarly, it ensured that the respondent

alone answered the questions to trap the individual's perceptions.

In spite of the intrusive and reactive nature of the questionnaire, it provided the structure that facilitated the collection of both quantitative and qualitative data. Issues raised in the questionnaire were later followed up with key informants and focus group discussions.

3.10 Key Informants

More qualitative data was obtained from detailed discussions with a group of 30 women key informants who were likely to control a lot of information about village affairs, were well versed with the traditional cultures and were associated with high achievements within the Gusii Community. As such, they included, midwives, church and school leaders, social workers, circumcisers and elderly women.

Discussion with key informants entailed formal and informal interviews. Formal interviews involved the administration of the same questionnaire like that used on men but only paraphrased to suit the women. Informal interviews entailed discussions such as who allocates resources towards the ceremony, who among husbands and wives has a bigger say over the circumcision of daughters, how they felt regarding male roles towards the persistence of female circumcision and other questions which arose from the questionnaires and required further validation. This

approach was an attempt to enrich this thesis by acquiring diversity of information on female circumcision in the Gusii community. The integration of various research procedures increased the researcher's knowledge and understanding of the reality being investigated.

3.11 Focus Group Discussions

The researcher also got information from focus group discussions with some elderly women. Chiefs and assistant chiefs helped in organising 'barazas' with these women. These were thought to be most knowledgeable about the Kisii cultural practices because of their age. Also the old people are the custodians of cultural values and norms of the society. The issues discussed had to do with who would give approval if the practice were to be abandoned, the functions of the practice and whom they think would be targeted in efforts to stop female circumcision within the household.

Further, discussions were held with women group leaders who included various church leaders and local women group leaders. The researcher felt that women as victims of the practice of female circumcision could not be left out. The groups discussed such issues as their attitudes towards the practice, what can be done to stop the practice and what they thought was the best alternative to replace the practice of female circumcision.

This approach reduced both the amount of time and the personnel required for conducting and analysing in-depth interviews. It generally yielded detailed qualitative information from a relatively large numbers of discussants. Also, the focus group discussions also availed an opportunity to the people who might not have been covered in the questionnaire to express their views. Although the discussions were time consuming and yielded unstandardized information which was difficult to quantify, it proved useful indirectly revealing important cleavages of opinion, the way in which consensus was achieved, and other valuable information. Everything possible was done to encourage discussants to speak freely and informatively. In the whole, the process enhanced the viability and validity of the information gathered.

In line with the experience of Sieber (1982), the integration of focus group discussions with the questionnaire improved the interpretation of meaning and validity of the information gathered. This is as a result of the thorough knowledge of the informant's frame of reference made possible by integration of various data collection techniques. The focus group discussions were therefore a mechanism through which the researcher attempted to learn, to think and understand, within the idioms of the people studied.

3.12 Documentary Sources of Information

This study made extensive use of written materials available in libraries. Archives

and Public offices. Like in all other types of research, there was need for consulting general source materials to have necessary background knowledge of the problem to be studied. Familiarisation with the literature available in the field of female circumcision provided further orientation to the study, (especially at the levels of formulation, generation of hypotheses, collection, analysis and interpretation of data.

The works of ethnographers such as Levine and Levine, Mayer Hakanson and others mentioned in the bibliography provided useful background information on the Gusii community. By exposing herself to the documented past studies, the researcher was able to acquire valuable information on research techniques used in carrying out previous studies they had the bias of original intention and lack of adjustment for comparability over time.

3.13 Data Analysis

This study utilised the SPSS computer package to provide basic frequencies for descriptive analysis regarding the distribution of beliefs, attitudes and roles of respondents towards the practice of female circumcision. Cross tabulation and percentages were also used.

3.14 Data Collection Problems

Various problems were encountered during the data collection period. For example, several men and women who were not sampled raised questions as to why they were not interviewed. Women particularly felt ignored as only 30 of them were interviewed. They wondered why men would be interviewed on female circumcision and not women who are the primary players in the practice. However, it was explained to them that it was not possible to interview every one in the district because of time and financial limitations.

Another constraint was the misrepresentation and suspicion of the researcher. During the discussion with various groups, some government officials some of whom were fairly well educated, refused to have their interviews tape-recorded. Some other respondents thought that the researcher was a government officer spying on them and that later they could be followed up on their views. However, I had to make do with short notes written during the interviews and the respondents were convinced that the study was purely for academic purposes.

In some cases the respondents thought that I have been sponsored by some organization to carry out the research and therefore demanded to be paid. Nevertheless, I managed to spend some little money on beer, cigarettes and in some cases sugarcane to meet the demands of some of the respondents.

Another problem was how to handle culturally sensitive questions. The Kisii, for example, do not openly discuss sexual matters. On the question of whether

respondents were aware as to whether or not the circumcision of females makes them lose their sexual sensitivity, for example, I had to adopt the traditionally acceptable way of going around it, without mentioning sexual sensitivity. Being one of them, however, I knew how to approach the respondents through such questions.

The weather conditions of the area were also problematic due to frequent rains which slowed down the work. Some other areas were also too remote, and barely accessible. The researcher had therefore, to foot almost all the way to meet the respondents.

Generally, however, all the questions put to the interviewees were promptly answered. The researcher did everything possible to ensure collection of high quality, valid and reliable data.

CHAPTER FOUR

RESPONDENTS' PERSONAL AND DEMOGRAPHIC CHARACTERISTICS

4.0 Introduction

In this chapter, the researcher has given a simple description of personal characteristics of the respondents. Integration of the cited literature in chapter two is also linked with some of the findings in this chapter. The respondents' personal characteristics are also related to their behaviour and attitudes as they relate to female circumcision.

From the analysis it indicated that it is the Kisii men more than the women who are mainly behind the persistence of female circumcision. It will be important to note the extent to which the selected characteristic backgrounds of respondents influence their participation and attitudes in female circumcision.

4.1 Educational Levels

The respondents' levels of education as tabulated in Table 4.1 below indicate that nearly half of the respondents (44.2%) had primary education, while about 32%, 9% and 4% had secondary, post-secondary and university education respectively.

Table 4.1: Respondents' Educational Levels.

Level of Education	Frequency	Percentage
None	13	10.8
Primary	53	44.2
Secondary	38	31.7
Post secondary	11	9.2
University	5	4.1
TOTAL	120	100.0

The remaining (about 11.0%) were illiterate. The table shows a fairly well educated community in which many people would be expected to be liberated from strong adherence to cultural norms and belief, hence displaying positive attitudes towards abandonment of female circumcision. This was, however, hardly found to be the case.

Table 4.2 shows the distribution of respondents according to their levels of education and their attitudes towards abandonment of female circumcision.

Table 4.2: Educational Levels and attitudes Towards Abandonment of Female Circumcision.

Attitude	Education Levels									
	None		Primary		Sec		Post-Sec		University	
	No.	%	No.	%	No.	%	No.	%	No.	%
Positive	0	0	1	1.9	14	37.8	5	41.7	2	50.0
Not too positive	0	0	5	9.3	7	18.9	2	16.7	1	25.0
Ambivalent	0	0	5	9.3	3	8.1	1	8.3	0	0
Negative	6	46.2	14	25.9	4	10.8	3	25.0	0	0
Very Negative	7	53.8	29	53.7	9	24.3	1	8.3	1	25.0
Total	13	100.0	54	100.0	37.	100.0	12	100.0	4	100.0

Table 4.2 indicates that all the people (100.0%) of the sampled population with no education were supportive of female circumcision. In other words, these people had positive attitudes towards persistence of the practice, while three quarters (75.0%) of those with university education favoured abandonment of the practice. Well educated people thus seemed to be aware of the dangers associated with the practice and thus support its abandonment. Generally, about half of people (53.7%) with primary education were not supportive of abandonment of female circumcision. Education therefore is an important factor influencing attitudes of men towards abandonment of female circumcision.

Education is known to be very instrumental, especially in building up people's self confidence and skills in order to participate in the economic system and press for their interests and concerns in both domestic and public circles, Silberschmidt (1991). As men acquire education and other necessary skills which facilitate their positive or negative participation in female circumcision, there is a tendency to seek liberation from socio-cultural values which are seen as redundant. This was evident from the research findings where the majority of the respondents (38.3%) indicated that some people stopped the practice because of the education influence, (though not a strong point). This was tapped through the question "Why do you think other people have decided against female circumcision?" against which the main responses included; family influence, church, government, neighbourhood; educational influence, and others. Educational influence ranked the highest. Higher educational levels apparently motivate individuals to bring about change in cultural norms and customs to favour the abandonment of traditions like female circumcision which are considered harmful and outdated. Perhaps this could explain why female circumcision has persisted in Kisii because where majority of the respondents (55.0%) had primary education and below, and 72% of them approved of the practice.

4.2 Age

With regard to age, the respondents' ages as reflected in Table 4.2, almost one half

(43.3%) of the people were between age 31-40 years, majority of whom had children ready or about to be circumcised.

Table 4.3: Respondents by Age-groups

Age group	Frequency	Percentage
10 - 20	3	2.5
21 - 30	24	20.0
31 - 40	52	43.3
41 - 50	30	25.0
51+	11	9.2
TOTAL	120	100.0

According to MYWO (1992 Kisii girls are circumcised when they are quite young, where the average age is between seven and eight years. Only a small number of respondents (2.5%) were between age 10-20.

Table 4.4: Respondents by age and attitudes towards abandonment of female circumcision.

Attitude	Age Groups									
	10 - 20.		21 - 30		31 - 40		41 - 50		50+	
	No.	%	No.	%	No.	%	No.	%	No.	%
Very supportive	2	100.0	4	17.4	9	25	6	22.2	1	3.1
Supportive	0	0	7	30.4	2	5.6	2	7.4	4	12.5
Ambivalent	0	0	3	13.0	3	8.3	2	7.4	1	3.1
Unsupportive	0	0	5	21.7	10	27.8	7	25.9	5	15.6
Very Unsupportive	0	0	4	17.4	12	33.0	10	23.7	21	65.5
TOTAL	2	100.0	23	100.0	36	100.0	27	100.0	32	100.0

As indicated in Table 4.4 majority of men in the age group of 51 and above tended to support female circumcision. The results in table 4.4 also indicate generally that men in the study area did not support the abandonment of female circumcision. For them, maintaining the practice helps to sustain their identity as a real 'Omogusii' and also gives them security against the fear of being stigmatized if they do not have their daughters circumcised.

4.3 Marital Status

Data on marital status showed five broad groups of marital status (see Table 4.3 below).

Table 4.5: Respondents by marital status

Marital Status	Frequency	Percentage
Married	114	95.0
Single	1	0.8
Widowed	4	3.3
Separated	1	0.8
Divorced	0	0
TOTAL	120	100.0

The majority of the respondents (95.0%) were married, and most families were headed by men. This will help to establish the male role in female circumcision within the family.

4.4 Religious Affiliation

Information concerning the respondents' religious affiliation indicated that the respondents belonged to six religious groups. These were Catholics, S.D.A., Lutheran, P.A.G., Traditionalists and other religions (see Table 4.6) below.

As such, the area of study was dominated by the S.D.A. (47.5%) while Catholics and other denominations, accounting for over one half (52%). It is likely that most

people might be supportive of the practice of female circumcision because of the conservative nature of those denominations.

Table 4.6: Respondents by Religious Affiliation

Religious Affiliation	Frequency	Percentage
Catholic	52	43.3
SDA	57	47.5
Lutheran	1	0.8
P.A.G.	6	5.0
Traditionalists	1	0.8
Other Denominations	3	2.5
TOTAL	120	100.0

On the other hand, a fairly good number (48%) of the Seventh Day Adventists (S.D.A.) might encourage abandonment of female circumcision because of their liberal doctrines as opposed to other denominations.

Table 4.7: Respondents by religious affiliation and attitude towards abandonment of female circumcision.

Attitude	Religious Denominations									
	S.D.A.		Catholic		P.A.G.		Luthera		Others	
	No.	%	No.	%	No.	%	n	%	No.	%
Very supportive	17	29.8	5	9.6	0	0	0	0	0	0
Supportive	11	19.3	4	7.7	0	0	0	0	0	0
Ambivalent	5	8.8	3	5.8	1	25.0	0	0	0	0
Unsupportive	11	19.3	12	23.0	2	50.0	0	0	2	33.3
Very Unsupportive	13	22.8	28	53.8	1	25.0	1	100	4	66.7
TOTAL	57	100.0	52	100.0	4	100.0	1	100.0	6	100.0

Religious beliefs of men seemingly play a big role in determining their attitudes towards abandonment of female circumcision. According to cross-tabulation results in table 4.7, majority of S.D.A (19.3%) were supportive of abandonment of the practice as compared to only 9.6% of the Catholics. About half of the Catholics (53.8%) as compared to 22.8% of the S.D.As did not support abandonment female circumcision. Generally, majority of the Catholics, P.A.G., Lutherans and other churches, appeared to favour female circumcision. The Protestants therefore appeared to be more liberal against the conservation of traditional practices. As such, they should be targeted in efforts to eradicate female circumcision.

4.5 Occupational Roles

With regard to the main occupation for the respondents (as indicated in Table 4.8), it appeared that close to half of the respondents (45.8%) engaged in agriculture or peasantry.

Table 4.8: Respondents by Occupational Roles

Occupation	Frequency	percentage
Farmer/Peasant	55	45.8
Teacher/ Civil Servant	22	18.3
Politician	1	0.8
Businessman	24	20.0
Student	2	1.7
Other	16	13.4
TOTAL	120	100.0

Farming is thus the predominant occupation in the rural areas. Businessmen comprised 20.0 % while civil servants formed about 18.0% and students and politicians about 30% and 3.0%, while the rest (13.6%) engaged in other occupations like self-employment, technical and Non-Governmental jobs. Occupation is likely to play a major role in exposing and socializing people, such that highly exposed people are well informed in global trends in social, political and economic issues. This, will make them more opposed to such practices like

female circumcision than the rural based peasants and farmers, who are expected to be supportive of the practice because of lack of exposure and awareness of the dangers related to the practices.

4.6 Income Levels

The monthly income levels for the respondents as summarised in Table 4.9 indicate that three quarters (75.8%) of the respondents' incomes were below Kshs.5,000.

Table 4.9: Respondents by Income Levels

Income Levels	Frequency	Percentage
Below 5,000	91	75.8
5,001 – 10,000	16	13.3
10,001 – 15,000	9	7.5
15,001 and above	3	2.5
TOTAL	120	100.0

Only 3% earned above Kshs.15,000. Gwako, (1992) observed that nowadays female circumcision has become an expensive ceremony and is something one has to take a loan for. He further noted that the nature of food and drinks has changed. People take soda and tea unlike beer, which was taken before. Some people slaughter cows and goats. Above all most parents take their girls to hospital to undergo the operation. Therefore, with the above distribution, it is possible that

most people might not be supportive of the practice as they would not have enough money to finance the ceremony.

Table 4.10: Respondents by income levels and attitudes towards abandonment of female circumcision.

Attitude	Income Level							
	Below 5000		5,001-10,000		10,001-15,000		15,001+	
	No.	%	No.	%	No.	%	No.	%
Positive	11	11.7	6	40.0	4	50.0	1	33.3
Not too positive	9	9.6	4	26.7	1	12.5	1	33.3
Ambivalent	7	7.4	2	13.3	1	12.5	0	0
Negative	25	26.6	2	13.3	2	25.0	0	0
Very Negative	42	44.7	1	6.7	0	0	1	33.3
TOTAL	94	100.0	15	100.0	8	100.0	3	100.0

Income levels appeared to positively influence men's attitudes towards abandonment of female circumcision. As table 4.10 indicates, all those with income levels of above Kshs.5,000 per month, (80% of them) favoured abandonment of female circumcision while 71.3% of those with income levels below Kshs.5,000 were not for abandonment of female circumcision

4.7 Attitudes Towards Circumcision of Daughters

General Perceptions of Respondents towards female circumcision

Information concerning the perception of respondents towards circumcision of their daughters as presented in Table 4.11 indicated that the majority of the sampled male population (64%) approved of the practice, while about 25% disapproved of it and 11% were ambivalent.

Table 4.11: Respondents by attitudes towards female circumcision

Attitude	Frequency	Percentage
Approve	75	64.1
Disapprove	29	24.8
Ambivalent	16	11.1
TOTAL	120	100.0

Those who disapproved (about 25%) the practice were dissatisfied with it as they complained of health dangers it posed to the initiates. This calls for the need to ensure proper mechanisms of sterilisation of surgical tools used in circumcision to prevent spread of diseases through the operation. It was further evident from women key informants who did not approve of the practice and also from focus

group discussions that, today people do not see much meaning in female circumcision. This contradicts the traditional context where the practice was seen as a gateway to marriage and graduation from childhood to adulthood. Nevertheless, the practice is still prevalent as the majority of the Kisii still practice it. The results from women key informants on the other hand, showed that majority of the women approved of the practice while a few disapproved of it. These results indicate strong support for the female circumcision among the Kisii, where almost 97% of the respondents had daughters who had undergone circumcision. Gwako (1992) and Nyansera (1994) realized similar results in their studies on female circumcision in Kisii as they established that over 96% practised it

With regard to men's attitudes towards abandonment of female circumcision, the results (as seen in Table 4.12) revealed that slightly over half of the respondents (55%) strongly felt against the abandonment of the practice.

Table 4.12: Respondents according to their perceptions regarding abandonment of female circumcision

Perception	Frequency	Percentage
Very important	32	27.4
Important	12	10.3
Ambivalent	9	7.7
Negative	24	20.5
Strongly Negative	43	34.1
TOTAL	120	100.0

About 8% were ambivalent in that they neither did not see the importance of abandoning the practice nor continuing with it. Generally, about one half (54.6%) did not want the practice stopped. Results from women key informants indicated that they were not in favour of stopping the practice. For example, one elderly woman said that “Titogotiga ekemira. Nigo torabe buna abagere.” (This means that she will never support abandonment of female circumcision because it is their tradition without which they might be like Luos).

The implication here, is that most respondents had very strong feelings against abandonment of the practice. Therefore, in efforts to eradicate female circumcision, men should be targeted in changing their attitudes towards abolition of the practice. When the respondents were asked whether or not they considered female circumcision as a problem (see Table 4.13),

Table 4.13: Why female circumcision is considered to be a problem

Reason	Frequency	Percentage
Health hazard	68	56.7
Not compatible with Christianity	14	11.6
Denial of female sexual right	9	7.5
Serves no purpose - outdated	29	24.2
Others		
TOTAL	120	100.0

about 57% of the male respondents did not support the practice of female circumcision as they felt it was a health hazard. They argued, for example, that it could lead to spread of diseases like HIV/AIDS as well as death due to bleeding and infection from the wound.

On the issue of who was the best person to stop the practice of female circumcision within the household, it was noted that these people argued that they wanted to preserve their culture because the practice makes them 'Omogusii' and thus distinguishes them from their neighbouring Luos. Further the information from women key informants and focus group discussions, indicated that some people feared that they might be cursed if they abandoned their tradition, while others feared that their daughters might fail to get husbands, if not circumcised. Yet others felt that female circumcision was important as it served to reduce the women's sexual desires. Also others had their daughters circumcised to avoid stigma from the community.

On the issue of who influences the household decisions regarding female circumcision especially if it were to be stopped (see Table 4.14) below. Half of the respondents (50.0%) said that men were the best placed to do so, since they are the ones who make decisions as to whether or not the children should be circumcised, while nearly 43% indicated that both men and women should be involved, because they make joint decisions with their wives regarding when a girl comes of age to

undergo circumcision.

Table 4.14: Who should take action to stop female circumcision within the household

Person(s)	Frequency	Percentage
Men	60	50.0
Women	9	7.5
Both men and women	51	42.5
TOTAL	120	100.0

This suggests that any efforts aimed at stopping female circumcision in the family are more likely to be effective when directed at the men. This agrees with MYWO report (1992) on the study of female circumcision among the Samburu of Narok that a father recommends over half of the cases of female circumcision.

In their studies in Kisii, the MYWO, however, established that decisions as to whether or not a girl has to undergo circumcision are made by the women. Further, the findings of this present study support those by Gwako (1990), Rono (1994) and Keraka (1991) on their works on fertility regulations in which, they established that a man has a bigger say or on whether or not his wife should adopt fertility regulations. On yet another study, Nypan (1991) in her study of female

circumcision among the Meru of Tanzania contradicts the results of this study as she established that young girls were circumcised against their parents wish. The women key informants in this study were of the view that men should be the most effective persons to work with on the eradication of female circumcision due to their superior positions in the households.

On examining the best way to abolish the practice some members of the focus group discussions felt that fathers should take more responsibility. Other focus group members felt that people should be encouraged to decide for themselves as to when to stop it and felt that parents have to stop the practice if at all they want to safeguard the health and rights of women. A substantial number of women from focus group discussions favoured abandonment of female circumcision but their husbands opposed it, on the basis of the need to preserve their culture.

On whether or not female circumcision should be abandoned 63% of the respondents felt that it should not be abandoned because it represented preservation of their tradition, giving them identity as a real 'Omogusii.' This concurs with the studies by Gwako (1992) and Nyansera (1994) in which majority of the Abagusii were said to be in favour of the practice (over 96% still practice it.) Participants of the focus group discussions felt that abandonment of female circumcision will result in loose sexual behaviour among women with their clitoris intact.

On the question “are you aware that circumcision of female makes them lose their sexual sensitivity?” over three quarters (77%) of the male respondents said they were aware (see Table 4.15) below, it indicates that the majority (78%) of the male respondents were aware that female circumcision controls libido.

Table 4.15: Respondents’ awareness of females’ low sexual sensitivity due to female circumcision

Position	Frequency	Percentage
Aware	93	78
Not Aware	24	20.0
Other	3	2
TOTAL	120	100.0

Hence that is one of the reasons why it is practised in Kisii so as to curb the sexual immorality especially to enable girls to continue with school. This was supported by the women key informants who asserted that female circumcision makes them lose their sexual sensitivity. Ironically, it was observed that despite the fact that women are aware that circumcision makes them lose their sensitivity, most of them wanted the practice to continue to further facilitate their social control over their daughters. It was also said that there was need to circumcise girls because of fear of loose moral habits. For example, one woman expressed that “if we do not

circumcise our daughters, they will be 'abasang'ang'aru ase chitaro chiabo.' This means that the girls will be overly sexy. This woman argued that it is women who stay in the bars drinking and practising prostitution, but not men. Therefore, if we do not circumcise our daughters there will be high rates of immorality." This is in agreement with Howard (1986) who noted that female circumcision existed in order to insubordinate the women in the sexual act. Nyansera (1994) also established the same view that female circumcision is performed as a cultural requirement as well as control of morality.

Concerning the issue of morals, Akong'a seems to agree with the above findings as he had the following to say;

It would be safe to point out at this juncture that the high rate of pre-marital pregnancies in Kenya and the resultant high adolescence fertility can be blamed on the breakdown of traditional norms, beliefs and values governing, family life education in particular (Akonga, 1986:2)

As a whole, the largest proportion (64 %) of the male respondents approved the continuity of the practice while about 25% disapproved the practice and 11% were ambivalent. Ambivalence was attributed to reduced opposition to female circumcision and lack of adequate alternatives to replace the practice. In the long run, there will be lack of efforts for abandonment of female circumcision agenda due to lack of public awareness concerning the dangers associated with the practice. Thus about half of respondents (53.3 %) were not aware of the dangers of female circumcision. There was a general feeling that information about

Female circumcision in the rural areas was poorly disseminated. Intensified campaigns were thus suggested in partnership within rural areas through government, church and women groups especially headed by those women who are already circumcised. When those who supported the practice, were asked whether or not spouses favoured circumcised or uncircumcised females. (see Table 4.16), about 85% of men said they valued marrying circumcised women.

Table 4.16: Respondents by preference for marriage of circumcised or uncircumcised women

Wife	Frequency	Percentage
Circumcised	102	85.0
Uncircumcised	8	6.7
Do not care	10	8.3
TOTAL	120	100.0

This concurs with the studies by Nyamwaya (1986), Gwako (1992) and MYWO report (1992) who established that Kisii men demand that a groom be circumcised before marriage and that three quarters (75.0%) had wives who had undergone circumcision. Since only about 23% had wives who had not undergone circumcision, this shows that Kisii men value female circumcision.

From the foregoing analysis it indicates that it is Kisii men more than the women, who are mainly behind the persistence of female circumcision.

CHAPTER FIVE

5.1 Introduction

This chapter entails discussion of the socio-cultural factors and roles played by men in female circumcision as well as the process and significance of female circumcision.

5.1.1 Men's Role in Female Circumcision

89% of the male respondents said they had participated in female circumcision in one way or another, almost 97% revealed that they had a female member in their households who had undergone circumcision. Their modes of participation are summarised in Table 5.1

Table 5.1: Respondents by Level of Participation in Female Circumcision

Level of Participation	Frequency	Percentage
Pay fees for initiation	17	14.2
Financing the party	33	27.5
Invitation of friends	9	7.5
Preparation of food	1	0.8
Invitation of friends, pay fees, financing the party)	56	46.7
Others	4	3.3
TOTAL	120	100.0

From the table, it appears that close to half of the respondents (46.75) participated in female circumcision by financing the party, inviting friends and paying fees for the initiation while 3% participated in such other activities as blessing the initiate during the ritual. The latter is achieved by having the father sit at the right side of the house as he sprinkles the girl with beer and milk, (“Gwasi ya ng’ombe na banto”) symbolising blessings. Men therefore have vital and specific roles to play in female circumcision.

On the question as to “Who decides whether or not a member of the household should undergo circumcision?”(see Table 5.2), about three quarters of the respondents (74%) attributed such decision to both parents jointly.

5.2: Who decides whether or not a member of the household should be circumcised

Who makes decision	Frequency	Percentage
Father	23	19.2
Mother	7	5.8
Both parents	89	74.2
Others	1	0.8
TOTALS	120	100.0

However, response also indicated differences such that the fathers and mothers are

represented by 19% and 6% respectively, implying that men have relatively more say in female circumcision, and are thus more influential than women in this regard. This agrees with the Maendeleo ya Wanawake Organization Report of (1992) in their study of female circumcision among the Samburu of Narok that a father recommended over half of the circumcision. In Kisii the results of MYWO (1992) indicated that decisions on whether or not a girl has to be circumcised was made by mothers which appears to be partly in agreement with our findings.

When men were asked whether or not their decision and interests were regarded as final and taken as such by their spouses with regard to circumcision of daughters, management of finances and overall family decisions, (see Table 5.3), the results were affirmative.

Table 5.3 Whether or not men's decisions and interests are regarded as final by spouses.

Aspect	Distribution of Responses		
	Response	Frequency	Percentage
Circumcised daughters	Yes	117	97.5
	No	3	2.5
Management of finance	Yes	113	94.2
	No	7	5.8
Overall family decisions	Yes	117	97.5
	No	3	2.5

Men are thus consulted by their spouses and their interests and concerns are regarded final at family levels as follows: On circumcision of a daughters (97.5%), Management of finances (94.2%) and making overall family decisions (95.5%).

Table 5.4: Reasons for men's consultation and Reflection in Household final decisions.

Reason	Frequency	Percentage
Head of the family	80	66
Make joint decision	28	23.3
Avoid disagreement	7	5.8
Seek guidance	5	4.2
Other		
TOTAL	120	100

As indicated in Table5.4, men have to be respected, the single most significant reason for this being by virtue of their positions as the heads of the family (cited by 66% of the male respondents). They must approve all that happens at the household level and women on their own cannot make major decisions whether or not their daughters should be circumcised.

The majority of women key informants said that the husbands as the heads of the families and for guidance and advice and also to avoid wholesale blames in case of any problems arising from circumcision as well as to avoid beating because of taking decisions without consulting their husbands.

5.2 Socio-Cultural Factors Influencing Female Circumcision

In contemporary research studies, Kisii district is described as a society which is different from all others in Kenya, being anchored on an extremely primitive and inflexible system (Silberschmidt, 1991). In other words, it is anchored in a set of norms and values with severe limits to the kinds of behaviour which are acceptable. The Gusii homestead represented a prototypic moral order, which involved a highly prescriptive organisation of activities.

In the literature review, various observations were made with regard to socio-cultural factors which influence men's attitude and participation in female circumcision. It was also hypothesised that socio-cultural factors are likely to influence men's roles in female circumcision. Both qualitative and quantitative data were gathered for the purpose of testing the above hypothesis and assessing the extent to which socio-cultural factors influence men and their participation in female circumcision. On the questions on socio-cultural factors which influence men's behaviour either negatively or positively regarding the practice of female

circumcision, the respondents were asked such questions as to why they supported the practice, whether or not the preference for spouses favoured circumcised or uncircumcised women; whether or not their spouses were circumcised and reasons to support their answers. Further opinions were sought from key informants and focus group discussions.

On the question of having a circumcised female member in their households, majority of the male respondents answered in the affirmative, with reasons as in Table 5.5 below.

Table 5.5 Reasons for female circumcision.

Reason	Frequency	Percent
Preservation of tradition	69	57.5
Rite of passage to adulthood	15	12.5
Management of sexuality	10	8.3
Brings honour to family	7	5.8
Hygienic reasons	3	2.5
Reinforces group solidarity	5	4.2
Gateway to marriage	11	9.2
TOTAL	120	100

Preservation of tradition represented the single most important reason (57.5%). The imprint of socio-cultural factors thus make them key in explaining the persistence

of female circumcision among the Kisii of Keumbu division. In-depth interviews and focus group discussions also indicated that people feared that abandoning female circumcision would spoil the chances of their daughters getting married, the potentiality of uncircumcised girls being cursed such that they might not give birth or their children might die. Uncircumcised women are also associated with loose morals.

One elderly woman aged 81 years said “A female member went to Nairobi as a house maid and she never went back home to undergo circumcision. Later when she got married, some of her children died while others had various mental and physical disabilities. Later she had to undergo the ritual despite her old age so as to save her family from the wrath. After this her children got better.”

Her example was frequently reported as a case that has instilled fear in some people in the study area. Consequently such people feared that their children might be cursed if they are not circumcised. Such individuals also indicated their desire to retain the practice because it makes them distinct from the neighbouring Luos, arguing also that the practice has always been there and therefore it should be left to continue. Some members of the focus group discussions also reported that abandonment of female circumcision was a direct aping of Western cultures. Most women key informants supporting the practice, argued that since they were circumcised and already had some of their daughters circumcised, the rest of their daughters should be circumcised too.

Further discussions with focus group discussions and key informants indicated that

circumcised women tend to be more reserved and submissive while the uncircumcised women are said to be overly sexy and unclean. They do not have moral values because they do not receive the family life education which is offered to circumcised women. The men feared uncircumcised women who tend to be rude, bossy and do not behave according to the cultural norms. These physical side effects of female circumcision were attributed to witchcraft, bad luck, and other super natural powers. They believed that circumcision in itself helps women adhere to tribal values. The uncircumcised continue to behave like children regardless of their age. The operation is therefore an essential rite of passage. Generally this may explain why most men (75.0%) had married circumcised women. These findings thus agree with Maendeleo ya Wanawake Organisation Report (1992); Murray, (1974) Gwako, (1992) and Nyansera, (1994) that men prefer marrying circumcised women because of their good qualities and also due to fear of curses. The researcher was also told of belief that if a dead body is buried with buttons the family will be cursed, hence before burial, they ensure that all buttons and metallic ornaments are removed. The same was likened to a female member who is not circumcised as she cannot be buried with her clitoris intact, the latter being liken to a button. Therefore when uncircumcised female dies, she has to be circumcised before the burial can take place. It was also revealed that some are circumcised when giving birth. This is done by midwives, often without the knowledge of the victim or her husband. It is believed that if these women are buried without being circumcised, evil spirits from the tribal group where the

woman came from (in cases of inter-tribal marriages) will invade their communities. Nyansera (1994) also established the same in her study on female circumcision among the Kisii.

Female circumcision also appeared to have other religious connotations and functions. The shedding of blood during the operation invited the individual initiates and all those who shared the same circumcision tool to be linked with the spirits of the ancestors and the earth. All were believed to be bound in the covenant of oneness and harmony. Chege (1993) in her study of the Igembe sacrificial rites, similarly established that female circumcision was seen as a social and religious function.

Gwako (1990) and Silberschmidt (1991) in their researches among the Abagusii of Kenya, however, established that men and women are gradually empowering themselves through education, religion and independent income to dispel the influence of socio-cultural factors which primarily influenced their participation in female circumcision. By virtue of their earned incomes, religious beliefs and educational levels they are able to attract respect and exert more influence in abandoning or participation in the practice than the non-educated traditionalists and poor men. On the other hand, wealth could enhance participation of the rich families in female circumcision if the latter serves as an excuse for the richer families to demonstrate their power by showering the community with parties.

presents and other activities that serve to enhance social status in their communities or villages and hence this could enhance the practice. However, the respondents who wanted the practice to be abolished, generally felt that the practice was expensive and served no purpose.

An overwhelming number of informants however, eventually observed that due to the cultural changes taking place as a result of various factors related to modernization and Westernization, female circumcision has undergone changes too, especially with regard to the tools used in the operation. The venues for the ceremony have changed while the seclusion period has also been shortened, while the teachings and the keeping of the seclusion fire have disappeared.

Changing norms and values have unwrapped female circumcision from its cultural milieu which provided its rationale, (Nyansera, 1994). Both supporters and opposers of the practice, acknowledged the association of uncircumcised females with loose social morals. This significantly reinforces the attitudes against abandonment of female circumcision. It therefore implies that as long as uncircumcised females continue to erode morals which are essential in the social life of a community, some individuals will always remain opposed to abandonment of female circumcision.

5.2 The Significance of Female Circumcision

An understanding of the significance of female circumcision is important because it elucidates features of both sexual regulation and nature of gender identity among the communities which practice it (Chege, 1993). In line with interpretation of the Bemba Chisungu rituals (Richards 1954; Heald 1982, 1986) have stressed the importance of transcending the treatment of rites of passage in terms of socio-cultural principles. Emphasizing the significance of focussing not only the transitional (La Fontaine, 1977; Murray 1974, Turner 1967; Van Gennep, 1960) but also the transformational nature of the rites, Chege (1993), demonstrates the concern of the Gisu circumcision rite (Imbalu) with the dynamic changing of the personality, powers and capabilities of the individual. A similar interpretation despite all the differences (in the detail) can be applied to the female circumcision in Kisii community.

To the Kisii, female circumcision was the most important rite of passage. It was a condition of adulthood and full tribal membership; a gateway to marriage, procreation and participation in the religious rites and ceremonies for women. This helps to remove taboo restrictions affecting those who had not undergone the rite. Thus, it allows socialization of individuals and makes them productive members of the society.

Through the related communal and family sacrificial rites, prayers and the shedding of blood during the operation, God (Engoro) and the spirits of the ancestors were believed to be directly involved in making this change. The change was thus believed to be spiritually sealed. The shedding of blood was focal point uniting the individual initiates and all those who shared the same circumcisional tools with the spirits of the ancestors and the earth. All were believed to be bonded in covenant of oneness and harmony. Therefore in the Kisii view, the change from childhood to adulthood was not only a biological but most importantly a social and religious matter. It was thus unacceptable, both from a social and religious perspective, for those who had not undergone the operation to procreate (Chege, 1993).

Uninitiated girls had thus to be very careful of conception because of the serious consequences. Death was the worst thing that could happen to them, secondly only to barrenness (K.N.A. 1933: 2). Failure to get circumcised could also ruin a girl's chances of marriage since circumcision was the gateway to marriage, and the girl lost the pride of girlhood without gaining the pride of true womanhood. She was ostracised by her age-mates and was ridiculed by the society. In most cases, she was called (Egesagane) and (Omogere). It was circumcision which transformed 'Egesagane' (uncircumcised girl) to 'Omoiseke' (circumcised girl). The latter was the ideal status of a girl.

Female circumcision was not only important in defining sexual roles, but also in development of sexual descriptive and tribal identity (Murray, 1974). This was highly emphasized in the Gusii ideals of womanhood which was accentuated in the rites and discourses accompanying circumcision. Although the development of the virtues of womanhood goes back to early childhood, initiation played a central role. The achievement of the real qualities of womanhood and the psychological transformation came only with female circumcision. The practice can thus be rightly viewed as the climax, test, the mark and at the same time, the vehicle for the individual achievement of womanhood.

In circumcision, females were expected to face the ordeal with determination and to stand the pain with courage, a preparation which symbolised their readiness to withstand the pain of childbirth. In this respect and in the cutting of the clitoris, circumcision prepared the woman for her role in procreation, contrary to the views held by opponents of female circumcision (see Holdings 1942a, 1942b; Murray, 1974). For the Gusii, this was held to make birth both possible and easier. The Gusii believe that circumcised females are able to withstand pain as they already have experience from the circumcision ordeal, unlike the uncircumcised females who are likely to fear as they might have not experienced pain.

One common reason given in favour of female circumcision indicated recognition that the clitoris is the source of female sexual arousal and thus leaving it intact

could cause too much desire which might lead to a woman getting on top of a man or even holding his private parts during coitus. This as observed by Chege (1993) was a taboo. Female circumcision was thus practised not only to control women's sex drive but also to ensure sex was used for procreation only, as Nelson (1987) has observed this enabling a woman to control her sexual desires and have coitus only when it was customarily right. This point is emphasized in the stories on origins of female circumcision (Rimita, 1988).

One could argue that circumcision of women did not empower them with regard to their sexuality but that the social norms dictated dictating when and how a woman should satisfy her sexual desires. It could also appear to the opponents of female circumcision (see Minority Rights Group) that, for the Gusii, there is a desire to maximize male sexual enjoyment while denying the same to the females. Nevertheless, it is said female circumcision does not completely destroy female sexual enjoyment, but rather it reduces excessive sexual desire.

Female control of sexuality was held to be significant. Similar to the practice reported by Levine (1959) among the Gusii, women are expected to resist men's sexual advances. This was particularly so in the case of sex outside marriage. A woman who easily gave in to a man's advances was viewed as being sexually promiscuous. Nevertheless, this implies a characteristic of violence in expression of the sexual act which has many implications within the context of prevention of

violence against women in sexuality today.

Preservation of tradition thus came out as the single most important for supporting the practice of female circumcision which was also seen as a sign of graduation from childhood to adulthood, attempts at female sexuality, gateway to marriage, bringing honour to the family, reinforcement of group solidarity and to an extent improving hygiene.

Studies have shown that, while the life of both men and women has been totally altered, the normative centre of the lives of Kisii people remain in place. This means that the norms and obligations of kinship, male and female roles within the household as well as in the wider framework of the Kisii society are largely intact (Silberschmidt 1991).

Male dominance prevails the structural framework of the society. Men are the acknowledged heads of households and residence is patriarchal. Women do not have the authority which would otherwise place them in a better position to make decisions concerning family issues like abandonment of female circumcision. Furthermore where patriarchal family structures prevail, men dominate in most decisions made concerning the family. In situations where women are highly dependent on men, they involve structural inequality over women. Corporate households notwithstanding, men benefit from the positions in such systems and

just as elites more generally, they have a vested interest in protecting their rank system that elevates to positions of power and control. These interests represent a potentially powerful source of resistance to change over and above the 'dead hand of tradition'; (Mayer, 1953).

Furthermore, patriarchal family structure has a direct relationship linking patriarchal control, women's status and all decisions made at the household level. Elements of patriarchal control combine to produce a patriarchal degree of female dependence on men. This shows that one who holds a large share of family power is the dominant decision maker particularly in patriarchal communities of which Gusii is one of them. Therefore, the persistence or curtailment of female circumcision depends on the decision maker.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 CONCLUSIONS

This study set out to examine the roles played by men in the persistence of female circumcision; examine men's attitudes towards the abolition of the practice; analyze the socio-cultural factors that explain the men's attitudes and participation in female circumcision.

The men were thus found to have a bigger say than women in the decision as to whether or not a girl should undergo circumcision, and their other roles included financing the party, paying fees for the initiation and inviting friends. However, both men and women decide jointly whether their daughter has to undergo the practice. But in the absence of joint decisions, men were found to be more influential at the household levels.

The hypothesis that male roles in the household are likely to influence the persistence of the practice of female circumcision was supported in this study. For along time, the issues of female circumcision has been centered around women studies. Campaigns against the practice have thus targeted women and the young girls who are the victims of the practice. Further efforts to stop the practice should

thus also target men as the heads of households, and have a major say in advocating for change if they are effectively convinced against, for example, the female circumcision as a condition for girls to get married.

The men's attitudes with regard to female circumcision were found to be influenced by factors like education, age, income and religion. Thus men with higher education, for example, favour abandonment of the practice, while those with primary education and below, tended to support persistence of the practice. Many people did not appear to have adequate information and knowledge about the dangers of female circumcision.

Levels of income of the respondents did not have a positive relationship with the approval of the practice. It was hoped that as the incomes of respondents increased, their attitudes towards the practice would be favourable because they are likely to afford to sponsor parties and meet all the expenses for the practice. But this was not the case, as those people with high income levels were shown to support the abandonment of the practice.

Religion and age were shown to influence men's attitude towards the practice. The Protestants, for example, had favourable attitudes towards the abandonment of the practice. This is probably because of their liberal doctrines as compared to the traditionalists and Catholics who are conservative with regard to maintenance of

traditional practices. In terms of age of respondents, the older they were, the more they supported female circumcision.

Socio-cultural factors were found to influence men's participation in female circumcision. Majority of the respondents approved of the practice as part of their desire to preserve their culture which makes them distinct from the people who do not practice it, especially their Luo neighbours.

Given the findings of the study, it is clear that the transformation taking place within the Gusii society is as a result of education (though little) which has facilitated adoption of modern values and attitude changes.

6.1 Recommendations

It was expected that the results of this study would contribute to the understanding of the participation of men in female circumcision by providing information which had not been availed by the few studies done on Gusii society. Additionally, the study sought to give an indication of the men roles and attitudes towards their participation in female circumcision, which has obvious disadvantages regarding women's rights and health. Against this background and based on the study findings the following recommendations were made:

- i) Education increases people's awareness of the dangers associated with the practice of female circumcision. Education also reduces the power of socio-cultural factors that support participation in female circumcision. Efforts to stop female circumcision should therefore target improvement of educational status especially those of men and intensify campaign programs to create awareness among all people on the dangers associated with the practice.
- ii) Since the Kisii strongly hold on to circumcision as a way of maintaining their cultural identity, the policy makers and other development partners should come up with clear and adequate alternatives, acceptable to the affected communities.

6.2 Areas for Further Research

- i) The role of men in the practice of female circumcision is crucial and therefore needs further studies in Kenya, with similar studies carried out in different communities especially where the practice is prevalent. This is good for comparison purposes and future policy development.
- ii) There is need to carry out a similar study involving all age groups and for both males and females so as to establish which age groups are most supportive of the practice. Then this will be the best target group in efforts to abandon the practice. This present study focussed its attention on married men, and therefore views of young men were left out.

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APPENDIX

UNIVERSITY OF NAIROBI DEPARTMENT OF SOCIOLOGY

RESEARCH ON FEMALE CIRCUMCISION (1998)

QUESTIONNAIRE

Good day? I am a student from the University of Nairobi collecting information on female circumcision. The following is purely for academic purposes. I request you to assist by answering the following questions.

SECTION A:

Date of interview _____

Name of respondent (Optional) _____

Sex (Male/Female) _____

Location _____ Sub-Location _____

Village _____

Questionnaire No. _____

SECTION B:

RESPONDENT'S BACKGROUND

1. Age:
(1) 10 - 20 (2) 21 - 30 (3) 31 - 40 (4) 41 - 50
(5) 51 and above
2. Marital Status
(1) Married (2) Single (3) Divorced
(4) Widowed (5) Separated

1. Religious Affiliation:

- (1) Traditional (2) Christian
(3) Muslim (4) Other (specify)

2. If Christian, which Denomination:

- (1) S.D.A. (Protestants) (2) Catholic
(3) Lutheran (4) P.A.G.

3. Level of education:

- (1) None (2) Primary (3) Secondary
(4) Post Secondary (5) University (6) Other (specify)

4. What is your occupation?

- (1) Farmer/Peasant (2) Student
(3) Teacher/Civil Servant (4) Politician
(5) Businessman (6) Other (specify)

5. How much do you earn per month?

- (1) Below 5,000 (2) 5,001 - 10,000
(3) 10,001 - 15,000 (4) 15,001 and above

6. What is the occupation of your Spouse?

- (1) Farmer/Peasant (2) Teacher/Civil servant
(3) Politician (4) Businessman
(5) Other (Specify)

7. How much does your Spouse earn?

- (1) Below 5,000 (2) 5,001 - 10,000
(3) 10,001 - 15,000 (4) 15,001 and above

SECTION C: HOUSEHOLD DECISION MAKING

10. Are you aware of female circumcision in this area?
(1) Yes (2) No
11. (a) Do you have a female member in your family who has undergone female circumcision? (1) Yes (2) No
(b) If yes, who decides whether a member of the household should or should not undergo the ritual?
(1) Father (2) Mother (3) the young girl
(4) Relatives (5) Both parents
(6) Others (specify)
(c) Did you participate in any way? (1) Yes (2) No
(d) If yes, list the activities that you did
(1) _____
(2) _____
(3) _____
(4) _____
(5) _____
12. Does your wife have to seek approval from you before using her independent income? (1) Yes (2) No
13. If yes, why does she have to seek your approval?
(1) _____
(2) _____
(3) _____
(4) _____
14. What happens in the event of using money without your approval?
(1) _____
(2) _____

- (3) _____
- (4) _____
- (5) _____

15. Are there circumstances under which your wife needs approval from you before spending her money?

- (1) Yes (2) No

16. If yes, what are these circumstances?

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

17. What if your wife does not consult you when she is supposed to? What happens?

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

18. Generally, are you consulted by your wife on the following issues:

- (a) Circumcision of daughters (1) Yes (2) No
- (b) Making overall family decisions (1) Yes (2) No
- (c) Management of finance (1) Yes (2) No

19. What do you do in the event of disagreement with your spouse on family issues?

- (1) _____
- (2) _____
- (3) _____

- (4) _____
- (5) _____

20. Are your decisions and interests regarded as final by your spouse on:

- (a) circumcision of daughters (1) Yes (2) No
- (b) making overall decisions in the family (1) Yes (2) No
- (c) management of finance (1) Yes (2) No

SECTION D: MALE ATTITUDES AND THE SOCIO-CULTURAL FACTORS RESPONSIBLE FOR THEIR PARTICIPATION IN FEMALE CIRCUMCISION

21. Has your spouse gone through female circumcision?

- (1) Yes (2) No

22. (a) Does the general preference for a spouse favour

- (1) Circumcised female
- (2) Uncircumcised female

(b) If circumcised why?

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

(c) How about those who marry uncircumcised women?

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

23. Are you aware that circumcision of females make them lose their sexual sensitivity?

- (1) Yes (2) Yes

24. (a) How many daughters do you have? Are any of them circumcised?
(1) Yes (2) No

(b) What are some of the reasons that you think have led others to decide against female circumcision?

- (1) Family influence (2) Educational influence
(3) Neighbourhood (4) Government ban
(5) Church (6) Other (specify)

25. Are there restrictions faced by those who do not circumcise their children or their daughters because they are not circumcised?

- (1) Yes (2) No

26. If your answer is yes, please explain

- (1) _____
(2) _____
(3) _____
(4) _____
(5) _____

27. Are there reasons which made you and your Spouse decide not to circumcise your daughters? Please explain.

- (1) _____
(2) _____
(3) _____
(4) _____
(5) _____

28. Why do you think the old people support female circumcision more?

- (1) _____
(2) _____
(3) _____
(4) _____
(5) _____

29. Generally, do you think/consider female circumcision to be a problem?

(1) Yes (2) No

30. Which of the reasons you have given do you consider the most important?
Which one is least important?

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

31. (a) Would you encourage others to circumcise their daughters in
future?

(1) Yes (2) No

(b) If yes, why?

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

(c) If no, why?

- (1) _____
- (2) _____
- (3) _____

- (4) _____
- (5) _____

12. In general, do you approve or disapprove the practice of female circumcision?

- (1) Approve (2) Disapprove (3) Ambivalent

13. What in your opinion is the importance of female circumcision?

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

SECTION E: MALE ATTITUDES TOWARDS ABANDONMENT OF FEMALE CIRCUMCISION

34. What is your general attitude towards abandonment of female circumcision?

- (1) Positive (2) Not too positive (3) Ambivalent
- (4) Negative (5) Negative

35. There are campaigns against the practice of female circumcision. Do you know anything about these campaigns?

- (1) Yes (2) No

36. If yes, explain.

- (1) _____
- (2) _____
- (3) _____
- (4) _____

37. What were your sources of information?

- (1) Radio/T.V. (2) Church
- (3) Print media (4) Women groups

- (5) Schools (6) Other (specify)

38. Why do you think these people say female circumcision is bad?

- (1) _____
(2) _____
(3) _____
(4) _____
(5) _____
(6) _____

39. Are you aware of the dangers of female circumcision?

- (1) Yes (2) No

40. If yes, what are the dangers that you are aware of?

- (1) _____
(2) _____
(3) _____
(4) _____

41. If your answer to question 40 is No, will you be interested in knowing the dangers and problems of female circumcision?

- (1) Yes (2) No

42. Do you think there is any need for any action to be taken against the practice of female circumcision.

- (1) Yes (2) No

43. (a) If yes, what kind action?

- (1) _____
(2) _____
(3) _____
(4) _____

(b) Who should take action?

- (1) Men (2) Women
(3) Children (4) Other (specify)

44. Since the practice of female circumcision is female oriented because they are the ones who practically do it, do you think men should do something or involve themselves in stopping it?

- (1) Yes (2) No

45. (a) Generally if you were to stop female circumcision in your family, whose approval would you require and why?

- (1) your wife's/husband's (4) relatives'
(2) community' (5) daughters'
(3) own wish (6) Others (specify)

(b) Explain your answer

- (1) _____
(2) _____
(3) _____
(4) _____

46. (a) Do you think abandonment of female circumcision is going to continue among the Gusii in future?

- (1) Yes (2) No

(b) If yes, why?

- (1) _____
(2) _____
(3) _____
(4) _____
(5) _____

(c) If no, why?

- (1) _____
(2) _____
(3) _____
(4) _____

47. What do you consider as possible alternatives to female circumcision?
Explain your answer.

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

48. Do you think the practice of female circumcision in the Gusii community should be abandoned?

- (1) Yes
- (2) No

49. Any other comments.