



**UNIVERSITY OF NAIROBI**

**FACULTY OF ARTS**

**DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK**

**Factors that differentiate women who have undergone Female Genital Cutting and those who have not: A case of Igembe South District.**

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## DECLARATION

This project is my original work and has not been submitted for an award of any degree in any other university.

Signature Lydia Date 18/11/2009

LYDIA KINYA KAUGI

This project has been submitted for examination with my approval as a university supervisor.

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## DEDICATION

This work is dedicated to: my loving husband Kaugi Mbiuki for his immeasurable support and encouragement, our little daughters Kathomi and Nkatha for bearing with me during my study period and my caring dad Kirima and mum, the late Juliah who passionately encouraged me to pursue more than one degree while I was yet a small girl.

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## ABBREVIATIONS

<b>AIDS</b>	Acquired Immuno-Deficiency Syndrome
<b>FGC</b>	Female Genital Cutting
<b>FGM</b>	Female Genital Mutilation
<b>FPAK</b>	Family Planning Association of Kenya
<b>HIV</b>	Human Immunodeficiency Virus
<b>IAC</b>	Inter-Africa Committee
<b>MYWO</b>	Maendeleo Ya Wanawake Organization
<b>NGO</b>	Non Governmental Organization
<b>PATH</b>	Programme for Appropriate Technology
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Fund for Population Activities
<b>UNICEF</b>	United Nations Children's Fund
<b>WHO</b>	World Health Organization

## ABSTRACT

The study looked into the factors that differentiate women who have undergone female genital cutting and those who have not in igembe south district. The study focused on the women aged 20-24 years.

FGC is a practice that links families to social status. It is deeply entrenched in the traditions of the communities that practice it and is meant to increase their “daughter’s beauty, her honour, her marriageability, her social status and her chastity” [www.unicef.org](http://www.unicef.org). Igembe south is one of the districts in kenya where FGC has been rampant

The study was guided by five research questions namely: What is the extent of spread of FGC and how is it changing? What reasons do the women and men give for supporting or not supporting the practice ? What are the socio-cultural, economic and psychological factors that diferentiate women who have undergone FGC from those who have not ? Who are the major actors in deciding when and how FGC should be carried out and on who should participate in the initiation? What are the ongoing efforts and challenges for the eradication of the practice ?

Structural Functionalist, cultural lag and Feminist theory were used to enhance the study. The study revealed that although Igembe people still practice FGC many of them feel that it is outdated and has no meaning. The research confirmed that there are differences between women who have undergone FGC and those who have not. The study established that the decision for a girl to undergo FGC has traditionally been made by the mother or the grandmother, although these days the girl can decide otherwise. The research established that the key actors in deciding when and how FGC should be carried out and who should participate in the initiation are the mother, the individual woman/ girl and the grand mothers.

The research used qualitative research method. The primary data was obtained from 167 women aged 20-24 years. Questionnaires were used to obtain the data. The key informants were also interviewed to get vital information for the study. These key informants included: three selected members of 'Njuri Nceke' (Council of Elders), one representative of MYWO, one female sponsor, one local administrative assistant chief, one female circumciser and a representatives of NGOs that are anti- FGC. Three focus group discussions were held for further information. These included an FGD for older women (age 35-45, an FGD for younger women (aged 25-35), and an FGD for male adults (age 35-50).

The data was collected from respondents in Maua town, Liliaba, Kiengu, Kiegoi, and Kimongoro locations of Igembe South district.

Quantitative data was analyzed using the statistical package for social scientists (SPSS). The study revealed that 40.1% of the women aged 20-24 years have undergone female genital cutting. The study also established that the differences between women who have undergone FGC and those who have not include: girls who have been initiated easily drops out of school while those who have not mostly complete schooling. Girls who have been initiated easily socialize with others in the society including in-laws while those who have not are careful when socializing with others for fear that they may be exposed that they have not been initiated.

Those who have undergone the cutting have less sexual sensitivity and many of them do not easily exercise extramarital sex while those who have not are romantic and better during copulation and easily goes outside marital vows for intimate relationships with opposite sex. Those who are initiated have difficulties during child birth while those not initiated have fewer difficulties during child birth. Due to lack of education and enlightenment those who are keen to observe FGC continue in backwardness and this mostly has negative implications on the family's economic status while due to increased levels of literacy, the families economic status is better for those not practicing FGC. Fear and doubts are lodged in the women who have not been initiated but show respect for all

while those initiated show a lot of confidence and mostly look down on those who have not undergone FGC including their teachers who are in this category.

The study further established that Girls whose mothers have gone beyond primary education have not undergone genital cutting.

The research concluded that education is basically necessary in eradication of FGC.

## CHAPTER ONE: INTRODUCTION

### 1.1 Background of the study

There are tens of millions of girls who suffer in silence. Physically injured, psychologically scarred, they keep quiet for fear of suffering the disapproval of their families, their villages or even more so the wider community to which they belong. These women have been the victims of genital mutilation, most often cutting. This thousand year old practice, which continues more out of custom than for religious reasons, can range from "a small incision of the clitoris to the partial or complete removal of the external genital organs, and to the partial sealing of the vaginal area (infibulation)", explains UNICEF, the UN agency which is responsible for child welfare.

Female genital cutting (FGC), also known as female genital mutilation (FGM), female circumcision or female genital mutilation/cutting (FGM/C), is defined by the WHO as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons.

Amnesty International estimates that over 130 million women worldwide have been affected by some form of FGC, with over 2 million procedures being performed every year. FGC is mainly practiced in African countries where, it is estimated that more than two million girls are circumcised every year equivalent to approximately 6,000 genital mutilations per day (or 250 mutilations per hour).

The reasons which drive families to practise cutting are essentially linked to social status. It's a question of "a deeply entrenched social convention. Whosoever does not submit to it incurs shame and exclusion", according to UNICEF. This practice is supposed to increase their "daughter's beauty, her honour, her marriageability, her social status and her chastity" [www.unicef.org](http://www.unicef.org)

The early history of the practice suggests that it precedes both Christianity and Islam. The practice is found among Muslims, Christians, Animists, and Judaism so that the distribution of the practice does not follow the distribution patterns of these religions. For example, F.G.C. is not practiced in Saudi Arabia, which is the "spiritual center of Islam". In Kenya, F.G.C. is practiced in some ethnic groups within which Christianity, Islam and Animism exist. These confirm that F.G.C. is a cultural practice rather than a religious one (Toubia, 1993) even though the latter may be invoked to such an extent that over time it may appear as the overriding factor.

In those communities that practice F.G.C., this is nearly always performed as puberty rites, generally referred to as 'Rites of Passage' (Van Gennep, 1960).-The operation certifies the subject's readiness for marriage and adulthood and testifies to her ability to withstand pain. In the matrimonial relation, the *rite de passage* is the deciding factor. No proper Gikuyu would dream of marrying a girl who has not been circumcised, and vice versa (Kenyatta, 1961).

Other reasons given for the practice are varied and include: to maintain hygiene, to preserve virginity; ensure marriage and to contain sexual desire. Scholarly literature points to tradition, anatomical ignorance and control of husbands over wives as the main reasons for the practice of F.G.C. It is clear that in most cultures where F.G.C. occurs; there are standing beliefs about women and about the physical anatomy. Some fear that unless the female genitals are removed, they will continue to grow, becoming unsightly and awkward. The clitoris is perceived as repulsive, filthy, foul smelling, dangerous to the life of the emerging newborn, and hazardous to the health and potency of the husband" (Lightfoot-Klein 1991).

In another setting, it is summarized as ensuring: "Family honor, cleanliness, protection against spells, insurance of virginity and faithfulness to the husband, or simply, terrorizing women out of sex are sometimes used as excuses for the practice of F.G.C." (Sarkis 1995). The gender element in the form of control and subjugation is frequently cited as an underlying factor for continuation of the practice ((Dorkenoo and Etworthy



1992, Macionis 1997, Mugenzi 1998). Other scholars have highlighted the cultural elements as prevention of promiscuity, enhancement of childbirth, and prevention of clitoral growth (Ebomoyi, 1987). (A Situational Analysis on the Status of Female Genital Mutilation Eradication in Kenya, by the National Focal Point on the Eradication of F.G.M. in Kenya, 2002). A study by Anthropologist Rogaia M. Abusharaf, found that "circumcision is seen as 'the machinery which liberates the female body from its masculine properties" and for the women she interviewed, it is a source of empowerment and strength".

In Kenya, 60% of the circumcised women belong to the Bantu, Cushites and some Nilotic groups (Murray, 1974). It is estimated that at least 38% of Kenya's female population has already been circumcised, (KDHS, 1998 : MYWO, 1991 and FPAK, 1994). Some of the ethnic communities in Kenya practising FGC include Abagusii, Aembu, Agikuyu, Ameru, Pokot, Abakuria, Kipsigis, Nandi, Akamba, Tugen, Keiyo, Samburu, Maasai and the Somalia.

Gluckman (1962) noted that the initiation ceremonies are multifunctional and provide mystical sanctions that check the spread of conflict in a particular society. The Pokot of Kenya regard FGC as an important rite of passage because it implies social attractiveness, figures the body and enhances desire into the pursuit of cattle and children (Bianco, 1991). He further points 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, a concept held by Nyamwaya (1986), Gwako (1992) and MYWO (1992) on the Kisii among whom female circumcision was seen as a prerequisite for marriage.

Female genital cutting is seen as a prerequisite for a successful marriage. It is believed that uncircumcised women are promiscuous, MYWO (1992). Murray (1974), noted that women whose clitoris are still intact are bound to adopt loose sexual morals and they are likely to cause embarrassment to their parents and the entire society.

Despite its recurrent practice in various cultural contexts FGC is associated with health problems which include : performance of the operation by traditional practitioners without anaesthesia, usually under unhygienic conditions with non-sterile devices (Giorgis, 1981). Gwako, 1992, in his research on Gusii noted that there were high incidents rates of shock among the initiates. El-Dareer, 1978 identified secondary complications, which included frequent infections of the urinary tract and pelvis as well as formation of dermoid cysts and keloid. Further, WHO, 1996, pointed out that circumcised women suffer great pain during intercourse, experience painful and prolonged labour and worse still there are cases of obstructed delivery which may cause fatal brain damage and still births (On'gonnga and Kirya , 1989)

Koronya, (2003) in her unpublished document points out that the practice of FGC in Meru North district from which Igembe district was borne has been dynamic in terms of the actual 'cut', preparation process of the initiates (girls) and the education imparted to girls during seclusion. The rate of female circumcision varies across age groups with women in the older age groups having higher rates than the younger ones (MYWO, 1991).

F.G.M is carried out to reduce female sexual urges and consequently reduce instance of immorality as a result of impulsive passion. It is conducted as a rite of passage to signify change from childhood to womanhood. It is done to ensure that girls are educated by the older women on matters of sexuality and how they are supposed to behave during marriage as well as their role of submission to their husbands. This was done during the seclusion period (A Situational Analysis on the Status of Female Genital Mutilation Eradication in Kenya, by the National Focal Point on the Eradication of F.G.M. in Kenya, 2002).

The operation certifies the subject's readiness for marriage and adulthood and testifies to his or her ability to withstand pain (Van Gennep, 1960). To the communities that practice F.G.C it is encouraged in order to protect girl's honour, to guarantee their acceptance and respect within the community, to ensure marriageability, to promote the birth of healthy

children, to ensure cleanliness, enhance male sexuality, prevent promiscuity and excessive clitoral growth and preserve virginity.

In communities where FGC is practiced, a girl who fails to go through this rite of passages also has a story to tell because the failure to be cut leads to social stigmatisation; in fact rejection by peer group, expulsion or non inclusion from social groups including small groupings in school, literal abuses by peers, their parents also receive a fair share of stigma from the society. None of the circumcised girls is willing to talk to the uncircumcised girls of the same age who has refused the cut; the uncircumcised has no hope for social acceptance, she gets threats that she will not get a husband, MOH: (Report on the Launching of National Plan of Action for Elimination of F.G.M. Workshop. November 1999.)

Berhane (1992) affirms that virginity in young girls and fertility in married women are revered attributes which most women try to ensure and preserve at all costs. Long-lasting matrimonial security can be ensured only if a girl is found a virgin by her husband and if she is able to produce children. As a result, parents go as far as risking the lives of their daughters by exposing them to dangerous rituals such as female genital cutting and the practice of early marriage, considering these as a guarantee of virginity and fertility. This study will therefore try to establish the factors that differentiate girls/women who have undergone Female genital cutting and those who have not in Igembe District.

Legislative measures can be instruments in accelerating the complete elimination of FGM. Fear of being prosecuted could make people conform and be law abiding. Several international instatements address the issues of FGC these include:

- The Universal Declaration of Human Rights (Article 5).
- The International Covenant on Civil and Political Rights (Articles 7).
- The Convention of the Elimination of all form of Discrimination against Women.
- The Conventional of the Rights of the Child (Article 5)
- The Protocol on the African Charter on Human and People's Right relating to the Rights of Women (Article 5).

Governments are parties of those instruments and should be pressurized to legislate against FGC and other harmful traditional practices. Where such legislation exists, the IAC National Committee together with Interested NGOs, youth groups, religious leaders should form a monitoring team to ensure application. Where such protection does not exist, the team should lobby and serve as a pressure group to encourage governments to commit themselves (IAC, 2<sup>nd</sup> edition 2004). Most African states have obligation based on international treaties to protect these rights without discrimination to gender. Several of those international conventions provide complaints procedures whereby women may have their grievances registered.

The World Health Organization has compiled a list of possible health consequences of FGC and divided them into three categories, short term medical, long term medical, and sexual, mental and social consequences (WHO, 1996). The short term effects include pain, hemorrhage, urinary retention, infection and shock. The long term consequences include Keloid scars, pelvic infections, infertility, menstrual difficulties, and problems in pregnancy and child birth.

## **1.2. Problem statement**

Female genital cutting is seen as a prerequisite to a successful marriage by those who practice it. It is believed that uncircumcised women are promiscuous, MYWO (1992) but no studies had been done to establish the actual differences between those who have undergone the cutting and those who have not, the study will seek to address this gap.

Although results of a survey carried out by MYWO (1992) in Samburu, Meru, Kisii, and Narok indicate that it is believed that the uncircumcised women are promiscuous and too independent while on the other hand women who have undergone the cutting are docile, humble, submissive and know their place in the family, no studies have been done to find out whether women who have not been 'cut' but have undergone socialization training portray similar characteristics as above or the differences between the women who have experienced genital cutting and those who have not. Therefore this study sought to find

out the socio- cultural, psychological, economic, family oriented and other factors that differentiate women who have undergone FGC from those who have not.

Female genital cutting and other harmful traditional practices are deeply rooted in the cultures of the populations which practice them; change of behavior is difficult and slow; human, material and financial resources are enormous; immigration and other migrations of populations do not facilitate the struggle against FGC. But the intensive sensitization campaigns, which have been going on for years now, widen every day, to include individuals and institutions intervening in female genital cutting. The peculiarity, complexity and sensitivity of the issues required that all the experiences gathered all over the world, be put together for analysis and action (IAC, 2004). IAC, 2004, further noted that it remains understood that Africa must pay the heaviest prize. If and when we harness our efforts, strategies, resources and experiences, we will be in a better position to overcome female genital cutting, while preserving beneficial cultural values.

Efforts by interested parties to have the practice abandoned have had decrees, conventions, legislations and campaigns made against it. However the practice continues in some areas as though unchecked yet, in others it is being revived (Nypan, 1991). The study will inquire into efforts and challenges for eradication of FGC as a harmful practice in Igembe South district.

Nyansera in her research (1995) established that despite its harmfulness, female circumcision is a cultural practice that is cherished by the Abagusii and other communities. This explains why it is rampant.

MYWO (1991) indicates that the rate of female circumcision varies across age groups with women in the older age groups having higher rates than the younger ones. Koronya in her Thesis (2003) established that there have been changes in intergeneration perceptions of the female circumcision practice in Meru North in terms of age, preparations, seclusion periods, the actual cut and the content of the traditional family life

education imparted to girls during seclusions. The study will examine the attitude and extent of practice of FGC in Igembe South district.

Nyakundi (2000) in her study found out that males in Kisii and other communities play various roles in FGC which include making decisions on whether or not a daughter has to undergo FGC, financing the ceremony and paying fees for the initiation among other roles. The study will seek to establish the key actor in female genital cutting in Igembe South district which will help the interested parties in establishing the strategies against the vice. FGC is associated with health problems yet it remains a recurrent practice in various cultural contexts, (Giorgis, 1981). The study will seek to establish the source of support for those who practice it.

Most of the existing documentaries on FGC have dealt on incidence and prevalence rates, knowledge and attitudes towards the practice and the related myths, alternative rites of passage, factors that perpetuate the practice, the types of FGC carried out in various ethnic groups, and the health consequences of FGM. This study will seek to establish the differences between those who have undergone FGC and those who have not.

### **1.3. Research Questions**

The broad objective of this study was to find out whether there were factors differentiating women who had undergone female Genital Cutting from those who had not undergone the cutting.

To that end, the study attempted to answer the following questions :

1. What is the extent of spread of FGC and how is it changing ?
2. What reasons do the women and men give for supporting or not supporting the practice ?
3. What are the socio-cultural, economic and psychological factors that differentiate women who have undergone FGC from those who have not ?

4. Who are the major actors in deciding when and how FGC should be carried out and on who should participate in the initiation?
5. What are the ongoing efforts and challenges for the eradication of the practice.

#### **1.4. Research Objectives**

The general objective of this study was to establish the factors that differentiate women who have undergone female genital cutting and those who have not with a view to eliminate the harmful practice.

##### **Specific objectives :**

The specific objectives of the study are :

1. To show the extent of practice of FGC in Igembe South district.
2. To examine the attitudes toward female genital cutting (FGC).
3. To establish the source of support for women who undergo FGC and those who do not undergo FGC.
4. To find out the socio-cultural, economic and psychological factors that differentiate women who have undergone FGC from those who have not.
5. To inquire into efforts and challenges for eradication of FGC as a harmful practice in Igembe South district.

#### **1.5. Research Justification**

**Knowledge gap:** The study will contribute additional literature to the existing information on the broad area of female genital cutting and by focusing on this specific topic contribute towards bridging the knowledge gap that seems to exist in the topic.

The study by focusing on the process of deciding who and how FGC should be carried out and who participates in the action will attempt to identify the most effective ways to create discussions on the subject. This will in turn help to put in place intervention measures to help deal with the practice.

Efforts by interested parties to have the practice abandoned have had decrees, conventions, legislations and campaigns made against it. However the practice continues in some areas as though unchecked yet, in others it is being revived (Nypan, 1991). The information gathered will be helpful to the Government and non-governmental bodies towards establishing viable policies and frameworks through which the practice can be eradicated while at the same time upholding the positive effects associated with it.

Curiosity: While in my primary school girls excitedly talked about female genital cutting, furthermore women in the my village talked of how girls who did not get circumcised would not in future get partners for marriage. This stirred in me both anxiety and interest to know how female genital cutting made girls different from those who did not experience the cutting.

The report published by the UNICEF Innocenti Research Centre, based in Florence, provides the most recent overview of this phenomenon. The document entitled "Changing a Harmful Social Convention : Female Genital Mutilation and Cutting", states that this practice "is much more widespread than previously thought." Each year three million girls in sub-Saharan Africa and the Middle East undergo cutting. The previous reports put the number at two million victims.

According to UNICEF that doesn't mean an increase but rather better data collection. Despite this black picture, UNICEF professes itself rather optimistic : "We know what has to be done to put an end to the pain and suffering deliberately inflicted on millions of girls each year, Rima Salah, assistant director of UNICEF explains. We understand much better why this harmful practice exists and how to stop it. There is every reason to believe that with collective global commitment, the practice can be eliminated within a single generation." ([www.unicef.org](http://www.unicef.org)). This research will provide essential information on the subjectif matter.

The inter- African committee which, in 1984, became the first regional NGO network to take up the issue at the grassroots level regards FGC as an unacceptable social practice



and further argues that in this new millennium of history of humanity, when research is leading man to explore the last frontier of the universe, it is absurd that millions of women and girl-children should continue to submit to traditional practices, which belong to another time (IAC 2<sup>nd</sup> edition 2004). By establishing the main actors in FGC will help the interested parties to target them during the campaigns.

The acquired information on the differences between women who have undergone the FGC and those who have not will help capitalize on the differences and thus help in campaigning against the vice.

### **1.6. Scope of the Study**

The study was conducted in Igembe South district. Igembe south was chosen because it is more aware of the practice than most of the other districts from the Meru region and emphasize on its value. It is one of the districts in the wider Meru region which still emphasizes on traditional practices. It is also a district in Meru region which has both pastoralist and crop growing communities with various parts growing different cash crops that generate income for households. Again the researcher had good knowledge of the culture of the people.

## CHAPTER TWO: LITERATURE REVIEW

### 2.1 Introduction

This chapter constitutes a review of literature from secondary sources of information. These are materials from published and unpublished articles which include e-journals, magazines, reports and text books. The chapter also includes a theoretical framework which is used to inform the study.

### 2.2 Origin of female genital cutting:

The earliest known writings on the subject suggest that FGC has been practiced in Egypt for at least 2,000 years (Cloudsley, 1983). One Greek Physician writing in the sixth century praised the Egyptian practice of genital "excision" explaining that unless the clitoris is cut, it will continue to grow and lead to inappropriate thoughts or behavior in young women (Abdalla 1982). The early history of the practice suggests that it precedes both Christianity and Islam. The practice is found among Muslims, Christians, Animists, and Judaism so that the distribution of the practice does not follow the distribution patterns of these religions. For example, F.G.C. is not practiced in Saudi Arabia, which is the "spiritual center of Islam". In Kenya, F.G.C. is practiced in some ethnic groups within which Christianity, Islam and Animism exist. These confirm that F.G.C. is a cultural practice rather than a religious one (Toubia, 1993) even though the latter may be invoked to such an extent that over time it may appear as the overriding factor.

Among the Arabs, F.G.C. existed before the time of Muhammad (before AD 570). Some Islamic people practice F.G.C. (clitoridectomy). This is done for aesthetic reasons and to reduce the female's sexual desires. In some Mediterranean and Islamic countries, clitoridectomy can be an aspect of family honor. In cases where female chastity is a matter of respectability, public evidence of a bride's lost virginity is an important sequel to marriage. A woman who is unable to demonstrate that she has lost her virginity to her new husband may be divorced or, in extreme instances, put to death by her own family. It is believed that it was started during what Muslims call "al-gahiliyyah" (the era of ignorance). The Qu'r'an, Hebrew Scriptures (Old Testament) and Christian Scriptures

(New Testament) is silent on the subject. The Sunnah (the words and actions of the Prophet Mohammed) contains a reference to female circumcision (<http://www.mwlnusa.org/>)

According to the Muslim Women's League: "Those who advocate for FGM from an Islamic perspective commonly quote the following hadith to argue that it is required as part of the Sunnah or Tradition of the Prophet: 'Um Atiyyat al-Ansariyyah said: A woman used to perform circumcision in Medina. The Prophet (pbuh) said to her: 'Do not cut too severely as that is better for a woman and more desirable for a husband.'" One interpretation of this passage is that the woman was going to proceed with the circumcision anyway; Muhammad suggested that she remove a smaller amount of her genitalia than she had perhaps intended to (<http://www.usc.edu/>). This passage is regarded by many Muslims as having little credibility or authenticity.

The Muslim Women's League comments: "According to Sayyid Sabiq, renowned scholar and author of Fiqh-us-Sunnah, all hadiths concerning female circumcision are non-authentic." Many Muslims see passages in the Qur'an which, by implication, oppose FGM, they reason: God apparently created the clitoris for the sole purpose of generating pleasure. It has no other purpose. There is no instruction in the Qur'an or in the writings of the Prophet Mohammed which require that the clitoris be surgically modified. Thus God must approve of its presence. And so, it should not be removed or reduced in size or function (<http://www.lpi.org/>)

F.G.C. is absent from the Hindu, Buddhist and Confucian traditions, and in general the Christian church has no specific doctrine about it. At present, the Abyssinian church alone among Christian bodies recognizes F.G.C. as a religious rite. (A Situational Analysis on the Status of Female Genital Mutilation Eradication in Kenya, by the National Focal Point on the Eradication of F.G.M. in Kenya, 2002).

Theories of its origin are many and varied but there is contention among anthropologists such as EL-Dareer (1978), Giorgis (1981) and Badri Badri (1990) that it is an old practice which dates to around 500BC. 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 feel the same pain and so respect men (Mwaniki, 1985).

Kenya is one of the countries in Africa where most people practice FGC. Apart from the Luo and Turkana people, who are Nilotes, the Bantu, Cushites and other Nilotes celebrated initiations rites in the past, which includes circumcision for boys and girls. With time some ethnic groups like Abaluhya abandoned the initiations of girls because they felt they achieved nothing by circumcising women. However others like Abakuria, Abagusii, Nandi, Kipsigis and Akamba (Hosken, 1978) and the Aembu, Tugen, Keiyo Ameru, Samburu, Maasai, Pokot, Somalia and Agikuyu circumcise both the boys and girls (Maendeleo ya Wanawake report, 1992 and Daily Nation, February 15, 1991, PP10)

Among the Igembe, there were rites of passage which every individual in the community had to undergo. These included naming, circumcision, marriage, death; these rites of passage were considered very important for the social, religious and political development of the individual. (Jane Njeri Chege, Nov 1985). In fact circumcision was compulsory for every 'mumiiru' (boys and girls), but the girls would remain indoors until their parents found suitors (marriage partners) for them (Gichere N. et al, feb 2008).

Persistence of female circumcision has been reinforced by social-cultural aspects (Nyasero1994). In Igembe FGC has been passed from generation to generation although as noted by MYWO, 1991, the practice of FGC in Meru North (Igembe included) district has been dynamic in terms of the actual 'cut', preparation process of the initiates (girls) and the education imparted to girls during seclusion. The rate of FGC varying across age groups with women in the older age groups having higher rates than the younger ones (Koronya, 2003).

### 2.3 Prevalence and distribution

FGC occurs throughout the world. WHO estimates that between 100 million and 140 million girls and women alive today have experienced some form of the practice. Out of these, 74-84 million are from Africa. It is further estimated that up to 3 million girls in sub-Saharan Africa, Egypt and Sudan are at risk of genital cutting annually (A Statistical exploration, 2005 UNICEF).

Currently, FGC is practiced in 28 African countries in the sub-Saharan and North Eastern regions. National estimates of prevalence have been generated for most of the 28 African countries (Toubia, 2000). Various African countries practice FGC at different rates, these include: Somalia 100%; Ethiopia, Eritrea, Mali, Sierra Leone 90%, Burkina Faso 70%; Gambia, Cote d'Ivoire and Kenya 60%; Uganda, Zaire and Tanzania below 10%, (Mbacke, et al 1998)

Kenya provides an example of a country where FGC is practiced only among certain ethnic groups and prevalence rates are intermediate. According to the 2003, DHS, 32 % of women 15 – 49 years have undergone FGC: the 1998 DHS reported a similar figure of 38 percent (DHS 2003).

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From a sub national perspective, Kenya reveals significant regional variations with FGC rates ranging from 4 percent in the West to 99% in the North East. These regional variations reflect the prevalence of diverse ethnic communities. FGC prevalence countrywide is nearly universal among women of the Somali (97 percent), Kisii (96 percent) and Masai (93 percent) groups and significantly lower among Kikuyu (34 percent) and Kamba (27 percent) women. It is estimated that at least 38 percent of Kenya's female population has already been circumcised. (KDHS, 1998), (MYWO, 1991) and ((FPAK, 1994) confirmed high rates of FGC in a few districts which include Kissi (96 percent), Narok (96 percent), Samburu (91.3 percent), Meru ( 73 percent), Nyambene (80 percent), Garrissa (90 percent) and Muranga (60 percent).

## 2.4 Reasons for practicing FGC

### 2.4.1 Education

A situational analysis on the status of Female Genital Mutilation eradication in Kenya, by the National Focal point on the eradication of FGC in Kenya 2002, revealed that FGC is done to ensure that girls are educated by the older women on matters of sexuality and how they are supposed to behave during marriage as well as their role of submission to their husbands.

African centre for women occasional paper No.1, 1997, notes that it has been shown that education plays an important role in the eradication of FGC. The completion of even primary education broadens one's outlook on life and increases one's ability to understand more complex information and questions attitudes, beliefs and practices. Therefore, this is in a way saying that education changes an individual's way of thinking and behaving. IAC<sup>1</sup> and other NGOs working in the field of FGC have noticed a significant decrease of this heinous practice of female genital cutting in communities which have benefited from education and information campaigns on the detrimental effects of the practice (IAC, 2<sup>nd</sup> edition 2004). This is in a way to say that FGC is meant to educate girls and ironically education is required in order to eradicate the practice. The only difference is the content of education.

Alternative rites of passage (Ntanira na Mugambo) was introduced in various districts of Kenya, Tharaka, and Igembe south districts being some of the beneficiaries, with an aim of providing girls with family life education as an alternative for the education offered when girls are in seclusion after undergoing the cutting. However, no study has been carried out to find out if there are differences between these girls who went through socialization period without FGC and those who went through the training but with a cut on their genital part.

### 2.4.2 Age and times

In Igembe and the wider Meru region circumcision of boys and also girls marked the beginning of an age set. Every age set was given a common name to distinguish them from other age sets. In Kenya maintaining virginity has not been prioritized. Indeed use of protection gadget like condom has been the agenda as witnessed in the televisions and campaigns against sexually transmitted diseases. Broken values in our society could be the reason for pre marital and extra marital sex and not lack of FGC. In the olden days communities kept their values. Western cultures have penetrated our African culture. When there were no television and videos there was little exposure to outside culture. This is why this study is important because it will establish the relationship between the environment of the respondents and their parents and FGC.

### 2.4.3 Religion

Tourbia, (1995) argues that it is important to note that FGC is a cultural, not a religious practice. The practice predates the arrival of Christianity and Islam in Africa and is not a requirement of either religion in fact FGC is practiced by Jews Christians, Muslims and indigenous religious groups in Africa. However despite the fact that FGC is not known in many Muslim countries, it is strongly identified with Islam in several African Nations, and many members of the Muslim community advocate for practice. Carr (1997) noted that Muslim women are more likely to undergo genital cutting than Christian women.

Although genital cutting predates Islam in Africa and has no clear doctrinal support in the primary texts of Islamic Law, genital cutting appears to be a strong cultural tradition among some Muslim groups. In Cote d'Ivoire, for instance, 80% of Muslim women have undergone cutting, compared with 16% of Christian women. The most striking differences in prevalence according to religion can be seen Cote d'Ivoire and Sudan.

In Nigeria, the Anambe feared that uncircumcised women harbor evil spirits and are unclean, and thus they are avoided. In the Bendel State they irrationally performed female circumcision on pregnant women with fear that if the baby is male and his head touches the clitoris he will die (Adebajo, 1992)

The Tagouana of Burkina Faso and Bagisu of Uganda believe that a non circumcised woman cannot conceive. The spirits will make her childless. If by chance she conceives and bears children, they will die (Dorkenoo and Elworthy 1992). Bamanan of Mali and the Mossi of Burkina Faso view clitoris as a source of evil which causes child mortality (Grosz – Ngate, 1989). These communities should be educated on issues related to child conception, birth and upbringing to take care of death of children which is being interpreted as being caused by presence of clitoris. Communities which do not practice FGC bear children and these children grow up.

According to the cosmology of the Bambara of Western Sudan, when born, a human being has two souls, *Ni* (the consciousness of man) and *Dya* (the prepuce that embodies the principle of the other sex.) *Muso Koroni* (the evil principle) stays in the prepuce. He represents the impurity and chaos of man. This necessitates circumcision, clitoridectomy and ritual cleansing to remove *Muso Koroni*, who opposes fertility and socialization (Beuchelt 1981).

The same belief also exists among the Dogon and Bambara of the Niger Valley (Erny, 1981). The Skoptz, a religious sect from Russia, requires her members to practice castration, clitoridectomy and other forms of sterilization before taking vows of celibacy (Giorgis, 1981). Instead of sterilization, they should allow the faithfuls to take the vows of celibacy without castration / clitoridectomy and see whether these faithfuls remain faithful to their vows. This way they will be able to tell the level of faithfulness between those that go through clitoridectomy and those who do not.

In various religions like Christianity and Islam, promiscuity is a sin. As noted earlier in this write up, FGC is done in order to prevent promiscuity. "Female genital cutting is aimed at attenuating sexual desires by removing the clitoris, which is the erotogenous zone. This would protect her from her oversexed nature and preserve her chastity (Mugo, 1982).in the contrary, (Nypan, 1991) notes that women who have undergone FGC are not deprived of their sexual desires. Clitoris is not the source of sexual desire neither is it the only body part that can stimulate sexual desire. Indeed more studies should be done on



the areas of the impact of FGC on sexual desire to clear any doubt on this. Self control and will power without the genital cutting should be emphasized in all cultural set ups rather than destroying an essential body part of women. Furthermore, telling a lie is a sin according to the Bible and Quran yet people who lie are not cut off their lips and tongues to stop them from lying.

Ngonya Wa Gakonya who claims to be the spiritual leader of the all 'Thaai' believing sects among whom is the 'Mungiki' was quoted saying: "we advocate that act (FGC) because women who have been clitoridectomised are traditionally sexually controllable, unlike those women whose genitals have not been cut. These (uncircumcised women) are never sexually satisfied and such are cause of prostitution" (Sunday people, 23<sup>rd</sup> May 1999 PP3).

It is not fair to conclude that women who indulge themselves in this manner are sexually insatiable and this is why they go for prostitution. It could be because they are out to look for some income to feed themselves or their families. May be they even don't like the practice of prostitution but poverty or at least their day to day pressing needs lead them to such an act. I guess that some of their male sexual partners are circumcised; do we give a different judgment to the male element because they are male? Furthermore, studies should be done to know what numbers among the women who are sex workers have undergone FGC and how many among them have not been cut. This is why this study is important in order to find out the differences that exist between women who have not undergone the genital cutting and those who have.

#### **2.4.4. Customs and traditions**

In Igembe like many communities, FGC is performed as a rite of passage from childhood to adulthood, during which time the girl is equipped with skills for handling marriage, husband and children. The process of "becoming" a woman thus contributes to the maintenance of custom and traditions by linking the girl to the lifestyle and roles played by other women. FGC represents an act of socialization into cultural values and

connection to family, community members and previous generations. Communities that practice FGC affirm their relationship with the beliefs of the past by continuing the traditions; they maintain community customs and preserve cultural identity (Toubia 1995).

Among the Meru of Tanzania, Samburu and Maasai of Kenya, female circumcision is tied to marriage ceremonies. It is believed that excision allows easy child birth (Nypan 1991). It is also associated with payment of bride wealth. Infibulations are done to act as a proof of virginity, before bride wealth is paid. In Nigeria, the operation allows 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 (Dorkeneo and Elworthy, 1992). Salim, Nov 2007, in his PHD Thesis established that more than 50% of his respondents in Embu, Garissa and Kisii confirmed that FGC in these districts were done to maintain virginity.

Another fundamental reason advanced for FGC is the need to control women's sexuality. Because sexuality is constructed, it has different meanings depending on its context for many communities that practice FGC, a family or clan's honour depends on a girl's virginity or sexual restraint. This is the case in Egypt, Sudan and Somalia, where FGC is perceived as a way to curtail premarital sex and preserve virginity.

In other contexts, such as in Kenya and Uganda, where sexual 'purity' is not a concern, FGC is performed to reduce the women's sexual demand on her husband, thus allowing him to have several wives. Notwithstanding the different reasons to control woman's sexuality, FGC is intended to reduce women sexual desire, thus promoting women's virginity and protecting marital fidelity, in the interest of male sexuality.

FGC also results in the reduction of women's sexual fulfillment, thus aiding in the constructions of parameters around women's sexuality (Toubia 1995). Koso- Thomas (1997) affirms that it is believed that if the clitoris is left intact, a woman will become oversexed, they may become too sexually demanding of their husbands and even seek extra marital sex, where infibulations is practiced the women's scar is cut open only at the time of her marriage and may be otherwise impenetrable.

Another common explanation for FGC is social pressure. In a community where most women undergo FGC, family, friends and neighbors create an environment in which the practice of FGC/circumcision becomes a component of social conformity. FGC goes from being a perceived need to a pervasive practice that is necessary for acceptance. In such a context, not circumcising may not be an option.

Fear of community judgment such as men's refusal to marry uncircumcised contributes to the pressure (Jomo Kenyatta, 1961) notes that in the matrimonial relation the rite of passage is the deciding factor. No proper Gikuyu would dream of marrying a girl who is not circumcised and vice versa. It is a taboo for Gikuyu man or woman to have sexual relations with someone who has not undergone this operation. If it happens a man or woman must go through a ceremonial purification. "kurutwo thahu" or "gutahikio megiro- namely ritual vomiting of the evil deeds. Enlightening communities on the health consequences of FGC and the importance of not undergoing FGC can play an important role towards the eradication of the ritual. This can only be done by getting to analyze the differences between the women who have undergone FGC and those who have not so that the same can be communicated to the various communities.

The Meru people practiced FGC because it was their culture. They believed that this way (FGC) ensured good conduct as well as making the women fearless. (Nyaga 1986) women in Meru were not supposed to go into wars. So fear in reference to war is out of question. As concerns fear in reference to giving birth. I have not come across any research that has tried to get the numbers of women who fear giving birth and further getting the number of those who have not been circumcised among those that showed signs of fear for giving birth. In addition doctors provide medication to reduce pain if necessary. Therefore, FGC should not be taken as reason for making one fearless.

In Igembe 'Mukenye' or the uncircumcised girl/woman was seen as a coward. Even those that showed signs of fear during the actual cutting was derided by others, and was not allowed giving advice to any circumcised woman. Worse still, she could not get anyone to marry her except for man who is a social reject (Nyaga 1986). So if by undergoing

FGC one was seen as a courageous woman. Why then not qualify all who underwent the actual cutting as courageous. In my opinion similar circumstances should be created for the circumcised and for those who have not gone through the cutting and then see how the two different groups endured or how they managed the circumstances created, that is, See the difference between the uncircumcised and those who have not.

#### **2.4.5 Cleanliness and aesthetics**

It is argued that secretions produced by the glands in the clitoris is unhygienic and can even cause contamination of food (Koso-Thomas (1985). In Oyo state of Nigeria, on the other hand, they are considered dirty and ugly to look at and offensive smell and discharge emanate from the clitoris (Adebajo, 1992). Some people feel that through FGC, the female genitalia are made more pleasing to the sight and touch (Koso-Thomas (1985). There is no research known to me that tries to confirm this, but at the same time beauty lies in the eyes of beholder.

### **2.5 Theoretical Framework**

The study will be informed by various theories. The basic aim of science is theory; it aims at finding general explanation of natural events. According to Singleton et al (1998:24). "All empirical studies should be grounded in theory."

A theory as defined by Kerlinger et al (1964) is a set of interrelated concepts, definitions and propositions that present a systematic view of phenomenon that present a systematic view of phenomenon by present specifying relations among the variables with the purpose of explaining and predicting the phenomena.

#### **2.5.1 Structural Functionalist Theory**

The theory of functionalism was started by Bronnislau Milinowski (1884 -1942). This school assumes that all existing cultural traits serve the basic, secondary and tertiary needs of individuals in society. Radcliffe – Brown (1881 – 1958), a contemporary of

Malinowski extended functionalism in explaining human social relationships and behavior, and called it structural functionalism. He pointed out that various aspects of social behavior exist to maintain society's social structure. He gave society analogy of biological organism functioning of its constituent parts. Moreover, he argued that society has a life of its own; it obeys laws that transcend that individuals. He pointed out that to understand change born diachronic and synchronic studies in society are important (Angulu, 1981). This fits in well with female genital cutting in Igembe where it serves as a mark of identity and brings people together to form age sets as well as graduating to adulthood and those rejecting it seem as social outcasts.

Robert Merton (1942, 1946) supporting this theory stated that each aspect of culture may be beneficial or harmful and it affects other cultural traits. A single cultural trait may have multiple functions in relation to the system in which it occurs. He categorized cultural traits into functional, Dysfunctional and Eufunctional.

Functional traits are commonly recognized roles played by the cultural traits. They constitute manifest and latent functions. Manifest functions are always intended while latent functions are unintended, but both are displayed in the activities. Manifest and latent functions exhibit both positive and negative qualities.

Dysfunctional traits are not acceptable in society, but they exist. They exhibit both manifest and latent functions which also exhibit positive and negative qualities.

Eufunctional traits are generally redundant. They may be regarded as part of culture and serve some functions, but there are alternative ways of performing such functions easily and fast.

Malisnowski 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 food, its distribution and

consumption. Female genital cutting is found in the category of tertiary roles which consist of integrative needs which help society to cohere.

In light of the functions highlighted in structural functionalism, economic and cultural roles of female circumcision may still be functional. The religious functions seem to have become redundant, while the health hazards resulting from FGC are dysfunctional. Social functions like serving as a guarantee to marriage, a way of preserving virginity and preventing pregnancy have become Eufunctional. When having a holistic perspective on the functions of FGC, they are multiple and frequently conflicting. They should be analyzed and put in their proper perspective.

Malisnowski and Radcliffe either assumed a world that was orderly or did not encounter conflict and competition in their studies. Gluckman (1911 – 1975) was critical of this and pointed out that conflict is an 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 balances of power in society. He argued that norms which are internalized by society members, order, behavior when conflicts arise on the question of norms, they help to revitalize the existing norms or they contribute to the emergence of new ones. He concluded that conflicts are mechanisms for adjustment of norms adequate to new conditions. A flexible society 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 further noted 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. With the ongoing campaigns against FGC worldwide, supporters and opposes for the campaigns have emerged, for instance, in Igembe: Methodist Church which is widespread in the district, Njuuri Nceeke

cil of elders as well as individuals have been highlighted by researchers as  
orting the campaigns but there is opposition from conservativisms. It is hoped that this  
encourage formation of new norms, cohesion of community members and its  
val under changed conditions.

### **Cultural Lag Theory**

is regarded as a traditional custom among the Igembe people and it has continued  
to the present times. It serves various purposes among the people. Nypan (1991)  
ved that it is regarded as a vital part of the people's traditional roots.

e is a tendency for old forms of behavior to persist which in turn create an  
onment that is less hospitable to the new. FGC can be seen in this context where  
ite all campaigns to stop it, the practice still is prevalent in those communities which  
practice it. A lot of changes have occurred, a good percentage of people in Igembe  
embraced the changes and rejected FGC while others have refused the change and  
l to continue with the culture of circumcising their girls. This according to Ogburn  
4) is how cultural lag occurs. The demonstration of the lag pre-supposes certain  
itions. These conditions include the identification of two valuables, demonstrate that  
were in adjustment at some point in time, determine that one valuable has remained  
nd in greater degree than the other and as a result there is less satisfactory adjustment  
existed before.

central focus of the cultural lag theory is the occurrence of change at unequal times.  
la (1991) notes that Change is not always spontaneous; it may be introduced or  
erated by external intervention. Due to inevitability of change, material culture  
ges faster than non material culture. Causes of change in symbolic and behavioral  
should be illuminated because events affect the structure and function of social  
onships differently. The theory assumes that culture or behavioral traits should  
tain social equilibrium and yet adopt to change. This has created conflict within  
le genital cutting 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.

### 2.5.3 Feminist Theory

The term 'feminist' has many different uses and its meanings are often contested. In this study feminism is used to refer to the belief that there are injustices against women.

Feminism brings many things to philosophy including not only a variety of particular moral and political claims, but ways of asking and answering questions, constructive and critical dialogue with mainstream philosophical views and methods, and new topics of inquiry.

In many of its forms, feminism seems to involve at least two groups of claims, one normative and the other descriptive. The normative claims concern how women ought (or ought not) to be viewed and treated and draw in a background conception of justice or broad moral position; the descriptive claims concern how women are as a matter of fact, viewed and treated, alleging that they are not being treated in accordance with the standards of justice or morality involved in the normative claims. Together, the normative and descriptive claims provide reasons for working to change the way things are. Feminism is grounded on the belief that women are oppressed or disadvantaged by comparison with men, and that their oppression is in some way illegitimate or unjustified (James 2000, 576)

The Ameru, among whom Igembe people belong, have 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 behavior which must be followed in order to achieve recognition and acceptance from others (Silberschmidt, 1991).



Among the Igembe people one had to undergo the cutting in order to be recognized as 'whole' woman as a requirement by their customs. Women are supposed to be submissive to the men and remain loyal to their spouses irrespective of whether their husbands had one or more wives. Furthermore, the woman's sexual satisfaction was not anything to be considered. The negative effect of FGC on women was inferior or at least not of any concern as long as it was all in the interest of men. The art of submission is so uncalculated in the Igembe women that ensured that the practice of FGC continued. This is why they ensure that their daughters undergo the ritual in order to conform to their way of life.

#### **2.5.4 Psychoanalytic feminism**

It is based on Freud and psychoanalytic theories. It maintains that gender is not biological but is based on the psycho – sexual development of the individual. Psychoanalytical feminists believe the individual. Psychoanalytical feminists believe that gender inequality comes from early childhood experiences, which had men to believing themselves to be masculine and women to believing themselves as feminine. It is further maintained that gender leads to a social system that is dominated by males, which in turn influences the individual psycho – sexual development. Theorists who have contributed to this theory include Julia Kristeva, Luce Irigaray and Bracha Ettinger

Girls are trained to be submissive and humble to the male gender and this is emphasized during seclusion after FGC is conducted. It is instilled upon the girls that they should be sexually controlled which are the reasons for the genital cutting. Whereas these are good qualities yet the training for these values should be for both girls and boys. The bigger problem comes in where the girl is married off to an already determined man instead of the girl being encouraged to continue with her education. Girls are trained to be dependent on men unlike boys who are trained to be independent. In my view, we can't do without one another; therefore we should depend on one another.

### 2.5.5 Socialist feminism

Is a branch of feminism that focuses upon both public and private spheres of a woman's life and argues that liberation can only be achieved by working to end both the economic and cultural sources of women's oppression. FGC is a practice that furthers oppression of women. This is because it is practiced not for the benefit of the girl/ woman who is being cut but for the benefit of man. For example, where the girl's genitals have to be cut and stitched to physically ensure that the girl does not indulge in sexual activity. The culture is blind to the pain that the woman endures during cutting and stitching and especially tearing open the genitals when she is getting married.

### 2.6 Definition of terminologies

Certain terms have been used and for the purpose of this study these terms have been defined as follows:

#### **Female genital cutting:**

Different terms are used to describe female genital surgery and other such procedures. The procedures are commonly referred to as female circumcision (FC), but the terms female genital mutilation (FGM) and female genital cutting (FGC) are now dominant in the international community opposed to the practice. Such groups that oppose the stigma of the word "mutilation" prefer to use the term female genital cutting. A few organizations have started using the combined term female genital mutilation/cutting (FGM/C). All terms are currently still actively used.

Because the term *female genital mutilation* has been criticized for increasing the stigma associated with female genital surgery, some groups have proposed an alteration, substituting the word "cutting" for "mutilation." According to a joint WHO/UNICEF/UNFPA statement, the use of the word "mutilation" reinforces the idea that this practice is a violation of the human rights of girls and women, and thereby helps promote national and international advocacy towards its abandonment. They state that, at the community level, however, the term can be problematic; and that local languages

generally use the less judgmental "cutting" to describe the practice. They also state that parents resent the suggestion that they are "mutilating" their daughters.

In 1999, the UN Special Rapporteur on Traditional Practices called for tact and patience regarding activities in this area and drew attention to the risk of "demonizing" certain cultures, religions, and communities. As a result, the term "cutting" has increasingly come to be used to avoid alienating communities

It is in light of the above debate that female genital cutting (FGC) has been used instead of female genital mutilation (FGM).

### **Mukenye**

This is a term to describe a girl/woman who has not undergone female genital cutting.

### **Hadith**

In Islamic terminology, the term *hadith* refers to reports about the statements or actions of Muhammad, or about his tacit approval of something said or done in his presence. Classical hadith specialist Ibn Hajar says that the intended meaning of *hadith* in religious tradition is something attributed to Muhammad, as opposed to the Qur'an (<http://en.wikipedia.org/wiki/Hadith>).

### **Miraa**

**Khat** (*Catha edulis*, family Celastraceae; also known as **qat**, **qaat**, **quat**, **gat**, **jaad**, **chat**, **chad**, **chaad** and **miraa**, is a flowering plant native to tropical East Africa and the Arabian Peninsula. Miraa is a mild stimulant herb legally grown in Kenya. It grows in three regions: Kerio Valley in the Rift Valley Province, Embu and Nyambene hills. The best quality of miraa comes from Nyambene hills ([www.glexcoinvestments.com/about/Khart.html](http://www.glexcoinvestments.com/about/Khart.html)/ August 26th 2009)

### **Sponsor/Muwaati**

This is a woman who is specialized in holding a woman in position during the process of conducting FGC and giving the initial care after the girls is initiated.

**Mutaani**

This is a woman who conducts female genital cutting

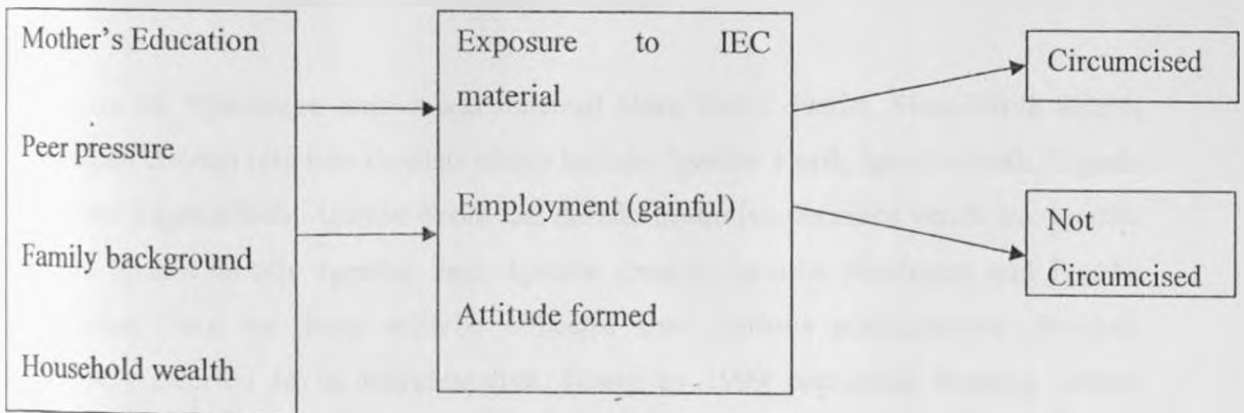
**Njuuri Nceke**

This is the Meru's council of elders

**Intimate partner:** An intimate partner refers to a male with whom a woman has a romantic relationship.

**2.7 Conceptual Framework**

Various factors determine whether a girl/woman undergoes FGC or not but with continued viable efforts by various stakeholders the practice can be eradicated.



## CHAPTER THREE: METHODOLOGY

### 3.1 Introduction

According to singleton e al (1988: 67) Research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to research purpose with economy in procedure. This chapter includes site description, Sampling frame, Target population, Sources of data and data collection methods.

### 3.2. Site description

The study area is located in Igembe South district from the Meru region and is one of the districts in Eastern province in Kenya. Previously several administrative divisions made up the Meru district which was later divided into four districts namely: Meru Central, Meru South/ Nithi, Nyambene and Tharaka districts.

Later on the Nyambene district was renamed Meru North district. Meru North district was again divided into four districts which include: Igembe North, Igembe south, Tigania East and Tigania West. Igembe South has six administrative divisions which are: Igembe North, Igembe South, Igembe East, Igembe Central, Igembe Southwest and Igembe Southeast. Data for study will be collected from various administrative divisions purposely selected to be representative. Going by 1999 population housing census, Igembe has a total population of 187,265 of which 92,606 are males and 94,659 are females.

By ethnic identity, the Igembe are one of the nine subgroups comprising the Meru. The other groups include Chuka, Tharaka, Miutini, Muthambi, Mwimbi, Igoji, Imenti and Tigania, all with slightly varying cultural beliefs and practices. The Igembe people speak Kiiembe dialect.

Igembe South district as a study area was chosen because it is one of the parts of the wider Meru region from which the researcher comes and has good knowledge of the

culture and practices of the people. Secondly, the Igembe South district is one of the places where FGC is rampant. Thirdly, Igembe and formerly Meru North district have been researched in reference to FGC and literature documented but there remained a gap in the information regarding the differences between those who have undergone FGC and those who have not.

### **3.3 Sampling frame**

From the above described population, various samples were purposively selected. One sample from Maua township, another from rural area (Liliaba) where pastoralism is dominant and another sample from yet another rural set up where households practice cash crop growing like miraa (Kiengu and Kimongoro) and tea growing zones (Kiegoi). This way, the research sampled areas believed to be productive and unproductive from the rural and town settlements.

### **3.4 Unit of analysis**

According to Baker (1994:102) units of analysis are “the social entities whose social characteristics are the focus of the study. Also singleton 1993:241 defines a unit of analysis as “the entity about who or which a researcher gathers information. Barbie (1995: 193) adds that a unit of analysis is that which the study attempts to study”

In this study the units of analysis were the factors that differentiate women who have undergone female genital cutting and those who have not among women aged 20-24 years in Igembe south district.

### **3.5 Target population and Sample selection**

According to Brinker, 1988, target population is defined as the whole large population from which a sample is to be selected. The target population in this study was women aged between 20 – 24 years, married and unmarried. A total of 167 respondents were

interviewed. To select a representative sample size 167, non probability was used. Specifically, the researcher employed purposive and snowballing sampling.

### **3.6 Snowball Sampling**

After purposively identifying the locations, a woman aged twenty to twenty four years was identified by help of the research assistants. The identified woman from each of the locations directed the researcher to the next woman of the age required by the researcher within the neighborhood. If a house hosted more than one woman aged twenty to twenty four years all of them would be interviewed. It should be noted at this point that in some households there were more than one woman of the targeted age bracket.

A total of 167 respondents were interviewed 37 respondents from a Liliaba location which is mainly pastoralist community, 36 and 20 respondents from Kiegoi and Kimongoro respectively, which mainly depend on Miraa as source of their livelihood, and 35 responds from Kiengu which from observation looks more well off economically than other four locations and which grows tea as their cash crop. Finally 39 respondents were selected from Maua Township to help compare rural and urban trends on the practice of female genital cutting

### **3.7. Sources of data and data collection methods**

The field study used primary and secondary as well as observation as sources of data. It employed qualitative method of research. To obtain primary data the researcher employed interviews and focus group discussions so as to collect in depth information on FGC furthermore, the researcher used observation for additional information on the factors differentiating women who have undergone FGC from those who have not.

To conduct interviews both structured and unstructured questionnaires were used. As mentioned earlier the study was conducted on women aged 20-24 years because in this age bracket, the researcher would almost certainly get both married and unmarried

women. This was essential because this would help in answering some of the study questions. Furthermore, as well shall see in the analysis, by age 20, almost all girls who are to go through the process of FGC have already done it and only a few in Igembe South go through the cut after age of 24 years. In this age bracket also, the respondents have gained some independence that would enable them make decisions and express their attitudes towards FGC freely.

The questionnaires were written in English but during administration of the same, local language, Kiimbe was used to translate to the respondents. The responses were also given in local language but translated into English by the researcher. This ensured flow of information originality from the respondents' side, and also to take care of those respondents who were not literate or whose English language was limited.

Key informants were interviewed to get further information, in addition; the focus group discussions were conducted. The first FGD was with a group of nine women aged between 36 and 50 years. The second focus group discussion was between the researcher and a group of eight women aged between 25 and 35 years. The third interview schedule was with a group of six men aged thirty five to fifty years. In all the three discussion groups there was a moderator identified from Igembe south district.

The focus group discussions were very resourceful. Issues discussed included the trend of FGC between the earlier times and the present days the differences in their view between women who have undergone FGC and those who have not, source of support for FGC and consequences of not undergoing FGC. In these discussions also, alternative rite of passage was discussed and reasons why FGC should be eradicated

Interview schedules were also held with key informants who liberally gave essential information in answer to the questions of discussion. The key informants included local assistant chief, representative from Samaritan purse organization (NGO), a representative from Maendeleo ya Wanawake organization, three representatives of council of elders



(Njuuri Nceeke), FGC sponsor (Muwaati) and female circumciser (Mutaani). Discussions made with these key informants will be analyzed later.

For the secondary sources of data, published and unpublished literature from the libraries, media, News papers and the internet were used to gather necessary information.

### **3.8. Framework for Data Analysis**

Much of data was qualitative and analysis was made for the correct conclusions and recommendation. It should be noted that a lot of essential information was gathered from the respondents, key informants and FGCs. This was generated from probing during the discussions. To analyze quantitative data from the questionnaire, statistical package for social science (SPSS) was used. Tables resulting from this analysis will also be presented in the report. For qualitative data, content analysis was undertaken to reduce the data to a manageable set of observation, which was then categorized appropriately after which emerging patterns and relations were analyzed in order to generate meanings and understanding of the subject under investigation.

To gather adequate and comparative information sufficient for the study topic both the secondary and the primary data gathered were considered and analysed hand in hand.

## CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND DISCUSSION

### 4.1 Data presentation

This chapter will look at the personal and demographic characteristics of respondents, attitudes towards FGC, source of support for FGC, challenges of eradication of FGC and socio-economic environment of respondents.

The study looked into the factors that differentiate women who have undergone FGC and those who have not. The focus of the study was on women aged 20-24 years in Igembe south district.

The researcher has given a simple description of personal characteristics of the respondents which relates to their behavior and attitude in reference to FGC. Primary data was collected from the respondents by use of questionnaires and further information was obtained from the key informants and FGDs through interviews schedules.

#### 4.1.2 Sample size and distribution

**Table 1: Area name and distribution of respondents**

Area	Actual no. of respondents	Percent
Kiegoi	36	22
Liliaba	37	22
Kiengu	35	21
Kimongoro	20	12
Maua town	39	23
Total	167	100

### 4.1.3 Respondents who have undergone FGC

The respondents were asked whether or not they had undergone female genital cutting. The results in Table two shows that at least 67(40.1%) of the respondents said they underwent female genital cutting. In terms of location in which FGC is highly practiced, the data in Table 2 indicates that the majority 21(60%) were from Kiengu location.

**Table 2: Distribution of respondents who have undergone FGC and those who have not according to area.**

Area	Undergone FGC		Total
	Yes	No	
Kiegoi	10(27.8)	26(72.2)	36(100.0)
Liliaba	19(51.4)	18(48.6)	37(100.0)
Kiengu	21(60.0)	14(40.0)	35(100.0)
Kimogoro	10(50.0)	10(50.0)	20(100.0)
Maua town	7(17.9)	32(82.1)	35(100.0)
Total	67(40.1)	100(59.9)	167(100.0)

### 4.1.4 Age of initiation into FGC

Table 4 shows that the earliest age at which FGC took place among the respondents was 8 years, and only 3% of the respondents were initiated at that age, 3% of the respondents were initiated at the age of 9 years, 6% more of the respondents were cut when they were 10 years old. 3% of the respondents underwent FGC at age 11, then 7.5% of them at age 12. At the age of 13 and 14 years, 7.5% and 26.9% respondents respectively underwent the genital cutting. The highest number (26.9%) went through the genital cutting at age 14. Then 6% of the respondents were initiated when they were 16 years old. Then at age 17 and 18, 11.9% and 6% of the respondents respectively were initiated: see the table below:

**Table 3: Distribution of age of initiation into FGC according to respondent's area of residence**

Age of initiation into FGC	Area of residence					Total
	Kiegoi	Liliaba	Kiengu	Kimongoro	Maua Town	
8	0(0.0)	1(5.3)	1(4.8)	0(0.0)	0(0.0)	2(3.0)
9	1(10.0)	0(0.0)	0(0.0)	1(10.0)	0(0.0)	2(3.0)
10	0(0.0)	3(15.8)	1(4.8)	0(0.0)	0(0.0)	4(6.0)
11	0(0.0)	1(5.3)	1(4.8)	0(0.0)	0(0.0)	2(3.0)
12	0(0.0)	0(0.0)	3(14.3)	2(20.0)	0(0.0)	5(7.5)
13	1(10.0)	1(5.3)	3(14.3)	0(0.0)	0(0.0)	5(7.5)
14	1(10.0)	4(21.1)	6(28.6)	4(40.0)	4(40.0)	18(26.9)
15	2(20.0)	5(26.3)	1(4.8)	1(10.0)	1(10.0)	12(17.9)
16	0(0.0)	1(5.3)	3(14.3)	0(0.0)	0(0.0)	4(6.0)
17	3(30.0)	1(5.3)	2(9.5)	2(20.0)	2(20.0)	8(11.9)
18	1(10.0)	2(10.5)	0(0.0)	0(0.0)	0(0.0)	4(6.0)
Total	9	19	21	10	7	76(100.0)

#### 4.1.5 Respondents' level of education

From the illustration below, out of the 166 respondents nearly 60% of the respondents did not proceed to secondary school. Only 2.4% of the respondents never went to school. It was noted that majority of those who went to primary school did not complete the primary education. Although some dropped out of school due to lack of fees required. A greater number felt that it was better to get out of school in hopes that they would soon get married.

This was clearly explained by the key informants who elaborated that after girls go through FGC, they 'feel' mature. Some of the initiates even drop out of school already pregnant or ready with suitors to marry them. One of the key informant explained that, some of the girls who are initiated look down on their teachers whom they suppose have

not undergone the genital cutting. They also conduct themselves in school in a manner suggesting that they feel superior to those who have not been cut.

**Table 4. Distribution of respondents' level of education**

Area	Level of education				Total
	Never went to school	Primary	Secondary	College	
Kiegoi	0(0.0)	23(63.9)	9(25.0)	4(11.1)	36(100.0)
Liliaba	1(2.7)	28(75.7)	8(21.6)	0(0.0)	37(100.0)
Kiengu	2(5.7)	19(54.3)	13(37.1)	1(2.9)	35(100.0)
Kimongoro	0(0.0)	12(60.0)	5(25.0)	3(15.0)	20(100.0)
Maua town	1(2.6)	13(34.2)	15(39.5)	9(23.7)	38(100.0)
Total	4(2.4)	95(57.2)	50(30.1)	17(10.2)	166(100.0)

#### 4.1.6 Mothers education levels

Mothers of the respondents have different levels of education. 27.3% of the mothers either did not go to school or went up to pre-school level. 54.7% went to primary school 11.5% and 6.5% went to secondary and tertiary levels respectively Liliaba location has the highest rate (67.9%) of mothers who did not reach primary school level.

None of the mothers from Liliaba attended secondary school or college. It should be noted that as earlier explained, Liliaba location was the remotest of all the sampled areas. Liliaba also had the second highest rate of FGC (51.4%).

**Table 5. Distribution of respondents according to area and mother's level of education**

		Mothers education level				Total
		Never went to school	pri.	sec.	College	
Area of residence	Count	2	20	1	0	23
	%	8.7%	87.0%	4.3%	0.0%	100.0%
Liliaba	Count	19	9	0	0	28
	%	67.9%	32.1%	0.0%	0.0%	100.0%
Kiengu	Count	6	23	2	0	31
	%	19.4%	74.2%	6.5%	0.0%	100.0%
Kimongoro	Count	3	11	3	1	18
	%	16.7%	61.1%	16.7%	5.6%	100.0%
Maua Town	Count	8	13	10	8	39
	%	20.5%	33.3%	25.6%	20.5%	100.0%
Total	Count	38	76	16	9	139
	%	27.3%	54.7%	11.5%	6.5%	100.0%

To assess the role of education in female genital cutting, a cross tabulation between mother's level of education and FGC was done. The cross tabulation results are presented in Table 6. From the table it is clear that the higher the level of education for the mothers, the less the rate of FGC for the daughters. In fact, none of the mothers who went to secondary or college had her daughter undergo FGC. Mothers and their daughters are the main determinants on whether the daughter will undergo the cut.

**Table 6. Cross tabulation of respondents mothers' education and FGC**

Mothers education level	Undergone FGM		Total
	Yes	No	
Never went to school	21	17	38
	55.3%	44.7%	100.0%
primary	32	44	76
	42.1%	57.9%	100.0%
secondary	0	16	16
	0.0%	100.0%	100.0%
College	0	9	9
	0.0%	100.0%	100.0%
Total	53	86	139
	38.1%	61.9%	100.0%

#### 4.1.7 Fathers' education

Table 7 shows that 22.9% of the fathers of the respondents never went to school, 55.6% of the fathers went to primary school, 10.4% to secondary school while 11.1% went to college

**Table 7: Respondents fathers' education according to area**

Area	Fathers education level				Total
	Never went to school	pri.	sec.	College	
Kiegoi	1 3.7%	21 77.8%	1 3.7%	4 14.8%	27 100.0%
Liliaba	13 44.8%	15 51.7%	0 0.0%	1 3.4%	29 100.0%
Kiengu	7 22.6%	22 71.0%	2 6.5%	0 0.0%	31 100.0%
Kimongoro	5 27.8%	10 55.6%	3 16.7%	0 0.0%	18 100.0%
Maua Town	7 17.9%	12 30.8%	9 23.1%	11 28.2%	39 100.0%
Total	33 22.9%	80 55.6%	15 10.4%	16 11.1%	144 100.0%

#### 4.1.8 Marital status

Nearly 50% of the respondents were not married while almost 48% of them were married. Maua town had the highest rate (74.47) of respondents who were single/not married while Kiengu had the highest rate (74.3%) of respondents who were married, followed by Liliaba (63.2%). Note also from table 2 that Kiengu had the highest rate of FGC followed by Liliaba.



**Table 8: Distribution of respondents' marital status**

Area of Residence	Marital status				Total
	single	Married	Divorced/separated	Other	
Kiegoi	18	14	0	3	35
	51.4%	40.0%	0.0%	8.6%	100.0%
Liliaba	13	24	1	0	38
	34.2%	63.2%	2.6%	0.0%	100.0%
Kiengu	9	26	0	0	35
	25.7%	74.3%	0.0%	0.0%	100.0%
Kimongoro	14	6	0	0	20
	70.0%	30.0%	0.0%	0.0%	100.0%
Maua	29	10	0	0	39
Town	74.4%	25.6%	0.0%	0.0%	100.0%
Total	83	80	1	3	167
	49.7%	47.9%	0.6%	1.8%	100.0%

#### 4.1.9 Decision maker for girls' circumcision (FGC)

The decision makers for girls or woman to undergo FGC are mainly the mothers and girls/ women themselves to a small scale, teachers, spouse, friends and grandparents make decision or influence the decision towards girls/woman circumcision.

Table 9 shows that majority 71(47.0%) of the respondents said that the decision to undergo female genital cutting is largely by the girls themselves. In addition to individual's decision, a significant number 69(45.7%) said that parents also make the decision on behalf of their girl child.

**Table 9: Distribution of decision makers for girls to undergo FGC**

Decision maker for girls circumcision		
	Frequency	Percent
Parent	69	45.7
self initiative	71	47.0
teachers	3	2.0
spouse	2	1.3
friends	2	1.3
grand parent	3	2.0
Other	1	0.7
Total	151	100.0

#### 4.1.10 Amount charged and source of money for FGC

The amount of money charged for FGC by the female circumciser ranges from free service to KShs. 1000. The girls/ women obtain this fee from their parents. A very small percent of the girls/women get money to pay for the cut from grand parents and their siblings. Some of the girls/women get money to pay for initiation from casual labour. A further 1.6% of them do not know who paid for their cutting. From the analysis of the information gathered, it can be established that mothers are the major supporters of FGC in Igembe South. Grandparents too support the ritual.

#### 4.1.11 Source of income for respondents

Almost 19% of the respondents relied on their parents as source of their up keep, 29.3% did farming, 1.8% were involved in Jua kali sector, 29.3% were business people, 10.4% were casual laborers, 7.3% were in formal employment while 3.0% relied on their husbands for their upkeep.

#### 4.1.12 Mothers' source of income

It was observed that 72% of the respondents mothers were farmers, 16.7% were business women, 6.4% were in formal employment, and 1.3% were casual laborers while 3.8% did not have any source of income.

#### 4.1.13 Religious practices

From these tables it is clear that residents of all sampled areas were religious. The bigger number goes to protestant churches. The number that was not Christian was negligible. The key informants revealed that FGC was practiced by all residents irrespective of place of worship. They further noted that even some of the campaigners against FGC would secretly have their daughters go through the ritual.

**Table 10: Distribution of religion of the respondent's parent according to area**

Area of residence	Place of worship				Total
	catholic	Protestant	Muslim	other	
Kiegoi	0	36	0	0	36
	0.0%	100.0%	0.0%	0.0%	100.0%
Liliaba	13	22	0	1	36
	36.1%	61.1%	0.0%	2.8%	100.0%
Kiengu	1	33	1	0	35
	2.9%	94.3%	2.9%	0.0%	100.0%
Kimongoro	3	17	0	0	20
	15.0%	85.0%	0.0%	0.0%	100.0%
Maua Town	5	33	0	0	38
	13.2%	86.8%	0.0%	0.0%	100.0%
Total	22	141	1	1	165
	13.3%	85.5%	0.6%	0.6%	100.0%

#### 4.1.14 Right of marriage for girls

From the field, it was noted that many girls got married before age 18. This was evident because some of the respondent aged twenty years had more than one child; a few cases had up to four children at age twenty. From the table, it seems that the respondents were not sure of the specific age at which a girl is mature and probably ready for marriage. 40% of the respondent said that the right age for a girl to get married was between ages 18-25 years. This should be the age when the girls are either in secondary school or college. On the contrary, 47% of the respondents (age 20-24) were married at the time the study was carried out. From table 18, 57.1% of the respondents suggested that the right age of marriage for a girl was 25-35 years

**Table 11: Respondents' opinion on the appropriate age of marriage according to areas**

Area	Right age of marriage for girl				Total
	less than 18 years	18-25 years	25-35 years	99	
Kiegoi	0 0.0%	16 44.4%	19 52.8%	1 .2.8%	36 100.0%
Liliaba	0 0.0%	16 42.1%	22 57.9%	0 0.0%	38 100.0%
Kiengu	2 5.7%	13 37.1%	20 57.1%	0 0.0%	35 100.0%
Kimongoro	0 0.0%	6 30.0%	13 65.0%	1 5.0%	20 100.0%
Maua	0 0.0%	17 43.6%	22 56.4%	0 0.0%	39 100.0%
Town	0 0.0%	17 43.6%	22 56.4%	0 0.0%	39 100.0%
<b>Total</b>	2 1.2%	68 40.5%	96 57.1%	2 1.2%	168 100.0%

#### 4.1.15 Have a boyfriend?

The table below reveals that 68.5% of the respondents have intimate boyfriends while 30.8% have no intimate boyfriend.

**Table 12: Distribution of respondents with and without opposite sex intimate partners**

Area of residence	Have a boyfriend?			Total
	Yes	No	married	
Kiegoi	20	10	0	30
	66.7%	33.3%	0.0%	100.0%
Liliaba	27	8	0	35
	77.1%	22.9%	0.0%	100.0%
Kiengu	5	5	0	10
	50.0%	50.0%	0.0%	100.0%
Kimongoro	13	3	1	17
	76.5%	17.6%	5.9%	100.0%
Maua Town	24	14	0	38
	63.2%	36.8%	0.0%	100.0%
Total	89	40	1	130
	68.5%	30.8%	0.8%	100.0%

#### 4.1.16 Ever given birth

Table 13 shows that 60.5% of the respondents have given birth but 39.5% of them have never given birth. Note that from table 8, only 47.9% of the respondents were married yet 60.5% of the respondents have given birth, meaning that about 12% of the respondents who have given birth were not married.

**Table 13: Distribution of respondents who have given and not given birth according to area**

Area of residence	Ever given birth?		Total
	Yes	No	
Kiegoi	24	12	36
	66.7%	33.3%	100.0%
Liliaba	23	15	38
	60.5%	39.5%	100.0%
Kiengu	29	3	32
	90.6%	9.4%	100.0%
Kimongoro	12	8	20
	60.0%	40.0%	100.0%
Maua Town	10	26	36
	27.8%	72.2%	100.0%
Total	98	64	162
	60.5%	39.5%	100.0%

#### 4.1.17 Difficulties experienced in giving birth

Table 14 indicates that none of the respondents who gave birth admitted having had any difficulties in the process of giving birth. Comparing table 20 and 21 one will notice that some of the women who had given birth decided to be silent about the difficulties that they may have had gone through.

**Table 14: Distribution of respondents' difficulties in giving birth according to area**

Area of residence	Difficulties experienced in giving birth		Total
	No difficulty	Never given birth	
Kiegoi	24	1	25
	96.0%	4.0%	100.0%
Liliaba	23	1	24
	95.8%	4.2%	100.0%
Kiengu	8	1	9
	88.9%	11.1%	100.0%
Kimongoro	11	1	12
	91.7%	8.3%	100.0%
Maua Town	7	1	8
	87.5%	12.5%	100.0%
Total	73	5	78
	93.6%	6.4%	100.0%

#### 4.1.18 Feelings about not being circumcised

Posed with a question of whether they regret not having gone through FGC 94.3% of the respondents (see table 15) said that they do not regret. In other words they are happy that they did not undergo FGC. 1.9% of the respondents regretted not having undergone FGC. The reasons they gave for feeling good for not having been cut included: the practice is unhealthy, meaningless, led to obsession and that FGC made women have difficulties during child birth. 3.8% from table 15 did not have a reason for feeling good or bad about the rite of passage.

Table 15: Respondents feeling about not being circumcised according to area

Area	Feeling about not being circumcised			Total
	Yes	no	no reason	
Kiegoi	1 3.6%	26 92.9%	1 3.6%	28 100.0%
Liliaba	1 4.5%	18 81.8%	3 13.6%	22 100.0%
Kiengu	0 0.0%	14 100.0%	0 0.0%	14 100.0%
Kimongoro	0 0.0%	10 100.0%	0 0.0%	10 100.0%
Maua	0 0.0%	32 100.0%	0 0.0%	32 100.0%
Town	2 1.9%	100 94.3%	4 3.8%	106 100.0%

Though the majority 65(67.0%) of the respondents felt that the FGC practice is meaningless, 15(15.5%) felt that if one did not go through the ritual she risked intimidation by peers (see Table 16). Table 16 further shows other reasons that made respondents feel bad about FGC as including developing obsessions and being unhealthy practice while on the other hand 2(2.1%) of the respondents felt good about FGC because they believed it eases giving birth.

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**Table 16: Respondents' reasons for feeling good or bad about FGC**

Area	Reasons for feeling good or bad					Total
	ease during birth	unhealthy	lead to obsessions	Meaningless	intimidation by peers	
Kiegoi	1 4.3%	3 13.0%	0 0.0%	18 78.3%	1 4.3%	23 100.0%
Liliaba	0 0.0%	1 5.6%	0 0.0%	14 77.8%	3 16.7%	18 100.0%
Kiengu	0 0.0%	1 6.7%	0 0.0%	12 80.0%	2 13.3%	15 100.0%
Kimongoro	0 0.0%	0 0.0%	0 0.0%	8 80.0%	2 20.0%	10 100.0%
Maua Town	1 3.2%	6 19.4%	4 12.9%	13 41.9%	7 22.6%	31 100.0%
	2 2.1%	11 11.3%	4 4.1%	65 67.0%	15 15.5%	97 100.0%

**4.1.19 Difficulties of uncircumcised women**

Table 17 contains the views respondents had about the difficulties that women who do not undergo FGC are faced. These included stigmatization and lack of confidence among females who have not undergone FGC. Some of the respondents (12.2%) were not aware that women who do not undergo the cutting have while 43% of the respondents said that women who do not undergo the cutting have no challenges in the community

**Table 17: Respondents opinion about difficulties faced by women who do not undergo FGC**

Area of residence	Difficulties of uncircumcised women				Total
	none/ nothing	no confidence	no idea	Stigmatization	
Kiegoi	23	0	7	2	32
	71.9%	0.0%	21.9%	6.3%	100.0%
Liliaba	6	6	7	13	32
	18.8%	18.8%	21.9%	40.6%	100.0%
Kiengu	4	2	2	17	25
	16.0%	8.0%	8.0%	68.0%	100.0%
Kimongoro	10	1	0	9	20
	50.0%	5.0%	0.0%	45.0%	100.0%
Maua Town	21	2	2	13	38
	55.3%	5.3%	5.3%	34.2%	100.0%
Total	64	11	18	54	147
	43.5%	7.5%	12.2%	36.7%	100.0%

#### 4.1.20 Attitude towards FGC

The respondents were asked whether or not they would recommend girls to undergo female genital cutting. An overwhelming majority 151(93.2%) said they would not recommend while 6.8% said they would recommend FGC. Table 18 shows no respondent from Maua town would recommend FGC, but 2.7% of the respondent from Liliaba would recommend it, 2% of the respondents from Kiegoi and Kimongoro would recommend FGC. Surprisingly, 17.15% of the respondents from Kiengu would recommend FGC: Note that Kiengu has the highest rate of FGC among the sampled areas (see table 2). In total, 151 respondents (93.4%) would not recommend FGC.

**Table 18. Distribution of respondents' responses on whether they would or not recommend FGC according to area**

Can you recommend girl circumcision?			Total
Area of residence	Yes	No	
Kiegoi	2 6.3%	30 93.8%	32 100.0%
Liliaba	1 2.7%	36 97.3%	37 100.0%
Kiengu	6 17.1%	29 82.9%	35 100.0%
Kimongoro	2 10.0%	18 90.0%	20 100.0%
Maua Town	0 0.0%	38 100.0%	38 100.0%
Total	11 6.8%	151 93.2%	162 100.0%

#### 4.1.21 Reasons for recommending FGC

The respondents were further asked to state reasons for recommending FGC. The respondents gave various reasons as indicated in Table 19 for and against recommending the practice. The majority 98(59.8%) were against the practice because they believed it was meaningless, 39(23.8%) said they could not recommend FGC since it predisposes the candidates to HIV/AIDS and 17(10.4%) considered FGC an old practice that is not fashionable to undergo in modern times. On the other hand, 6(3.7%) of the respondents said they would recommend FGC because it enhances self control while 4(2.4%) said that FGC is necessary to avoid suffering.

**Table 19: Respondents reasons for and against recommending FGC**

Area of residence	Reasons for recommending Yes/ no					Total
	No it is Meaningless	No - risk of HIV thro circumcision	yes for self control	No it is an old practice	Yes - to avoid suffering	
Kiegoi	26	6	2	1	0	35
	74.3%	17.1%	5.7%	2.9%	0.0%	100.0%
Liliaba	23	8	1	5	0	37
	62.2%	21.6%	2.7%	13.5%	0.0%	100.0%
Kiengu	24	2	2	3	3	34
	70.6%	5.9%	5.9%	8.8%	8.8%	100.0%
Kimongoro	7	8	1	3	1	20
	35.0%	40.0%	5.0%	15.0%	5.0%	100.0%
Maua Town	18	15	0	5	0	38
	47.4%	39.5%	0.0%	13.2%	0.0%	100.0%
Total	98	39	6	17	4	164
	59.8%	23.8%	3.7%	10.4%	2.4%	100.0%

**4.1.22 General feelings about FGC**

Forty percent of the residents of Igembe south district have under gone FGC and 9.6% of the residents would like the practice to continue while 90.4% of the residents would like the practice to be abolished because it is a bad practice which leads to risks of HIV infection, risks of dying from excessive bleeding and school dropout (see Table 20).

**Table 20: Respondents feelings on whether to stop or continue FGC practice**

Other comments on FGC							
Area of residence	like it - continue practicing	don't Like- it should be abolished	Leads to risk of HIV infection	Risk of dying from bleeding	Leads to school drop outs	Good and should continue	Total
Kiegoi	3	29	2	1	1	0	36
	8.3%	80.6%	5.6%	2.8%	2.8%	0.0%	100.0%
Liliaba	1	19	6	3	7	2	38
	2.6%	50.0%	15.8%	7.9%	18.4%	5.3%	100.0%
Kiengu	3	24	2	2	0	4	35
	8.6%	68.6%	5.7%	5.7%	0.0%	11.4%	100.0%
Kimongoro	2	17	1	0	0	0	20
	10.0%	85.0%	5.0%	0.0%	0.0%	0.0%	100.0%
Maua Town	1	14	9	10	5	0	39
	2.6%	35.9%	23.1%	25.6%	12.8%	0.0%	100.0%
Total	10	103	20	16	13	6	168
	6.0%	61.3%	11.9%	9.5%	7.7%	3.6%	100.0%

#### 4.1.23 Attitude towards FGC

Asked the question whether they would advice people to circumcise their daughters, all the respondents except ten said that they would not. Fifty nine percent said that they would not recommend because the practice is meaningless, 23.8% said they would not recommend it because the initiates risked getting HIV and 10.4% said they would not because it is an old practice. On the contrary 3.7% said they would recommend it for self control while 2.4% would recommend it to avoid being ostracized by peers and community at large.

The focus groups as well as the key informants were in agreement that those that practiced it in the present times are doing it secretly and there were no ceremonies

accompanying the exercise. As Gluckman (1962) argues, conflict brings together those who unite against the common enemy. Several groups of people have come together to fight against FGC which has many negative health consequences. There have been campaigns by various interested parties against the practice. Some of these include MYWO, churches, NGOS, council of elders (Njuuri Nceeke), primary schools and government through local chiefs. These campaigns have contributed to positive change of attitudes towards FGC.

#### **4.1.24 Challenges of FGC**

Key informants emphasized that FGC is still being carried out even by some of those that publicly denounced the practice. This makes it difficult to identify and consequently confront those doing it.

When some of the respondents were asked if they would recommend it (see table 18c) a 10% said they would recommend. This means that there are still some people at this present age that wishes that the practice would continue.

Education levels of the respondents was relatively low because 59.6% had not gone beyond primary education, neither had the whole 59.6% completed the primary education. It was noted from table 5b that none of the mothers who had gone to secondary school had their daughters circumcised. Therefore, with more than half of the respondents with no secondary education there remain fears that they could opt to have their daughters go through the initiation since low levels of education translate to higher risks of involvement with FGC (see table 5b).

The tender age at which girls undergo FGC is a challenge. At least 24% of the respondents underwent the cutting before they attained age fourteen. At these tender ages girls are not given a chance to make decision for or against FGC. In fact the mother or the grandmother makes the decision for the girl to go through the initiation or not.

Hidden practices like how to place cooking pot or how to serve meals to various groups in the ceremonies etc. and even the use of language ; which are taught during the seclusion and largely used among the women who have undergone the cutting easily betray women who have not gone through the initiation. When teased and mocked, some of the uncircumcised women give in to the pressure and request for the very unpleasing ritual.

Campaigns have not reached all the residents. There is no literature on issues of FGC written in the mother tongue or at list simple demonstrations of diagrams showing the consequences of the practice.

There are no laws against the rite of passage. There are no laid down laws stipulating the illegality and the consequences of those who campaign for the continuity of the rite and those who undertake it.

FGC is deep rooted in the community as a way of life for the residents and as such difficult to eradicate it in a moment.

Some of the female circumcisers were licensed to do the cutting. This gives them mandate to implement an activity that is harmful and would otherwise been illegal.

#### **4.1.25 Socio-Economic Environment**

##### **4.1.25.1 Liliaba location**

Thirty eight respondents came from Liliaba, a pastoralist community. It was noted that the area was semi arid with hills and valleys, with sandy soils. Food crops planted included grapes and beans. The households were relatively impoverished. No cash crop is planted in this area. It was worth noting also that many households were headed by women with their husbands having been killed by cattle raiders (as reported by the household heads and respondents). Drunkenness was also rampant in the area. In fact, even children were noted taking local brew for their breakfast

As indicated in table two, Liliaba had the second largest number of women who had undergone the cutting in relation to the other four areas of study. None of the respondents had reached tertiary level of education and only eight had gone to secondary school (see table five). This area also host a primary school that academically always performs worst in Meru North region.

#### **4.1.25.2 Kiengu location**

Thirty five respondents were derived from Kiengu location. 'Miraa' is the source of livelihood for residents of this area. Food crops like sorghum, millet, maize and beans are also planted but in a very small scale. Early marriage was really rampant in the area. It was noted that many young women of age twenty years and below were married and with children. It was also noted that school dropout was high in this area. This issue of school dropout was also a major concern with the key informants and FGCs who emphasized that after girls undergo FGC they in most cases drop out of school. Kiengu has the highest rate of FGC in the area sampled see table 2. It was observed that the area is not well off in terms of development.

#### **4.1.25.3 Kimongoro location**

Twenty respondents were from Kimongoro location. Residents of Kimongoro plant 'miraa' in a very small scale but they derive their livelihood from trading miraa which they buy from their neighborhood. They plant peas and some maize for their food. Fifty percent of the respondents have undergone FGC with seventy percent of them married and only eight out of the twenty respondents having gone beyond primary level of education like all other areas sampled. The residents are mostly Christians who attend Sunday services regularly. Like Kiengu, Kimongoro location is not well developed in terms of the physical infrastructure.



#### **4.1.25.4 Kiegoi location**

Thirty six respondents came from Kiegoi location. Residents of Kiegoi grow tea as their cash crop. They too grow food crops like maize beans, kales and cabbages. Amongst the five zones sampled Kiegoi location looked better in terms of infrastructure even at the household level. Among the rural areas sample, it had the least rate of FGC (see table two) and in total, it had the second least rate of FGC after Maua town. All of the respondents had gone to school with four of the respondents having reached tertiary level of education.

#### **4.1.25.5 Maua town**

Thirty nine of the respondents were derived from Maua town. Maua town is the largest town in the district. It is indeed the district headquarters. The respondents were believed to have urban influence in their life styles. Only seven out of the thirty nine respondents had undergone FGC. The area had the highest number of respondents involved in businesses. Literacy levels are highest in Maua town in relation to other sampled areas.

Twenty four out of the thirty eight respondents from Maua town had gone beyond primary level of education, see table five. It was also noted that twenty fathers and eighteen mothers of the respondents from Maua town had reached secondary level education and beyond, refer table six and seven. This was different from other areas sampled.

In Maua town twenty nine of the thirty nine respondents (74%) were not married. This was the highest percentage of unmarried women of twenty to twenty four years olds in the five locations

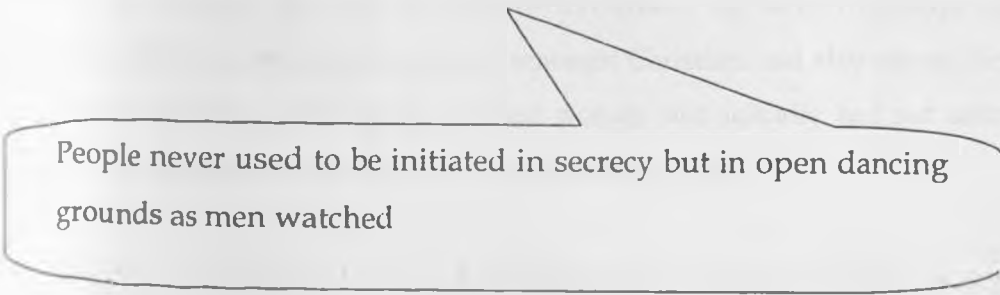
## 4.2 ANALYSIS AND DISCUSSIONS

### 4.2.1 Extent of FGC and how is it changing?

A survey carried out by Murray (1974) in Murang'a Kenya (where the 1929 female genital cutting crisis arose) revealed that 50% of high school female students were circumcised. She concluded that it was not as common as it was 40 years earlier, but it was not rare nor dying out. Change of attitude due to continued campaigns may be responsible for the decline. In the same way, if campaigns were launched and continuous education against sexual immorality emphasized the response could be positive. So instead of blaming lack of FGC for lost morals mechanisms should be put in place for instilling good morals including teachings on family life without the actual genital cutting.

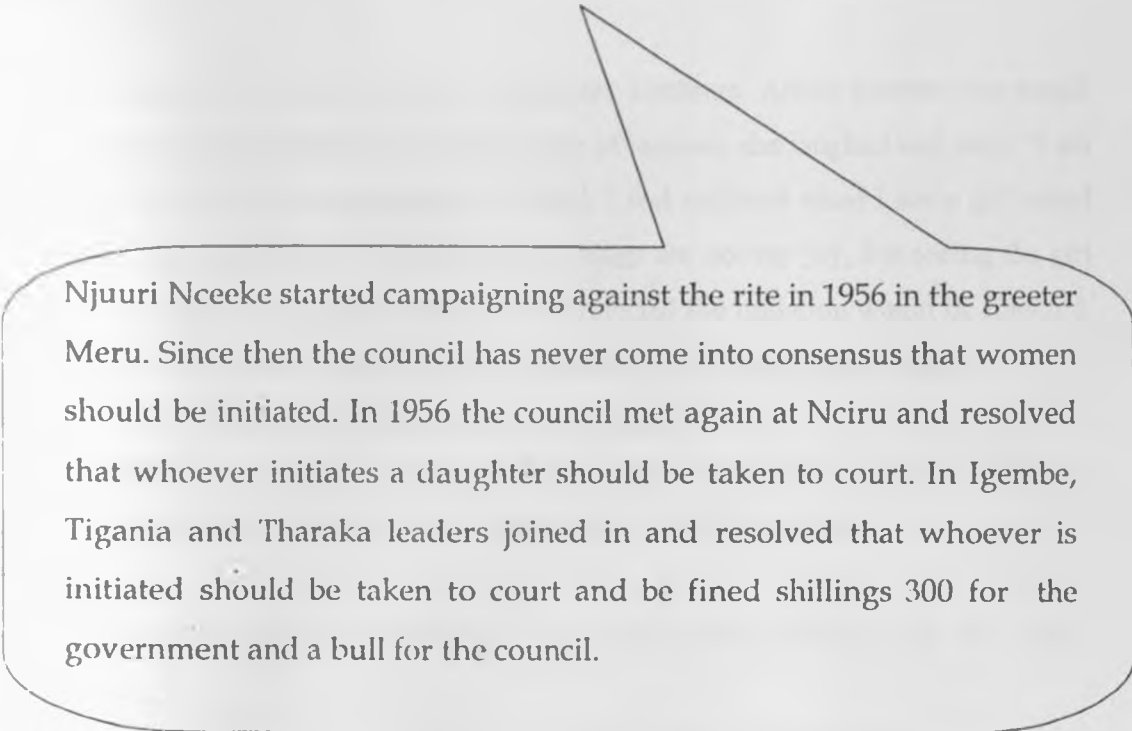
All of the FGDs and key informants, who included, three members of Njuuri Nceke, female circumciser, a sponsor, a representative of NGO (Samaritan Purse), a representative of MYWO and assistant chief as well as the FGDs were in agreement that FGC is not as vibrant as it used to be in the earlier times. They also noted that FGC rates have greatly reduced although many girls were still undergoing FGC in secrecy.

They emphasized that FGC in Igembe south was more rampant in areas where illiteracy is high. When asked how FGC is changing, one of the members of Njuuri Nceke explained:



People never used to be initiated in secrecy but in open dancing grounds as men watched

Another member of Njuuri Nceke added



Njuuri Nceeke started campaigning against the rite in 1956 in the greeter Meru. Since then the council has never come into consensus that women should be initiated. In 1956 the council met again at Nciru and resolved that whoever initiates a daughter should be taken to court. In Igembe, Tigania and Tharaka leaders joined in and resolved that whoever is initiated should be taken to court and be fined shillings 300 for the government and a bull for the council.

According to him the practice is not as strong as it was at independence. He further noted that those who are in church and the learned have supported the colonial's resolution and ideas. He also informed the researcher that the council (Njuuri Nceeke) is the one that banned the dancing grounds.

Surprisingly, the female circumciser with whom we had adequate moment of discussion wanted and would wish FGC to continue being practiced as a rite of passage. She said that the reason for decline of FGC is 'Comba/ Ucunku' this is to mean "The English way of life" she claimed that she circumcises throughout the school holidays not only in Igembe south but even beyond, not only amongst Christians but also among the Muslims. She added that even some of the married women who initially had not undergone the genital cutting would invite her to do the operation on them.

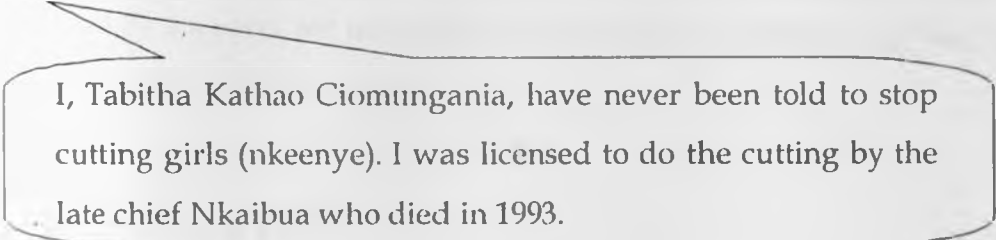
She however admitted that many of the husbands of women who had not experienced genital cutting loved the intimate experiences with their wives. On the other hand she was quick to add that she would love cutting any woman who as a result of not having been cut was being mocked either by her husband or her peers.

She firmly expressed her desire to have the culture continue. Asked whether she would stop circumcising women if she had other source of income, she laughed and said; "I am happy seeing girls who have undergone the ritual. I feel satisfied when I see a girl proud that she has been cut. Money or other material things are not my joy, but seeing the girl 'clean". She explained that previously girls who rejected the initiation would be flattered. She illustrated what would befall them by singing one of the songs sang to such:

"Turaugaga xxxx ni mwalimu twamugitira size e king'ura" x 2

This is one of the songs sang not long time ago to mock a woman who had not undergone FGC. 'Xxxx' denotes the name of a lady who would be getting mocked.

When asked whether anybody had told her to stop circumcising girls/ woman. She said:



I, Tabitha Kathao Ciomungania, have never been told to stop cutting girls (nkeenye). I was licensed to do the cutting by the late chief Nkaibua who died in 1993.

It should be noted that she still has the license which authorizes her to carry out her mandate and the work she passionately loves with confidence.

To illustrate how she was keen to ensure that the practice continues, to the next generation she informed us that she had trained someone to take over after her. The trainee is already practicing and doing well in that field.

Ciomwirabua (sponsor/ Muwati), one of the key informants confirmed that there was decline in the rates of FGC in the area and attributed it to change of times, campaigns by NGO, churches and more so local chiefs who were arresting those who were undertaking the rite of passage. She noted that the area had a lot of fear of being charged with FGC and so girls were undergoing the cut secretly.

When asked what difference exist between the FGC of the present times and of older times. She exclaimed:

Previously the whole clitoris would be cut but nowadays only the tip of the same was cut. The ceremonies that accompanied FGC are no longer, the chief is to blame for the decline

She further noted that previously women who underwent FGC were disciplined but now it has been corrupted. She added that the women who did not undergo the cutting would be ostracized by the peers, but now if someone was reported mocking a girl who had not done FGC would be legally charged.

#### 4.2.2 Attitude towards FGC

Asked the question whether they would advice people to circumcise their daughters, all the respondents except ten said that they would not. Fifty nine percent said that they would not recommend because the practice is meaningless, 23.8% said they would not recommend it because the initiates risked getting HIV and 10.4% said they would not because it is an old practice. On the contrary 3.7% said they would recommend it for self control while 2.4% would recommend it to avoid being ostracized by peers and community at large.

The focus groups as well as the key informants were in agreement that those that practiced it in the present times are doing it secretly and there were no ceremonies accompanying the exercise. As Gluckman (1962) argues, conflict brings together those who unite against the common enemy. Several groups of people have come together to fight against FGC which has many negative health consequences. There have been campaigns by various interested parties against the practice. Some of these include MYWO, churches, NGOS, council of elders (Njuuri Nceeke), primary schools and

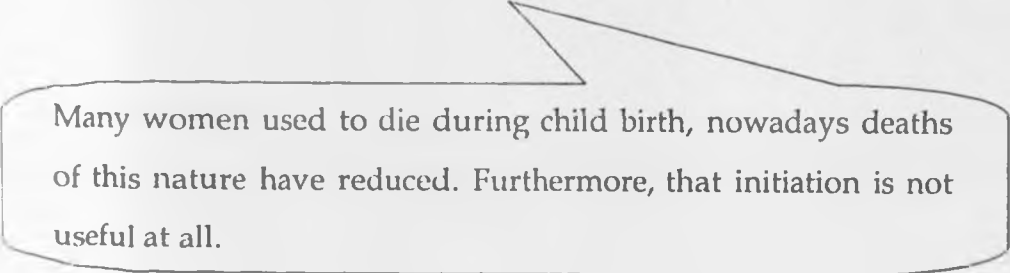
government through local chiefs. These campaigns have contributed to positive change of attitudes towards eradication of FGC.

#### 4.2.3 Support for FGC or none.

The Key informants noted that it is difficult to abandon FGC because it was their culture. They explained that if a woman was not circumcised the community perceived her as incomplete and immature woman. It was also highlighted from the discussions that previously the girls/ women who had undergone FGC were disciplined in their social set ups and were self controlled but nowadays it is the opposite. Girls who have not undergone FGC are the ones disciplined.

The FGDs elaborated on the ways women who have not been cut are isolated from social gathering for example: during a social gathering like in a party those not cut would not cook or serve foods to the gathering (men or women). They said that it was easy to identify those who had not been initiated by the manner in which they placed the cooking pot or the serving bowl, the language which they used was also another trap for those not initiated. It is important to note that some of these issues were addressed or taught during seclusion and those who had not gone through the initiation would not know them neither would they know the various sayings including some greetings with hidden meanings, so it was easy to know them.

When asked why they were supporting eradication of FGC one of the key informants was quick to say:

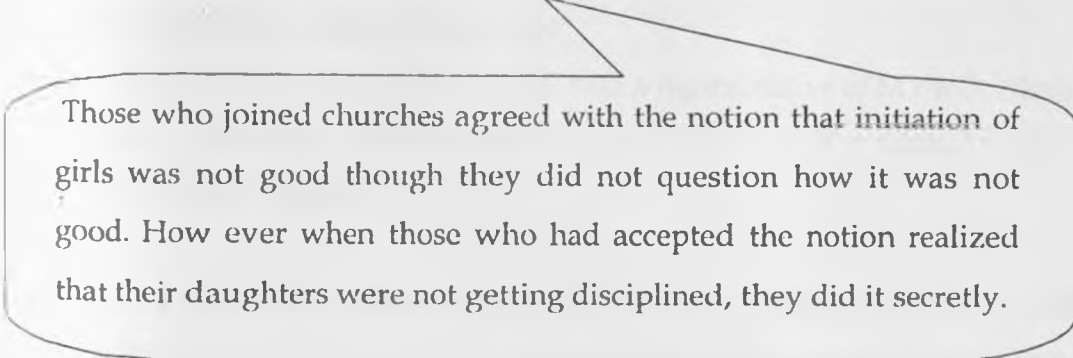


Many women used to die during child birth, nowadays deaths of this nature have reduced. Furthermore, that initiation is not useful at all.

A different opinion was expressed "if a woman from the village has not undergone the cutting prepares gruel, no one drink it. These uncircumcised women have no discipline when speaking to their husbands and the husbands' parents. Even 'Ntanira na mugambo' is not sufficient."

Regarding the question on whether she would stop sponsoring girls during FGC processes if she had other sources of income Ciomwirabua, the sponsor responded. "Yes, I would stop the occupation. Lack of income drives me to do what I do" she informed the researcher that as down payment for her work she is given a lamb, or money or bag of maize or a bag of peas. When the girl later gets someone to marry her she (the sponsor) is given more presents in terms of foods, live animals or money.

One member of the FGD also commented:



Those who joined churches agreed with the notion that initiation of girls was not good though they did not question how it was not good. How ever when those who had accepted the notion realized that their daughters were not getting disciplined, they did it secretly.

Another discussant said:

Some circumcisers are dirty and some guardians are not disciplined. Those learned do not have time for that. In addition, health issues are many including complications related to contractions which develop during child birth.

Yet another added “some of the things emphasized by the government may not be in line with what people want. Indiscipline and misbehavior of women may result to the very initiation. Even women choose to get circumcised when they are despised by the society even if their husbands do not want it.”

The assistant chief had this to say “FGC should be eradicated. When girls undergo cutting they think they are mature hence drop out of school. Those not circumcised think they are still young hence continue with school”

It was interesting holding a discussion on FGC with a representative of MYWO. Nkatha, the representative was very resourceful on the issue of FGC as well as alternative rite of passage “Ntaanira na Mugambo”

She pointed out some of the reasons why MYWO supports eradication of FGC, these include, the health consequences of FGC especially the difficulties during child birth that go hand in hand with FGC, and school drop out by girls after undergoing FGC. She noted that during seclusion after FGC has been performed care of husband was emphasized for the initiates but no emphasis or mention of education.

She explained that ‘Ntanira na Mugambo’, an alternative rite of passage in Igembe was kind of a seminar which was conducted for about three weeks during the school holidays and various teachings were given to girls. The teachings were aimed at making girls



knowledgeable in many fields of life including the importance of education and at the same time show the disadvantages of genital cutting.

#### 4.2.4 Differences between those who have undergone FGC and those who have not.

When asked the differences between those that had undergone the FGC and those who had not, they gave the following points:(see next page).

**Table 21: Differences between those who have undergone FGC and those who have not.**

Those who have undergone FGC	Those who have not
1. Easily drops out of school	Mostly complete schooling
Easily socializes with others in the society including in-laws	Are careful when socializing with others for fear that they may be exposed that they have not been initiated
Not romantic, less sensitive during copulation	Romantic and better in coitus
Many not easily exercise extramarital sex	Can easily go outside marital vows for intimate relationships
Difficulties during child birth	Less difficulties during child birth
Due to lack of education and enlightenment continues in backwardness and this mostly has negative implications on the family's economic status	Due to increased levels of literacy, the families economic status is better
Very confident of themselves	Fear and doubts are lodged in them
Mostly down looks on those who have not undergone FGC including their teachers who are in this category	Respects other including their leaders and teachers

They all were in agreement that previously women who had undergone FGC socialized well with their communities and were much disciplined but nowadays things have

changed. Those who had not been initiated despised themselves and were ostracized by their peers. They were like outcasts who would not freely mingle with their peers. They were termed as children and seen as immature.

During the FGDs one member of the group said “there is a difference because those who have undergone the cutting, they are taught how to handle their husbands and how to prevent the husband from going out and how to treat them. Those who are not cut do not have people to teach them due to lack of time and tight schedules”

One of the discussants said “Those who are not circumcised are better in bed”

Another added “if one has two wives: one circumcised and another not, there is hatred between the two. The one not circumcised is despised by the society and rhymes with others who are not. The husband is circumcised and the wife is not. So she keeps despising herself. The one initiated stays well with their husband and villagers. No one despises her so she is confident of herself.

All the key informants were in agreement that in the urban areas FGC was not held with importance as in the rural areas. In towns women intermingled well and there was no cut line or difference between those who had been initiated and those who had not. But they noted that it was different in the interior or the rural areas. Those not initiated were unacceptable. In fact, they would miss company to help them in their “shamba” work like harvesting, assistance during family parties and their food may not get people to eat (or share with).

They also noted that the uncircumcised women are ‘said’ to be undisciplined and are seen to lack respect when talking to their husbands and in-laws. They are always related to all bad things even when they are not to blame. An example they gave to support this was that if someone helped himself on the road (pathways) this is blamed on the uncircumcised woman in the village.

#### **4.2.5 The major actors in FGC**

The key informants confirmed that the mother was responsible for ensuring that her daughter underwent FGC. So she was the decision maker on the issue of FGC for her daughter. The mother sometimes would collude with the grandmother to have the daughter circumcised without the knowledge of the father. One of the Njuuri affirmed: "The father has nothing to do with their daughters' initiation but the mother and the grandmother have the responsibility."

#### **4.2.6 Efforts towards eradication of FGC**

A key informant explained that the chiefs and the assistant chiefs are playing an important and a major role in eradicating FGC. She added: "They even arrest those circumcised, although, if the initiates are informed that the chief or his assistant is looking for them, they disappear from the house of seclusion" She further added, "Schools are doing a good job. When school authorities know that a girl has been circumcised, they punish the culprit."

The key informants informed the researcher that NGOs are holding community talks to enlighten the community on the importance of not undergoing FGC and its disadvantages. According to the key informants, Njuuri Nceeke has continued with campaigns against the practice which include denouncing the practice publicly. From all the interviews it was mentioned that churches have disassociated themselves with the practice.

#### **4.2.7 Challenges of eradicating FGC:**

A representative of Njuuri Nceeke too supported eradication of FGC and indicated that it has been difficult to eradicate FGC due to lack of knowledge and enlightenment on the side of the community. The council was keen to note that FGC was the major reason for school drop out in the area. This is because the teachings girls receive during seclusion orientate them into sex life and care for the husbands.

The girls are also told that they are mature and ready for marriage and that the cutting signifies their maturity. As a result many of the girls drop out school, even those in class eight lose interest in academics. Another Njuuri added: "It is very difficult to eradicate FGC because the old people do not want it eradicated. They do it very secretively." FGC is their way of life which was practiced even by their ancestors and which was supposed to make a woman complete. That FGC was surrounded by many myths, for example, women who did not undergo FGC would not get children and if one got a child it would be abnormal. That it was not easy to give birth hence complications.

It was also believed that women who had not been initiated had no knowledge and therefore they would not be able to cater for their children. That such woman would not get company nor get someone to marry them.

In Igembe South they make local porridge 'Ucuuru' which is loved by the locals and would not miss in parties. If a woman was not circumcised (not undergone the cutting) no one would drink her porridge. This indeed was very humiliating and hurting to the woman. This is still valued by the older generation. The FGD of women emphatically noted that a woman is not complete and feels so if she has not undergone FGC.

The respondents and FGCs informed the researcher that girls can also decide that they want to be initiated even without the mothers' or fathers' knowledge for the case where the parents are against genital cutting.

## CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

### 5.1 Introduction

This section presents the summary and conclusion of the findings. It further makes recommendations and highlights areas for further research.

The research study aimed at identifying factors that differentiate women who have undergone female genital cuttings and those who have not.

The findings revealed that various factors differentiate women who have undergone FGC. Those who have undergone FGC have controlled libido, they socialize relatively well with their families and in-laws, they easily drop out from school, they are too confident, they look down on those who have not undergone FGC, they are not romantic, they experience more difficulties during childbirth. On the other hand, those that have not undergone FGC have relatively less controlled libido, they fear intimidation from their peers and the community at large so they are careful to select whom to socialize with, they do not easily drop out of school, they are not very confident when in the company of those who have undergone FGC, they have respect for all, they are romantic and they have less difficulties during childbirth.

### 5.2 Summary

The study established that 40.1% of the women aged 20-24 years have undergone FGC. It was further established that FGC as a practice is more common in rural set-ups. Further analysis showed that FGC was in both pastoral and non-pastoral communities but less in agriculturally more productive zones.

The research found out that FGC is performed as a cultural requirement and for control of female libido. With time the way the rite of passage was conducted was different from the way it is presently conducted. Previously the whole clitoris would be cut but

nowadays only the tip is cut off. Again the ceremonies that accompanied the ritual are no more. At the same time the operation is today done secretly or at least it is not a public issue for fear of legal measures from the government and because not everybody supports the ritual. Presently unlike early days, individual girl can refuse to undergo the cut or at least can escape and get a safe haven where she can be free of the cutting previously this was unheard of.

The study found out that men and women who support the eradication of FGC give reason such as FGC discourages girls from school, that men who are young are preferring girls who have not undergone the cutting to those who have, that FGC fuel HIV and AIDS, that the education that used to be offered during seclusion is no longer given and that the initiation is no longer useful. On the other hand, those who support the practice say that their culture must continue as well as be conducted to make women controlled.

The study established that majority of both the young and the old prefer FGC to be eradicated because it caused girls to drop out of school. Both the older and the younger generations have a negative attitude towards FGC because of the effects of the practice and because it has no use. None of the respondent mention that they experienced pain during the ritual.

The study established that the major actors in deciding when the FGC was to be conducted are the mothers (guardian), the girl and the grandmother. So that these determines at what age the girl will be initiated. As for the seasons the initiation was conducted mostly over the school holiday or at least when the agricultural activities are less demanding and there is plenty of food in scores months of August. The only type of FGC conducted no choice. The study further established that the mothers or the grandmother literally makes all the decisions concerning the practice except when the girl is of different opinion, in which case the girl may decide otherwise. Men or fathers have no say in the issues of FGC for their daughters.

The study established that women who undergo FGC have support from the some of the women who have already undergone FGC, the circumcisers and sponsors “agwaati”. Those who do not undergo FGC have support from the church, government, Njuuri Nceeki, local NGO, MYWO; Women who have refused to undergo the cutting, some of the enlightened women even from the category of those who are initiated and most of men particularly the younger generation.

All the key informants were in agreement that there are existing differences between those who have been initiated through genital cutting and those who have not experienced the cutting. They gave the differences as:

<b>Those who have undergone FGC</b>	<b>Those who have not</b>
1. Easily drops out of school	Mostly complete schooling
Easily socializes with others in the society including in-laws	Are careful when socializing with others for fear that they may be exposed that they have not been initiated
Not romantic	Romantic and better un coitus
Many not easily exercise extramarital sex	Can easily go outside marital vows for intimate relationships
<b>Those who have undergone FGC</b>	<b>Those who have not</b>
Difficulties during child birth	Less difficulties during child birth
Due to lack of education and enlightenment continues in backwardness and this mostly has negative implications on the family's economic status	Due to increased levels of literacy, the families economic status is better
Very confident of themselves	Fear and doubts are lodged in them
Mostly down looks on those who have not undergone FGC including their teachers who are in this category	Respects other including their leaders and teachers

The research established that the key actors in deciding when and how FGC should be carried out and who should participate in the initiation are the mother, grandmothers and the particular girl.

The study found out that effort toward eradication of FGC included campaigns by NGOS church and schools through conversations and community speech. Alternative rite of passage, known as Ntaanira na Mugambo was widespread other efforts to curb the malpractice included punishment at learning institutions and excommunication from church for the girls who underwent the cutting or was reported mocking another one who had not undertaken the cut..

The study established that the challenges of eradicating FGC included: lack of clear legal measure for prosecuting the advocates of FGC. The other challenge is the secrecy in which the operation was conducted. The other challenge is the tender age at which some of the girls were initiated and again the practice is deep rooted into the culture.

### **5.3 Conclusions**

Education is gateway to ending FGC. Increased literacy and enlightenment is essential if FGC is to be eradicated. The residents of Igembe South are aware that Education is very important and necessary to help them out of the practice of FGC but they seem unable to curb school dropout.

African centre for women occasional paper No.1, 1997, pointed out that it has been shown that education plays an important role in the eradication of FGC. The completion of even primary education broadens one's outlook on life and increases one's ability to understand more complex information and questions attitudes, beliefs and practices. Therefore, this is in a way saying that education changes an individual's way of thinking and behaving.



Alternative rite of passage is playing a major role in bridging the gap left by departure from FGC

By government stepping in to defend girls and women who do not undergo FGC has greatly cut the numbers of girls, women who would have given in the FGC due to fear of being flattered by peers. It has also given a reason for refusing FGC to girls and parents who would otherwise had supported FGC.

FGC is still rampant but is losing hold by and by only that it may take long to be eradicated going by the current statistics.

The mothers are the major influence in deciding whether the girl should undergo the initiation or not. Fathers have been left out of this important decision making.

More women than men support the practice. Women who have attained secondary education do not circumcise their daughters.

#### **5.4 Recommendations**

##### **5.4.1 Policy Recommendations**

The researcher recommends that schools and the government should device ways of curbing school dropout and encourage completion of school.

Campaigns to eradicate FGC should be enhanced and aggressively put in place to reach out to the old and the young.

Men and especially fathers should be empowered to take their position in deciding whether their daughters would undergo the cutting or not.

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The alternative rite of passage which is already in place should be enhanced. The government should support the initiative and in fact sponsor its activities if it has Positive impact on the community.

All the licenses granted to female circumcisers should be revoked and the circumcisers warned against the practice

Law should be put in place to deal with all issues of FGC.

Learning institutions should see to it that learners do to group themselves in terms of those who have undergone FGC and those who have not.

Local chiefs should be empowered and given the responsibility of ensuring that girls are not forced to FGC and that the practice is put to stop in their areas of Jurisdiction and ensure that those who carry out the mal-practice are charged.

Teachers who are advocates of FGC should be warned and measures taken against them.

#### **5.4.2 Recommendations for further research**

This study identified some areas that deserve further investigation. These are

1. Research is needed to establish the relationship between miraa activities and FGC
2. The research found out that FGC is valued because of the teachings offered during seclusion. But at the same time the teachings offered during the seclusion resulted in school dropout as reported by Key informants. A study is needed to establish the impact of alternative rite of passage to ensure that the teachings that led to school dropout were not part of lessons scheduled for alternative rite of passage.

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## Appendix 1: Female interviewee's questionnaire

I am Lydia Kinya Kaugi from the University of Nairobi and I am pursuing Master of Arts degree in sociology. I am carrying out a study on the factors that differentiate women who have undergone female genital cutting (circumcision) and those who have not. If you are aged between 20 and 24 years old, I request you to answer the questions in this questionnaire. To make a positive contribution in this study, you are encouraged to answer all the questions with honesty as there is no right or wrong answers. The information provided will be treated with strict confidentiality. Thank you in advance.

1. Your name (optional)

\_\_\_\_\_

2. Where do you live (residential area)? \_\_\_\_\_

3. How old are you? \_\_\_\_\_

a) What is your marital status? single  married  divorced  
other  (specify) \_\_\_\_\_

b) In your view, what is the right age of marriage for a girl? \_\_\_\_\_ years.

4. What is the source of your income?

\_\_\_\_\_

5. a) What is the level of education of your parents: Mother \_\_\_\_\_, Father \_\_\_\_\_

\_\_\_\_\_

b) Did you go to school? \_\_\_\_\_ if yes, up to what level?

No schooling  primary  secondary  others (specify) \_\_\_\_\_

6. Have you undergone female circumcision? Yes  No

If no, go to question number 10.

If yes, at what age? \_\_\_\_\_

7. How much did you pay for the circumcision? \_\_\_\_\_
8. From where did you get money to pay the circumciser? \_\_\_\_\_
9. Did any woman come to teach/train you after circumcision on anything?
10. Who decided that you be circumcised or who decided that you should not be circumcised? \_\_\_\_\_
11. a) If you are not circumcised, do you feel bad that you are not? \_\_\_\_\_  
b) Give reasons for your answers \_\_\_\_\_
12. What were the sources of income for your parents:  
Father \_\_\_\_\_  
Mother \_\_\_\_\_
13. Would you advice people to circumcise their daughters? \_\_\_\_\_  
If yes, why? \_\_\_\_\_  
If no, why? \_\_\_\_\_
14. Have you given birth at any time? \_\_\_\_\_ - \_\_\_\_\_ If yes, what difficulties did you go through when giving birth? \_\_\_\_\_
15. If no, do you have an intimate boyfriend (male friend)?  
\_\_\_\_\_
16. What difficulties do women who are not circumcised go through?  
\_\_\_\_\_

17. a) Do you go to church / mosque?

b) If yes, which one? \_\_\_\_\_

c) How often do you attend the Church/Mosque?  All the time  
Occasionally  Rarely  Never goes

18. Do your parents go to church/Mosque? \_\_\_\_\_ If yes, how often?

All the time  Occasionally  Rarely  Never goes

19. Briefly explain your views on female circumcision. For example, do you like it, do you want it to continue being practiced in Igembe south district, etc.

## Appendix 2: Questions for Discussing with Key informants

The key informants will include: selected members of 'Njuri Nceke' (Council of Elders), Representatives of MYWO, female sponsor, local chiefs and representatives of NGOs that are anti- FGC.

1. What is your opinion towards eradication of female circumcision? Explain why you support its continuity or its eradication.
2. Has it been difficult to eliminate FGC despite campaigns against it?
3. What differences in conduct exists between women who are circumcised and those who are not?
4. Are there problems that women who are not circumcised go through in the society and within their family setups? What about those who have been circumcised?
5. Who determines whether a girl will be circumcised or not?
6. Are there differences between women who have undergone FGC and those who have not? Explain.
7. Could we say that parents who are educated do not encourage their daughters to be circumcised? Explain?
8. Can we conclude that families who are wealthy do not allow their children (girls) to be circumcised? Why?
9. Must a woman be circumcised before getting a suitor? Why?
10. Presently how does the society judge parents who do not have their daughters circumcised?



### Appendix 3: Questions for Discussions with circumcisers

The circumcisers are a special group of key informant and categorized together with other key informants although their questions will vary slightly with those of other key informants.

1. Does the work of circumcising girls / women keep you as busy as it used to in the past?
  - I. Discuss in terms of times giving reasons for any changes.
  - II. How many clients per circumcision season.
2. How many kinds / types of circumcision do you carry out?
3. Do you support eradication of FGC?  
Why?
4. Have you heard that the government supports the eradication of FGC?
5. Has anyone ever told you to stop circumcising girls / women?
6. Apart from circumcising what else do you do as an occupation?
7. What benefits do you get from circumcising girls/women?
8. If you were able to satisfy your needs through other sources of income, would you still continue circumcising girls / women? Why?
9. How many other circumcisers do you know in Igembe?
10. Do you market yourself or people come for your services without your prior invitation?

#### Appendix 4: Questions for FGDS

These questions will be for the focused group discussions (FGDS). These will include an FGD for knowledgeable older women (age 35-45), an FGD for younger women (aged 25-35), and an FGD for male adults (age 35-500).

Questions for FGDS will include:

1. In the olden days, every woman was circumcised before being married, is it the case today (Nowadays)?
2. What happened / happens to the women who do not undergo female circumcision?
3. Does the council of elders support its eradication? Why?
4. Do you know of any organization or body or group of people who say that female circumcision should not continue?
5. Do you support its continuity? \_\_\_\_\_ Why?  
\_\_\_\_\_
6. Do you know anybody (groups of people) who supports its continuity? \_\_\_\_\_  
Name them if any? \_\_\_\_\_
7. Although government wants circumcision of females to end, the practice has continued. What could be the reason(s) for its continuity?
8. What differences in conduct or otherwise exists between the women who are circumcised and those who are not?
9. Who ensures that all the girls/women who undergo female circumcision are taught during their seclusion? \_\_\_\_\_