

**UNIVERSITY OF NAIROBI**

**THE CURRENT AND CHANGING NATURE OF FEMALE GENITAL MUTUILLATION  
(FGM) AMONG THE ABAGUSII: A STUDY OF SUNEKA DIVISION, KISII COUNTY**

**BY**

**JANE BONARERI OUKO**

**C50/9293/2001**

**A RESEARCH PROJECT PRESENTED TO THE DEPARTMENT OF SOCIOLOGY  
AND SOCIAL WORK IN PARTIAL FULFILMENT FOR THE REQUIRMEENT OF  
THE DEGREE OF MASTERS OF ARTS IN SOCIOLOGY (COUNSELLING).**

**JUNE 2014**

**DECLARATION**

**Declaration by the Student.**

I declare that this project is my original work and has not been presented for award of a degree in any other University.

Name: .....Signature:.....Date:.....

**Declaration by the Supervisor.**

This Project Paper has been submitted for examination with my approval as University Supervisor.

Name: .....Signature:.....Date:.....

University Supervisor.

## **DEDICATION**

Dedicated to my late sister Lillian Peris Omae.

## **ACKNOWLEDGEMENT**

This work would not have been accomplished without contribution from my family, friends and supervisor.

I salute you for any contributions made towards its success.

My special thanks go to my supervisor professor Mauri Yambo who i am particularly indebted to for his patience and advice. He was available to guide me, his suggestions were focused and specific, this enabled me to proceed with clarity. I however take responsibility for any mistake in this work.

## ABSTRACT

The purpose of this research project was to determine why FGM had persisted among the Abagusii, a society characterized by fast changes both socially and economically. The practice had been discouraged in the past but some communities in Kenya have continued practicing it. Despite the pressure to abolish it from all quarters, it has persisted and taken new forms.

The practice of female genital mutilation had lived for a Millennium and is believed to have started in ancient Egypt. One of the broad aims of this study was to examine the nature of current trends of FGM among the Abagusii. A further concern was to establish why the practice had persisted in the Abagusii society despite the government ban. It was also to find out why the Abagusii had resorted to this other trends in female circumcision.

Whether these trends discourage this practice, the impact of the ban and sensitization campaigns which had been launched against the practice were also examined and how people had responded to the same. A sample size of 70 respondents was selected to represent both rural and urban Kisii.

A field study was aimed at fulfilling the study objectives outlined above and was carried in Kisii municipality of Kisii district and Suneka division of Suneka district. Kisii district is among the category of the highest in prevalence. The study collected raw data based on a structured interview schedule. More primary data was generated using key informants and focus group discussions. An investigation into the current trends established that there were alternative rites of passages for initiates. This includes girls' empowerment programmes through organized seminars among others. The study established that upholding cultural traditions was the main reason why FGM persisted in the Abagusii society despite the government ban. Female circumcision was considered an integral part of the Kisii people's way of life and culture as the study found out in interviews. As one respondent pointed out, Kisii community circumcises girls because that is the way it has always been and because it is considered an integral part of their heritage and culture.

Preserving sexual morality was another reason given why FGM persisted. Interviews showed that it was widely believed that circumcision reduces sexual urge in women. In continuing with the practice, the Kisii seek to ensure that their women do not become promiscuous.

The study concluded that despite stiff social resistance, progress towards abandonment of FGM can be achieved through well focused incremental programmes advocated by churches, schools and exposure to other cultures.

The study recommends that similar studies be carried out in other districts of Kisii to compare their findings of this study. There is need to carry out other studies in rural villages in Kisii since this study was carried in one district in order to ascertain the prevalence of the practice in these areas.

## TABLE OF CONTENT

Declaration .....	i
Dedication .....	ii
Acknowledgement .....	iii
Abstract .....	iv
Table of Content .....	v
List of Tables .....	vii
Acronym .....	vii
<b>CHAPTER ONE: INTRODUCTION.....</b>	<b>1</b>
1.1 Background .....	1
1.2 Problem statement .....	2
<b>CHAPTER TWO: LITERATURE REVIEW AND THEORY .....</b>	<b>7</b>
2.1 Origins of female genital mutilation .....	7
2.3 Reasons for the persistence of female genital mutilation.....	8
2.2 Current trends .....	13
2.4 Response to the ban by the government.....	15
2.5 Theoretical Framework .....	17
<b>CHAPTER THREE: RESEARCH METHODS .....</b>	<b>22</b>
3.2 Sampling Procedure .....	23
3.3. Unit of Analysis.....	24
3.4. Data collection Techniques .....	24
3.5 Data Analysis .....	25
3.6 Techniques of data analysis.....	26
3.7 Field Experiences .....	27

<b>CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND DISCUSSION .....</b>	<b>29</b>
4.1 Characteristics of the respondents .....	29
4.1.1 Age .....	29
4.1.2 Religious denomination.....	29
4.1.3 Marital status .....	30
4.1.4 Level of education .....	31
4.2 Reasons for FGM .....	33
4.3 Patterns of FGM .....	36
4.3.2 Place of operation.....	41
4.3.4 Dangers of FGM.....	42
4.3.5 Campaigns against FGM and response to Government ban .....	44
4.3.6 Abandonment of FGM .....	44
<b>CHAPTER FIVE SUMMARY, CONCLUSION AND RECOMMENDATIONS .....</b>	<b>46</b>
5.1 Summary .....	46
5.2 Conclusion.....	49
5.3. Recommendations for advocacy and areas for further research.....	50
5.3.1 Recommendations for advocacy .....	50
5.3.2 Areas of further research. ....	51
<b>REFERENCES.....</b>	<b>52</b>
<b>APPENDIX 1: QUESTIONNAIRE.....</b>	<b>55</b>

## LIST OF TABLES

Table 1: Age distribution of the respondents .....	29
Table 2: Distribution by religious denomination.....	30
Table 3: Marital status.....	31
Table 4: Number of years spent in school .....	32
Table 5: Types of employment: .....	33
Table 6: Reasons for FGM: .....	35
Table 7: Distribution of respondents by whether initiation rites are performed in urban and rural areas.....	36
Table 8: Procedures accomplished during the circumcision ceremonies:.....	39
Table 9 Distribution of respondents according to where they took their children to be circumcised .....	42
Table 10: Attitude towards abandonment of FGM.....	45



## ACRONYM

FGM	Female Genital Mutilation
NGOs	Non Governmental Organizations
MYWO	Maendeleo Ya Wanawake Organization
WHO	World Health Organization
KDHS	Kenya Demographic and Health Survey
YWCA	Young Women's Christian Association
GEP	Girl Empowerment Programme
FGD	Focus Group Discussion
SDA	Seventh Day Adventist
ADRA	Adventist Relief Agencies
DHS	Demographic And Health Surveys
UNEP	United Nations Environmental Programme
UNICEF	United Nations International Children Education Fund
ARP	Alternative Rites of Passage
ECAW	Education Centre for the Advancement of Women

## CHAPTER ONE: INTRODUCTION

### 1.1 Background

Abagusii is a group of Bantu people living in Kenya, particularly to the North East of Lake Victoria in Nyanza province. Like other Bantu peoples of East Africa, Abagusii have highly developed culture, which has been in practice since time immemorial. Some of their cultural practices have disappeared due to westernization, while others have survived the test of time. Those which have disappeared include: virginity at marriage and forced marriage. On the other hand, other cultural rituals, which are meant to integrate the members into the society, are still in practice, and the most notable of them is female genital mutilation.

Female Genital Mutilation (FGM), like male circumcision, is a ritual practiced by the Abagusii community for various reasons. Besides integrating the youth girls into the society, it also acts as a sign of community identity, bonding with the ancestral/spiritual world, entry into adulthood/womanhood, readiness for marriage and maturity. Although the practice looks outdated, having been condemned and discouraged on medical grounds, it is widely practiced among the Abagusii.

Some young girls in Kisii still want to go through the practice because they feel they are missing out on what those who had gone before them experienced (Nyansera, 1994:8). This is partly due to lack of knowledge and so they undergo the ritual secretly; but the practice has changed. Some parents, in response to pressure from their daughters, do a 'mock blind' of circumcision to cheat their daughters that they have been circumcised.

Female Genital Mutilation (FGM) is defined by the WHO as comprising all procedures involving partial or total removal of the external female genitalia organs for non medical reasons. The practice of FGM has no known Health benefits on the contrary, it is known to be harmful to girls and women. Severe pain is experienced during cutting, the removal of or damage to healthy normal genital tissues interferes with the natural function of the body. Immediate and long term health consequences of Female Genital Mutilation include severe bleeding, infections, retention of urine and later potential complications during child birth that can lead to maternal and newborn deaths.

FGM is a procedure done deliberately to remove parts of female genitalia. The World Health Organization (WHO, 1999:1) categorized FGM into four main groups in order of severity in an effort to standardize this terminology. The first type is clitoridectomy where the prepuce is removed sometimes along with part or entire clitoris. The second type is excision, where both the clitoris and inner vaginal (labia minora) are removed. In type three (infibulations), and incisions are made on the labia minora (outer lips) to create raw surface which are stitched together to form 'a hood of skin'. Type four is a new category that encompasses a group of other operations on the external genitalia including cuts, piercing or incising the clitoris. The Abagussi Society practice Clitoridectomy where the prepuce and part of the entire clitoris is removed.

## **1.2 Problem statement**

Globally, at least 2 million girls a year are at risk of undergoing FGM (Toubia, 2000:7). Estimates reveal that 85 million girls and women living in Africa and a few in Asia, Europe, Canada and United States have already undergone the cut (WHO, 1997:5). It is estimated that at

least 38% of Kenya's female population have already been circumcised (PRB, 1998:11). Organizations such as FPAK (1996:10), KDHS (1989:21) and MYWO (1986:33) have confirmed high FGM prevalence rates in a few districts, which include Kisii, 98%; Narok, 96%; Samburu, 91.3%; Garissa, 90%; Nyambene, 80%; Meru, 73% and Muranga, 60%. The same studies revealed that a majority of people who practice it intended to circumcise their daughters in future. In Kenya, girls are circumcised at varying ages ranging between 5 and 20 years, depending on the community. Generally, it is a pre-adolescent (below the age of thirteen) and teenage practice (Maendeleo Ya Wanawake Organisation, 1986).

Among the Maasai, it was extremely rare for a girl to engage in sexual activities soon after circumcision. During convalescence, she was considered to be unclean and nobody would touch her sexually. She dressed and wore her hair in forms that would make everybody know that she was convalescing from circumcision. Circumcision was therefore a mechanism for the management of teenage sexual reproductive activities (Njau, 1993:258-259).

Interested organizations such as Maendeleo Ya Wanawake; churches, such as the Seventh Day Adventist Church and the Catholic Church; and schools, especially all mission schools and all government schools have made contributions to the issue of FGM by hosting seminars, workshops and other gatherings. They argue that, apart from being a health hazard, female genital mutilation is an oppressive example of the general subjugation of women (Toubia, 2000:3). Despite all its harmfulness, FGM is a cultural practice that has persisted among the Abagusii and other ethnic groups. Obsolete patriarchal systems are still maintained to subjugate women (Maendeleo Ya Wanawake Organisation, 1986:10) and render them vulnerable.

In contemporary Kenya, information technology, education, cultural integration, concern for equality of life and gender issues have changed people's perception about this practice. It is described as a heather practice, a health hazard and a barbaric mutilation of innocent victims which should have no place in the modern world (Toubia, 2000:7). It is regarded as a violation of the human right of sexual expression, and a very expensive ceremony, which has become a relic of the past. As a result, there are contradictory attitudes towards trends in this practice (Nyansera, 1994:2).

Efforts by interested parties to have the practice abandoned have had decrees, conventions, legislations and campaigns made against female genital mutilation (PRB, 1998:8). However, the practice continues in some areas as though unchecked. Yet, in others it is being revived (Nypan, 1991:36). Efforts to eradicate this practice should target the improvement of thee educational status of girls and the intensification of campaigns to create awareness among all people on the dangers associated with the practice (Nyakundi, 2000:101). If this practice has to stop, regulatory policies are necessary. This must depend on detailed investigation of current trends in FGM.

From colonial times, some missionaries made efforts to stop the practice of FGM without success. Opposition to the practice became a source of political strife and unrest on one hand, and religious protests and sectionalism on the other hand (Murray, 1974; Kenyatta, 1978). WHO discouraged the practice worldwide in 1952 because it was a health hazard (WHO, 1986).

Sanderson, (1986:26) asserts that the government of Kenya banned the practice in 1982 because of the same reason. The Ministry of Health and the Ministry of Culture and Social Services as well as Maendeleo Ya Wanawake Organisation of Kenya have launched campaigns to eradicate. Many non-governmental organizations such as UNICEF, UNFPA, USAID, UNESCO and WHO, churches and other interested groups have done the same by hosting seminars and workshops to educate the people.

It is in this context that a study focused on FGM, and why people have resorted to other trends, and how they responded to the government ban, is necessary. Therefore, this study seeks to find out the reasons behind the continued practice of FGM despite the various attempts by different entities to stop it.

Many studies have been conducted on initiation. Examples include Murray (1974), Audrey (1956) and El-Dareer (1978). These studies either look at the medical aspects or the ethnographic nature of initiation. This study intends to examine the nature and current practice of clitoridectomy among the Abagusii. It is envisaged that this research paper will generate sufficient information that will contribute to the bank of knowledge on FGM, and particularly why the Abagusii have resorted to these other trends in FGM.

In spite of the fact that female genital mutilation is a well-studied area, the studies in question are mainly skewed and centred around the reasons for the persistence of FGM. They overlooked the issue of the new forms that the practice has taken. Studies by Nyansera (1994), and Nyakundi (2000), might have incorporated reasons for the persistence, though they were not designed to make a thorough analysis of the current trends. Such deep understanding and insight into the new

forms that the practice has taken has not been developed, resulting in a serious lack of detail. Nyansera (1994), in her study among the Abagusii, did look at the reasons for the persistence of FGM, however, she did not deal with the current trends. Therefore, little is known about new forms that the practice of FGM has taken. Their contribution to the current trends has not been seriously questioned.

### **1.3 Objectives of the study**

#### **Main objective**

The study sets out to determine why FGM has persisted among the Abagusii, a society characterized by rapid changes both socially and economically.

#### **Specific Objectives**

To examine the nature and practice of the current trends in FGM among the Abagusii

To examine response to the government ban on female genital mutilation among the Abagusii.

### **1.4 Scope and limitations of the study**

The study is focused on the current trends in the practice of FGM among the Abagusii. It is restricted to the Abagusii because a lot of campaigns have been carried out to stem it out but still it persists and has taken different dimensions meaning that it has not been completely wiped out.

New ways have come up to continue with the practice of female genital mutilation.

Suneka division has been chosen by virtue of being a division within Suneka district in Kisii County. Its selection is in no way related to its high rate of female genital mutilation vis-à-vis other districts within the County. The selection of only one division is largely due to time and financial constraints.

## **CHAPTER TWO: LITERATURE REVIEW AND THEORY**

### **2.1 Origins of female genital mutilation**

Although the practice of FGM has existed for centuries, the exact time and place where it was first performed cannot be traced, nor what the underlying motives were. Theories and suppositions have been put forward to explain its origins. Giorgis (1981:5) postulates that it originated around the Nile valley during the pharaonic era when young slave girls from the lower Nile were mutilated to curtail their sexual freedom and to reduce unwanted pregnancies.

According to Giorgis (1992:6), FGM started in the Nile valley as a sacrifice made on part of the body for the salvation of the whole community with a conviction that the blood that was spilled could make rain fall and bestow land fertility. This was to replace human sacrifice which was performed annually to increase land fertility for Egyptians. FGM was often seen as being mandated by Muhammad. This was derived from the story of Abraham, Sarah and Hagar that is recorded in the bible (Genesis 15:11-14) and the Koran. In the story, Sara forces Abraham to circumcise Egyptian born Hagar. God then commands Abraham and Sarah to circumcise themselves because of their actions. This story allows groups to justify 'sunna' FGM.

In Kenya, the origin of this practice is difficult to trace, but according to Maendeleo Ya Wanawake Organization (MYWO, 1992:19) 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 when women started behaving rudely to men, the latter decided to circumcise them so that they may feel the same pain and become mature and respect them (Mwaniki, 1985:19).



According to (WHO, 1986:3), 3 million women and girls are circumcised every year in the world. Duncan (1992:16) pointed out that over 100 million women worldwide are circumcised yearly. Out of these, 78-84 million are from Africa (Newsweek, Thursday 5<sup>th</sup> July, 1994). According to Mwaniki (1985), 28 African countries circumcised females where more than 100 million women have been circumcised including approximately 50% of Kenyan girls and women. Nypan (1991:13) and Hosken, (1978:15) contend that the practice is found in many parts of the world. It is practiced by the Muslim population of Indonesia, Malaysia, India, Pakistan and east Africa. Hedley and Darkenoo (1992:17) and Hosken (1978:18) also identified 40 states in Africa that practice FGM, noting that they would be more, given the likelihood of unreported cases.

In Kenya, 60% of the circumcised women belong to the Bantu, Cushites and some Nilotic groups (Murray, 1974:33). The 40% belong to River-lake Nilotes like Luos who do not have circumcision rites, though they have practice of teeth removal for both men and women as an initiation rite.

### **2.3 Reasons for the persistence of female genital mutilation**

Culture was the main reason that was advanced to explain why the practice continued (Nyakundi, 2000:62). According to Taylor (1958:22), culture is that complex whole which includes knowledge, beliefs, arts, morals, customs and any other capabilities and habits acquired by human beings as a member of the society. It is the sum total of the people's way of life which is learnt by individuals and transmitted from generation to generation through the process of socialization. The environment plays an important role in the culture of a society where each society has its own unique culture that is developed throughout its history and transmitted to its

members. The Abagusii people hold the practice of FGM as a universal mark of their culture which makes them distinct from the neighbouring Luos.

Nypan (1991:42) commenting on the resurgence of FGM in Tanzania observed that young girls in most instances were circumcised against their parents' wishes. The resurgence was accelerated by social pressure from peer groups that require women to undergo the rite to accord them adult status and identify them within their society. Nypan noted further that the practice of FGM was regarded as a gateway to marriage. She argued that among the Meru of Tanzania, FGM was performed as part of customary wedding ceremonies. This is similar to the cases of Maasai and Samburu of Kenya (MYWO, 1992:10)

If marriage was a woman's highest hope, it makes sense that a woman would desire to be circumcised in a culture where that was the path to marriage. In Kenya, a survey by MYWO (1992:6) revealed that 80% of the women who underwent it as a mark of adulthood. Another research undertaken by Gwako (1992:41) revealed that the girls are never considered fully fledged members of the ethnic group until they had undergone this rite. The cutting of the clitoris symbolizes cleansing of elements of childish lifestyles in readiness for impending adulthood. Thereafter the girls gain recognition and status as adults who are fully bonded to the ancestral world as well as the groups living and unborn members (Gwako, 1992:43).

A circumcised woman augments her social status through marriage and motherhood. This seems to agree with (Nyamweya, 1986:16); Gwako (1992:14) and MYWO (1992:16) pointing out that FGM was seen among the Abagusii as a prerequisite for marriage. Therefore, this is another reason for the persistence of the practice and the male roles towards FGM. A survey by MYWO (1992:18) in Narok also established that a father recommended more than half of the

circumcision cases. Men play a role towards the persistence of FGM Nyakundi (2000:88). According to Gwako (1992:46), circumcision was seen to revitalize the spirit of togetherness mainly by participating in the celebrations that reinforce the group's social solidarity. According to El-Dareer (1978:21), circumcision rites were seen as a source of livelihood where the traditional surgeons received revenue from the operations. Even today where it is done in hospital, it is seen as a source of revenue.

The question we should ask ourselves is why women in particular were subjected to such torture and cruel suppression. This is why this study sought to focus its attention on the reasons for the persistence of the practice, and on whether Kisii men still require FGM as a condition before a girl gets a husband, given the fact that men play a role.

There are many reasons for FGM. For the initiates, it is a mark of movement from childhood to adolescent or adulthood. It is a socialization process, a gateway to marriage and a sign of bonding with the community and the environment. It is regarded as a mark of identity, status and prestige (Mbithi, 1975:24). But in most communities that have the practice, individuals are hardly aware of all these reasons. In a research by Maendeleo Ya Wanawake Organization (1992:20) in four selected districts, namely; Kisii, Kuria, Narok and Meru, it was found that the main reason behind FGM was that it was a mark of adulthood. There is a claim that on anatomical grounds females have a stronger sex-drive than males. FGM is aimed at attenuating sexual desire by removing the clitoris, which is the erotogenous zone. This would protect her from her oversexed nature and preserve her chastity (Mugo, 1982:36). According to a survey by MYWO (1992:22), FGM is seen as a prerequisite for a successful marriage. It is believed that uncircumcised women are promiscuous. In Kisii, male honour is said to be derived from the

struggle to maintain intact the virginity and chastity of kinswomen and when men marry uncircumcised women and are not virgins their prestige is minimized and they lose their honour (Meyer, 1980).

Murray (1974:29) also noted that women whose clitoris are still intact are bound to adopt loose sexual morals and that they are likely to cause embarrassment to their parents as well as the entire society. Circumcised women on the other hand are believed to be docile, humble, submissive and know their place in the family. Giorgis (1981:25) observed that in Ethiopia, there's fear that female genitals will dangle between the legs if they are not excised. Excision is thus performed as a surgical operation for removal of the enlarged genital organ that obstructs intercourse. This of course may not be valid because of lack of documented medical evidence to show that genital organs obstruct intercourse. If this was the case, then the operation would be limited to older women whose genitals are likely to have grown and become larger than those of small girls.

Adebajo (1992:41) observed that the Oyo state of Nigeria, women's genital organs are considered dirty and ugly to look at. Offensive smell and discharge emanate from the clitoris, hence the need for FGM. According to Hicks (1981), FGM was seen as a way of purifying women of their masculinity, because the clitoris is viewed as undeveloped penis. A woman who still has her clitoris intact is seen as somehow bisexual. If these claims are true that women's genitals are offensive, ugly to look at and obstruct sexual intercourse, the uncircumcised women would find it difficult to have sexual and marriage partners, which has never been the case. However, if women themselves feel they are unclean and are denied their sexual pleasure

because of the obstruction from their genitals, then they would be the ones to want to be circumcised.

Nyansera (1994:66-67), in her studies among the Abagusii, established that the Abagusii regard their practice highly despite the fact that it is a health hazard and cherish it to the extent of trying not to be the first ones to abandon it. Further studies (Nyansera, 1994) revealed that the persistence of the practice is attributed to the fact that some groups which campaigned against the practice did not educate the people on the dangers associated with the practice. She also noted that some rural people are not aware of campaigns against FGM. It is likely that half of the campaigns end at workshops and media levels and hardly get to the grassroots where the problem abounds. Rural people do not access the dailies where the campaigns are advanced.

Politicians fear talking about the subject of FGM in public for fear of losing votes because it is a sensitive subject. Both the government and the politicians have taken a non-committal stand. For example, on may 7<sup>th</sup> 1995 (Daily Nation, 1995) Mr. Ole Ntimama, a member of parliament and a minister who represented a constituency with among the highest FGM prevalence rates, stated that “we have more important things to worry about such as the poor and the unemployed, the practice of FGM will die slowly”.

The practice of FGM has been used as a rallying tool politically and culturally when communities are threatened. A good example is during the Mau Mau war of independence, the Agikuyu used girls' circumcision as rallying point and as a symbol of cultural unity against the colonialists and Christians (Kenyatta, 1938:31). In addition in 1990s FGM has come to be used as a political tool to threaten and compromise the security of women. In May 1992, the late Member of Parliament for Kerio Central, Mr. Chepkor, declared in parliament that he would

circumcise the coordinator of the Green Belt Movement the late professor Wangari Maathai if she dared step in the ethnic clashes zones. In the early 1990s, ethnic tensions between the Saboat Maasai and the Bukusu in Western Kenya led to mass forced female and male circumcision in the Mt Elgon district.

FGM has also been used elsewhere to demean and threaten women politicians. For example, during the 1997 general elections, Mrs. Martha Karua, the MP for Gichugu was insulted by her opponents at political rallies by being told that she was unfit to address parliament because she was not circumcised. Similarly, male politicians have also been politically intimidated on the basis that their wives are not circumcised. These attitudes from government leaders hindered the efforts of those who wished to discourage the practice.

## **2.2 Current trends**

Despite the ban by the government on the circumcision of girls, it is still going on in Gusiiland among the community members, though it is now being practiced secretly. A few of the cultures or traditions that go with it have died out but some of the practices are still prevalent. In the 1940s and 1950s, FGM was regarded as a taboo just like any other matters regarding human sexuality. It could not be mentioned in public nor discussed publicly (Nyakundi, 2000:61).

Currently the issue of FGM has come to the limelight and is being discussed in public. Both the print and electronic media have been very instrumental in bringing the subject into the limelight. There has been media coverage on the cases of forced circumcision, other related issues and dissemination of research findings. The debate about FGM has led to the emergence of two groups. One group supports the continuation of the practice; as a good practice, the other is against the practice on the grounds of its diverse health effects (MYWO, 1992:15)

FGM is a dynamic practice, it goes underground when it is legislated. This is evident from the colonial period when the missionaries in Kenya legislated on it. Most communities who practiced it continued to circumcise their daughters secretly. In 1982 and 1987, for example, former president Moi while addressing public rallies issued presidential decrees banning the practice. Yet communities based studies have revealed that girls were circumcised in mass after each decree (FPAK, 1996; Kiragu, 1997:30).

Members of certain communities, the Abagusii inclusive, are turning to new forms or current trends such as turning to health facilities and qualified health practioners to have their daughters circumcised. This is particularly common among affluent individuals. Those who cannot afford to take their daughters to hospital to be circumcised, take them to private clinics to be given and antiseptic injection. The traditional female circumcisers are also instructed by girls' parents to use only one razor blade per initiate, and gloves to prevent infections. The wound is also treated using antiseptic detergents (FPAK, 1996; PATH KENYA, 1996).

Gwako (1992:92) in his study among the Abagusii of Kenya asserts that FGM is gradually being affected by various elements of social change. However, this does not mean that the practice is being eradicated because even those who publicly claim to be in favour of its abandonment secretly arrange for their daughters to be circumcised in hospitals. Olayinin (1987:22) observed that the singing and dancing during the ritual in Nigeria has changed and some of the shameful and embarrassing terminologies used during the occasion are gradually being dropped while time

is spent in initiation activities has become much shorter partly because of financial constraints. The training is less thorough also as the traditional functions appear to be slowly disappearing.

Oruka (1990:12), acknowledging the element of incorporation of changes, also pointed out that the practice is in the category of traditional-cum-christian suggesting modernization of the practice. Laxdale (1990:16) makes similar observations, noting that this rite of passage is being gradually watered down by economic and global cultural changes. For instance, there is a shortening of seclusion periods due to inadequate supplies of the wood required to keep a fire constantly burning in each seclusion home. He further noted that there is a decline in the role of grandparents, which is increasingly being taken over by the formal school system meaning that the educational role of FGM is declining.

Nyansera (1994:61) in her study among the Abagusii established that 70% of the parents take their daughters to hospital for circumcision surgery by trained medical personnel. Female initiates are very young and are taken to hospitals from the age of 3-8 years. Such parents are aware of the dangers of the operation being done at home. Gwako (1992:25), noted that the kinds of drinks and food served to mark circumcision occasions have changed, as the mode of feasting was serving tea and bread rather than the traditional liquor drinking during the ceremony.

#### **2.4 Response to the ban by the government**

The ban and the awareness campaigns, which have been launched, did not seem to have an impact, instead the people looked for other secretive ways to carry on with the practice (Nyansera, 1994:80). The surgical operation, the accompanying ceremonies, rituals and education have changed significantly (Gwako, 1992:12). Other parts of the ritual have been left out altogether. Church leaders, activists, Maendeleo Ya Wanawake Organisation and the



government, all opposed to FGM have come up with educative programmes where young girls go to learn about social life and their body functions. Upon their graduation from this group, a ceremony is carried out to show the rest of the community their new status. However, in some parts of Kisii, some groups that do not want to abandon this culture still take their daughters for circumcision. However since they fear the law, they have resorted to doing it secretly (Nyansera, 1994:6).

The Christian missionaries made efforts to have the practice of FGM abolished. For example, there was a ban on the practice in 1929, people did not heed the ban, instead it became a necessary unifying factor for fighting colonialists, Kenyatta (1978), Murray, (1974). In 1982, the government of Kenya put a ban on the practice. Anybody found practicing it would be prosecuted under the chief's Act of 1912. Non-governmental organizations and interested individuals have also campaigned against the practice. Sources of information on the ban were mostly from the broadcast media, chiefs, churches, schools, family planning clinics and other women groups. In spite of the presidential ban, the practice has continued frequently. Even very young girls of 3 years of age are being circumcised to ensure that when the government becomes more stringent in punishing those who practiced it; their daughters would have gone through the rite.

Older members of the society feel that the government did not stop their culture per se, but only the beer which was brewed for use during ceremonies. They do not understand why a government would put a ban on anybody's culture (Nyansera, 1994:65) the same studies established that the Abagusii argued that the laws are there to safeguard them and not to impinge

on their traditions, which they thought were transcendental. They also felt that their circumcision ceremonies were good and the type of operation performed superb.

The Abagusii were of the opinion that the Agikuyu, Meru, Tugen and Maasai type of circumcision (excision) was bad. Therefore, this should be the first to be discouraged, not clitoridectomy which they felt should be encouraged because they removed a little. They compared it to a pinch.

There is evidence to show that the practice has persisted since 1994. This is from the findings of (Nyakundi, 2000:88). In her studies among the Abagusii, she noted that the Abagusii feared abandoning female genital mutilation as this would spoil the chances of their daughters getting married, the potentiality of uncircumcised girls being cursed such that they might not give birth or their children might die.

In order to effectively understand the new trends of female genital mutilation in Kisii district, this study intends to answer the following questions:-

1. Why has female genital mutilation persisted in the Abagusii society despite the ban by the government?
2. What are the current trends in FGM among the Abagusii?

## **2.5 Theoretical Framework**

This study adopts a theoretical framework based on social change, social control, social conflict and socialization theories. The study is designed to connect the origins of the practice of FGM and the current trends of the practice in Kisii district. Theories on social change will therefore serve as a key to the study in documenting the nature and practice of current trends in terms of

persistence and the people's response to the government ban as pertains the practice in Kisii district. Social control refers to those mechanisms by which society exercises the dominion over component individual and enforces conformity to its norms and values (Coser and Rosenberg, 1965:11).

Coser, in his conflict approach to social change, views conflict as a means of promoting social change. He argues that people who feel that their society satisfies their needs are not likely to want to alter anything in it. Those whose needs are not satisfied will attempt to change the situation by confronting the dominant group that has suppressed their goals. But Coser maintains that conflict can lead to change in a number of ways, including the establishment of new group boundaries, drawing off of hostility and tension, the development of more complex structures to deal with conflict and its accompaniments and the creation of alliances with other parties. Each of these can result in a new distribution of social values, with the concomitant formation of a new social order. Therefore conflict is seen as a creative force that stimulates change in society (Coser, 1956:153).

Conflict theory fits well in the study of FGM since we see conflict, hostility and tension as the government, activists. Non-governmental organizations making efforts to eradicate the practice of FGM where as on the other hand society feels that they should be left to continue with the practice. This conflict has led to current trends and practice of FGM.

Emile Durkheim first attempted to explain social control solely in terms of exterior constraints but emphasized that social norms imposed on the individual from the outside, and became

internalized and that they are society living in us (Durkheim, 1965:6). Thus the concerted efforts by the political and activists may not have contributed significantly to the dynamism of FGM.

The emergence of current trends can also be explained in terms of socialization differentials among social classes. Socialization has been defined as the process whereby individuals acquire the personal system properties, the knowledge, skills, attitudes, values, needs, motivations, cognitive, effective and co native patterns which shape adaptation to the physical and socio-cultural setting in which we live. The success or failure of this process is determined by the ability with which the socializee plays the roles which he/she may later find himself/herself in (Inkeles, 1964:615).

The well-to-do classes are generally more likely to have a high value for education, be aware of the dangers associated with FGM and of the campaigns against FGM. They are therefore likely to socialize their children to believe that FGM is detrimental to health. One will want to believe that a larger number of the girls who are being circumcised secretly are from illiterate families. One will also want to perceive that the persistence of circumcision largely depends on attitude as a socialization process.

If the obtaining attitude is that FGM is a mark of movement from childhood to adulthood, a gateway to marriage, a sign of bonding with the community and the environment and a mark of identity status and social prestige, then it will not surprise anyone that the practice will still continue even after various campaigns from different quarters and despite government ban. During infancy and childhood, the family and school are the main agents of socialization. At puberty, the school, family and peer groups determine the form of socialization on. Peer

influence is in particular so important that it is even rated to equal parental influence at puberty (Maccandless, 1969:808). There is also further socialization at the place of work.

The process of role training or learning differs from society to society, from class to class and between sexes. Societies differ with respect to among others, the chief agent of socialization, how socializing agents control the young and what children are rewarded and punished for (Stendler, 1964:257). Socialization differs among social classes because, as Bossard and Boll (1960) note, social classes live in different worlds and each transmits its world-or class-culture to its children from the beginning of the child's life. Cohen (1961:44) concurs with this view. "In any social system, he writes, different people occupy different positions. And in these positions which not only determine the aspects of a culture to which people have access but they determine which aspects of culture will be transmitted to a person in the course of growing up". He cites the example of education being highly valued in America yet this culture is unavailable to the child of an unskilled menial labourer. This is because given the parents' placement in the social structure, the parents are unlikely to transmit to their children a need to acquire such an education.

There are also differences in socialization depending on the socializee's sex. In all societies, roles are allocated on the basis of sex. Be they activities, tasks or characteristics and attitudes, all are assigned differently to men and women (Mussen, 1969:707). Though different cultures define male and female roles and characteristics differently, some roles tend to be more or less universal. For instance, whereas men are generally assigned the physically strenuous, dangerous tasks and those requiring long period of travel. Women generally carry out established routines, ministering to the needs of others, cooking and carrying water (Mussen, 1969). King and Hill

(1993) report that the distinction between male and female socialization has yet to subside in many countries. They cite examples from some Arab countries like Egypt and Morocco where the socialization of girls emphasizes the acceptance of the predominance of sex roles in marriage and family, but not of employment in the labour market, as the ultimate goals of women. It is this kind of socialization that to some extent determines the nature and current trends of FGM.

The preceding discussions focus on how the theories of change, control, conflict and socialization influence the study of FGM in Kisii. Having observed these theories, and since no study of current trends has been done, the following two research questions were formulated to guide the study, as we have already seen:

1. Why has female genital mutilation persisted in the Abagusii Society despite the ban by the government?
2. What are the current trends in FGM among the Abagusii?

## **CHAPTER THREE: RESEARCH METHODS**

This chapter highlights the methods that were used in the research. This research was conducted on women mostly in the age bracket of 18 and above. The chapter covers site selection and description, target population, unit of analysis, sampling procedures and data analysis. The problems encountered in the field are also highlighted.

### **3.1 Site selection and Description**

This research was undertaken to better understand FGM as currently practiced among the Kisii communities. The study investigated the reasons for the persistence of FGM among girls and women, the current trends the practice has taken and the response to the government ban to the practice of FGM by the Abagusii. The research used qualitative methods of collecting data through key informants interviews and focus group discussion. The unit of analysis was the household. The unit of observation was the mother, the individual mother. If mother was not available, individual female of over 18 years in the household was interviewed.

Kisii and Suneka districts are districts within Kisii county which share a common border with Nyamira to the North East, Narok to the South, Homa-bay and Migori counties to the west.

It has an area of about 1301. 1 Kms<sup>3</sup> and is divided into several administrative divisions (Republic of Kenya, 1996), these include Keumbu, Birongo, Marani, Mosocho, Suneka, Kenyenia Masaba, Ogembo, Bonchari, Nyacheki, Tabaka, Nyamarambe and Nyamache among others. The hilly nature of the district exposes it to serious soil erosion and makes road communications difficult. The situation worsens during rainy seasons when most roads become impassable. The region is blessed with good soils and high rainfall, which will permit the growth

of diverse cash and food crops. These include: tea, Coffee, Pyrethrum, Sugarcane and Maize among others; livestock farming is also practiced in the district.

Suneka division was chosen purposively by virtue of being a division within Kisii County. Its selection is in no way related to its high rate of female genital mutilation vis-a-vis other divisions. The selection of only one division was largely based on consideration of the time and it was also convenient to the researcher in terms of accessibility and financial constraint.

The study adopted a comparative design. Kisii municipality, which comprises the urban population, was also purposively selected to allow comparison between the rural and urban trends of FGM. Kisii municipality borders Suneka division. Its proximity was a factor in its selection.

### **3.2 Sampling Procedure**

The researcher took a sample size of 70 respondents from the two areas, Suneka division within Suneka district and Kisii Municipality within Kisii district. The selection of 40 respondents from Suneka division involved the use of cluster sampling techniques. The Abagusii, who are among the most densely populated communities in Kenya, have a social structure which starts from the nuclear to the polygamous family (Omochie), clusters of which make a village (Enyomba). These villages have a common ancestor (Egesaku) and the clans make up a social unit embracing the Gusii people. Suneka division, which represents the rural sample, has 5 locations with a total of 14 sub locations. Out of the 14 sub locations, three households were chosen from each sub location.



A larger sample size of 40 respondents was selected from Suneka division considering the fact that the researcher wanted to cater for the views of all the clans in Suneka division to avoid clan biasness.

To allow comparison between the rural and urban trends in FGM, 30 households were purposively selected from the five wards of Kisii municipality to represent the urban population. Thirty households were considered an adequate representative sample for Kisii municipality owing to the fact that the numbers of wards are less compared to the sub locations in Suneka division. Therefore all the five wards were adequately represented.

### **3.3. Unit of Analysis**

In this study the unit of analysis was the household. The unit of observation was the individual mother. One female member of the household, mainly the mother, represented the household. If the mother was not available then a female of over 18 years in the household was interviewed instead.

### **3.4. Data collection Techniques.**

The study derived data from both primary and secondary sources. Secondary sources were from a survey of literature in both published and unpublished documents on FGM. Primary information was generated from field research which was carried out in Kisii County.

**Field research:** interviews were conducted using both structured and unstructured interview schedule. 70 women who represented the households responded to the questionnaire. Closed and open ended questions were administered to the women. The survey research was especially

selected for the purpose of facilitating standardization of the procedure for all respondents. The method was also suitable for descriptive, explanatory and exploratory purpose.

**Unstructured Interviews:** - the researcher administered unstructured interview with four key informants, four group discussions were made these were some women group leaders of some groups both in rural and urban . Another group was the young initiates from both gender because they interact with the young girls so often because they are school going children. The last group was the activists, those who were educating the young girls against female genital mutilation.

The key informants were considered as they were conversant with the subject under study. Unstructured interviews were use as they provided individual opinion on the topic under study because one had room to air her views.

### **3.5 Data Analysis**

According to Nachmias (1996:292), "data analysis is an ongoing process". This study, being qualitative in nature, used qualitative techniques of data analysis. Various methods and techniques were applied to analyze the data collected. As we will see in Chapter four, the study used mainly non-numeric data.

Respondents' personal views, opinions and comments were used to describe, explain, discuss, report and document the status of FGM in the study area. Some data reduction was undertaken and this involved selecting, simplifying the collected data then transforming them into relevant sections.

The data were initially in the form of field notes, transcriptions and structured responses to questions. Processed quantitative data are displayed in the following chapter in the form of

frequency tables to summarize the respondents in terms of age, level of education, marital status, reasons for persistence of FGM and current trends in FGM. Descriptive statistical procedures were used to characterize data distribution and to derive patterns from the data.

Analysis began with identification of themes from the raw data, a process sometimes referred to "open coding". During open coding the researcher identified and tentatively named the conceptual categories into which the study would be grouped. After the conclusion of the field study the completed questionnaires were given numbers according to the order in which the respondents were interviewed thus assigning a number to each respondent. Numbers were also given to key informants. At the end of the data collection the questionnaires were sent straight for computer processing of data.

The categorized responses from in-depth interviews and focus group discussions with key informants helped to understand the nature and practice of current trends. The open ended responses were categorized along emerging themes and interpreted to support quantitative data.

### **3.6 Techniques of data analysis**

The main statistical method that has been used in this study in descriptive statistics. Descriptive statistics were used to summarize information for accurate descriptions and comparison, where possible the mean, percentage and range were used .

The first research question asked was:-

- Why has female mutilation persisted in the Abagusii society despite the ban by the government?

The technique used to answer this research question was descriptive statistics. It was used to summarize information for accurate descriptions and comparisons, where possible the mean and the range were used.

The percentage has been used to determine the amount of income, the level of education and the distribution of respondents according to all other variables where applicable. The higher the percentage the better or worse, the human welfare of the households depending on the variables under consideration.

The mean has been used to determine the average level of income, the total number of years spend in school. It has been utilized in estimating the average of other variables where applicable

The statistic has been used to determine the highest and lowest incomes of the households of the respondents and other variables where applicable.

The second research question asked was:-

- What are the current trends in FGM among the Abagusii?

The mean was used to find out how many respondents from the rural areas indicated that there were alternative rites of passage for the initiates and what percentage from the urban areas indicated similar sentiments. The range was used to determine the response from the respondents concerning how long it would take for the practice of FGM to be redundant in Gusii community

### **3.7 Field Experiences**

In the rural area, Suneka division, the main challenge was language. The researcher translated the interview schedule into vernacular language before conducting the interview to those who could not understand English. The notes were then translated into English. One research assistant

did the work of translating to those who could not understand English. The translation from English to Ekegusii language was time consuming as it was done verbally. However, this was not much of a problem since all two research assistants were Kisii. Secondly, the researcher's limited financial resources influenced the sample size; in addition this limitation dictated the amount of time that the researcher and research assistants spent in the field.

Thirdly, the respondents had high expectations of financial gain, which was not forthcoming. There were difficulties in getting respondents in time to sit and discuss. Lastly, there was a problem of harsh weather patterns which made accessibility to most household's difficulty. The researcher walked for long distances in the rural area of Suneka division.

## CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND DISCUSSION

This chapter contains raw data collected from the field. Characteristics of the respondents in terms of age, religion, marital status, types of employment and income are all taken into account.

### 4.1 Characteristics of the respondents

#### 4.1.1 Age

The respondents were all grownups and their ages ranged from 18 years to 75 years.

**Table 1: Age distribution of the respondents.**

AGE	FREQUENCY		PERCENTAGE	
	Urban	Rural	Urban	Rural
18-50	26	34	86.67	85
51-75	1	6	3.33	15
TOTAL	30	40	90	100

**Source: Field data**

Three (3) respondents out of thirty (30) of the urban area did not indicate their ages. Most respondents were skewed toward the 18-50 year age groups.

#### 4.1.2 Religious denomination

In the rural area as the table above shows, the percentage of Christians, 50% belonged to the seventh Day Adventist denomination as opposed to the Catholic denomination who accounted for 12.5% and PAG who accounted for 7.5%. In the urban area, 40.0% of the respondents belong to the Seventh Day Adventist, 10% belong to the PAG while 10% belong to the Catholic denomination. Both in the urban and rural areas, 12 respondents respectively did not mention their denomination which accounted for 40% urban respondents and 30% rural respondents.

**Table 2: Distribution by religious denomination**

<b>Denomination</b>	<b>Frequency</b>		<b>Percentage</b>	
	<b>Urban</b>	<b>Rural</b>	<b>Urban</b>	<b>Rural</b>
<b>SDA</b>	12	20	40.0	50
<b>CATHOLIC</b>	3	5	10	12.5
<b>PAG</b>	3	3	10	7.5
<b>TOTAL</b>	30	40	60	70

**Source: Field data**

In the rural area as the table above shows, the percentage of Christians, 50% belonged to the seventh Day Adventist denomination as opposed to the Catholic denomination who accounted for 12.5% and PAG who accounted for 7.5%. In the urban area, 40.0% of the respondents belong to the Seventh Day Adventist, 10% belong to the PAG while 10% belong to the Catholic denomination. Both in the urban and rural areas, 12 respondents respectively did not mention their denomination which accounted for 40% urban respondents and 30% rural respondents.

#### **4.1.3 Marital status**

In the urban area 83.3% of the respondents were married compared to 85% in the rural area. The remaining 15% from the rural were widowed, divorced or separated compared to urban who were 16.6%. The majority of the youth in Kisii were below eighteen (18) years and therefore were not interviewed.

Note that all the respondents were female

**Table 3: Marital status**

<b>Marital status</b>	<b>Frequency</b>		<b>Percentage</b>	
	Urban	Rural	Urban	Rural
<b>Married</b>	25	34	83.3	85
<b>Separated</b>	3	4	10	10
<b>Widowed</b>	1	1	3.3	2.5
<b>Divorced</b>	1	1	3.3	2.5
<b>TOTAL</b>	30	40	100	100

**Source: Field data**

#### **4.1.4 Level of education**

It is Important to note that the level of education of a person determines greatly his/her perception to culture and his exposure to information concerning certain controversial issues such as FGM.

In the urban area of Kisii municipality 40% of the respondents completed at least secondary school i.e. 9-12 years of schooling. In the rural areas Suneka division, it is 55% who managed to reach secondary level and above. This disparity in terms of education level is seen to portray divergent view on the attitude towards FGM in the entire area. Therefore it was important to note that the more learned a person is the more flexible one becomes in adapting to changes in socio-economic aspects of life.



**Table 4: Number of years spent in school**

Number of years spent in school	frequency		Percentage	
	Urban	Rural	Urban	Rural
1-4	8	12	26.7	30
5-8	10	14	33.7	35.7
9-12	8	8	26.7	20
13 and above	4	6	13.3	15
<b>Total</b>	30	40	100	100

**Source: Field data**

#### **4.1.5 Types of employment**

The type of employment among the respondents also differed depending on the residence. While 56.67% of the urban population was salaried employees, only 7.5% were salaried in rural areas. On the other hand 82.5% of the rural respondents were self employed compared to 36.67% self employed in the urban area. In the rural area, 10% of the respondents were unemployed compared to 6.67% in the urban area responses.

These different types of employment also portray the differences in household monthly incomes. Urban dwellers therefore earned more than their counter parts in the rural areas. This also explains why most respondents from the urban 43.3% took their daughters to hospital and paid fees for the operation to be carried out in the hospital compared to 8.85 from the rural area who took their daughters to hospital. Otherwise the rest carried the operation either at home or at circumcision place.

**Table 5: Types of employment:**

Types of employment	Frequency		Percentage	
	Urban	Rural	Urban	Rural
Self employed	11	33	36.67	82.5
Salaried	17	3	56.67	7.5
Unemployed	2	4	6.67	10
<b>TOTAL</b>	30	40	100	100

**Source field data**

#### **4.2 Reasons for FGM**

**Upholding cultural traditions.** Female circumcision is considered an integral part of the Kisii people's way of life and culture as this study found out in interviews. One respondent pointed out that Kisii community circumcises girls because that is the way it has always been and because it is an essential part of their heritage and culture.

**“We were born and found our people practicing it, so we just follow the culture we found in place” (respondent: FGD mother of circumcised girls).**

Respondents said in the interview that the older female generation is the main supporters of female circumcision and they are the ones who put pressure to continue it. However it was also reported that the cultural pressure was less in the urban areas and that the practice was more prevalent in the rural areas .For instance it was reported in an FGD in a remote village in Suneka it was reported that all the girls in the area were circumcised.

**“By the age of 14 and 15 years, all the girls in this area have been circumcised” (respondent: Suneka).**

In the past, FGM among the Kisii was considered as a rite of passage, making the essential transition from childhood to adulthood, girl to woman. Girls underwent a seclusion period of training in the values of the community, respect for elders, how to be a good wife, relations with the in-laws etc to prepare them for marriage. Today however, the practice continues not necessarily as a rite of passage into adulthood but as a cultural obligation to which families feel compelled to adhere to.

**Preserving sexual morality.** Interviews show that it is widely believed that circumcision reduces sexual urge in women. In continuing with the practice the Kisii seek to ensure that their women do not become promiscuous. The girls are circumcised so that they get married, have children and achieve respectability. There was a widespread belief that uncircumcised women were widely considered incapable of controlling their sexual urges

**“I have an uncircumcised neighbor who behaves wildly until she’s with a man. The (uncircumcised women) have childish behavior” (Respondent) FGD mothers of circumcised girls.**

**Social pressure:** This study found out that there was a lot of pressure on individual girls to submit to circumcision among the Kisii. A girl who is not circumcised is treated with contempt and the respondents said she can never be respected in the community. She will not have any friends and she will not have a husband because no man will be willing to marry her. Circumcision was seen as making the girls mature. Participants reported that uncircumcised girls are mocked by the community and their peers.

**‘We have names for them like ‘*egesagane*’ and they are not welcome at our ceremonies (respondent: married woman).**

**Peer pressure** among the girls was also seen as contributing to the girls getting circumcised. Some respondents said that in some cases the uncircumcised girls envied the gifts and good treatment the circumcised girls received and this often led them to demand for circumcision. Teachers interviewed said that in schools factions and tension developed as the girls tended to hang out with those of their own circumcision status, making social integration a challenge.

**Table 6: Reasons for FGM:**

Reasons for FGM	frequency		Percentage	
	Urban	Rural	Urban	Rural
Make a bond with the community	5	8	16.67	20
To be allowed to marry	12	1	40	2.5
It’s our culture	9	20	30	50
Gain respect from people	2	2	6.67	5
Please the ancestors	1	2	3.3	5
None of the above	1	7	3.33	17.5
TOTAL	30	40	100	100

**Source: Field data**

### 4.3 Patterns of FGM

Almost all the respondents were aware of the initiation rites performed on young adolescents. Some 92.5% of the rural respondents confirmed to have undergone FGM while 66.67% of the urban respondents also confirmed to have undergone FGM. The remaining percentage 7.5% of the rural population and 33.33% that did not undergo these initiation rites said that it was common in their area of residence. It was medically dangerous or these people were not Kisii, as a result of their circumcision, a few individuals and their children were restricted to some cultural issues.

**Table 7: Distribution of respondents by whether initiation rites are performed in urban and rural areas**

Whether rites are performed	frequency		Percentage	
	Urban	Rural	Urban	Rural
Those who have undergone FGM	20	37	66.67	92.5
Those who have not undergone FGM	10	3	33.33	7.5
Total	30	40	100	100

**Source: Field data**

Different factors also influenced the decision against circumcision, by the churches, schools, NGOs and a wide range of stakeholders. These include medical influence, education influence, family (cultural) influences contributed 80% amongst the rural population while medical and education influence contributed 75% of the factors that influenced the urban population to decide against circumcision. Further investigations showed that majority of the people 82.4% in the urban areas as compared to 94.4% in the rural areas who underwent FGM said that it was their

culture to do so. Other reasons included making a bond with the community so as to be allowed to marry, to gain respect from the people because it was their culture which they cannot just abandon.

**Religious influence** – a key factor that is attributed to the abandonment of the practice was the stand taken by the churches which have rejected female circumcision resulting to some members abandoning the practice. There were reported cases of individual families beginning to oppose the practice out of religious conviction. It is real Christians who have abandoned FGM not the church goers who claim to be Christians but are secretly practicing female circumcision and other traditions that the church opposes. Participants reported that Seventy Day Adventist {SDA} has been particularly vocal in the campaigns against female circumcision in south Nyanza which includes Kisii where the practice is equally widespread.

**Education** – another factor repeatedly mentioned is education and exposure to new information on the health risks and illegal status of FGM. This has been most noticeable in urban areas and has led some Kisii to change their stand on FGM.

The majority of programmes on the abandonment of FGM has worked through schools as a means of accessing young girls, providing information on the health risks and illegality of FGM and empowering girls to say no to being circumcised. YWCA works in close collaboration with schools using their facilities and with teachers being facilitators at the Alternative Rites of Passage camps. Elsewhere teachers talked of pupils asking for advice about FGM and a number of schools were running alternative school club on FGM.

Education is perceived as an important factor in the abandonment of FGM in Kisii. People perceived educated families as being more able to choose. In particular, if a woman is more educated and holds position of responsibility such as a teacher or a community leader she is less likely to be stigmatized and her children are less likely to be targeted if they choose not to be circumcised. Peer support influences young girls decisions making some schools are now offering anti –FGM clubs to strengthen the peer support as well as provide information the health risks and violation of rights associated with FGM.

Posters are used extensively in campaigning against FGM but many of these use complex language requiring a high level literacy. These posters are inaccessible to non –literate people or those with limited literacy skills and without the confidence to ask for help.

There were few examples of programmes which explicitly extended their awareness raising activities to include non-literate or non –school attending families In addition to not being able to read leaflets and posters, it would appear that those who are non- literate, or non school who are outside the school networks are able to access activities encouraging the abandonment of FGM.

**Exposure to other cultures-**respondents pointed out that some members of the Kisii communities have managed to resist the social pressure and not circumcise their daughters.

Teachers are given a task to save girls from undergoing FGM most teachers started by saving their daughters, friends and relative girls. The teachers talk to parents, staff and do family visits to save the few girls.

### 4.3.1 Nature of current trends

The second research objective was to find out the nature of current trends.

An investigation into the current trends and the respondents' responses showed that there are alternatives rites of passage. More than 50% respondents from the urban area indicated that there are alternative rites for initiates. This includes advice from grandparents about how to adapt to adult life, seminars organized to educate the young girls, parent's guidance and counseling offered to the girls and some said that the girls can be left to grow naturally.

**Table 8: Procedures accomplished during the circumcision ceremonies:**

Circumcision ceremony procedures	Frequency		Percentage	
	Urban	Rural	Urban	Rural
There was a ceremony	5	1	16.67	2.5
I was alone	10	24	33.33	60
I was in a group of other girls	5	12	16.67	30
Seclusion	3	1	10	2.5
Elders presided over the ceremony	7	2	23.33	5
<b>Total</b>	<b>30</b>	<b>40</b>	<b>100</b>	<b>100</b>

**Source: Field data**

Alternative rites of passage are a type of education offered to the initiates by trained teachers. These teachers get trained for three years and are drawn from both primary and secondary. There is an organization in Mosoch division of Kisii **VIVID ORGANIZATION**. **VIVID** trains teachers on sexual and reproductive health about FGM and HIV/AIDS, family planning,



living situation of girls and women in Kisii .the teachers develop role plays on the living situation of women. Girls are taught the dangers associated with abortion and teenage pregnancies. Chiefs, sub-chiefs, clan elders and assistant chiefs have been trained to sensitize the people through Barazas. The major objective of VIVID ORGANIZATION is to improve the living situation of girls and women in Mosoch division. If funds are availed it will move to other divisions of Kisii.

In Kisii this study also focused on the ARP events organized by the YWCA in two administrative districts. Igonga and Gucha district. ADRA also runs a Girls Empowerment Programme (GEP) which has much in common with the YWCA programme. The YWCA program began in 2006 and ARP was introduced into the program in 2008, ARP program up to one week long are offered three times a year in April, August and December although FGM takes place primarily in August and December. Facilitators are drawn from across the community and include teachers, reformed circumcisers, local officials and YWCA trainers.

In 2009 YWCA and ADRA shared a graduation ceremony, however there are no plans to repeat this as both organizations would prefer their graduation ceremonies to be in the specific communities in which the events take place. YWCA is taking a whole community's approach working with girls and young women parents and guardians, boys opinion leaders government officials, school authorities, churches leaders, circumcisers and the local administration. The involvement of local administration and government officers such as district commissioner, district officer and chief ensured their support and endorsement of the activity.

The girls attending the ARPs are recruited through the schools, churches, provincial administration YWCA members, Maendeleo ya Wanawake and other local partners. The girls recruited are aged between 6-12 years. At the end of the training the initiates of ARP are given certificate and parents are invited to attend. Both initiates and the parents are invited to become members of YWCA. Some of the girls attending the ARP had already been circumcised.

The organizations work closely with schools to recruit young people and their parents in awareness raising activities. Through the actions of teachers and out of school clubs, rescue camps ARP and empowerment programmes. Girls have benefited from empowerment programmes from the courses offered by YWCA and ADRA who offer girls empowerment courses on health and hygiene, the rights of girls and women, the illegality of FGM with an ARP ceremony. The ARP programmes appear to be effective in changing attitude towards FGM, with parents and girls choosing for the girls not to be circumcised.

#### **4.3.2 Place of operation**

In the urban area 86.67 % of the parents who had their children circumcised took them to hospital or called the operator to the home while it is only 7.5% of the rural parents who took their children to hospital to be circumcised. Majority of them 57.5% took them to the circumcision place according to tradition. When asked to say what the surgeon used during the operation the 33.4% of the urban respondents said local anesthesia and antibiotics were used compared to 64.35% of the urban respondents who said the same was used during the operation.

When asked which kind of songs were sang during the ceremonies 36.4% of the urban respondents said they sang mixed songs (Christian and traditional) compared to 9.4% of the rural respondents sang mixed songs.81.3% of the rural respondents sang traditional songs and this

shows that the rural respondents still held to their culture and these songs that were sung during the celebrations were seen to revitalize the spirit of togetherness and reinforce the group's solidarity.

**Table 9 Distribution of respondents according to where they took their children to be circumcised**

Place of operation	Frequency		Percentage	
	Urban	Rural	Urban	Rural
Hospital	15	3	75	8.1
At home	5	15	25	40.5
Circumcision place	0	19	0	51.3
TOTAL	20	37	100	100

**Source: Field data**

#### **4.3.3 Period of FGM redundancy in Gusii community.**

An estimated period for ending the practice was not less than between 11 and 30 years, as indicated by urban respondents and 5 to 10 as indicated by rural respondents. Some informants warned against pressurizing people to abandon their practice because it is their culture. Current trends of the practices are contradictory. This implies that the prevailing influence is accepted by the majority. Ignorance of adverse effects of the practice were also registered. The people so earnestly held to the practice because they did not understand its implications and why the government should ban a people's culture.

#### **4.3.4 Dangers of FGM**

Almost all the respondents were aware of the medical effects associated with the practice of FGM. The effects mentioned include risks of infection to the wound, over bleeding/

hemorrhage, problems during delivery or permanent damage to nerves, reproductive or urinal-genital organs which may lead to death. However some respondents associated these complications to curses or lack of observation of cultural requirements. For example if the attendant to the initiates had engaged in sex prior to the cutting this is thought to lead excessive bleeding.

Respondents who supported the practice argued that the medical complications are no longer a problem for the community because the nurses use different blades for each girl. “In the past people did not contract these disease, there was no problem with catching disease the girls were protected from these through our culture. Now the nurse can use a new blade for each blade for each girl to avoiding spreading infection.

On the social effects, the participants reported lack of love in marriage because the women responded poorly during sexual relations, leading to problems in the union. In some cases, their husbands chose to marry women from other tribes as second wives or keep mistresses because they are not sexually satisfied in their marriage. Another negative social effect mentioned was that circumcised girls sometimes lose interest in school and drop out often to get married.

While the majority of the respondents seemed to know the dangers of FGM 22.5% of the rural respondents showed signs of ignorance. Some of these dangers are infections due to poorly sterilized equipments problems during child delivery in women, and excessive bleeding or hemorrhage that can lead to death.

#### **4.3.5 Campaigns against FGM and response to Government ban**

Investigations seeking information on the extent of the awareness and response to the government ban on the practice of FGM and the community's subsequent reaction were made. 100% of the rural respondents were aware that the government banned the practice of FGM as compared to 94.4% of the urban respondents.

When asked whether they were aware of the campaigns against FGM, 92.5% of the rural respondents said they were as compared to 100% from the urban sample. Sources of information about campaigns FGM was gotten mostly from the broadcast media (radio) 82.4% urban sample 92.5% rural sample. These were relatively equal numbers from the rural as well as from the urban sample. Other sources of information were newspapers, women group's family planning officials and the area chief.

#### **4.3.6 Abandonment of FGM**

When asked whether FGM should be abandoned in Gusii community 70% of the urban sample said yes while 30% said no. On the other hand 67.5% of the rural sample said yes while 32.5% said no. Hence the persistence of the practice despite the government ban on the same.

The rural population seems to be bound to the practice compared to the urban population, and it is likely that the practice will decline faster among the urban than in the rural population. Notwithstanding the persistence, there are various suggestions on the possible alternatives to FGM

These are advice from grandparents about how to adapt to adult life through seminars and workshops, parents' guidance and counseling, education especially in school and girls to be left

to grow naturally. The respondents identified S.D.A church as the church that had made seriously campaigns through seminars and workshops.

However radicals to FGM debate still maintain that there is no alternative because FGM cannot be compared to anything different. Hence a greater percentage 55% of the urban population see that it will take between 11 and 30 years for the FGM practice to be redundant in Gusii community. On the other hand, majority of the rural population 87% are optimistic that between 5 and 10 years the practice will be redundant in the Gusii community. When asked to say whether the practice of FGM in Gusii community should be abandoned 66.7% of urban respondents said yes and the 33.3% said no compared to 77.8 % rural respondents said yes and 22.25% said no.

**Table 10: Attitude towards abandonment of FGM**

General attitude towards abandonment of FGM	frequency		Percentage	
	Urban	Rural	Urban	Rural
Those who agree to abandon FGM	19	23	63.33	57.5
Not too positive	2	4	6.67	10
Negative	9	13	30	32.5
TOTAL	30	40	100	100

Source: Field data

## **CHAPTER FIVE SUMMARY, CONCLUSION AND RECOMMENDATIONS**

### **5.1 Summary**

Chapter one spelt out the introduction of the study and the problem statement. It was noted that FGM as well as male circumcision were regarded as cultural rituals which are meant to integrate members in to society.

There was contention among scholars that FGM has been practiced for millennia for different reasons. In most parts of the world, it was performed in various ways but the most common were excision, infibulations and clitoridectomy. It was indicated that although the practice looks outdated, having been condemned and discouraged on medical grounds it is widely practiced among the Abagusii.

The problem statement asserted that the practice is found in Kenya with a prevalence of 38%. This was the case despite the ban by the government. In an effort to explain people's response to the government ban objectives which were to be achieved by a field study as well as information from documentary materials were set. These aimed at establishing whether the practice persist in Kisii. This gave the reason for the persistence of the practice, the people's response to the government ban and the nature and practice of current trends.

Chapter two is the review of literature on the origins of the practice, which suggests that the practice may have started in the Nile valley around 500 B.C. It was very prevalent in Africa and was distributed in more than 40 states. The reasons for the practice were many which include making a bond with the community, to be allowed to marry. It is our culture, to control sexual urge among others.

The danger associated with the practice were also looked in to, the operation involved cutting in unhygienic conditions, risks involved include, infection due to poorly sterilized equipments, problems during child delivery and over bleeding which may lead to death. The methods (chapter 3) showed that the study was conducted in Kisii district, which is agriculturally productive, urban and rural populations were sampled. The household was the unit of analysis and the women's views represented those of the female of eighteen (18) years and above. Interviews, focus group discussion were used to generate primary data for analysis. The findings answered two research questions.

Chapter four contains data presentation, analysis and discussion. Characteristics of the respondents in terms of age, religion, marital status, level of education, types of employment and income were all taken into account. Chapter four further showed that almost all the respondents were aware of the initiation rites performed on young adolescents. Investigations seeking information on the extent of the awareness on campaigns against FGM and response to government ban on the practice of FGM and the community's subsequent reaction were made on the dangers of FGM 22.5% of the rural respondent's showed signs of ignorance. When asked whether FGM should be abandoned in Gusii Community 77.8% of the urban sample said yes, while 22.2% said no. on the other hand 66.7% of the rural sample said yes while 33.3% said no hence the persistence of the practice for all this long despite government ban of the same

Investigation on the campaigns and the response of the study sample to the practice showed that elderly informers were aware of the campaigns: over 90% of the rural respondents and 100% of the urban respondents were aware of the presidential decree against the practice of FGM although it still persists.



Investigations on campaigns and the response of the study sample to the practice showed that elderly informers were aware of the campaigns, over 90% of the rural respondents and 100% of the urban respondents were aware of the presidential decree against the practice of FGM although it still persists, Sources of information on the ban against FGM were radio, TV, women groups, print media, church schools, family planning clinics and through chiefs. The respondent identified the groups that had made serious campaigns through seminars and workshops were S.D.A. who are the majority in the district. Therefore the church is made to gather momentum on the campaigns against FGM as a health hazard, others were, it reduced sexual urge, and several respondents were for the continuation of the practice.

It was encouraging to find out that several individuals (44.0%) had reasons to discourage the practice. It can be envisaged that those individuals who were against the practice will henceforth advocate for its abandonment. In spite of their positive attitude there were limiting factors. More than half of the respondents encouraged the practice because they wanted to maintain their culture. This was due to substitute markers of identity and status for young girls. Alternatively the modern supplement like achievement in school and sports had not been fully incorporated in this community. The practice was also influenced by male circumcision, which is done at the same age and period of the year. The fact that other parents were for the practice allowed disparity and the young girls who were banned by their parents ran away to join their friends in the place of circumcision. Some respondents indicated that if the practice was stopped at the same time in every place then everybody would stop. Notwithstanding the prevalence noted in the proceeding pages there is evidence of change in the practice. This becomes evident when comparing between the modern ways of performing it.

The age at clitoridectomy has declined. The songs have decreased and are mixed with Christian. Some initiates had their operations carried out in hospitals and were not accompanied by traditional ceremonies. In the traditional setting only females carried out the operation but in the modern society nurses do the operation.

Seclusion is only for a few days to allow healing. Anesthesia, antiseptics, antibiotics and painkillers are administered during and after the operation. The protestant church mainly the Seventh Day Adventist and Lutheran Churches have played an important role in discouraging other traditional rituals associated with the practice, for instance fire keeping, drinking of beer, use of obscene language during rituals. The repercussions which are believed to follow did not. This shows that some community members successfully carried out clitoridectomy avoided accompanying ordeals.

## **5.2 Conclusion**

The findings of this study show that despite stiff social resistance, progress towards abandonment of FGM can be achieved through well focused incremental programmes. This study provides some insights into the factors in Kisii which contribute to the continuation of FGM and those which encourage its abandonment. An intensive community sensitization programme about FGM was combined with a public ARP ceremony fully integrated into a girls empowerment programme. This approach has clearly been effective when it takes place at the end of a girls empowerment programme and involves a community ceremony and is explicitly recognized as an alternative to undergoing FGM. It is hoped that the findings from this study will enable more effective interventions to be developed in Kisii to encourage the abandonment of FGM.

The constitution of Kenya (2010) provides for the protection of girls and women from harmful cultural practices such as FGM. It further stipulates that children in Kenya have the right to be protected from all forms of violence and abuse. In Article 53 of The Constitution of Kenya talks about eliminating all harmful cultural practices. According to a statistical overview PDF (Female Mutilation /cutting statistical overview childnifo.org). it was reported that 59% of the girls and women who have been cut do not see any benefit to the practice (Women rights FIDA Handbook Fida.kenya). This document gives provision to protect women against harmful cultural practices such as FGM. Female Genital Mutilation does more harm than good. Therefore, women and girls should be subjected to those cultures that are meant to fashion everyone. There is need to respect the customs and traditions that are beneficial and promote the wellbeing of a society. Therefore, there is no contradiction modernity and customs.

### **5.3. Recommendations for advocacy and areas for further research**

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

#### **5.3.1 Recommendations for advocacy**

1. The campaigns against FGM should aim at offering convincing reasons for banning the practice and providing suitable alternatives to group identity which gives prestige and also offers status to the youth of that age.
2. Local agencies and partners should work more closely with the church which seems to have significant influence and has been identified as supporting abandonment among the Kisii.

3. More girl empowerment girl empowerment and ARP programmes are needed to help girls to resist social pressure to undergo FGM.

### **5.3.2 Areas of further research.**

The study strongly recommends that similar studies be carried out in other divisions especially rural set ups to determine if the practice still persists.

It is very important for another study to be carried out targeting the men to get their views on the nature and practice of FGM. This will be important in trying to establish their views on the alternatives to FGM.

## REFERENCES

- Adebayo, Ambrose (1992). "Female circumcision and other dangerous practices to women's health" In Nakaterega, *women's health issues*, Lagos, Dar Salaam Tanzania publishers
- Audrey, Richards.(1956). *Chisungu Girls ceremony among the Bemba of the Northern Rhodesia*, London: Faber & Faber (Institute of African Library)
- Angulu, David.(1981). *The social Anthropology in Africa*. London; Heineman
- Cohen, Percy.(1968). *Modern Social Theory*. London: Heineman Educational Books Ltd.
- Coser, Lewis and Rosenberg, Bernard.(1956). *Sociological Theory*. New York: Macmillan Company.
- Coser, Lewis and Rosenberg, Bernard.(1965). *Sociological Theory*. New York: Macmillan Company, New York
- Dorkenoo, Eric and Stanley, Elworth.(1992). *Female genital Mutilation, Proposal for Change*. London: Manchester Free Press
- El-Darar, Asman.(1978). FGM and current preventive efforts in the Sudan. Paper presented at the XXI meeting of the African Association, Baltimore Maryland Nov. 1-4 1978.
- Giddens, Antony (1991). *Introduction to sociology*. London: Norton and Co. Ltd.
- Giorgis, Wilmore (1981). FGM in Africa, Addis Ababa Research Series sponsored by ECA ATRC and AAWORD, Ethiopia.
- Gluckman, Max (1956). *The ritual of social Relations*. London Manchester University Press.
- Gwako, Laban (1992). A technical Report on women's Experiences and Current Attitudes with implications for social change. Ottawa: idrc RESEARCH Series File No.3-P 90 0303. Hedley, Richards and Ernest Dorkenoo. 1992, *Child Protection and Female Genital Mutilation*. London: Forward London.
- Hosken Fran (1978). Towards an epidemiology of Genital Mutilation of Females in Africa. Paper presents at the XXI annual meeting of the African Studies Association .Baltimore Maryland, November 1<sup>st</sup> April 1978.
- Inkes, Alex. (1964). *What is Sociology? An introduction to the Discipline and Profession*. Englewood cliffs, New Jersey: Prentice Hall, Inc.
- Kenyatta, Jomo (1978). *Facing Mount Kenya, the tribal life of the Gikuyu*. Nairobi: Heinemann.

- Maendeleo Ya Wanawake Organization (1986). Secret and sacred: an insight on female genital mutilation, Nairobi: Maendeleo Ya Wanawake
- Maendeleo Ya Wanawake Organization.(1992). Traditional Practices that Affect the Health of women and Children. Nairobi: Maendeleo Ya Wanawake,
- Mayer, Philip (1953). Gusii Initiation Rites, journal of the Royal Anthropological Institute of Great Britain and Ireland, 83 CJ.
- Mugo, Elizabeth (1982). Kikuyu People, A brief Outline of their Customs and Traditions. Nairobi: Kenya Literature Bureau.
- Murray, Margaret (1974). The Kikuyu circumcision Controversy with special reference to the church missionary society's sphere of influence. A PhD Dissertation Department of History, University of California Los Angeles
- Mussen, Paul (1969). Child Development Personality. New York: Harper and Row.
- Nachmias and Nachmias (1996). Research methods in the social sciences. Great Britain St. Martin's Press. Incl
- Njau, Phylis.(1993). Factors associated with premarital pregnancies and bearing in Kiambu and Narok Districts. PhD thesis, Department of Sociology, University of Nairobi Kenya.
- Nyakundi, Stella N.(2000). male role in Female Genital The Mutilation some experiences from Kisii District. M.A Thesis, Department of sociology University of Nairobi, Kenya.
- Nyansera, Bathsheba.(1994). FGM, its persistence among the Abagusii of Kenya. M.A thesis Department of African studies University of Nairobi, Kenya
- Nypan, Asman.(1991). "The Revival of FGM: A case of Neo-traditionalism". Kristi, Antony, and Vinny, Marrikan. (Eds). *In Gender and change in Developing Countries, Oslo: Norwegian University Press pp 39-65*
- Population Reference Bureau, (2001). Abandoning FGM, Prevalence attitudes and efforts to end *the practice*, PRB Website ([www.prb.org](http://www.prb.org))
- Singleton Royce, Bruce Straits. Margraet Strait and Ronald Macalster (1988). *Approchaes to Social Research. Oxford University Press.*
- Stendler, Celier (1964). *Reading in the child behavior and development* .New York: Harcourt Bruce and World

Toubia, Nahid and Rahman, Anika (2000). *Genital Laws and Female Mutilation Guide to Policies Worldwide*. New York U.S.A Zed books Ltd London.

Vago, Stephen (1996). *Social Change*. Third Edition. Englewood Cliffs. NJ. New York: Prentice Hall.

WHO. (1986). A Traditional Practice that threatens Health-“FGM” *Chronicle* 40(1) pg 31-36  
*Geneva: WHO*.

WHO. (1997). *Female Genital Mutilation*, a joint WHO, UNICEF/UNEP statement. Geneva: WHO.

### **Electronic sources**

[http://www.who.int/topics/female genital mutilation/en/](http://www.who.int/topics/female_genital_mutilation/en/)

[www.Achpr.org/english/.info/.women/en.html](http://www.Achpr.org/english/.info/.women/en.html). African commission on Human and people's rights.

[www.gtz.de/en/documentes/en-fgm-countries.kenya.pdf](http://www.gtz.de/en/documentes/en-fgm-countries.kenya.pdf)

[http://apps.who.int/medicinedocs/en/m/abstract/js17116/who Kenya demographic and health survey 2008/2009](http://apps.who.int/medicinedocs/en/m/abstract/js17116/who_Kenya_demographic_and_health_survey_2008/2009).

**APPENDIX 1: QUESTIONNAIRE**

**UNIVERSITY OF NAIROBI DEPARTMENT OF SOCIOLOGY**

Good day!

My name is Jane Bonareri Ouko

I am a student from the University of Nairobi collecting information on FGM. The purpose of this project is to establish the status of female genital mutilation by recording people's opinions and attitude towards its persistence and current trends. Your answers will be very important because among others, this will ensure its success.

**SECTION A: BACKGROUND HISTORY OF RESPONDENTS**

Date of interview.....

1. Sub location.....

Location.....

Questionnaire No.....

2. Age.....in years

3. Religion

Traditional             Christian

Muslim                 Other specify

4. Denomination

S.D.A                 Catholic

Lutheran             PAG

5. Marital status

Married                Separated

Divorced             Widowed



6. Number of years of schooling completed (state actual)

None

1-4       5-8

9-12     13-14

15 and above

7. What is your occupation?

Self employment       Salaried employment

No employment       other, specify.....

8. What is the estimated amount of income per month?(state actual)

Kshs.....

#### SECTION B: PATTERNS OF FGM

9. Are you aware of the initiation rites performed on young female adolescents?

Yes     No

10. Did you undergo them?

Yes     No

11. Do you have female children?

Yes     No

How many are below 13 years?

12. If your answer is no, proceed to item (14)

13. (i) If yes, how many of the daughters aged 13 and above have undergone FGM?

(ii) If yes, how many of the daughters aged 13 and above have not undergone FGM?

(iii) If yes, are you intending to have those below 13 undergo FGM in future?

Yes     No     Undecided-explain your answer

14.If the answer to question 10 is no, why did you not undergo circumcision?

It is not common    It serves no purpose

I am not a Kisii     I feared pain

It is dangerous medically

It has been banned by the government

Other, Specify

15.What are some of the factors that led you to decide against circumscion?

Medical influence     Government ban

Educational influence     Church influence

Family influence

16.Are there restrictions you or your children are given because you are no circumcised?

Yes     No

17.If your answer is 9yes) specify

18.If yes, did you undergo circumcision?

Select the most important reason from the following groups

You want to

Make a bond with the community

To be allowed to marry

To avoid a curse

It is our culture

Gain respect from people

Please the ancestors

Control sexual urge

None of the above

19. At what age were you circumcised?.....

20. Which year were you circumcised?.....

21. At what age were your daughters circumcised?.....

Which years?.....

22. What is your general attitude towards abandonment of FGM?

Positive    Not too positive    Negative

23. There are campaigns against the practice of FGM. Do you know anything about these campaigns?

Yes    No

24. I understand that the government stopped FGM.

Yes    No

25. If yes why do you think the practice still persists?

To please our ancestors

To meet demands from my husband

To avoid a curse

Because other people have not stopped

Other specify

26. Through which source did you get the information about the campaigns against FGM?

Radio/TV    Print media   9) School

Women groups   Family planning officials

Area chief   9) Other, specify

27. What is your attitude towards the ban against FGM?

- It is bad?
- It is very bad
- It is fair
- It is satisfactory

28. Are you aware of the dangers of FGM?

- Yes     No

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

### SECTION C: CURRENT TRENDS IN FGM

29. Where was the operation carried out?

- At home
- Circumcision place
- Hospital
- Other, specify

30. Check one that was used by the surgeon

- Local anesthesia     Antibiotics
- Antiseptics     Flour

31. If there were songs of what kinds were they?

- Christian     Traditional     Mixed

32. Which of the following procedures were accomplished during the circumcision ceremonies from 1994-2003?

- I was in a group of other girl initiates
- I was alone
- Elders presided over it

There was a ceremony

Fire

Seclusion

33. Do you see FGM as a mutilation of young females?

Yes  No

34. I will read a list of statements. You will say you agree or disagree with each of them

35. Most girls demand to be circumcised because they do not want to miss out what those who had gone before them missed?

Agree  Disagree

36. Most parents want their daughters circumcised to please their husband.

Agree  Disagree

37. Most parents take their daughters to hospital to be circumcised .

Agree  Disagree

38. Most parents refuse to prepare their daughters for circumcision but they refuse and join their friends.

Agree  Disagree

39. Do you think the practice of FGM in the Gusii community should be abandoned?

Yes  No

40. What do you consider as a possible alternative to FGM?

Explain your answer

.....

.....

.....

41. When do you predict the practice will become redundant in Gusii community?

1-5 Years

6-10 years

11-15 years

11-15 years

21-30 years

Above 31 years

Thank you for your cooperation