

**PERSUASION AND PERSISTENCE:
Female Circumcision among the Embu, Kisii
and Somali of Kenya**

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**THESIS SUBMITTED IN FULFILLMENT FOR THE
DEGREE OF DOCTOR OF PHILOSOPHY IN THE
UNIVERSITY OF NAIROBI**



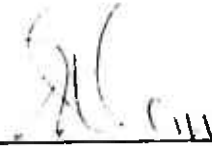
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DECLARATION

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



NEEMA NUNGARI SALIM

This thesis has been submitted for examination with our approval as University Supervisors.



PROF. E.H.N. NJERU



Dr PAUL NYAGA MBATIA

DEDICATION

This thesis is dedicated to my parents Mark Wainaina Kagwe and Mary Wanjiru Wainaina and my three children Zena Medama Salim, Ali Kithuva Salim and Yusuf Wainaina Salim.

Nungari Salim 2007

ACKNOWLEDGEMENTS

I have benefited a great deal from many individuals and institutions in carrying out this study. In the first place I would like to thank DAAD, the German Academic Exchange Programme whose financial support enabled the completion of this thesis.

My gratitude and sincere appreciation goes to my supervisors Professor E.H.N. Njeru and Dr Paul Nyaga Mbatia for their sustained intellectual guidance and patience. I will always remember the institutional support facilitated by the University of Nairobi through the then Chairman of the Department of Sociology, Dr. Paul Nyaga Mbatia.

I am eternally grateful to colleagues Dr Eudias Mumbi Machera and Asha Jama Haji for their generous academic support, moral encouragement and sisterhood. Mumbi particularly was forever reassuring and reminding me of my ability to overcome many other unrelated handicaps. I am grateful to Professor Octavian Gakuru, Professor Irandu and Dr Mary Mwiandi who were a constant source of encouragement for me to complete the study.

I extend my sincere appreciation to all research assistants namely: Bertha Karira, Marigu Nthanju, Catherine Kanini, Hellen Nyambane, Jane Onchwari, Grace Kemunto, Hotho Mohamed, Mariam Ibrahim and Zainabu Idris. I am grateful to Gregory Mwendwa for assisting with the data management. I wish to acknowledge the information and assistance that I received from the Provincial Administration, parents, women groups, circumcised and uncircumcised girls, young men, circumcisors who were all part of this study.

My gratitude also goes to Gregory Mwendwa for his unwavering support with data management. I would also like to extend my sincere gratitude to Ms Sarah Muthoni and Ms Penina Rapasi for their very patient and unfailing secretarial support. I want to give very special mention to a young and very dear assistant of my children namely Leah Wanjiru Kariuki for competently taking care of my children's needs whenever I was away.

Finally, I want to thank my endlessly supportive children Zena, Ali and Wainaina who have selflessly given me encouragement, love and endured my many late nights. I will always love you. My parents, sisters and brothers and many other social support networks deserve my heartfelt appreciation. My sisters Rose Wamocie Hjortnaes, Priscilla Wanjiku Ndonga and my brother Charles Nganga Wainaina particularly and dear friend Rosemary Muthoni Munio supported me in very special ways.

The views expressed in this thesis are mine and not of my supervisors or the University of Nairobi. Any shortcomings are entirely my responsibility.

October 2007

LIST OF ACRONYMS

AD	After Christ
AGBEF	L'Association Guinéenne pour le Bien-Etre Familliale
AIDF	Ivorian Women Rights Association
BAFROW	Foundation for Research on women's
BC	Before Christ
BCI	Behavior Change Intervention.
BECCAD	Basic Education Child Care and Adolescent Development
CAMS	Campaign Pour L'abolition de Mutilations sexuelles
CAR	Central African Republic
CEDAW	Convention on the Elimination of All forms of Discrimination against Women
CEDPA	Center for Development and Population Activities.
CEOSS	Coptic Evangelical Organization for Social Services
CNLPE	Comite National de Lutta Contre La Pratique de L'Excision
CPTAFE	LA Cellule de Coordination Sur les pratiques
CRLP	Centre for Reproductive Law and Policy
DAAD	German Academic Exchange Programme
DO	District Officer
EDHS	Egypt Demographic and Health Survey
ENDA	Environmental Development Action in the Third World
F	Frequency
FBO	Faith Based Organization
FC	Female Circumcision
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FIDA	Federation of International Women Lawyers

FPAK	Family Planning Association of Kenya
FPAK	Family Planning Association of Kenya.
FWCW	Fourth World Conference on Women
GA	General Assembly
GAMCOTRAP	Gambian National Committee on Traditional Practices
GOK	Government of Kenya
GTZ	German Technical Assistance
HAWA CODE	Hanang Women's Counseling and Development Project Health, Productivity and the Environment
HIV/AIDS	Human Immunodeficiency virus/Acquired
IAC	Inter Africa Committee
ICESCR	International Convention on Economic Social and Cultural
ICPD	International conference on Population and Development
IEC	Information Education and Communication Immunodeficiency Syndrome
INFO	Information and Knowledge for Optimal Health
IPPF	International Planned Parenthood Federation
KCA	Kikuyu Central Association
KCC	Kenya Cooperative Creameries
KCC	Kenya Cooperative Creameries
KDHS	Kenya Demographic Health Survey.
MDGS	Millennium Development Goals
MOH	Ministry of Health
MP	Member of Parliament
MWNCD	Merriam Webster's New Collegiate Dictionary
MYWO	Maendeleo ya Wanawake Organization
NANNM	National Association of Nigeria Nurses and Midwives
NCPD	National Council for Population and Development.
NCTPE	National Committee on Traditional Practices of Ethiopia

NDHS	National Demographic Health Survey
NGO	Non Governmental Organization
OAU	Organization of African Unity
PATH	Program for Appropriate Technology and Health
PATH/SIDA	Program for Appropriate Technology and Health/Swedish Development Agency
PATH/WHO	Program for Appropriate Technology and Health/World Health Organization
PC	Population Council
PDA	Positive Deviance Approach
PRB	Population Reference Bureau
RADDHO	African Assembly for the Defense of Human Rights
RAINBO	Research Action and Information Network for Bodily Integrity of Women
REACH	Reproductive Education and Community Health Program Rights Research in Women's Health
RK	Republic of Kenya
SDA/RHS	Seventh Day Adventist and Rural Health Services
SOB	Sexual Offences Bill
STD	Sexually Transmitted Diseases
SWADO	Somalia Women's Democratic Organization
TOSTAN	Team of Women doing Participatory
TOT	Training of Trainers
UN	United Nations
UNDOCA	United Nations Document A:/Conference
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFD	Union Nationale des Femmes de Djibouti
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Fund for Women
USA	United States of America
WCHR	World Conference on Human Rights

WHO

World Health Organization

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ABSTRACT

This is a comparative study of female circumcision (FC) among the Embu, Kisii and Somali societies of Kenya. This study was both exploratory and explanatory in nature. The main objective of the study was to describe, analyze and explain the practice of female circumcision within the contexts of persuasion and persistence. Five main lines of investigation were pursued in this study, viz. (1) the cultural institution of female circumcision from a comparative perspective and within the context of persuasion and persistence; (2) the manifestations of persuasion against the practice of female circumcision; (3) the capacities of the recipient communities to be persuaded to abandon the practice of female circumcision; (4) the forces of persuasion against the practice of female circumcision and (5) the tools of persuasion against the practice of female circumcision. The study adopted both quantitative and qualitative approaches to data collection. Comparative data were collected from women and men in three districts, i.e among the Kisii, the Aembu and Somali of Kenya. A total sample of 369 women was selected through purposive sampling. To complement the survey data, Focus Group Discussions (FGDS), in-depth interviews and case studies were conducted.

The study findings show that the practice of female circumcision is prevalent in all three districts, with the majority of the respondents mainly attributing the prevalence to varied socio-cultural determinants. Other related findings indicate that female circumcision is an important rite of passage, thus confirming the theory that the practice is governed by social norms and played out

within socially defined gender roles in which women merely play a normalized role. Findings on the past abandonment efforts show that the champions of the FC abandonment campaigns have usually invented monolithic approaches that have negated the diversities and histories of the communities practicing FC. Additionally, their approaches have been coercive and insensitive to the felt needs of the communities who practice FC, resulting in the persistence of the practice. Further, the study found that individuals become defensive when they feel their culture and personal identities are under attack. The fear of losing the psychological, moral and material benefits of "belonging" is one of the greatest motivators of conformity. Findings on the tools of persuasion that have been used in the past show that there have been several government bans placed on the practice of FC since independence. These have usually been contained in official policy documents. Other pronouncements against the practice of FC have been contained in political speeches and the content of the mass media. The FC practicing communities have perceived these persuasion efforts as being external. In conclusion, this study argues that persistence of FC is not only due to the practice being deeply rooted in the social and cultural systems where it is practiced. Rather, it is the failure to base abandonment strategies on an understanding of the meanings of FC itself, the female power dynamics within which it is played, the social normalization of power and control and the way these variables are socially constructed and organized.

Arising from these findings several recommendations have been made. In order to promote balanced development in the country, an integrated and all embracing policy

approach to the abandonment of the practice of FC should be incorporated into mainstream government work. Further, there is need for research on the existing legal, policy and institutional frameworks related to the abandonment of the practice of the female circumcision. There is also a need for broad based education on FC, including issues of women's human rights.

CHAPTER ONE

1.1 INTRODUCTION

This study is a comparative analysis of female circumcision among the Kisii, Somali and Aembu societies of Kenya within the contexts of persuasion and persistence. The Kisii live in the Kisii District of Nyanza Province, the Somali under study live in Garissa District of North Eastern Kenya while the Aembu live in the Embu District of Eastern Province. The study recognizes that despite myriad efforts to end FC, the practice still persists in many parts of Kenya and the world. The practice of FC in this study is conceptualized within a framework of a number of theoretical postulates. The context theory (Dilley, 1999), for example, provides a strong basis for the interpretation of the persuasive and persistence patterns visible in the practicing societies where the study was undertaken. This theoretical perspective cautions that social and cultural phenomena must be interpreted within a given "context". According to the pre-suggested context theory a phenomenon is connected to its surrounding context, therefore it is a device, in this perspective by means of which anthropologists and sociologists are able to reveal hidden meanings and deeper understandings or to forward certain kinds of interpretations and particular forms of explanations (Malinowski, 1982). Proceeding from the arguments postulated in the context theory, this study chose to first and foremost contextualize the practice of FC, within a "cultural context" that could provide direction while investigating the reasons for the

persistence of female circumcision. This view provided the basic assumption in the study; that every cultural system is built upon a foundation of cultural assumptions that are hardly ever questioned and are protected through a set of legitimized elaborations of belief (Allan, 1998).

The comparative nature of the study necessitated incorporation, in the research, of cultural/ethical relativism while comparing and contrasting the nature of FC, and its persistence. This means that generalizations between the three societies were avoided and instead, the norms, values and beliefs relating to the persistence of the practice were examined within moral - ethical codes encapsulating these groups' ethos as accepted by each of the social groups in specific times and space. In order to understand the persistence of female circumcision, this study recognizes that collective intentionality in the form of "shared attitudes" is crucial for the proper understanding of social practices and social institutions as well as sociality in general (Raimo, 2000). For example, the social world is made and maintained by people by means of their social practices. The findings indicate that female circumcision is an important rite of passage, thus confirming the theory that the practice is governed by social norms and played within socially defined gender roles with women merely playing a normalized role (see Hayes, 1975:620). The practice of female circumcision should be understood in the context of social norms, including how norms shape and normalize behavior. Norms are learnt and reinforced through everyday social interaction, at the same time they shape and influence behavior (Berger and Luckmann, 1967). Through this everyday interaction norms are confirmed. In turn they normalize behavior and

relationships, including relations of power. In this way, control of female bodies and sexuality is normalized. Persuasion, on the other hand is a dynamic process which involves a manipulation designed to produce action in others (Lerbinger, 1972:3). Definitions of the concept "persuasion" abound. Communication scholars Bettinghaus and Cody, (1987:3) have defined persuasion as "a conscious attempt by one individual to change the attitudes, beliefs, or behavior of another individual or group of individuals through the transmission of some message." Smith (1982:7) argued that persuasion "is a symbolic activity whose purpose is to effect the internalization or voluntary acceptance of new cognitive stages or patterns of overt behavior through the exchange of messages."

This study was conceptualized within the confines of the above definitions, in that its central contention regarding the meaning of the concept "persuasion" is that it is a symbolic process in which communicators strive to convince other people to change their attitudes and behavior regarding an issue, in this case female circumcision, through the transmission of a message. Persuasion takes time because as Mark Twain quipped, "habit is habit" and not to be flung out of the window, but coaxed downstairs a step at a time (cited in Prochaska, J.O et al, 1994:47). A persuader is a teacher who issues symbols with messages transmitted primarily through language.

Evidently, various key players have been at the forefront in persuading practicing communities to abandon the practice of FC. The study interrogated the need to deal with the concept of coercion in order to assess the capacities of the communities under study to abandon the practice of FC. Coercion in this study is perceived from

two angles. On the one hand, the study assumes that where key players applied persuasive and coercive approaches simultaneously, they were likely to be met with resistance (Kenyatta, 1938). Thus coercion plays a significant role in the persistence of the practice of FC. In the context of the call to the communities practicing circumcision to abandon the practice, one finds a certain amount of coercion. In the past, the forces of coercion have mainly included Christian missionaries, government and non-governmental actors. The approaches used in the past are important for this study. On the other hand, coercion is centered in the rights-based approach to traditional practices. In Kenya, the Children's Act of 2001 states that it is illegal to subject a girl-child below the age of 18 to circumcision (Republic of Kenya, 2001). Another dimension which is crucial to this study is that of ranking the extent to which variations occur across study communities, as a result of persuasion efforts to abandon FC. Thus the study investigated the role of persuasion in terms of total, medium, low or lack of abandonment of the practice, which constitutes part of the analytical interpretation. It is critical to understand these different and sometimes overlapping and intrinsically interrelated social levels, which may help in the understanding of the persistence of the practice.

Philosophers define coercion as a technique for forcing people to act as the coercer wants them to act, and presumably contrary to their preferences. Coercion manifests a threat of some dire consequence, if the actor does not comply with the coercer's demands (Rosenbaum, 1986). The different forces who have been active in the activities aimed at persuading communities to

abandon FC clearly have not taken time to understand the tenets that under-gird the practice. In response to this omission, this study echoes Merton, (1957) who discusses the latent functions of seemingly irrational ancestral practices. Illustrating with the example of the rain dance, Merton (1957) pointed out that the ceremony may fail in its manifest purpose of making rain but instead create a sustaining and sustainable sense of community that helps the group to cope with social and environmental problems. Merton (1957) used the phrase "latent functions" to describe the phenomenon whereby social behaviors turn out to have unintended, unrecognized and subtle ramifications which were not foreseen as part of the primary or manifest functions of the behavior. Merton (1957) and Obiora(1997b) have said that an outsider who has the advantage of distance (or even a participating insider who, although possessed of experiential hindsight, opts to focus exclusively on only visible or physical manifestations) might be tempted to dismiss the practice as irrational or self-fulfilling and perpetuating.

Studies conducted on FC in Kenya have confirmed high rates of FC in Nyamira, Kisii, Samburu, Narok, Meru, Machakos, Nyeri and Embu (MYWO, 1991). This study found that 98% of the women in Kisii are circumcised, and so are 96% in Narok, 91.3% in Samburu and 73.5% in Meru (MYWO, 1991). Further, findings indicated that FC is highest among those women in traditional religions (94%) and the Catholic sect (93.2%) (MYWO, 1991). Though data on the prevalence of FC is not sufficient, there is adequate indication of an indignant persistence of the practice in the country over the years. Efforts to persuade people to abandon the practice in Kenya date back to 1926 when the

colonial local native council in various places enacted laws which were meant to reduce the more severe forms of circumcision practiced then, to a milder form. Several resolutions were passed in 1926 and 1929 (see appendices three and four).

It should be noted that, throughout the history of FC in Kenya, the government has never taken a strict stand on FC, whether during the colonial or post-independence period. For example, on 26 April, 1958, the Annual District Council in the current Eastern Province resolved that: "..... while deploring the practice of FC, the council realizes that it remains a very deep-seated custom and therefore rescinds its previous decision made under resolution no.29 of 1956, declaring it to be contrary to native law and custom and resolves that female circumcision be controlled in Embu District by the conclusions set out in Resolution No.1 of 1938 (Kenya Colony, 1958)". The word "controlled" does not indicate a seriousness that could lead to abandonment of the practice of female circumcision.

In early post-independent Kenya, a fair amount of public debate on female circumcision and other harmful traditional practices was facilitated by several fora. However, for several reasons, policy interventions addressing female circumcision were not imposed at the time and still have not been adequately defined. Recent efforts at the international level, particularly by UN agencies have successfully put FC on the women's health and women's rights agenda. These groups see FC as a health related problem and a form of violence against women. At the national level, many governments and national leaders have publicly denounced the practice and as President Moi of Kenya put it:

"FC is outdated and unacceptable in modern Kenya, my people, accept that times are changing and discard social practices that are no longer compatible with modern lifestyles" (Kenya Times, Dec. 30, 1989:3).

In its initial draft, the Sexual Offences Act, (2006) had clearly identified female circumcision as one of the harmful traditional practices in Kenya, but after discussions by parliamentarians, this was watered down considerably and a very much scaled down act was approved. Over the years, few leaders have translated this concern into laws prohibiting FC or supporting programs to persuade people to abandon the practice. The subject of female circumcision has always generated a lot of controversy in parliament, with some members being for it while others have been against it.

1.2 Problem Statement

Female circumcision persists despite a growing body of knowledge about its negative health and psychological impacts. It also persists within contexts of substantial global, regional and national efforts to prevent it (Mustafa, 1966; Shandall, 1967; Murray, 1974; WHO, 1979; El Saadawi, 1980; Koso-Thomas, 1987; Dawit, 1988; Warsame, 1989; OAU, 1990; Ahlberg, 1991; Walker and Palmer, 1993; Dorkenoo, E. et al., 1992; Dorkenoo, 1994; Toubia, 1995; Gunning, 1995; WHO, 1999; Lane and Rubinstein, 1996; Thomas, 1997; Natsoulas, 1998; and Eliah, 1999).

Medical, human rights as well as gender based reasons have been provided to rationalize the negative impacts of FC. Under the conditions under which female circumcision is generally performed, even the less extensive types of female circumcision can lead to potentially fatal complications, such as hemorrhage, infection and shock. The inability to pass urine because of pain, swelling and inflammation, following the operation, may lead to urinary tract infections. A woman may suffer from abscesses and pain from damaged nerve endings long after the initial wound has healed. Infibulation is particularly likely to cause long-term health problems. If the urethral opening is covered, repeated urinary tract infections are common, and stones may form in the urethra and bladder, due to obstruction and infection. If the opening is very small, menstrual flow may be blocked, leading to reproductive tract infections and lowered fertility or sterility¹ (WHO 1979, 1999; Althaus, 1997).

This study is located within a spectrum of prevailing, generalized but also focused efforts to persuade societies to abandon FC on the one hand, and the resultant defiance as evidenced by the persistence of FC on the other. Despite laws proscribing the practice, FC has endured as a traditional practice, difficult to overcome at the local level, with deeply held cultural and sometimes political overtones. For instance, prohibition of FC among societies

¹ One early study estimated that 20-25% of cases of sterility in northern Sudan can be linked to infibulation. Without de-infibulation before childbirth, obstructed labor may occur, causing life-threatening complications for both mother and infant. Because birthrates are high in many countries where infibulation is practiced, a woman's infibulation scar may be cut and re-sewn many times during her reproductive years (Mustafa, 1966).

in Kenya significantly strengthened resistance to British colonial rule in the 1950s and increased support for the Mau Mau guerilla movement (Thomas, 1997). During that period, the practice of FC became even more common, as it was seen as a form of resistance towards colonial rule. Notably, the practice of FC continues in several communities in Kenya, inspite of the proven medical complications, coupled with the systematic bans by the church and the state. This knowledge gap on the reasons accounting for the persistence of the practice clearly indicates a social problem for this study, warranting an in-depth investigation and understanding of the socio-cultural contexts within which societies practicing FC, such as the Kisii, the Somali and the Aembu of Kenya, rationalize its practice and persistence.

In order to clearly isolate factors leading to failed attempts by stakeholders to persuade communities to abandon the practice of FC, the study approaches the analysis from the social context and contextualization that gives form to the interpretations and study themes of persuasion and persistence, with FC as the unit of analysis. By comparing three different ethnic groups, variations and similarities within the ethos of social groupings was examined in juxtaposition to each other. This means that whereas past efforts to study the persistence of FC have dwelt on generalizations regarding sexuality, social and cultural norms and values related to FC, this study presents each ethnic group in specific but relative terms. A critical analysis of prevailing persuasion strategies has been attempted, with a view to assessing the absorbability of given approaches by the target communities, within a framework of cultural relativism. Within the pre-suggested

theory of cultural relativity, the study strives not to approach the subject of FC from a contemporary Western feminist popular discourse that largely demonizes the practice. Instead, it seeks to properly understand FC as a socio-cultural phenomenon.

Additionally, within the cultural context framework, the study posits that a gap exists in the knowledge base related to ways in which gender relations contribute to the persistence of FC. In Kenya and in the three sites where the study was conducted (Kisii, Garissa and Embu) there is a dearth of knowledge regarding ways in which FC serves to maintain the status quo in the arena of gender relations. In this regard, female circumcision was conceptualized as one of the myriad forms in which gender power relations are manifested in varied socio-cultural contexts. Studies in other communities, have found that female circumcision is the basis on which women acquire authority and status (Ahlberg, 1991; Thomas, 1997). Because of cultural variability and uniqueness of each ethnic grouping, this assumption demands an investigation, as is proposed herein.

Existing body of knowledge on FC in Africa, shows that most studies have been conducted from an activist/lobbyist approach, based on dominant Western radical feminist ideology of castigating harmful traditional practices such as FC, wife beating etc (Ahlberg, 1991). Other studies have focused primarily on the medical aspects of FC (Dirie, 1992; Arbesman, Kahler and Buck, 1993; Hosken, 1993a; Annadale, 1998; Bell, 1998). Clearly, a theoretical gap exists in as far as contextualizing FC within the realm of social theory and taking into account the uniqueness of each cultural group and in contexts reflecting the cultural variability. Thus this study seeks to interrogate the

application of several sociological theories including: the socio-historical paradigms of evolutionary development, the structural-functional theory, the feminist theory and the human rights perspective. This interrogation will be aimed at explicating the phenomenon of FC. By interrogating existing theory, this study will also contribute towards identification of an appropriate theoretical model for understanding the age-old practice and persistence of FC.

1.3 Research Questions

1. What are the major processes and indicators of efforts to stem the practice of FC?

2. What are the key socio-cultural features of community efforts in response to external and internal forces against the practice of FC?

3. What are the major cross-cultural variations in societal response to the forces of persuasion against the practice of FC with respect to the three social groups studied?

1.4 Study Objectives

The broad objective of the study was to examine and present the cultural institution of female circumcision from a comparative perspective within the contexts of persuasion and persistence. More specifically the study sought to:

1. Discuss the manifestations of persuasion against the practice of female circumcision.
2. Assess and analyze the capacities of the recipient communities to be persuaded to abandon the practice of female circumcision.
3. Examine the forces of persuasion against the practice of female circumcision.
4. Discuss the tools of persuasion against the practice of female circumcision.
5. Discuss the outcomes from a comparative perspective across the objectives.

1.5 The Scope of the Study

This is a comparative study of female circumcision within the contexts of persuasion and persistence. The study analyzes and discusses the manifestations of the practice of female circumcision, the capacities of recipient communities to be persuaded to abandon it, the forces of persuasion against it, and the tools of persuasion against the practice. This study is designed thus to contribute to better understanding of the reasons for the persistence of the practice of female circumcision. However, the study is limited to exploratory and explanatory analysis, due to the sensitive and intimate nature of the practice of female circumcision as it relates to sexuality and the suspicion with which inquiries on issues touching on sexuality are treated. Possible limitations of this kind of descriptive study are acknowledged. In Garissa district, for example, insecurity

at the time of study limited the geographic scope of the study sites that could safely be visited.

The latter part of the twentieth century was a period of intense activities which were aimed at gender sensitization on women's rights issues. These activities were sometimes viewed with suspicion (see the activities of the "Mungiki" sect in Kenya in this thesis). This possibly accounts for the dearth of data on the persistence of the practice. Given that female circumcision is a prerequisite for marriage in the societies that uphold the practice, it is no wonder then that every woman who hopes to get married submits to the practice. Further, the abandonment efforts directed at practicing societies have largely been seen as Western and feminist further contributing to the suspicion by practicing societies. In Kenya among many rural societies, discussions on the issue of female circumcision are considered too private to be made public. Although the subject is constantly in the international domain as a health and human rights issue, people are not always willing to give information about their personal experiences. It was anticipated that this could greatly hamper the data collection exercise. Exact statistics on prevalence and persistence of the practice in Kenya are difficult to obtain, particularly because of the private nature of the practice and the taboos associated with it. Lack of a strong database became an impediment to the study process.

1.6 Justification of the Study

Internationally, efforts to persuade people to abandon FC are not new. Governments are known to have placed bans

on the practice in many countries without much success. What seems common sense in one society appears bizarre or unethical from the point of view of another. Many contemporary Western activists have worked to persuade communities to abandon the practice of female circumcision. In this respect, they stand where nineteenth-century Christian missionaries stood; having to balance the moral commitments with their desire not to interfere with cultural values they do not fully share or entirely understand.

A look at the regional prevalence patterns of female circumcision show that the persistence of the practice of FC in Africa sometimes becomes a prominent symbol of resistance to colonialism. The procedure has been cited as justification for Western powers to engage in further colonizing. Westerners have felt compelled to instruct practicing communities about the immorality of their actions. But when undergoing female circumcision begins to serve as a symbol of resistance to Western intrusion, it is difficult for Western observers to balance respect for female bodies with respect to a community's cultural and religious autonomy.

In Kenya, for example, efforts to ban clitoridectomy can be traced way back to the colonial government in 1920 (Thomas, 1997). A total ban was placed in 1956 in Meru District. Seven decades later, Meru District was identified as a leading area in the practice of FC in Kenya (MYWO, 1991). Studies on FC in Kenya have so far highlighted its prevalence in such districts as Samburu, Narok, Kisii, Meru, Embu, Machakos and Nyeri (PATH\SIDA, 1996). Some have provided further data on types of FC, age at circumcision, place where FC is done, the role of circumcisers and other

factors related to FC in the specified areas, consequences of FC and to a certain extent, the reasons for the practice of FC in these areas. The studies in question, however, have not addressed persistence of the practice of FC in a detailed and systematic manner. The available literature relating to persistence is of a general and fragmented nature (see e.g Hosken, 1993a; Alberg, B.M et al., 2000; PATH/SIDA, 1996; PATH/MYWO, 2000; Phillip,H.R.A., 1925). Persistence of FC merits a detailed socio/historical investigation hence the need for this study. Whatever data exists does not provide the kind of data required in a study such as this one. Proper understanding of the persistence of the practice of circumcision is critical to the achievement of development goals for any country. Without such understanding, the development of women's health will not be fully realized and national, health; socio-economic integration will be seriously hampered.

Further, comparative studies across ethnic groups are lacking. This study set out to fulfill this need. A crucial realization is that FC will not be abandoned in some parts of Kenya unless those championing its abandonment understand the deep-seated beliefs and social values of the practicing peoples and also establish whether or not it is possible for the people to abandon the practice. It is also important to establish what people would be trading off by giving up some traditional practices like FC. It should be noted that constraining factors can be at the individual and/or communal level, or at the level of governments' involvement or that of the implementing agencies. It is not enough to come to a conclusion that FC is harmful to women's health and is therefore unnecessary. Studies on FC conducted in Kenya and elsewhere carry answers which are

surprisingly clear about the patriarchal underpinnings of the practice. These results indicate the deep-rootedness of a custom in a male-dominated society. Gender sensitivity demands that women alone cannot effectively decide to abandon the practice. In some communities, for example, men refuse to marry uncircumcised women. In such cases even without coercion, every woman who hopes to get married agrees to get circumcised. It is in response to the need to fill this gap that this study was designed. Furthermore, Kenya is a signatory to various international conventions and protocols touching on women's human rights. Therefore this study problematizes female circumcision abandonment efforts in the context of the proceedings of the UN World Conference on women held in Beijing in 1995 on gender equality and consciousness rising. The proceedings at the forum focused on an agenda that included issues pertaining to the sexual and reproductive rights of women with emphasis on freedom from coercion, discrimination and violence (UN, 1995).

The results of this study will be useful to the government of Kenya and its development partners as a tool in planning interventions to improve the lives of girls and women in this country.

1.7 Organization of the Study

Chapter one explores the background information to the practice of female circumcision within a framework of a number of pre-suggested social change theoretical postulates. The statement of the problem, research questions, objectives of the study, scope of the study,

justification of the study and organization of the study are also covered in this chapter.

This is followed by chapter two, which contains the literature review. The specific details are broken into: definitions and history of the practice of female circumcision. The global, African and Kenyan contexts of the practice of female circumcision are then presented. What follows is a discussion of three historical epochs in Kenya, namely: The pre-colonial period, the colonial period and the post colonial period. This discussion is intended to set the scene for the discussions that follow on the practice of female circumcision in the three time periods. This discussion is organized around the subtitles of manifestation of the practice of female circumcision, capacities of communities to abandon the practice, the nature of the persuasive measures and the tools used in the persuasion process during the three historical time periods. The risk factors associated with FC and the consequences of the practice of female circumcision follow. The summary and gaps in the literature review are also included here.

This is followed by chapter three which discusses the theoretical framework. This includes the presentation of various theories out of which a theoretical model for the present study is developed. A conceptual model and a section on the conceptualization and operationalization of study variables are then presented.

Chapter four discusses the methodology. This includes a description of the study sites, rationale for selection of the study sites, units of analysis, sampling, data collection processes and data analysis techniques. This is

followed by the ethical considerations in female circumcision research and the limitations of the study.

Chapter five is a presentation of two sets of findings from the study; section one contains data on - the persistence of FC among communities while section two contains a presentation of another set of findings from the study entitled- towards the abandonment of FC.

Chapter six contains the discussion of findings.

Chapter seven has the summary, conclusions and recommendations of the study. Policy implications and suggestions for further research are also included here.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter has in excess of ten sections. The first section of this chapter contains definitions of the practice of female circumcision and types of female circumcision that are practiced by different communities. This is followed by a historical presentation of the origins of the practice. A presentation of the global, regional and Kenyan extents of the practice is given. Included in the Kenyan presentation is an analysis of the manifestations of the process of persuasion, which has been put in place to encourage practicing communities to abandon the practice of female circumcision starting from the colonial epoch. It also examines the capacities of the recipient societies to be persuaded, the forces behind the persuasion process and the tools that have been used in the persuasion process to date. The last part of this section deals with the process of persistence of the practice of female circumcision from the pre-colonial period to date.

There is consensus among researchers that female circumcision is surgery involving the removal of female genital organs (El Sadaawi, 1980; Berhane RAS-Work, 1992; Adebajo, 1992; Hosken, 1993a; and WHO, 1999). According to the WHO (1999), female circumcision comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons. There are different types of

female circumcision known to be practiced today. These include: type I - excision of the prepuce, with or without excision of part or all of the clitoris; type II - excision of the clitoris with partial or total excision of the labia minora; type III - excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation); type IV - pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue; scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts); introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or narrowing the vagina WHO(1998). The most common types of female circumcision include excision of the clitoris and the labia minora and infibulation which is the most extreme form of female circumcision.

2.2. Historical Evidence

FC is not just a phenomenon of modern times. It is as old as it is widespread. The practice has evolved from early times in establishing control over the sexual behaviors of women. From the many accounts given about female circumcision, it is not clear where it first originated. Genital scarification and reconstruction are time-honored and worldwide practices. Various traditional practices are known to have existed in many parts of the world to control female sexuality. The Romans, for example, slipped rings through the labia majora of their female slaves to prevent them from becoming pregnant (El Sadaawi,

1980). Similarly, chastity belts were introduced in Europe in the 12th century, intended by the crusaders to act as a barrier against unlawful or unsanctioned sex. In the Western countries, clitoridectomy took place as a pretext to cure masturbation, hysteria, depression, epilepsy and insanity (Foucault, 1976; El Sadaawi, 1980; Koso-Thomas, 1987; Toubia, 1993). It is also believed that the practice of female circumcision was known to have existed in ancient Egypt, among ancient Arabs and in the middle belt of Africa before written records were kept. It is therefore difficult to date the first operation or determine the country in which it took place. However, documentalists suggest that female circumcision dates back to 25 B.C. (El Sadaawi, 1980; Lightfoot-Klein, 1989). Circumcision was known in Europe as late as the 19th century because of migration of societies who were involved in the practice. It is recorded as going far back into the past, under the pharonic kingdoms of ancient Egypt. Herodotus mentioned the existence of female circumcision seven hundred years before Christ was born. This is why in some countries the operation is called "pharonic excision" e.g. in the Sudan (El Sadaawi, 1980). FC is also thought of as a permanent practice of the pre-Islamic era (jihilliya period) for preventing their women from making love to men of other tribes during war or during other times when the men were absent (El Sadaawi, 1980). This was ensured through the practice of infibulation.

2.3. The extent of Practice of female circumcision

2.3.1 Global Trends

Globally it is estimated that between 100 and 130 million girls and women have undergone female circumcision. It is also estimated that 2 million girls are at risk of undergoing some form of the procedure every year. Affected girls and women are now increasingly found in Europe, Australia, New Zealand, Canada and USA, primarily among immigrant communities from Africa and Southwestern Asia (WHO, 1999). Historical records illustrate the variety of practices in many parts of the world over a period of thousands of years. Nevertheless, they do not necessarily represent the prevalence of such practices today. Isolated practices may not have been recorded and some groups may have recently abandoned such customs. Moreover, some authorities have only mentioned groups of several hundred thousand people and some have ignored political boundaries, or have mentioned the tribe only once, in the country in which most of the tribes live. Recent medical records of the nationality of individual hospital cases could be based either on the tribe the patient claims to belong to or upon the district in which she lives. Additionally, records do not always describe precisely the nature of the practices. Therefore, one can only make general estimates of the geography of female circumcision today. We do not know whether these practices all originated in one place or whether they started in several parts of the world independently. Nor is it clear whether excision began first and infibulation later or whether the two forms of FC were

originally practiced simultaneously (Montagu, 1945; Bethlheim, 1962 and Murdock, 1967).

In Asia, for example, female circumcision was reported in the Arabian Peninsula, in Pakistan, in Indonesia - Malaya, Sumatra, and Java and in Baluchistan (Herbert, 1890; Remondino, 1891; Jefferson, 1891; Clifford, 1893). Varieties of female circumcision have been reported among several ethnic groups in Australia. Clitoridectomy is reported to be practiced in South America by some indigenous people in Peru, Colombia, Mexico and Brazil. Again, the extent of the practice is unknown. In the past, in Europe and the United States of America many clitoridectomies were performed by gynecological surgeons in the second half of the nineteenth century on allegedly medical grounds, despite the condemnation of the practice in medical journals and by most doctors. Some doctors thought that clitoridectomy was necessary not only to cure sexual deviations such as nymphomania but also to prevent masturbation and to cure a number of disorders, some of which were alleged to be caused by masturbation, such as hysteria, epilepsy, catalepsy, melancholia and insanity. Further it was unthinkable that any decent woman should derive pleasure from sex (Murdock, 1932; Duffy, 1963; Wright, 1996). Today in Europe, Australia, Canada and the USA, immigrant women from areas where FC is practiced are reported to be circumcised (Hedley and Dorkenoo, 1992). However, there are no studies on the prevalence of the practice either among immigrant populations or on the numbers of girls at risk.

Female circumcision is practiced by the Muslim population of Indonesia and Malaysia and by Bohra Muslims in India, Pakistan and East Africa. FC is also practiced in

Oman, in both the north and the south of Yemen and the United Arab Emirates (UAE). Other Arab countries where FC has been reported to be practiced are Bahrain, Qatar and some areas of Saudi Arabia. Reports from doctors and midwives working in the Middle East indicate that infibulation is practiced widely by immigrants from the Sudan and Somalia (Trimingham, 1949; Hills, 1949; Laycock, 1950; Verzin, 1975; Grassivaro G. et al., 1992; Hicks, 1993; Bello, A. et al., 1994; Woods, 1995). However, the extent of the practice in the Middle East is unknown. The Ethiopian Jewish Falashas who have recently settled in Israel practice FC. There are also other reports that Bedouin women of Israel also practice FC (Bello, A. et al, 1994; Avshalom, Z. et al, 1999).

2.3.2 African Trends

In Africa most of the girls and women who are affected live in more than 28 countries. The age at which female circumcision is performed varies between localities (WHO, 1999). A further look at the African region shows that according to Sudanese traditions the "Pharaonic" operation originated in Egypt at the time of Pharaohs, hence the use of the term pharaonic. Evidence indicates that infibulation took place during the pre-dynastic or later Egypt mummies. Nevertheless, several authorities Browne (1799), Trimingham (1949), Hosken (1977), Gordon (1991) have mentioned circumcision in Egypt. Herodotus stated that Egyptians, Phoenicians, Hittites and Ethiopians practiced female circumcision five hundred years before the birth of Christ. A Greek papyrus in the British Museum dated 163 BC refers

to the circumcision of girls at the age when they received their dowries in Egypt at Memphis. Strabo described pharaonic circumcision in 23 BC amongst the Danakils of Ethiopia and in Egypt (Leach, 1961). He noted it at Antiphilus, which was situated at about a hundred miles south of the present site of Massawa. He also described excision in the first century AD in Egypt Assad (1980). Circumcision and infibulation were certainly pre-Christian and pre-Islamic in these areas. Other reports of female circumcision continued throughout the middle ages, with Paulus of the Greek island of Aegina describing the practice in Egypt during the seventh century of removing the clitoris when it was hypertrophied. From early Christian times, Jesuit missionaries and others continued to report female circumcision in Ethiopia. Browne in his travels in Africa, and Syria in 1779 mentioned some forms of excision (Browne, 1779; Fleming, 1960). Some forms of excision were found in many Muslim countries but the practices were not confined to Muslims. Christians and animists also practiced the rite. In the more recent centuries, explorers, anthropologists, doctors and other researchers have continued to report such customs. Carreira (1963) referred to the first recording of excision in West Africa by the Portuguese in the sixteenth century. Montagu (1945) and Murdock (1967) mentioned excision and infibulation among the Somalis, Ethiopians, Nubians and the Galla.

In Africa today, perhaps due to the sensitivity of the subject, and neglect by the scientific community, systematic surveys have not been undertaken and there are no comprehensive, country-by-country data available on female circumcision. Information is often based on

anecdotal reports or biased samples using unclear or faulty methods of data collection (Hosken, 1993a; Toubia, 1993). The only country with reliable nation-wide data on FC is the Sudan (Toubia, 1993). One or more forms of FC are reported to be practiced in more than 28 African countries, although national borders are not as important as ethnic groups practicing FC, because people straddle boundaries. Given that civil wars have caused major refugee movements from the Horn of Africa, FC is now being performed in refugee camps. It is therefore more accurate to view female circumcision as being practiced by specific ethnic groups in Africa. The type of female circumcision practiced varies from one ethnic group to another. Those close together geographically are by no means affected in the same way. For example, in Kenya, the kikuyu practice FC while the Luo do not. In Nigeria, the Yoruba, the Ibo and the Hausa do, but not the Nupes or the Fulani. In Senegal, the Wolof do not practice female circumcision. There are many such examples. There are three countries -Somalia, Djibouti North and Central Sudan where more than 80 percent of the women have undergone infibulation. Table 2.1 has the details of the estimated persistence of female circumcision in Africa.

Table 2.1 Estimated Persistence of Female Circumcision in Africa

Low persistence of the practice of female circumcision (no concentrations of the practice- scattered persistence)			
Country	Estimated Persistence	Number Of Women 000's**	Source of information
Cameroon	20%	1,330	Estimated prevalence based on a study (1994) in South West and far north provinces by the Inter-African Committee, Cameroon Section
Mauritania	25%	290	
Niger	20%	930	
Uganda	5%	540	
United Republic of Tanzania	10%	1,500	
Zaire	5%	1,110	
Ghana	30%	2,640	Pilot studies in the upper East region 1986 and amongst migrant settlers in Accra 1987 by the Ghana Association of Women's Welfare
Senegal	20%	830	Report on a National Study by ENDA 1991

(Table 2.1 Continued)

Medium abandonment of female circumcision

Country	Estimated Persistence	Number Of Women 000's	Source Of The Persistence Rates
Benin	50%	1,370	
Central African Republic	43%	740	National Demographic and Health Survey (1994/1995)
Cote d'Ivoire	43%	3,020	National Demographic and health Survey
Guinea	50%	1,670	
Guinea Bissau	50%	270	1990 Survey by the Union Democratique des femmes de la Guinee -Bissau
Kenya	50%	7,050	A 1992 Maendeleo ya Wanawake Survey in four regions.
Nigeria	50%	28,170	A study by the Nigerian Association of Nurses and Nurse Midwives conducted in 1985-1986.
Togo	50%	1,050	

(Table 2.1 Continued)

High persistence of the practice of female circumcision

Country	Estimated Persistence	Number Of Women 000's	Source Of The Persistence Rates
Burkina Faso	70%	3,650	Report of the National Committee 1995
Chad	60%	1,930	1990 and 1991 UNICEF sponsored studied in three regions
Djibouti	98%	290	UN ECOSOC Report 1991
Egypt	80%	24,710	
Eritrea	90%	1,600	
Ethiopia	85%	2,324	A 1995 UNICEF sponsored survey in five regions and an Inter-African Committee survey in twenty administrative regions
Gambia	80%	450	Women's Bureau 1985
Liberia	60%	900	
Mali	75%	4,110	
Sierra Leone	90%	2,070	
Somalia	98%	4,580	
Sudan	89%	2,450	National Demographic and Health Survey 1989/1990

Sources:

Estimated prevalence rates have been developed from a national survey and from small studies conducted by the following (Hosken, 1993a; Toubia, 1993; WHO, 1998; NDHS, 2000).

**Number of women calculated by applying the prevalence to the 1995 total female population reported in the United Nations Population Division population projects (1994 revision). NB. Totals may not add up due to rounding.

2.3.3 Kenyan Trends

In Kenya, female circumcision might have diffused to some peoples, notably the Maasai, from the Cushitic peoples who entered Kenya from Ethiopia (Murray, 1974; Woods, 1995). However, the Kikuyu although influenced by the Cushites, might have adopted the practice as a result of Bantu influence. Generally, however, the origins of female circumcision for most of the other practicing communities are not clear.

2.4 Manifestations of Persuasion

2.4.1 Female Circumcision in the Pre-colonial Era

Studies have shown that in the economic and social realms during the pre-colonial era, women had a fair amount of informal and indirect power. Division of labor and the fact that women played a vital economic role in both production and preparation of food for the family, tending animals, and selling surplus products in local markets, all translated into high status and autonomy for women (Gordon, 1992). But with colonialism came the forcible integration of African states into the global capitalist economy. The capitalist system gave birth to inequalities between women and men. To ensure a cheap labor supply and to extract the mineral wealth of Africa, agriculture was commercialized and mechanized, with the purpose of producing cash crops for export. Men took control of cash crop production and women were left behind in the traditional sector responsible for local subsistence food production.

Thus, the introduction of a wage-labor market reduced the economic interdependence between men and women and enabled men to increase their economic power, whereas women's exclusion from certain areas of production made them economically more dependent upon men (Gordon, 1992; Mamdani, 1996). Some other pre-colonial studies contend that there were complementarities among men and women in pre-colonial African society, with women as well as men being able to hold positions of power and leadership in all spheres of life. These studies have also shown that colonialism disrupted pre-colonial political, economic and social systems that had worked for Africans and imposed alien models that laid the seeds of the many crises Africa finds herself in today (Walter, 1973). Mamdani's thesis (1996:39) in particular states that in pre-colonial Africa, political power was purely tribal. This goes hand in hand with the colonial view of Africa as a dark space peopled by savages and cannibals where justice and rule of law, in the modern sense, had no place. In-built in these societal arrangements on day to day activities were traditional practices such as female circumcision (FC), male child preference, early marriages, wife battering and widowhood practices in some communities.

The feminist political economy approach has advanced the idea of the need for re-theorizing the position of women in pre-colonial societies more accurately, after the realization that not all local traditions are beneficial to women. Hence there is the need to challenge cultural traditions and practices that encourage and subordinate women while valorizing and encouraging those which promote gender equity.

2.4.2 Early Colonial Efforts to end Female Circumcision

Efforts to address the persistence of female circumcision in Africa can be traced back to the turn of the century, when churches and missionaries protested the practice and colonial administrators unsuccessfully attempted to enact legislation prohibiting female circumcision. In Kenya as elsewhere in Africa, the missionaries took an uncompromising stand Groves (1958), Murray (1974), Natsoulas (1998) and collaborated with the colonial administration to outlaw female circumcision (Hayes, 1975; Thomas, 1997). Hence the missionary ban of elaborate celebrations of FC is the Christian confrontation with the open but highly and morally regulated sexuality among the Kikuyu (Pritchard, 1965; and Ahlberg, 1991). Missionary doctors in particular played a central role in the abandonment campaigns in Kenya Phillip (1925) a process that occurred also in Sudan (Dorkenoo, 1994).

In order to understand the basis of the uncompromising stand taken by missionaries in the colonial era with regard to the practice of female circumcision, an examination of the framework that informed Western political thought is deemed relevant here. As early as 1906, Protestant missionaries, the most vocal European opponents of circumcision, denounced the practice as "barbaric." During the 1920s, as their medical work expanded and cultural relativist thoughts gained influence in colonial circles, these missionaries began to ground their opposition to female circumcision in health concerns instead of accusations of "barbarity." They argued that scar tissue resulting from circumcision resulted in impaired urination, problems in menstruation, painful intercourse and, most

importantly, complications during childbirth. Although some physicians in Kenya doubted that the ill effects of circumcision were so severe, the moral force of mission critiques captured official attention. Moreover, opposition to circumcision grounded in arguments about infant and maternal mortality resonated with colonial officials' concern over low population growth rates in East Africa prior to World War II (Thomas, 1997). In 1925 and 1927, administrators in Nairobi encouraged local native councils—bodies of elected and appointed African men presided over by a British district commissioner with veto powers, to pass resolutions restricting circumcision (see appendix III and IV). Elsewhere the Meru local native council, for example complied, passing resolutions prohibiting circumcision without a girl's consent, limiting the severity of the "operation," and requiring the registration of all female circumcisers. These resolutions proved largely ineffectual. As one administrator noted, "Public opinion does not seem to be in sympathy with the cause" (Murray, 1974: 114). Believing that circumcision, as part of female initiation, transformed girls into women, most Africans ignored the resolutions. People in Meru viewed female circumcision as preparation for marriage and procreation. Further, it marked the end of sexual freedom, affirmed parental authority and filial duty, protected one against the dangers of sexual intercourse, and ensured fertility as well as ancestral blessings.

The years 1929 to 1931 mark what has been termed within Kenyan historiography as the "female circumcision controversy." During this period, protestant missionaries engaged London-based humanitarian and feminist groups in their campaign. Female parliamentarians and women's rights

organizations argued before the House of Commons that circumcision should be banned because of the dangers it posed to infants and mothers during childbirth (Pedersen, 1991). Within Kenya, renunciation of female circumcision became the subject of declarations of Christian loyalty at Protestant mission stations, whereas support for the practice became a platform issue for the Kikuyu Central Association (KCA). The Methodist Church of Meru, for example, instituted a loyalty declaration in early 1930. Within weeks their membership dropped from seventy to six (Nthamburi, 1982). Popular protest against the missionaries' anti-circumcision campaigns spread with young men's and women's performance of *Muthirigu*, a dance-song that chastised missionaries, government officers, and African elders by name for corrupting custom, seducing young women, and stealing land. Although the Nairobi administration moved quickly to ban performance of this critique of colonial authority, they were reluctant to enact colony wide anti-female circumcision measures (Murray, 1974).

Other sources suggest that Methodist missionaries also participated in these efforts to modify and medicalize the practice. In 1931, the then Kenyan director of medical services assured a Methodist doctor in Meru that it would not be a breach of medical ethics to either instruct circumcisers in favor of less severe forms of circumcision or lend them scalpels to perform the procedure (Hosken, 1993a; Gwako, 1995; Balk, 1997; Bell, 1998). Elsewhere, Shandall (1967), Murray (1974), Hayes (1975), WHO (1979), EL Saadawi (1980), MYWO (1991), Giorgis (1981), El Dareer (1982), Koso-Thomas (1987), Kirby (1987), Warsame (1989), Kluge (1993), Hosken (1993a), PATH/MYWO (1993), Dorkenoo and Elworthy (1992), Hale (1994), Kratz (1994),

Dorkenoo (1994), Ezzart (1995), PATH/SIDA (1996), WHO (1998), Althaus (1997), Natsoulas (1998), Seif El Duala, A.A. et al (1998), Toubia and Izett (1998), Ruonavaara (1998), Abusharaf (2001), Mackie (2000), FPAK (2001), Gruenbaum (2001), Population Reference Bureau (2001), Thomas (2003) are other scholars who have documented instances of resistance to FC abandonment strategies.

In summary throughout the early part of the twentieth century, struggles over reproduction were crucial to the construction of political and moral order in Kenya. Of particular concern was how to ensure that daughters became well disciplined and not wayward mothers and wives. Late pre-colonial and early colonial central Kenyan communities situated the regulation of female circumcision, pregnancy, and childbirth as underlying successful social relations. In communities in which properly conceived children embodied wealth and ties to the spiritual world, procreation was viewed as a matter of material as well as moral importance. It also enabled the elaboration of gender differences and generational hierarchies. Women's power was rooted in their ability to cultivate life within their wombs. This reproductive capacity differentiated them from and, in certain realms, subordinated them, to men. It also distinguished women from girls. Through their involvement in female circumcision and childbirth, older women sought to promote and safeguard the maturity and fertility of their juniors. On the other hand, the need to demonstrate Britain's commitment to improving "native" welfare and the desire to encourage population growth prompted them to condemn female circumcision and to support the movement of some births from homes to hospitals. By the 1930s, colonial

governance in Kenya depended upon skillfully navigating the politics of the womb (Thomas, 2003).

2.4.3: Female Circumcision in the Post Colonial Period

After the colonial onslaught against female circumcision, it was not until the late 1970s and early 1980's that female circumcision began to attract international focus due to a series of research papers and reports on the subject. For example, the Second World Conference on Human Rights (WCHR) held in Vienna in 1993 was the first international conference to refer to female circumcision albeit not explicitly. The WCHR program urged the "eradication of any conflicts which may arise between the rights of women and certain traditional or cultural practices" and asked states to strike down laws and discourage traditional practices that "discriminate and cause harm to the girl child" (Boland, 1997:32). In Cairo Egypt, in 1994, the International Conference on Population and Development (ICPD) included women's reproductive and sexual rights in its agenda. The resulting program of action directly mentioned female circumcision and emphatically urged governments to prohibit the practice and to undertake proactive measures to do away with the practice.² The Cairo Program of Action was unique among international conference documents for its emphasis on the need for International commitments to be upheld through practical programmatic and policy responses (RAINBO, 1997). The Fourth World Conference on Women that took place in Beijing, China, solidified international support against

²The ICPD Program of Action states that "measures should be adopted and enforced to eliminate child marriages and female mutilation ..."
(Paragraph 5.5).

female circumcision "enactment and enforcement of existing legislation against those who practice FC RAINBO (1997: A-3). Specifically, the Beijing platform for Action states "Any harmful aspect of certain traditional customary or modern practices that violate the rights of women should be prohibited and eliminated" (FWCW Platform for Action, February, 1996).

The series of international conferences held in the 1990s and their resulting plans of action have created and sustained momentum for a development paradigm that supports women's empowerment, gender equity and dignity for all humans. This rights based paradigm has established human rights and in particular, women and children's rights as a legitimate goal of human development, as well as a means by which to gain comprehensive equity in the political, social, cultural and economic spheres (Masterson and Swanson, 2000:11). Additionally, alternative rights of passage have been advocated for but they have not replaced female circumcision (Chege, J.W.I. et al, 2001).

The persuasion against the practice of FC rhetoric as contained in popular literature and other forms of writing from the Western hemisphere has been characterized by cultural imperialism, orientalism, academic elitism, enigmatic philosophizing and alienating "trade" language all aimed at displaying the writer's intellectual powers over her/his readers. Additionally, these anti-circumcision campaigners have usually adopted the "external messiah syndrome" and armchair activism, class domination and ideological provincialism. They have usually stereotyped African women who practice or support circumcision by

depicting them "only as victims and preyers upon each other" (Savanne, 1979; Mugo, 1997; Obiora, 1997b.) Ideally, feminist literature like other writings should reflect the class position, concerns and ideological orientation - in sum the overall world view of a given writer. Feminist writing on the subject of female circumcision which is supposed to raise the consciousness of, liberate and empower oppressed women while condemning the systems and structures that enslave women, has failed miserably in this role. Instead, most of the feminist literature from the West has ironically ended up practicing the very silencing and stigmatization of women that feminism challenges (Obiora, 1997b).

Elsewhere, Mire (2000) has argued that African female scholars and socio - cultural activists are encouraged by scholars in the North to show outrage, by among other things, confessing in public the terrible things (female circumcision) our mothers did to us! In this way, African women can wear the signs of their mutilated bodies as warrior marks! Mire (2000) goes on to warn Africans on the need to be careful for the warrior marks in the Western discourse have double meaning (i) as evidence of embodied knowledge of the African women; (ii) as a sign of African women's barbaric, backward, savage African culture. Since the 1970's some feminists such as Hosken (1993a) have deployed the term "female genital mutilation," and denounced the practice of female circumcision, claiming that the practice ravages women's health and underpins patriarchal structures. Daly (1978) posited this practice as one instance of the "sado-ritual syndrome" structuring "planetary patriarchy." Human rights activists, e.g. McLean

(1980) and feminist medical doctors El Saadawi (1980) and El Dareer (1982) exposed female circumcision as a medically dangerous practice intended, among other things, to control female sexuality. At international conferences, however, some African women protested these calls for the abandonment of the practice of female circumcision as a neocolonial intrusion that drew attention away from more pressing development issues (Dorkenoo, 1994: 62-63).

Anthropologists accused by Hosken and Daly of a "patriarchal cover-up" Lyons (1981: 500), responded by drawing attention to the racist underpinnings of earlier campaigns against both male and female circumcision and by elaborating how processes surrounding female circumcision often are "the primary context in which women usually come together as a group, to constitute a ritual community and a forum for social critique" (Kratz, 1994:347). Drawing on poststructuralist theory, others criticized those calling for the abandonment of the practice for their discursive construction of a decontextualized, passive, and oppressed "Third world woman" (Kirby, 1987; Hale, 1994). Those calling for the abandonment of the practice responded to these critiques by strengthening networks with African women's and health organizations engaged in anti circumcision campaigns (Koso-Thomas, 1987; Dorkenoo, 1994).

Literature that depicts the foregoing includes Walker (1992) and (Walker and Parmar, 1993). These pieces of fictional writing have mainly served to validate the "professional mourners" of Achebe's proverbial world, who wail louder than the bereaved, while silencing and vilifying the very people being mourned (Achebe, 1958).

Walker's fictional depiction of the African world is condescending and touristic. Her philosophical outlook is informed by colonial and missionary conception of Africa, while her analysis draws from anthropologists of that same persuasion (Mugo, 1997). Further, Walker (1992), oblivious of the elusiveness and inherent ambiguity of behavioral transcripts, bemoans what she perceives as the pathetic demeanor of the women she encountered on the streets of Africa. She assumed that these women, without exception, were reeling from "genital mutilation" which she presents as representative of the objective realities of African women.

Additionally, in terms of the research that has been conducted by Western based researchers on female circumcision Daly (1978) denounces many researchers negation of the complexity of the female experience, the poverty of imagination about the feelings of other women, fixation on sensational materials, maze of deceptive expressions, lack of social perspective, class indifference, arrogance and ignorance. Yet although she may be unconscious of her complicity in what she criticizes in others, she is not exempt from her own reproach. Drawing extensively from Worseley, (1938) who characterized the procedure of female circumcision as a sadistic venture "thoroughly enjoyed by the privileged spectator", Daly (1978) perpetuates the myth of Africa as the Dark Continent of unbridled savagery, violence, and moral bankruptcy. Therefore, Daly (1978) legitimizes discourses that provide moral justifications for the recurring Western savior and rescue complexes (Jablow and Hammond, 1970; Mudimbe, 1988). Much like Mary Daly's (1978) and Alice Walker's (1992)

exposes, the debates that have ensued on their heels tend, regrettably, to be dogmatic, insulting, and ethnocentric. As Savanne (1979) observes, 'Talk of barbarians' and uncivilized practices is sensational and alienating to those who are named in that way see also (Giorgis, 1981); Boulware-Miller, 1985).

In addition to the forgoing, the debate against female circumcision has also been characterized by incriminating language. The use of the term "mutilation" has usually been very extreme to the extent of stifling dialogue. Mohanty (2003) pinpoints the mechanisms of Western thinking "as othering" Third world women: she continues to say "it is only insofar as woman/women of Africa are defined as others, or as peripheral, that (Western) man/humanism can represent him/it as the center". It is not the center that determines the periphery, but the periphery that, in its boundedness, determines the center. In the literature, there have been universal images of 'the Third World woman' usually described as the (veiled woman, chaste, virgin, etc). Other descriptions have included 'Third World practices'. On the other hand there are assumptions that Western women are secular, liberated, and have control over their own lives". Mohanty (2003) further shows how in this process of 'othering", which is rooted in and based upon dichotomies, the self is created by means of the other.

As frequently shown and discussed by philosophers and social scientists over the last 20-30 years, much Western thinking from enlightenment onwards has been constructed in terms of dichotomies and hierarchized binaries, where one is not only separate/different but also above/better than

the other. Such figures of thought are part and parcel of the 'dark continent discourse'. Female circumcision has been so highly touted that it has become the prime point of reference in the West vis-à-vis African women (Obiora, 1997b:324-25). Additionally, Obiora (1997b) has underlined the importance of placing the discourse within the larger economic, political context of male supremacy, especially under imperialism and neo-colonialism, which are economic-political systems that are hardly indicted. The African mother figure is whipped and the circumciser crucified. The female circumcision abandonment campaigns have made no attempt to engage in dialogue with the communities they meet in the villages. Instead they pose framed questions, interrogating their objectified subjects in order to elicit the answers they want from them. The controversy continues in Europe and North America today as debate turns to the threat of female circumcision as ground for political asylum and the legality of these practices among African immigrant populations.

In summary, campaigners for the abandonment of female circumcision have uprooted the problem from its context, reduced all other struggles by African women to one issue, transplanted it and kidnapped it to the West and placed it in the hands of radical feminists. The real victims remain in the background, virtually invisible and inaudible, even as they continue to put up heroic struggles to liberate themselves from the basic oppressive structures and institutions that give rise to female circumcision among other social evils. Westerners have additionally failed to present an accurate picture of the experiences of Third World women on many issues including the history of African

women's sexuality, and the complex nature of the practice of female circumcision. However, while acknowledging the need for re-theorizing the position of African women accurately, it is also important to realize that not all local traditions are beneficial to women. Hence there is the need to challenge cultural traditions and practices that encourage and subordinate women while valorizing and encouraging those which promote gender equity. The foregoing argument then informs the framework for the continued persuasion efforts for practicing communities to abandon female circumcision in the post colonial era.

2.4.4 Capacities of Recipient Societies to be persuaded

2.4.4.1 Acceptance of Persuasion Message

To demonstrate the prevalence of the persuasion message the following data on some countries is presented (Population Reference Bureau, 2001):

1. The Egypt country office of the Center for Development and Population Activities (CEDPA) has developed an effective model for community level female circumcision abandonment programs, based on community education, advocacy with local leaders, formation of teams of anti-female circumcision activists and home visits to parents of at risk girls. These interventions have led to more open community discussions about female circumcision and greater opposition to the practice. One of the strategies that have been found successful in Egypt by the CEDPA is the positive deviance approach (PDA). This strategy tries to understand the factors that enable some families not to practice female circumcision on their daughters. It focuses on the

individuals who have deviated from conventional societal expectations and explored, though perhaps not openly successful, alternatives to cultural norms, beliefs or perceptions in their communities (Sternin, M.J. et al, 1997).

2. Further, in Egypt, there are some signs of change in attitudes. A 1999 nationally representative survey of 1,500 Egyptian adolescents (1,200 girls and 300 boys) indicated that young Egyptian women were at least 10 percent less likely to undergo female circumcision than were their mothers. This survey was part of a large research program on adolescence called "The 1997 Adolescence and Social Change in Egypt Survey". It estimated circumcision rates across the entire population of single adolescent girls as opposed to only ever-married women (EDHS, 1995). The survey reported that girls with more highly educated mothers were less likely to be circumcised - 34 percent less likely with mothers who had been to vocational school and 64 percent less likely with mothers who had a secondary education or higher (Omama, E.E. et al, 1999). These results were further supported by findings from the EDHS (1995) which showed a 6 percent point decline in the proportion of women with daughters who reported that they had a daughter who had already been circumcised or who planned to have a daughter circumcised - from 87 percent in 1995 to 81 percent in 2000.
3. According to WHO (1999), positive results were also found in villagers with Muslim majorities but these villages have not yet matched the success of villages such as Al Tayeba and Deir El Bersha. Study findings

from the villages of Al Taveba and Deir El Bersha indicate that the decrease in circumcision prevalence is attributed to the fact that one or more individuals in the household were involved in development activities, the husband was working outside of the country and the wife was head of the household, and various Christian churches in the community had all spoken out against the practice. The Coptic Evangelical Organization for Social Services (CEOSS) program divides the community according to the number of leaders available, with each assuming responsibility for a defined geographic area. Each leader develops an annual work plan and monitors about 10 girls every year using specially designed monitoring charts. If, according to the monitoring chart, a girl reaches the age of 13 and remains uncircumcised, she is viewed as out of risk and a successful case. The WHO (1999) review found that the CEOSS had succeeded in reducing the rate of female circumcision in eight of 22 communities in Minya Governorate; the female circumcision abandonment rate was more than 70 percent in these eight villages. These positive changes occurred over seven years. Several factors contributed to the project's effectiveness: a focus on young girls who were most at risk of female circumcision; the use of clear and positive information regarding female circumcision abandonment; and support from local community leaders which contributed to sustainability. Efforts are underway to assess the longer-term sustainability of the effort.

4. The Egypt Demographic and Health Survey EDHS (2000) indicated that 97 percent of women in the country had

been circumcised. This means that no change has been recorded since the 1995 EDHS survey. According to the survey, women who were younger, lived in urban areas, and had secondary or higher education were less likely to have or to consider having their daughters circumcised than their older, rural, and less educated counterparts. These findings are consistent with those of the 1995 EDHS. According to the EDHS (2000), the trend towards greater medicalization of the practice has also persisted. In 2000, trained medical personnel performed slightly more than 60 percent of circumcisions, and traditional birth attendants performed the majority of the remaining circumcisions. Attitudes regarding the practice, however, appear to be changing. In the year 2000, 81 per cent of women with daughters reported that they had a daughter who was already circumcised or they planned to have a daughter circumcised. This represents a slight decline from 1995 when 87 percent of women with daughters said that they had or planned to have a daughter circumcised. In the 2000 survey, attitudinal differences by residence and education were striking. Urban and more educated women were less likely than other women to believe that circumcision was an important aspect of religious traditions or that men preferred wives to be circumcised. For instance, in the urban governorates, about four in 10 women agreed with the statement that "husbands preferred wives to be circumcised". This compared with eight in 10 women in rural Upper Egypt who agreed with this statement. The study by Omaima et al (1999) in Egypt also found that community based NGOs consult with family and community members such as

tribal and religious leaders to create coming of age celebrations that exclude cutting of the clitoris but embrace other aspects of female circumcision including seclusion, information sharing and celebration. Some view the ceremonies as a public declaration of abandoning female circumcision.

5. The Maendeleo Ya Wanawake Organization (MYWO) in Kenya was formed in 1952 with the objective of improving the living standards of families and communities. MYWO has used the alternative coming of age program to encourage female circumcision abandonment in seven of Kenya's 63 districts. The first alternative rites of passage program "*Ntanire Na Mugambo*" (circumcision by Words" in the Kimeru language) was developed by PATH AND SIDA and took place in Meru, Kenya (PATH/SIDA, 1996). The program collects the traditional wisdom imparted to girls when they are circumcised, adapts these messages to encourage positive female traditional values without physical circumcision and includes a five-day seclusion period to teach girls adult values and behavior. This culminates in a one-day, coming-of-age ceremony that includes feasting, gift giving, and the presentation of graduation certificates. Alternative rites of passage are gaining community acceptance and are endorsed both by community elders and the Kenya Medical Association. The "circumcision with words" ceremony has grown rapidly, beginning with only 12 families and growing to 200 families in three divisions in the district after one year. According to PATH/SIDA (1996), none of the girls who participated in alternative ceremonies has

been circumcised, they and their families are a core group strongly motivated to recruit others.

6. Uganda's Sabinu community in Kapchorwa, with the support of the United Nation's Population Fund, developed the Reproductive, Education and Community Health Program (REACH, 1995). The program sensitized members of the Sabinu elder's association and clan leaders in Uganda's Kapchorwa District to the harmful effects of female circumcision. As a result of the program, the male elders resolved to replace the actual cutting with symbolic gift giving and other festivities to represent the passage into adulthood. The REACH project has several out-reach components (REACH,1995):

- Using community seminars and workshops for target groups within the community, including elders;
- Selecting and training adolescents to serve as peer educators for fellow students in school and at home during the holidays;
- Training traditional birth attendants and health workers in basic maternal and child health, family planning and delivery skills, and the negative effects of female circumcision.
- Establishing a district cultural day designed to celebrate cultural values and dispel taboos and harmful practices.

The project successfully involved community leaders in the decision-making process and in the design and implementation of the project. It addressed the basic reproductive health needs of the community while also targeting abandonment of female circumcision. The project

drew on close collaboration with many different partners from international donor agencies (e.g., the International Planned Parenthood Federation and the Norwegian Agency for Development) and in-country organizations (e.g., Family Planning Association of Uganda). Finally, it used a culturally sensitive and "persuasive" approach to female circumcision rather than a more condemnatory one. Since its inception in 1996; the REACH project has had a positive impact on the Kapchorwa community. According to statistics compiled by REACH staff, the percentage of girls and women who have been circumcised decreased by 36 percent in two years. For example, 544 girls and women were circumcised in 1996, as compared with 854 girls and women in 1994 (REACH, 1995). Other favorable results have been greater dialogue on the subject of female circumcision and reproductive health, an increase in the number of adolescents involved in creating awareness on the harmful effects of female circumcision; and a greater demand for awareness-raising seminars about female circumcision and its associated effects. The Sabiny Elders were awarded UNFPA's Population Award in 1998 for their role in the REACH project.

7. The foundation for Research on women's Health, Productivity and the Environment BAFROW estimated that six out of eight ethnic groups in the Gambia practice female circumcision and that over 70 percent of the country's girls and women have undergone either clitoridectomy or excision. The age at which girls and young women are circumcised varies from about five to 18 years of age (BAFROW, 1997). In 1999 (BAFROW)

reported that of the 101 circumcisers identified in three administrative divisions of the Gambia, 30 had recently abandoned the practice. In the Nimamina district specifically BAFROW found that, in 1997, only 12 girls were circumcised compared to 92 girls in 1996. Similarly, in the Fulladn District, baseline studies showed that 190 girls were circumcised in 1997 compared to 412 girls circumcised in 1996. In order to achieve the foregoing BAFROW designed a holistic intervention strategy that took into account the interests and aspirations of all stakeholders. BAFROW worked closely with local communities to design a rite of passage ceremony that emphasized the important aspects of Gambian culture while doing away with circumcision.

8. Female circumcision in Senegal is conducted on girls between the ages of 2 and 11 years³. It is practiced mainly in the North and the Southeast of the country and research estimates that approximately 20 per cent of the female population has undergone female circumcision (Toubia, 1995). Successful persuasion activities to end female circumcision in Senegal were conducted by a Senegalese organization, TOSTAN, which mobilized Senegalese citizens, community organizations and international development agencies to support women from the village of Malicounda Bambara. Mackie (2000) formulated a participatory approach model namely the TOSTAN program in Senegal which provided women with literacy training and information related to health,

³ The different ages represent variations according to ethnic groups and geographic region. Anecdotal evidence gathered during TOSTAN'S work suggested that girls are being circumcised as young as two weeks of age among certain ethnic groups.

human rights and problem solving to give them the information and self confidence to abandon female circumcision. This strategy has been applied through the TOSTAN program and it has been successful in persuading women and other community members to make a public declaration to end the practice of female circumcision. The public declaration appears to have been pivotal in causing rapid and universal abandonment of female circumcision in various villages in Senegal. Once enough families pledge to end female circumcision they are vested with keeping their pledge and convincing others to oppose the practice. At the end of the program in 1999 TOSTAN reported that 105 villages representing approximately 80,000 people pledged to end female circumcision in their communities⁴. From a policy point of view, President Diouf also commended them and called upon other villages to follow the lead. The TOSTAN strategy is modeled after a successful strategy to end foot binding (the act of wrapping a young girl's foot to push the heel and toe together) (Mackie, 2000). This cultural practice like female circumcision had existed for thousands of years and was required for a proper marriage, for the virtue of the women, and for the honor of the family.

9. In Guinea in 2000, the German Technical Assistance (GTZ) and other partner organizations working on FC found out that different generations were "worlds

⁴ Education classes were conducted with women in only 30 villages. However, those women voluntarily presented the new information to neighboring villages not participating in the program. The result was that 105 villages were informed of their human rights and the harmful consequences of female circumcision and subsequently pledged to abandon the practice.

apart" in their world view on various issues including FC. They designed an intergenerational dialogue program whose aim was to promote understanding within different groups using the local languages and facilities (GTZ, 2000). Both the old and young were trained to understand that there was value in understanding and harmonizing the views of each other. Other lessons learnt from the program have emphasized the need for more open communication in order to minimize differences and conflict. In 2003 a qualitative survey of 40 families of workshop participants and 40 control families in the Faranah region (upper Guinea) was conducted to find out whether the relationship between generations had changed in relation to issues such as FC, HIV/AIDS and sexuality. Findings showed that the families of workshop participants reported more intergenerational communication. This was characterized by a mutual interest in, and openness towards the problems and needs of other family members (Sexual Health Exchange, 2004).

2.4.4.2 Active Rejection of Persuasion Message

The above issue brings in the notion of the need to define the concept "recipient". This is because there is a difference between the "initiate" and the "parent" or guardian who could be receiving the persuasion message on behalf of a minor. The context of the concept "recipient" that will be dealt with here is the child who has no agency. As has been said elsewhere in this study, the history of the persuasion campaign has usually depicted circumcising societies as either passive victims or active

criminals' in so far as the practice of female circumcision goes. However, reality shows that some of these societies have accepted the abandonment message; others have not accepted the message and have vigorously resisted it, while others have not accepted the message and have not in any way resisted it.

During the colonial era the blind effort by the British to ban female circumcision in Kenya for example, condemned it to secrecy and redefined its significance as a clandestine custom and symbol of nationalistic resistance (Kenyatta, 1938). Kenyatta (1938) explains that families who interpreted the measures imposed by the colonialists as a flagrant interference with their freedom, social customs, and cultural beliefs were prompted to circumcise their daughters even at the hands of unskilled persons, with inevitable tragic consequences. Kenyatta (1938) clarified that the critical lesson of the resistance was the need to understand that the operation was still regarded as the very essence of an institution, which had enormous educational, social, moral, and religious implications quite separate from the operation itself.

Documentary evidence suggests it was District Commissioner J. A. Cumber who first introduced the topic of a ban on circumcision at a meeting of the Meru African District Council (formerly, the local native council) in March 1956. The ban on female circumcision was resisted, at times, violently and was used by the nationalist movement in central Kenya to justify breaking away from the mainstream church to form the independence church that allowed female circumcision. Because of this resistance, the missionaries and the colonial administration compromised by allowing what they called a minor operation

to continue in health facilities using trained midwives so as to avoid infections (Natsoulas, 1998). The missionaries nevertheless succeeded in banning the public celebrations, the dances, the songs and the feasting which imparted sexual knowledge to the initiated girls and gave meaning to the ritual (Ahlberg, 1991; Githiga, 1996). A historical analysis of the 1956 ban in Meru demonstrates the limitations of universalistic discourses of sexual oppression, human rights, and women's health as well as poststructuralist deference to "the other" for an understanding of the social complexities of female circumcision. Whereas the international controversy has largely cast girls and women as victims of patriarchal values, an examination of adolescent girls' efforts to circumcise each other in Meru situates girls and women as central actors (Lerner 1986: 239). Yet to reduce adolescent girls' belief that circumcision would transform them into adult women to patriarchal conspiracy would be to ignore how the institution of female initiation regulated relations among women as well as between men and women. Observers of female circumcision have long noted that girls and women tend to defend the institution more vigorously than their male counterparts. Colonial officials and missionaries attributed female adherence to female circumcision to the inherent "conservatism" of women, but contemporary anthropologist Boddy (1989: 319), has explained such adherence as women's efforts to preserve "bargaining tools with which to negotiate subaltern status and enforce their complementarity with men."

In 1989, the then President of Kenya Daniel Arap Moi condemned FC saying:

"FGM is outdated and unacceptable in modern Kenya. My people accept that times are changing and discard social practices that are no longer compatible with modern lifestyles" (Kenya times, 30th December, 1989, pg.3).

Immediately following his condemnation, thousands of girls were circumcised.

'Mungiki', a religious sect has been an emerging unique initiative in Kenya since 1992. It attempts to promote the practice of FC forcefully and openly. It is the most recent movement that is pro FC. The group has been embroiled in controversy especially with the Government of Kenya since they started their campaign. They claim that they want their people to return to the traditional African values. They obstinately argue that FC is one of these values, which women and girl-children should undergo. Ngonya wa Gakonya, who claims to be the spiritual leader of the all 'Thaai'⁵ believing sects among whom is the 'Mungiki' was quoted saying:

"We advocate that act (FC), because women who have been clitoridectomised are traditionally sexually controllable, unlike those women who have not been. These (uncircumcised women) are never sexually satisfied and as such are a cause of prostitution" (Sunday People, 23rd May, 1999. pg 3).

In their opinion, uncircumcised girls bring defilement to the Kikuyu community as a whole. And this view should be supported by "all culture loving people". As a result of their teachings, the members have been dubbed "the heralders of primitivity and backwardness". The "Mungiki"⁶ are said to have between 400,000 and 1.5 million adherents

⁵ Thaai - means peace

⁶ Mungiki' _means multitude

who are mostly in their youth. In early March 2002 the "Mungiki" sect together with another group was involved in the violent deaths of about 20 people in one of the slum areas in Nairobi (Sunday Nation, 15th March 2002 pg 3). Since then the Government of Kenya outlawed the group alongside other groups that were deemed a threat to the security of Kenya.

2.4.4.3 Non- Acceptance of Persuasion Message without Resistance

In this category falls very many families and individuals throughout the African continent who quietly continue to circumcise their daughters whether at home or in medical facilities with or without pomp and ceremony. They have chosen not to question authority over their circumcision abandonment activities. This is perhaps the group that is responsible for the ever growing numbers of circumcised girls and women in Africa.

2.4.5. Forces of Persuasion

According to data from a survey conducted by WHO, (1999) local, national and international NGOS implement majority of FC abandonment programs representing 84 per cent of those who responded to the survey. Government agencies represent 11 per cent of the respondents while 44 percent are regional and 36 per cent are district level programs. The country assessments revealed that there are three distinct ways that FC abandonment activities are carried out: national level programs (majority of which are run by national committees of the Inter African Committee

on Harmful Traditional Practices), Non-governmental organizations (NGOS) networks and community based programs.

Other study findings by WHO (1999) show that over the past two decades, national governments and donor agencies have used various approaches to encourage abandonment of the practice of female circumcision. In a study conducted by Rahman and Toubia, (2001), it was found that approaches that have relied on outside authorities or financial incentives have been less successful than those that have focused on community based behavior change. Faith based organizations have also been actors in the persuasion effort. The Anglican protestant church has the longest history of fighting FC. In 1997 for example, the mothers union in Mount Kenya East diocese appealed to parents to stop the practice of female circumcision. The practice was described as unnecessary and outdated. While majority of the stakeholders have persistently spoken or written about the negative aspects of FC, few have publicly declared their support for FC.

2.4.6 Tools of Persuasion

One of the tools of persuasion has been the use of law as a deterrent against the practice of female circumcision. To date, about half of the countries where FC is prevalent and a number of industrialized nations with immigrants from affected countries have drafted specific laws or regulation banning the practice. Most of these measures were initiated after the UN conferences addressing women's rights held in Cairo (1994) and in Beijing, China (1995), where FC received a great deal of attention as a human rights concern.

An examination of the practice and policies of female circumcision (FC) provides an interesting case to explore the importance of international culture in creating national policies. FC has generated many debates precisely because the issue juxtaposes the ideals of sovereign autonomy and local representation against an international definition of human rights. Due to the resulting moral quandary, national laws relating to the procedure are highly controversial. Assuming that laws reflect national culture and material conditions, one might expect female circumcision to be legally condoned in countries where the practice is prevalent (Kidder, 1984:36-57). Instead, laws in these countries are exclusively directed at persuading societies to abandon the practice of female circumcision. Laws are significant because of the transcendent principles outside the means-end relationship for which they stand (Gusfield; 1963; Boyle & Meyers, 1998). Law is a key ingredient in the social construction of reality. For example, African countries' anti-FC policies bolster the perception of an international consensus to persuade societies to abandon female circumcision (Edelman, L. et al, 1999). Laws are viewed as an invitation by international activists to work within countries to persuade societies to abandon the practice (El Dareer, 1982:96). In this way, laws have real consequences in fueling abandonment efforts, regardless of whether local individuals are actually prosecuted under them or not.

To demonstrate the laws that have been enacted in some FC practicing countries, the following data is presented according to the (US State Department, 2000: <http://www.state.gov/g/wi/rls/rep/9276.htm>):

- **Burkina Faso:** A law prohibiting FC was enacted in 1996 and went into effect in February 1997. Even before this law, however, a presidential decree had set up the National Committee against circumcision and imposed fines on people guilty of circumcising girls and women. The new law includes stricter punishment. Several women circumcising girls have been handed prison sentences.
- **Central African Republic:** In 1996, the President issued an Ordinance prohibiting FC throughout the country. It has the force of national law. Any violation of the ordinance is punishable by imprisonment of from one month and one day to two years and a fine of 5,100 to 100,000 francs (approximately US\$8-160).
- In the **Sudan**, attempts have been made to stop FC for the past 50 years. There have been several educational campaigns to stop FC including some major scientific studies, which throw light on the impact of past campaigns. However available evidence shows that more than 80 per cent of women in Northern Sudan continue to be infibulated. Lack of a planned and sustained education program for the abandonment of FC from the 1940s onwards has been cited as a major barrier to abandonment efforts (Dorkenoo, 1994; Toubia, 1995). Governmental involvement in the abandonment of the practice after a burst of activities in the forties has been minimal. Governmental policy of allowing less radical forms of FC to be practiced, but legislating against infibulations appears not to have worked, the

law has barely been enforced and attempts to medicalize FC have also failed.

- **Cote d'Ivoire:** A December 18, 1998 law provides that harm to the integrity of the genital organ of a woman by complete or partial removal, circumcision, desensitization or by any other procedures will, if harmful to a woman's health, be punishable by imprisonment of one to five years and a fine of 360,000 to two million CFA Francs (approximately US\$576). The penalty is five to twenty year's incarceration if the victim dies and up to five years' prohibition of medical practice, if this procedure is carried out by a doctor.
- **Djibouti:** FC was outlawed in the country's revised Penal Code that went into effect in April 1995. Article 333 of the Penal Code provides that persons found guilty of this offence will face a five year prison term and a fine of one million Djibouti francs (approximately US\$5,600).
- **Ghana:** In 1989, the then head of the government of Ghana, President Rawlings, issued a formal declaration against FC and other harmful traditional practices. Article 39 of Ghana's Constitution also provides in part that traditional practices that are injurious to a person's health and wellbeing are abolished. There is the opinion by some that the law has driven the practice underground.
- **Guinea:** FC is illegal in Guinea under Article 265 of the Penal Code. The punishment is hard labor for life and if death results within 40 days after the crime, the perpetrator will be sentenced to death. No cases

regarding the practice under the law have ever been brought to trial. Article 6 of the Guinean Constitution, which outlaws cruel and inhumane treatment, could be interpreted to include these practices, should a case be brought to the Supreme Court. A member of the Guinean Supreme Court is working with a local NGO on inserting a clause into the Guinean Constitution specifically prohibiting these practices.

- **Nigeria:** There is no federal law banning the practice of FC in Nigeria. Opponents of these practices rely on Section 34(1) (a) of the 1999 Constitution of the Federal Republic of Nigeria that states "no person shall be subjected to torture or inhuman or degrading treatment" as the basis for banning the practice nationwide. A member of the House of Representatives has drafted a bill, not yet in committee, to outlaw this practice.
- **Senegal:** A law that was passed in January 1999 makes FC illegal in Senegal. President Diouf has appealed for an end to this practice and for legislation outlawing it. The law modifies the Penal Code to make this practice a criminal act, punishable by a sentence of one to five years in prison. A spokesperson for the human rights group RADDHO (The African Assembly for the Defense of Human Rights) noted in the local press that "Adopting the law is not the end, as it will still need to be effectively enforced for women to benefit from it".
- **Somalia:** There is no national law specifically prohibiting FC in Somalia. There are provisions in

the Penal Code of the former government covering "hurt" "grievous hurt" and "very grievous hurt" that might apply. In November 1999, the Parliament of the Punt land administration unanimously approved legislation making the practice illegal. There is no evidence, however, that this law is being enforced.

- **Tanzania:** Section 169A of the Sexual Offences Special Provisions of Act of 1998 prohibits FC. Punishment is imprisonment of from five to fifteen years or a fine not exceeding 300,000 shillings (approximately US\$380) or both. There have been some arrests under this legislation, but no reports of prosecutions yet.
- **Togo:** On October 30, 1998, the national Assembly unanimously voted to outlaw the practice of FC. Penalties under the law can include a prison term of two months to ten years and a fine of 100,000 francs to one million francs (approximately US\$160 to 1,600). A person who has knowledge that the procedure is going to take place and fails to inform public authorities can be punished with one month to one year imprisonment or a fine of from 20,000 to 500,000 francs (approximately US\$32 to 800).
- **Côte d'Ivoire:** In June 1998, female circumcision, forced and under-aged marriage and sexual harassment became punishable offenses in Côte d'Ivoire. While some of these practices were already officially illegal, they remained widespread. The new bill added punishment provisions to existing legislation. Forced or under-aged marriages, "whatever the customary, religious or traditional motivation," are now punishable by jail terms of one to five years and

finances of between 500,000 and five million CFA francs (US\$830 to \$8,300) according to the bill put forward by the Ministry of the Family and the Promotion of Women.

- **Ivory Coast:** FC is punishable by fines ranging from 200,000 to two million CFA francs (US\$330 to \$3,300). If the victim dies during the circumcision, the maximum jail sentence rises to 20 years. Some four million Ivorian women have undergone some form of circumcision, according to (UNICEF, 2000). According to the head of the Ivorian Women's Rights Association (AIDF), the work of educating people who conduct these practices, and who are for the most part illiterate, is still a great challenge.
- **Uganda:** There is no law against the practice of FC in Uganda. In 1996, however, a court intervened to prevent the performance of this procedure under Section 8 of the Children Statute, enacted that year that makes it unlawful to subject a child to social or customary practices that are harmful to the child's health.
- **Kenya:** President Daniel Arap Moi, the then president of Kenya categorically prohibited FC operations in 1982, 1992, 1999, 2000, 2001 and 2006. The children's Act, (2001) and the Sexual Offences Act was enacted in (2006). Both acts are clear on the legal measures to be taken against anybody found circumcising a girl. In 2000, Kenya imposed a fine of \$650 and a one-year prison sentence on anyone who circumcised a girl under the age of 18. The President also alerted the health services that no more operations could be done in

hospitals, which shows that the Kenyan health services were involved in FC. In reaction to the 1992 ban the then director of medical services (he was following on president Moi's ban on FC in his home district) said that: "senior government officials at headquarters, chiefs and their assistants who address people on the dangers of the practice risk being hurt. Female circumcision is a very big problem here. It will take time. Chiefs are almost stoned if they mention anything against the practice."

- In terms of the impacts of legislative measures taken to protect young girls from circumcision in Kenya, a certain lawyer brought to court a landmark civil case in 2000 that prevented the circumcision of two sisters. Legal intervention has also won protective orders for 19 girls facing circumcision. The use of civil law to stop FC is a strategy that complements the government's criminalization of the practice.
- However in Africa legislation against FC has done little so far to change deeply entrenched mindsets.
- In the West, due to the influx of new immigrants who bring the traditions of female circumcision with them, many thousands of girls are at risk. In response, the practice has been banned in the UK, France, Canada, Denmark, Switzerland, Sweden and Belgium. Additionally, some of these countries have also made it illegal for parents to have their children taken abroad to be circumcised. In the United States, only New York, Minnesota and North Dakota have passed laws against female circumcision specifically (INFO Project, 2002).

2.4.6.1 Information, Education and Communication Activities against the Practice of Female Circumcision as Tools of Persuasion

The African regional office of WHO (1999) launched an Africa wide project which comprises of three phases to be completed over a 20 year period. This programme focuses on coordination and reinforcement of inter-organization and inter-government involvement in the abandonment of the practice of FC. The programs below illustrate some of the strategies that have been developed to overcome logistic, cost, provider, client, and other obstacles to persuade people to abandon female circumcision in some selected African countries. They also provide lessons learned from experience.

1. Guinea

In Guinea in 1989 a Governmental Declaration used Guineas Constitutional guarantee of the right to physical integrity to condemn harmful traditional practices, including FC. Subsequently, a 2000 law was passed to promote reproductive health which specifically aimed to protect women and men from all forms of torture and cruel treatment affecting the body and in particular the reproductive organs. The law was further complemented by the 2001-2010 National Action Plan against FC which was the result of cooperation between the Ministry of Social Affairs, National NGOs and International agencies. Formed in 1988, the NGO La Cellule de Coordination sur les Pratiques Traditionnelles Affectant la Santé des Femmes et des Enfant (CPTAFE) runs a national FC abandonment program.

CPTAFE relies heavily on the work of volunteers, including community leaders such as teachers, journalists, health agents, and religious leaders. Power is decentralized, with each regional committee devising its own program strategies (<http://www.state.gov/g/wi/rls/rep/9276.htm>). The national office supervises and coordinates the program with an emphasis on sustainability, integrated information campaigns, and consistent messages. All activities are based on the value of building trust with a careful and sensitive approach. Although the critical nature of the issue often promotes a sense of urgency, CPTAFE recognizes that real social change takes time. In 2003, the project continued to build new local and regional partnerships. Work with L'Association Guinéenne pour le Bien-Etre Familiale (AGBEF) has resulted in documentaries on reproductive health and the consequences of FC, as well as family planning (<http://www.state.gov/wi/rls/rep/9276.htm>): In Upper Guinea, the project paired with a local acting troupe to create a feature-length drama on teen pregnancy and the dangers of abortion (Avortement Provoqué). This experience concluded that legal measures can be useful, but only when combined with effective education and outreach programs. Some of the lessons learnt included:

- Public discussion and support for the abandonment of FC can be powerful government advocacy tools. In contrast, international propaganda sensationalizes FC and hurts programs.
- Community-based activities must be matched by international support.
- In order to sustain high-quality volunteer work, paid, dedicated staff must be part of a program.

- As long as communities require FC for marriage, most women and girls, no matter how well informed, do not have true freedom of choice.
- The three-dimensional model of female genitalia that illustrates the various types of FC is very useful, especially given low literacy rates of Guinean villagers and the mixed quality of available educational material.
- Reliable, local FC data are critical—including prevalence, regional and ethnic variations, types of FC, and reasons why the practice continues.

2. Burkina Faso

In Burkina Faso, there has been a long tradition of awareness raising and FC abandonment activities. These began with a radio campaign initiated in 1975 which culminated in a presidential decree in 1990 creating the National Committee to fight the Practice of FC - the Comité National de Lutte contre la Pratique de l'Excision (CNLPE). The primary activities of the committee have been: training, and information, education and communication (IEC) targeted at various audiences (particularly in urban areas), including traditional leaders, religious groups, youth, military and civil police, and the media. (<http://www.state.gov/q/wi/rls/rep/9276.htm>): Findings from CNLPE's 1996 national study on FC indicated that these efforts have been instrumental in increasing people's awareness about the harmful nature of the practice of FC and its complications. This has particularly been the case in urban areas; rural communities have not benefited as widely from these IEC efforts (WHO, 1999; Diop, N.H.J. et al, 1999).

A dynamic new program is underway in Burkina Faso, the work of a partnership between "Mwangaza" Action, the Population Council's Frontiers project and the TOSTAN project (<http://www.state.gov/g/wi/rls/rep/9276.htm>). Based on TOSTAN'S integrated, human rights model (that includes FC) communities are drawn into a process of reflection and analysis, the outcomes of this project are many and varied. Outputs include creation of a project which encourages the abandonment of FC. The program managers emphasize the critical nature of: involving local authorities and religious and traditional leaders, establishing an atmosphere of trust and confidence between participants and program agents, giving communities the responsibility to choose class members and other related decisions, and using the national language fluently, including terminology on human rights and appropriate health initiatives.

3. Senegal

In Senegal in 1981 CAMS (Campaign Pour L'abolition de Mutilations Sexuelles) was formed in Paris. CAMS International was later based in Senegal. CAM'S takes a gender perspective in addressing FC. Its original aim was to galvanize a grassroots feminist women's movement in Francophone West Africa. This has not been possible due to lack of resources and poor organization Dorkenoo (1994). In 1998 a survey on FC was carried out by Tiers-Monde Environmental Development Action in the Third world (EDNA) with support from the Inter African Committee (IAC). FC was found most common among the Muslim population and is practiced most widely through the eastern region of the country where it affects the general population (Toubia,

1995). TOSTAN (Breakthrough) a Senegalese non-governmental organization was founded about ten years ago and implements a community-based, basic education program in rural areas. The organization's overall goal is to improve the physical and mental well-being of rural women and children (<http://www.state.gov/q/wi/rls/rep/9276.htm>). It does this by offering a basic education program focused on all aspects of women's and children's health; providing education aimed at giving women the skills necessary to take charge of their health and that of their families; and informing women and their husbands about the health challenges that confront women and their children. One profound result of TOSTAN's activities is that an increasing number of village women who participated in the training, especially women's health and human rights modules, have decided to take up the issue of FC. In fact, many have mobilized the people in their villages to declare that they will all stop practicing FC altogether. This decision process occurred gradually.

The activities geared towards encouraging people to abandon FC were embedded in the development and incorporation of two health-related modules into the community based, basic education program. Four steps were involved: Two training modules and supporting materials on health issues specific to rural women and their children were produced, training of trainers (TOT) courses were conducted for trainers and facilitators to introduce these modules into the basic education program for interested communities, modules were included in the basic community-level literacy and education program, parallel meetings and awareness-raising campaigns with community members and

policy makers concerned with women's and children's health were carried out.

Some of the keys to success of the TOSTAN project were as follows (<http://www.state.gov/q/wi/rls/rep/9276.htm>):

- TOSTAN evaluations highlighted that the success of the anti-FC activities could not be separated from the community-based, educational nature of the project. Addressing illiteracy and providing skills training were key steps to empowering women, which was in turn key to giving women the courage to begin to address their many problems.
- The TOSTAN process created a forum for villagers to come together and openly discuss the practice of FC.
- TOSTAN approached the issue from a health and human rights perspective; this worked well because achieving good health is a goal everyone could agree on.
- A critical element was getting entire villages to sign on to the plan so that no one felt stigmatized. Involving village leaders, particularly religious leaders, was crucial. The Islamic leaders were able to alleviate peoples' concerns about Islam's position on FC.
- Publicity and press coverage helped the movement spread beyond the initial three villages.
- Women were empowered through participatory techniques to collectively decide on female circumcision and negotiate community support.
- Female circumcision abandonment messages were integrated into a range of social and economic

development initiates that focused on women's empowerment.

4. Somalia

In Somalia in 1997 the Somalia women's Democratic organization (SWDO) the women's wing of the collapsed government of Siad Barre, spoke about the dangers of infibulation (<http://www.state.gov/q/wi/rls/rep/9276.htm>). In the health education campaign, they sensitized the people that there was no reason for infibulation, it was not Islamic, not medically advisable and did not even guarantee virginity. The official policy was to encourage pricking of the clitoris to release a drop of blood. This was intended to win support for the abandonment of infibulation. Later infibulation was banned in all hospitals.

5. Gambia

In the Gambia, the government has recognized FC as a harmful practice, which needs to be stopped through education (<http://www.state.gov/q/wi/rls/rep/9276.htm>). In its national population policy for socio-economic development, action against FC is emphasized. Except for the Foni district and in the Western division, the Gambian national Committee on traditional practices (GAMCO-TRAP) a national chapter of the IAC has successfully completed a series of sensitization and awareness creating programs on female circumcision and on harmful practices such as early childhood marriages and nutritional taboos throughout the Gambia.

The Gambian NGO Foundation for Research on Women's Health, Productivity and the Environment (BAFROW) has begun to address the issue of FC, with enthusiastic response. Since 1991, BAFROW has worked on gender and reproductive health at several levels, including the local level. The foundations FC abandonment program began with research on FC practices in the Gambia. The results were used to create a curriculum for a restructured rite of passage ceremony which was named "initiation without circumcision" (<http://www.state.gov/g/wi/rls/rep/9276.htm>). Circumcisers and their assistants were trained to use the new curriculum. Simultaneous outreach efforts were designed to educate community members and parents about the changes. Advocacy work helped gain political support for the effort.

By April 1999, 296 girls had undergone the new ritual. The positive results of the project were possible because of sustained community-level support and trust for BAFROW'S reputation that had been generated by its history of good work over many years. During the same year a survey was conducted. The results showed a marked drop in the rate of FC in targetted areas. This was accompanied by a rise in women's support for the abandonment of the practice. (<http://www.state.gov/g/wi/rls/rep/9276.htm>). As a result of the experience, BAFROW recommended in-depth participation at all levels and capacity building of partner organizations. They believed this work demonstrated the value of comprehensive, integrated, and collaborative approaches; and the need for long-term, uninterrupted relationships with the communities.

6. Djibouti

In the early 1980's young women initiated discussions on FC in Djibouti and called for the abandonment of the practice (<http://www.state.gov/g/wi/rls/rep/9276.htm>). In 1987 a National committee with members from the ministries of health, Justice and Education as well as from the Red Cross Society and Union Nationale des femmes de Djibouti (UNFD) was set up. The committee works under the umbrella of UNFD. Article 333 of the penal code outlaws the practice of female circumcision. The official policy in Djibouti on FC is to discourage infibulations as a first step towards change. The Ministry of Information encourages wide media coverage of information in conferences, seminars and workshops on FC. The WHO representative in Djibouti also trains village birth attendants about the dangers of FC.

7. Uganda

In 1990 the Uganda National chapter of the IAC took up the campaign against FC in Uganda. Politicians from Kapchorwa district were afraid to lead a crusade against FC for fear of losing the support of the community. The IAC committee risked going into the district. They managed to win the support of elders and religious leaders in the community. In 1990 they held various sensitization workshops where the district authorities passed a by-law stating: 'That from the time the IAC moved in until further notice, FC should be optional'. The law would punish anybody forcing a girl or a woman to undergo the ritual. In 1992, some men were jailed when they tried to force their wives to undergo circumcision. The Ugandan National

Committee collaborates with the Ugandan women lawyers Association (FIDA) in persuading communities to abandon FC under the human rights act. Government ministries have given them moral support and some material help (Toubia, 1995). An alternative approach has since been pursued focusing on education and persuasion. It involves discussion and critical examinations of the health implications of the practice. Kapchorwa, the only district which practices FC, has been selected as one of the districts to receive country program support. In the Uganda Country Program, cooperation on anti-FC activities is supported through the Basic Education, Child Care and Adolescent Development (BECCAD) program. BECCAD adopts a holistic approach in addressing the psycho-social needs and problems of children and adolescents and views anti-FC activities within the larger perspective of the education, health and other development needs of adolescent girls. Moreover, UNICEF works in close collaboration with local governments and tailors their cooperation to the districts and communities own felt needs and priorities. They also started the REACH project whose goal was to build upon the work of Sabyin Elders to enhance reproductive health for women and girls through discarding FC, promoting positive community values, and providing accessible reproductive health services. Specific objectives included sensitization of specific target groups including traditional birth attendants and providing improved reproductive health services. Additionally, they focused on celebrating positive cultural values through retaining certain aspects of the FC ceremony, like feasting and gift-giving. An annual "Cultural Day" was instituted to promote healthy traditions and openly dispel myths about harmful practices.

During an IEC workshop issues arose on whether the clitoral "pulling" system in Uganda can be considered to be female circumcision. Some participants did not consider it to be FC because it did not have negative health implications. However, some felt that the 4th classification of FC by the World Health Organization (WHO) classifies stretching of the tip of the clitoris as FC. 'Pulling' was also viewed as a practice that is intended to give more sexual pleasure to men than to women. In this regard, it was perceived to be a women's right issue. Other organizations are involved too, in helping strengthen and extend program bonds including the Family Planning Association of Uganda, the International Planned Parenthood Federation, and the Norwegian Agency for Development.

Since its inception in January 1996, the program appears to have had an impact on the practice. An overall 36 percent decrease in FC has been recorded (in 1994, 854 girls underwent FC, versus 544 in 1996). In areas where program activities were especially intense, the decrease was even greater: 90, 60 and 43 percent drops were recorded. Other accomplishments included stronger community support and commitment to end FC; more openness in discussing FC, meaningful adolescent involvement; and increased demand for information about FC.

Keys to success of the project included:

- strong community partnerships from project inception;
- celebration of positive cultural values;
- addressing FC within a broader reproductive health focus;
- ongoing UN funding support; and use of culturally appropriate persuasive approaches.

8. Ethiopia

FC abandonment activities in Ethiopia are carried out primarily by the National Committee on Traditional practices of Ethiopia (NCTPE). This body is legitimized under the Ministry of Internal Affairs. The Ethiopian Peoples Revolutionary Democratic front (EPRDF) National policy on Ethiopian women launched in September 1993 also had as one of its goals the abandonment of gender based discriminatory attitudes and practices against women. Article 35 of the constitution adopted in December 1994 also stipulated that "Women had the right to protection by the state from harmful customs, laws, customs and practices that oppress women or cause bodily or mental harm to them".

9. Sierra Leone

The Sierra Leone Association of Women's Welfare (SIAWW (a national Chapter of the Inter-African committee) was set up in 1984. A survey carried out by Koso Thomas between 1982 and 1986 showed the prevalence of FC to be 95 percent. The survey became the basis of her book. 'The Circumcision of women: A Strategy for Eradication', which is the first book on circumcision to come out of Anglophone West African. There is now discussion on FC within education circles - doctors, midwives, nurses, journalists, and teachers and among students. Although SIAWW has undertaken a strong advocacy role with government bodies, it has not been able to secure the support of government machinery. It has secured collaboration from UNICEF, WHO and other NGOs, associations and religious bodies, and is currently

undertaking WHO funded research on the influence of female circumcision on contraceptive choice.

10. Togo

In Togo in 1984 the National Committee of IAC was formed with the support of the Ministry of social affairs. Between the years 1984-90 the committee organized seminars and workshops to sensitize circumcisers, health workers, policy makers and village women and men in the Tchaoudjo region. Togo sponsored the world health assembly May 1993 resolution on harmful traditional practices. The World Health Assembly resolution in 1993 stated that: "The forty-sixth world health assembly adopted by acclamation on maternal child health and family planning for health that highlights the importance of eliminating harmful traditional practices and other social and behavioral obstacles affecting the health of women and children and adolescents. The resolutions underlined that the persistence of practices such as child marriage, dietary limitations during pregnancy and female circumcision ... "restrict the attainment of the goals of health, development and human rights for all members of society". The resolution was sponsored by a group of African countries - Guinea, Kenya, Nigeria, Togo and Zambia and Lebanon. The World Health Assembly, in discussing the resolution and recognizing the progress made in maternal and child health and, family planning expressed confidence that the WHO strategy for the health of women and children would reduce by half the 500,000 deaths of women during pregnancy and childbirth and 4 million deaths of new-borns that occur each year (WHO, 1979:2).

11. Tanzania

In 1971, the government of Tanzania launched a campaign against FC in Dodoma and Singinda regions, when the prevalence of complications of sepsis, bleeding and deaths had alarmed everybody. In 1992, the Tanzania chapter of the IAC was formed; a project proposal was prepared with the aim of undertaking three district seminars for governmental leaders and members of parliament. Activities included holding focus group discussions, initiating action-oriented research, assessing the extent of harmful traditional practices and conducting subsequent seminars and meetings for public mobilization. In 1998, a survey was conducted in Tanzania. It revealed that at least 37% of the women in Kilimanjaro were still practicing FC. There were continuous anti-FC sensitization campaigns using trained village facilitators to spread the information among all target groups in the community, massive awareness campaigns were conducted leading to attitudinal change. This encouraged the village facilitator to introduce initiation without circumcision to a group of 13 girls aged 10 to 13 years. The instructions had started two weeks before the actual initiation ceremony during which the girls were taught housewifery, domestic chores, hygiene, sexuality issues and pregnancy issues among others (Toubia, 1995:20). Additionally a northern Tanzanian nomadic group (the Barbaig) who practice FC was targeted with plays on the negative consequences of the practice. Discussions following the performances addressed the critical question: "What positive alternative could be suggested to this cultural activity (FC) rather than simply telling them it

was bad and should be stopped?" Tanzania has not passed any laws to stop the practice of FC.

12. Kenya

In Kenya, IEC activities are carried out by a varied number of actors namely NGOS, Government, researchers, churches and individuals. Starting in June 1995, PATH and the Seventh Day Adventist-Rural Health Services (SDA-RHS) implemented a 2-year project aimed at persuading people to abandon FC in the Nyamira District of Kenya. The focus of the project was to mobilize health professionals and community members against the practice. In developing the program, PATH and SDA-RHS met with key community leaders, including medical officers, religious leaders, chiefs, headmasters, and others. Although the leaders were sensitive about the issues covered by the project (and concerned about community reaction), they endorsed the project's objectives. Based on this endorsement, a community mapping activity was carried out to identify all community resources and infrastructure important to project implementation. Then, quantitative and qualitative research activities were carried out to assess health workers' and community members' knowledge, attitudes and practices regarding FC. Surveys of health workers revealed that about 75 percent of health workers see clients who have been circumcised, and about 50 percent have been asked to provide FC or provide curative services to circumcised girls; over half had treated excessive bleeding from FC and a quarter have treated FC related infections. Some 11 percent admitted to providing FC at least once. Eighty percent of female health providers were circumcised

themselves; among the health workers with young daughters, 80 percent do not plan to circumcise them, because they question the value of the practice and are concerned about health effects.

Focus groups and interviews with community members confirmed that FC was a deeply rooted practice in Nyamira and often was performed in clinics/hospitals or at homes by trained health workers. This practice makes it difficult to convince families that the practice can be dangerous since they perceive that it must be safe if health providers offer it. Most rural families generally used "old women" for FC: respected, sometimes feared, traditional circumcisers. Male community leaders generally approved of the practice and supported training nurses and other health providers to perform it. Uncircumcised girls are seen as social misfits and parents worry about the psychological consequences to girls who are not circumcised. Many community health workers are unaware of the harmful consequences of FC.

As a first step, the project disseminated this information to community leaders and government administrators through workshops. After the workshops, a "communication for change" strategy based on participatory training techniques was developed and implemented, targeting health providers as the first line change agents and advocates against FC. The following activities were implemented:

- A five-day training workshop for health providers, with an aim of increasing knowledge about FC, FC abandonment strategies, advocacy strategies, and community mobilization and interpersonal

communication. Participant personal advocacy plan for changing FC practices in their own families, workplaces, and communities. A similar workshop for other key change agents such as teachers, religious leaders, chiefs, and assistant chiefs. A media and materials-development workshop attended by artists, teachers, social workers, and health workers to design print materials advocating against FC. Distribution of print materials developed for PATH and MYWO's project. Outreach activities to educate community groups about FC, including lectures for church groups, meetings with health providers, and seminars with women's groups.

Additionally, since 1993, Maendeleo Ya Wanawake Organization (MYWO) of Kenya and PATH has been implementing an innovative communication project in four districts in the country. Specific activities include disseminating educational materials and training staff in their use, refining program tools, documenting effectiveness and lessons learned, alternative rituals (see below), peer-to-peer outreach (girls, women, boys, and men), family life education through schools, media dissemination, and qualitative and quantitative research. A primary objective of the project was to identify and educate key change agents who could advocate against FC. Many project approaches were replicated in the Nyamira FC abandonment project.

The MYWO project was able to go one step beyond the Nyamira project by identifying and implementing alternative rituals to FC. Girls and their families were often unwilling to give up important community ritual activities

and gift giving that surrounded the practice of FC. Project staff developed a framework for an alternative ritual and investigated its feasibility within the community. The first alternative ceremony took place in Tharaka Nithi in Meru District in August 1996. Thirty girls were secluded in the traditional fashion and participated in a week-long training on reproductive health issues including pregnancy and HIV/AIDS prevention, the harmful effects of FC, and personal hygiene. A community celebration and "gift-giving" by family, friends, and godmothers followed. Girls were also given a booklet that contained the community's traditional wisdoms and expected code of conduct information that is typically provided to girls during FC ceremonies. Since the Tharaka Nithi experience, 49 other girls have graduated to adulthood in Meru without circumcision.

A number of lessons were learnt from the project:

- The 18-month time frame of the project was too short to bring about significant behavior change, especially for a practice that has existed for many years in Nyamira district.
- Involving potential "change agents" from various community groups is key to project success. The project needed to include, for example, more representatives from women's groups and teachers.
- Participatory training approaches establish a good base for project implementation and help to promote "community ownership" of the project. At the same

time, these approaches also require capacity building among local partners.

- Flexibility and building on each community's cultural values, has made the project successful in providing a way for families to welcome their daughters into adulthood without circumcision.
- Involve community stakeholders in discussions to evaluate costs and benefits of continuing or abandoning female circumcision.

The United Nations person of the year (2005), in Kenya was an individual who was recognized for her efforts to save girls from female circumcision and under-age marriages in a community where these practices are deep-rooted. It was noted that her contribution to protect girls from FC had contributed to achieving the UN Millennium Development Goals (MDGS).

13 (a) Egypt (CEDPA Project)

"Positive Deviance" is the premise on which the Centre for Development and Population Activities (CEDPA) has based their anti-FC program in Egypt. This framework highlights the actions of community members who stray from cultural norms--sometimes secretly--in order to carry out better alternatives. The Positive Deviance Approach recognizes that solutions to problems can be found within communities themselves. CEPDA's intervention was designed to foster a respectful dialogue about FC among local NGOs, community groups, and individuals. This involved three phases: preparation, implementation, and analysis/planning. The first phase identified Positive Deviants, and built

partnerships among NGOs. Implementation consisted of orienting community leaders and staff on FC and efforts to prevent it, skills training, an overview of the Positive Deviance Approach, and interviews with Positive Deviants. In the final phase, community leaders, CEPDA-Egypt, and NGO staff met to discuss findings and distill them into a foundation for future programming.

13 (b) Egypt (CEOSS Project)

For 50 years, the Coptic Evangelical Organization for Social Services (CEOSS) has been respected for empowering rural women in the Coptic Christian community. In 1995, CEOSS initiated an anti-FC program that identifies 7-to 13-years-old girls at risk of FC, and then works with those girls, their mothers, and their entire families. Critical elements of this program include recruitment of local leaders who are assigned responsibilities, programmers who live with families in the communities, and a gradual approach to introducing FC, due to its sensitive nature. An assessment of the program identified the most useful factors in the program design: focus on those girls most at risk; use of positive, easy-to-understand information on abandoning FC; and the involvement and support of local leaders.

A number of lessons can be drawn from both the CEDPA and the CEOSS projects

- There is a need for extensive preparation in communication techniques and extensive involvement of community members.

- Deeper understanding of this relatively new process necessitates careful replication and evaluation.
- Both CEPDA and CEOSSE underscore the critical guiding principle: "Local knowledge is an enormous resource."
- Integrate female circumcision abandonment into a range of social and economic development initiatives that focus on women's empowerment.
- Validate and praise individuals who have challenged or deviated from conventional societal expectation and explored successful alternatives to cultural norms, beliefs or perceptions.

14. Nigeria

The National Association of Nigeria Nurses and Midwives (NANNM) implemented an FC abandonment program in 11 Nigerian States. The overall aim of the project was to increase the capability of health workers to identify harmful health practices and educate others on the need to abandon the practice. Specific objectives of the project were to:

- train health workers to identify and describe FC and other harmful practices;
- empower trainees to teach others about FC;
- equip trainees to work with community members to increase awareness of the consequences of harmful practices;
- incorporate information about FC into existing and future health programs; and
- Conduct community awareness campaigns.

NANNM carried out a variety of activities to achieve these objectives. These included conducting training workshops on FC and other harmful practices and implementing various community mobilization activities, for example educational campaigns in markets, visits to community groups and social clubs, meetings with traditional and religious leaders, and development of educational programs for television. Workshop trainees developed educational materials with input from community members and circumcised women.

Opposition to change was not insignificant, however. As one trainee noted, "some of the places we went to the chiefs saw it as if we were trying to derail their customs..." Reasons for continuing the practice ranged from the expectation that families would receive gifts when a girl or woman got circumcised to the belief that a woman would be "visited by evil" or would be unhappily married if she was not circumcised. In addition, in some communities there was little awareness of the negative effects of FC. Overall, although comparative data were not collected, the evaluation suggested that the project had an impact on reducing the incidence of FC.

From the project the following lessons were learnt:

- FC interventions that emphasize capacity building and grassroots efforts can have an impact at modest costs.
- Support of local traditional leaders and opinion leaders is important for project success.
- Actively involving the target audience in the design, implementation, and monitoring of the project was important.

- Campaigns aimed at changing deeply-rooted behaviors take time and intervention efforts must be maintained long enough for new behaviors to become the norm.
- Where FC is associated with superstitious beliefs and religious obligations, behaviors are more resistant to change.

2.5 Causes of Female Circumcision

2.5.1 Social Context

Female circumcision is practiced for many reasons. The practice is an integral part of the societies that practice it, where patriarchal authority and control of female sexuality and fertility are givens (Pritchard, 1965; Ahlberg, 1991). In some cultures, the practice is based on love and the desire to protect children by parents because it is viewed as a culturally normal practice that has social significance for females. Some societies support FC because they consider it a good tradition or a necessary rite of passage to womanhood. In many cultures that practice FC, a woman achieves recognition and economic security through marriage and childbearing, and FC is often a prerequisite for qualifying for wifedom. Therefore, FC affords a girl or a woman economic and social protection. Other rationales for FC include beliefs that FC enhances female sexuality (Block, 1894-1895; Sequeira, 1931; Bryk, 1934; Hosken, 1977; Baasher, 1979; Foucault, 1984; Okin, 1989; Lightfoot - Klein, 1989; WHO, 1993; Joseph, 1996; Wilton, 1997; Annadale, 1998; Schwatz and Rutter, 1998; WHO, 1998; Kandela, 1999; Morris, 1999; and Lax, 2000).

Female circumcision curbs sexual desire, has aesthetic, purifying or hygienic benefits, prevents promiscuity and preserves virginity (Berger and Luckman, 1967; Assaad, 1980; Kwaak, 1992; Ahlberg, 1991; Althaus, 1997; and Warsame, 1989). Elsewhere, the clitoris is an unhealthy, unattractive and/or lethal organ (Toubia, 1999; Rahman and Toubia, 2001). Muslims argue that FC has religious significance Baasher (1979), Assaad (1980), Lightfoot-Klein (1989) and Warsame (1989) but the custom cuts across religions and is practiced by Muslims, Christians, Jews and followers of indigenous religions. FC is considered an important part of gender identity (EL Saadawi, 1980; Lerner, 1986; Ahlberg, M. et al, 2000). However, FC is conducted in the broader context of gender discrimination (Dorkenoo, 1994; Toubia, 1995; Shell - Duncan, 2000; Thomas, 2003; Malhotra, A.R. et al, 2003).

In cultures where FC is practiced, men often control and perpetuate FC by paying for their daughters to be circumcised. They also may refuse to marry women who have not been circumcised. Additionally in communities where a person's place in society is determined by lineage traced through fathers, female circumcision reduces the uncertainty surrounding paternity by discouraging or preventing women's sexual activity outside of marriage.

Although the societies that practice circumcision vary in many ways, most girls receive little education and are valued primarily for their future role as sources of labor and producers of children. In some communities, the prospective husband's family pays bride price to the family of the bride, giving his family the right to her labor and her children; she herself has no right to or control over either (Dorkenoo, 1994; Toubia, 1995; Shell -Duncan, 2000;

Thomas, 2003; Malhotra, A.R. et al, 2003). A girl's virginity may be considered essential to her family's ability to arrange her marriage and receive a bride price, as well as to family honor. In Somalia, for example, a prospective husband's family may have the right to inspect the bride's body prior to marriage, and mothers regularly check their infibulated daughters to ensure that they are still "closed". In this context, parents see both infibulation and early marriage as a means of ensuring that their daughter remains "pure" and thus worthy of the bride price" (Warsame, 1989; Toubia, 1999; Rahman and Toubia, 2001). In many cultures, considerable social pressure is brought to bear on families who resist conforming to the tradition of female circumcision. In Man, a town in the interior of Côte d'Ivoire, a Yacouba girl who has not been circumcised is not considered marriageable (Dugger, 1996). The Samburu of Kenya considers uncircumcised girls unclean, promiscuous and immature. Girls are generally circumcised at the age of 14 or 15, usually just before they are married. A girl with a younger brother may undergo circumcision if she remains unmarried by her late teens, since custom dictates that a boy with an uncircumcised older sister may not be initiated into the warrior class (Mckinley, 1996).

Girls' desires to conform to peer pressure may make them eager to undergo circumcision, since those who remain uncircumcised may be teased and looked down upon by their age mates (Mckinley, 1996). In addition, circumcision is often embedded in ceremonies in which the girls are feted and showered with presents and their families are honored (Hayes, 1975); PATH/MYWO, 1993). A girl's wishes, in any case, are often irrelevant; it is her family-often the

father or older female relatives who decide when she will be circumcised. According to one Yacouba father, "My daughter has no choice. I decide. Her viewpoint is not important" (Dugger, 1996). Indeed, girls have very little choice. Given their age and their lack of education and resources, they are dependent on their parents, and later on their husband, for the basic necessities of life. Those who resist may be circumcised by force. If they remain uncircumcised and their families are therefore unable to arrange a marriage, they may be cast out without any means of subsistence. Because of their lack of choice and the powerful influence of tradition, many girls accept circumcision as a necessary, part of life, and adopt the rationales given for its existence.

Most studies show that women themselves are involved in perpetuating the practice of female circumcision. Data on the attitudes of men have been collected only in Eritrea and Sudan. DHS data for Eritrea shows that men are slightly more likely than women to favor discontinuation, and that those men who believe the practice should be stopped are about twice as likely as their female counterparts to cite medical complications and lack of sexual satisfaction as reasons. In the Sudan, some studies have found that men are more likely than women to believe female circumcision should continue, but are less than half as likely as women to prefer infibulation (El Dareer, 1982; Kheir, Kumar and Cross, 1991).

2.6 Consequences of Female Circumcision

In the conditions under which female circumcision is generally performed in Africa, even the less extensive types of FC can lead to potentially serious complications. According to Kwaak (1982), Lightfoot-Klein (1989), Davis (1998), Ahlberg (1991), Dirie (1992), Dirie, W. et al (1999), Toubia (1994), Dorkenoo (1994), Althaus (1997), Obermeyer (2003), and Almroth, L.S. et al (2005) the potential physical complications resulting from the procedure are numerous. Because FC is often carried out without anesthesia; an immediate effect of the procedure is pain. Short-term complications, such as severe bleeding, which can lead to shock, are greatly influenced by the type of FC performed, the degree of struggle by the girl or woman, unsanitary environmental conditions, inexperienced practitioners or inadequate medical services once a complication occurs. There is a very high risk of infection, with documented reports of ulcers, scar tissue and cysts. Female circumcision may also interfere with a woman's pregnancy or labor. Other lasting effects that commonly result from FC procedures include urine retention, resulting in repeated urinary infections and obstruction in menstrual flow, which may lead to frequent reproductive tract infections, infertility and chronic pelvic pain. A woman may suffer from abscesses and pain from damaged nerve endings long after the initial wound has healed.

Infibulation is particularly likely to cause long-term health problems. Because the urethral opening is covered, repeated urinary tract infections are common, and stones may form in the urethra and bladder because of

obstruction and infection (Dirie, 1992; Toubia, 1994; and Fraser, 1994). If the opening is very small, menstrual flow may be blocked, leading to reproductive tract infections and lowered fertility or sterility. One early study estimated that 20-25% of cases of sterility in northern Sudan can be linked to infibulation (Mustafa, 1966; and Marison, L.C. et al, 2001). Without de-infibulation before childbirth, obstructed labor may occur, causing life-threatening complications for both mother and infant. Because birthrates are high in many countries where infibulation is practiced, a woman's infibulation scar may be cut and re-sewn many times during her reproductive years. In addition, the cutting of the clitoris and other sensitive tissue may reduce a woman's ability to experience sexual pleasure. For infibulated women, the consummation of marriage is likely to be painful because of the small vaginal opening and the lack of elasticity in the scar tissue that forms it (Mustafa, 1966; and Marison, L.C. et al, 2001). Tearing and bleeding may occur, or the infibulation scar may have to be cut open to allow for penetration. Infibulation may make intercourse unsatisfying for men as well as for women: In a study of 300 polygamous Sudanese men, each of whom had one wife who had been infibulated and one or more who had not, 266 expressed definite sexual preferences for the uninfibulated wife. In addition, 60 said they had married a second uninfibulated wife because of the penetration difficulties they experienced with their first wife, whose scarred vaginal opening became progressively more inelastic after each birth (Shandall, 1967). Under such conditions, marital dissolution may occur, especially if a woman's fertility is affected. In Sudan, for example, one study found that

infibulated women are almost twice as likely as other women to have lower fertility and more than twice as likely to be divorced. Thus, a practice that is justified as making girls marriageable and safeguarding their fertility may actually increase the risk of marital dissolution and sub-fertility (Balk, 1997).

The question then arises that given the known medical complications and related consequences of female circumcision, why does the practice continue? First, it is unclear how frequently such problems occur, for few data exist and those that are available come from small studies or are based on self-reports. Second, in societies in which few women remain uncircumcised, problems arising from female circumcision are likely to be seen as a normal part of a woman's life and may not even be associated with circumcision. The most important reasons, however, probably lie in the social and economic conditions of women's lives. According to Assad (1980), Lightfoot-Klein (1989), Kandela (1991), Joseph, (1996), Morris (1999) and Lax (2000), significant psychological and psychosexual consequences of FC exist, but these factors have not been adequately studied.

2.7 The Human Rights Context of Female Circumcision

Since the early 1950s, the United Nations has paid increasing attention to the issue of FC and bodies such as the WHO, United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF) have released statements calling for the abandonment of the practice (WHO, 1998). These statements refer to and draw support

from, such international human rights instruments as the Convention on the Elimination of all Forms of Discrimination against Women, to which many countries including Kenya are signatories. More generally the Vienna Declaration emphasizes the duty of States to promote and protect all human rights and fundamental freedoms regardless of economic and cultural impediments CEDAW (1979). Additionally, article 5 of the universal declaration of human rights stipulates that: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment"⁷. The idea of Universal human rights stands in opposition to culture. Culture is personal, local and time-bound. Arguably, one of the fundamental human rights is precisely the right to practice and enjoy ones own culture or the culture of ones choice. But cultures themselves are never universal because the very essence of a culture is that it is special, local, particular, and belongs to a certain people or community. The problem then comes in when one tries to map out boundaries of these two poles of culture. On the other hand, one has to be very careful about using culture as a defense or excuse. Authoritarian regimes, for example, are quick to cry "culture" when their tyranny is criticized. We are told for example, that it is not part of Saudi culture, based as it is on Islam, to let women drive cars, although nobody ever formally consulted Saudi women on that question. Perhaps Saudi women might agree, perhaps not. Authoritarian governments have explained that their particular people are not ready for democracy or that democracy or due processes are exotic imports that do not

⁷Universal Declaration of Human Rights Article 5, G.A. REs. 217 (III).

suit their culture. We perhaps have to be quite skeptical about such arguments but still cannot brush off the culture argument cavalierly.

It is worth noting that the concept of human rights developed largely from ideas in Western political theory about the rights of the individual to autonomy and freedom (Dawit, 1988; Peterson, 1990; Fineman and Mykitiuk, 1994; Cook, 1994; and Gunning, 1995). Fineman and Mykitiuk (1994) observed that international human rights law evolved in order to protect individual rights from limitations that might be imposed on them by states. States are bound by international law to respect the individual rights of each and every person, and are thus accountable for abuses of these rights. They further argue that the exclusive focus on the behavior of states confines the operation of international human rights law entirely within the public sphere. The aim of the human rights movement is to enforce state obligations in this regard by denouncing violations of their duties under international law (Eister, 1987:287; and Elster, 1995). If one were to advance as the ultimate standard of morality the prohibition of inhumane and exploitative behavior, one would no doubt, outlaw war, poverty, capitalism, female and male circumcision and capital punishment, as well as both geographic and economic colonialism. However, the problems with universal prohibitions involve definition and compliance. Gaining consensus around the definitions of the practices and their consequences is very difficult, unreasonable if not impossible. Elsewhere researchers using cultural sensitivity and understanding have often been equated with cultural relativists. Those who oppose female circumcision

have been accused of "intellectual dishonesty"; legal scholar Breitung contends that:

"Because they believe that female circumcision must eventually be eradicated, these advocates do not, in any meaningful sense, seek dialogue or consensus with supporters of female circumcision. Instead they attempt a discussion on the best way to eliminate the practice. This position, while reflecting the difficulty in addressing competing and differing cultural values, is intellectually dishonest (Breitung, 1996:661)".

Confusion arises not only by equating Western scholarship with cultural relativism but not assuming uniform opposition to female "circumcision" among researchers. Therefore, researchers on the practice not only have to take into account the place of the practice in the culture in question but also have to be fore grounded in a multifaceted analysis of the lives of those women whose bodies have become the subject of study (Boddy, 1989:57). Patschesky and Judd (1998) have added their voice and stated that it is imperative to examine the varying meanings of human rights because all of us subscribe to a view of human rights rooted in the concept of cultural citizenship and the mandate that we listen to women's voices in order to build a culturally appropriate definition of what human rights should entail in the practice of female circumcision. Indeed, elucidating women's perspectives within societies practicing female circumcision is not only a pressing political issue, but perhaps the only path for the formulation of a sound human rights policy in the area of female circumcision.

Presently, in the West female circumcision is recognized as persecution (WHO, 1993; Kandela, 1999; Shell-Duncan, 2001; and Lax, 2000).

While the notion of international human rights standards has broad support, it is also controversial. Drawing on the tenets of 'cultural relativism', other critics have argued that differences between cultures and their constituent social institutions are so great that universal standards cannot be meaningfully applied (Raimo, 2000; and Allan, 1998). From this perspective, it is argued that concepts of appropriate standards and values are best derived from individual societies. This leaves open the possibility of variations in human rights standards and their interpretation between countries (Donnelly, 1984). Others maintain that international human rights standards in reality are based on specifically Western philosophical and social values, their imposition on non-Western countries and cultures constitute a form of neo-colonialism (Fraser, 1994). In their application to FC, such arguments might be used to justify the practice with the suggestion that it may be culturally mandated (Swensen, 1995: 27).

The course of state intervention in the matter of female circumcision in Africa has been somewhat tortuous and tentative. While it is clear that many African governments recognize the need to address drastic forms of the practice, they equivocate regarding the plan of action to be adopted. Apparently, they realize the dangers of flirting with false options in matters that resist rash and facile responses. Although a few African countries have legislation relating to circumcision, it appears that the force of cultural traditions triumphs over the force of legislative enactment.

2.8 Gender and the Feminist Focus of the Practice of Female Circumcision

In the burgeoning literature on female circumcision, African women are repeatedly presented as hapless, downtrodden, forlorn, helpless casualties of male dominance. Their confinement to antiquated customs and cultural practices is viewed as puissant testimony to their eternal vassalage to patriarchy and consequently of their subjugation within the so-called "public" and "private spheres" (O'Brien, 1989; Abusharaf, 2001). Amongst its other outcomes, it was anticipated that this study would make a feminist contribution towards the understanding of the persistence of the practice of FC as a gender based problem. The purpose of giving attention to female circumcision as a traditional and cultural practice that oppresses women is to make the oppression visible and allow these women to speak their experiences and alter harmful traditional practices. Feminist models of power constitute critically central aspects in feminist discussions. In order to understand persistence within a feminist model, one needs to understand that the past persuasion efforts have excluded the voices of the women who engage in the practice of FC. There is a need however to be aware that FC takes place against and within a wider matrix of all kinds of experiences that at times constitute violence against women. This takes place within different cultural contexts and in different forms.

What emerges from the examination of the selected literature (see e.g) Lerner (1986), Gennep (1960), Beauvoir (1989), and Sydie (1994) is a deep-rooted system of male

domination. The man aids and abets FC through the values he associates with the circumcised woman. The power to do this comes from men's greater access to resources and structures of authority both inside and outside the home. The social relationship that emerges from the examination of FC with a gender lense is that men have authority over women. The question of re-infibulation, for example, for a man's pleasure is a form of male control over both sexual delight and a woman's body. This form of sexuality is a reflection of the political and cultural institutions that affect the conditions of an individual's life. Sexuality is based on unequal power in sexual relations and the practice of FC is bound up with this. The origins of the practice are to be found in the social structures and the complex set of values, meanings, attitudes, traditions, customs, habits, beliefs and rituals about self fulfillment and self determination that relate to sexual politics and patriarchal control. Patriarchy has been used to explain the universal devaluation of women's status in society. It is a structure that constrains agency and determines behavior (Lerner, 1986).

Feminist scholars and activists are united in the struggle to end gender based discrimination. In keeping with the feminist objective, the declaration and the blue print for action that were issued in Beijing provide a framework for challenging situations in which the rights of women are compromised for the benefit of cultural traditions that institutionalize and reproduce patriarchal hegemony, gender asymmetry, violence and apprehension. The declaration on human rights can also be read as implicating certain cultural practices that women themselves deliberately appropriate and celebrate. Female circumcision

is interlinked with an education that socializes girls and women to view womanhood in patriarchal terms where women can define themselves as whole people only after undergoing the rite. In communities that perform female circumcision as an integral element of the rites of passage; one is not simply born a woman. One becomes a respected person and an integrated female only after implementing the socially designated course to dignity and status (Gennep, 1960; Beauvoir, 1989; Sydie, 1994). Initiates are removed from the common mass of humanity by a rite of separation that includes some form of female circumcision. This rite automatically incorporates the initiate into a discrete community and facilitates adjustment into the necessary status and role. The rite also serves the multiple purposes of expressing, inculcating and ensuring the maintenance of cultural values and identity (Mead, 1940).

To understand why many women defend a practice that has negative impacts on their health, we have to understand that even the most highly educated individuals become defensive when they feel their culture and personal identity are under attacked. The fear of losing the psychological, moral, and material benefits of "belonging" is one of the greatest motivators of conformity. When the demands of conformity conflict with rationality or individual need, denial intervenes as a mechanism for survival. In this way, many women justify their own oppression. To defend themselves from feelings of inferiority, many women deny that FC has negative impacts on their bodies.

Perusal of the literature also showed men's motivations in supporting the persistence of female circumcision. Amongst

the Kisii of Kenya, for example, men support the circumcision of their daughters in order to elevate their social status. Do they need to do that through the violation of another individuals' bodily integrity? Men in this community might want to consider cultivating their social status and space through hard work without the circumcision of their daughters being part of the agenda. What exactly is the relationship between the two? Further, male dominance and the politics of food are important amongst the Kisii. When a daughter comes of age a man takes the opportunity to show his friends what he is made of. He throws a big party for his friends and relatives. It is a cultural heritage sort of thing. Men respect one another according to the magnitude of the party one can throw. This could be interpreted to be a show of masculinity. Perhaps men want to proof their manhood by having their daughters circumcised so that they can have an opportunity to repay all the "eating debts" they have accumulated over the years as they eagerly watched their unsuspecting daughters grow. Unsuspecting girls are not aware of these masculine-based motives that men carry behind the practice of circumcision. Yet women are socialized into believing in these good intents of the practice of female circumcision. This perspective brings in a feminist analysis of FC which can help in the understanding of why FC has persisted over the years. I will refer to this phenomenon as the "male involvement" factor.

FC is also linked to gender inequalities entrenched in the political, social, cultural and economic structures of societies in which it is practiced. It is a reflection of the discrimination against women in both public and private

life. The way gender is constructed and played out in institutions, structures and systems that embody and perpetuate the oppression of women is important in this study. This study intends to make a contribution to the arousal of interest in feminist research with the eventual intention of contributing to a feminist transformation of knowledge in the area of female circumcision within the specific histories and conditions of the girls and women who engage in the practice.

2.9 Summary and Gaps in the Literature Review

From the foregoing review of literature, it is evident that a lot of studies have been carried out on the practice of female circumcision. The overriding evidence shows that female circumcision is prevalent (Mustafa, 1966; Shandall, 1967; WHO, 1979; El Saadawi, 1980; Koso-Thomas, 1987; Warsame, 1989; OAU, 1990; MYWO, 1991; Dorkenoo et al, 1992; Walker and Palmer, 1993; Toubia, 1995; WHO, 1998). The issues emerging from these studies show that Kenyan studies are in agreement with the research findings from other parts of the world with the following observations: The practice of female circumcision is an ancient and deeply entrenched practice with many socio-cultural factors accounting for its persistence according to the following: (Kenyatta, 1938; Gennep, 1960; Mustaffa, 1966; Shandall, 1967; Murray, 1974 ; Hayes, 1975; WHO, 1979 ; EL Saadawi, 1980; MYWO, 1991; Giorgis, 1981 ; El Dareer, 1982 ; Koso-Thomas, 1987; Kirby, 1987; Warsame, 1989 ; Kluge, 1993; Hosken, 1993a; PATH/MYWO, 1993 ; Dorkenoo and Elworthy, 1994 ; Hale, 1994 ; Kratz, 1994; Dorkenoo, 1994 ; Ezzart, 1995 ; PATH/SIDA, 1996 ; WHO, 1996 ; Althaus, 1997;

Obiora, 1997a ; Natsoulas, 1998; Seif El Dwala et al, 1998 ; Toubia and Izett, 1998; Ruonavaara, 1998 ; Abusharaf, 2000 ; Mackie, 2000 ; FPAK, 2001; Gruenbaum, 2001; Population Reference Bureau, 2001; Thomas, 2003). Other related studies have produced a lot of information on various other aspects of the practice (Shandall, 1967; Harkavy, 1987; PATH/MYWO, 1993; Toubia, 1995; Rushwan, 1996; Obermeyer, 1999; PATH/MYWO, 2000; Shell -Duncan, 2000; Njue, C. et al, 2004).

Most of these studies comprise intersections of culture, religion, gender and societal development. However most of this information is fragmented, uncoordinated and unreliable. Reports of the existence of the practice are based on anecdotal information; no systematic surveys have been undertaken, the samples used have been found to be biased because of the use of unclear or faulty methods of data collection. The result of this is that there are no comprehensive, country-by-country data available on female circumcision. Attempts to theoretically reconstruct the origins of the practice present many challenges. The only country with reliable nation-wide data on FC is the Sudan (Toubia, 1995). The past efforts by Westerners to persuade communities to abandon the practice have been high-handed, dictatorial and self-righteous (Obiora, 1997a; Mugo, 1997; Ahlberg, 1991). Further, there are no objective studies which have been done on the universality and indivisibility of FC as a human rights issue. In conclusion perusal of literature shows that nearly all societies subjugate women in some way, FC is the most drastic measure taken by any society to control women's sexuality and reproduction. The starkness of the act and its severity is an important reminder of more

subtle mechanisms that operate in other societies. Thus alteration of attitudes that shape gender relations is a major prerequisite towards the abandonment of FC. The persistence of unequal gender relations and subsequent oppression and subjugation is one of the major constraining factors. The psychological and psychosexual consequences of FC have also not been adequately studied.

CHAPTER THREE

3.1 THEORETICAL FRAMEWORK

3.1.1 Social Change Theories

Reference was made to a number of social change theories in order to provide an in-depth understanding on the phenomena of FC within the contexts of persuasion and persistence of the practice. By focusing on social change theories, this section set out to integrate perspectives on change in order to construct assumptions upon which the study was pegged. The study recognizes that diverse patterns of change and a range of future alternatives are open to any society; and that whether one assumes change or persistence as the basic reality has important practical as well as theoretical consequences. A critical integration of the theorist's arguments and the tenets of the study are presented in the following sections.

The specific social change theories that were adopted to guide this study included: the socio-historical paradigms of evolutionary development by Comte (1855),⁸ Durkheim (1951), Spencer (1969)⁹, the structural-functional theory Parsons (1966), Smelser (1968) and the feminist theory. These past thinkers have presented perspectives that are relevant to the theoretical foundations of this study in various dimensions. Theories of social change are important in this study since the scope deals with a transitory cultural issue (FC), with regard to practicing

⁸ Comte's thought has been well summarized by Aron, A. 1968. *Main Currents in Sociological Thought I*", trans. Richard Howard and Helen Weaver New York: Anchor Books. Selections from Comte's works with extended commentaries on his thought may be found in Simpson, G. 1969. *Auguste Comte: Sire of Sociology* New York: Thomas Y. Crowell Company.

⁹ For Spencer's sociological thought, see Spencer, .H. 1969. *Principles of Sociology*, ed. Stanislaw Andreski London: Macmillan.

communities having continually resisted persuasion efforts to abandon the practice. Thus, one way of understanding this resistance, is within a framework of sociological thought, through the lenses of social change paradigms.

Moore (1967) has defined change as the "significant alteration of social structures, i.e. the patterns of social action and interaction." Moore (1967) included in his definition various expressions of structures: norms, values, and other cultural phenomena. Social change has been defined as "variations or modifications in any aspect of the social process, pattern, or form," and as "any modification in established patterns of inter-human relationships and standards of conduct" (Moore, 1967). FC with its relative features of persuasion, struggle and continuity suitably fits in this definition¹⁰. A cross-cutting analysis of social change theories indicates that throughout history, attempts to alter social structures especially by external agents have always been met with resistance. There are manifold ways in which people resist change. Moore, (1967) has argued that, any change agent faces an incredible array of problems when seeking to lead people in new directions. In some cases, the value system itself seems to possess built-in resistance to any change. The values may, for example, minimize the importance of material aspirations, or disparage the cultural ways of others, or demand inter-personal and inter-group relationships that are incongruent with a modernized society. Certain attitudes also impede change (Moore, 1967). Other factors that inhibit change are rigid stratification systems, high degree of social inequality,

¹⁰ In, respectively, Fairchild, .H.P.1955. ed., *Dictionary of Sociology*. Ames, Iowa: Littlefield, Adams & Co. and Lund berg, G.A. , Clarence C. Schrag, Otto N. Larsen, and William R. Catton Jr.1963. *Sociology*, 4th ed. New York: Harper & Row.

community fragmentation, vested interests, and even cultural motor patterns (Moore, 1967).

There are also social psychological factors that inhibit change (Moore, 1967). The government, for example, is generally conceded to be crucial to much change in the contemporary world. The success or failure of the developing nations of the world is crucially linked to actions of their central governments. No nation in the contemporary world is modernizing on the basis of the activities of individual entrepreneurs alone. The community perception of the government, however, often involves considerable suspicion and distrust. In Kenya, for example, this is clearly seen in the way communities remain hostile to government efforts to ban FC (Kenyatta, 1938; Ahlberg 1991; Githiga, 1996; and Natsoulas, 1998). All this points to the social and psychological protective mechanisms that have evolved out of the need to cope with the trauma of social change¹¹. The argument could be clinched by citing the countless concrete instances of resistance to change, including resistance to railroads, the automobile, the typewriter, alternating current, tractors, umbrellas, street lighting, and even potatoes.¹².

A closer look at the reasons for the ubiquity of resistance to change casts the whole problem in a different light. For example, Spicer (1952) points out that people are always changing their ways, but that they will resist change under three circumstances: when the change is perceived to be a threat to basic securities; when the change is not understood; and when the change is imposed

¹¹ The notion that change is abnormal is often associated with a second idea—change is traumatic. Change has been called an "ordeal," a "crisis," and a "foreign and unwanted agent— (By, Eric H.1952. *The Ordeal of change*. New York: Harper & Row.

¹² See Barber .B.1952. *Science and the Social Order*. Glencoe: Free Press.

upon them. Much of the supposed trauma of change can be accounted for in these terms. Furthermore, change may be resisted because a rational calculation of the risks involved seems to make the new direction highly foolish. Thus, the apparent conservatism among FC practicing communities could actually be a weighing of risks, since a particular community is often one in which people live at the edge of survival, feel compelled to remain within the protection of the group, and must balance risk-taking with the potentially great penalties that may be incurred (Hunter, 1969). There are also cases in which change may be resisted because that change would interfere with other, more highly valued, change. For example, Barbadians rejected agricultural diversification as recommended by both British and American experts, because of a high value on another kind of change - upward mobility in their own society (Hunter, 1969). This represents a change in personal life circumstances, which, incidentally, may or may not reflect societal change such as economic growth. In any case, the Barbadian who goes into full-time agriculture forfeits his chances for cultural success because of the low prestige attached to agricultural occupations; the potential change in personal status, therefore, was the basis for rejecting a change in agricultural economy¹³. Not all people give priority to economic change. The rejection of innovations that would facilitate economic development may, therefore, reflect a higher value on some other kind of change rather than the trauma inherent in change. Similarly, protests against bans imposed on FC can be understood in this context, whereby individuals fear

¹³ Greenfield, S.M. 1964. "Stocks, Bonds, and Peasant Canes in Barbados: Some Notes on the Use of Land in an Overdeveloped Economy," In *Explorations in Social Change*, edited by G. K. Zollschan and W. Hirsch. Boston: Houghton Mifflin Co.

losing social status and or being ostracized as outcasts for not being circumcised.

Change may also be resisted because it contradicts certain fundamental values of people. In his study of a Spanish village, Aceves¹⁴(1971) points out that a number of planned changes were accepted "willingly and often eagerly," including new varieties of seed, new kinds of crops, and modern methods of farming. Other proposed changes, however, were resisted vigorously. Aceves (1971) notes that the Spanish villagers hold primary loyalty to the family rather than the village; in fact a basic mistrust pervades village life, and peace and security are believed to lie in maintaining the advantage of one's own family. Consequently, villagers accepted those changes which were beneficial to them and their families but resisted or rejected changes which compelled them to engage in "long-term contractual relationships... long-term being anything over ten days or two weeks according to local reckoning." The people were not opposed to change, and they did value an enhanced economic status. Their value on primary loyalty to the family and their mistrust of fellow villagers led them, however, to resist change that would force them into more extended relationships and obligations, even when they were told that the latter would lead to economic improvement.

3.1.2 Evolutionary Development Theory

Comte (1798-1855) divided sociology into statics and dynamics. The "static" aspect of sociology is similar to what we would call structure today, while the "dynamic" aspect refers to change. Static sociology rests upon the

¹⁴ Aceves .J.1971. Social Change in a Spanish Village. Cambridge, Mass: Schenkham Publishing Co.

philosophical assumption that society is an organism united by consensus, for "there must always be a spontaneous harmony between the whole and the parts of the social system." Comte, (1855). Comte (1855) further noted that "the study of dynamics is actually more interesting, but we must "contemplate order, that we may perfect it." In sociology, dynamism is the sequence of human development, and each step in that sequence is the necessary consequence of the preceding step. As Comte (1855) argued, "the present is big with the future." One factor that helps us discover the laws of development is their universality. That is, the laws apply to all societies, so that one could study the most advanced of societies and learn about the sequence through which all must pass. In his search for the laws of historical sequence, Comte identified three stages of historical development (which corresponded to three stages of development in the human mind). Thus, he posited a "fundamental law" of the development of human intelligence, namely, that it passes successively through three different theoretical conditions: the theological, or factitive; the metaphysical, or abstract; and the scientific, or positive." These three stages are both three successive methods of intellectual functioning and three corresponding types of social orders.

In the theological state, intellectual functioning "supposes all phenomena to be produced by the immediate action of supernatural beings." Comte (1855) subdivided the theological state, however, into three stages: fetishism, polytheism, and monotheism. The stage of fetishism marked the beginning of the theological era of mankind; in this stage, man "conceives of all external bodies as animated by a life analogous to his own, with differences of mere intensity." Comte (1855) goes into great detail in showing how this mode of thinking (and all the modes) relates to

the social order. In the stage of fetishism, for example, society was characterized by sacerdotal authority, by the beginning of the conquest of nature, and by behavior based more on affect than on the intellect. The family unit emerged, along with a permanence of residence that facilitated the subsequent development of the state. During the polytheistic period, the city emerged, landed property became a social institution, the caste system appeared, and war was waged as "the only means of rendering the political organism durable and progressive." Finally, in the period of monotheism, a modification of the theological and military character of the theological state began to take place. The Catholic Church for example, failed to provide a viable basis for social life. Women and laborers were emancipated. Church and state were ruptured by the universal claims of the church and the local nature of political power. And war shifted from aggressive to defensive action.

In the context of social change, Comte (1855), notes that societies pass through each of these stages successfully, in a sort of uniform global pattern of change. He argued that the simultaneous existence of the three incompatible philosophies -theological, metaphysical, and positive would preclude any sort of order. It is necessary, therefore, to ascertain which of the philosophies must ultimately prevail, and once this is ascertained, "every man, whatever may have been his former views, cannot but concur in its triumph." It is evident that with modernization and industrialization, societies, especially those in developing countries display socio-cultural elements associated with the theological, metaphysical, and scientific stages concurrently. Traditional practices like female circumcision are justified on the basis of theological principles of social

existence. Such and related practices and observances are based on affect rather than on the intellect. They are seen as contributing to social order. This means that, Comte's (1855) assumptions cannot be generalized to all global societies as he presumed. The persistence of female circumcision in the scientific stage shows that the three stages are overlapping and not necessarily chronological. It is obvious that Comte, (1855) viewed change in terms of progress. Moreover, he saw progress as occurring in every facet of the social order, including the physical, ethical, intellectual, and political realms. Such progress is tied up with scientific development; the latest and most complex of sciences.

"It is only through the more and more marked influence of reason over the general conduct of Man and of society, that the gradual march of our race has attained that regularity and persevering continuity which distinguishes it so radically from the desultory and barren expansion of even the highest of the animal orders, which share, and with enhanced strength, the appetites, the passions, and even the primary sentiments of Man" (Comte, 1855:521)

Thus Comte's (1855) arguments as postulated in this theory must have provided a basis for external change agents who came to Africa to "civilize" its societies. The overlap in the three stages leads to labeling of those in the theological era as "backward and uncivilized". Western change agents for example, came to Africa with a mission of propelling the African societies from the first two stages to the third one. The apparent resistance to persuasion efforts indicates societies' inability to be "pushed". The evolutionary theory implies that societies change at the same rate, which is not the case. Evidently, those who are

not progressing fast enough have to be admonished through persuasion or coercion.

The gaps in Comte's (1855) theory tend to provide strong evidence relating to the persistence of "irrational" practices in the positive stage. For example, Comte (1855) failed to see meanings associated with values and practices such as female circumcision; instead he was pre-occupied with the notion of progress towards science. The definition of social order in the practicing societies has nothing to do with Comte's view of progress and social order. It has been argued that, FC does not impact on economic development, thus making Comte's successive social developmental stages irrelevant in the context of peoples understanding of progress.

Spencer, (1969), on the other hand, builds his theory of evolution upon the premise of society as an organism. He posited important analogies between societies and biological organisms, and, therefore a number of reasons for treating society as an organism. First, he notes that society experiences continuous growth. As it grows, its parts "become unlike: it exhibits increase in complexity of structure."¹⁵ Life, whether of a society or an organism, is a matter of continuing growth and increasing structural complexity. The increasing structural complexity, or differentiation, means an increasing differentiation of functions. Dissimilar parts have differing functions, which are not merely diverse but which must operate together in order for the whole to exist. Thus societal components, be they people, values, practices and norms are interrelated, with each serving interdependent functions. Through this framework, one can arrive at an analysis of female circumcision more objectively. There are certain functions,

¹⁵ For Spencer's sociological thought, see Spencer, H.1969. *Principles of Sociology*, ed. Stanislaw Andreski London: Macmillan.

however rudimentary that FC plays in communal life. Secondly, the patterns of persistence, viewed through Spencer's perspective can be understood as community's effort to resist its various parts being torn apart. This is because according to Spencer, parts are mutually dependent upon each other. Each is separate, yet each is dependent upon the other and must work with the others to form a whole. In society, the various parts--government, family, economy, and other factors..... are also separate but interdependent, and must function together for a viable whole.

Spencer's (1969) theory tends to explain social change from a multi-dimensional view. Resistance to change is common, especially in situations where social cohesion is threatened. However, he did not advocate for total resistance to change since the interdependence of parts is not static. This means that as parts of the system accept change, corresponding parts must change to maintain equilibrium. Thus modernizing societies that are responsive to sexual health and human rights issues would lose equilibrium if practices such as FC were allowed to continue. This interrelationship explains the drumming up for support towards the abandonment of FC from human rights activists as well as from the health domains. In speaking of social institutions in terms of systems, then, Spencer (1969) was not viewing them in a static manner - as the stable structure of an organism. He described them in terms of their own evolution, their appearance as survival mechanisms, and their subsequent course of development. Spencer (1969) also illustrated the societal transition from homogeneity to heterogeneity by contrasting primitive and modern societies. The primitive tribe, he argued, is "alike in all its parts," while the "civilized nation" is "full of structural and functional unlikeness."

Furthermore, along with the increasing heterogeneity goes increasing coherence. Although such simplistic views have been contested, it is worth noting that adherence to practices and values tends to homogenize societies, however, detailed patterns of heterogeneity must exist resulting from differentiation at the individual level. This critical view thus explains why an ethnic group e.g. the Abagusii, of Kenya, held together by common ethnicity and value system predisposes variation in the practice of FC.

Durkheim, (1951) originally sought to unearth the original state of the advanced nations of the time. He differentiates the status of social integration on the basis of mechanical and organic solidarity among societies. Mechanical solidarity was the early, primitive form of social organization, and could still be seen in existing primitive peoples. Organic solidarity derives from the division of labor accompanying social development¹⁶. In mechanical solidarity, there is a preponderance of shared ideas and tendencies (rather than individual differences); the social order has great homogeneity. In fact, "the collective conscience completely envelops our whole conscience and coincides in all points with it." Furthermore, this solidarity is maintained by the application of repressive sanctions against those who deviate. Such sanctions are the expression of social rage in the face of offenses against "strong and defined states of the collective conscience." Organic solidarity, by contrast, is rooted in differences rather than likenesses

¹⁶ The main source of Durkheim's theory of change is Simpson, G.1933. *The Division of Labor in Society*, New York: Free Press. An excellent survey and critique of this and other aspects of Durkheim's thought may be found in Nisbet, R.A.1965. *Emile Durkheim*. Englewood Cliffs: Prentice Hall.

(the similarity with Spencer's (1969) evolutionary law of homogeneity-heterogeneity is apparent). The increasing complexity of a society demands that solidarity rests upon differentiation; diverse functions involve the division of labor which is the essence of organic solidarity. This solidarity is characterized by restitute sanctions; not punishment, but "the return of things as they were, in the reestablishment of troubled relations to their normal state" becomes the purpose of the law¹⁷. Durkheim summed up the distinction between mechanical and organic solidarity in three points." The former "binds the individual directly to society without any intermediary," while the latter involves interdependence among individuals. The former is found in a society characterized by shared beliefs and sentiments, while the latter characterizes a differentiated society. The former can be strong only to the extent that individual personalities and rights are relatively indistinguishable from the whole, while the latter demands unique personalities and personal rights.

Spencer (1969) was not the optimist that Comte (1855) was, however. Unlike Comte, he saw the possibility of societal regression as well as progress. If the general direction of evolution is toward the industrial society, it should be noted that it is possible to revert back to a more militant society. International conflict or the

¹⁷ For Spencer's sociological thought, see Spencer, H.1969. *Principles of Sociology*, ed. Stanislav Andreski London: Macmillan. *Ib'd*, p.69. For an interesting examination of Durkheim's thesis about the transition from mechanical to organic solidarity, see Turner, R.H.1967. "Type of Solidarity in the Re - forming of Human Groups." *Pacific Sociological Review* 10: 60-68. On the basis of a study of reactions to disaster, Turner argues that the two types of solidarity are not exclusive, such that the more we have of one; the less we have of the other. Rather, organic solidarity builds upon mechanical, and the latter must always be the foundation for the former. Thus, in cases of community disaster, organic solidarity is reestablished only after a period in which mechanical solidarity is enacted and the "continuing assurances" upon which organic solidarity rests have been recreated.

reappearance of defensive and offensive activities may thrust a society back toward the militant type. In addition, Spencer departed from Comte at the point of the role of sociology in societal evolution. While admitting that human action was an integral part of the evolutionary process, Spencer denied that such action could in any way accelerate the process. This argument clearly explains the cultural renaissance currently sweeping across the globe especially in the African Diaspora. The practice of female circumcision has been reported in areas that had abandoned the practice (FPAK, 2001). This observation confirms Spencer's notion about societies experiencing regression as well as progress. He insisted upon a relationship between the structure of a society and the nature of and behavior of the people in it. For Comte, the Comte structure was fashioned by man as a consequence of his mode of thinking; in Spencer, this relationship is changed, and it is the structure that demands a particular mode of thinking and type of personality.

3.1.3 Structural-Functional Theories

Structural-functionalists have dealt with change and since they represent a major theoretical perspective in sociology, it is necessary to see what change looks like from their vantage point. First, however, let us briefly characterize this theoretical perspective. Van den Berghe (1967) has well summarized the general structural-functional approach in terms of seven elements¹⁸. These elements state that; Societies must be analyzed as wholes, as "systems of inter-related parts"; Cause and effect

¹⁸ Van den Bergh, P.L.1967. "Dialectic and Functionalism: Toward a Synthesis," In *Systems, Change and Conflict*, edited by N. J. Demerath III and R. A. Peterson. New York: Free Press.

relationships are "multiple and reciprocal"; Social systems exist in a state of "dynamic equilibrium" such that adjustment to forces impinging on the system is made with minimal change within the system; Perfect integration is never realized, so that every change system has strains and deviations, but the latter tend to be neutralized through institutionalization; change is basically a slow, adaptive process rather than a revolutionary shift; change is the result of adjustment to changes outside the system, growth by differentiation, and internal innovations; and the system is integrated through shared values. The generalized principles of structural functionalism theory fit very well in elucidating the persistence and persuasion dynamics revolving around the practice of FC. We will go a step further in examining how Talcolt Parsons (1951) and Neil Smelser (1968), earliest theorists in this domain relate social systems to social change. A look at Parsons' views on social change shows that his views have undergone considerable change. His initial concern with the nature of social structure and the primacy of structure in sociological analysis gave way to a later concern with social evolution. In order to understand the structural-functionalist approach as advocated by Parsons, we will look at both his early and his later ideas.

Initially, Parsons (1951) insisted that the study of change must grow out of the prior study of structure. In the study of societal evolution, for example, there is a parallel "between organic and socio-cultural evolution: Structural analysis must take a certain priority over the analysis of process and change¹⁹. In biology, morphology is the "backbone" of the theory of evolution; and in sociology, the identification and sequential ordering of

¹⁹ Parsons, T.1966. *Societies: Evolutionary and Comparative Perspectives*. Englewood Cliffs: Prentice-Hall.

structural types must be the foundation for an understanding of socio-cultural evolution. What is the nature of the structure, which is the essential basis for the analysis of change? We begin with the social system. In its broadest terms, a system is two or more interacting units, and the units may be psychological aspects of people, individuals as wholes, or groups (including entire societies). Every system is "embedded in an enviroing situation," however, so that whether a particular entity is a unit of a system or a system itself depends upon the focus of analysis²⁰. That is, for some purposes an organization such as a university may be viewed as a system itself, while for other purposes it may only be an entity within a larger system. Within this framework, customs, values, norms and practices are understood as important segments of entire social systems. This argument focuses on interpreting change efforts in the context of persuasion and persistence. For example, before any worthwhile change efforts can take place, the change agent must recognize that practices like FC are part of a social structure. Therefore, it is imperative that the change agents study the social structure, understand how different parts are inter-related and identify what needs to be changed within the structure other than just targeting one element. From Parsons' viewpoint, the social system is a particular kind of system; a group of interacting individuals, each of whom seeks to maximize his own gratification within the context of a particular culture. Individuals in a social system basically pursue their own happiness, and the meaning of that happiness and the means available for achieving it will vary from one culture to another. As Parsons (1966) put it, a social system is: "a plurality of individual

²⁰ Parsons, T., Bales, R. and Shils, E. 1953. *Working Papers in the Theory of Action*. Glencoe: Free Press.

actors interacting with each other in a situation which has at least a physical or environmental aspect, actors who are motivated in terms of a tendency to the "optimization of gratification" and whose relation to their situations, including each other, is defined and mediated in terms of a system of culturally structured and shared symbols"²¹.

In the context of these views, it must be realized that, every system has four functional imperatives. That is, every system must confront and successfully resolve (if it is to survive) the problems of adaptation, goal-attainment, integration, and latent pattern maintenance. These four imperatives apply to all systems of action - nature, culture, personality, and society. In fact, they apply at the "general action" level, for adaptation is the function of the behavioral organism, goal-attainment is the function of the personality, integration is the function of the social system, and latent pattern maintenance is the function of the culture²². At the level of the social system, the functions of adaptation, goal-attainment, integration, and latent pattern maintenance are associated with, respectively, the economy, the polity, law, and the family²³. Parsons (1966) also distinguishes two kinds of dynamic problems in systems. The first is the problem of processes of equilibrium, which "go on under the assumption that the structural patterns of institutionalized culture are given, i.e., are assumed to remain constant." The second is the problem of structural change i.e., the problem of processes, which involve fundamental alterations in the system. The distinction between two kinds of dynamic problems does not involve an absolute dichotomy, however.

²¹ Parsons, T. 1951. *The Social System*. New York: Free Press.

²² Parsons, T., Shils, E., Kaspar, D. N and Pitts, J.R. eds. 1961. *Theories of Society*. New York: Free Press.

²³ Parsons, T. 1967. *Sociological Theory and Modern Society*. New York: Free Press. 348.

in all, we may identify four types of processes in Parsons' thought: equilibrium, which involves processes within the system; structural change, which involves fundamental alterations of the system; structural differentiation, which involves change in one or more subsystems but not in the overall system; and evolution, which is the process describing the developmental pattern of societies over time. These four kinds of processes are not, of course, mutually exclusive or independent. They are analytically distinguishable, and will be examined each in turn in a little more detail.

First, equilibrium refers to processes that serve to maintain the boundaries of the system. The equilibrium may be either static or moving. Processes are continual in both types, but in the latter case there is a patterned process of change. An example is the growth of scientific knowledge. This represents, of course, not a fundamental alteration of the system but change in "the cognitive content of the relevant part of the culture"²⁴. The important point to keep in mind here is that equilibrium means neither stagnation nor change. By extension, societies have to maintain a certain social balance even in the process of social change. The idea of equilibrium is also obvious - it states that strong forces are at work to prevent basic changes in the system. For that reason, Parsons' use of the concept has been strongly attacked. Equilibrium is a concept of "regularity under specific conditions as applied to the internal state of an empirical system relative to its environment." Such regularity is neither rigidly patterned nor unalterable, and the only alternative Parsons

²⁴ Parsons, *The social System*, p. 491

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²⁴ Parsons, *The social System*, p. 491

sees to it is "sheer randomness²⁵." Finally Parsons "apparently views evolution (change) as guided by the cybernetic hierarchy of controls, especially the informational component. Without such informational control, movement to the next stage of development in an evolutionary sequence will be inhibited²⁶." To say that information (in the form of language, writing, and such institutionalized sources as law and science) is critical does not yet tell us precisely how that informational control leads to a new stage of evolution nor how the system of information itself develops.

Smelser, (1968) provides us with a good example of the application of Parsonian theory to the study of change. We shall examine his analysis of the Industrial Revolution after first noting a few general points he makes about theories of change. Smelser (1968) identifies a number of issues that must be dealt with in any theory of change some of which have not been attended to with any degree of precision. According to him, the determinants of change generally are identified as one or more of the following: "the structural setting for change "the impetus to change "mobilization for change" and "the operation of social controls²⁷." Smelser (1968) performs a useful service in reminding us of the importance of specifying the key independent and dependent variables. One of the problems of comparing various theorists is that they do not take the same variables as the focus of analysis. Smelser (1968) points out that over time we may observe both short-term adjustments and long-run structural changes. The latter, in

²⁵ Parsons, T.1961."The Point of View of the Author," In *The Social Theories of Talcott Parsons*, edited by M. Black .Englewood Cliffs: Prentice-Hall.

²⁶ Parsons, *Societies*, p. 21.

²⁷ Smelser, N.J.1968. *Essays in Sociological Explanation*. Englewood Cliffs: Prentice-Hall.

contrast to the former, involves changes in the roles of the social system, including the "disappearance, recreation, and reorganization" of those roles. The practice of female circumcision has persisted within many social structures. In Smelser's (1968) point of view, one would question whether advocates for the abandonment of the practice ever isolated the key variables. In Parson's (1966) view, FC is an institution. Could the persistence be as a result of the critics' failure to unpack variables that make up this institution and deal with each at a time?

A close review of both the evolutionary and the structural functional theories adopted for this study reveals a common thread across the theorist propositions. Those social systems are "made up of parts that are interrelated". To effect change in one part, one must understand that there certainly are related parts that are likely to be affected.

3.1.4 Feminist Theory and the Human Rights Perspective

Feminist theory aims at understanding the nature of gender inequality and focuses on gender politics, power relations and sexuality. Feminism is also based on experiences of gender roles and relations. Feminist political activism commonly campaigns on issues such as reproductive rights, violence within a domestic partnership, maternity leave, equal pay, sexual harassment, discrimination, and sexual violence. Some forms of feminist theory question basic assumptions about gender, gender difference, and sexuality, including the very category of "woman" (and, necessarily, of "man" as well. (See (Beauvoir, 1989; Murray, 1974; Slack, 1988; Thomas, 1997).

Other forms of feminist theory (e.g) (Natsoulas (1998), Hayes (1975), Groves (1958) take for granted the concept of "woman" and provide specific analyses and critiques of gender inequality. Most feminist social movements promote women's rights, interests, and issues.

Feminist theory mainly contextualizes FC in the scope of human rights violations. For example, radical feminism argues that there exists an oppressive patriarchy that is the root cause of the most serious social problems affecting women (Kellner, 1993). Violence and oppression of women, because they are women, is more fundamental than oppressions related to class, ethnicity, religion, etc. Few African customs have generated as much controversy and discord between African and Western feminists as has the practice of female circumcision (FC). In addition to its sociological and cultural significance, female circumcision has created considerable interest in how this cultural practice obliterates the sexual pleasure and gratification of women who are subjected to it. The practice has also been presented as child abuse. Kellner (1993) has argued that Westerners "should find female genital mutilation unacceptable." There is no doubt that female circumcision not only has come to represent a moral dilemma but also has become a subject of heated intellectual debates. The practice has produced intense conflict between relativist and universalist paradigms. The relativist position asserts the moral equality of cultural norms around the world and sees female circumcision from the vantage point of a ritual that signifies an important event in individual and group life. In contrast, the universalist position criminalizes those who engage in female circumcision. To many observers who subscribe to this universalist position, female circumcision is viewed as brutal misogyny, an extreme act of violence, and a violation of women's human rights

(Phillip, 1925; Groves, 1958; Murray, 1974; Hayes, 1975; Slack, 1988; Dorkenoo, 1994; Thomas, 1997; Natsoulas, 1998; Devine, C. et al, 1999). The women are in turn envisaged as downtrodden, mistreated, disadvantaged, irrational and primitive savages who have nothing to do with their lives besides engage in female circumcision. Nothing highlights this relativist-universalist antagonism more clearly than the language used to refer to the practice. Feminism figures prominently in current questions about theory and the constitution of knowledge, and many issues raised are intimately related in some way to the inescapable impact that a feminist transformation of knowledge has had on the academy.

Globally, individuals and groups are cognizant of the implications of female circumcision, through which women and men are indoctrinated into feminine and masculine social roles and subsequently into specific societal responsibilities. Under such circumstances, the female body not only emerges as "a contested terrain between competing visions of authenticity but practices of female circumcision or the obligatory physical recognition of virginity are both carried out with the sole objective of "literally reconstructing women's bodies to bring them into line with what the culture considers to be acceptable sexuality in women (Hosken, 1993a). Any efforts that overlook historical and political contexts can only produce what one author has termed "a well-meaning pseudoscience (Obiora, 1997a). Some feminists (see e.g) (Beauvoir, 1989; Murray, 1974; Slack, 1988) describe female circumcision as a symbol of universal male dominance. The practice is seen as a vehicle for the sexual mutilation of females and contends that the operation has been practiced by male-dominated tribal societies of Africa and the Middle East for many centuries. They also argue that any violation of

the physical nature of the human person, for any reason whatsoever, without the informed consent of the person involved, is a violation of human rights" (Hosken, 1993a) This statement, which extends to the recent debates on women's rights as human rights, confirms the heightened importance of ensuring the universality, objectivity, and indivisibility of human rights concepts.

Radical feminisms have been very vocal and active in influencing policy that would lead to criminalization of practices such as wife beating, rape and FC. Feminists who are committed to fighting gender inequality have largely influenced some of the milestones reached in the global platform. Amnesty International for example, has now taken up the fight to do away with the practice of FC. As a result of such initiatives today, FC is seen as a human rights issue and is recognized at the international level. FC was in the universal framework for protection of human rights that was tabled in the 1958 United Nations agenda. It was during the UN Decade for Women (1975-1985) that a UN Working Group on Traditional Practices Affecting the Health of Women and Children was created. This group helped to develop and aided the development of the 1994 Plan of Action for the Elimination of Harmful Traditional Practices Affecting the Health of women and Children. The World Health Organization, the United Nations Children's' Fund and the United Nations Population Fund, unveiled a plan in April 1997 that would bring about a major decline in FC within 10 years and the complete abandonment of the practice within three generations. Some of these goals are yet to be achieved.

Figure 1: Theoretical Model

3.1.5 A Theoretical Model for Explaining FC

Based on the examination of the theoretical perspectives adopted to guide this study, a theoretical model was developed for the study (see Figure 1). As much as possible the model captures the process of social change as presented by the different theorists in different time periods from different perspectives.

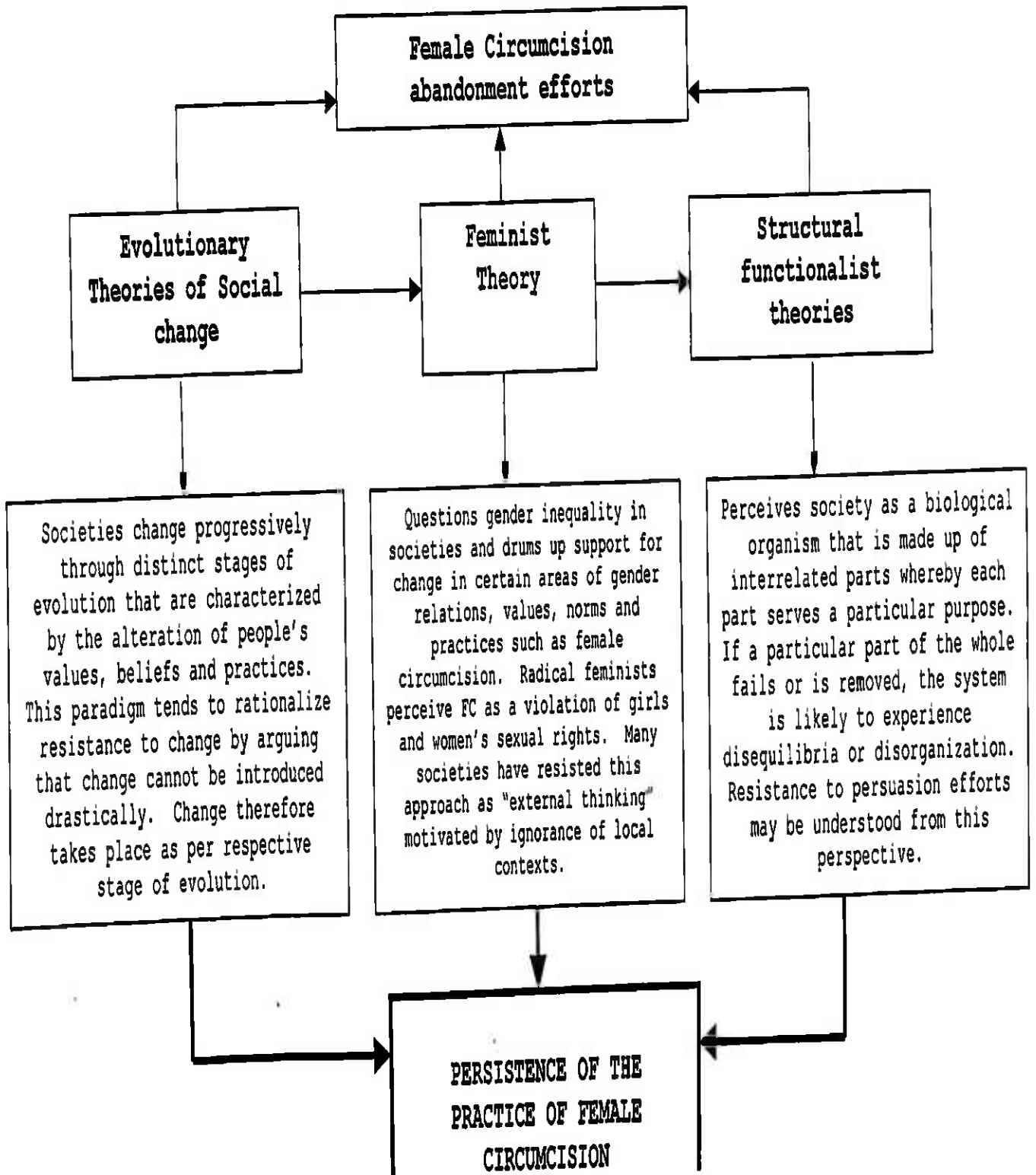
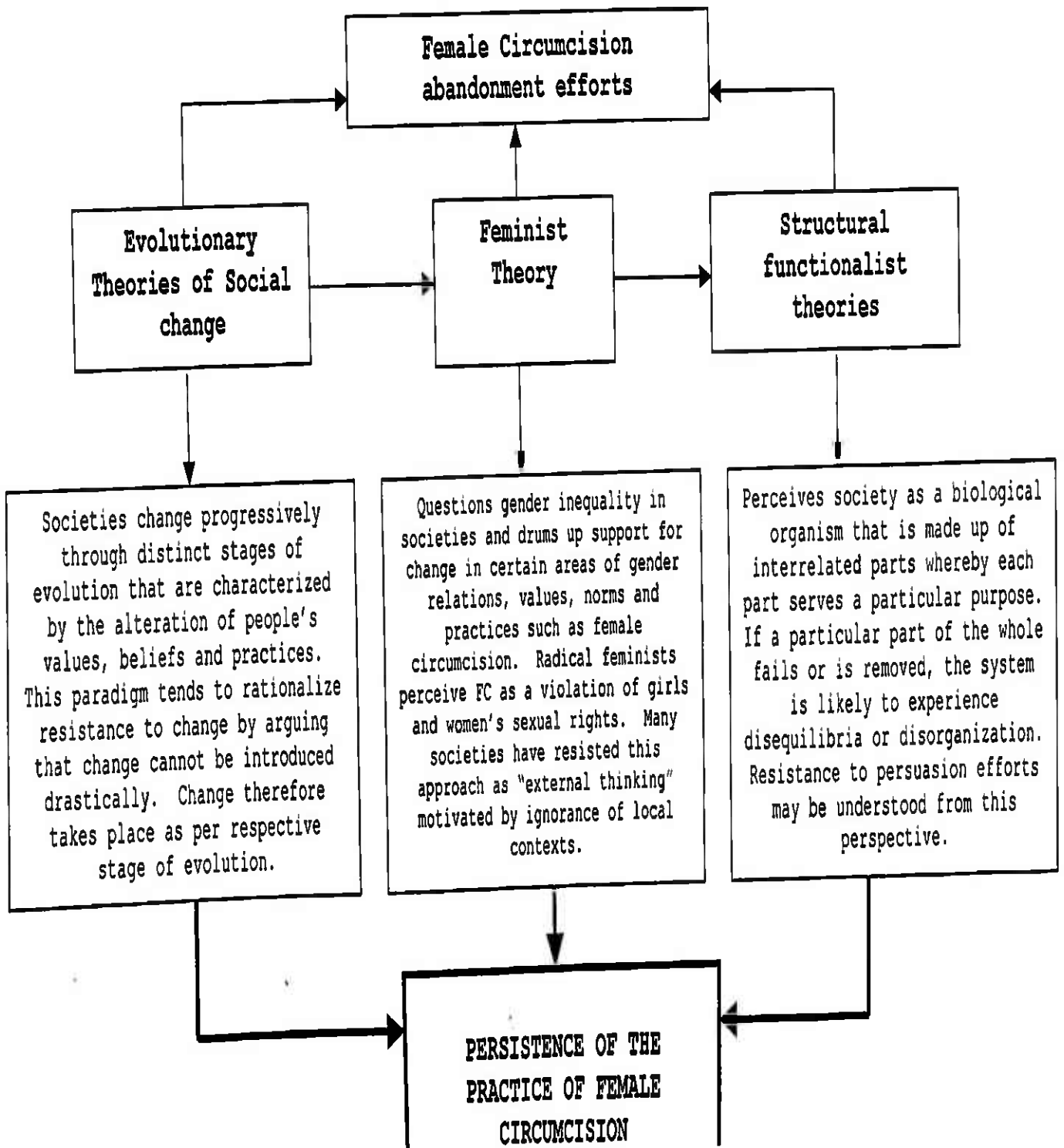


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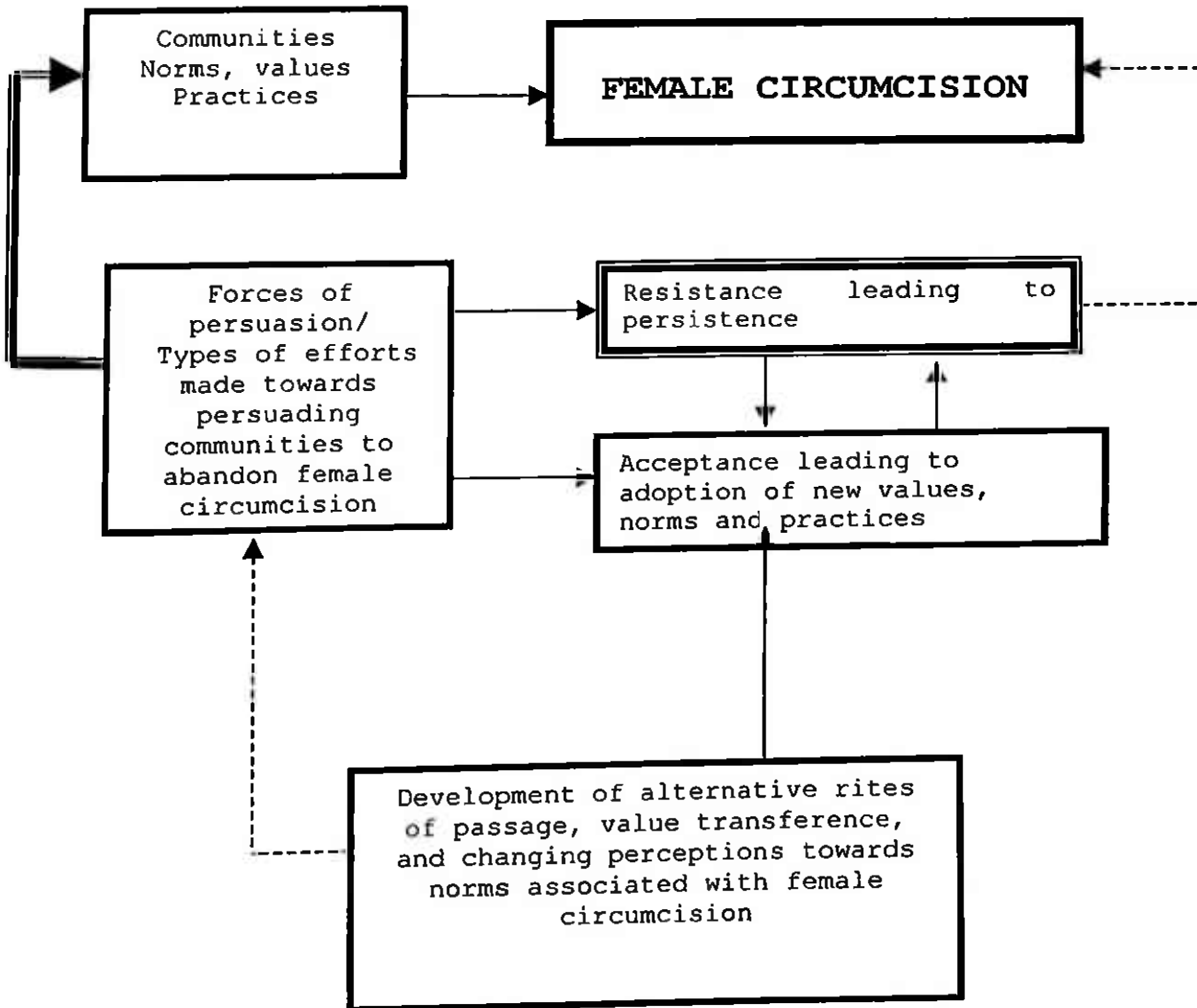
As evident from Figure 1, a look at the evolutionary theories of social change show that societies change progressively through distinct stages of evolution that are characterized by the alteration of peoples values, beliefs and practices. This model tends to justify resistance to change by arguing that change cannot be introduced drastically and that it takes place according to the respective stage of evolution. The structural-functional theories, on the other hand, perceive society as a biological organism made up of interrelated parts whereby each part serves a given purpose. Should one part fail or be removed the system is likely to experience disequilibria and is likely to become dysfunctional. Therefore resistance to persuasion efforts may be understood from this perspective. Feminist theory questions inequalities in societies and sustains the mobilization of support for change in gender relations, values, norms and practices such as female circumcision. Radical feminists view FC as a violation of girls and women's sexual rights. Many societies have resisted this approach as external because it ignores the voices of the stakeholders.

3.1.5 Conceptual Model

The theoretical framework developed for this study demonstrates that societies change progressively through distinct stages of evolution that are characterized by the alteration of people's values, beliefs and practices. This model tends to justify resistance to change by arguing that change cannot be introduced drastically because it takes place according to the respective stage of evolution. In order to provide a systematic overview of variables that

are captured in this relationship, a conceptual model has been developed (see Figure 2).

Figure 2: Conceptual Model



The conceptual model includes only those aspects of female circumcision that have been dealt with in this study. Female circumcision is the dependent variable. The existence of the practice depends on multiple factors presented in this causal relationship as independent variables. For instance, female circumcision is a product of cultural norms, values and practices. The stakeholder institutions and tools used are classified as forces of

persuasion whose efforts are meant to persuade communities to abandon the practice; on the other hand, community is divided into those who accept the persuasive efforts and those who resist them. Each of these stakeholder categories therefore has a different relationship with the practice of female circumcision. Those who resist abandonment calls as indicated by the dotted line continue to practice thus completing the cycle while those who accept tend to develop alternative rites carefully tailored to satisfy social as well as emotional gaps which are left after the abandonment of the practice. Forces of persuasion as well as resisters may also learn from the "best practices" adopted by acceptors. Learning from community centered success stories would thus enable the forces of persuasion to change their approaches in as far as questioning a community's values, norms and practices are concerned. A relationship between acceptors and resisters is assumed to exist in situations whereby acceptors are likely to "backslide" as a result of pressure by resisters and vice-versa.

3.1.6 Conceptualization²⁸ and Operationalization²⁹ of Study Concepts and Variables

In this section the key concepts, which are also the study variables are defined as applied in the study. The

²⁸ Conceptualization is the process through which we specify precisely what we mean when we use particular terms-conceptualization refers to precise working agreements about the meaning of a certain term(Barbie, E.1995).

²⁹ Operationalization is an extension of the conceptualization process. In operationalization, concrete empirical procedures are specified that will result in the measurement of variables .Operationalization is the final specification of how we would recognize the different attributes of a given variable in the real world (Barbie, E.1995)

persuasion set of variables is used as independent variables, while abandonment is used to denote the outcome variable set.

Female Circumcision

Female circumcision is an umbrella term covering a wide range of procedures ranging in severity from a nick on the clitoral hood to cutting off all the external genitalia and sewing up the vaginal opening. The World Health Organization WHO (1998) recognizes the following types of female circumcision : Type I - excision of the prepuce, with or without excision of part or all of the clitoris; type II - excision of the clitoris with partial or total excision of the labia minora; type III - excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation); type IV - pricking, piercing or incising of the clitoris and/or labia; stretching of the clitoris and/or labia; cauterization by burning of the clitoris and surrounding tissue; scraping of tissue surrounding the vaginal orifice (angurya cuts) or cutting of the vagina (gishiri cuts); introduction of corrosive substances or herbs into the vagina to cause bleeding or for the purpose of tightening or narrowing the vagina (WHO,1998). The most common types of female circumcision include excision of the clitoris and the labia minora and infibulation which is the most extreme form of female circumcision.

Persuasion

According to Merriams Webster's New Collegiate Dictionary (1980), persuasion has been defined as the act or process or an instance of persuading. It is

communicative behavior that has as its purpose changing, modification, or shaping of the responses (attitudes or behavior) of the receivers (Bostrom, 1983:11). Persuasion has also been defined as a dynamic process which involves manipulation, designed to produce action in others (Lerbinger, 1972:3). Communication scholars Bettinghaus and Cody, (1987:3) have defined persuasion as "a conscious attempt by one individual to change the attitudes, beliefs, or behavior of another individual or group of individuals through the transmission of some message". According to Smith, (1982:7) persuasion "is a symbolic activity whose purpose is to effect the internalization or voluntary acceptance of new cognitive stages or patterns of overt behavior through the exchange of messages." Rosenbaum, (1986) on persuasion offers yet another definition. She has contended that persuasion requires that the individual be capable of acting as an autonomous agent in a social situation. Persuasion efforts in this study are operationalized in terms of the following four concepts/variables:

Manifestations of Persuasion

To manifest is to make evident or certain by showing or displaying. In the context of this study this entailed an analysis of the prevailing activities and dominant processes, events and social exchanges for each epoch (colonial and postcolonial periods) with the aim of analyzing their activities and content.

Capacities of Recipient Societies to be persuaded

Merriam Webster's New Collegiate Dictionary (1980), also defines capacity as the ability to hold, receive,

store, accommodate and accept. Society on the other hand generally denotes a group of people who share a common culture, occupy a particular territorial expanse, and feel themselves to constitute a unified and distinct entity. In this study the communities' acceptance or rejection of the persuasion messages was measured by enumerating the various responses to determine the level of capacity of the communities to be persuaded as follows: acceptance of persuasion message, non-acceptance of the message with resistance, non-acceptance of the message without resistance.

Forces of Persuasion

To force is to compel by physical, moral or intellectual means. It also means to make someone or something yield. In this study this was done by examining the nature and level of force that the key players in the persuasion effort have exerted on the communities practicing female circumcision. These players have been: The Government, Non-Governmental Organizations, faith based organizations and the communities themselves. The actions of these categories of actors was analyzed to determine the content of their activities.

Tools of Persuasion

A tool is a means to an end which can be used or manipulated by another. In this study these tools included the following: bans/arrests and prosecution of people engaging in the practice of female circumcision, Information, Education and Communication materials (I.E.C), word of God (excommunication) and learning from each other

(best practices). These tools were examined in order to analyze the content of their activities.

Persistence

According to the Merriam Webster's New Collegiate Dictionary (1980), the state of persistence has been defined as remaining unchanged or fixed in a specified character, condition or position. In the context of this study, overall abandonment meant zero persistence. In this study persistence levels were measured in terms of the following sub-variables.

Low Abandonment

This means falling short of some standard. In the study context this meant showing little evidence of FC abandonment. This was measured through inventory and analysis of the pertinent references to occurrence or non-occurrence of FC.

Average Abandonment

This means something in a middle position. This implies average levels of FC abandonment at 50% outcome. This was measured through inventory and analysis of the relevant references to levels of occurrence of FC.

High Abandonment

This means something of greater degree, amount, cost, value or content than average, usual or expected. In the study context this meant very high but below total abandonment of FC. This was measured through inventory and

analysis of the pertinent references to the level of occurrence or non- occurrence of FC.

Total Abandonment

This means comprising or constituting a whole. This implies that FC is not practiced at all. This was measured through inventory and analysis of the relevant responses to non-occurrence of FC.

Table 3.1 presents a summary of the foregoing explanations:

Table 3.1 Dependent and Independent Variables

Independent Variables	Indicators	Dependent variable : persistence of female circumcision
1. Manifestation of persuasion	Analysis of prevailing activities and dominant processes, events and social exchanges for each epoch (pre-colonial, colonial and post colonial periods) in order to analyze the activities/content.	<ul style="list-style-type: none"> • Total abandonment of the practice of female circumcision (FC not practiced) • Low abandonment of the practice of FC (No concentrations of the practice/scattered prevalence)
2. Capacities of communities to be persuaded	<ul style="list-style-type: none"> • Acceptance of persuasion message • Non-acceptance of the message with resistance • Non-acceptance of the message without resistance 	<ul style="list-style-type: none"> • Medium abandonment of female circumcision. Some pockets of prevalence of FC.
3. Forces of persuasion	Government effort; NGO efforts/activities; FBO efforts/activities; Community efforts/activities	<ul style="list-style-type: none"> • High prevalence of the practice of FC (prevalence is almost 100%)
4. Tools of persuasion	<ul style="list-style-type: none"> • Bans/Arrests/Prosecution • Information, Education and Communication Materials(I.E.C) • Word of God (excommunication) • Learning from each other (best practices) 	

Socio- Cultural Factors

- Beliefs - refer to what people trust to be real and right. It is important to investigate people's beliefs about FC and find out the causal relationships between the variables as far as persistence of FC is concerned.
- Attitudes - refer to ways of thinking about something. It is important to investigate peoples thinking towards FC.
- Norms and practices- the former refers to patterns of social behavior that is typical of a group. It also refers to a requirement on social behavior that is typical of a group. The latter refers to the way of doing something regularly as part of ones normal behavior. orms and practices are closely related in any social setting because the former usually dictates the latter.
- Values - refer to what something is worth. Worth is measurable in terms of money and other goods for which it can be exchanged.
- Knowledge - refers to facts, information, understanding and skills that a person has acquired through experience or education.

Political Factors

- Individual commitment - refers to the state of an individual's willingness to give time, work and energy towards a given cause like the abandonment of FC.
- Change agent approach and commitment - the change agent approach refers to how government and non-government organizations act, speak about and make contact with the communities practicing FC. The latter

refers to the governmental and non-governmental organizations, willingness to give time, work and energy towards a given cause like the abandonment of FC.

- Direct and indirect economic factors associated with FC - these may include women's access to land and to economic resources through male members of the family e.g. husbands. This implies that they cannot directly inherit land or be in control of major resources. It is assumed that FC is a license to marriage and as such access is more viable if a woman is operating within a marriage. Another assumed economic aspect of FC is bride price. The practice of FC is linked to virginity, chastity, and fidelity, which are prerequisites for marriage.

Feminism

This term refers to a diverse collection of social theories, political movements, and moral philosophies. Some versions of feminism are critical of past and present social relations. Many focus on analyzing what they believe to be social constructions of gender and sexuality. Many focus on studying gender inequality and promoting women's rights, interests, and close gap issues. Themes explored in feminism include patriarchy, stereotyping, sexual objectification and oppression. Feminist activism is a grass-roots movement that seeks to cross boundaries based on social class, race, culture, and religion. It is culturally specific and addresses issues relevant to the women of that society: for example female circumcision or the glass ceiling in developed economies. Some issues, such as rape, incest, and mothering, are universal. Feminism is

not a single ideology. Over-time several sub-types of feminist ideology have evolved.

CHAPTER FOUR

4.1 METHODOLOGY

Contained in this chapter is the study site selection and descriptions, the study sample and selection procedures which included: selection of key informants, selection of survey respondents, selection of Focus Group Discussants, selection of In-depth Interviewees and selection of case study participants. This was followed by methods of data collection, data collection processes, techniques of data analysis, ethical considerations and limitations of the study.

4.2 Study Site Selection, Rationale and Descriptions

In this study FC was the subject matter studied while the various categories of respondents namely (individuals, groups and communities) constituted the specific units of analysis for the study. The research was carried out in sites drawn from three administrative districts in Kenya namely; Embu, Kisii and Garissa (see maps 1 and 2 Appendix 2). These sites were purposively selected. The selection of the study sites was influenced by the reported high prevalence of FC in the three districts. Secondly, the choice was motivated by the need to include respondents who had already experienced FC among the units of observation. Further, existing variations in terms of the level of persistence of the practice of female circumcision, the type of female circumcision practiced, religion, geographical location and traditions made the three sites particularly suitable for the study. This is because this is a comparative study of the practice of female

circumcision amongst the three societies. A random selection of study sites would have risked not capturing these strategic options. The nature of the study necessitated background work, which involved visiting social service agencies and women's' groups to introduce the study and invite willing interviewees to participate.

4.2.1 Description of Selected Study Sites

4.2.1.1 Kisii District

Kisii central district is one of the twelve districts in Nyanza province. It shares a common border with Nyamira district to the East, Transmara district to the South, Migori district to the Southwest, Rachuonyo district to the North and Gucha district to the South West. The district covers an area of about 648.9km² which is divided into seven divisions.

Demographic aspects

The divisions of Keumbu, Morani, Masaba, Mosochi and Suneka are populated predominantly by the Abagusii. According to the 1999 population and housing census, Kisii Central district had a population of 491,786 people with an annual growth rate of 2.19 per cent (Kisii District Development Plan, 2002-2008). In the year 2002 the total population of Kisii district was 522,197. The population structure in the year indicated that there were 248,945 males and 273,252 females. The district is densely populated.

Economic Potential

The divisions of Suneka, Mosochi and Keumbu border the Kisii municipality; they have an urban influence in their activities and a well distributed and maintained infrastructure. Masaba and Morani divisions are situated far from the Kisii municipality, their main activities are agricultural, they have poor infrastructure and the highest incidences of poverty are also found in these divisions. Agricultural activities account for 44% of the sectoral contribution to household income, rural self employment 7%, and wage employment 34%, while urban self employment accounts for 10% of the contribution to household income (Kisii District Development Plan, 2002-2008). The average small scale farm size is 0.4 Ha while the average large scale farm size is 2 Ha. The main food crops produced include maize, beans, bananas, sweet potatoes, finger millet, groundnuts and traditional vegetables. The main cash crops produced include tea, coffee, pyrethrum and sugar cane (The Kisii District Development Plan, 2002-2008).

The major social and economic activities in the divisions of Suneka, Mosochi and Keumbu (where the study was done) are largely centered on informal urban based economic activities. These market centers are areas of great economic potential. The land holdings are small, which has caused many people to buy land in other neighboring districts due to high population pressure. Most people prefer to live along the hilltops as lowlands are wet and incidences of malaria are high. The traditional work organization in Abagusii society involves mainly agricultural production, which includes both animal and crop husbandry, routine domestic work and a number of

specialized services. The economic performance of this system depends on the factors of production namely land, capital, labor and management. As regards educational attainment, there is high enrolment at the primary school level which is attributed to the governments free primary education program (Kisii District Development Plan, 2002-2008).

Social Aspects

As regards socio-cultural education and training (including female circumcision) the Abagusii believe in the acquisition of the knowledge of the life lived by their society. In the past the social, political and economic systems of Gusii society were passed down to the younger generations through an indigenous system of education. This education was moral, progressive, gradual and practical; it was about actual life and its experiences. The values, knowledge and skills of the society were transmitted by work and example (The Kisii District socio-cultural profile, 1986). The education was characterized by its collective and social nature because every member was a teacher as well as a student. This education molded character and moral qualities, developed physical aptitudes and combined manual activity with intellectual exercises. Education was a lifelong process through which an individual progressed by predetermined stages from birth to death. She/he ultimately arrived at full membership in his group, emerging as a socialized person with knowledge of what was required of her/him and emotionally fit for the life that awaited her/him. Not only did Gusii society stress conformity to already tested values and beliefs, but

it also demanded rigid and detailed observance of the unwritten laws governing religion, inheritance, family relationships and marriage (The Kisii District socio-cultural profile, 1986). The role of the older people in this process was all important as they were the storehouses of essential knowledge. As regards Gusii initiation rites, one could not /cannot be regarded as a fully socialized and grown up person until she/he underwent/undergoes circumcision which was/is meant to confer on her/him full membership in the Gusii community. After circumcision each girl or boy was/is conferred onto her/him Gusii franchise with its powers, duties, privileges and responsibilities (The Kisii District socio-cultural profile 1986). Being uncircumcised meant/means that the individual is forever a marked person who remained/remains an ostracized and despised person who cannot marry or be married.

4.2.1.2 Garissa District

Garissa district is one of the four districts in North Eastern province. It borders Isiolo district to the Northwest, Wajir to the North, Republic of Somalia to the East, Tana River district to the West and Ijara district to the South. The district covers an area of 33,620 km² and is administratively divided into 11 divisions, 42 locations and 60 sub-locations (The Garissa District Development Plan 2002-2008). The district is vast, has low population density, has poor infrastructure and experiences insecurity in most parts. The people are forced to travel an average distance of 50 km to health centers.

Demographic aspects

This study was carried out in three of the eleven divisions. The population density for the district is estimated at 3 per square kilometer. Central division amongst others registers densities above the mean. It recorded a population density of nearly 82 persons per km² in 2002 and the lowest density was registered in Bura division with 2 persons per square kilometer (The Garissa District Development Plan 2002-2008). This big deviation from the mean is attributable to the more permanent settlement in Garissa town which is the district headquarters. Jarajila division is amongst the lowest settled divisions due to water problems. It is on account of this that most settlements are concentrated to the west and southwest of the district where the Tana River provides livelihoods. The district experiences frequent migrations to the divisional, district headquarters and even to the neighboring districts as people search for livelihoods. These movements are usually triggered by drought conditions (The Garissa District Development Plan 2002-2008). However, most migrants always retreat to the mother soil when conditions become favorable.

Economic potential

The major social and economic activities in Jarajila, Bura and Central divisions are largely centered on livestock rearing. The Somali traditionally have a self-sustaining pastoral economy. They rear animals for subsistence obtaining from them meat, milk and hides and skins for sale. The sale of livestock is also the main

source of income among the Somali society. Livestock ownership is a status symbol in this area. In line with the traditional livestock management systems, the Somali are organized into a number of distinct clans occupying specific territories. As regards agricultural activities, this is largely concentrated along the Tana River where irrigation on individual and group farms is carried out. Flood receding cultivation is practiced along the river on the river flood zones and slightly further inland in depressions where "laghas" empty their water. Pockets of rain fed agriculture are practiced in the Southern divisions including Bura division. The level of literacy is very low in Garissa district, particularly among women. In fact, the area has one of the lowest primary school enrolment rates i.e. 11 per cent for boys and 8 per cent for girls. The school drop out rate is as high as 81 per cent for boys and 43 per cent for girls (The Garissa District Development Plan 2002-2008). The low literacy rates in the area are attributed to the Somali nomadic way of life necessitated by the harsh climatic conditions. Other causes of the low levels of literacy include apathy, culture, poverty, inadequate infrastructure and facilities including personnel. Female circumcision, early and usually arranged marriages among girls are other factors that negatively affect female education in this society (The Garissa District Development Plan, 1997-2001).

Social aspects

In terms of the socio - cultural arrangements amongst the Somali, the society is patriarchal and the man is all important. Circumcision for both men and women is an important pre-requisite for marriage. Some of the people even believe that female circumcision is required by Islam. Therefore every girl who hopes to get married must be circumcised. As regards social organization in Garissa District, there are 256 women groups, 176 youth groups, 146 self help groups and 99 welfare organizations (The Garissa District Development Plan, 1997-2001).

4.2.1.3 Embu District

Embu district is one of the thirteen districts, which make up Eastern Province. It borders Mbeere district to the east and southeast, Kirinyaga district to the west and Tharaka district to the north. It occupies a total of 729.4 km², which is divided into six administrative divisions. The divisions are further divided into fifteen locations and fifty two sub-locations.

Demographic aspects

The population densities are relatively high, with central division having 783 persons per km² in 2002 and expected to grow to 869 by the year 2008 (The Embu District Development Plan 2002-2008). This is mainly due to its urban characteristics since it includes Embu municipality. Runyejes division has the lowest density of 454 and this is expected to grow to 504 by the year 2008 (The Embu District

Development Plan 2002-2008). The densities are high but are almost evenly distributed in the rural settlement areas.

Economic potential

Agricultural land occupies about 244,000 hectares in the district, out of which 8,200 hectares fall under high potential zone, i.e. in Runyenjes division, where industrial crops such as tea and coffee are grown (The Embu District Development Plan 2002-2008). Subsistence crops include yams, maize and beans. Dairy farming is also very important in this zone. Another 20,000 hectares are classified as medium potential areas. About 86,100 hectares of land are found in the marginal zone, i.e. in Gachoka and Siakago divisions. Crops such as cotton, tobacco, sunflowers, green grams, cowpeas and sorghum are grown there (The Embu District Development Plan 2002-2008). Beef cattle and small stock are also kept in this zone. The poor are found throughout the district with no specific area having a marked concentration of the poor except in Embu town where the trend is broken by the high concentration of poor slum dwellers and street children. The poor are mainly the landless, farm laborers, single mothers, orphans and small holders with farm work as the only source of income or livelihood. In terms of educational facilities, the total enrolment at the primary school level by sex shows that the male gender 96.4% while females are 95.6%. The dropout rates are male: 1,167 (3.55%) while females are 1,069 (3.36) (The Embu District Development Plan 2002-2008). This shows that men have a higher school drop out rate than women. At the secondary school level, the total enrolment rates by sex shows that male 40.7%, female 43.1%.

The drop out rate at this level shows 5.98% for men and 5.92% for women. Again at this level men have a higher drop out rate.

Social aspects

As regards socio-cultural education and training (including female circumcision) the Aembu believe in socializing their young in the ways of their ancestors. The social and economic systems of the Aembu are passed down from generation to generation through traditional modes of education. However, some of this has been lost due to the effects of urbanization and formal education. The traditional education was supposed to mold the character of the young including inculcating moral values and principles. This traditional education was a life long process and it was imparted by the older members of both genders. Amongst the traditional Aembu one could not be regarded as a fully socialized and grown up person until she/he underwent the circumcision rite. The state of being uncircumcised meant that one would always remain a child. Today, however, a lot of parents have chosen not to circumcise their children while others have continued to operate in the traditional mode (The Embu District Development Plan 2002-2008).

4.3 The Study Sample and Selection Procedures

The various categories of respondents for the study included- key informants, survey respondents, focus group discussants in-depth interviewees and case studies.

Sampling for qualitative data collection was based on purposeful strategies instead of methodological rules as

required in quantitative inquiry. There is a general consensus that there are no rules for sample size in qualitative inquiry. Sample size depends on what the researcher wants to know, the purpose of the inquiry, time and resources (Patton, 2002). This logic formed the basis of sampling in this study. Further the trade-offs between depth and breadth were considered and a decision was made to interview a limited number of information-rich interviewees or intensity sampling (Patton, 2002). Therefore this depth was achieved through FGDs, In-depth interviews and case studies. The process started off with the identification of key informants (qualitative) who then facilitated the identification of survey respondents (quantitative). Focus group discussants were drawn from those who were not included in the survey while in-depth interviewees were drawn from information rich cases identified during Focus Group Discussions and also during the survey. The interviewees for the case studies were identified during both the FGD and in-depth interview process. All the methods applied in the data collection process were interlinked. The methods were sequenced in such a way that each method provided an advantage towards identifying possible respondents.

The following sampling process was meant to facilitate the data collection process.

4.3.1 Selection of Key Informants

This category of respondents comprised of information-rich, community based gatekeepers. The selection of these individuals was made possible by using the provincial

administrators and social development officers who then introduced the researcher to key informants. This enabled the researcher to relate to the community gatekeepers and establish rapport with them. I was honest about who I was and the nature of the study I was proposing to undertake. Categories of key informants for this study are described in table 4.1. A total of eighteen key informants were interviewed, six from each district. Since different categories of key informants were targeted, different guides were developed for each key informant. See Table 4.1 for a breakdown of targets interviewed in Kisii, Garissa and Embu.

Table 4.1 Sample for Key Informants (Kisii, Garissa and Embu)

Key informant category	No of respondents		
	Kisii	Garissa	Embu
District Officer	1	1	1
Medical Officer of Health	1	1	1
Nurse	1	1	1
Teacher	1	1	1
Maendeleo ya Wanawake representative	1	1	1
Circumciser	1	1	1
Total	6	6	6

4.3.2 Selection of Survey Respondents

To obtain a sampling frame for each of the districts studied, the researcher used her judgment to select a number of administrative locations in each district from

which a sampling frame was constructed. In Kisii district, five administrative locations were selected from the 31 existing in the district. These included Kegati, Sensi, Nyaribari Masaba, Nyakoe and Bomeranda. These locations were purposely selected on the basis of their suitability regarding the high prevalence of the practice of female circumcision. Women groups were identified as suitable entry points in order to develop a sampling frame. This judgment was based on the fact that women groups were found to be an appropriate mechanism for reaching women due to the sensitive nature of the subject matter. The sensitive and very private nature of the study topic "female circumcision" posed particular methodological challenges in obtaining the desired sample. The researcher had to satisfy two key features: identifying people willing to be interviewed on matters widely acknowledged as "private" and getting such people to talk about their involvement in matters related to female circumcision. This was of particular concern, especially because FC is banned by the state, thus making it illegal. The option of accessing respondents through grass root entry points was found practically feasible. Thus prior to sampling, the researcher made visits to the respective study sites and held discussions on the study with local leaders (administrative officials including District Commissioners) who further facilitated entry into the communities through their informal community networks. The researcher thus liaised with the office of the social development officer and that of respective district officers due to their centrality in social administration and security concerns. With the assistance of the social development officer, women groups in the districts were identified as suitable

entry points to acquire sampling frames for selected areas. This was because they were found to be an appropriate mechanism of reaching women. The reason why women only were sampled in the survey was because of the sensitive and private nature of the issues that were being investigated. Issues pertaining to men were adequately covered in the qualitative sample. In Garissa, due to its being an insecurity prone area, at the time of the study, participants in the study were drawn from the urban and peri-urban areas where security for the researcher and research assistants could be better guaranteed. Table 4.2 presents a synthesis of the sample selection process in Kisii, Garissa and Embu.

A total of 75 women groups were identified in Kisii. The researcher compiled a list of members who volunteered to participate in the study which served as a sampling frame at this stage. Through simple random sampling, a total of 120 participants were selected.

The same process was repeated for Garissa. A total of 71 women groups were identified in Garissa. After that a sample of 129 respondents was obtained from three locations namely (Jarajila, Bura and Central). The nine respondents were a spillover in Garissa district, where reluctance to participate in the study was noted through the few number of women groups identified as willing to participate in the study. Selection of the locations (research sites) in Garissa, however took into account the unpredictable security conditions (banditry and violence) in Garissa at the time of the study.

The same process as for Kisii and Garissa was repeated for Embu district. A total of 89 women groups were identified in Embu. A sample of 120 respondents was

selected from three locations namely Mbeti North, Kagaari South and Gaturi South). These locations were purposely selected on the basis of their suitability regarding the high prevalence of the practice of female circumcision.

Table 4.2 Total number of persons willing to participate in the survey per location

Survey Participants	KISII					GARISSA				EMBU				
	Kegati	Sensi	Nyaribari Masaba	Nyakoe	Bomeranda	Total	Jarajila	Bura	Central	Total	Mbeti North	Kagaari South	Gaturi South	Total
Total number of active women groups per location	28	10	12	6	19	75	15	21	35	71	40	27	22	89
Number of volunteers per location	100	40	63	25	81	309	28	46	55	129	120	87	75	282
Number selected to participate in the study	30	17	24	15	34	120	28	46	55	129	55	49	25	120

4.3.2 Selection of other Respondents

Three other categories of respondents- namely, Focus Group Discussants, In-Depth Interviewees and Case study Interviewees were selected and interviewed for this study.

A total of seven Focus Group Discussions (FGDs) were held. Three in Kisii district, one in Garissa district and three in Embu district. Focus Group discussants were drawn from those who were not included in the survey (See appendix 1 for topics covered in the FGDS).

Table 4.3 The distribution of the number of FGDs conducted during the study for Embu, Kisii and Garissa

FGD Social Category Description	Kisii						Garissa					Embu			Total			
	Kegati	Sensi	Nyaribari	Masaba	Nyakce	Bomera	nda	Total	Jarajila	Bura	Centra	Divisi	Total	Mbeti North		Kagaar	South	Gaturi South
In school male youths	1														1			2
Circumcised women	1								1								1	3
Out of school male youths																		0
Un-circumcised women																		0
In school female youth				1														1
Out-of-school female youth																	1	1
Fathers of uncircumcised daughters																		0
Fathers of circumcised daughters																		0
Sub Totals							3					1					3	7

Through intensity sampling (purposeful selection of information rich cases) a total of eighteen in-depth interviewees were chosen. These were distributed across the three districts as follows: 8 respondents from Kisii district, 3 respondents from Garissa district and 7 respondents from Embu district. All 18 respondents were purposively selected. In-depth interviewees were drawn from information rich cases identified during Focus Group Discussions and also during the survey. (See appendix 1 for topics covered in the In-depth interviews). The distribution of respondents is outlined on table 4.4.

Table 4.4. The distribution of the number of in-depth interviews

In-depth interviews participants	KISII						GARISSA			EMBU				
	Kegati	Sensi	Nyariba ri	Nyakoe	Bomeran	Total	Jarajil	Bura	Central	Total	Mbeti	Kagaari	Gaturi	Total
In school male youths	1											1		2
Circumcised women	1						1				1		1	4
Out of school male youths		1												1
Un-circumcised women		1										1		2
In school female youth			1					1						2
Out-of-school female youth				1					1				1	3
Fathers of uncircumcised daughters					1							1		2
Fathers of circumcised daughters			1										1	2
Totals					8				3				7	18

The interviewees for the case studies were identified during both the FGD and in-depth interview processes. The case studies comprised of: A female and a male elder representing the elderly, a female and male parent representing the middle aged, circumcised and an uncircumcised young woman representing the young, a circumciser and an administrator. Table 4.5 presents the distribution of case study respondents by district of origin.

Table 4.5 Case study participants and locations

Female Elder	Kisii
Male Elder	Embu
Female parent	Kisii
Male parent	Garissa
Circumcised young woman	Garissa
Uncircumcised young woman	Embu
Circumciser	Embu
Administrator	Kisii

4. 4 Methods of Data Collection

The study used two types of data: namely primary and secondary data. This data was collected in the year 2000. It took the researcher two months each in each study site. The researcher elicited the assistance of three research assistants in each of the study sites. The criteria for the selection of the research assistants included: their interest in the subject matter, their high levels of motivation, their ability to understand the local dialect and gender considerations because of the subject matter.

The researcher took the research assistants through a rigorous process of training, explaining the purpose of the research as motivated by purposes of national development. The researcher then took them through all the sections of the questionnaire and made clarifications on all the questions that were not clear to them. After this the researcher and the assistants pre-tested the questionnaire to get a feel of how the actual interviewing process would proceed. The researcher tried as much as possible to get as close interpretations of difficult words as was possible using the assistant's familiarity with the local meanings of words.

4.4.1 Collection of Secondary Data

Secondary data was obtained from various sources. These included various types of records and documentary evidence. Historical documents related to female circumcision in Kenya were perused. These included bans, declarations and statutes as well as people's accounts of incidents or periods in which they were involved. Also perused for analysis were official statistics, church records, debates, political speeches, reports and the content of the mass media.

4.4.2 Primary Data

To collect the bulk of data utilised for the study a combination of quantitative and qualitative methods was used.

In the following section, the methods utilized and the rationale for selecting them is presented. The complex and very private nature of the practice of female circumcision

presented a challenge in the choice of suitable research methods. For example, there arose the need to identify girls and women involved in the practice, the need to get such people to talk about their experiences and the need to believe that they were telling the truth. In order to address these concerns the study adopted quantitative and qualitative data collection methods to guarantee reliability and validity. These data collection methods were found relevant in that this strategy would facilitate comparison and integration of data derived through the varied methods, thus the choice of survey, Focus Group Discussions (FGDs), In-depth interviews, case studies and documentary research methods. This was done to facilitate comparison and cross-checking of the consistency of information derived from different respondents using the different methods. Focus Group Discussions (FGDs) for example are by their very nature likely to limit information sharing. To overcome this shortcoming, the same information was exhaustively sourced through in-depth interviews, and case studies, which provided a more private space. Further, it was hoped that combining these techniques of data collection would provide a comprehensive picture of the practice of female circumcision. The rationale behind the use of these mixed methods was that, triangulation efforts flow from a pragmatic approach to mixed methods analysis that assumes potential compatibility and seeks to discover the degree and nature of such compatibility (Patton, 2002). Through triangulation, the varying strengths and weaknesses of both qualitative and quantitative approaches were taken care of in order to improve the quality of data in the study.

4.4.3 Sequencing of Methods for Data Collection

The first activity was the researcher's first contact with the community. This contact involved explanations about the study subject, the objectives and the usefulness of the study. This led to the identification of Key Informants from the administrative offices and social service agencies. Survey respondents, FGD discussants, in-depth interviewees and case study participants followed in that order. Details of the rationales for these choices have already been discussed in previous sections.

4.4.4 The Survey

The survey was the second method of data collection. A survey was administered to a total sample of 369 women, 120 from Embu, 120 from Kisii and 129 from Garissa district. Garissa district had 129 respondents because of a spillover of nine respondents. An interviewer administered questionnaire facilitated collection of information from the selected sample of respondents (See table 4.2). The questionnaire contained closed and open-ended questions (See Appendix I). Construction of the questionnaire was guided by the study objectives.

4.5 Qualitative Data Collection

Focus Group Discussions

Through FGDs, different categories of participants were targeted. This approach involved bringing together 8-12 individuals per category in a group discussion facilitated by the investigator with the assistance of one moderator drawn from among the research assistants. FGDS

were preferred for collection of qualitative data because one can get a great deal of information during a focus group discussion, especially if participants have gone through similar experiences such as female circumcision or if members share demographic and socio-economic characteristics (Patton, 2002). The distribution of the number of FGDs conducted during the study for Embu, Kisii and Garissa study areas is shown on Table 4.3.

In-Depth Interviews

In-Depth interviews were also used. (See appendix 1 for topics covered in the interviews). A discussion topic guideline was constructed, based on the study theme. The investigator conducted one to one oral interviews with a representative from each of the target groups in the study populations. These interviews were supposed to achieve a dialogue by allowing interviewees to talk about the subject of female circumcision in terms of their own frames of reference. This type of interviewing involved the researcher having an aim in mind when conducting the interviews. Structure was provided in the interviews through the use of an interview schedule, which only acted as a prompt. "This prompt is a series of topics to be covered rather than a formal list of questions" (Stroh, 2000:207). The distribution of the number of in-depth interviews conducted during the study for Embu, Kisii and Garissa study areas is shown on table 4.4.

Case Studies

The case study method was chosen after the consideration that it was one of the holistic methods that can be used in the investigation of a time rooted and private practice like FC. Case studies enable social scientists to acquire in-depth descriptions which reflect comprehensive awareness of the relationship between phenomena and other individual and societal responses, both in contemporary and historical perspectives. Therefore this method enabled the researcher to acquire in-depth, precise, systematic and comprehensive descriptions from a cross-section of actors across different age groups in different time periods. It was used to compliment the data derived from both the quantitative and the other qualitative methodologies. The names used in the case studies were fictitious in order to protect the identity of the interviewees. The distribution of case study participants is shown on Table 4.5.

4.5 Data Collection Process

This phase of the research began with the recruitment and training of interviewers. The criteria that guided their selection included articulateness, a pleasant personality, freedom from stereotypes towards the communities under study and interest in the survey topic. This was followed by intense training and pretesting which consisted of trying out the survey instrument on a small number of persons who had similar characteristics with those of the target group of respondents. This exercise was aimed at establishing whether the instrument served the purpose for which it was

designed or whether further revision was needed. This exercise was conducted in all three study sites. This was followed by actual access to the respondents and commencement of interviewing. Throughout the data collection process the researcher ensured quality control of the responses that were being given by having sustained supervision and follow ups.

4.6 Data Analysis Techniques

This process started with organizing the information from the field in computer readable form using the statistical package for social scientists (SPSS). This process entailed the following five steps: coding, editing, data entry, cleaning and data modification. The analysis of data in this study was limited to descriptive statistics because of the nature of the subject matter. Responses were organized into frequency distribution tables and percentages with the aim of summarizing the data and making it more intelligible.

4.7 Ethical Considerations

In keeping with the doctrine of informed consent before undertaking research in a sensitive area like female circumcision, all groups of interviewees were provided with information about the research subject in the most easily understandable language to enable them to voluntarily decide whether or not to participate in the research. The researcher in particular took time to explain the overall research activity, particularly the importance of the

research in the national development process. Participants were also reassured that confidentiality would be observed in regard to the information they would volunteer. This was ensured by removing the names and other identifying information from all the reports of the study. Given the complexities surrounding the process of informed consent the researcher was content with embracing implied consent within the usual subtleties of human communication rather than engaging the interviewees in explicitly negotiated consent in writing.

4.8 Limitations of the Study

Notwithstanding the timeliness of the study, a number of limitations were envisioned from the very beginning of the study. This study was designed to contribute to the better understanding of the reasons for the persistence of the practice of female circumcision. However it was limited to exploratory and explanatory analysis because of the intimate nature of the practice of female circumcision and the suspicion with which inquiries on issues touching on sexuality are treated. Possible limitations of this kind of descriptive study are acknowledged. Further, this study had limitations because the results obtained may run into the problem of generalization for the entire country because of the need to contextualize the unique differences in each study locality. In Garissa district, for example, insecurity at the time of study limited the geographic scope of the study sites that could safely be visited. The abandonment efforts directed at practicing societies have largely been seen as Western and feminist further

contributing to the suspicion by practicing societies. In Kenya discussions on the issue of female circumcision are considered too private to be made public. Although the subject is constantly in the international domain as a health and human rights issue people are not always willing to give information about their personal experiences. It was anticipated that this could greatly hamper the data collection exercise.

Exact statistics on prevalence and persistence of the practice in Kenya are difficult to obtain particularly because of the private nature of the practice and the taboos associated with the practice. Lack of a strong database became an impediment to the study process. Further, the choice of nonprobability sampling inherently had the following two weaknesses: it was not possible to control for investigator bias in the selection of units and the pattern of variability could not be predicted thereby making it impossible to calculate sampling error or to estimate sample precision.

CHAPTER FIVE

PART ONE

5.1 FINDINGS:

This chapter contains study findings which are based on data collected during a survey of 369 women who formed the study sample. This chapter also presents data collected through other non survey methods. The survey took place in three study sites (see appendix 11, map 2). All respondents interviewed in the survey were female. The reason why men were left out of the survey was because of the sensitivity of the study topic occasioned by the prevailing attitudes on female bodies arising from the dominant socialization processes. Issues pertaining to men were adequately covered in the qualitative sample. The interviews were aimed at examining the cultural institution of female circumcision from a comparative perspective within the context of persuasion and persistence. The methodological and theoretical rationale for focusing on the three different study sites was to show different levels of abandonment of the practice of female circumcision.

The issues investigated included, the nature, causes and consequences of female circumcision i.e. manifestations of the practice of female circumcision, the capacities of the recipient communities to be persuaded to abandon the practice of female circumcision, the forces behind the persuasion drive and the tools of persuasion that have been used to encourage communities to abandon the practice of female circumcision. In order to capture the foregoing, both quantitative and qualitative data is presented

concurrently. Qualitative data was obtained with the help of Focus Group Discussions, In-depth interviews and, case studies. The aim of collecting data through these methods was to obtain complementary information since statistical representation is not always without flaws. The discussion is organized around themes and sub-themes guided by the study objectives. Quotable quotes have also been included to represent the "voice" of the stakeholders. The comparative aspect of this study was captured through the consideration that the broad objective of this study was to examine and present the cultural institution of female circumcision from a comparative perspective and within the context of persuasion and persistence. This is done throughout this chapter where the comparative findings from the three study sites are presented together with a summary of these comparative findings appearing at the end of this chapter. A discussion of these findings follows in chapter six.

5.1.1 Socio- Demographic Characteristics of Respondents

The following socio-demographic characteristics provide a descriptive profiling of the individuals interviewed during the research process. In the study of the institution of female circumcision it is hypothesized that an individual's socio-economic and demographic characteristics such as age, religious background, level of education, marital status, etc, are likely to influence their decision to have their daughter circumcised or not.

5.1.2 Age

Regarding age, the average age of the respondents was 33.67 with the majority of the respondents in the 30-34 age category. For ease of analysis, the ages were classified into age groups. It is evident from the analysis that 80 per cent were above 25 years. Table 5.1 provides details on respective age groups by district.

Table 5.1: Respective Age Groups by District (n=369)

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Age								
15 - 19	8	6.7	11	9.2	12	9.3	31	8.4
20 - 24	10	8.3	15	12.5	18	14.0	43	11.6
25 - 29	12	10.0	10	8.3	12	9.3	34	9.2
30 - 34	25	20.8	25	20.8	26	20.2	76	20.6
35- 39	20	16.7	20	16.7	20	15.5	60	16.3
40 - 44	19	15.8	17	14.2	17	13.2	53	14.4
45 - 49	18	15.0	14	11.7	15	11.6	47	12.8
>50	8	6.7	8	6.7	9	7.0	25	6.7
Total	120	100	120	100	129	100	369	100

As evident from the table Garissa district had a higher number of respondents compared to other districts.

5.1.3 Education

On educational background, respondents' responses were categorized into 'none', for no formal education, 'primary', 'secondary' and 'secondary plus education'. Table 4.2 presents the distribution of respondents by level of education attained. As evident from the table, findings revealed that 21 per cent of the respondents did not have

any formal education. This is an indication of the low literacy levels of women, which translates into non-empowered women. Considering that one in every ten women in Kenya is illiterate (Population Reference Bureau, 2006), this has serious negative implications for the realization of development goals. Whereas 39 per cent indicated that they had attained primary school level of education, 31 per cent reported that they had secondary education. Only 9 per cent of the respondents reported that they had attained secondary plus education. Analysis by district revealed that in Kisii, 8 per cent of the total number of respondents (n=120) interviewed had no formal education compared to 43 per cent and 38 per cent who had attained primary school and secondary school levels of education respectively. The other 11 per cent had attained post secondary education. In Embu district, 9 per cent of the respondents had no formal education, 59 per cent had attained primary level of education, 30 per cent had attained secondary level of education, and only 2 per cent had attained post-secondary education. In Garissa district, the situation was different with 48 per cent of the respondents having had no formal education while 13 per cent had primary level of education and 25 per cent had attained secondary level education. Despite the high level of illiteracy in the district, the study revealed that 14 per cent of the respondents had attained post secondary education.

Table 5.2: Distribution of Respondents by Levels of Attainment (n=369)

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Post secondary	13	11	2	2	18	14	33	8.9
Secondary	46	38	36	30	32	25	144	30.9
Primary	52	43	71	59	17	13	140	37.9
None	9	8	11	9	62	48	82	22.3
Total	120	100	120	100	129	100	369	100

Comparatively, Garissa had the highest number of respondents with no formal education. On the other hand, Embu had the highest primary level educational attainment of 59 per cent while Garissa district attained the lowest figure of 13 per cent. At the secondary school level, respondents from Kisii district had the highest attainment level of 38 per cent with the lowest percentage of 25 per cent attained in Garissa. Surprisingly, Garissa district had the highest proportion (14 per cent) of respondents who had attained post secondary level of education. However, district comparative analysis of respondents with primary and above level of education revealed that Kisii had the highest level of attainment of 36 per cent followed by Embu and Garissa with 24 per cent and 18 per cent respectively.

5.1.4 Religious Background

Whereas 43 per cent of the respondents were Protestants, 30 per cent indicated that they were of the Islamic faith and 23 per cent were catholic. Other religious groups, such as the atheists, constituted 4 per

cent of the respondents. Further examination of the respondents' religious affiliation by district revealed that 57 per cent of the Catholics were from Kisii district, 61 per cent respondents in Embu were Protestants while all the respondents (i.e. 100 per cent) from Garissa district were Muslims.

5.1.5 Marital Status

Concerning their marital status, 68 per cent of the respondents indicated that they were married, 18 per cent reported that they were single and the remaining 14 per cent reported that they were either widowed or separated from their spouses. Further analysis of the married respondents by district revealed that 33 per cent 37 per cent and 30 per cent of them were from Kisii, Embu and Garissa districts, respectively. District analysis showed that 71 per cent of the respondents in Kisii and Embu were married compared to 62 per cent in Garissa district.

5.1.6 Household composition

Answers to the question on household composition revealed that 80 per cent of the respondents had children while 20 per cent did not have any child (see Table 5.3). Further analysis by district revealed that 91 per cent of the respondents from Embu had children while in Kisii and Garissa 81 per cent and 69 per cent respectively had children. This means that Garissa district had the highest percentage 31 per cent of respondents without children while Embu and Kisii districts had 9 per cent and 19 per cent, respectively.

Table 5.3: Distribution of Households by presence of children (n=369)

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Families with children	97	81	109	91	89	69	295	79.9
Families without children	23	19	11	09	40	31	74	20.1
Total	120	100	120	100	129	100	369	100

Although household gender disaggregated comparative analysis showed that 60 per cent of the respondents with children interviewed in Garissa district had female children, respondents from that district had the lowest percentage of 53 per cent of female children. In Kisii district 57 per cent of all respondents reported having female children. For Embu district, the figure stood at 61 per cent. Based on this trend of number of children in households, the study revealed that 58 per cent of the respondents with children interviewed had at least 1 or more female children.

Further analysis of the number of daughters' families had showed that, in Embu district 49 per cent of respondents had only one female child while in Kisii and Garissa districts the comparative figures were 27 per cent and 24 per cent respectively. Only 7 per cent of the respondents in Embu, 15 per cent in Kisii and 10 per cent in Garissa had five (5) or more female children in the household. As evident from Table 5.4 Garissa and Kisii

districts had the highest percentage, (20 per cent) of respondents with three female children.

Table 5.4: Number of Daughters per Household (n=171)

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Number of Daughters								
1	16	27	30	49	13	24	59	34.5
2	14	25	14	23	14	26	42	24.6
3	11	20	9	14	11	20	31	18.1
4	7	13	4	7	5	12	16	9.3
5+	9	15	4	7	10	18	23	13.5
Total	57	100%	61	100%	53	100%	171	100

Table 5.5 shows an almost similar trend for boy children by household. Based on the table, in Embu district 48 per cent of the respondents had one (1) male child relative to 26 per cent and 35 per cent for Kisii and Garissa districts respectively. The results showed that while 18 per cent of respondents in Kisii had five (5) or more male children none in Embu had the same number of male children. The figure for Garissa was 10 per cent.

Table 5.5 Number of Sons per Household (n=124)

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Number of Sons								
1	10	26	23	48	12	35	45	36.3
2	13	32	12	25	9	26	43	34.7
3	7	17	8	16	7	19	22	17.8
4	3	8	5	11	4	10	12	9.7
5+	7	18	0	0	4	10	11	8.9
Total	40	100%	48	100%	36	100%	124	100

5.2 Manifestations of Female Circumcision (FC)

5.2.1 FC Prevalence

Respondents were asked a variety of questions to gauge their awareness of the existence of female circumcision (FC). Names synonymous with the practice were used to enable the respondents understand what was being asked. Asked whether they had ever heard about FC, 99 per cent of the respondents replied in the affirmative. On whether FC was practiced in their communities, 98 per cent of all the respondents agreed that FC existed in their district. Respondents were further asked if any member of their families had been circumcised. The results showed 98 per cent had at least a member of their family who had been circumcised. Analysis by district revealed a similar trend with respondents indicating that at least a member of their family had been circumcised (see Table 5.6). Asked to identify the family member who had been circumcised, respondents in Kisii district reported that 100 percent of their great grand mothers, grand mothers, mothers and the respondents themselves had been circumcised. Findings indicate that 40 per cent of the respondents' daughters had been circumcised while only 12 per cent of their grandchildren had been circumcised.

In Embu district 98 per cent of the great grand mothers and grand mothers and 94 per cent of mothers had been circumcised compared to 68 per cent of the respondents themselves who had undergone FC. Further, only 10 per cent of respondents' daughters had been circumcised in Embu district. The number of those who had circumcised their grandchildren was very low standing at 2 per cent compared

to other family members who had been circumcised. Responses from Garissa district showed that 97 per cent of the respondents' great grand mothers, grand mothers, mothers and the respondents themselves had been circumcised. The respondents had circumcised 62 per cent of their daughters and only 27 per cent of their grandchildren.

Table 5.6 Family Members Circumcised by District.

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Family Member circumcised								
Great grandmother	120	100	117	98	125	97	362	98.1
Grandmother	120	100	117	98	125	97	362	98.1
Mother	120	100	112	94	125	97	357	96.7
Respondent	120	100	81	68	125	97	326	88.3
Daughter	48	40	12	10	80	62	140	37.9
Grandchild	14	12	3	2	35	27	52	14.9

Based on Table 5.6 FC is very prevalent amongst the older generation female family members (i.e. great grandmothers, grandmothers, mothers and respondents) in all the three districts. However, there is a downward trend with the younger female family members (i.e. daughters and grand children). This downward trend in FC prevalence among the young confirms the findings from other related studies that have shown that there is a downward trend as age decreases in the number of girls or women choosing to get circumcised (PATH\MYWO, 1993; RK/MOH, 1999). The implication of this is that as age decreases so does prevalence of FC in the family. This pattern suggests a decline in the practice of FC over the past two decades. In Kisii district, for example, the study revealed that FC

practice among the older generation was as high as 100 per cent except for the daughters and grandchildren where only 40 and 12 per cent, respectively, were reported to have been circumcised. In Garissa district, the study results show that 97 per cent of the great grandmothers, grandmothers, and mothers had been circumcised compared to 62 per cent of the respondents daughters and 27 per cent of their grand daughters. Similar (declining) trends were observed for Embu district.

5.2.2 Occurrence of FC

Respondents were asked whether FC was widespread in their respective communities. Generally in all three districts, 36 per cent of the respondents indicated that FC was widespread, while 43 per cent termed the practice as common. Analysis by district revealed that in Kisii district 63 per cent of the respondents felt that FC was widespread compared to 10 per cent and 37 per cent in Embu and Garissa districts respectively. Table 5.7 represents respondents' perception on the occurrence of FC in the study areas.

Table 5.7: Respondents Perception on the Occurrence of FC (n=369)

District/variable Perception	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Widespread	76	63	12	10	48	37	136	36.9
Common	44	37	40	33	78	61	162	43.9
Rare	0	0	68	57	3	2	71	19.2
Total	120	100%	120	100%	129	100%	369	100

Those respondents who reported FC as widespread in their communities were asked to identify the main perpetrators of the practice. Table 5.8 summarizes the results. Based on the table, women were identified by 63 per cent of the respondents as the main perpetrators of the practice while 30 per cent felt that both men and women were perpetrators. Men were named by only seven (7) per cent of the respondents. These findings are consistent with those from a study by Alberg (1991) which showed that most women who have been circumcised are strongly in favor of FC for their daughters. The perpetrators of the practice were further analyzed by district. The study revealed that in Kisii 85 per cent of respondents considered both men and women as perpetrators of FC while in Embu district 98 per cent of the respondents felt that women were the perpetrators and in Garissa district 94 per cent considered women to be the perpetrators of FC. With specific reference to men as perpetrators, only 3 per cent, 12 per cent and 6 per cent of respondents in Kisii, Embu and Garissa districts, respectively, considered them to be perpetrators of FC.

Table 5.8: Perpetrators of FC by District.

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Perpetrators								
Men	4	3	14	12	8	6	26	7.1
Women	14	12	98	82	121	94	233	63.1
Both	102	85	7	6	0	0	110	29.8
Total	120	100	120	100	129	100	369	100.0

5.2.3 Type of FC Performed

Respondents were asked to identify the type of FC practiced in their communities. The study found out that there are three types of female circumcision namely clitoridectomy, infibulation, and excision that are practiced in the three study areas. Clitoridectomy emerged as the most widely practiced type according to 90 per cent of the respondents. Those who identified infibulation included 9 per cent of the respondents. Excision emerged as the least practiced with one (1) per cent of the respondents naming it.

In other studies, all three types (clitoridectomy, excision and infibulation) are widely practiced by various Kenyan tribes with each tribe practicing a particular type of FC (RK/MOH, 1999). Analysis by district revealed that clitoridectomy is the most preferred type of FC practiced across all three districts. Among the respondents interviewed, 100 per cent in Kisii and 98 per cent in Embu and 71 per cent in Garissa reported clitoridectomy as the type of FC practiced. Table 5.9 has details on the types of FC performed by district. Based on the table, in Garissa district infibulation is the second most frequently practiced form of FC. This is consistent with existing reports that infibulation is the most severe form of FC, practiced in the North Eastern part of Kenya which encompasses Garissa district (RK/MOH, 1999). Table 5.9 contains these responses.

Table 5.9: Type of FC performed by District.

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Type of FC performed								
Clitoridectomy	120	100	120	100	92	71	332	90.0
Infibulation	0	0	0	0	32	25	32	8.7
Excision	0	0	0	0	5	4	5	1.3
Total	120	100	120	100	129	100	369	100

PART TWO

FINDINGS: TOWARDS THE ABANDONMENT OF FC

5.3 Capacities of Communities to Practice FC

5.3.1 Support for FC

Asked to state whether they supported FC, 53 per cent of the respondents interviewed indicated that they supported the practice while the other 47 per cent said they did not. An assessment of the various levels of support for FC among the respondents in the districts studied showed that 60 per cent of the respondents in Kisii district supported the practice while 42 and 57 per cent of the respondents from Embu and Garissa districts respectively supported it (see table 5.10).

Table 5.10: Percentage of Respondents Who Support FC by District (n=369)

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Support for FC								
Yes	72	60	50	42	74	57	196	53.1
No	48	40	70	58	55	43	173	46.9
Total	120	100%	120	100%	129	100%	369	100.0

During the study, a number of reasons emerged for the support of the practice of FC in the communities studied. Among the respondents supporting the practice, 46 per cent said that the practice preserved culture, 21 per cent supported the practice in order to avoid shame and gain respect in the community and 20 per cent supported the practice because it reduces high sexual urges. Further analysis by district revealed that in Kisii district, 57 per cent supported FC because it preserved culture compared to 32 per cent in Garissa who supported the practice for the same reasons. For Embu district the figure was 11 per cent.

For the 173 respondents who did not support FC, 40 per cent of them said that they did not support the practice because of the health problems associated with it, while 38 per cent said that FC did not play any significant role in the female body. Other notable reasons given were that it reduces sexual enjoyment and damages the body (15 per cent) and that it is part of the old culture, which is against modern society (7 per cent). Of those who did not support FC because of the health problems associated with the practice, 45 per cent were from Embu, 44 per cent from Garissa and 11 per cent from Kisii district. On the other

hand, of those who termed the practice as unimportant, 75 per cent were from Embu district.

5.3.2 Reasons for Getting Circumcised

Based on 94 per cent of respondents studied female circumcision is practiced in the communities in order to fulfill a cultural requirement. Other reasons for which women get circumcised included: avoiding family shame (75 per cent), maintenance of virginity, (50 per cent), and getting a husband (45 per cent). Table 5.11 has details on the reasons accounting for women's decisions to get circumcised. Analysis by district revealed that 98 per cent, 93 per cent and 89 per cent of the respondents in Embu, Kisii and Garissa districts respectively felt that FC was performed as a cultural requirement (see table 5.11). Other than fulfilling a cultural requirement, FC is also practiced in Kisii district in order to avoid family shame according to 93 per cent of the respondents. The study revealed that getting a husband is the second reason for FC practice in Embu district; this reason was supported by 83 per cent, of the respondents from the district. Respondents in Garissa and Kisii districts considered the reason as less important.

Table 5.11 Reasons for Circumcision by District

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Reasons for undergoing FC								
To maintain virginity	36	30	78	65	68	53	185	50.1
To avoid family shame	112	93	109	91	53	41	277	75.1
To get a husband	30	25	100	83	30	23	166	45.0
Cultural requirement	112	93	118	98	115	89	347	94.0

Respondents were further asked to name the specific reasons why FC was important in the past. Whereas 20 per cent of the respondents said that it was important because they were recognized as adults after circumcision, 19 per cent said that it was important because they wanted to get husbands or to attract dowry. Table 5.12 presents more details of the respondents' answers. Based on the table, other important explanations included 'conform to culture' (30.1 per cent), 'earn respect' (11.1 per cent) and 'reduce sexuality' (9.5 per cent). Further analysis by district revealed that in Kisii, 31 per cent of the respondents reported that it was important because it was conformation to culture while 24 per cent of the respondents said it was important in order to get husbands or attract dowry. In Embu, 33 per cent of the respondents indicated that FC was important because it showed their conformity to culture while 29 per cent said it was important because they were recognized as grown-ups once they were circumcised. In addition, 25 per cent of the respondents in Embu indicated that FC was important because it ensured that they got husbands and attracted dowry. Conforming to culture was

mentioned by 54 per cent of the respondents in Garissa. Other reasons given by respondents in Garissa as to why FC was important were that it earned women respect (14 per cent) and that they were recognized as grown-ups (13 per cent).

Table 5.12 Reasons Why It was Important for Women to be Circumcised (n=369)

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Recognition as grown ups	21	18	35	29	17	13	73	19.8
Get husbands/attract dowry	29	24	30	25	10	8	69	18.7
Earn respect	17	14	6	5	18	14	41	11.1
Reduce sexuality	14	12	9	8	12	9	35	9.5
Conform to culture	2	31	40	33	69	54	111	30.1
Other reasons	37	1	0	0	3	2	40	10.8
Total	120	100%	120	100%	129	100%	369	100.0

5.3.3 Past Influences that Encouraged the Community to Practice FC

FC is a complex, deeply rooted traditional practice in many communities in Kenya and signifies a rite of passage for girls from childhood to womanhood. As evident from Table 5.13, maintenance of customs was reported by 48 per

cent of the respondents while 26 per cent of the respondents indicated that it was initiation into womanhood. The table further shows that celebration (13 per cent), respect (7 per cent), and reduction of sexual urges (5 per cent) were other past influences of FC.

Table 5.13 Past Influences that Encouraged FC (n=369)

Past influences that encouraged FC	F	%
Celebration	48	13
Respect	26	7
Reduction of sexual urge	18	5
Initiation to womanhood	96	26
Maintenance of customs	177	48
Other influences	4	1
Total	369	100

Analysis by district showed that in Kisii, 34 per cent of the respondents reported initiation into womanhood as an influence as to why the community practiced FC in the past while 30 per cent regarded celebrations involved as the major influence. In Embu, 54 per cent of the respondents indicated maintenance of customs while 38 per cent of the respondents named initiation into womanhood as an influence. In Garissa, about 79 per cent of the respondents interviewed named maintenance of customs as influencing the practice of FC in the community in the past. Another influence was the celebrations; it was cited by 9 per cent of the respondents from the district.

5.3.4 Reasons why FC is Persistent

Asked why FC was persistent, 64 per cent of the respondents indicated that it was because of the need to preserve culture whereas 15 per cent opined that FC persisted to avoid shame, gain respect, 8 per cent explained its persistence in terms of initiation into womanhood, reducing sexual urges was given by 5 per cent of the respondents as another reason for FC persistence. Responses by district, showed that in Kisii, 60 per cent of the respondents said it was persistent because people were trying to preserve culture, 13 per cent because people were avoiding shame and trying to gain respect, 10 per cent because it reduced high sexual urges and 10 per cent said it persisted because it symbolized initiation into womanhood. In Embu, about 49 per cent of the respondents indicated that FC was persistent because people wanted to preserve culture, 28 per cent mentioned avoiding shame and gaining respect while 12 per cent of the respondents mentioned initiation into womanhood. In Garissa district, 86 per cent of the respondents mentioned preservation of culture as the main reason for the persistence of FC. This was followed by avoiding shame and gaining respect (15 per cent).

5.3.5 Willingness of women to be circumcised

Respondents were asked whether women were circumcised willingly or they were coerced. Whereas 59 per cent of them reported that women were circumcised willingly, 20 per cent said they were coerced into circumcision. Table 5.14 presents the detailed results. Comparative district

analysis revealed that 81 per cent, 60 per cent and 38 per cent of the respondents in Kisii, Embu and Garissa districts respectively, reported that women were circumcised willingly. Garissa district reported the highest level of coerced FC with 39 per cent of the respondents indicating that women underwent forced circumcision.

Table 5.14: Willingness of Women to be Circumcised (n=369)

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Willingness of women to be circumcised								
Willingly	97	81	72	60	49	38	218	59.1
Forced	13	11	10	8	50	39	73	19.8
Willingly or forced	10	8	38	32	30	23	78	21.1
Total	120	100%	120	100%	129	100%	369	100.0

Respondents who indicated that women willingly got circumcised were asked to mention the perceived benefits of circumcision. Based on 40 per cent of them avoiding shame and trying to gain respect were the major benefits deriving from circumcision. About 27 per cent mentioned initiation into womanhood as another perceived benefit. A comparative analysis by district revealed that 41 per cent of the respondents from Embu and Kisii districts mentioned avoidance of shame and gaining respect as perceived benefits as compared to 38 per cent of the respondents holding a similar perception in Garissa district. The 73 respondents who indicated that women were circumcised through coercion were asked to identify the individual/s

responsible for the coercion. Whereas 62 per cent identified parents as the individuals responsible for coercing women into circumcision, 16 per cent said that it was grandmothers/elders who were responsible for coercing women to get circumcised. Table 5.15 presents further details on the subject. Further analysis by district indicated that, in Kisii, 50 per cent of the respondents named all individuals (parents, age mates, grandmother/elders) as responsible for coercing women to undergo FC. Grandmothers/elders were mentioned by 30 per cent of the respondents while 20 per cent mentioned parents in Kisii district. In Garissa and Embu districts 90 per cent and 76 per cent of the parents respectively, were responsible for coercing girls and women to be circumcised compared to 8 per cent and 12 per cent of grandparents in the same order.

Table 5.15: Individuals Responsible for Coercing Girls to be Circumcised by District (n=369)

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Individuals responsible								
Parents	24	20	91	76	115	90	230	62.3
Age mates	0	0	12	10	2	1	14	3.8
Grandparents/elders	36	30	14	12	10	8	60	16.3
All	60	50	3	2	2	1	65	17.6
Total	120	100%	120	100%	129	100%	369	100.0

5.3.6 Demand for FC among girls

The respondents were also asked to indicate whether they were aware of any girls who had demanded to undergo

FC. Based on the results, 51 per cent of the respondents replied in the affirmative. Comparative analysis by district revealed that 70 per cent and 55 per cent of the respondents interviewed in Kisii and Garissa districts knew of cases of girls demanding for circumcision. In Embu, however, 52 per cent of the respondents indicated that they did not know. Of the respondents (n= 187) who indicated that they knew a girl who had demanded to be circumcised, 50 per cent of them named the influences by the community as responsible for the individual's decision to demand FC. Other factors cited were age and stage in life (26 per cent) and influence by elders/sisters and peers (14 per cent). Analysis by district revealed that in Kisii, 44 per cent of the respondents named the influences of the community while 25 per cent named age or stage in life as the major influences in the girls decision to demand to be circumcised. Influences by the community emerged as the most significant influence in the girl's decision to demand to be circumcised in Embu district, it was offered by 70 per cent of all the respondents from the district. The other notable influence was stage in life standing at 24 per cent. In Garissa district, 39 per cent of the respondents named the community as the most influential force in the girl's decision to demand to be circumcised while 30 per cent named age/stage in life.

5.3.6 Qualitative Responses on the Factors Accounting for the Persistence of FC

A look at the findings from the qualitative aspect of the study on the factors accounting for the persistence of

FC shows that all the societies have norms of care, feeding and other behavior based on age, life stage or gender. These norms, often referred to as traditional practices, originate either from social or cultural objectives, or from empirical observations related to the well-being of individuals or the society. Traditional practices may be beneficial, harmful or benign it has been noted. Many traditional practices may have a profound effect on health. Some of the widely acknowledged traditional practices include: son preference (the high value placed on sons) which in some cases leads to prenatal sex selection or female infanticide, dowry, early and forced marriages, and female circumcision. Apparently, most cross-cultural practices have a direct impact on the lives of females. The findings in this section are presented under the subtitles: From childhood to womanhood, marriage-ability and social intercourse, sexual morality, peer pressure and social compatibility.

5.3.6.1 from Childhood to Womanhood

Growing up is celebrated in different ways in many African societies. FC is often associated with the transition of a girl from childhood to womanhood. In other words, circumcision "partially or totally", signifies that something of importance has taken place in the initiates life. Among the Aembu, for example, FC was done shortly before the first menstrual period. However, although menstruation alone brings a biological change signifying maturity, FC in the three communities studied was and still is to a large extent expected to transform a female child

into a grown woman. Most of the interviewees felt that FC is not just a traditional practice, but rather it is a contemporary rite because it is being carried out in many communities albeit numerous calls for the abandonment of the practice.

Speaking on the significance of FC among the Kisii, an in-depth interviewee said,

"FC is an important rite of passage that has been passed down from one generation to another among the Omugusii ethnic group. Every Kisii woman must be circumcised because the rite introduces a woman to important lessons in life. FC enhances a girls' morality and only a circumcised woman is marriageable. An uncircumcised woman is not held in high esteem by her colleagues and the community at large. Circumcision brings dignity and honor to the family of the initiate. Her parents especially are respected for conforming to the customary expectations" (Maria, 70 years old).

The respondent further explained that:

"...with or without money a girl must be circumcised otherwise she will be useless. For a real Kisii woman cannot be considered a grown up if she hasn't been circumcised. A man who marries an uncircumcised woman is not held in high esteem by his colleagues. Such a woman/wife may even be hijacked and forcefully circumcised amongst the Gusii." (Maria, 70 years old).

Her counterpart, a focus group discussant, several hundred miles away provided similar views by defending FC among the Aembu. She is quoted saying that:

"FC was/is important for every woman in Embu. An uncircumcised woman cannot find a husband among the Embu people. In the old times, there were several taboos associated with the uncircumcised and it was believed that an uncircumcised woman could bring death to the family. For example, "If a mother-in-law to an uncircumcised woman attempted to deliver her baby, contact with the daughter in-law's amniotic fluids would bring instant death to her. This is called "mugiro"³⁰. On the other hand, if the mother in-law gave her uncircumcised daughter in-law 'gruel' after delivery, the daughter-in-law would die." (Ruth 72 years old).

5.3.6.2 Marriageability and Social Intercourse

The study also observed that FC was/is a precondition for marriage. The institution of marriage forms the core of societal life. The institution is recognized for the vital role it plays in the reproduction of human life. Thus, according to the information gathered, FC not only ushered the girl child into womanhood but also made her marriageable. A circumcised woman is supposed to be compatible with her husband.

According to an in-depth interviewee from Embu:

"FC gives a woman status for marriage. After circumcision the young woman is expected to mingle

³⁰ "Mugiro" is a word that refers to a "taboo".

with other mature men and women freely. She is considered "mature" and does not pose a "social risk" to her in-laws in respect to the dreaded taboos. Circumcision time was/is also a time, to celebrate and entertain friends, relatives and neighbors. There is/would be feasting, plenty of food and drink, and anyone who had feasted in other peoples' homes, waited/waits eagerly for his turn to entertain, thus a growing girl in a homestead was/is a celebration in waiting, a chance for her father to prove his worth to the community (Ruth, 75 years old)."

Another focus group discussant from Kisii district noted that:

"FC is a tradition that has continued overtime and a woman cannot get married if she is not circumcised. FC makes a woman "a complete Gusii woman" (A 66 year old man from Kisii).

The fact that FC plays a vital social role of bringing families and friends together in the event of sharing food and drinks ushers us into the very public aspect of this cultural practice. Thus whereas FC is supposed to "benefit" the individual initiate, communities exploit the opportunity to create forums for social exchange. Some respondents felt that the trend of turning FC ceremonies into merry making endeavors are waning off as a result of economic hardships currently affecting majority of Kenyans. In Embu and Kisii, interviewees noted that though FC is rife, communal ceremonies and celebrations have since stopped because of the restrictions placed upon the practice by the Christian churches. In Garissa, FC has

always been performed without ceremony, because it is a religious requirement.

5.3.6.3 Sexual Morality

It was further observed that FC is carried out to safeguard the virginity of the initiate. It is commonly believed that FC releases "impure blood" among the Somali of Garissa whereas it is believed that the cut inhibits excessive sexual arousal among the Embu and Kisii. Most of the circumcised women interviewed felt that FC reduces sexual desires drastically. However many of them could not tell whether this is a negative or positive impact because, women are socialized to believe that "sexual intercourse is not meant for pleasure but rather for procreation". It is therefore no wonder that most women in the three regions still feel that FC is necessary and mandatory if their daughters have to abstain from premarital sex. To this end a respondent from Kisii had the following to say:

"Only FC can ensure a girl's morality. In this community, any uncircumcised girl/woman is taken for a prostitute and she cannot find a husband" (A 45-year-old mother from Kisii).

Similarly another respondent from Garissa district noted:

"FC is done to maintain virginity and it also believed that the cutting of the clitoris is a religious sacrifice to God" (A 25-year-old Somali girl from Garissa).

5.3.6.4 Peer Pressure and Social Compatibility

Majority of the young girls interviewed did not know why their parents would want to have them circumcised. Most of them felt that the greatest pressure was coming from circumcised friends and the peer group in general. Those who were already circumcised had not received any specific information from parents or guardians before or after circumcision. For example, a young girl from Embu gave the following response on being asked whether she knew why she got circumcised:

"My friends influenced me. When I saw other young girls of my age "going", I decided to go as well. Nobody (older women) told me why girls get circumcised. One day my mother's friend came and told me to put on my slippers and not to wear any under garment..... when we came back home, I had already been circumcised, and since then nobody has ever told me why my body was "cut" but other girls accepted me in their play group." (Mercy, 13 years old)

This contradicts the traditional perspective on the informal training that is supposedly provided to initiates before circumcision. Some parents felt that a lot of things have changed with the times and nowadays, because of the government and church bans on female circumcision some of the old ways have to be by-passed. In Kisii and Garissa the age at circumcision has been reduced from twelve to six years. Some parents said that this will reduce the threat of girls resisting circumcision after the exposure and influence they get from schools and the media.

Such a strategy will greatly hamper the possibility of girls "speaking out" for themselves where circumcision is concerned.

A female parent from Embu observed that:

"All my daughters have been circumcised because they were under pressure in their primary school since the circumcised girls kept on harassing them. As a result they demanded to be circumcised. Even if I had refused, they would have taken themselves to the circumciser. Those in secondary schools are often mistreated. The circumcised girls pour water on their clothes. When such girls go home for holidays they just want to be circumcised"

Another respondent from Embu district said that before circumcision she had been told by her peers that FC would make her less childish and that she would take less interest in boys and become wiser. Asked what changes she had undergone after circumcision she said:

"I would look at other uncircumcised children of my age and find them childish. I stopped playing childish games - but uncircumcised girls take longer to adjust to maturity. I fit in all kinds of groups, among the old people and the youth, etc. I have also been trying to influence parents in the village and neighboring villages to have their daughters circumcised" (A 15-year-old girl from Embu).

This respondent also believed that circumcised girls have respect for other people 'because after the pain one goes through, you respect others especially those who are older than you'. She also said that:

"In school we do not respect the uncircumcised girls because they are cowards. Those teachers who advocate for FC prefer circumcised girls because they are "more mature". But there are other teachers who discourage girls from getting circumcised because they say circumcised girls are difficult to control."

5.3.6.5 The Role of Men in the Persistence of Female Circumcision

Study findings revealed that men in the communities studied play a significant role in the perpetuation of FC through coercion of women to undergo circumcision. In the study, 56 per cent of the respondents indicated that men were involved in the coercion of women. Analysis by district, however, revealed varying levels of male involvement in the coercion of women to be circumcised. As evident from Table 5.16, Embu district registered the lowest rate of coercion at 47 per cent compared with 73 per cent in Kisii district and 49 per cent in Garissa district.

Table 5.16: Men's involvement in the Coercion of Women to be Circumcised (n=369)

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Male Involvement								
Yes	88	73	56	47	63	49	207	56.1
No	32	27	64	53	66	51	162	43.9
Total	120	100%	120	100%	129	100%	369	100.0

The study found that men use both direct and indirect methods to coerce women to be circumcised. In Kisii district, 62 per cent of the respondents reported that men are indirectly involved in the coercion of women to get

circumcised. In Garissa and Embu districts, the study revealed that 0 per cent and 66 per cent of the men are indirectly involved in the coercion of women to get circumcised. Indirect involvement by men entails the funding of the circumcision rite and related infrastructure. Concerning direct male involvement 79 per cent and 63 per cent of the respondents in Kisii and Embu districts reported direct male involvement. This included organizing for the ceremonies by determining when and where the circumcision takes place. Men in Garissa district were not involved.

5.3.6.6 Qualitative Analysis on Male Involvement in Persistence of FC

Data from the qualitative aspect of this study as regarded male involvement in the persistence of the practice of female circumcision showed the following: Men in Garissa are not involved in FC issues; it is wholly a woman's affair. This is unlike in Embu and Kisii where the father of the initiate has to be consulted before his daughter is circumcised. Also in these two communities, the father authorizes and finances the ceremony thus signifying men's involvement in the practice and perpetuation of FC. Young men interviewed in Garissa and Embu felt that it would be a shame to marry a woman who is not circumcised. Why would such young males feel the same way their great-grand fathers felt about a century ago about FC? The following question which shows male involvement in and support for the practice of FC was asked by a male respondent from Kisii district:

"How can one live in the same homestead with daughters who are not circumcised? How would you expect your friends to respect you? This is the culture of Omugusii. One can die of humiliation" (A male parent in Kisii).

In Embu the respondents included a 49-year old woman whose parents disagreed over her circumcision. The mother being a Christian prevailed upon her father's decision. This woman had the following to say:

"From that day, my father refused to eat any food that I prepared for the family, he always said he could smell the clitoris in the food!" (45 year old woman).

The following responses further confirm male involvement in the practice.

5.3.6.7 Willingness of men to marry uncircumcised women

In some communities, FC is supposed to increase a girl's chances of marriage. The current study also sought to assess the perception of community members about willingness of men to marry uncircumcised women in their respective communities. As evident from Table 5.17, 48 per cent of the respondents were willing to marry uncircumcised women compared to a lowly 9 per cent reporting unwillingness of men to marry such women. The remaining 43 per cent of the respondents reported that only some men are willing to marry uncircumcised women.

Comparative district analysis revealed that a higher percentage of men (85 per cent) would be willing to marry uncircumcised women in Embu district than in the other

districts studied. The figures for Kisii and Garissa districts were 43 per cent and 9 per cent respectively. The results further revealed that 87 per cent of the respondents interviewed in Garissa district felt that only some men would be willing to marry uncircumcised women compared to 24 per cent of their counterparts in Kisii and 13 per cent in Embu district. Whereas no respondent in Garissa district expressed absolute unwillingness of men to marry uncircumcised women, in Kisii and Embu districts. 33 per cent and 2 per cent of the respondents respectively said that men were absolutely unlikely to marry uncircumcised women.

Table 5.17 Men's Willingness to Marry Uncircumcised Women by District. (n=369)

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Yes	52	43	102	85	17	13	177	48.0
Only some	29	24	15	13	112	87	159	43.1
Absolutely No	39	33	3	2	0	0	33	8.9
Total	120	100%	120	100%	129	100%	369	100.0

5.3.6.8 Men's Preference to have Sex with uncircumcised women

Asked whether men prefer having sex with uncircumcised women, 71 per cent of the respondents replied in the affirmative compared to 29 per cent who said no. Further analysis by district revealed that in Embu and Kisii districts, 84 per cent supported the view that men prefer having sex with uncircumcised women while in Garissa

district 57 per cent of the respondents reported that men would prefer sex with circumcised women. On being probed further, respondents said that uncircumcised women performed better in bed as reported by 75 and 61 per cent of respondents in Embu and Kisii districts respectively. Respondents were asked whether they had ever heard of the term orgasm and 71 per cent of all respondents interviewed replied in the affirmative. Comparatively, there was a high level of awareness of the term orgasm in Embu district with 75 per cent of the respondents from the district reporting having heard of the term compared to 70 per cent and 65 per cent of the respondents in Kisii and Garissa districts respectively.

5.3.6.9 Qualitative Responses on Men's willingness to Marry Uncircumcised Women

On men's willingness to marry uncircumcised women, the following qualitative response was given by a 77 year old from Embu district:

"FC was a pre-requisite for marriage and an uncircumcised girl could not be married by a circumcised man.....This is because a circumcised man and an uncircumcised woman cannot understand each other in marriage. If the uncircumcised wife disobeys the husband he might think that it is because she is not circumcised that is why "she is disrespectful". After circumcision there is a lot of information imparted to circumcised women so the uncircumcised remain ignorant. Even when she gets married she may not differentiate between right and wrongdoing."

Other emerging qualitative evidence shows that though FC is a societal concern, it is women and girls who bear the direct consequences of the practice. Ignorance and lack of knowledge are among the key factors that lead to the persistence of FC in the practicing communities. For example, though some studies show a strong correlation between women's' reproductive health and FC, findings from this study show that women do not associate FC with the reproductive health problems in their communities. It is also evident that most women and men do not have adequate knowledge on the functions of female genitalia. In this study, I asked respondents if they knew the functions of the clitoris and whether they associated the clitoris with sexual satisfaction during sexual intercourse. Apparently, majority of the respondents, young and old, male and female were not aware of the significance of the clitoris. Majority of the female respondents had not experienced orgasm at any time of their lives and a similar proportion did not know what orgasm was. On being asked whether there was a relationship between sexual satisfaction and the presence of the clitoris, one respondent said:

"I didn't know that there was a relationship between sexual satisfaction and the presence of the clitoris. No I do not know anything like this but my sister told me that the removal of the clitoris helps girls not to run after men" (An 18 year old uncircumcised girl).

Asked whether it is important for a woman to enjoy sex the 18 year old uncircumcised girl said:

"No it is only important to please your husband because most men prefer to marry circumcised women.

Like one of my neighbors he is always insulting his uncircumcised wife".

A female circumciser from Embu district was of the opinion that the clitoris inhibits sexual satisfaction for men.

"I have heard that men complain that the clitoris covers the entrance into the vagina and therefore it makes penetration difficult for men. Some also prefer their partners to shave all their pubic hair - they say they do not want to "penetrate forests" the pubic hair makes the place untidy".

The same respondent said that most husbands complain about these two factors. She also said that most women do not know anything about orgasm and that is why they keep taking their daughters for FC. Secondly women in the village look down upon women who have not been circumcised because they never experienced circumcision pain.

Contributing to the subject of female sexual satisfaction, another 49 year old uncircumcised woman from Embu had the following to say:

"An uncircumcised woman is better sexually" I have even heard men say that uncircumcised women are better. However "people have no knowledge of the negative effects of FC on sexuality. But me I know and I have experienced sexual fulfillment and even some circumcised women are aware of this fact and that is why they have their daughters circumcised as a way of revenge".

Some women from Garissa lamented that they did not know the connection between the removal of the female

genitalia and sexual fulfillment. They regretted this state of affairs very much but said they were bound by cultural and religious beliefs on circumcision.

Contributing to the issue of sexual satisfaction during intercourse a man said:

"I am aware that FC and lack of sexual satisfaction during intercourse are interrelated because when the veins are chopped off "a woman cannot feel anything". An uncircumcised woman is "very active during intercourse" (A 27 year old man from Garissa).

On the same issue a circumciser said:

"I do not know that FC and sexual satisfaction during intercourse are related. However a woman can enjoy sex psychologically if she likes the man" (A 65 year old circumciser from Garissa).

A respondent from Kisii said:

"As far as I know there is no connection between sexual satisfaction and the presence of the female genitalia. It is wrong for a woman to be sexually active because she is likely to become a "mangamanga"³¹. "Sexiness" is not good, it is not allowed by the Gusii culture" (A female parent 28 years).

Additionally another respondent said:

"I do not know of any sexual effects of FC. I have heard of girls who are not circumcised being too sexy and this may lead to prostitution. However, so long as it does not lead women to prostitution there is

³¹ Wanderer

nothing wrong in being sexy" (A male parent 34 years old).

The same respondent opined that circumcision reduces women's sexual desire. Nevertheless, he prefers a circumcised woman (like his wife) because 'if a man is married to an uncircumcised woman when he gets a job transfer she may start looking for other men. We believe uncircumcised women are sexually uncontrollable'

5.4 Health Implications of the Practice of FC

Based on the results of this study 47 per cent of the respondents did not support FC in the communities studied due to various reasons. Health related problems associated with the practice were found to be amongst the reasons explaining the lack of support among 40 per cent of the respondents. Another 38 per cent of the respondents said that FC did not play any significant role in the female body. Other notable reasons given were that FC reduces sexual enjoyment and damages the body (11 per cent) and that it is part of the old culture, which is against modern society (7 per cent). Lack of support for FC due to health implications associated with the practice was reported by 45 and 44 per cent of the respondents in Embu and Garissa districts respectively.

5.4.1 Qualitative Responses on the Negative Health impacts of FC

This section presents the findings from the qualitative aspect of this study related to health. The section is organized into the following two subsections: -

Awareness of the negative health effects of FC and psychological complications of the practice.

5.4.2 Awareness of the Negative Health Effects of FC

In Kisii district majority of the respondents were more aware of the health consequences of FC such as pain, hemorrhage, shock, injuries, urine retention, infections and keloids, among others, compared to those in Embu and in Garissa. Similarly most respondents could name some reproductive health related problems associated with FC such as HIV/AIDS, difficult childbirth and miscarriages. However despite the high level of awareness and knowledge of health consequences majority of the respondents did not associate such health problems affecting women in their regions with circumcision. Others felt that complications occur if the operation is performed inappropriately. This view was expressed by the following respondent:

"Illness after circumcision doesn't necessarily occur because of the cut. One can only get an infection if it is done wrongly. But if it is done by someone who is qualified for the work there is no problem" (A 60 - year-old female elder from Kisii district).

Another interviewee said:

"Nowadays the Kisii circumcise their girls when they are very young (5-8 years) and it is unlikely that such young ones may have the disease HIV/AIDS". Nowadays the circumciser does not use the same razor; every child is circumcised with a different razor. Traditionally after circumcision girls wouldn't get

*sick if some traditional rituals were performed soon after*³² (Female interviewee from Kisii).

Echoing similar sentiments, a 15-year-old girl said that a circumcised girl can bleed profusely after circumcision if the grandmother had not been informed beforehand. For such bleeding to stop, it is believed that the "parents must take sugar to the said grandmother and when they share a cup of tea" the bleeding stops. These two respondents from distinct age sets share some commonality in associating circumcision complications with traditional beliefs. Such perceptions can have negative impacts on the abandonment of FC if communities fail to associate health complications directly with circumcision.

Most people in the study areas seem to believe that medicalization of FC has alleviated the health related effects such as HIV/AIDS. However, they believe that young girls (5-8 years) may not have the HIV virus which is untrue because an HIV infected baby can survive up to that age and there are other possibilities of having been infected through other means (e.g. through blood transfusion) thus the virus can be transmitted during circumcision. A middle aged mother insisted that FC does not affect a woman's body in any way. Instead she would rather link the reproductive health problems experienced by women to other environmental causes. She said:

³² "A basin of water with grass growing would be given to the girls and they would use that water to bathe the wound for up to 21 days and the wound would be healed. If they had eaten grasshoppers and moles, this would make the wound painful for both boys and girls. If it ever happened, then they would have to be given the basin of water with grass growing to cure the wound. Nowadays most people have abandoned such rituals and she believes that is why they have infections."

"Some women experience excessive bleeding and this can affect one's health. Some women become slim as a result. I do not know anyone suffering from HIV/AIDS or STDs as a result of FC but there are women who have difficult childbirth and miscarriages. These are attributed to overworking and malaria infections conditions that are prevalent in the regions" (A 45-year-old mother).

A female parent from Kisii affirmed that hospital circumcisions have made FC safer because "sisters" use different razor blades on each of the initiates and they also use anesthesia and pain killers. However some respondents contended that although the medical personnel use different razor blades on the initiates they do not change the hand gloves and there are possibilities of passing on the virus even in clinicalized surgeries. A chief from Kisii admitted that the threat of AIDS may have a significant impact on the abandonment of FC in the community but preference for clinicalized FC is actively averting this since most parents opt to have their daughters circumcised by health practitioners. This point was emphasized by the following response from a circumciser:

"From my medical experience women who are circumcised have problems giving birth - in most cases we do episiotomies to widen the vulva to prevent the circumcision scar from tearing. To avoid asphyxia of the infant, this cut is done for all circumcised women, sometimes it has to be done in other subsequent births" (A female circumciser from Embu who is also a former enrolled nurse cum mid-wife).

The exciser further explained:

"In order to prevent pain, I inject the clitoris with some type of medicine. It swells and becomes very big, and then I am able to grab it with forceps and cut that part. Each patient brings their own injection and cotton wool for dressing the wound. I also administer tetracycline (500mg) for preventing infection. Everything is disposable except for scissors and forceps. This way HIV/AIDS infection is prevented"

A traditional circumciser said that:

"She has never connected FC with the HIV/AIDS pandemic because before circumcising she first reads the Koran, does not use the same blade on the girls and uses a lot of hot water and salt all the time" (A 70 year old female circumciser from Garissa).

Echoing the chances of medical complications occasioned by FC a traditional circumciser who also doubles up as a nurse cum midwife said that when midwives are conducting deliveries on infibulated women they have serious difficulties and they have to break the blade into two in order for it to fit into the very tight sown up area. She said some of the reproductive health problems experienced by women included STDs, difficult childbirth and miscarriages.

Similar viewpoints on health were emphasized through the following response:

"Women have a big problem discussing problems affecting them e.g. STDs because the subject of sex is taboo, they are shy and if you tell your husband "he accuses you of unfaithfulness". We do not talk about

STDs until the condition becomes life threatening. HIV/AIDS infections are also on the rise because of adulterous husbands and wives" (Women from Garissa).

A 15 year old school girl from Kisii said that although she had heard of HIV/AIDS from school, she didn't in any way connect the disease to FC.

One of the female parents from Embu noted that most parents overlook the health consequences of FC because of the social isolation that their children would face in the community if they were to remain uncircumcised. National agencies such as Maendeleo Ya Wanawake (MYWO) are involved in educating communities especially in Kisii on the health dangers of FC. The following response is an indicator of this involvement:

"MYWO is involved in educating people on the negative health effects of FC such as shock, tetanus, bleeding, childbirth tears and keloids". (Maendeleo Ya Wanawake program coordinator in Kisii).

5.5 Efforts to Persuade Communities to abandon FC

In Kenya a lot of effort and resources have been used in an effort to persuade communities practicing female circumcision to abandon the practice. The study sought to assess the extent of FC abandonment efforts in the three districts by asking the respondents to identify any abandonment efforts that were known to them. The majority (76 per cent) of the respondents indicated that they were aware of abandonment efforts in their communities (see Table 5.18). However, the findings showed a high level of awareness of abandonment efforts in Embu represented by 98

per cent of the respondents interviewed compared to 64 per cent of respondents in both Kisii and Garissa districts.

Table 5.18: Awareness of FC Abandonment Efforts by District (n=369)

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Efforts								
Yes	76	64	117	98	83	64	276	74.8
No	44	36	3	2	46	36	93	25.2
Total	120	100%	120	100%	129	100%	369	100.0

5.5.1 Respondents' Reaction to FC Abandonment Efforts

For the purpose of assessing the communities responses towards FC abandonment efforts, respondents were required to rank their reactions as to whether positive (acceptance without resistance, negative (non-acceptance of the message without resistance) or both (i.e. positive or negative). Positive reaction was reported by 33.1 per cent while 33.6 per cent of the respondents termed their reaction to the FC abandonment efforts as negative. The remaining 33.3 per cent of the respondents expressed positive or negative reaction (see Table 5.19). District specific analysis shows that Kisii and Garissa districts registered low levels of persuasion efforts to abandon female circumcision. As evident from Table 5.19 in the two districts, 13 per cent and 20 per cent of the respondents respectively positively ranked female circumcision abandonment efforts in their respective communities. The study however revealed that there are concerted efforts to persuade the community to abandon the practice in Embu district. Evidently, from the

respondents interviewed, 67 per cent of the respondents ranked abandonment efforts positively.

Table 5.19: Respondents Reactions to FC Abandonment Efforts (n=369)

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Positively	16	13	80	67	26	20	122	33.1
Negatively	36	30	40	33	48	37	124	33.6
Both	44	37	36	30	43	33	123	33.3
Total	96	80	156	130	117	87	369	100.0

Those respondents, who ranked efforts to abandon FC negatively, were further asked to state the reason accounting for their negative reaction. The overwhelming majority (96 per cent) of them indicated that it was their culture and they were not ready to abandon the practice of female circumcision. Increasingly negative perception towards FC abandonment emerged during cross-district analysis. The results showed that 85 per cent, 98 per cent and 98 per cent of the respondents from Kisii, Embu and Garissa respectively had negative perceptions about FC abandonment. However, 58 per cent of the respondents who had reacted positively to FC abandonment efforts indicated that they had stopped circumcising girls because they were getting increasingly more informed about the negative impacts of FC.

5.6 The Nature of the Forces of Persuasion of FC

In this study, it is important to highlight that female circumcision is still widely practiced in the respective communities due to a number of factors that have been discussed in the relevant sub sections of this thesis. The study found that there are groups of individuals and organizations working towards persuading communities to abandon the practice. The study attempted to assess the impact of persuasion efforts aimed at the abandonment of the practice. Recognizable organizations and institutions identified by the respondents in the study areas were government agencies, educational institutions, Non-Governmental Organizations (NGOs) and religious organizations. Only 8.4 per cent of all respondents reported being aware of government involvement in efforts to end FC. The persuasion initiatives by NGOs and religious organizations in the communities under study were reported by 33.3 per cent and 20.9 per cent of the respondents, respectively. Only 7.0 per cent were aware of the persuasion efforts of educational institutions.

Comparative district analysis revealed that government's persuasion efforts are more greatly felt in Embu district compared to the other two districts. Whereas 21.7 per cent of the respondents in Embu expressed awareness of government efforts, 13.3 per cent in Kisii district and only 0.8 per cent in Garissa district reported being aware of any type of government involvement. Further, in Embu district 94.2 per cent of the respondents confirmed that they were aware of persuasion initiatives being undertaken by NGOS in their community as compared with 3.3

per cent and 3.1 per cent in Kisii and Garissa districts, respectively. Similar trends emerged with regard to respondents' awareness of initiatives by religious organizations towards abandonment of FC. Whereas 47.7 per cent of the respondents in Embu reported being aware of initiatives by religious organizations, in Kisii district 22.5 per cent were aware of such initiatives and the figure was zero per cent for Garissa district. In addition, initiatives by educational based institutions towards abandonment of FC, was reported by 19.2 per cent of the respondents in Embu as compared to 2.5 per cent of respondents in Kisii and zero per cent in Garissa district.

Table 5.20: Organisations involved in FC Abandonment Efforts (n=369)

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
Reactions								
Government	4	13	26	83	1	4	31	100
Ngos	4	3	113	92	6	5	123	100
Religious Organizations	27	35	50	65	0	0	77	100
Educational Institutional	3	12	23	88	0	0	26	100

5.7. Possibility of Total Abandonment of the Practice of FC

Having discussed the involvement of various organizations and institutions in the FC abandonment process, in the preceding sub section, it is prudent to highlight the communities' perceptions on the possibility of total abandonment of female circumcision in their

respective communities. Of the total respondents, 67 per cent were optimistic about total abandonment of the practice but factors such as the cultural values associated with the practice, were observed to be posing serious challenges to the persuasion efforts in the communities. Respondents from Embu and Kisii districts were the most optimistic about the possibility of total abandonment of female circumcision. Here optimism was expressed by 83 per cent and 68 per cent of the respondents respectively. In Garissa district on the other hand, 59 per cent of respondents were optimistic that FC could be abandoned altogether. For those respondents who indicated that it was not possible to abandon the practice, 73 per cent indicated that FC is practiced to preserve culture and therefore, it was impossible to abandon it. Another 16 per cent of the respondents reported that the difficulties with abandonment are because people want to avoid shame, gain respect and due to the fact female circumcision represents initiation into womanhood.

5.7.1 Community Abandonment of FC without Outside Help

The study findings show that 53 of the respondents indicated that it was possible for the community to abandon the practice of FC without outside help while 47 per cent of the respondents indicated that this was not possible. Analysis by district revealed that in Kisii, 56 per cent of the respondents considered it impossible to persuade societies to abandon FC without outside help. Contrastingly, in Embu and Garissa, 73 and 41 per cent of

the respondents, respectively, indicated that they would not need outside help to abandon FC.

Those respondents (n=175) who indicated that they would not be able to abandon FC without outside interference were further asked the type of assistance they would need. Based on Table 5.21, 67 per cent indicated that they would need assistance in the form of more free education to increase awareness on FC, 16 per cent listed arresting and penalizing perpetrators as the external assistance required. The remaining 17 per cent of the respondents were resigned to the fact that nothing could be done. Further analysis by district shows that the call to increase free education was high in all districts at 59 per cent, 46 per cent and 77 per cent in Kisii, Embu, and Garissa respectively. The other significant solution according to the respondents was to arrest and penalize FC perpetrators as recommended by respondents from Embu and Kisii districts at 25 and 23 per cent respectively.

Table 5.21: What the community needs to abandon FC (n= 175)

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
To increase free education	40	59	15	46	59	77	114	65.1
Arrest and penalize the perpetrators	15	23	8	25	2	3	25	14.3
Nothing can be done	7	10	5	17	15	20	27	15.4
Doctors to stop performing FC	5	8	4	12	0	0	9	5.1
Total	67	100	32	100	76	100	175	100.0

5.7.2 Communities Efforts towards the Abandonment of the Practice of FC

Study results indicate that 61 per cent of the respondents were of the opinion that the communities have changed their attitudes towards FC practice. Despite the perceived change in attitude, 41 per cent of the respondents indicated that the respective communities were doing nothing towards the abandonment of the practice of FC. From the study results 72 per cent of the respondents in the respective communities studied reported that they needed more information, while 55 per cent of them reported that Christians were teaching against FC. With regard to the practice of FC among young parents, 52 per cent reported non practice in the respective communities. Table 5.22 contains the respondents' views on the communities' activities towards the abandonment of FC.

Table 5.22: Communities Activities towards the Abandonment of FC (n=369)

District/variable	Kisii		Embu		Garissa		TOTAL	
	No.	%	No.	%	No.	%	No.	%
They have changed their attitude	72	60	103	86	49	38	224	60.7
Nothing has been done. They are still practicing FC	48	40	12	10	90	70	150	40.7
They want more information	84	70	96	80	84	65	264	71.5
Young parents have stopped practicing FC	48	40	118	98	26	20	192	52.0
Christians are teaching against FC	84	70	118	98	0	0	202	54.7

As evident from Table 5.22, comparative district analysis of change of attitude towards FC practices in the community revealed that only 38 per cent of the respondents from Garissa district reported attitudinal change compared with 60 per cent and 86 per cent reported in Kisii and Embu districts. Further, 70 per cent of the respondents from Garissa district reported that nothing has been done to stop FC compared with 40 and 10 per cent reported in Kisii and Embu districts. This response could possibly be linked to the low levels of attitudinal change as has been discussed above in Garissa district. In all the communities studied, the need for more information about FC was reported to be of high priority as indicated by 65 per

cent, 70 per cent and 80 per cent of the respondents in Garissa, Kisii and Embu districts, respectively. The study revealed that FC practice is still common among young parents in Garissa district while it is least practiced in Embu and Kisii districts. Of the respondents in each district 20 per cent in Garissa district reported having stopped FC compared to 98 per cent Embu and 40 per cent in Kisii districts. Christian teachings against the practice of FC was also reported by 98 per cent and 70 per cent of the respondents in Embu and Kisii districts in that order while in Garissa district no respondent reported such an activity towards the abandonment of the practice of FC.

5.7.2.1 Qualitative Analysis on Communities Capacities to be persuaded to abandon the Practice of FC

Analysis from the qualitative data on the communities' capacities to be persuaded to abandon the practice of FC showed that due to persisting cultural norms, attitudes, values and beliefs, FC abandonment efforts have been slow. According to a MYWO divisional program coordinator in Kisii the organization has trained peer educators who work with women groups and youth groups and other institutions towards educating the community on FC. In seminars and workshops, they educate both girls and boys through songs and debates all geared towards discouraging the practice of FC. Some community leaders are also setting examples by not circumcising their daughters especially the leaders in the MYWO organization. To emphasize this fact the MYWO divisional coordinator said the following:

"At first they did not want to hear about abandonment. They did not want anything that would kill their practice, but now people are more receptive" (A MYWO divisional program coordinator in Kisii).

She reported that young girls attend seminars where they are educated on the harmful effects of FC. This is a "form of alternative strategy". She noted that such strategies can be a practical replacement for FC. She also suggested that a law could be enforced to stop female circumcision currently being performed in hospitals and by medical personnel because medicalization has made the process of abandonment very evasive.

Administrative chiefs also attend seminars where they acquire information that is passed on to the public through public "barazas" (meetings). Speaking on the role of alternative rites of passage, a respondent said that although the alternative strategies can be termed as a major success:

"The alternative rite does not solve the inner psychological feeling of a void/loss that is experienced by both the mother and daughter because the physical aspect of fulfillment is missing. Therefore, even though they get presents some end up going for circumcision" (A MYWO Kisii district representative).

The MYWO representative further intimated that, generally, there are no FC abandonment efforts going on in school and girls can only learn from their mothers who happen not to be well informed. MYWO is introducing an informal curriculum in schools on FC but the representative

described this as a very slow process as evident from the following words:

"If you ask the boys in the school whom they would like to marry, they say a circumcised girl of course "she is a total woman" (A MYWO Kisii district representative).

An area Chief from Kisii said that although government officials have made efforts to enforce the presidential bans, there is high resistance towards abandonment efforts by the Gusii community. He gave an example "of a Luo woman who was "arrested" while giving birth by fellow Kisii women and was circumcised by force." He noted that women need to be educated on the negative and positive aspects of FC. As a leader he experiences resistance from the community..... *"Some will think this chief is running mad and can join the Luos".* He also said that some leaders are against the abandonment of FC because of community pressure especially from men who would not imagine that the community can survive without FC³³. He said that the government should take its time before coming up with a law to stop FC because the community needs to be taught the negative effects of FC. To drive home this point he said:

For example, when President Moi issued a decree in 1995 people in Kisii people "went around circumcising even babies" (An area Chief from Kisii).

There is an apparent lack of public education on the health and sexuality related effects of FC. Majority of the respondents were not aware that FC can cause physical, psychological, emotional and sexual damage to the female

³³ The chief was reacting to a Kisii MP's failure to support the motion on FC in Parliament

body. Therefore most respondents had no information on why they should support the abandonment of FC. However the MYWO representative in Kisii district noted that although she has talked to groups of women about the health effects of FC:

"Women take the issue of sexual satisfaction very lightly. They are really not concerned about enjoying themselves during sexual intercourse; they think sex is meant for reproduction only" (MYWO representative in Kisii).

On the issue of the possibility of abandoning FC a respondent said that she was totally opposed to the process. She does not see anything wrong with it. Reacting to the fact that FC affects girls' education, she emphasized that:

"If a girl drops out of school after FC it has nothing to do with the rite it is just indiscipline and furthermore, so long as a woman gets married and brings home cows, everything is alright" (An 83-year-old woman).

Contributing to the same argument another respondent expressed her strong support for the practice by saying that:

"Even if the government and others try to stop FC I would do it privately". Reacting to the 1995 ban on FC by President Moi, she quipped: *"Si Maasai wanabeba rungu? Wacha wakisii watairi wasichana, hii ni mila; meaning "the Maasai carry clubs and swords so in the same way the Kisii should be left alone to circumcise their girls because it is their culture" (An 83-year-old woman).*

In Kisii district, people have continued to circumcise girls secretly and sometimes it is done openly. The 83 year old respondent was of the opinion that the Catholic Church especially doesn't speak out against FC. She has heard of the organization called Maendeleo Ya Wanawake but she did not know how they are involved in the abandonment of FC.

Yet another respondent contributing his views to the anti-abandonment drive retorted:

"People will not be convinced that it is important to stop FC. I personally do not support the abandonment of FC and see no reason why it should be stopped. However "if the abandonment drive is done on a large scale I can support it but not as an individual." (A 34 year old male parent from Kisii).

Echoing similar sentiments, a 14-year-old circumcised girl said she did not support the abandonment of FC because it is a Gusii custom.

Another respondent contributing to the same debate had the following to say:

"Even God will be offended because he is the one who recommended FC for the Gusii community."(A 66-year-old male elder from Kisii said).

In particular a respondent from Garissa defended infibulation of girls saying:

"The practice is good because infibulation serves as a religious sacrifice to God when that particular part of the body is cut" (A 25 year old circumcised girl from Garissa).

Making her contribution to the abandonment debate a circumciser said:

"There are no abandonment efforts going on in Garissa. The only development in terms of abandonment is being taken up by the "Sheikhs" (religious teachers) in Garissa urban, who are advocating against infibulation. However they constantly advice parents to take their daughters for Sunna (clitoridectomy). Nowadays it is done under anesthesia because the blood in the clitoris is too much. It must be spilt. However in rural Garissa everybody undergoes infibulation" (A 70 year old female circumciser from Garissa).

A church elder with the Divinity Church in Embu contributing to the FC abandonment debate said that FC is not an issue that concerns the church. He also emphasized that even the missionaries did not give reasons for stopping female circumcision. *"They just said girls should not be circumcised"*). However, this respondent said that some people responded positively to early missionary efforts to persuade people to abandon the practice of FC especially those who joined the church.

On being asked whether she would support FC abandonment efforts an elderly female respondent in Embu had the following to say:

"How can I support this yet I circumcised my own daughters? I do not advocate for abandonment".

Responding to the question on what penalties defaulters had been given, a 45 year old female respondent said:

"Parents fear government authority, therefore FC is done secretly. Girls are taken at night to the circumciser and there are no ceremonies. I am aware that there is a ban on FC in place but to enforce it the government has to intervene by arresting and prosecuting the people involved so that others can learn".

Pressure from families for girls to undergo FC had contributed to low abandonment of FC. This was emphasized by the following response:

"This friend of mine refused to be circumcised but then she got into trouble because her father refused to eat food cooked by her. He always said "Irio ni iranunga ndumbu ya kirigu" meaning (the food smells of the clitoris). This girl ended up going to be circumcised because of the mistreatment from parents and family. I know of girls who have been circumcised by force. In fact it seems that this practice is supported more by women than men. When men join the church they want to drop all these customs but their wives are not strict. They feel that their daughters should undergo FC just as they did" (A 49-year-old uncircumcised woman from Embu)

5.8 Tools of Persuasion against the Practice of FC

5.8.1 Penalties for Practicing FC

Despite the reported high prevalence of FC in the three communities, study findings show that 81 per cent of the respondents have never been penalized for practicing

female circumcision. Only 13 per cent of the respondents reported having been penalized for taking their girls for circumcision while 6 per cent of the respondents never responded to the question. Analysis by district revealed that Kisii and Garissa districts reported the highest percentages (i.e. 40 per cent and 31 per cent) of the practice of female circumcision without penalties as compared to 29 per cent reported in Embu district. Contrastingly, the study results showed that Embu district reported the highest number of cases of penalties for practicing female circumcision in the community compared with the two other districts under study. This was represented by 81 per cent, 12 per cent and 7 per cent of the respondents in Embu, Kisii and Garissa districts, respectively.

5.8.2 Respondents' Suggested FC Abandonment Strategies

Respondents were asked to suggest strategies that they think should be adopted to ban FC. Of the respondents interviewed, 52 per cent suggested that it was necessary to increase free education to raise the level of awareness on the negativities of FC, 22 percent suggested arrest and prosecution of those practicing FC while 26 per cent stated that nothing could be done. Analysis by district showed that there existed a felt need for an increase in free education, including Information, Communication and Education materials (I.E.C.). Of the respondents in each district 36 per cent, 33 per cent and 31 per cent in Kisii, Garissa and Embu districts, respectively, expressed the need for increased free education. Other responses included

the arrest and prosecution of practitioners of FC. The results revealed that 47 per cent, 38 per cent and 15 per cent of the respondents in Embu, Kisii and Garissa, respectively, expressed the need for the arrest and prosecution of practitioners of FC.

5.8.2.1 Qualitative Responses on Strategies that could be adopted to abandon FC

A look at the responses from the qualitative aspect of the study as regarded the nature of the tools of persuasion show that respondents in the study areas were aware of some form of intervention having taken place in the community towards the abandonment of FC. Interviewees in the older generation (65-70 years) recalled several bans having been placed on the practice of FC right from the colonial period. The Christian missionaries with the support of the colonial administration were the most effective channels of intervention. In Kisii and Embu districts, for example, some of those who were converted to Christianity abandoned the practice. The Christian influence continued to be felt even after independence especially in most of the protestant churches. The Roman Catholic Church was cited as having played no significant role towards the abandonment of FC in its areas of influence.

Overall it was noted, Some Christians, both catholic and protestant still practice FC. This was associated with the hypocrisy that prevails among Christians. Some Christians denounce the practice in church but continue to do it secretly. The lukewarm nature of the Christian

intervention has been blamed for the persistence of FC. On the contrary, the Somalis of Garissa practice FC on the basis of the prevailing beliefs associated with the Islamic religion. However the Imam in Garissa reiterated that the Koran does not contain any instructions on FC. There is no question that FC preceded Islam in Africa. When Islam entered Africa, it is most likely that newly converted leaders, seeking to continue the practice of FC, linked it with Islam. Over time, a belief was created in the minds of Muslims in these countries that FC was required by Islam. There is no major Islamic citation that makes female circumcision a religious requirement. Neither the Quran, the primary source for Islamic law, nor the "hadith," which are collections of the sayings of the Prophet Mohammed recorded from oral histories after his death; include a direct call for FC (Toubia, 1995). Mohammed's directive that is most often cited as a reason for circumcision is from a question during a speech; it is not one of the Prophet's lessons. And even here, when Mohammed was asked what he thought of female circumcision, his answer was, in essence, an attempt to deter the practice: He is said to have told his listeners:

"To circumcise, but not to destroy (or mutilate), for not destroying (the clitoris) would be better for the man and would make the woman's face glow (Abdulla, 1934)."

Many people believe this describes a male-type circumcision where the prepuce is removed, with the object of making the clitoris even more sensitive to touch. If this interpretation is accepted, this attitude toward women's sexuality on the part of Islam would not be

surprising. In comparison with other major religions, Islam strongly acknowledges women's sexuality and emphasizes their right to sexual satisfaction as long as it is confined to marriage unlike in Christianity where female sexuality is demonized. The text of the Old Testament for example recognizes the wickedness of the vagina. Compiled in the third century BC it explicitly refers to the sexual cravings of the vagina. The book of proverbs 30: 15 states: "There are three things that are never sated, hell, the vagina and the earth (Davidson, 1964).

5.9 Evidence from Case studies

In this section case studies are presented to complement other data sources. The case studies focused on documenting voices in the process of persuading communities to abandon FC among stakeholders. A case study is a holistic investigation of some space and time-rooted phenomenon. A case study describes important events systematically. Case studies enable social scientists to acquire in-depth descriptions, which reflect a comprehensive awareness of the relationship between a phenomenon and other individual and societal responses, both contemporary and historical, than is found in journalistic accounts. The case study approach offers descriptions, which are as precise and systematic as possible (Ragin, 1987). In this case the space and time-rooted phenomenon is the practice of FC in the study sites.

In using case studies for this exercise, the researcher asked informants trenchant, well-specified questions whose answers were relatively unambiguous. Data

for the case studies was collected through unstructured, informal, face-to-face interviews between the interviewer and the interviewees. These interviews were intensive and exhaustive because the main aim was to 'capture' the 'salient' story to compliment any other quantified and qualitative findings. The names used in the case studies were fictitious in order to conceal the identity of the respondents.

5.9.1 FC from the Elderly's Perspective

Maria Rosa Kwamboka was born in Kisii in 1917; at the time of the study she was about eighty-five years old. Her voice represents the "voices" of other elders in this region. Maria underwent FC when she was a young girl of about 17 years. During those days, FC was part of growing up. Every girl had to be circumcised before the onset of puberty. She underwent a type of FC currently known as excision. Today, in many parts of Kisii the original type of FC has been modified into Sunna or Clitoridectomy. Maria reiterates that FC is as important today as it was in the old times. She still upholds the values associated with FC as evident from the following quote:

"A Gusii woman cannot be considered mature if she is not circumcised. Any man who marries an uncircumcised woman is not held in high esteem by his peers. His wife may even be forcibly circumcised by other women in the village. Furthermore a real Kisii man would never fail to have his daughters circumcised. No man wants to live with "esagane" (i.e uncircumcised woman) in his homestead."

Maria does not believe that FC can affect a woman's health in any way. However she observed that:

"Some girls could get an infection, but that is just like a common cold. We had ways of dealing with such eventualities."

On HIV/AIDS she observed that since the circumcision age has been lowered to about six years, there are no possibilities of initiates passing on the virus to one another. Maria observed that it is not necessary to abandon FC. Such a move is a direct interference with the communal culture. There is nothing wrong with the practice and people should be left alone to observe what their culture dictates.

5.9.1.1 Case Study Two: Ezekiel Kiruai (83-years-old)

Mzee Kiruai was born in Embu at about the time the First World War ended. He is a church elder and a committed Christian. He recalled that efforts dedicated towards FC'S abandonment in Embu began when the Christian missionaries settled at a place called Kigari. People started referring to the missionaries as "*miceni ya kirore*" or missions of the crown. The crown refers to authority. Mzee Kiruai recalls that the early church was totally opposed to FC and did not admit in the congregation anyone who was involved in such traditional practices. However, they (missionaries) did not explain the negative consequences of FC, "they just condemned it." Some denominations e.g. the Anglican Church were more vigilant about FC abandonment compared to the lukewarm stance taken by the Catholic Church.

The Mau Mau war was a major setback for FC'S abandonment efforts in Embu. The warriors demanded that all adults take "an oath" of allegiance. Thus all those adult women who had not undergone FC were circumcised by force. This coercive act was done because any uncircumcised woman was considered immature and was a threat to "war secrets". This period therefore, witnessed the revival and re-emergence of the practice of FC. From then on Christians were caught between "paying allegiance to the gospel or to the movement". According to Mzee Kiruai, the post independence era has witnessed a lot of hypocrisy in the community, which now embraces "salvation and circumcision" simultaneously. At the individual level, Mzee Kiruai does not see anything wrong with female circumcision. Women should be circumcised to make them mature, however no one should be forced to undergo the rite.

5.9.1.2 Synthesis of cases one and two

The two respondents (case study one and two) belong to the same age-set- characteristic of the traditional and transitional generation. They have lived and witnessed transformations take place from the traditional to modern type of social organizations. However, the stories they recounted during the study indicate that though numerous changes have taken place in the socio-political structures, the institution of belief and value system have remained largely unaltered. Thus the persistence of the practice of FC can be associated with the fact that peoples' belief systems about the practice have not changed to a large extent. It is apparent that Christianity and other

modernity related factors might have had a greater impact on people's behavioral change only if the agents concentrated on convincing them to change their beliefs and values without being judgmental on the practice per se. Consequently, the only way this could have been achieved would have been through educating people on the harmful effects of FC. It is therefore no wonder that the two cases have "heard" of bans on the practice of FC but so far they do not know why the practice is demonized.

5.9.2: FC from the Middle Aged Perspective

5.9.2.1: Case Study Three: Esther Kanini (45-years-old)

Kanini is a mother of seven, 2 girls and 5 boys. Her two daughters are circumcised. She knows that some families in her village do not condone female circumcision. At first she considered not subjecting her daughters to FC but as they grew up they faced a lot of pressure from their peers. They begged the mother to take them for circumcision. After consultations with the husband, they decided to comply with their daughters' demands. The interviewee noted that many parents are not aware of the negative consequences of FC. According to her:

"Those who condemn the practice have not given us good reasons yet the practice has immense social significance. Our daughters could not fit in the schools because their circumcised friends jeered at them and called them names."

She also noted that in the village some married women who are not circumcised are very uncomfortable because other circumcised women in the village look down upon them.

She recounted a number of cases in which husbands pressurized their uncircumcised wives into getting circumcised. Such cases are quite common. From a parents point of view she believes that the practice of FC will continue albeit secretly because most people are not educated on the negative consequences. To this end she intimated:

The government threatens us with arrest, while the church threatens us with excommunication. We have been able to evade the government by circumcising secretly and one can always "confess or change churches". This way the practice continues unabated".

5.9.2.2 Case Study Four: Mr Athman Mohammed (55-years -old)

Athman Mohammed was born in and lives in Garissa District. He is a father of six, 4 daughters and two sons. All of his daughters are infibulated. According to him, FC is a religious requirement and Somalis are required to have their daughters circumcised as it is written in the Holy Book Koran. Nevertheless, Athman believes that it is impossible to abandon FC among the Somalis because it is a deeply rooted practice whose patterns and types of operation have only changed slightly. He noted that some "urban" Somalis have modified the traditional form of FC from infibulation to "Sunna" or the cutting of the tip of the clitoris. Though the latter form is acceptable the former is more respectable of the Somali culture and most people would prefer to have their daughters' infibulated. The interviewee knows that infibulated women have serious sexual and reproductive problems but such can be tolerated.

Only an uncircumcised woman cannot be tolerated in the community. However, Mr. Athman does not rule out the fact that education can enable the Somalis to understand and possibly work towards abandonment of FC.

5.9.2.3: Synthesis of Cases Three and Four

Cases three and four are characteristic of parents in the study areas who have children old enough to be or who have been circumcised. The circumcision age for female children ranges from 6 years in Kisii and Garissa to 12 years in Embu. Both parents are pro-FC and their support for the practice is based on the premise that it is a religio-cultural rite of passage. Although pressure from the government and the Christian religion has pushed the practice into secrecy in some areas, the health consequences of FC are not well known to them. In Embu the issue of peer pressure in the school system is an indication of the fact that there is no comprehensive effort towards FC abandonment. For example, the schools administration and curricula activities must address the practice of FC objectively. Peer pressure can be dealt with at the school level only if teachers and others concerned can influence the pupils/students with the actual information on the consequences of FC. Modification of FC which is a preference among parents in all the three areas negates the efforts for the total abandonment of FC. For example the communities in Embu and Kisii are shifting from excision to sunna while those in Garissa are currently shifting from infibulation to sunna as well. Thus modification perpetuates the practice with less severe bodily harm.

5.9.3 FC from the Perspective of the Young

5.9.3.1 Case Study Five: Sadia Mohammed Ali (25-years old)

Sadia is a young Somali woman. She lives in Garissa District with her family. She was infibulated at seven years of age. At that time the decision rested totally with her mother and her female relatives. Every Somali girl must be infibulated at that age. An uncircumcised girl cannot be socially integrated among the Somali. Today Sadia is unaware of the harmful consequences of FC. She is happy to have been circumcised because she was made to believe that the shedding of blood during FC is like going through a purification process and it is also seen as a religious sacrifice. She also noted that FC has enabled her to maintain her virginity. Sadia does not support the abandonment of FC. On the contrary, she will have all her daughters circumcised when they come of age.

5.9.3.2 Case Study Six: Aneta Kanampiu (39 years)

Aneta Kanampiu hails from and lives in Embu District. She is not circumcised. Though majority of her age mates underwent FC, Aneta escaped the rite because her parents had been converted to Christianity. As a result, her life especially among her peers has been very difficult. Often, some people insult her and women in the village gossip about her. However, the interviewee knows that the circumcised women are not better than her in any way. She noted that with time, people have come to respect her especially because most of the girls born after her in the

village have not been circumcised. But she has had to fight some critics physically. As she put it:

"Nowadays they keep off because there is a time I beat up a couple of women thoroughly for insulting me. Actually people fear me; they know I am a fighter. Nobody calls me "kirigu" (uncircumcised girl) any more."

As a result of her frustration, the respondent has been keen on finding out why parents put their daughters through so much pain. She noted:

"This circumcision thing has nothing to do with maturity, it a kind of revenge by older women on their own daughters for the pain they themselves underwent. Some say their daughters must feel that pain too. They hate me because I did not go through that suffering. They are just hypocrites."

Aneta has no respect for traditional practices such as FC. Her daughters will not be circumcised and she will do everything possible to protect them from peer pressure. She also knows that women are generally ignorant about their sexuality. Through personal experiences she knows that uncircumcised women enjoy sex more because "the clitoris is intact".

5.9.3.3 Synthesis of Cases Five and Six

Cases five and six represent the voices of young women. In the case of the Somali woman, she was infibulated when she was only seven years. The fact that she does not know any negative consequences of FC represents her

ignorance. She strongly believes that FC is a religious requirement and nothing can be done towards abandoning it because this would be tantamount to disobeying the instructions given by the Koran. To date some Muslim scholars have differed on this view because "FC is not condoned by the Koran" thus such notions are misconceptions. In this context, FC must be understood as a practice with multi-trade off inclinations. First, a girl is circumcised as a way of obeying a godly command and second, FC is a means through which the initiate becomes socially integrated.

Case six demonstrates very clearly the reprisals a girl who fails to get circumcised can go through. This can range from verbal, emotional violence to physical violence. An interesting finding shows that women are both victims and perpetrators of FC. As perpetrators, the researcher noted that the act is laced with malice and vengeance as a way of exerting revenge.

5.9.4 FC from the Medical Perspective

5.9.4.1 Case Study Seven: Flora Njeri Stephen (52 years old)

Flora is a former Community Nurse/Midwife from Embu District. She retired from formal service. Currently she "treats patients" from a small "clinic" at a local market. She performs circumcision on girls. During the school holiday the demand is quite high. To a large extent most parents prefer clitoridectomy to excision because the wound heals faster. However there are those who prefer the latter. The respondent noted that most parents prefer

"sanitized" FC because of the HIV/AIDS scare. Only a minority take their children to the traditional mid-wife for excision. Also, clinicalized FC is less painful because of the drugs that she uses as evident from the following words:

"I inject the clitoris with a numbing drug, it swells and becomes very big, and then I grab it with forceps and cut that part with a pair of scissors. I also give them antibiotics. Everything (gloves/cotton wool) is disposable except for the scissors and forceps."

Flora noted that parents are very keen on having their daughters circumcised because:

"In this area uncircumcised women are harassed by their husbands. Some have even been forced into circumcision in old age. In schools and in the villages, girls form cliques and tend to shun and jeer those who are not circumcised. Uncircumcised girls are miserable."

On the negative consequences of FC Flora observed that:

"From my medical experience women who are circumcised have more problems while giving birth, in most cases a longer episiotomy has to be done for circumcised women in order to widen the vulva to prevent the circumcision scar from tearing."

Performing FC'S is a steady source of income for the interviewee:

"I do it for two reasons; one, it is a source of income since I retired a few years ago; and second in response to a community need. Parents entrust me with their children because of my background in medicine."

The respondent felt that it would be extremely difficult to abandon FC because there seems to be a resurgence of the practice. That is, more and more parents opt to take their daughters for circumcision nowadays. The practicing excisor had not landed in any trouble with the law:

"I don't circumcise at home or in peoples homes and when parents bring their children, they come like all other patients seeking medication."

5.9.4.2 Analysis of Case Seven

Medicalization or clinicalization of FC describes an emerging trend whereby the practice of FC is performed by medically qualified personnel such as nurses, clinical officers and doctors. The shifting pattern is given this name because such procedures are done in medical settings with the use of medicine and modern surgical instruments. The World Health Organization consistently opposes clinicalization of female circumcision along with other African commentators and organizations. In a bulletin WHO noted that:

"No action will entrench FC more than legitimizing the practice through the medical profession. If doctors and hospitals start to perform it, rather than condemn it, we will have no hope of abandoning the practice. All the respect and authority given to doctors will be transferred to the practice" (WHO, 1996:34).

Thus those medical practitioners who practice FC pose a great threat to its abandonment. This is more so in cases where low cadre medical support staff take it upon themselves to perform the operations. Because of their

financial needs they will be compelled to continue circumcising in order to earn an income. On the other hand, since the government bans are not properly enforced, the law may not succeed in dealing with such individuals.

5.9.5 FC from an Administrators Viewpoint

5.9.5.1 Case Study Eight Mr. Andrew Ratemo (administrator)

Mr Ratemo is an administrator at the sub-locational level in Kisii District. He therefore works closely with the community. He observed that FC is prevalent in Kisii land and the Gusii people are prejudiced against those communities who do not practice FC. He noted that though chiefs and their sub-chiefs have tried to enforce the government bans on FC, however;

"The Kisii people are not willing to abandon FC because they do not want to be like the Luos and the Luhya. The Kisii fear that if their daughters were not circumcised, they would become prostitutes."

Ironically most Kisii men like to have sex with the Luo and Luhya women. They cross the border to look for these women." Nevertheless, the chief observed that the level of resistance towards FC abandonment efforts is high among the Kisii. Asked whether he would be ready to train his people on the consequences of FC on women's sexuality and health, he observed:

"I will pass on the message but most people will think the chief is running mad...."

From an objective point of view, the chief noted that, most Gusii leaders lack the will to support FC abandonment

because they fear loss of political backing through the ballot from their constituents. To this end, he quipped:

"No sane Gusii MP would dare speak against FC. Recall the bill that was tabled in parliament on FC, even our female MPs rejected it"

In Kisii women do not seem to think FC is an issue that affects their reproductive health. The chief called for mass education targeting the practicing communities. He is of the opinion that making FC criminal will only fuel the persistence. According to him:

"The government should take time before coming up with a law to criminalize FC. When the president placed a ban on FC in 1998, people went around circumcising even babies".

5.9.5.2 Analysis of Case Number Eight

The chief is the government representative at the community level. The government entrusts chiefs with the task of passing on directives to the people, making them the medium for communication of most government directives in the rural areas. FC is one issue that most administrative officers have not been able to address effectively. Most government officers and people's representatives shy away from FC matters because "such involvement would offend the people". This brings in the political dimension of FC. At this level FC ceases to be a private matter but that of public concern, it ceases to be a woman's affair but a communal affair. Such a discourse

can help explain why FC has persisted in the practicing communities.

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CHAPTER SIX

6.1 DISCUSSION OF FINDINGS

The main objective of the study was to describe, analyze and explain the practice of female circumcision within the context of persuasion and persistence. More specifically the study investigated: (1) The cultural institution of female circumcision from a comparative perspective and within the contexts of persuasion and persistence (2) The manifestations of persuasion against the practice of female circumcision. (3) The capacities of the recipient communities in the attempt to persuade them to abandon the practice of female circumcision. (4) The forces of persuasion against the practice of female circumcision. (5) The tools of persuasion against the practice of female circumcision. This chapter discusses the major findings of the study both from the qualitative and quantitative aspects of the study. This forms the basis for the conclusions and recommendations on the issues addressed in this thesis. The discussions are organized around themes that are related to the study objectives.

6.2 Manifestations of Persuasion

This study sought to investigate the factors that account for the persistence of the practice of FC despite many attempts to stop the practice. Study findings on the manifestations of persuasion efforts against the practice of FC show that the practice is still very widespread. Other studies that confirm this include (Murray, 1974;

Ahlberg, 1991; Dorkenoo and Elworthy, 1994; Lane and Rubinstein, 1996; Thomas, 1992; and Eliah, 1999). Socio-cultural determinants emerged as the most prevalent reasons for the persistence of FC. This was broken down into; the fulfillment of a cultural requirement, avoiding family shame, maintenance of virginity, getting a husband, to gain respect, initiation into womanhood and reducing sexual urges. Findings on education indicate that a good number of the respondents interviewed had no formal education. This is alarming considering that education empowers women to make informed decisions, particularly on issues that affect their sexuality. Other studies that have come up with similar conclusions include (Shandall, 1967; Warzazi, 1992; Hosken, 1993a; PATH/MYWO, 1993; Toubia, 1995; and Rushwan, 1996). Findings on the question of the impact of religion on the practice of FC showed that it was largely believed to either support or inhibit the practice.

In the past, Christianity led to the decline of FC in some districts. However, the religious stand on FC of most religions is not clear. Although, some do not support the practice, neither do they speak against it. There is still no clear evidence as to whether religious tenets support or inhibit FC. This study established that religious influence on the practice of female circumcision is very high in Muslim communities. Findings from this study indicate that many families circumcise their daughters because they believe Islam sanctions the practice. Other studies have come up with similar findings (see e.g Baasher, 1979; Assaad, 1980 and Lightfoot-Klein, 1989). However no evidence was found in the Koran or elsewhere to bear this out. During the Focus Group Discussions, In-Depth

Interviews and case studies, the discussants reported that FC is a deeply rooted custom with all that this implies. It has traditional, religious, social and cultural sanctions and background. The rite enhances ethnic cohesion and identity, increases chances of getting married and introduces one to important lessons in life.

6.3 Capacities of Recipient Communities in FC Abandonment

With regard to the capacities of recipient communities in the attempt to persuade them to abandon the practice of female circumcision, results from this study show that one is not simply born a "woman." One becomes a respected person and an integrated female only after implementing the socially designated course to dignity and status. Further, this study found that during the female circumcision operation there is celebration and jubilation as the initiates and other family members feed on special foods and initiates are given presents. The gifts, celebrations and the family life education that is imparted on the initiates are meant to compensate for the hardships associated with the pain of FC. Initiates are removed from the common mass of humanity by a rite of separation i.e. female circumcision. This rite automatically incorporates the initiate into a discrete community and facilitates adjustment into the necessary status and role. The rite also serves the multiple purposes of expressing, inculcating and ensuring the maintenance of cultural values and identity. Therefore arising from the foregoing this study found that female circumcision should be understood

in the context of social norms including how norms shape and normalize behavior.

Women were identified as the main perpetrators of the practice of FC while men were reported to be taking a more passive role. This seeming passivity is just the way gender power relations and control are organized and manifested. These power structures shape men's and women's identities, perceptions, interactional practices and the forms of social instruction that are created. Other studies; Okin (1989); Wilton (1997); Annadale (1998); Schwatz and Rutter (1998) and WHO (1999) have confirmed these findings. Ahlberg et al (2000) has also confirmed this when she says that, whether it is the African dual or European hierarchical systems, male power control is invisible. Men's visibility was seen as fathers and as heads of households in the funding of FC ceremonies and determining when and where the ceremonies are to take place. In this study men's visibility was seen in the role they play in the perpetuation of the practice of female circumcision in their opposition to abandonment efforts and in this way they can be said to be visible in this socially normalized practice. This study also found that the patriarchal social structure has survived because of a whole range of ingenious devices that have restrained the sexuality of women and assured genealogy. It established that FC is a gender related practice because it is justified in the society's socializing role. Female sexuality is denigrated and constrained. The charge of patriarchy is used to explain a purportedly universal devaluation of women's status in societies. Patriarchy is said to be a structure that constrains agency and determines behavior (EL Saadawi, 1980; Lerner, 1986).

Some of the prevailing medical facts show that removal of the clitoris takes away the primary specialized female sexual organ. The tip of the clitoris, like the tip of the penis, has a dense supply of nerve endings which are extremely sensitive to touch. The body of the clitoris is made of spongy erectile tissue with a covering layer of more sensory nerve endings and a rich blood supply from the clitoral artery. This erectile tissue which spreads deep under the root of the clitoris, is found in the inner lips and on the floor of the vulva, and forms a ring around the entry to the vagina. Although this tissue does not have the same density of nerve endings as the tip of the clitoris, it is more sensitive than the surrounding skin. In comparison, the vagina has very few nerve endings, most of which are not sensitive to touch.

In humans, the ability to attain sexual pleasure through the achievement of orgasm is a complex process. It involves the presence of normal external genitalia, appropriate hormonal stimulants, and individual psychology. By altering the normal anatomy of the female sexual organs, FC reduces the ease with which sexual fulfillment is achieved, or makes it extremely difficult. Unlike men's genitals, women's genitalia are clearly separated by function. The clitoris is a specialized sexual organ dedicated only to pleasure; it has no reproductive function. The vagina is an organ of reproduction with minimal sensory capacity for sexual response. In other words, FC removes the woman's sexual organ, while her reproductive organs are left intact. With clitoridectomy, some of the sensitive tissue at the base of the clitoris, along the inner lips and around the floor of the vulva are

still intact and will give sensory sexual messages if properly stimulated. In addition, other sexually sensitive parts of the body, such as the breasts, nipples, lips, neck, and ears may become hyper sensitized to compensate for lack of clitoral stimulation and thus enhance sexual arousal. Infibulation leaves the woman with no sexually sensitive genital tissue and, in compensation; substitute sensory areas have to be called upon to an even greater degree. While FC does not affect the hormonal stimulants for sexual desire and arousal, it can obviously have a very negative effect on a woman's feeling about her right to sexual pleasure. Such psychological effects cannot be predicted in all cases and some women may overcome them.

As regarded the psychological complications of FC this study had no specific findings on the psychological impacts of FC as a health concern. Most of the attention given to the health problems associated with FC concentrates on the physical aspect with little attention given to the psychological problems. Few studies have been conducted to measure the effect of the trauma of FC on girls and women. Indeed, compared to concerns over problems such as malnutrition or diarrhea, there has been little discussion on the psychological effects of this practice on girls and women, giving the impression that girls and women of the developing countries have bodies but no psyches.

The outsider is usually under the impression that FC is a highly regarded rite. Contrary to this facade, the findings of this study show that women and girls are not always open about FC. There is some shame that women associate with this practice. At the beginning of the data collection process, it was extremely difficult to convince respondents to part with their views. This shows that girls

and women are put under pressure of coping with a label that is shameful and embarrassing to talk about. The psychological complications of FC may be submerged deeply in the individuals' unconscious part of the mind. However many children exhibit behavioral changes, and some problems may not become evident until the child reaches adulthood. Notably there are few qualified psychologists and psychotherapists available to analyze these problems. Additionally, psychological diseases and disturbances are not readily recognized in poor people. Many women who may be traumatized by their circumcision experiences, worried about a physical complication, or fearful of sex have no acceptable means of expressing their feelings and suffer in silence. When the pressure reaches a certain level, their condition can progress to psychopathological levels. Further the psychological aspect of human sexual arousal is an equally complex phenomenon which is still not fully understood by experts. It involves emotions, concepts of morality, past experiences, acceptance of eroticism, fear of disease, pregnancy, dreams and fantasies. If FC is performed during infancy, it is unlikely that the girl will remember the event itself. Even if the trauma lingers, deep in her subconscious, psychology cannot predict the extent to which this traumatic memory will be clearly linked to sexuality in her conscious mind.

Most circumcisions take place when a girl is older and already receiving multiple social messages about her position in society in general, in regard to boys and men in particular. The link between the operation and the social feminization of women might be made through subtle, positive associations or through aggressive gender training and threats of negative consequences or even torture. The

first model is more common in East Africa; the second is employed more often in West Africa, with its cults of "secret societies." It would be difficult for any child above infancy not to associate circumcision with some diminution of sexual desire; the message and the act appear to be interrelated. With infibulations, in particular, the radical shaving off of all sensitive tissue plus the folding away of the vagina can be seen as a metaphor for the denial of a woman's sexuality and the locking up of her reproductive capacity with a "chastity belt" made of her own flesh. The "protective hood" is only allowed to be cut open or dilated to permit the husband his lawful access to the vagina in return for his bride price. Later it is opened further when the woman is performing her sacred duty of childbirth. Because women who have had any of the operations are likely to become sexually frustrated, they may no longer seek sexual contact with their partners. Ultimately, they become sexual objects and reproductive vehicles only. This role conflicts with the social requirement that a woman be sexually desirable and pleasing to her husband, especially if sexual pleasing requires her to show that she, too, is enjoying the sexual experience.

It is difficult, of course, to verify the reports of circumcised women about their sexual experiences. Social proscriptions, the lost memory of what it is like to have a clitoris, plus the strong expectation that a woman must be satisfied with her husband's sexual approaches, prevents many women from speaking openly about their sexuality. Because women's sexuality is made even more complex by cultural values and ambiguities, it is difficult to separate the purely anatomical and hormonal sexual functions from emotional and psychological influences. This

means that a woman without a clitoris may still be able to reach orgasm. The combinations of physical and psychological barriers make it difficult, but not impossible, for women who have experienced FC to enjoy sex. Those who are reportedly still able to achieve orgasm have the spirit to maintain the required psychosexual state, using maximum creativity and minimal resources. To continue enjoying partnership and sexual life under such conditions is proof of women's vitality and resilience. For those who have trouble imagining why a society would impose circumcision on its women, it might be useful to remember the impact of Freudian theories on Western women's sexuality. By labeling clitoral orgasms as "immature" fixations and glorifying vaginal orgasms achieved through intercourse, Freudian theory, in effect, imposed a psychological clitoridectomy on women. In the United States, a majority of women were unaware of the clitoris or its functions as recently as the 1960s, and had difficulty experiencing orgasm (Toubia, 1995).

The preceding medical facts clearly show that the female genitalia is supposed to serve two basic functions; sexual pleasure and reproduction. However findings from the study show that men and women are socialized to view female sexuality negatively. Sex in the first place is a taboo subject. The mention of female genitalia is "forbidden". Most individuals even in adulthood cannot name the female genitals especially in "vernacular" without being overcome by shame. In most societies, the most painful and disgusting insult a man can throw at a rival is "the clitoris". Contributing to the discussion on how the clitoris is perceived in his community a respondent from Embu had the following to say:

"We do not call "that part" by name. It is so shameful. Unless a man really wants to hurt another then the word "Kigura"³⁴ can be said, but this would automatically lead to a fierce fight. You know even when we are having sex with our wives we don't touch that part. I know a woman can feel nice but we are socialized to associate it with dirt even if it belongs to your wife. Some men have never gathered enough courage to look at it. You see, around here couples have sex at night, in the dark, and even if you have it during the day, you don't bother to check your spouses' genitals."

With such kind of negative associations, it is no wonder that women continue to circumcise their own. Majority do not see the necessity of "enjoying sex" because sex is meant for procreation purposes only. However some women complained about the insensitive nature in which men aggress during sexual intercourse. The following response underlines that perception:

"My husband comes home from work, sometimes even at midday and demands to have sex. When we go into the house he can go on even for one-hour non-stop. It is an ordeal because of the pain I have to undergo all the time. Sometimes I wish he could marry a younger woman to meet his sexual demands. You see, according to our customs, I cannot complain because after paying dowry he can do whatever he wants with my body" (A mother from Kisii).

³⁴ Kigura - means clitoris in Kiembu

Most respondents, especially the older women noted that "whereas men enjoy sex all the time, we do not". After subsequent births most women no longer have a desire to have sex with their husbands. Some women felt that probably this is because their genitalia have been interfered with. In Kisii the chief was convinced that women have sex "for reproductive purposes only." He also said that women are ignorant of the relationship between FC and sexual satisfaction and need to be educated. He reiterated that women need to be taught what sex is and what it means to "play sex". The fact that other sexually sensitive parts of the body, such as the breasts, nipples, lips, neck, and ears may become hyper sensitized to compensate for lack of clitoral stimulation after FC may explain why circumcised girls indulge in premarital/teenage sex contrary to expectations. Respondents from two communities (Kisii and Embu) concurred with this view. According to them, for some strange reasons, some girls get pregnant soon after circumcision yet we have them circumcised so as to reduce their sexual urges. They felt that nowadays it is like trial and error, one hopes that after circumcision the girl will be sexually controlled.

Further, the physical element of female sexuality is defined negatively; this makes it understandable that in most African cultures male and female sexuality has been patterned by cultural definitions of masculinity and femininity. Female sexuality is inhibited by society's negative definition of it whereas male sexuality is punctuated with performance and achievement.

Findings from the qualitative aspect of this study show that in addition, to preserving virginity, chastity and

'purity' for marriage FC places limits and prohibitions on a girl's freedom of movement and association. This implies that girls get circumcised to make them suitable for "male selection." In Kisii and Garissa where FC is prevalent it is very shameful for a man to marry an uncircumcised woman. However one would want to find out sincerely whether men in these regions do or can mate or have intercourse with women who are not circumcised. If the latter is true, then men in these communities can be termed "social hypocrites". In one of the interviews, a Gusii male chief remarked:

"Let Gusii men be honest with themselves. We are under social pressure to marry circumcised women. So we make sure our daughters are circumcised. But the truth of the matter is most Kisii men will not hesitate to cross the border to have sex with Luo women (the Luo do not circumcise their women). Sex is better with a woman who is not circumcised" (Gusii male chief).

To understand the above, one might want to look at one of the propositions of feminism. Feminists have stated that society is generally hypocritical. Beauvoir (1989) in "The Second Sex" asks some questions; what is culture? Whose culture is it? Who made culture? Are men subjected to culture as women are? In this case, if men enjoy sex more with uncircumcised women, then why do communities have to expect women to undergo circumcision? Hayes (1975); Ahlberg (1991); Hosken (1993a); Dorkenoo (1994); and Toubia (1995) have come up with findings that are consistent with the foregoing. In another study Foucault (1984) stresses that society controls sexuality through construction of a dichotomized or gendered sexuality with female sexuality being subordinate. Sexual control in essence is the control

of sexual desire and pleasure. Colonial intervention imposed this Christian morality of linking sexuality with sin before marriage on societies in Africa, although Africans too had a moral system that similarly prohibited sexual activity before marriage. Additionally, the study found that for the control of sexual desire and pleasure, societies have designed rules or norms defining the appropriate female sexual behavior. A study by Berger and Luckman (1967) came up with similar findings. This is also intertwined with the biological state of procreation. Overtime, it is taken for granted that female circumcision is a normal way of transforming a girl into a socially constructed woman. Foucault's (1976) analysis of control in medicine and his conceptualization of normalization as the modern method of control is applicable to female circumcision. The Somali in this study practice circumcision for purification. In this context, it is not unusual to hold the uncircumcised in contempt.

Findings from this study indicate that the nucleus of the community, the family, is still the most important socializing unit. The social stigmatization associated with not undergoing FC emanates from the family, peers and other community members. Other studies that have come up with similar findings where pressure is exerted on girls by creating fear and discrediting female genitals and the behavior of uncircumcised women include (Warsame, 1989; Hosken, 1993b; Toubia, 1999; Rahman and Toubia, 2001; Marison, Schecf, Ekpo, Paine, West, Coleman Walraven, 2001). Regarding the type of FC practiced, it was evident from the findings that the most common was clitoridectomy (90%) while infibulation and excision accounted for the

rest. In Garissa, the most severe type (infibulation) accounted for 25% of the FC practiced in the region. This is attributed to the Somali people's migration patterns, which has influenced the culture and practices associated with circumcision in the region (Warsame, 1989; Arbesman, M., et al, 1993).

Regarding the effects of FC, there were varied responses regarding respondents' awareness of the practices effects on a woman's body. Some respondents indicated that it was harmful while others were not aware of any harm. This finding can be attributed to the efforts of NGO's aimed at increasing awareness on the harmful effects of the practice. El-Dareer (1982), Kwaak (1992), Lightfoot-Klein (1993), Hosken (1993a) and Toubia (1995) have come up with similar findings.

6.4 Forces of Persuasion to abandon FC

The study sought to establish the nature of the forces of persuasion. The findings show that Governments' role in FC abandonment efforts is lukewarm. Non -governmental organizations and churches were found to have played a very significant role in advancing the message of abandonment. Findings on the past abandonment efforts show that the champions of the FC abandonment campaigns have usually invented monolithic approaches that have denied the diversities and histories of the communities practicing FC. Additionally, these approaches have been coercive and insensitive to the felt needs of communities who practice FC resulting in the persistence of the practice. Findings from this study show that there has been resistance to the

calls for abandonment of the practice especially with the persistence of the practice. Other studies have found that in terms of abandonment the missionaries and others intervening in this area made little attempt to understand the Kikuyu sexual morality; for example, the enforcing mechanisms or the way they were socially intertwined. Instead the open attitude and the public gaze in the FC process were interpreted to mean that the Kikuyu and many similar societies in Africa had no moral value attached to sexuality. According to, Phillip (1925), Kenyatta (1938), Gennep (1960), Mustaffa (1966), EL Saadawi (1980), Caldwell J.C. et al (1989), Ahlberg (1994), Ruonavaara (1998), Natsoulas (1998), Abusharaf (2001) and Thomas (2003), these misinterpretations have guided many FC abandonment interventions.

Other findings from this study indicate that a community's capacity to be persuaded to abandon the practice of FC is still greatly influenced by cultural dictates as has been the case in the past. It is evident that both individual and societal based factors present major obstacles to FC abandonment efforts. This includes personal attitudes and societal belief systems, which are ingrained in the choices people make in life. The government and other change-oriented institutions have played a key role in the abandonment of FC. Several government bans have been placed on the practice of FC since independence. Since the women's decade, governmental and non-governmental organizations have increasingly directed their efforts towards the abandonment of FC. The MYWO has spearheaded these efforts covering a large number of districts in Kenya. In Kisii, MYWO organizes seminars and training sessions for trainers who in turn are expected to train stakeholders at the

community level on the harmful effects of FC. The response is slow and this should be perceived as an indicator of ineffective approaches still in use. Lack of response to intervention efforts was attributed to a number of factors including; low knowledge levels coupled with a strong commitment to traditional values and belief systems and the nature of the forces used in the persuasion effort which were viewed by the communities as being external.

Murdock (1932), Ahlberg (1991), CEDPA (1999), Population Reference Bureau (2001) and Diop, N. et al (2004) have all done studies that have attested to these findings. An important step in the process of persuading communities to abandon FC is to provide minimum education for all. Meaningful change requires specific conditions. The findings from this study underline this because this was a felt need of the respondents. Education is a promising vehicle for facilitating outcomes determinative of cognitive adjustments. The results of the survey and discussions with people revealed an ignorance of the negative impacts of circumcision, or that it could result in such problems; they believed it to be a useful process with no negative effects. Not only people's ignorance but also the absence of any effort by health educators and others is reflected here. Evident from the findings of this study is the fact that communities are doing very little towards the abandonment of the practice of FC thus leading to its persistence. This is as a result of the traditional and cultural meanings associated with the rite, lack of adequate knowledge on the negative effects of FC as well as the individual, group and societal values, norms and beliefs associated with the practice.

Additionally, this study argues that persistence is not only due to the practice being deeply rooted in the social and cultural systems where it is practiced. Rather, it is the failure to base abandonment strategies on an understanding of the meaning of female circumcision, the female power dynamics within which it is played, the social normalization of power and control and the way these are socially constructed and organized. The abandonment efforts have at least in some parts of Embu district transformed a practice that was a public action controlled and regulated through the public gaze into an individual secret action. The elaborate sexual educational ceremony has become a simple act of cutting the clitoris sometimes in medical settings making the practice of female circumcision invisible and this is what makes abandonment challenging. Some respondents in Garissa district also reported that in urban Garissa medical personnel were performing the operation. Clinicalization of female circumcision is consistently opposed by some medical personnel (Toubia, 1993; Hosken, 1993a; WHO, 2001; Shell- Duncan, 2001). Further, the failure to base abandonment on a proper understanding of the practices complex social context and meaning is not unique to female circumcision. It is a problem inherent in the bio medical model that focuses on disease and disease agents and not the complex social meanings and contexts or as Agar, (1996) argues on disease ecology. It is assumed that health education will make women aware of the medical complications of female circumcision and persuade them to stop the practice. The education campaigns have created a great deal of awareness about the negative aspect of female circumcision, but this has not translated into abandonment of the practice. In the

female circumcision abandonment campaigns agents transfer one type of knowledge from one context to another and disregard local forms of knowledge. A look at the modernization process since the age of enlightenment has been guided by the belief in a linear form of development, which has assumed that solutions to most problems including complex social problems such as the practice of female circumcision could be solved through technological fixes (Ahlberg, 1994). This study is of the opinion that the solutions lie in reorienting the design of interventions including the need to allow for the generation and use of more local knowledge. Findings from this study indicate that female circumcisers have a crucial role to play. They are mainly midwives, both trained and untrained and are key figures in perpetuating the practice. Harkavy (1987), Obermeyer (1999), PATH/MYWO (2000), Shell -Duncan (2001), Njue, C. et al (2004) and CEDPA (2005) have all come up with similar findings.

It is evident from the study that the level of knowledge on individual human rights is quite low. In the practicing communities, FC is taken as an integral part of people's daily lives. It is a rite of passage an individual must go through when they come of age. It is not until recently that external efforts by the international agencies through governmental and non-governmental organizations have to a certain extent questioned FC from a human rights' perspective. However their denouncing the practice of FC has not acted as a deterrent. In other studies law alone has been found not to have worked in the FC abandonment process (WHO, UNICEF, UNFPA, 1996; WHO, 1999; CRLP and RAINBO, 2000; CRLP, 2000; Rahman and Toubia, 2001).

6.5 Tools of Persuasion in FC Abandonment

Responses to the question on the tools of persuasion showed that the official bans on the practice that have been placed in the past have failed to achieve significant responses. Female circumcision has proven to be an enduring tradition difficult to overcome at the local level with deeply held cultural and sometimes political significance. In terms of legislation the study found out that law alone seldom changes behavior. Formal legislation has proven to be a poor instrument of cultural change. Although it is certainly a key determinant of change, it is not a panacea nor is it a brooding omnipresence in the sky. It is instead a mechanism that is integral to, and contingent on, a broader societal scheme. Against this backdrop, it is reasonable to infer that law can wield considerable influence over actions and attitudes where it is accepted as legitimate authority. A corollary view is that legal control is affected by social influences, the greater the social consensus the higher the chances of observance and punishment for violations.

Several government bans have been placed on the practice of FC since independence. These have usually been contained in official policy documents. Other pronouncements against the practice of FC have been contained in political speeches and the content of the mass media. Practicing communities have perceived these persuasion efforts as being external.

6.6 Comparative Analysis across the Objectives Highlighting the Core Findings

Comparative analysis of findings from this study on the manifestations of the practice of FC, show that FC is more prevalent in Kisii, Garissa and Embu districts in that order. The practice of FC is recognized as an important traditional rite of passage with the prevalent types of FC being clitoridectomy in Kisii and Embu districts and clitoridectomy, excision and infibulation in Garissa district. Other comparative analysis of findings from this study on the manifestations of the practice of FC accounting for the persistence of FC in all three study sites showed that the practice continues because of prevailing cultural norms, attitudes, values and beliefs. Kisii and Garissa districts, however, registered higher percentages of persistence than Embu district. There is no doubt that though many aspects of traditional cultural beliefs and practices have been altered through modernization (e.g. eating habits, modes of dressing, types of family and marriage) among others, beliefs and values associated with FC remain almost intact across regional and ethnic backgrounds. For example, consider the fact that a teenager and a 70-year-old share some common beliefs associated with FC as was found in this study. Majority of the people from the Gusii and Somali ethnic groups are still practicing FC irrespective of their religious or educational backgrounds. The implication of this is that the practice is accorded lesser importance in Embu district compared to Kisii and Garissa districts. Questions on the communities' capacities to be persuaded to abandon the

practice of FC showed that pressure from the community to undergo the rite emerged as the most dominant reason for girls to want to be circumcised in all the study sites. Comparative analysis on the question whether girls were circumcised willingly or were coerced showed high percentages of willingness in Kisii and Garissa districts and a low percentage in Embu district. The reason given for willingly accepting to be circumcised included: avoidance of shame and gaining respect in the community. Coercion to undergo FC was mainly done by parents, age mates and other family members. The implication of this is that would-be resisters of circumcision are rendered voiceless by the structures of authority and decision making that exists in families.

Comparative analysis of male involvement in decisions about FC show that in Kisii and Embu districts, men are directly involved in authorizing and financing the rite while in Garissa district FC is always performed without elaborate ceremonies because it is considered a religious requirement. Warsame (1989) made similar observations in Somalia. Men's involvement is in giving the consent for the initiation to take place.

The study sought responses on the issue of the relationship between FC and sexual satisfaction; respondents indicated no relationship between the two. This can be attributed to the fact that in the African setting, women are unaware of the capacities of their genitalia given the fact that they are circumcised at tender ages before they have had any sexual experience. Additionally, women are socialized to believe that their genitalia are for reproductive purposes only. Women were

identified as the main perpetrators of FC, while men were reported as taking a more passive role. In all three districts, with the exception of Kisii district, majority of the respondents named both men and women as perpetrators. Regarding the type of FC practiced, it was evident from the findings that the most common type was clitoridectomy while infibulation and excision accounted for the rest. Infibulation of girls and women was reported in Garissa only because of the Somali people's migration patterns, which have influenced the culture and practices associated with circumcision in the region. (Somalis infibulate their girls and women against any sexual activities during the time their husbands are away looking for pasture). The study sought to know whether communities were involved in any FC abandonment strategies. The reported activities included: teaching against the practice by increasing free education aimed at increasing public awareness about the practice. In areas where FC had been clinicalized there were calls to compel doctors and other practitioners to stop the practice. Consequently, the study found that in all three study sites, persisting cultural norms, attitudes, values and beliefs have been impediments to FC abandonment and have made the process slow. The study also sought to establish the nature of the forces of persuasion. The findings show that Governments' role in FC abandonment efforts has been lukewarm. Non-governmental organizations and churches were found to have played a very significant role in advancing the message of abandonment.

In terms of the nature of the forces of persuasion calling for the abandonment of the practice of FC, Embu district registered the highest involvement of governmental, non-governmental and religious organizations

involvement in the abandonment of FC activities as compared to Kisii and Garissa districts. Since the women's decade, governmental and non-governmental organizations have increasingly directed their efforts towards the abandonment of FC fuelled by international conventions and protocols which have not always understood the contexts of the communities they have addressed and so their activities have not always been well received and understood. The tools that the government has used to persuade people to abandon FC have usually included bans, policy statements and directives contained in official documents and speeches. These measures have in the past failed to achieve significant responses.

In conclusion, this study argues that persistence is not only due to the practice being deeply rooted in the social and cultural systems where it is practiced. Rather, it is the failure to base abandonment strategies on an understanding of the meaning of female circumcision, the female power dynamics within which it is played, the social normalization of power and control and the way these are socially constructed and organized.

6.7 Contributions of the Study

The findings discussed in the preceding section are some of the major contributions the present study has made to sociology in general and to the sociology of the persistence of FC in particular. This study has contributed to the understanding of methodological approaches. This can be seen in the extensive use of secondary data to capture

the debates and the dimensions of the practice. Beginning with a description of the practice of FC, while noting the variability's across different geographical locations in Kenya, this thesis systematically explores the theoretical and normative bases and interrogates the circumstances under which "insiders" justify the persistence of the rite. The thesis also interrogates the platform from which outsiders can validly evaluate or condemn a cultural practice like FC. At the simplest level this study has mainly used primary (survey and ethnographic) data to understand the practice of FC. Consequently the study has demonstrated how complex problems can be studied by focusing on a specific problem in a particular country. This study underscores the importance of understanding a specific problem or event by studying the interactions between phenomena at different levels. Strategies for the abandonment of the practice of FC have mainly been through various activists who have been motivated by international conventions and protocols calling for the abandonment of the practice of FC. Unfortunately, as noted by Bradshaw, Kaiser, and Ndegwa (1995:35), most past studies by African scholars have failed to examine how events are shaped by the interactions of social forces at global, national and local levels. Further, this dissertation demonstrates how a combination of methods of data collection can be adopted in a single study to generate various types of data needed to address a multidimensional problem.

This thesis also chose to use the comparative approach in selecting three different geographical locations all practicing one form of FC or another. This study recognizes the contributions of regional and locational differences in

explaining variations in the occurrence of events. As aptly noted by Ragin (1987:14), "the comparative method attends to configurations of conditions; it is used to determine the different combinations of conditions associated with specific outcomes or processes". Although the study is location specific (in its attempt to compare three different regions which practice varied types of circumcision) the study has not abandoned the objective of understanding the key variables and their interrelationships. Consequently this study makes a methodological contribution by demonstrating how "variable oriented" and "case oriented" strategies can be used in a single study. The use of survey methodology, focus group discussions, in-depth interviews and case studies has demonstrated that different strategies can be fused in a single study.

There is great scope for planners and policy makers to use strategic plans for planning purposes to ensure sustained abandonment of FC. The paucity of scholarly literature on the persistence of FC in Africa in general and Kenya in particular makes the contribution of this study very important. In this study information on the persistence of FC has been synthesized from diverse sources such as the pre-colonial, colonial and post-colonial archival sources. A lot of data has been collected and organized in the form of tables which contain frequencies and percentages. These should provide invaluable sources of data for further analysis and/or reference.

6.8 Theoretical Insights Emerging from the Findings

The study has used albeit in a modified form some of the methodological approaches used by distinguished scholars in sociology as discussed in the section on the theoretical framework in chapter three. Additionally this study has used both the feminist and human rights perspectives to explain the gender perspective of the study. This section addresses selected theoretical issues raised in the study. The use of different theoretical models in the understanding of the persistence of FC is an important contribution to the methodology of understanding the persistence of FC. Most of the previous studies have not used this approach (Alhberg, 1991; Althaus, 1997; Population Reference Bureau, 2001).

This study demonstrates that it is prudent to adopt multi-theoretical approaches in understanding people's behavior. The study has come up with several theoretical insights based on the Kenyan case that can enrich the scholarship on persuasion and persistence of a cultural practice like female circumcision.

The study confirms that throughout history, attempts to alter social structures especially by external agents have always been met with resistance (Moore, 1967). There are manifold ways in which people resist change. Any change agent faces an incredible array of problems when seeking to lead people in new directions. This resistance can be seen in the value system itself which seems to possess built-in resistance to any change, certain attitudes also may impede change. Other factors that inhibit change are rigid stratification systems, high degree of social inequality,

community fragmentation, vested interests, and even cultural motor patterns not forgetting social psychological factors (Moore, 1967). The government, for example, is generally crucial to much change in the contemporary world. The success or failure of the developing nations of the world is crucially linked to actions of their central governments. The community perception of the government, however, often involves considerable suspicion and distrust. In Kenya, for example, this is clearly seen in the way communities remain hostile to government efforts to ban FC. This study has established that people are always changing their ways, but that they resist change under three circumstances: when the change is perceived to be a threat to basic securities; when the change is not understood; and when the change is imposed upon them. The study further established that change was resisted because a rational calculation of the risks involved seemed to make the new direction highly foolish. Thus, the apparent conservatism among FC practicing communities was actually guided by a weighing of risks, since communities felt compelled to remain within the protection of their groups and also because abandonment of FC would interfere with other, more highly valued norms.

Further this study suggests other insights related to the theoretical framework presented in chapter three. First human intelligence passes successively through three different theoretical conditions: the theological, or factitive; the metaphysical, or abstract; and the scientific, or positive (Comte, 1855). These three stages are all successive methods of intellectual functioning and three corresponding types of social orders.

From our study of the three societies it is evident that with modernization and industrialization, these societies, concurrently displayed socio-cultural elements associated with the theological, metaphysical, and scientific stages of development. According to the rationales given by the three societies studied, the practice of female circumcision was justified on the basis of the principles of social existence whose importance was seen in its contribution to maintaining social order. The persistence of female circumcision in all the stages therefore showed that the three stages were overlapping and not necessarily chronological.

Thus this study confirms the overlap in the three stages leading to the labeling of those in the theological era by external agents of change as "backward and uncivilized". These change agents for example, came to Africa with a mission of propelling the African societies from the first two stages to the third one. The apparent resistance to persuasion efforts indicates societies' inability to be "pushed". Evidently, those who have not progressed fast enough have had to be admonished through persuasion or coercion.

This study has also shown societies as organisms that experience continuous growth and increasing structural complexity (Spencer, 1969). Thus societal components, be they people, values, practices and norms are interrelated, with each serving interdependent functions. Thus FC as shown in this study plays an important role in communal life. Secondly, the patterns of persistence can be understood as a community's effort to resist its various parts being torn apart. This is because parts are mutually dependent upon each other.

In terms of structural-functionalism this study found out that societies must be analyzed as wholes, whereby social systems exist in a state of dynamic equilibrium (Parsons, 1966). Thus when the clitoris is not cut as the message of abandonment advocates, the individual might not feel adequately ready to negotiate the socio-cultural terrain with all that it entails. On the other hand modernizing societies that are responsive to sexual health and human rights issues would lose equilibrium if practices such as FC were allowed to continue. This interrelationship explains the drumming up for support towards the abandonment of FC from human rights activists as well as from the health domains. Therefore, before any worthwhile change efforts can take place, the change agent must recognize that practices like FC are part of a social structure. Therefore, it is imperative that the change agents study the social structure, understand how different parts are inter-related and identify what needs to be changed within the structure other than just targeting one element.

A close review of both the evolutionary and the structural functional theories adopted for this study reveals a common thread across the theorist propositions. Those social systems are "made up of parts that are interrelated". To effect change in one part, one must understand that there certainly are related parts that are likely to be affected.

As regards feminist theory this study confirms that an understanding of the nature of gender inequality, gender politics, power relations, sexuality, gender roles and relations is crucial to understanding the persuasion and persistence rationales given by the communities studied.

Feminists who are committed to fighting gender inequality have largely influenced some of the milestones reached in the global platform regarding objection to the practice of female circumcision. As a result of such initiatives today, FC is seen as a human rights issue and is recognized at the international level (Beauvoir, 1989; Murray, 1974; Slack, 1988; Thomas, 1997). There is no doubt that the practice of female circumcision has come to represent a moral dilemma but also has become a subject of heated intellectual debates. Globally, individuals and groups are cognizant of the implications of female circumcision, through which women and men are indoctrinated into feminine and masculine social roles and subsequently into specific societal responsibilities. Under such circumstances, the female body has emerged as "contested terrain" whereby women's bodies are literally reconstructed to bring them in line with what various cultures consider to be acceptable sexuality in women (Hosken, 1993a).

Accordingly the dissertation explores the possibility of a bottom-up transitional transformation and its potential for bridging the rift between polarized views of custom with regard to FC. Further, as demonstrated in this thesis, there is no single perspective that can adequately address the multifaceted dimensions of the practices, and debates, of FC. In the same vein no perspective can be totally uninformed. Therefore, the challenge is: The creation of socio-economic conditions and conscientizing, the creation of educational, cultural institutions that endow women with the power and agency to name themselves, so that they can do away with traditions that can sometimes be harmful to their bodies. If this is done, it will in

time render FC irrelevant. However, it will take time, patience and many prolonged conversations - not sermons.

CHAPTER SEVEN

7.1 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter contains the summary, conclusions and recommendations of the study. The policy implications and suggested areas for future research are also outlined. The nature of this study is both exploratory and explanatory. The study has identified many gaps which can be filled through research.

Of the 369 respondents from the three districts namely, Embu (120), Kisii (120) and Garissa (129) all (100%) were female. The study found that FC is prevalent with varying degrees across the three districts. Analysis by district revealed that FC is more widespread in Kisii than in Embu and Garissa. The proportion of women who have been circumcised steeply increases with age. This is indicative of the fact that in the past two decades there has been a decline in the practice of FC. In the study it was found that FC has a symbolic and deeply entrenched meaning in the communities where it is practiced. Among the communities under study FC was described as an important historical/traditional rite of passage that has been passed down by the forefathers. It is clear that the people who practice FC share a similar "mental map" that presents compelling reasons why external female genitalia should be removed. The proportion of women who have been circumcised steeply increases with age. This is indicative of the fact that in the past two decades there has been a decline in the practice of FC. Cultural determinants topped the list of reasons why women continue to be circumcised. Findings

on the manifestations of the practice of FC as influenced by the level of education indicate that the level of educational attainment did not always influence the decision to either get circumcised or not. FC was and still is considered the most significant rite of passage from childhood to womanhood, providing girls with important recognition from their peers, increasing a girl's chances of marriage and enhancing tribal cohesion. This is indicative of the fact that women have been socialized to a great extent by many community enforcement mechanisms. These include myths associated with FC, including its being a prerequisite for social acceptance and as a cultural requirement. This demonstrates the communities' resolve about accepting FC. The gifts, celebrations and the family life education are meant to compensate for the hardships associated with the pain of FC. The rite also serves the multiple purposes of expressing, inculcating and ensuring the maintenance of cultural values and identity. Therefore, arising from the foregoing this study found that female circumcision should be understood in the context of social norms including how norms shape and normalize behavior. This study also found that the rite serves the multiple purposes of expressing, inculcating and ensuring the maintenance of cultural values and identity.

Findings on the question of the impact of religion on the practice of FC show that it was largely believed to either support or inhibit the practice. In the past, Christianity led to the decline of FC in some districts. However, the religious stand on FC of most religions is not clear. Although, some do not support the practice, neither do they speak against the practice. There is still no clear

evidence as to whether religious tenets support or inhibit FC. Findings indicate that the nucleus of the community, the family, is still the most important socializing unit. The social stigmatization associated with not undergoing FC emanates from the family, peers and other community members.

The study sought responses on the issue of the relationship between FC and sexual satisfaction. This drew diverse views with some respondents unable to link the two. Although previous studies have shown sexual complications can result from the practice, respondents indicated no relationship between the two. This can be attributed to the fact that in the African setting, women are unaware of the capacities of their genitalia given the fact that they are circumcised at tender ages before they have had any sexual experience. Additionally, women are socialized to believe that their genitalia is for reproductive purposes only. The average age for circumcision for most districts was 7-14 years but girls still get circumcised at 18 years. Close examination of those respondents who had been circumcised revealed that FC was harmful to a woman's body. This trend existed when the same respondents were asked whether FC had serious health consequences. From the preceding statements we can deduce that women who have undergone FC are more likely, not to associate it with harmful health related complications. Women were identified as the main perpetrators of FC, while men were reported as taking a more passive role. In all three districts with the exception of Kisii district majority of the respondents named both men and women as perpetrators. Men reported involvement in the funding of FC ceremonies and determining

when and where the ceremonies were to take place. Regarding the type of FC practiced, it was evident from the findings that the most common was Clitoridectomy while Infibulation and excision accounted for the rest. Infibulation of girls and women was reported in Garissa only because of the Somali people's migration patterns, which have influenced the culture and practices associated with circumcision in the region. (Somalis infibulate their girls and women against any sexual activities during the time their husbands are away looking for pasture (Warsame, 1989)).

The study sought to know whether communities were involved in any FC abandonment strategies. The reported activities included; teaching against the practice by increasing free education aimed at increasing public awareness about the practice. In areas where FC had been clinicalized there were calls to compel doctors and other practitioners to stop the practice. Respondents had a lot of faith in the FC abandonment efforts. This faith in the abandonment campaign was shared in all districts although respondents admitted that they needed outside help to effectively abandon the practice. Therefore, as much as the communities should identify acceptable interventions, they need guidance and support to effectively implement them. Further the study sought to establish the nature of the forces of persuasion. The findings show that Governments' role in FC abandonment efforts is lukewarm. Non-governmental organizations and churches were found to have played a very significant role in advancing the message of abandonment.

Therefore arising from the foregoing this study found that female circumcision should be understood in the

context of social norms including how norms shape and normalize behavior. Findings indicate that the nucleus of the community, the family, is still the most important socializing unit. The social stigmatization associated with not undergoing FC emanates from the family, peers and other community members.

7.2 Conclusions

Given the wide range of literature on female circumcision and the fact that research on this topic spans a variety of disciplines, including the medical sciences, anthropology, history, women's studies, psychology, social work, political science, law, literature, and the humanities (Shell-Duncan and Hernlund, 2000:1 and Obermeyer, 2003:81), this study recognizes the problems in attempting to discuss "dominant" discourses, when a plurality of opinions clearly exists. This study has come up with policy implications- specifically related to the role of different actors and stakeholders in the FC abandonment drives. Before making suggestions on recommendations I have presented a short conclusion that synthesizes theoretical arguments and findings of this study.

First this study shows that the people whose practice is discussed by others in the aforementioned diverse disciplines are honorable, upright, moral people who love their children and want the best for them. That is why they practice FC, and that is why they will decide to stop practicing it, once a safe way of stopping the practice is found. Activities aimed at the eventual abandonment of the practice of FC of necessity should involve a thorough and

detailed home grown, preferably location specific process, requiring long-term commitment and the establishment of a foundation that will support successful and sustainable behavior change.

7.3 Recommendations

The findings of this study are important to scholars, researchers, planners and policy makers. In this section some specific recommendations are made for communities, the public and private sector stakeholders.

Research as Genesis of Action.

There is a need to examine research on the existing legal, policy and institutional frameworks related to the abandonment of the practice of FC in Kenya in order to establish the extent to which they are pro-children's and women's welfare and rights. This therefore is one of the priority research areas. There is a need also to establish the discrepancy between theory and practice, if any. Renewed efforts to educate doctors (through medical school curricula and through professional meetings and publications) and enforce existing laws must receive priority attention from responsible government bodies. Attention should also be given to auxiliary medical personnel, such as nurses, trained birth attendants, and social workers who practice in clinics and community health settings. As parents forsake traditional practitioners of circumcision, they are opting to obtain the operation in presumed "safe" circumstances under a doctor's supervision. This study assumes that many of these parents would be

reluctant to return to traditional practitioners. Thus education efforts and more-effective enforcement of the existing circumcision ban among doctors and nurses might dissuade those families from the practice in the future. Because FC is culture-specific, research, including why and how it is practiced in a given group or region, is essential for the design of culturally appropriate, effective FC abandonment campaigns. Additionally ensuring that program design and implementation are based on sound formative research is critical to having impacts on behavior change. This requires the development of FC modules which could establish the actual prevalence of the practice, as well as other critical information for planning. The results obtained from this study may run into the problem of generalization for the entire country because of the need to contextualize the unique differences in each study locality. In view of this, subsequent studies interested in using larger populations are recommended.

Judgmental Attitude, Propaganda and Prohibition

Condemnation, value judgment, disrespect for the communities' cultural and traditional beliefs, the adoption of a confrontational attitude with community, religious, local leaders and excisers, the use of foreign concepts as key messages, devising complicated behavior change interventions (BCI'S) and advocacy materials, a heavy reliance on volunteers and the use of provocative and abusive language during communication should all be avoided in all program phases. All agencies and individuals working in this field should challenge their own assumptions, beliefs and practices and work towards becoming culturally

competent - that is, avoiding looking at these communities with their own filtered view of community reality. The aim should be to support the right of free speech for those members of communities who are opposed to the practice and are currently unable to speak out. Bullying from outsiders breeds defiance or sham abandonments. It has been shown that the greater the pressure to comply the more that one wants to defy, and that the more important the freedom the more the resistance. However, it is appropriate in some circumstances for outsiders to state their opposition to FC, but only if such opposition is factual, understanding, and respectful.

Education on FC

Educational information must be from a credible source and must be nondirective. There is a need for user friendly mechanisms of dissemination of information and research findings such as translating research reports into local languages or simplification of some reports into levels capable of being easily "consumed" by the general public. To maximize impact, all phases of projects should incorporate local customs including singing, dancing, and ceremonial protocols as they apply. FC abandonment should be a matter of social, rather than individual change, through the process of "conscientization" of the communities practicing female circumcision by employing already existing traditional mechanisms for thinking about, discussing, and resolving matters of importance in a community context. There is also a need for strategic and sustainable advocacy, educational and sensitization program for promotion of FC abandonment efforts. Thus in order to

change attitudes, society will have to be re-socialized bearing in mind that, the young are socialized into patriarchal ideologies and prescribed attitudes towards the categories of role, temperament, and status. In addition to general education, a course on sex education should be included in the curriculum, which should start from basic facts, such as the anatomy of the female genitalia, their functions and importance, and the similarity as well as the differences between the masculine and feminine sex organs. It should include information and explanations on how the circumcision operation is performed and what is removed. The results of the operation itself, the effects of the absence of the parts that are removed and the consequences should be factually presented.

Educationists and policy makers can participate by encouraging the inclusion in the present curricula of such instruction; if not as a separate subject it could be included in the biology syllabi. Presented in this way the information is more effective than occasional lectures or seminars conducted by specialists. As well as disseminating all the relevant information about circumcision, if possible to everyone, they could perform an important service by clarifying the facts of chastity. Parents should be convinced, by anatomical and scientific facts, that there is no relation between virginity and circumcision; that this mechanical seal will not prevent a girl from misbehaving, but the morality and atmosphere of her family is what is important. This should be expressed in simple language, preferably in the vernaculars of the affected communities, taking into consideration the literacy levels of the majority. It should also be designed to suit (urban and rural) children, school children, women, men, and

nomadic peoples. Use must be made of all the available facilities, with more use of the mass media, particularly radio (this could include interviews and talks on radio), which is listened to in many homes as well as television and the press, to create awareness among the people. Such a campaign should embark on a nationally organized publicity campaign. Other channels of communication could be involved, for example: Public lectures in schools and social clubs, articles in newspapers and journals, discussion groups, publication of pamphlets, children's books and plays, either in theatres, on radio and television and performed in rural communities. These activities should be evaluated after a period of time, both to examine the effects and make plans for the future. It is hoped that the efforts of such a campaign could encourage policy makers to adopt a clear, definite stance, which will add strength to the persuasion call for the abandonment of the practice of FC. Again the important point is that this should be a continuous process.

Communication for Change

If success is to be achieved, FC abandonment program implementers must focus on understanding the core societal values and consequently tailor their program strategies, to address the full set of issues that support the practice. There is a need to re-orient the communication strategies from awareness raising to behavior-change intervention approaches. Behavior change interventions (BCI'S) should be designed in a strategic, systematic way with the involvement of all target audiences at all stages. This should include skill-building, community support and the

desired behavior change must be feasible and structurally encouraged to sustain the change. Of necessity the steps to be followed should include 1) awareness creation, 2) seeking information, 3) personalizing the information, 4) examining options, 5) reaching a decision, 6) trying the behavior, 7) receiving positive reinforcement, and 8) sharing the experience with a larger group. The final stage is the multiplier effect. Additionally, BCI materials need to be research-based, and targeted to specific audiences and communities instead of being mass produced.

Work with Appropriate Leaders Including Men

FC abandonment projects should be carried out by individuals whose occupation and high status give them credibility within communities. These include nurses, teachers, health workers, women, circumcisers, traditional, community and religious leaders. For example, in the realm of Islam, Islamic teachers need to clarify the teachings of Islam and agree on the correct interpretation of Islam's teachings on the subject of female circumcision. Since men i.e. husbands, elders, and administrators - so often control decisions regarding women's lives, they must be included in outreach and education. Any effort to persuade communities to abandon FC must target men with information and programs. For example, men have the opportunity to read and mix with people outside the family and thus are better placed than women to learn the facts about circumcision. They should see communication of this information to those members of their families who lack the same opportunity as a duty, and their position in society would ensure that their words would be effective. As husbands, or future

husbands, they should make it clear that circumcision is not as attractive to men as women have been led to believe. It is they who know whether or not circumcision enhances their sexual pleasure. If, in fact, they prefer uncircumcised women they should speak out against the practice.

Focus on Youth, both as Key Change Agents and Potential Victims.

The youth should also be engaged, as they are not only interested in the issue but also will shape community views and attitudes in the future. Program implementers should consider youth as one of the most important target audiences in the FC abandonment activities and reach them mainly through Family Life Education initiatives in the school system and/or peer education programs. Findings from this study show that support for circumcision among adolescents declines with education and urban residence. A module administered to adolescent girls, for example, would also be important for tracking the socioeconomic correlates of circumcision and monitoring trends in medicalization of the practice. The added cost of such a module could be justified by including questions on other important reproductive health issues affecting adolescents.

Provide Psychological Support.

This includes support for women who realize the damage that FC has caused them, as well as for women or girls who have decided not to undergo circumcision, and must defend their decision. Leaders who may become social

outcasts in the process of opposing FC may also need psychological support.

Use FC Abandonment Laws to Protect Girls and Educate Communities about FC

Although abandonment legislation is one of the most controversial aspects of the FC abandonment campaign there should be a strong governmental stand against FC - a stand reflected by a law. The enactment of a law should go hand-in-hand with community education.

Provide Training

Health care providers should be given skills and resources to manage any health complications arising from female circumcision.

Use Urban Elites

Program implementers should reach out to urbanized communities and especially to educated women and men because urban based people are still tied to rural communities and are role models for their relatives in the villages.

Encourage the Use of the Convention Model

The convention hypothesis predicts that FC can be stopped through mechanisms similar to those used to end foot binding in China: explanation of the physiological dangers of the practice, international condemnation of the

practice, and (most importantly) associations of parents who refuse to subject their daughters to the practice or marry their sons to victims of the practice.

Include Circumcisers in Programming

Circumcisers should be included in programming, against the continuation of FC and ways and means should be devised to ensure they have alternative sources of income. This could take the form of payment of an improved monthly salary; providing training to enable them to participate in other, related areas, such as family planning, health education, adult education and community development projects. This is supported by the tenets enshrined in structural-functionalism which analogizes society to a biological organism, such that every cultural practice functions to promote the survival of that organism. For example, consideration must also be given to compensation for the midwives and women who perform the operation because they often depend on the income for this service for their livelihoods.

Alternative Initiation Rites

To avoid creating a social vacuum in these communities, campaigns for the abandonment of FC will have to seek an alternative focus for celebration and retain the positive, enjoyable aspects of this traditional occasion. Where money and gifts are given to girls, it is an incentive for the children themselves to demand to undergo circumcision. Efforts should be made to explain to the female children as soon as they are old enough to

understand that no material gift can compensate for the loss incurred at circumcision. Another strategy of persuading people to abandon FC is to provide alternative initiation rituals that do not include FC so that they do not experience a vacuum when they stop the practice.

Prioritize Women's Health

Investments that improve women's health and nutrition should be undertaken because they serve to alleviate poverty and develop human resources.

Women's Human Rights and Female Circumcision

Interpretations of the Universal Declaration of Human Rights and CEDAW that affirm that female circumcision alongside other forms of violence against women are an assault on the dignity, equality, and bodily integrity of women and an affront to human rights should be explored. Feminist knowledge and approaches to the "woman question" should be situated within the specific histories and conditions from which they emanate. Paying attention to these histories is essential for academics and activists who work on feminist issues, ethnography, representation, and the political debates surrounding the politics and aesthetics embedded in the modification of women's bodies; whether through female circumcision, liposuction, facelifts, or breast implants.

Government and Donor Support

The government has not, for the most part, moved beyond policy support to fully incorporate FC abandonment activities into its work - for example, medical school curricula have not been revised to include protocols on the management of the physical and psychological complications of FC. The government has not yet become committed to scaling up FC abandonment activities. Government should "scale-up" FC abandonment activities including sustained evaluations and monitoring of the same by institutionalizing or mainstreaming these activities into relevant government ministries. This will help in the understanding of the perceived effectiveness of the various strategies that are being used in the field, in order to increase the effectiveness of their programs. This should be preceded by baseline research activities. Government should also engage in fundraising efforts. Further Government and donors should continue to foster the groundswell of agencies involved in FC abandonment activities by providing technical and financial support. The technical assistance should be in the areas of capacity building, BCI materials development, development of advocacy skills, program monitoring and evaluation, policy-related and research dissemination workshops and training activities.

Given that FC is practiced by different ethnic groups, it is especially important that programs be culture-specific, sustainable, collaborative and multifaceted in order to achieve change in attitude and practice. This means they must address more than health needs alone; FC programs should respond to other expressed needs of the

community. Donors can be most effective and responsive to community needs when their funding mechanisms are flexible and commitments can be made over a period of time. The funding must support both long term project goals and the immediate needs as they arise.

FC projects can be most significant when undertaken in the areas with the highest prevalence of FC, and in those areas where the most severe form of circumcision is practiced. In these areas, the most significant opportunities for change exist.

Assume Projects will require Capacity Building.

Many local Non Governmental organizations (NGOs) understand their society's problems, but lack training in project development and implementation. To ensure that local NGOs develop appropriate and effective projects, they may need technical assistance to strengthen their capacity in proposal writing, budget development, reporting to donors, research and health education methodologies. Technical assistance need not come from outside groups. It is possible to maximize use of indigenous resources, and ensure quality and reasonable expenditures, by linking local, regional, or national groups whose skills complement each other.

7.4 Suggestions for Further Research

This study suggests several interventions which can be answered through further research. Given that FC abandonment programs have to deal with such a sensitive and culturally embedded practice, it is crucial that programs

develop strategies based on a deep understanding of community values, beliefs, practices, and rules of interaction. This kind of information can be derived from formative research or community assessment methodologies, both quantitative and qualitative. It is also important to carry out periodic operations research studies to better understand the proposed strategies and their relative effectiveness. The crucial role of built-in evaluation and monitoring systems cannot also be overemphasized.

Further research is needed to verify the continuing abandonment of the practice. It is, therefore, important that household surveys include single as well as married women of reproductive age in their samples. Support for circumcision among adolescents declines with education and urban residence as well as with increasing age. As such, there is a need to study women's decision making regarding their continued support of female circumcision which is not well understood. The following questions need to be answered:

- What is women's agency with regard to continuing and ending the practice of female circumcision?
- The role of socio-cultural beliefs regarding female sexuality in women's support of female circumcision needs to be understood. In this regard there is a need to evaluate the efficacy of interventions to change women's attitudes regarding supporting female circumcision when underlying factors related to female sexuality are addressed.

- How is desire for sexual morality, proper sexual behavior and femininity associated with women's decision to practice or stop female circumcision?
- Are intervention models to reduce female circumcision that address underlying factors related to female sexuality effective in changing women's attitudes regarding the practice?
- What are the psychological impacts of the practice of female circumcision on women?

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RESEARCH TOOLS

APPENDIX 1:

SURVEY QUESTIONNAIRE

"PERSUASION AND PERSISTENCE:

A Comparative Study of Female Circumcision among
the Aembu, Kisii and Somali of Kenya"

Name of Interviewer.....
Date of Interview

Time

Cluster Number.....

Name of District.....

Introduction

Hallo, my name isWelcome to this meeting. I work for the University of Nairobi. We are conducting a study for doctoral thesis requirements. Now I will tell you about our study and I wish to thank you for finding the time to be with us today. Feel free to respond to any of the issues that we are going to raise. All responses will be held in confidence.

Introduce the Study

Part One

1.0 Bio Data

Case ID

1.1 Sex.....

Year of birth.....

Month

1.2 Age in complete years.....

- 1.3 Education background
- None..... 1
 - Primary 2
 - Secondary..... 3
 - Sec +..... 4
 - Other (specify).....

- 1.4 Religious Background:
- Christian (Catholic)1
 - Christian (Protestant).....2
 - Muslim3
 - Atheist.....4
 - Other (specify).....5

- 1.5 Marital status
- Single.....1
 - Married.....2
 - Widowed.....3
 - Sep/Divorced.....4
- 1.6. Do you have children
- Yes.....1
 - No.....2

- 1.7 If yes, how many
- Girls.....1
 - Boys.....2

- 1.8 How old is your first born?
- 0-5... 1
 - 5-10...2
 - 10-15 ...3
 - 15-20....4
 - 20-25....5
 - 25+ ...6

2.0 Manifestations of persuasion against the practice of female circumcision

- 2.1 Have you ever heard of the term FC?
- 2.2 Yes..... 1 No.....2
- 2.3 Is FC practiced in your Community?
- Yes..... 1 No.....2

2.4 Has anyone in your family been circumcised?

Yes.....1 No..... 2

2.5 If yes, who of the following has been circumcised?

Great Grandmother..... 1

Grandmother2

Mother..... 3

Interviewee.....4

Daughter5

Grandchild6

If more than one specify codes here.....

2.6 Would you say FC is:

Widespread 1,

Common..... 2,

Rare 3 in your community?

2.7 If FC is still widespread in your community, who perpetuates the practice?

Men..... 1

Women ...2

Others (Specify).....

2.8 What type of FC is done here?

Clitoridectomy (1)

Excision (2)

Infibulation (3)

2.9 Please explain why FC is an important practice?

.....

CAPACITIES OF COMMUNITIES TO BE PERSUADED TO ABANDON FC
(a) Attitude towards FC

- 3.1 Do you support FC? Yes.....1 No.....2
- 3.2 If yes, give reasons
.....
- 3.3 If no, give reasons
.....
- 3.4. Why do women get circumcised in your community?
It's a cultural requirement 1
In order to get a husband 2
To avoid family shame 3
To maintain virginity 4
If more than one (specify codes)
.....
- 3.5 What do you think are the reasons behind the
persistence of FC in this community?
.....
- 3.6 Do you think women/girls are circumcised willingly or
are forced?
Willingly
Forced
- 3.7 If willingly, what are the expected benefits?
.....
- 3.8 If forced, who or what forces them to be circumcised?
.....
- 3.9 Do you know any women/girls who have been forced to be
circumcised in your area? Yes.....1
No.....2
- 3.9.1 Who forces girls to be circumcised in this area?

3.10 Do you know any girls who have demanded to be circumcised?

Yes.....1 No......2

3.10.1 If yes, what or who influences such individuals to think highly of FC?

.....
3.10.2 Why is it/or was it very important for women to be circumcised?

.....
3.11 How are men involved in this "forcing process?"

Directly 1

Indirectly 2

3.12 If directly involved, what role do they play?

.....
3.13 A long time ago, what influenced people in your community to circumcise women?

.....
3.14 Are men ready to marry uncircumcised women in your community?

Yes1

Only some2

Absolutely No3

Effects of FC

Health

Let us now talk about the effects of FC on a women's body.

4.1 Do you think the practice is harmful to a woman's body?

Yes.....1

No.....2

4.2 If yes, in what ways?

.....
Are you aware that FC has serious health consequences
(e.g. can cause death, hemorrhage, shock, injury to
other organs, urine retention, infection, abscess,
keloids etc)

Yes1

No..... 2

Aware of some only (please specify).....3

4.3 Do you know of a woman who has suffered health (ill-
health) effects of FC?

Yes.....1

No..... 2

4.4 What are some of the (reproductive health-related)
problems experienced by women in this area? (E.g.
STDs, difficult Childbirth, miscarriage etc).

4.5 Do you ever associate difficult childbirth with FC?

Yes.....1

No.....2

Impact of FC on Sexual Satisfaction

4.6 Do you think that FC and sexual satisfaction during
intercourse are interrelated?

Yes..... 1

No..... 2

4.7.1 If yes, explain how?

.....
4.7 Do you think FC interferes with a woman's sexual
enjoyment or performance?

Yes 1

No..... 2

4.8.1 If yes, how?

.....

4.8 Do you think a man would prefer to have sex with a woman who is not circumcised?

Yes..... 1 No..... 2

4.8.1 If yes, why do you think this is the case?

.....

4.9.0 Have you ever heard of the term orgasm? (Explain the term to the respondent)

Yes 1 No..... 2

4.10. Why are women hesitant in discussing sexual matters openly?

.....

4.10.1 If yes, are you aware that it is a biological/sexual process highly connected to the presence to the presence of the clitoris?

Yes 1 No..... 2

4.11 Do you think circumcised women ever get sexual satisfaction?

Yes..... 1 No.....2

4.11.1 If no, what are the reasons?

.....

The nature of the forces of persuasion against the practice of FC

5.1 Are there any FC abandonment efforts going on in this area?

Yes 1 No.....2

5.2 If yes, who is involved? Government, NGOs, Religious
Organizations, Educational Institutions etc.

Government Institutions (name)

NGOs (name)

Religious

Organizations

Educational Institutions

Others.....

How are people reacting to these abandonment efforts?

Positively

Negatively

5.2.1 If negatively - why?

.....
.....

5.2.2 If positively, what steps have been taken?

.....

**The nature of the tools of persuasion against the practice
of FC**

5.3 Have families been penalized for taking girls for FC?

Yes..... 1 No.....2

5.3.1 If yes how?

.....
5.4 What do those still practicing do to avoid penalties?

.....
5.4 What do you think should be done for people to abandon
FC in this area?

.....
Do you think it will be possible for people to abandon
FC in this area?

Yes..... 1 No.....2

5.6 If no, what are the obstacles?

.....
5.7 Do you think your community can stop FC without
outside help?

Yes 1 No.....2

5.8. If no, what kind of outside help do you think is
needed?

.....
.....
a. What is the community doing towards the abandonment
of FC.....

KEY INFORMANT GUIDE

DO/Medical Officer of Health/Nurse/Teacher/Maendeleo Ya
Wanawake Representative/Circumciser

Introduction

Hallo, my name is Welcome to this meeting. I work for the University of Nairobi. We are conducting a study for doctoral thesis requirements. Now I will tell you about our study and I wish to thank you for finding the time to be with us today. Feel free to respond to any of the issues that we are going to raise. All responses will be held in confidence.

1. Education background
2. Religious Background
3. Marital status
4. Do you have children?
5. Is FC practiced in your community
6. Has anyone in your family gone been circumcised?
If yes, who?
7. Would you say FC is Widespread, Common or rare in your community?
8. If FC is still widespread in your community, who perpetuates the practice? Men or Women?
9. What type of FC is done here?
10. Please explain why FC is an important practice?
11. Do you support FC? If yes why?
12. Is the practice of FC against the law?
13. What do you think are the reasons behind the persistence of FC in this area?
14. Do you think women/girls are circumcised willingly or are forced?

15. If willingly, what are the expected benefits?
16. If forced, who or what forces them to be circumcised?
Do you know of any women/girls who have been forced to be circumcised in your area?
Do they report to the law enforcement agencies?
17. Who forces girls to be circumcised in this area?
18. Do you know of any girls who have demanded to be circumcised?
19. If yes, what or who influences such individuals to think highly of FC?
20. Are men involved in this "forcing process"? How?
21. If directly, involved, what part do they play?
22. A long time ago, what influenced people in your area to circumcise women?
23. Are men ready to marry uncircumcised women in this community?
Let us now talk about the effects of FC on a woman's body?
24. Do you think it is harmful to a woman's body?
25. If yes, in what ways?
26. Have you ever considered the health problems posed through FC because of the HIV/AIDS pandemic?
27. Are you aware that FC has serious health consequences (e.g. can cause death, hemorrhage, shock injury to other organs urine retention, infection, abscess, keloids etc)?
28. Do you know of a woman who has suffered health (ill health) effects of FC?
29. What are some of the (reproductive health-related) problems experienced by women in this area? (e.g. STDs, difficult childbirth, miscarriages etc)
30. Do you ever associate difficult child birth with FC?
31. Do you know that FC and sexual satisfaction during intercourse are interrelated?

- If yes, explain how?
32. Do you think FC interferes with a woman's sexual enjoyment or performance?
If yes how?
33. Do you think a man would prefer to have sex with a woman who is not circumcised?
34. If yes, why do you think this is the case?
35. Have you ever heard of the term orgasm?(Explain the term to the respondent)
36. Why are women hesitant to discuss sexual matters openly?
37. If yes, are you aware that it is a biological/sexual process highly connected to the presence of the clitoris?
38. Do you think circumcised women ever get ° sexual satisfaction?
39. If no, what are the reasons? Do you consider FC as violence against a woman's body?
40. Are there FC abandonment efforts going on in this area?
41. If yes, who is involved?
42. How are people reacting to these abandonment efforts?
43. If negatively - why?
44. If positively, what steps have been taken?
45. Have families been penalized for taking girls for FC?
46. If yes - how?
47. What do those still practicing do to avoid penalties?
48. Do you support the abandonment of FC at a personal level? If no, why?
49. What do you think should be done to stop FC in this area, by the government?
50. Do you think it will be possible for FC to be abandoned in this area? If no, what are the obstacles?

51. Can you suggest any alternative strategies to FC?
52. Do you think the alternative strategies suggested by MYWO are effective?
53. What are the shortcomings of these strategies?
54. Do you think your community can stop FC without outside intervention?
55. If not, what kind of outside help do you think is needed?
56. What is the community doing towards abandonment of FC?
57. Probe.....

Fathers of Circumcised Daughters, Fathers of Un-Circumcised Daughters

Introduction

Hallo, my name is Welcome to this meeting. I work for the University of Nairobi. We are conducting a study for doctoral thesis requirements. Now I will tell you about our study and I wish to thank you for finding the time to be with us today. Feel free to respond to any of the issues that we are going to raise. All responses will be held in confidence.

1. Education background
2. Religious Background
3. Marital status
4. Do you have children?
5. Is FC practiced in your community?
6. Has anyone in your family been circumcised?

If yes, who?

7. Would you say FC is Widespread, Common or rare in your

Community?

8. If FC is still widespread in your community, who perpetuates the practice? Men or Women?
9. What type of FC is done here?
10. Please explain why FC is an important practice?
11. What do you think are the reasons behind the persistence of FC in this area?
12. Do you think women/girls go for FC willingly or are forced?
13. If willingly, what are the expected benefits?
14. If forced, who or what forces them to undergo FC?
15. Do you know any women/girls who have been forced to go for FC in your area?
16. Who forces girls to undergo FC in this area?
17. Do you know any girls who have demanded FC to be done on them?
18. If yes, what or who influences such individuals to think highly of FC?
19. Are men involved in this "forcing process"? How?
20. If directly, involved, what part do they take?
21. A long time ago, what influenced people in your area to circumcise women?
22. Are men ready to marry uncircumcised women in this community?
Let us now talk about the effects of FC on a woman's body?
23. As a parent why do you support FC?
24. Who decides when your daughters are due for the rite?
25. Do both parents agree on this issue?
26. Should FC be abandoned?
27. Why should it continue?
28. Do you think it is necessary?
29. Do you think it is harmful to a woman's body?
30. If yes, in what ways?

31. Have you ever considered the health hazards posed through FC because of the HIV/AIDS pandemic?
32. Do you know of a woman who has suffered health (ill-health) effects of FC?
33. What are some of the (reproductive health-related) problems experienced by women in this area? (e.g. STDs, Difficult childbirth, miscarriage etc)
34. Do you ever associate difficult child birth with FC?
35. Do you think that FC and sexual satisfaction during intercourse are interrelated?
If yes, explain how?
36. Do you think FC interferes with a woman's sexual enjoyment or performance?
If yes, how?
37. Do you think a man would prefer to have sex with a woman who is not circumcised?
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42. Do you think circumcised women ever get sexual satisfaction?
43. If no, what are the reasons? Do you view FC as violence against a woman's' body?
44. Are there any FC abandonment efforts going on in this area?
45. If yes, who is involved?
46. How are people reacting to these abandonment efforts?

47. If negatively - why?
 48. If positively, what steps have been taken?
 49. Have families been penalized for taking girls for FC?
 50. If yes - how?
 51. What do those still practicing do to avoid penalties?
 52. Do you support abandonment of FC at a personal level?
If not, why?
 53. What do you think should be done to stop FC in this
area, by the government?
 58. Do you think it is possible for people to abandon FC in
this area? If no, what are the obstacles?
 55. Can you suggest any alternative strategies?
 59. Do you think the alternative strategies suggested by
60. MYWO are effective?
 57. What are the shortcomings of these strategies?
 58. Do you think your community can stop FC without outside
intervention?
 59. If no, what kind of outside help do you think is
needed?
 60. What is the community doing towards abandonment of the
practice of FC?
- Probe.....

IN-DEPTH INTERVIEW SCHEDULE

Circumcised women, Uncircumcised Women

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If yes, who?
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8. If FC is still widespread in your community, who perpetuates the practice? Men or Women?
9. What type of FC is practiced here?
10. Please explain why FC is an important practice?

Circumcised Women

1. When did you get circumcised?
2. Were you willing or were you forced?
3. Was it painful? Did you get sick? If yes, what were you suffering from?
4. Was the operation done in hospital or at home? Either way, who did the operation?
5. Did she/he use a different razor/knife on all initiates?
6. Have you heard about HIV/AIDS?
7. Do you know how it is spread? Can one get it through FC?
8. Do you think FC is necessary? If yes how? Do you think it should continue? Can you take your daughter for the ritual? If yes why?
9. Do you feel different from those girls who are not circumcised? Do you feel more important? If yes, how?

Un-Circumcised Women

1. How do you feel given that you are not circumcised in a community where FC is common?
2. How come you are not circumcised?
3. Does it have to do with your parents? Religion? Social status? Probe.....
4. Do you feel lucky or do you feel like an out-caste?
5. Do you feel (not quite a woman); do you think men will trivialize you? Probe more.....
6. Why do women get circumcised in your community?
7. What do you think are the reasons behind the persistence of FC in this area?
8. Do you think women/girls go for FC willingly or are forced?
9. If willingly, what are the expected benefits?
10. If forced, who or what forces them to be circumcised?
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42. If negatively - why?
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54. If no, what kind of outside help do you think is needed?
55. What is the community doing towards abandonment of the practice?

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37. Do you think a man would prefer to have sex with a woman who is not circumcised?

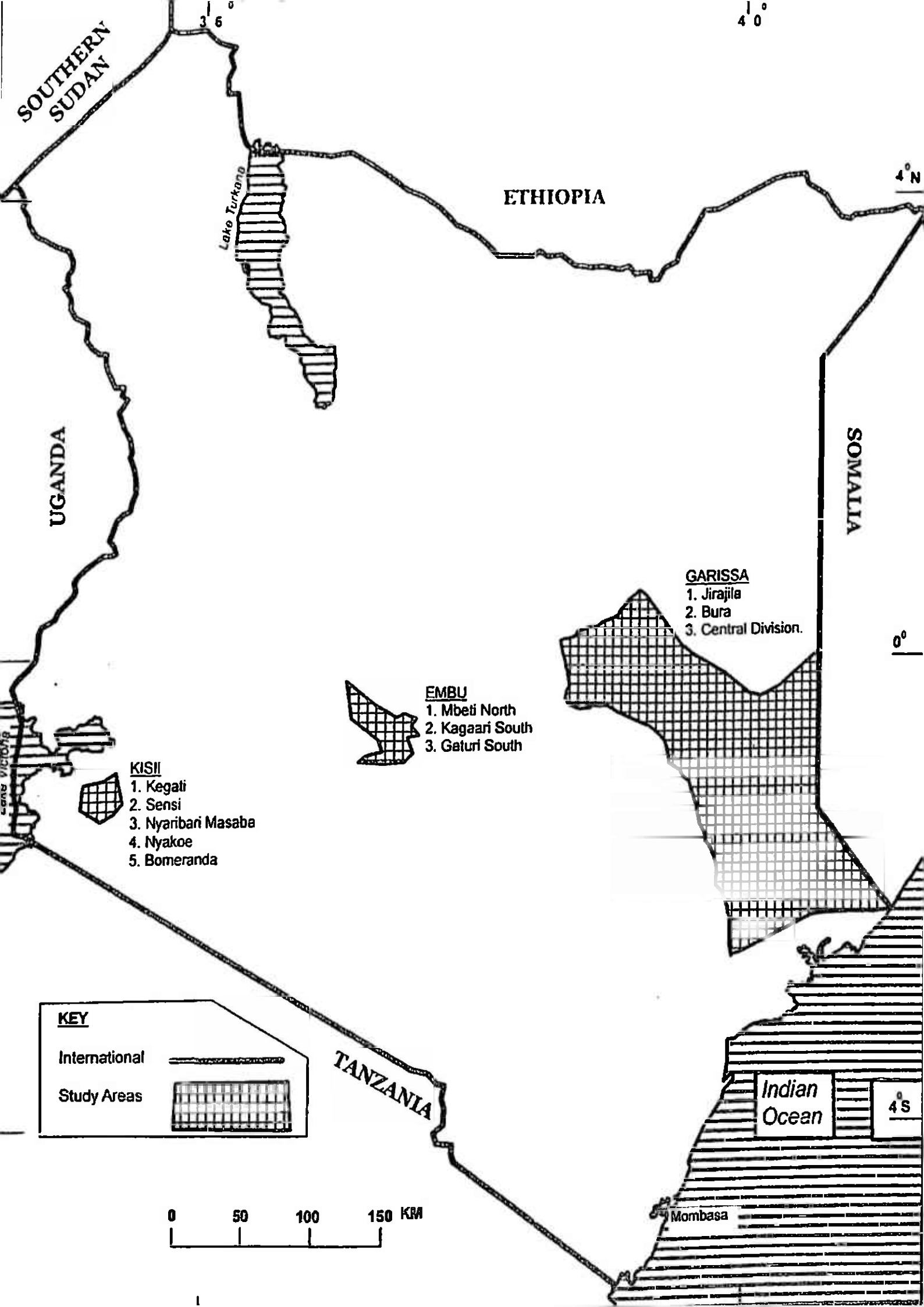
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Probe.....



APPENDIX III

Memorandum Written By a Colonial Administrator on The Circumcision Of Kikuyu Native Girls

KIKUYU NATIVE GIRLS.

By John W. Arthur, M.D.

(Member of Executive Council representing native interests).

1. The Missions, especially in the Kiambu area and at Tumutumu in the Nyeri district, have been fighting this circumcision of girls for many years. They have so far succeeded in that at Kambui several uncircumcised women have been married and borne children; at Kikuyu there are two, both with their first children after easy labours; and one at Tumutumu, also with her first baby. In addition, at all of the Girls' Boarding Schools at Kikuyu, Kabete, Kijabe, Kambui, and Tumutumu, there are uncircumcised girls, many now of marriageable age, who are determined not to undergo any form of circumcision; and in addition to these there are many others in the villages, mostly children of Christian parents. The feeling against the circumcision of their girl children is very strong, especially in certain places, amongst Christian parents, and Government can rely on their support in any measure that may be taken.

2. While that is so, it has to be said that probably the mass of heathen old men are still in favour of the practice, and what is worse still is that the Kikuyu Central Association (Fort Hall) has definitely taken up sides with them in this matter, making it part of their anti-European, anti-Government and anti-Mission propaganda. This movement is strongest in the Fort Hall area and at the C.M.S. stations of Weithaga and Kahuhia, there are no such uncircumcised girls. Tumutumu has suffered severely in its schools and Church work during the last 2½ years especially in its C's-Tana work around Mihuti and Mahiga, all due to the anti-mission attitude of the Kikuyu Central Association, and the touchstone of the movement has been this girls' circumcision, which is made a matter of absolute discipline by the Church of Scotland Mission in its stations.

3. Government in later years has shown itself strongly on the side of the Missions in this matter. Mr. Lydekker, while District Commissioner at Dagoretti in 1927, upheld the charge of "grievous hurt" in a girl forcibly carried off from the Kikuyu dormitory, and gave the brother 6 months rigorous imprisonment, and fined the circumciser heavily. The case did a tremendous lot for the Dagoretti area.

It was undoubtedly the influence of Administrative Officers that got the Standard Resolution No. 1 on "Circumcision of Women" through the Local Native Councils of Embu, Keru, Fort Hall and Kiambu. Nyeri is the only district in the Kikuyu country that refused to pass it.

4. Standard Resolution No. 1, as I have it, has a clause No. 6.- "Any authorised person who shall make an incision greater than is necessary to remove the clitoris shall be punished with 1 month's imprisonment with rigorous imprisonment and shall be fined Shs.50/-." I understand that this conflicted with the Native Authority Ordinance 26 (2) 7. Cap.150, which gives powers to fine up to 150/- but no imprisonment except on default, and this section 6 has been omitted from the Resolution.

5. In the Report for Executive Council on "Female Circumcision" H.A.D.I. 19/4/1/71.II. submitted to Executive Council about May, it was stated "that this Resolution has by no means stamped out the evil because.

- (a) -

opinion is not in sympathy with the cause.

(b) The resolution can only be enforced within the Native Reserve, and owing to its easy evasion by holding the ceremonies on farms or in Forest areas, becomes to a great extent inoperative."

In my opinion (a) is true in so far as "general" public opinion is concerned, but (b) makes a very strong contributory reason.

6. The opinion of the Hon. Attorney-general in his Memorandum on this subject prepared for the Executive Council meeting of 23rd August throws out the hope that under Clause 197 of the new Criminal Code, which will come into force on 1st January, 1930, a conviction will then be possibly obtained. Of course, as the Hon. Attorney-General himself would admit, some flaw in the law again might be found and a conviction become impossible.

7. The Hon. Attorney-General suggests that an Amendment be made to the Native Authority Ordinance "so as to provide that the punishment for breach of Resolutions dealing with circumcision should be, say, imprisonment for not less than 3 months nor more than six months, and a fine of not less than Shs.100/- and not more than Shs.200/-."

8. It seems to me this would go a long way to meet the case provided that (1) it is made applicable to cover the major operation, making it illegal; (2) this should be enforced in every district throughout Kikuyu (and presumably to Ukamba etc.) and also on farms and Forest Reserves; and (3) special provision should be made to protect any girl, who refuses even cliterodectomy, and to assist any parent, who refuses also such operations, at least until the girl is of age.

9. This, it seems to me, would be better than waiting for possible conviction under the new law, and would at once correct the unfortunate impression created from the recent case that Government is not actively opposed to this brutal ceremony.

10. If Government agrees, then they would have to be prepared to push the matter vigorously by applying the law whenever an offence occurs. The Local Native Councils of 4 districts agreed to the cliterodectomy; it should therefore be taken that they are in agreement. The fifth district, Nyeri, ought to be made to come in. I believe four of the European farmers would agree to the law being applied on their farms, as I have had letters from some on the subject.

11. Further the Kikuyu Central Association ought to be taken in hand over this thing and made to understand if they are going to oppose it, Government will take steps to deal with their organisations. Especially is this the case at this particular moment, when Jonathan Kenyatta is reported amongst the Kikuyu to having seen the Secretary of State and to have dealt with him about the affairs of the Kikuyu, and that he is returning shortly and will make known the results of his visit. If it had not been for this Association and its attitude to female circumcision, the question would by this time have been within reasonable hope of abolition.

Kikuyu
27th August, 1929.

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By John W. Arthur, M.D.,

(Member of Executive Council representing native interests).

1. The Missions, especially in the Kiambu area and at Tumutumu in the Nyeri district, have been fighting this circumcision of girls for many years. They have so far succeeded in that at Kambui several uncircumcised women have been married and borne children; at Kikuyu there are two, both with their first children after easy labours; and one at Tumutumu, also with her first baby. In addition, at all of the Girls' Boarding Schools at Kikuyu, Kabete, Kijabe, Kambui, and Tumutumu, there are uncircumcised girls, many now of marriageable age, who are determined not to undergo any form of circumcision; and in addition to these there are many others in the villages, mostly children of Christian parents. The feeling against the circumcision of their girl children is very strong, especially in certain places, amongst Christian parents, and Government can rely on their support in any measure that may be taken.

2. While that is so, it has to be said that probably the mass of heathen old men are still in favour of the practice, and what is worse still is that the Kikuyu Central Association (Fort Hall) has definitely taken up sides with them in this matter, making it part of their anti-European, anti-Government and anti-Mission propaganda. This movement is strongest in the Fort Hall area and at the C.M.S. stations of Weithaga and Kahuhia, there are no such uncircumcised girls. Tumutumu has suffered severely in its schools and Church work during the last 2½ years especially in its Cis-Tana work around Mihuti and Mahiga, all due to the anti-mission attitude of the Kikuyu Central Association, and the touchstone of the movement has been this girls' circumcision, which is made a matter of absolute discipline by the Church of Scotland Mission in its stations.

3. Government in later years has shown itself strongly on the side of the Missions in this matter. Mr. Lydekker, while District Commissioner at Dagoretti in 1927, upheld the charge of "grievous hurt" in a girl forcibly carried off from the Kikuyu dormitory, and gave the brother 6 months rigorous imprisonment, and fined the circumciser heavily. The case did a tremendous lot for the Dagoretti area.

It was undoubtedly the influence of Administrative Officers that got the Standard Resolution No. 1 on "Circumcision of Women" through the Local Native Councils of Embu, Keru, Fort Hall and Kiambu. Nyeri is the only district in the Kikuyu country that refused to pass it.

4. Standard Resolution No. 1, as I have it, has a clause No. 6.- "Any authorised person who shall make an incision greater than is necessary to remove the clitoris shall be punished with 1 month's imprisonment with rigorous imprisonment and shall be fined Shs. 50/-." I understand that this conflicted with the Native Authority Ordinance 26 (2) 7. Cap. 150, which gives powers to fine up to 150/- but no imprisonment except on default, and this section 6 has been omitted from the Resolution.

5. In the Report for Executive Council on "Female Circumcision" W.A.D.J. 19/4/1/74.II. submitted to Executive Council about 2av, it was stated "that this Resolution has by no means stamped out the evil because.

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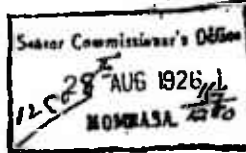
APPENDIX IV

A Letter from the Native Affairs Department to all Senior Commissioners and District Commissioners on the Subject of Female Circumcision

NATIVE AFFAIRS DEPARTMENT
NAIROBI,
23rd August, 1928.

CIRCULAR LETTER No. 28.

To all Senior Commissioners
(with sufficient copies for
District Commissioners).



FEMALE CIRCUMCISION.

It is considered that an effort should be made to mitigate the brutality which attends the rite of female circumcision in certain parts of the Colony.

2. It is therefore suggested that District Commissioners should endeavour to induce their Native Councils to adopt the milder form of the practice (that is to say simple clitoridectomy) in the areas wherein the more exaggerated forms have been introduced.

3. Careful investigation seems to have established the fact that the removal of the clitoris is a simple operation unlikely to be followed by any serious effects, whereas the more brutal form, which in some instances involves the removal of not only the clitoris but also the labia minora and half the labia majora, together with the surrounding tissue results in permanent mutilation affecting the woman's natural functions of micturition, menstruation and parturition with disastrous results not only to the birth-rate but to the physique and vitality of the tribe. It seems further to be established that the milder form is the traditional one the more brutal one being a comparatively modern innovation.

4. The Embu Local Native Council has passed a Resolution (which has received the covering sanction of the Governor-in-Council) making it an offence to remove more than the

- clitoris -

2. ✓

clitoris or to make an incision of greater extent or depth than is necessary for the removal of the clitoris.

A copy of the Rules made under this Resolution is attached for information.

5. I am to request therefore that the Local Councils of your Province be consulted, where necessary, and asked if they are prepared to adopt a similar attitude. The subject is one which requires the utmost tact in discussion. If the impression is given that Government intends to prohibit an ancient custom we shall meet with sullen and resentful opposition: it must be made clear that there is no idea of total prohibition but merely a desire, in the interests of humanity, native eugenics, and increase of population, to revert to the milder form of the operation, which is indeed more in keeping with ancient tribal usage.

G. V. MAXWELL
CHIEF NATIVE COMMISSIONER.

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