THE PERSISTENCE OF TRADITIONAL CUSTOMARY PRACTICES IN CONTEMPORARY SOCIETIES: THE CASE OF FEMALE CIRCUMCISION AMONG THE MERU OF CENTRAL KENYA

BY SHIVACHI KIZITO

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SUPERVISOR: MR. M.G. MUYEKHO
INSITUTE OF AFRICAN STUDIES
UNIVERSITY OF NAIROBI

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DECLARATION

This is my original work and has not been presented to any other university for the award of a degree.

SHIVACHI KIZITO

This work has been presented with my approval as a university supervisor

MR. M.G. MUYEKHO

28.8.97

DEDICATED TO MY GRAND FATHER UNGAYA INGAVO ATHANAS

WHO HAS PLAYED HIS ROLE IN LIFE EFFICIENTLY

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ABSTRACT

Toomuch has been said about the practice of female circumcision. There are long debates on this rite of passage today. Campaigns have been mounted against this practice without substantial achievement in some communities. This study was an attempt to try and establish the magnitude of the persistence of this practice and explore avenues of possible solutions.

The study considered the practice of female circumcision as so crucial, and as a result adopted rapid assessment test methods to be able to cover atleast one distict in such a short time. Nyambene District was chosen as a case study. The specific objectives were to search for a lucid explanation forthe motives behind the recurrence of the practice of female circumcision in contemporary societies and therefore, to ascertain the role played by the practice in the societies that do practice it. The study was also aimed at investigating for documentation, the effects of the practice on individuals and society as a whole. Another objective of the study was to analyze and describe the dynamics of female circumcision as exemplified by the Meru. Finally, the study wanted to make an assessment of societal response in terms of values and attitudes held by individuals regarding the practice of female circumcision.

The study established that the Meru of Nyambene District still practice female circumcision to a very large scale. The persistence of this rite has been found to be rooted in the

socio-cultural importance attached to it. The study has also revealed that the Meru of Nyambene District do not fully understand the side effects of this practice. Finally, the study has made a revelation that the Meru of Nyambene District are likely to respond negatively to a possible legislation outlawing the rite.

The study is presented in five chapters. The first chapter introduces the subject, gives the problem statement, outlines the objectives of the study, and finally gives the rationale behind the study. Chapter two dwells on the literature review, definition of the hypotheses, and finally presents a brief discussion of the theoretial orientation adopted in the study. Chapter three describes the research methods utilised in the study for effective and quick collection of data. Chapter four contains data presentation, analysis, and intepretation. Chapter five is the final chapter and is specifically providing conclusions and recommendations of the study. It also gives suggestions for further research on female circumcision.

CONTENTS

CHAPTER ONE

CHAPTER TWO

LITERATURE REVIEW

BIBLIOGRAPHY ?

APPENDIX ?

LIST OF TABLES

CHAPTER ONE

1.1 INTRODUCTION

Human societies exhibit great, variations in their cultural ways. They subscribe to certain norms and values that are unique to them as distinct groups. The world has been rapidly changing. There is high interaction amongst societies of the world. Information is easily transmitted and people in different continents are able to communicate easily. Because of this increased interaction, societies of the world tend to share common values.

Despite this growing interaction, cultural differences are still evident. There is still alot of diversity in the apparent united world. The culture of a society encompasses nearly the entire lifestyle. There is no way that one community can be an exact replica of another. For instance, different societies world wide practise certain rites which revolve around birth, initiation, marriage and death (parrinder, 1971). These rites are accompanied by various rituals and ceremonies coupled with feasts and festivities that are unique to each culture.

In this project, I intended to study and investigate the persistence of some traditional customary practices in contemporary societies of Africa. As case study, the practice of female circumcision among the Meru of central Kenya was investigated.

1.2 PROBLEM STATEMENT

A lot of prejudice has been shed on African customary practices. In the western world, most attributes that pertain to African culture have been perceived negatively. Such cultural traits have, as a result, been described in such perjorative terms as "primitive", "barbaric", "savage" or simply backward. Bock (1994) points out that Kwame Nkrumah a great African nationalist had commended on this. In his book Consciencism, Nkrumah wrote that, the continent of Africa lived in isolation from the western world until during and after the victorian period, when the whitemen embarked on exploration, missionary activities and finally colonisation. There existed great cultural differences between the two worlds.

Bock (1994), also writes that, the early Europeans to reach Africa were shocked at these differences. They developed stereotypes and prejudices to justify the superiority of Europeans over the African "natives". The missionaries believed that Africans were superstitious but lacked in true religious feelings. The souls of the "natives" had to be saved even if their bodies and societies were destroyed in the process. The early Europeans believed strongly that Africans had an inferior mentality and that they have "savage" passions only comparable to beasts. They believed that Africans were half-child and half-devil. The Africans constituted the dull and speechless tribes. With such a back ground, when the colonialists came to Africa, they aimed at stamping out the African culture (Asad - Talal, 1973).

In a masterpiece Facing Mount Kenya, Kenyatta (1968) clearly points out the bias against the African culture. He shows that, the British ~~who British~~ who colonised Kenya believed that they had a duty to "civilize" Kenyans. Practices like female circumcision, brewing of traditional liquor, polygamy, payment of bride wealth, folkdances and other traditional oriented practices like the use of traditional medicine were strongly resisted. Asad-Talal (1973) also has similar sentiments. Europeans resisted everything that was black, starting from religion to every other aspect of African life.

To single out is the custom of clitoridectomy. The practice was strongly attacked by a number of influential European agencies, missionaries, government, educational, and medical authorities. In 1929, after several attempts to break the custom, the church of scotland mission issued an order demanding that all their followers and those who wish their children to attend schools should pledge themselves that they will not let their children undergo the initiation rite. This led to strong controversy. The result was a tug-of-war and independent schools were established (Kenyatta, 1968).

Come independence, the powerful nations in the world were opposed to clitoridectomy. World bodies like the world Health organisation, save the children Canada, and a multitude of non-governmental organisations, have taken the forefront in fighting this practice. Even some African governments, have joined the fight.

For example in 1983, the Kenyan government officially banned female circumcision (Sanderson, 1985).

Various arguments have been put forward to show that female circumcision is a most abhorhable practice. Beyond the obvious initial pains of the operation, female circumcision has long-term physiological, sexual, and psychological effects. The unsanitary environment under which it takes place results in infections of the genital and surrounding areas and often results, in the transmission of the HIV virus (Fitz-patrick, 1997: Fourcroy, 1997: Walker, 1995). Some of the other health consequences of female circumcision include primary fatalities as a result of shock, haemorrhage or septicemia. Other longterm complications include sexual frigility, genital malformation, delayed menarche, chronic pelvic complications, recurrent urinary retention and infection, and an entire range of obstetric complications. Because of such side-effects, the practice has been out lawed in some western countries like British, France, Sweden, Canada, Switzerland, USA and even in some African countries like Egypt and Senegal (Farquhar, 1996).

However, despite these massive and vigorous campaigns against the practice, female circumcision is still practised in many countries in Africa and the middle east. The United Nations Organisation, UNICEF, and world Health Organisation have considered female circumcision to be a violation of human rights and made recommendations to eradicate this practice but have been unsuccessful. For example among the Abagusii of Kenya, Nyansera

(1995), observes that the people are still resistant and continue practising female circumcision. Most African communities that had this practice have had mixed reactions towards the international call for an abandonment. A few have completely discarded the practice, but a majority of them have continued with it (Sanderson 1985). Notable communities where the practice still flourishes in Kenya include among others, the Keiyo, Meru, Kipsigis, Embu, Samburu, Maasai, Pokot, Abakuria, and Nandi (Nyansera, 1995).

The main problem that emerges from this scenario is why these communities have remained adamant and persisted with this practice despite the campaigns mounted against it. People have been educated on the possible dangers of this practice yet they still risk, why? The war against female circumcision seems to be lost. Does it imply that the institution of female circumcision is playing a useful role in the contemporary world among the groups practising it? Or are these communities resisting change just for the sake of it? In view of this problem, the author carried out an investigation into this practice as exemplified by the Meru people of Nyambene district in cental Kenya.

1.3 OBJECTIVES OF THE STUDY.

This study was undertaken with the following objectives in mind:

1. To search for a lucid explanation of the motives behind the recurrence of the practice of female circumcision in contemporary societies and therefore, to ascertain the role played by the practice in the societies that do practise it.

2. To investigate for documentation, the effects of this practice on individuals and society as a whole.

3. to analyze and describe the dynamics of female circumcision as exemplified by the Meru.

4. Above all, to make an assessment of societal response in terms of values and attitudes held by individuals regarding this practice of female circumcision.

1.4 RATIONALE FOR THE STUDY

The study is designed to find a solution to the stated problem. Therefore, it is justified on the following grounds:

1. The study is likely to reveal the circumstances that necessitate the persistence of this practice.

2. The study will contribute to our knowledge and understanding of the nature of this practice in our contemporary societies.

3. The study will provide information that may contribute to theory formation particularly in the areas pertaining to cultural persistence.

4. The study is likely to provide data which might be useful to development planners, policy makers and interested groups, who may wish to affect or reach the community that is the Meru.

5. The study may also reveal the responses by members either individually or collectively to a legislation against the practice.

The focus of this project was the Meru people of Nyambene District. This is because it was considered more likely than not, that the practice of female circumcision is still practised in the community.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

The Encyclopedia Britannica defines rites as ceremonial events existing in societies that mark the passage of individuals from one social status to another. Gennep (1873) ~~termed~~ coined the term "rites of passage" noting that they were means by which individuals are eased, without social disruption through the difficulties of transition from one social role to another. Evans-Pritchard (1940) defined initiation as the transition from childhood to adulthood.

In many societies, the body is permanently marked or altered, often to indicate a change in status. Many societies circumcise adolescence boys. Clitoridectomy is performed in some societies to mark the sexual maturity of girls (Ember and Ember, 1990). Clitoridectomy is taken to be an analogy of circumcision among males. In this operation, the external tip of the clitoris is cut off. Female circumcision is practised in various forms. There are about three types of operations. Sunna circumcision, in which the tip of the clitoris and/or its covering (prepuce) are removed, represent what is conventionally understood to mean female circumcision or clitoridectomy. A second type of female circumcision is now the one they refer to as clitoridectomy, where the entire clitoris, the prepuce and adjacent labia are removed. A third type is infibulation, which is a clitoridectomy of the

second type, followed by sewing up of the vulva. A small opening is left to allow urine and menstrual blood to pass (Farquhar, 1996: Fourcroy, 1997: warlker, 1995). In the last case, a second operation is done later in life to reverse some of the damage. In some cultures, the woman is cut open by her husband on their wedding night. She may be sewn up again if her husband leaves on a trip (Fritz-Patrick, 1997).

The practice may be seen in the eyes of some cultures as horrible and unbearable, a mutilation of the human body. The fact remains that female circumcision is real in our contemporary world. For instance, statistics for Kenya show that out of the nearly fifty eight ethnic groups, about thirty of them practise female circumcision (Sanderson, 1985). In some communities, the practice is performed overtly while in others, it is done in great secrecy. This practice is a universal element. It is exhibited in most world societies but is manifested in different forms.

Gennep (1873) indicates that rites of passage have a social and psychological significance. The function of rites of passage is to give communal recognition to the entire complex of new or altered relationships (Ember and Ember, 1990). Initiation marks the transition from childhood to adulthood. Therefore, the responsibilities and status accorded are conferred to the new initiates. The communal practise of rituals associated with rites of passage enhances societal integration and group identity (Haviland, 1983).

2.2 CIRCUMCISION AS INITIATION

The term circumcision is applied in its strict sense to a wide spread of surgical operations, for the oblation of the male prepuce and also with a looser connotation of a simple incision of the prepuce and clitoris or even the labias on the female genitals. Male circumcision is more common and widespread than female circumcision. Parrinder (1971), defines circumcision as the removal of the male fore skin, an operation often with religious significance. It is practised in many parts of the world, including Africa, the Middle East, the Pacific Islands, and in some Australian and American societies.

In most cultures, circumcision is used to mark the transition from childhood to adulthood (Ember and Ember, 1990). Rites have social and psychological significance. They have a positive value for individuals in relieving stress at times when great rearrangements in life occur. The roles of these rites are seen also to be socially supporting. Such support includes roles of the rites in preventing social disruption by defining the proper roles and duties of the new initiates. Rites of passage are part and parcel of the socialisation process. Rites of passage go along way in enhancing group solidarity and maintenance of order in society.

Gennep (1873) notes that many of the rites of passage are connected with the biological transitions of life - birth, maturity, reproduction, and death, all of which bring changes in

the social status and therefore in the social relations of the people concerned. In most cultures, circumcision marks the shift from childhood to adulthood, meaning that circumcision is initiation (Parrinder, 1971).

In ceremonies, boys and girls are subjected to painful tests of manhood and womanhood. The function of rites of passage is a symbolic way of giving communal recognition to the entire complex of new or altered relationships. The individuals are now of a new status and are allocated roles and responsibilities to perform in the society (Ember and Ember, 1990).

2:3 FEMALE CIRCUMCISION

The term female circumcision covers three main varieties of genital mutilation.

1. Sunna circumcision; which consists the removal of the prepuce and/or the tip of the clitoris. Sunna in Arabic means "tradition."

2. Clitoridectomy; also referred to as excision, consists of the removal of the entire clitoris (both prepuce and glans) and the adjacent labia, it is conventionally known as deep clitoridectomy.

3. Infibulation; also referred to as pharaonic circumcision. This is the most extreme form. It consists of the removal

of the clitoris, the adjacent labia (Majora and Minora) and the joining of the scraped sides of the vulva across the vagina, where they are secured with thorns or sewn with catgut or thread. A small opening is kept to allow passage of urine and menstrual blood. An infubulated woman must be cut open to allow intercourse on the wedding night and is closed again afterward to secure fidelity to the husband (Farquhar, 1996, Fitz-Patrick, 1997, Fourcroy, 1997: Warlker, 1995).

The age at which the girls undergo the practice varies depending on the type of the ritual and the customs of the local community or region (Ember and Ember 1990). In Egypt, the procedure is performed by midwives or barbers under the supervision of adult women in the family without anaesthesia and often under less than hygienic conditions (Farquhar, 1996).

Female circumcision has probably been performed for at least 1,400 years (some references estimate 2,000 years), and started during what muslims call Al-galilayyah (The era of ignorance). The sunnah (the words and actions of the prophet mohammed) contain a number of references to female circumcision (Fourcroy,1997).

In his essay, Farquhar (1996), notes that marre Assadd, the co-ordinator of the National Female Genital Mutilation Task Force in Egypt, wrote that the tradition might have come from pharaohs. They apparently believed that gods were bisexual but that, humans

needed to have those tendencies excised through circumcision for men and clitoridectomy for women. Farquhar (1996) notes, that, to this day, most traditional Egyptians believe that a woman will pursue sex as aggressively as a man if she has not undergone a clitoridectomy. With circumcision Egyptians believe that they can remove the external parts so that when a girl wears tight underclothes, she will not have any stimulation.

In another approach to the question of the origin of female circumcision, Giorgis(1981) postulates that, it originated on the land around the Nile Valley during the pharaonic era when young slave girls from the lower valley of the Nile were mutilated to curtail their sexual freedom and to reduce unwanted pregnancies. It was performed as a sacrifice to the deity who presided over fertility. El-Dareer (1978) noted that female circumcision was first known to ancient Egyptians, Romans, pre-islamic Arabs and Tsarist Russians when traces of infibulation were found in Egyptian mummies dated 200 B.C. A papyrus dated 163 B.C found in Greece described female circumcision as an operation performed in Memphis at the age when women recorded their bride wealth.

2:4 GEOGRAPHICAL DISTRIBUTION OF FEMALE CIRCUMCISION

Various groups estimate that from 114-130 million women world wide have had the operation of female circumcision. There are over 30 million mutilated women currently living in Nigeria, and about 24 Million in Ethiopia and Eritrea. A 1997 poll of about

15,000 Egyptian women found that about 97 percent had been circumcised (Frourcroy, 1997). Female circumcision is practised in countries throughout Africa and the Middle East, in some parts of South Africa, and among muslims in Indonesia and Malaysia. It is generally accepted that the custom predated Islam and Christianity, but most countries where it is practised are predominantly muslim (Fitz-Patrick, 1997).

In Africa today, female genital mutilation is particularly common in Egypt, Algeria, Ivory Coast, Kenya, Mali, Mozambique, Nigeria, Northern Sudan and Upper Volta (Farquhar, 1996: Fourcroy, 1997: Warlker, 1995). Female circumcision is also prevalent in Somalia (Fitz-Patrick, 1997). The tradition seems to be more of an African puberty rite than an Islamic one. It is frequently practised in Egypt and the Sudan as well as muslims (Farquhar, 1996). In Kenya, statistics show that out of the nearly fifty eight ethnic groups, about thirty of them practice female circumcision (Sanderson, 1985). Notable communities where the practice of female circumcision is intensive include among others, the Keiyo, Meru, Kipsigis, Embu, Samburu, Maasai, Pokot, Abakuria, and Nandi (Nyansera, 1995).

In the Western world, clitoridectomies were preferred for America and British women in the 19th century as treatment for hysteria, epilepsy, melancholy, lesbianism, and 'excessive' masturbation. The practice persisted in the U.S.A until the fifties (Fitz-Patrick, 1997). Female circumcision is seen to be more of a social custom than a religious practice. However, the practice

is almost entirely restricted to some muslim countries, and is often justified by two controversial sayings of the prophet Mohammed that seem to favour Sunna circumcision. But in some countries where female circumcision is common it is also performed by christians and Jews. It has also been seen among animists in Africa. But it is not done in the Maghreb countries of Northwest Africa, or in Turkey or Iran (Fourcroy 1997).

2:5 FUNCTIONS AND NOTIONS ABOUT FEMALE CIRCUMCISION

In many communities, uncircumcised girls are considered promiscuous and unfit for marriage. Such communities argue that loss of a woman's genitalia is not too high a price to pay to secure her chances of life through marriage. The procedure eliminates or severely reduces a woman's genital sexual sensation. This terminates or reduces feelings of sexual arousal in women so that, they will be less likely to engage in pre-marital intercourse or adultery. The clitoris holds a massive number of nerve endings and generates feelings of sexual arousal when mechanically stimulated (Bilson, 1994:Farquhar, 1996:Fitz-Patrick, 1997:Fourcroy, 1997: Warlker, 1995).

In most communities, the practice of female circumcision is celebrated at puberty. This marks the transition from childhood to adulthood. The initiates are trained on adult roles and this has far reaching psychological and social implications to individual initiates and the social community at large (Evans-Pritchard, 1940). Among the Efik of Nigeria, other than reducing

the libido of women, female circumcision is believed to make an easy and quick parturition (Simmons, 1960). In Britain and America, clitoridectomies were prescribed in the 19th century as treatment for hysteria, epilepsy, Melancholy, Lesbianism and 'excessive' masturbation (Fitz-Patrick, 1997: Fourcroy, 1997: warlker, 1995). Warlker (1995) notes that, sigmund in sexuality and the psychology of love, observed that the 'elimination of clitorical sexuality is a necessary precondition for the development of feminity. As a result as recently as 1979, "love surgery" was performed on women in the United States. Dr. James E. Burt, the "love surgeon", introduced clitoral relocation (that is, sunna circumcision) to the medical establishment. He believed and acted upon the idea that excision does not prevent sexual pleasure, but enhances it, (Warlker, 1995).

Many believe, this practice is more hygienic and increases fertility. They argue that while the girls attend to the wound they learn to keep themselves clean (Farquhar, 1996). Others believe that the clitoris contains poison that can harm men during intercourse and kill babies during birth. A girl who is not circumcised is considered "unclean" and therefore unmarriageable, a girl who does not have her clitoris removed is considered a great danger and ultimately fatal to a man if her clitoris touches his penis (Fourcroy, 1997; Warlker, 1995).

Women are often heard saying that they are not willing to change this custom since they have always done it this way and are not about to change. Family honour, cleanliness, protection against

spells, insurance of virginity and faithfulness to the husband or simply terrorising women out of sex are sometimes used as excuses for the practice of female circumcision (warlker, 1995). Uncircumcised women in muslim countries where circumcision is normally performed have difficulty in finding a marriage partner. Men typically prefer a circumcised wife because they are considered more likely to be faithful (Farquhar, 1996). Other claims are that, the removal of the clitoris enhances the shaping of feminine characteristics, otherwise a woman with her clitoris intact is like a man.

There are unending beliefs in various cultures that justify the practice of female circumcision. Some believe the clitoris is dangerous and has to be removed for health reasons. Others believe that men can become impotent by contacting a clitoris or that a baby will be hydrocephalic (born with excess cranial fluid) if its head contacts the clitoris during birth. Some believe that the milk of the mother will become poisonous if the clitoris touches the baby. Also, bad genital odours can only be eliminated by removing the clitoris and labia(minora and majora) at times (Farquhar, 1996: warlker, 1995).

Female genital mutilation is also believed to prevent vaginal cancer. An unmodified clitoris can lead to masturbation or lesbianism. Female circumcision prevents girls and women from developing nervousness. The operation also prevents the face from turning yellow. Female circumcision in some communities is believed to make a woman's face more beautiful. If female

circumcision is not done, older men may not be able to match their wives' sex drive and may have to resort to illegal stimulating drugs. An intact clitoris generates sexual arousal in women which can cause neurosis if repressed. The fear for AIDS/HIV has been used by both sides. Fourcroy (1997) notes that those who are not circumcised get HIV/AIDS easily. But opponents of the practice sometimes claim that HIV/AIDS is spread by the unhygienic practice during the operation itself (Fourcroy, 1997: Walker, 1995).

2.6 SIDE EFFECTS

Fitz-Patrick (1997) in one of his articles, recounts a self confession of the consequences of female circumcision by a Somalia girl, Warris Dirie. She was circumcised when she was about six years old. One of her sisters died as a result of the process. She was circumcised in the bush. Her mother and an old woman (the circumsier) sat her on the rock; her mother blindfolded her and sat behind her. Warris Dirie leaned back against her. Her legs were stretched wide apart to expose her genitals. With a rusty blade, the old woman ineptly hacked off her clitoris and labias. When she had finished cutting, the woman started stitching. She sewed Warris Dirie right up with a needle. They tied her legs together and tried to set her on her feet, but Dirie passed out. She remembers nothing of the next few weeks, except agony, pain, ill-swollen - she wanted to die. She was sewn up so tightly that she couldn't even urinate properly. It just came out slowly, drip by drip. The burning

urine was another source of agony and Warris Dirie used to try and hold it in for as long as possible. Years later once she started menstruating, Warris Dirie remembers terrible agony. Her abdomen would swell with collected menstrual blood that had nowhere to go.

Through sheer luck, Warris Dirie escaped forced Marriage and landed in Britain. In Britain, she began a long haul of seeing doctors. Her periods were so bad. For along time, she was never physically examined. Doctors would simply prescribe birth control pills which they told her would improve her period pains. One day, Warris Dirie gathered all her courage and told a doctor what had happened to her. She had an operation to open her up. She still had many health problems related to her circumcision but after the operation, she would pee, properly, could have sex. Before, sex was out of question. Warris Dirie today laments that female circumcision is a terrible thing that happens to girls around the world. The custom had nothing to do with religion, neither the Qu'ran nor the Bible mentions it. Men invented it so that sex is just their preserve. "When you marry, the man forces himself in or uses a knife. When you give birth, they cut you open and then sew you up again just like a piece of cloth".

Farquhar (1996) and Warlker (1995) observe that female circumcision is mostly done in unsanitary conditions in which a circumciser uses unclean sharp instruments such as razor blades,

scissors, kitchen knives, pieces of glass or in some cases, the circumcisers teeth. In the rural Mossi areas of Burkina Faso for example, group female circumcisions are scheduled every three years in many villages. Girls aged five to eight years are assembled by their mothers into groups of up to twenty. The circumciser, uses, a knife-like instrument, the 'barga', reserved specifically for this purpose. After each operation, she simply wipes the knife on a piece of cloth. Sometimes rinsing it in water first (Fourcroy, 1997).

Beyond the obvious initial pains of the operation female circumcision has long-term physiological, sexual and psychological effects. The unsanitary environment under which the operation takes place results in infections of the genital and surrounding areas and often results in the transmission of the HIV/AIDS virus. Some girls bleed to death. The practice can scare children psychologically and lead to future problems in sexual relations, menstruation, and labour (Farquhar, 1996).

Because of poverty and lack of medical facilities, the practice is done without even anaesthesia. The operation results into health problems which include shock, haemorrhage or septicemia, tetanus cases and even the transmission of some viruses like HIV/AIDS. Long term side effects may include painful scars, keloid formation, labiat adherence, clitoral cysts, chronic urinary infection, chronic pelvic infections, kidney stones, sterility, sexual dysfunction, sexual frigidity, depression, and a multitude of other gynaecological and obstetric problems (Fitz-

Patrick, 1997: Fourcroy, 1997: Warlker, 1995).

Sanderson (1985) notes the adverse effects of female circumcision. The vulva could split causing haemorrhage and much loss of blood. This is dangerous especially when the expectant mother is not hospitalized. Vaginal fistulas are formed and the bladder is damaged. This could lead to perineal tears and urinary or faecal incontinence. In infibulation the vulva with a keloidal formation at the vaginal apertue obstructs urinary and menstrual flows. Infibulated vulva delays the progress of delivery. It is not easy for the head to descent.

2:7 LEGISLATIONS AGAINST FEMALE CIRCUMCISION

Female circumcision is now out-lawed in some European countries like Britain, France, Sweden and Switzerland,' the United States of America and Canada (Bilson, 1994: Fourcroy, 1997: Fitz-Patrick, 1997: Warlker 1995). For the American example, a US federal bill-Federal prohibition of Female Genital Mutilation of 1995 was passed in September 1996. In Canada the Canadian criminal code protects children who are ordinary residents in Canada (as citizens or landed migrants) from being removed from within the country and subjected to female genital mutilation. In both the USA and Canada, the very small percentage of muslims who wish to continue the practice find it impossible to get a doctor who will co-oprate.

The operation is often done in the home by the family (Fourcroy, 1997).

Some African countries have also banned or outlawed the practice of female circumcision. In 1983, president Moi had officially banned female circumcision in Kenya (Sanderson, 1985). Ghana has also outlawed the practice. In Egypt, the Ministry of Health banned the practice in early 1996 (Farquhar, 1996: Fitz-Patrick, 1997). Female circumcision is usually done at the age of about seven though it is known to be performed on girls any time between infancy and puberty. In areas where the practice is outlawed, it is done at younger age since younger girls offer less resistance (Bilson, 1994). It is important to note that even though female circumcision is currently illegal in many countries in Africa and the Middle East, this has not reduced the number of girls that are circumcised. The governments of these countries have no way of monitoring the spread and practice of female circumcision (Fitz-Patrick, 1997).

The United Nations, UNICEF and the World Health Organisation have considered female circumcision to be a violation of human rights, and have made recommendations to eradicate this practice. However, trying to fight female circumcision on legal terms is in-effective since those remote areas where the practice is rampant can not be easily reached by the governments concerned. A better and more effective approach would be co-operation at the national as well as at the international levels. The UN and WHO have already taken the first step in abolishing these practices.

Countries need to have rigid and vigilant laws that deal with female circumcision (Warlker, 1995). The United Nations has also supported the right to member states to grant refugee status to women who fear being mutilated if they return to that country of origin. Canada has granted such a status to women in this situation. A judge of a Canadian Federal Court declared it a "cruel and barbaric practice" (Fourcroy, 1997).

2:8 A BRIEF HISTORY OF FEMALE CIRCUMCISION IN KENYA

Macharia (1996) gives a clear breakdown of the history of female circumcision in Kenya. He discusses female circumcision as one of the most controversial issues in Kenya's colonial history. The fight was between the Kikuyu, Embu and the Meru on one hand, and the white christian missionaries and colonial administrators on the other hand. Politics, Religion, Economics and even administrative policies were affected by this issue. There was a very hostile relationship between the indigenous communities and the colonial government who worked together with the missionaries. The missionaries, often with government support were interfering with the traditions and customs of the Africans. Conversion involved gradual removal from traditional beliefs and then systematically acquiring the European habits.

Missionary attack on female circumcision was led by the reverend John Aurther of the church of scotland mission (CMS). He was a medical doctor who argued that the practice was not necessary for child bearing. Some Africans sought on their own, a compromise

between tradition on one hand and missionary expectations on the other. In Meru, a feud had arisen between Reverend R.J. Worthington of the United Methodist Church Foreign Mission and the District Commissioner for Meru, A.E. Chemier. Chemier attempted to minimise the conflict of the conservative spirit of the elders who still clang to superstitious customs. The missionaries resented their approach.

The period between 1929 and 1932 was when the Kikuyu central Association (KCA) led by Joseph Kang'ethe joined the struggle on female circumcision and there was a serious confrontation with the church. Schools closed down as parents had refused to denounce female circumcision, traditional beer drinking, polygamy, payment of bridewealth, and other "African-tradition" related customs. This tug-of-war attracted the attention of England. In London, a select committee whose members included the Duchess of Atholl C.R Boxton and colonel Josiah Wedgood, heard hearings on female circumcision. Among those who testified was KCA's Jomo Kenyatta in defence of the custom. It was resolved that the practice of female circumcision which was of very ancient origin should not be interfered with. But respective governments were to endeavour to persuade the communities which practised the more brutal forms of it to return to the ancient and less brutal forms. Kenyatta on return helped to re-open schools. The issue of female circumcision subsided after 1931, but remained a sign of cultural confrontation between the whites and the blacks in Kenya.

A recent case study of this practice is one by Nyansera (1995). She wanted to examine the nature and practise of female circumcision among the Abagusii. She also wanted to identify the functions of female circumcision and establish the reasons why this practice has been persistent. In her findings, she noted that despite vigorous campaigns by the government, the church and non-governmental organisations, the Abagusii people were adamant and continued with this practice. Female circumcision in Kisii District was found to serve as a rite of passage. The practice is associated with change of status, identity, and is associated with courage and prestige. The practice of female circumcision among the Abagusii is a painful operation and is believed to provide social controls in terms of behaviour-training and the regulation of Libido rates. The practice is rampant not only among the Abagusii people residing in Kisii District, but also even among those living in urban areas like Nairobi. This practice is largely seen as a custom identifying the culture of the Abagusii people which they believe has to go on despite the campaigns against it.

2:9 HYPOTHESES

The literature reviewed resulted into the formulation of the following hypotheses as guidelines for data collection, analysis, and interpretation:

1. It is most likely that the Meru still practise female circumcision but on a lesser scale.

2. The persistence of female circumcision among the Meru is rooted in the functions inherent in the practice hence the socio-cultural importance attached to it.

3. It is most likely that the side effects of the practice on individuals have not been fully realised in the community.

4. The Meru are likely to be indifferent to a legislation outlawing this practice of female circumcision.

2:9:1 OPERATIONAL DEFINITIONS OF VARIABLES

1. Independent Variables:

Factors that account for the persistence of the practice of female circumcision. These are identified as:

(i) It is not likely than not that the Meru people of Nyambene District still practise female circumcision. But what is unknown is the scale/extend/degree of this practice in contemporary Meru community of Nyambene District. Is it still as powerfully done as it used to be in the traditional times? This study aims at investigating the scale/extend/degree of this practice in Nyambene District. Is it still high or has it come down?

(ii) The practice of female circumcision and it's

persistence in contemporary Meru community of Nyambene District can be attributed in part to the functions the practice performs. Do the Meru people of Nyambene District believe that female circumcision plays important roles? What are the roles? Does it reduce the Libido among girls and women and therefore regulate their sexuality? Do the people of this district believe that the ceremonies that accompany the practice of female circumcision contribute to the enhancement of social solidarity? or do initiates of female circumcision receive any special training that enable them to adhere to the norms and values of the community? The practice of female circumcision is a rite of passage, does this therefore mean that this operation is a symbolic transition from childhood to womanhood among the Meru people? Does the status, identity, and even roles of an individual change? By going through this, this study will reveal the importance attached to this practice.

(iii) There is ignorance about/non-realization of side effects. It is most likely that the side effects of the practice of female circumcision on individuals have not been fully realized among the Meru people of Nyambene District. They lack the knowledge that the operation can result in cases of over bleeding of initiates to death. They also lack the knowledge that the practice is performed in unsanitary conditions and

this can lead to infections like HIV/AIDS, tetanus etc. The Meru people of Nyambene District also lack the knowledge that beyond the obvious initial pains of the operation, female circumcision has long term psychological, physiological and sexual effects. That the practice can scare children psychologically and lead to future problems in sexual relations, menstruation and labour. That the operation of female circumcision can result into other health related problems like shock, painful scars, keloid formation, labial adherence, clitoral cysts, chronic urinary infections, chronic pelvic infections, sexual frigidity, depression and even kidney stones.

(iv) The Meru people of Nyambene District are most likely going to have a negative response to legislation against the practice of female circumcision. Either, it is more possible that they will ignore the legislation and continue with the practice, or if the law enforcers are vigilant they will still secretly continue with the practice.

2. Dependent Variables:

(i) Female circumcision: In this study it is most likely that the Meru people of Nyambene District practice Female Circumcision. But it is not clear which form of female circumcision is manifested in this

community. There are several forms of female circumcision. The first type is Sunna circumcision. This is where the tip of the clitoris is cut. It is the most mild form. The second type is clitoridectomy/excision. Here there is the removal of the entire clitoris (both prepuce and glans) and the adjacent labia. There is a third type which is most severe; infibulation/pharaonic circumcision. It consists the removal of the clitoris, the adjacent labia (Majora and Minora) and the joining of the scraped sides of the vulva across the vagina, where they are secured and sewn. A small opening is kept to allow passage of urine and menstrual blood. Therefore, this study will investigate which form of female circumcision is practised by the Meru people of Nyambene District.

(ii) The operation of female circumcision has negative side effects. Depending on which form of the operation, the study is out to investigate the possible side effects of this practice among the Meru of Nyambene District. It is possible that the circumstances under which the operation is carried out are unhygienic and this can lead to the transmission of viruses like HIV/AIDS and tetanus. It is also possible that the operation is done without anaesthesia and therefore it is very painful and torturing. Then it is also possible that the practice of female circumcision can

lead to a multitude of gynaecological and obstetric conditions. The study is out to investigate on this.

2:10 THEORETICAL ORIENTATIONS

This study basically concerns cultural persistence. One theoretical framework within which this study has been carried out is the functionalist approach. In this theory as elaborately discussed by Haviland (1983) and Ember and Ember (1990), the practice of female circumcision is seen as a traditional custom. It is investigated among the Meru people in terms of the functions it plays and why the practice has been retained.

The basic tenet in functionalism is that, any cultural system is composed of several cultural traits which contribute to the functioning of the entire system. This concerns the notion of systemic holism, that all these cultural traits function together to form the cultural system. The functionalists believe that each of the cultural traits has a specific function which serves to hold all the cultural systems together, and that the functioning of the whole system is determined by how each cultural trait fulfils a certain function. The functional theory also postulates that, it is this functioning of the various cultural traits and the whole system which results in a society which is organised, stable,and well integrated, where most members agree on basic values.

Functionalism has been explained from a variety of perspectives. For instance, Herbert Spencer came up with a comparison of organismic structure to social organisation. In this organismic analogy, he argued that social organisation coordinates the same way as the various organs of an organism work together. The parts of the organisms are mutually inter-dependent, so that a change in one leads a subsequent change in the others. This means, for example that if female circumcision were to change among the Meru people, this will have effects to other sectors of social organisation like their political sector, economic organisation, religious doctrines and other social values, norms and attitudes.

For Brownslaw Malinowski, human beings everywhere share certain needs and values. these needs could be psychological or biological. The purpose of all cultural institutions is the fulfilment of these needs. Following this approach means that the practice of female circumcision may have been introduced to meet certain existing needs. A possible one could have been the need to reduce the libido in women and this resulted into the mutilation of their genitals. Another could have been the need for an initiation rite that would be used to symbolically mark the transition from childhood to womanhood. Further the practice of female circumcision could have been introduced to serve as a trait to identify certain communities.

Radcliff-Brown came up with structural functionalism. Here, cultural traits are likened to structures. He believed that

there is no cultural institution which exists without any reason. This is useful in maintaining the on-going life process of society. A practice like female circumcision is accompanied by ceremonies in the societies that practice it. These ceremonies help to moderate individual participation, group solidarity and the moral health of the members. To him the practice of female circumcision is of less significance. What is important is that, the practice of female circumcision contributes to the functioning of the society. It is what it does that is of prime importance. Does it regulate and reduce the libido and therefore control sexual promiscuity? or does it enhance societal identity and greater integration? Radcliff-Brown is not interested in the origins of such a practice. His interest is in describing the existing institutions without going for the origins and history. The functions played are the only important aspects.

But Robert Merton provides a very different approach to the functional paradigm. He says that, not all cultural institutions make a contribution. Instead, some institutions have negative effects or have no effect at all to the cultural system. Those traits that have negative effects are the dysfunctional ones. What is important in analysing the function of institutions is to look at the net balance. Meaning that, on balance, do the functions of a particular cultural institution out weigh its dysfunctions? If yes, then it is making some positive contribution. But in the event of no, then it is dysfunctional. For example, a trait like female circumcision, does the negative side effects outweigh the positive? There have to be levels of

analysis when considering the net balance. You have to establish that, that cultural trait is functional for whom and dysfunctional for whom? Society is not a homogeneous thing. It is a whole complex.

Robert Merton does also make a distinction between the types of functions. We have manifest and the latent functions. Manifest functions are those that are intended and expected. While the latent functions are those that are not expected but may occur as a result. For the case of female circumcision, we may have manifest functions like reducing the libido of females, enhancing societal integration, and may be providing a symbolic transition from childhood to womanhood. But the, other side effects like some initiates bleeding to death, infections like HIV/AIDS being transmitted during the operation, and many other negative side effects may result from the operation.

The cultural traits that serve no purpose at all are the ones Merton refers to as eufunctional traits. Such traits are generally redundant. They serve no functions. The functions they used to serve can be served by other cultural traits. They can be replaced without changing the quality of the society. For the case of a practice like female circumcision, if it used to mark the transition from childhood to womanhood, there are other parameters that can be used. For example with increased formal education, graduation from high school may mark such a transition.

The functional paradigm viewed in terms of socio-cultural persistence is a conservative one. It puts emphasis on stability, equilibrium, and social order. Change is seen as destructive. The only type of change provided for is piecemeal, gradual and non-disruptive change. It advocates for gradual and not radical change.

CHAPTER THREE

METHODOLOGY

3:1 INTRODUCTION

This chapter will focus on the methodological techniques used in the study. It defines the site, socio-cultural aspects, population size, sample selected, sampling methods, methods of data collection and analysis, and the problems encountered during the study.

3:2 SITE DESCRIPTION AND SOCIO-CULTURAL ASPECTS

Nyambene District was only recently carved out of Meru District. There is no sufficient literature available on this District yet. Therefore, for the purpose of this study, the Nyambene District was considered part of Meru District on some aspects. Nyambene District is one of the eleven Districts in the Eastern province of Kenya. Nyambene has been part of Meru District which shares borders with the Districts of Laikipia to the west, Nyeri and Tharaka/Nithi to the south, Kirinyaga to the south-west, and Isiolo to the north and north-east. Meru District straddles the Equator lying within $0^0 6'$ to the North, and about $0^0 1'$ to the south. The District is within longitude 37^0 and 38^0 East. (Republic of Kenya, 1993: page 1).

Nyambene District consists of the following divisions, that were formerly part of Meru District: Laare, Mutuati, Tigania East, Tigania West, Igembe South, Igembe Central and Igembe North. Nyambene District has a total area of approximately 3,176 sq.Km.

In 1979, the total population for Meru District was 637,709. The population of Meru District for the, 1993 census estimated at 1,014,750. This implied an annual growth rate of more than 4 percent between 1979 and 1993. This may be attributed to considerable reduction in mortality rates in the early 1980s due to improved medical services in the District. Where as the level remained constant over the period 1980 - 1985, the situation however, has slowly shifted in recent years and the population is likely to have grown at less than 2.9 percent between the years 1994-1996. It is projected that the districts population has increased from 1,011,750 in 1993, to 1,116,909 in 1996 (Republic of Kenya, 1993: page 11).

Meru people practise mixed farming; that is crop production and animal husbandry. Cash crops include coffee, tea, and cotton. [redacted], potatoes, maize, beans, sorghum and millet are also grown as staple crops. Miraa is a common cash crop in Nyambene area. The plant is a mild stimulant and much favoured by certain communities like the Somalis, coastal groups, and many urban dwellers in Nairobi and Mombasa (Republic of Kenya, 1993: pages 16-19).

Land in Meru is held under three tenure systems - clan land, individual small scale land holdings, and large scale farms. The inhabitants of Nyambene District are the Meru. They are a Bantu speaking group who use the Meru language. The Meru organisational social structure starts from either the nuclear or polygynous family. These days the nuclear family is becoming pre-dominant. The Meru society is structured along actrilineal lines where property is inherited from the father to the sons (Akong'a 1986). The sub-ethnic groups of the Meru people who occupy the present day Nyambene District are the Tigania and Igembe. They are rather conservative groups, but have a more bold personality and very aggressive. These people are fond of ceremonies and consume plenty of miraa and traditional liquor (iki) made from the honey combs. This is particularly common among the youth.

3:3 RESEARCH POPULATION

The population of this study was defined as all Meru people who have strong roots within the boundaries of Nyambene District. this is a research that has to do with culture and since culture is shared in a society, it is an attribute for all. It became viable to consider all residents of Nyambene District wherever they are. This included even those members who have strong cultural roots in Nyambene but may be in other settlements, for example, pursuing education.

The sampling frame was drawn from the residents of Maua Town with its proximate market and shopping centres like Kiengu market, Laare market, Njogune shopping centre, and Kawira shopping centre. Kanina sub-location was specifically sampled out for study. The drive of this study is to get the representative opinion of the members of Nyambene District on the issue of female circumcision. This is a concern of the entire society. The study aimed at getting the views of everybody - the young and old, the males and females, the educated and the uneducated, etc.

The study concentrated on collecting useful information from those who have undergone the practice of female circumcision, those who are yet to undergo it, parents and brothers, and the would be initiates. The study had a category of primary school going pupils of between standard seven to eight. This is a most target group as they are the next probalbe initiates. The study also had another category of high school or secondary age bracket. This constitutes those who have just gone through the rite or are in the process of avoiding this practice. Such respondents hailed from all quarters of Nyambene District. Then the study had another category of college/university going students. Then there were other respondents from the rural populace of Nyambene District and around market centres and Maua Town. From such a widely distributed population, it was conceived that an average representative opinion and attitude concerning the practice of female circumcision would be arrived at.

3:4 SAMPLE SELECTION

The particular method of sampling that was used was simple random sampling. The reason behind this was to give each member of the population an equal chance of being selected, hence to get objective and valid results. Using rapid assessment test methods, a sample of forty two respondents was selected. This would be appropriate to get an average opinion of the Meru people of Nyambene District, on the issue of female circumcision. The sample group cut cross gender considerations, age-groups, and even education background. The simple size was limited because of time, costs and analytical procedures.

The sample selected formed the representative group for the whole population of this district. It was not easy to reach the sample group, but with the assistance of heads of schools, an assistance chief and scholars in the making at the university of Nairobi, it was rendered possible. Twelve primary school going pupils were sampled to respond in the study. For this category, they were all females. Another twelve secondary and high school going students were sample in another category. Another cross random sample from the villages of Kanina sub-location constituted Ten respondents. Six university of Nairobi students were used to represent the college/university category. These were students who come from any corner of Nyambene District and have lived in this District for atleast upto the time they joined the university of Nairobi.

Finally a sample of twelve had various representations from such markets and shopping centres as Maua Town, Kiengu Market, Njogune shopping centre, Kawira shopping centre, and Bure market. This formed the last sample group.

3:5 DATA COLLECTION

The data in the study were derived from both primary and secondary sources. Secondary sources were from a survey of literature in both published and unpublished documents, on the practice of female circumcision. Primary data was generated from field research which was carried out in Nyambene District. This area was selected because it is among the places with high prevalence of the practice of female circumcision. The practice is also not performed in too much secrecy. The Meru people to some extend are willing to freely discuss and talk about this practice.

The study made use of interviews, focus group discussions, and observation. Interviews were conducted using both a standardised questionnaire and informal interviews and discussions. Forty two subjects/ respondent to the standardised questionnaire. The questionnaire items were written in English but we had research assistants who are the indigenous members of Nyambene District and made translations to the respondents who could not be interviewed in english. For the observation, modes and patterns of behaviour of girls who had undergone the initiation rite were analysed and compared with the uninitiated from the District and its neighbouring Districts.

Focus group discussions were used in this format. The respondents from the University of Nairobi, after responding to the standardised questionnaire were convened over a cup of coffee. Informal debates were initiated to gather more information in the form of free lance discussion, which turned out to be very fruitful. Another form of this method was at Maua market in a tailoring shop. There were both male and female adults and a debate on the subject of female circumcision was made. A third instance was at a beer drinking place. This was done at two levels, in a bar and later in the village where people were taking the local brew. People in both cases found themselves brainstorming the topic. Various aspects of this practice were debated at length including origins, importance, campaigns against the practice, and whether it should be abandoned or not.

3:6 PROBLEMS ENCOUNTERED DURING THE STUDY

Sex is a taboo subject among the Meru people. Female circumcision is practised, but that does not mean that people should openly discuss it. It required alot of patience to establish enough rapport with the respondents before opening up on such a topic. Also, female respondents were not free enough to respond in the presence of male counterparts until a female research assistant had to actively lead and activate such responses. There was the limitation of funds as it involved a lot of travelling and this was costly.

There was also limited time for the study given that the study was scheduled to run concurrently with the final year coursework which is very challenging. The research assistants were also finalists and this meant that, the only appropriate time for the research work was over the weekends. The university of Nairobi has also suffered immensely from serial closures during the time when the study was on. This seriously disrupted the study. Some respondents were hostile as they believed that the researchers were either campaigning against the practice or had been send by the government, non-governmental bodies, or the church to trick them into denouncing their culture. They only co-operated after ascertaining that the study was only meant to establish facts about the culture as it is without interference of whatever sort.

Some respondents demanded payment in form of beer, or money before delivering any information. Such respondents had to be carefully sweet-talked to and seduced out of such a stand. Transportation to the interior parts of the district was a problem, coupled with some security risks and this is in part why the researchers could not really venture deep into most homesteads.

3:7 DATA ANALYSIS PROCEDURE

The method employed in this study was the qualitative analysis. It included first describing the characteristics of the population in respect of the hypotheses. It also included looking for the relationships among variables as stated in the hypotheses.

In this case, the use of percentages and actual scores reflecting the responses as reflected in the questionnaire were analysed. The results of the analysis were then presented in tables.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4:1 INTRODUCTION

In this chapter are presented the characteristics of the respondents, the prevalence of the practice of female circumcision in Nyambene District, the persistence of this practice, people's awareness and/or non-realization of the side effects, and the possible reaction to a legislation against this practice. The analysis and interpretation of the results are carried out in respect of the hypothesized relationships.

4:2 CHARACTERISTICS OF THE RESPONDENTS

4:2:1 AGE AND SEX

Sample distribution of respondents on the basis of these variables reflect the pattern shown in table 1 below.

TABLE 1: DISTRIBUTION OF AGE BY SEX

AGE IN YEARS	FEMALES		MALES		TOTAL	
	No.	%	No.	%	No.	%
Below 18	12	28.57	0	0.00	12	28.57
Between 18-30	10	23.8	12	28.57	22	52.38
Over 30	1	2.38	5	11.9	6	14.28
Non-Response	0	0.00	2	4.76	2	4.76
TOTAL	23	54.76	19	45.23	42	100.00

The highest number of respondents were in the age category of between 18-30 years. This constituted 52.38 percent of the entire sample. Respondents aged 30 years and above were very few. They formed only 14.28 percent of the sample. Females constituted about 54.76 percent while males constituted 45.23 percent of the sample.

4:2:2 MARITAL STATUS

The respondent were asked to state their marital status. The results are presented in Table 2 below.

TABLE 2: DISTRIBUTION OF RESPONDENTS BY MARITAL STATUS

MARITAL STATUS	FEMALES		MALES		TOTAL	
	No.	%	No.	%	No.	%
Married	3	7.14	9	24.42	12	28.57
Widowed	0	0.00	0	0.00	0	0.00
Divorced	0	0.00	0	0.00	0	0.00
Separated	0	0.00	0	0.00	0	0.00
Single	20	47.61	10	23.8	30	71.42
TOTAL	23	54.76	19	45.23	42	100.0

On this variable, most of the respondents were found to be single. Their proportion in respect of the sample size was 71.42 percent. Only 28.57 percent of the respondents were married. Out of those married, more males were married than females. Males who were married represented 24.42 percent while females who were married constituted only 7.14 percent. There were no cases of those widowed, divorced or separated. Most of those who were single had not attained the marriage age or had actually attained it but were still searching for spouses.

4:2:3 TYPE OF FAMILY

The respondents were also asked to state their family background. The table below is a summary of their responses.

TABLE 3: SAMPLE DISTRIBUTION OF FAMILY TYPES

FAMILY TYPE	FEMALES		MALES		TOTAL	
	No.	%	No.	%	No.	%
Polygamous	2	4.76	3	7.14	5	11.9
Monogamous	9	21.42	10	23.8	19	45.23
Single	3	7.14	2	4.76	5	11.9
Non-response	9	21.42	4	9.52	13	30.95
TOTAL	23	54.76	19	45.23	42	100.00

The distribution of family types in the sample showed that, most of the respondents belonged to monogamous families, which constituted 45.23 percent of the entire sample, while 30.95 percent did not give any response on this variable. The respondents from polygamous and single families were very few. Each constituted 11.9 percent of the sample.

4:2:4 LEVEL OF EDUCATION

Respondent distribution on the basis of this variable yielded the following results as shown in Table 4.

TABLE 4: DISTRIBUTION OF RESPONDENTS BY LEVEL OF EDUCATION

LEVEL OF EDUCATION	FEMALES		MALES		TOTAL	
	No.	%	No.	%	No.	%
Primary	15	35.71	1	2.38	16	38.09
Secondary	2	4.76	4	9.52	6	14.28
College/University	6	14.28	14	33.33	20	47.61
None	0	0.00	0	0.00	0	0.00
TOTAL	23	54.76		45.23	42	100.00

The sample results indicate that out of the entire sample group, there were no respondents without formal education. For instance 38.09 percent of the respondents had attained primary school education. Only 14.28 percent belonged to the secondary/high school education category, while 47.61 percent had attained college/university level of education.

4:2:5 RELIGIOUS AFFILIATION.

The respondents were asked to state the religions they belonged to. Table 5 below shows their distribution.

TABLE 5: DISTRIBUTION OF RESPONDENTS BY RELIGIOUS AFFILIATION

RELIGIOUS AFFILIATION	FEMALES		MALES		TOTAL	
	No.	%	No.	%	No.	%
Protestant	12	28.57	9	21.42	21	50.0
Catholic	11	26.19	7	16.66	18	42.85
Muslim	0	0.00	0	0.00	0	0.00
Traditional	0	0.00	1	2.38	1	2.38
Non-response	0	0.00	2	4.76	2	4.76
TOTAL	23	54.76	19	45.23	42	100.00

The findings on this variable showed a majority of the respondents to be christians. The protestants constituted 50 percent while catholics were 42.85 percent. There were no muslims in the sample. Only 2.38 percent of the respondent subscribed to the traditional religion.

4:3 THE PREVALENCE OF FEMALE CIRCUMCISION IN NYAMBENE DISTRICT

One of the objectives of the study was to investigate the nature and prevalence of the practice of female circumcision among the Meru of Nyambene District. One hypothesis of the study was that, "it is most likely that the Meru still practice female circumcision, but on a lesser scale". The questionnaire was designed in part to investigate this. Respondents were asked to state who, among boys and girls, usually undergo the rite of circumcision. All the respondents indicated that both boys and girls undergo

this rite. They explained that circumcision is carried out in the district during school holidays, that is, in the months of April, August, and December. Most initiates are circumcised during August when food security is guaranteed as this rite involves a lot of festivities.

Respondents were also asked to state whether girls are circumcised in their respective villages. The response was 100 percent positive. Further probing into whether girls were also circumcised in other parts of Nyambene District revealed 100 percent affirmation from all the respondents. More questions were in part, tailored at establishing the proportion of those who underwent the practice of female circumcision at both the village and other parts of Nyambene District. The distribution of responses is shown in Table 6 below.

TABLE 6: PREVALENCE OF FEMALE CIRCUMCISION

PROPORTION	VILLAGE LEVEL		REST OF NYAMBENE	
	No.	%	No.	%
Most	19	45.23	27	64.28
All	13	30.95	5	11.9
Only Some	8	19.04	7	16.66
Non-response	2	4.76	3	7.14
TOTAL	42	100.00	42	100.00

This distribution shows that most of the girls in Nyambene District undergo female circumcision. The respondents who stated that most girls in the district undergo the rite constituted 64.28 percent of the sample. And 11.9 percent said that all girls undergo the practice while only 16.66 percent stated that only some girls undergo the rite of female circumcision.

Respondents were also asked to state whether the rite is still as active as it used to be. Most responses indicated that the practice is still very popular but slight changes were only beginning to appear. The study also revealed that initiation is performed on girls before puberty. The operation is performed by a traditional woman, although the bio-medical sector would step in to assist in cases of complications like over-bleeding. The girls are circumcised any time after attaining the age of ten years up to the time of puberty. The traditional women who do the operation are traditionally trained through apprenticeship for a number of years. The practice of female circumcision among the Meru of Nyambene District involves the removal of the clitoris. The other parts of the female genitalia are left intact.

The operation is preferably done in the morning. The would be initiates spent a night of dancing, feasting, and receiving instructions in preparation for the occasion. Only elderly women and initiated girls attend such ceremonies. The circumcisers usually appear before dusk. The girls are then circumcised in accordance ~~to~~ with their age categories beginning with the youngest. An initiate is made to sit down and instructed to part her legs. She is supported by the already initiated girls. When the genitalia is exposed, the clitoris is stimulated in order to erect. It is then cut.

4.4 THE PERSISTENCE OF FEMALE CIRCUMCISION

Among the objectives of this study was to investigate why the practice of female circumcision has been persistent in Nyambene District. A relevant hypothesis to this objective was in which the questionnaire was designed in part stated that, "the persistence of female circumcision is rooted in the socio-cultural importance attached to the practice".

To investigate the attitude of the respondents towards this practice, they were asked to state whether it was good or bad. The following table is a summary of respondents' opinions.

TABLE 7: ATTITUDE TOWARDS FEMALE CIRCUMCISION

PRACTICE OF FEMALE CIRCUMCISION	FEMALES		MALES		TOTAL	
	No.	%	No.	%	No.	%
Good	15	35.71	7	16.66	22	52.38
Bad	8	19.04	11	26.19	19	45.23
Non-response	0	0.00	1	2.38	1	2.38
TOTAL	23	54.76	19	45.23	42	100.00

The findings show some divided opinion on the attitude towards this practice. Most of the male respondents who were relatively well educated stated that the practice was bad. These male respondents who were against the practice,

constituted 26.19 percent of the entire sample, while 19.04 percent constituted female respondents who were also against the practice. In overall, 52.38 percent of the respondents were in agreement that the practice of female circumcision was good. and, 45.23 percent stated that the practice was bad, where only 2.38 percent of the respondents were undecided and therefore gave no response.

The study also investigated whether there had been any attempts to stop the practice of female circumcision in the community. There was 100 percent response that massive campaigns had been in place to fight against and eradicate, this practice. The response revealed that the campaigns had been on dating way back to the colonial days. The campaigns had been on and off, but most respondents stated that the climax of the fight against this rite had been in early 1980s. Various groups were pointed out as having been involved in the fight against this practice.

The church played a leading role-especially the protestant churches like the methodist church and the East African pentecostal church. The Kenya government, through administrators like the chiefs, District officers and District Commissioners, was also recounted as having played a leading role in the fight against the practice. Other groups that featured in the responses included among others, Non-Governmental organisations like AMREF and SIDA, women's groups in the community have also featured in the fore front in the fight against this practice. Other groups that were mentioned by some respondents included the elites and schools, liberal feminist, family planning organisations, and youth groups such as the mwangaza youth group. This in totality shows that there had been massive campaigns against this practice in Nyambene District.

The respondents were also asked to state their opinion as to whether the Meru people are likely to denounce the practice of female circumcision totally. The table below reflects their response.

TABLE 8: RESPONDENTS' OPINION ON THE POSSIBILITY OF TOTAL ABANDONMENT OF FEMALE CIRCUMCISION

POSSIBILITY OF TOTAL ABANDONMENT	FEMALES		MALES		TOTAL	
	No.	%	No.	%	No.	%
Yes	6	14.28	5	11.9	11	26.19
No	17	40.47	10	23.8	27	64.28
Non- response	0	0.00	4	9.52	4	9.52
TOTAL	23	54.76	19	45.23	42	100.00

The tabulations above shows that only 9.52 percent of the respondents were undecided as to whether it is likely that the Meru of Nyambene District are about to totally denounce the practice of female circumcision and abandon it. Then 64.28 percent of the respondents had the conviction that it is unlikely that the practice may be abandoned. Finally, 26.19 percent of the respondents were of the opinion that it is possible for the Meru of Nyambene District to denounce and totally abandon the practice of female circumcision, with the ever-increasing trend of formal education, westernisation, and massive campaigns to create greater awareness, of the side effects of the practice. Those who feel that the practice can not be abandoned give culture as a reason.

It was established that, the girls, after the operations are kept in seclusion. The initiates are restricted to remain indoors in special homes like those of their grandmothers. They are put on a special diet. For example their diet should not include salt, and the fluids are regulated. The fluids are reduced to scale down the rate of urination which is usually a source of painful experiences. Each initiate has a sponsor, who in most cases are the parents or guardians to the initiates. these sponsors have the responsibility of providing food and other related maintenance needs.

In the special homes, the initiates are taken care of by their grandmother, and the older girls. During this period of seclusion, the initiates undergo some training. They are reminded that they are now mature women. They are trained on expected behaviour that society approves of a woman. They are taught how to relate with members of the opposite sex. They are taught how to effectively manage the family and domestic affairs. Some respondents did claim that some times the education provided is quite current, for example,. it may concern child health care, ,methods of family planning, HIV/AIDS awareness, and dangers of abortion. The average response indicates that the initiates are trained on good behaviour and how to responsibly handle their sexuality.

The importance of this practice was also highlighted. First, the practice of female circumcision acts as a rite of passage form childhood to adulthood. The girls, after under-going this rite are now prepared to marry. The operation on the female genitals itself is believed to reduce the sexual urge and the lady is able to control her sexual drive. Promiscuity is therefore checked. The training received during isolation enhances proper discipline and improved relations between the boys and the girls in the community. The

practice is also used as a cultural identity of the Meru people. It is seen as part of their socialisation process. The circumcised women hold very high status in the society and are respected. Those who avoid the operation are branded cowards and are discriminated against. The girls who escape the rite find it extremely difficult to get marriage partners. Men want to marry girls who have been circumcised in Meru community. The Meru believe that uncircumcised ladies are ill-mannered, promiscuous and can not make good wives. The traditional circumcisers are also paid handsomely for their services. Meaning that the rite is really advocated for.

However, some respondents hold the opinion that female circumcision is anti-christian and "primitive." These few are the advocates for the eradication of this practice. But the larger group of respondents felt that the girls who escape circumcision usually get converted to the church and may also excel in education. They are not accepted by the wider Meru community.

4:5 THE SIDE EFFECTS OF FEMALE CIRCUMCISION

Another objective of this study was to investigate the side effects of the practice of female circumcision. This was an attempt to establish people's level of awareness of the side effects of this practice and vice-versa. The hypothesis was that, "it is most likely that the side effects of the practice on individuals have not been fully realised in the community.

The respondents were asked to state whether the experience of female circumcision was very painful. There was 100 percent agreement that indeed, the operation is very painful and the initiates have to tolerate very painful conditions. The nature of circumcision on females as done among the Meru of

Nyambene District involves the removal of the whole clitoris leaving the other parts of the female genitals intact. The circumcisers who are normally traditional women, use very sharp instruments to chop off the clitoris. Originally they used a traditional blade locally referred to as 'Kirunya'. Today, in some cases, razor blades have been adopted for this function. After the clitoris has been removed, there usually follows bleeding. Indeed 100 percent of the respondents were in agreement that over-bleeding sometimes occurs. The reasons given for such cases of over-bleeding varied. Some believe that, some cases occur because of natural physiological differences amongst individual initiates. Other explanations state that in the event that a circumciser is gentle and lenient, most initiates are bound to over-bleed. The circumciser is expected to be very harsh and brutal without minding. Also, there is the tendency of over-bleeding among those who are circumcised when they are already too old, say over fifteen years of age. Other causes of over-bleeding were attributed to witchcraft, initiates who had at any time eaten bewitched food were bound to over-bleed until the witch himself/herself came to cleanse them. Also initiates who had been involved in sexual intercourse before the operation were bound to over-bleed.

Such instances of over-bleeding cited above, the initiates are treated by herbalists or in very severe cases, taken to the modern medical health care centres. Respondents were in agreement that the wound takes between three to five weeks before it can completely heal. The length of the period of healing is believed to depend on the type of care given and the purity of the girls who assist in cleaning up the wound. The wound is treated by washing daily in warm, salted clean water. This is done by special girls who are believed to be pure. The daily washing is usually followed by the application of certain herbs, animal fats, castor oil, or in some cases, modern antiseptics

and antibiotics. On healing, the wound usually leaves a scar behind.

The respondents were specifically asked to state what problems the girls have to go through during the operation, nursing of the wound and there after. The responses given centred on the painful experience of being cut without anaesthesia. Also, painful and uncomfortable experiences have to occur when the initiate has to urinate, attend periods or undergo any sexual arousement. The initiates also find it extremely difficult to sleep at night as they have to permanently lie on their back with their legs wide apart. The respondents were also asked to state whether ladies who have undergone circumcision lead a normal and healthy life in adulthood. Most responses did indicate that all was perfectly normal. There were only few respondents who observed that some scars may remain painful throughout life but all in all, everything was perfectly normal.

Respondents were also required to state whether the circumcised women have any difficulties during child birth. The responses to this were that, they were not aware of complications during delivery resulting from the practice. Instead some respondents claimed that the operation makes child delivery easier as the birth canal is left free after the elimination of the clitoris. Only very few respondents believed that the scars formed would make delivery difficult as this could not allow for expansion. Few respondents also pointed out that the operation was unhygienic and could result in infections like HIV/AIDS and tetanus.

4:6 LEGISLATION AGAINST FEMALE CIRCUMCISION

The final objective of the study was to make an assessment of societal response in terms of values and attitudes held by individuals regarding this practice of female circumcision. Therefore, the study set out to investigate how the Meru people of Nyambene District are likely to react in the event of a legislation against this practice. The corresponding hypothesis stated that, "the Meru are likely to be indifferent to a legislation out-lawing this practice of female circumcision". Respondents were asked to state their opinions in the event that this practice is out-lawed and made illegal. The responses to this item are tabulated below.

TABLE 9: OPINION ON PEOPLES' RESPONSE TO A LEGISLATION AGAINST THE PRACTICE OF FEMALE CIRCUMCISION.

RESPONSE	FEMALES		MALES		TOTAL	
	No.	%	No.	%	No.	%
Positive	2	4.76	5	11.9	7	16.66
Divided Opinion	6	14.28	4	9.52	10	23.8
Negative	12	28.57	10	23.8	22	52.38
Non-response	3	7.14	0	0.00	3	7.14
TOTAL	23	54.76	19	45.23	42	100.00

The results as tabulated above show that a legislation against the practice of female circumcision in Nyambene District is likely to receive very different responses. For instance 52.38 percent of the respondents, Were

confident enough and felt that such a law will be rejected. An effort to enforce such a law will result in people only retreating to carrying out the practice secretly. Then 21.42 percent of the respondents felt that they could not be sure of the response such a law is likely to receive. Half of the population especially young and the educated who have been brought up in a christian manner are likely to celebrate the enactment of such a law and obey it. While 16.66 percent of the respondent felt that such a law would be a good one as it would be enforced to all whether they like it or not and the practice will have to go.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5:1 CONCLUSIONS

The first hypothesis stated that, it is most likely that the Meru still practise female circumcision but on a lesser scale. The findings confirm the premise that female circumcision is still being practised by the Meru of Nyambene District. 100 percent of the respondents did state that both boys and girls are circumcised in Nyambene District. 100 percent of the respondents also stated that girls underwent circumcision in their respective villages and in other parts of Nyambene District.

However, contrary to the hypothesis, the findings show that either most girls or all of them, both in their respective villages and the other parts of Nyambene District undergo the rite of circumcision. Only 16.66 percent of the respondents stated that only some of the girls in their respective villages and the rest of Nyambene District still undergo this rite. This means that the practice of female circumcision is still widespread although there are beginning to emerge some slight changes (see table 6).

On the nature of the practice the study reveals that in Nyambene District, the rite is performed for girls before puberty. Traditionally trained women, through apprenticeship, are the circumcisers. The operation itself involves the removal of the clitoris, leaving the other parts of the female genitalia intact. This mode of female circumcision is equivalent to the Sunna circumcision which consist, of the removal of the prepuce and/or the tip of

the clitoris. It is not clitoridectomy or excision which consists the removal of the entire clitoris (both prepuce and glans) and adjacent labia. The study shows that the present people of Nyambene District have slightly modified the operations as carried out by their predecessors. Earlier, the operation was deep clitoridectomy involving the removal of the clitoris and adjacent labia. Today, only the clitoris is removed.

The second hypothesis was that, the persistence of female circumcision among the Meru is rooted in the functions inherent in the practice, hence the socio-cultural importance attached to it. The objective here was to search for a lucid explanation of the motives behind the recurrence of the practice of female circumcision in contemporary societies and therefore, to ascertain its role in the societies that practise it. The data showed that the practice is carried out as a traditional rite of passage from childhood to womanhood. the attitude of the respondent, towards this practice showed that 45.23 percent of the respondents were against it, and 52.38 percent felt that it was alright, but the trend could change with more awareness (see table 7). The findings also show that there have been massive campaigns against this practice in Nyambene District. The church, the government, non-governmental organisations, local elites and educational institutions, liberal feminists, family planning organisations, women's and youth groups were pointed out as being on the forefront in the fight for the eradication of this practice. The study further shows that the practice will still persist among the Meru of Nyambene District. For instance 64.28 percent of the respondents had the conviction that the Meru of Nyambene District are not likely to denounce and abandon this practice. The reason given for the persistence of this practice was culture. The practice is deeply rooted in the culture of the people and it is believed to serve certain roles. This means that the findings are in

accord with the hypothesis. The study has also established that the people believe that the practice of female circumcision marks a traditional bridge from childhood to adulthood. It is a rite of passage. During the period of seclusion, the girls are trained on the societal expectations in a woman. They are taught proper personal hygiene, how to regulate their sexuality and successfully relate with members of the opposite sex. The elimination of the clitoris is believed to curb sexual promiscuity since it regulates libido. The girls who avoid the practice are discriminated against, are seen as cowards and find it extremely difficult to get marriage partners. Therefore, this practice persists because of the socio-cultural importance attached to it.

The third hypothesis was that it is most likely that the side effects of the practice on individuals have not been fully realised in the community. The objective was to investigate for documentation the effects of this practice on individuals and society as a whole. The findings show that the community members are aware of certain of the effects of this practice. But they do not consider them serious. There is a greater proportion of those who are unaware of the other side effects of the practice. An effect like the pain experienced during the operation which is done without anaesthesia is common knowledge but it is justified on the belief that it is part of the test for bravery on the part of the initiate. Cases of overbleeding are also known but the community has developed certain justifications for the occurrences. For example an initiate who has sexual intercourse before circumcision is prone to over-bleeding. The part operated forms a wound and the society has developed certain mechanisms of dealing with the problem. Some of the methods adopted are not hygienic, for example the herbs that are applied by traditional medicinemen.

There is some level of awareness that the operation leaves behind a permanent scar that sometimes remains painful throughout life. The society is also aware that the experience and operation involving female circumcision leads to problems in urination and elimination of menstrual blood before the cut wound heals up. Initiates also experience painful nights as they are compelled to permanently sleep on their backs with their legs wide apart. Lack of knowledge of other side effects of this operation like shock, scaring the young initiates psychologically, sexual frigidity, formation of clitoral cysts, kidney stones, sexual dysfunction, depression, and a multitude of other gynaecological and obstetric conditions that may arise because of this practice, was quite evident. There was slight awareness that the operation as carried out in the community was unhygienic and could result in the transmission of certain infections like HIV/AIDS, and tetanus. There is also limited knowledge that the operation can lead to problems during child birth. Instead the belief is that the operation eases the process of parturition since the birth canal is widened. This is a distortion of the truth. From these findings, it is evident that the third hypothesis was not wrong. There is lacking proper awareness of the side effects of this practice.

The final objective of the study was to make an assessment of societal response in terms of values and attitudes held by individuals regarding the practice of female circumcision in line with this. The final hypothesis was that, the Meru are likely to be indifferent to a legislation outlawing the practice of female circumcision. The findings show that, the enactment of a legislation against this practice would receive varied responses. Most probably a majority of the population as of now may resent such a law and continue with the practice. If the law is enforced, they are likely to practice the rites secretly.

It is also probable that another proportion of the community would be divided and may not know exactly what to do. A small proportion constituting about 16.66 percent of the population will have a positive response to the law and stop the practice all together. The study indicated that those who could favour the law would include the elites, the youths and christians (see table 9). From these findings, it is important to point out that you can not legislate against that which is cultural. Enacting a legislation is one thing and enforcing is another thing. Laws are supposed to be acceptable to the people. Otherwise they are dismissed as dominating and oppressive. Meaning that the Meru of Nyambene are likely to be indifferent to a legislation outlawing female circumcision.

5:2 RECOMMENDATIONS

There is no doubt that the practice of female circumcision is a bad and indeed a sad one. It is most inhuman. This practice has to be fought if it has to go. The practice of female circumcision is cruel, humiliating, and grossly unacceptable. It permanently changes the lives of the victims for the worst. The belief that the elimination of the clitoris reduces libido is a false notion. The clitoris is a centre of nerve endings. Eliminating the clitoris does not mean that the nerves are destroyed. They are only interfered with and they still remain sensitive around the scar. The practice of female circumcision is an empty horrible torture of the victims. Why handicap innocent girls?

Various organisations interested in the enhancement of human life have staged campaigns against this practice. But the persistence of this practice as shown by this study is quite evident. The challenge is on the shoulders of

social scientists. There is need for redesigning strategies that will effectively eradicate this practice, one can not legislate against that which is cultural and succeed. Culture is supreme. Enacting a legislation is one thing and enforcing it is another issue all together. Norms which are culturally sanctioned can not be erased by law. Quick examples are from practices like the brewing and consumption of traditional liquor. Laws have been formulated against this without any success.

A practice like polygamy has been legislated against backed by christian doctrines, but what we are witnessing today is quite different. There has been a gradual shift from overt polygny to clandestine polygny. This today exists in our contemporary society in the name of inside and outside wives. In some cases the question of mistresses is defined under this. The situation is very confusing, you can never easily tell who is the legitimate wife.

In the fight for the eradication of the practice of female circumcision the social scientists have to go back to the drawing board. They have to address the values attached to this practice and start by changing these values. The solution to this problem has to start with the people themselves, the people at the grassroots level. These people are the stake holders and they have to be incorporated into the fight against this practice. They have to be sensitised to realize that they have a problem. They should identify this problem themselves and find ways and methods of getting assistance out of the problem.

Social scientists can get solutions to this, a viable approach to this could first of all include a thorough and up-to-date understanding of the biological side effects of this practice. This sensitisation has to effectively reach

the target groups. These groups have to properly comprehend the biological aspects of their bodies. This can be done through schools and other forums. The approach should not focus on first denouncing and attacking the practice. The approach should be seen to accommodate the practice but the people should be made to understand the implications. More research should focus on the medical implications of the side effects. This information should be vigorously transmitted to the people. Such an approach will enable the people themselves to identify the problem. They should be let to come up and state that the practice is a problem. They know themselves better and are in a position to fight the practice more effectively. Organisations interested in the enhancement of human society should only be on stand-by to assist.

This is the only way a permanent solution can be found. The sensitization process on the side effects of the practice should in part involve reporting cases of vicious of side effects to the people. For example if a girl dies because of overbleeding, then the agents of the agencies and organisations fighting this practice should be on stand-by to explain to the people the cause of the death and dispel the other existing beliefs.

5:3 SUGGESTIONS FOR FURTHER RESEARCH

Rapid assessment tests, aimed at evaluating the magnitude of the practice of female circumcision in those communities believed to be still carrying on the practice should be instituted. Findings from such studies will then be useful in defining the target areas for effective campaigns.

Please check as advised in each case. The information received will be kept confidential

1. Name (optional): .....

2. Age .....

3. Sex .....

4. Marital status : .....

- Married [ ]
- Widowed [ ]
- Divorced [ ]
- Separated [ ]
- Single [ ]
- Other (specify) .....

5. Type of family

- Polygamous [ ]
- Monogamous [ ]
- single [ ]
- Other (specify) .....

6. Level of Education

- Primary [ ]
- Secondary [ ]
- College /University [ ]
- None [ ]
- Other (specify) .....

7. Religion

- Protestant [ ]
- Catholic [ ]
- Moslem [ ]
- Traditional [ ]
- Other (specify) .....

8 Number of years of schooling .....

9 Occupation .....

10 a) Type of Training received
b) Where was it taken?
c) For how long?
d) Did you benefit from the training

Yes [ ] No [ ]

e) If yes, how? .....
.....

f) if not, how ? .....
.....

11 Do you know what circumcision is ?

Yes [ ] No [ ]

12. In your community who undergoes circumcision ?

Boys only [ ]
Girls only [ ]
Both boys and Girls [ ]
Other (specify) .....
.....

13. During which months of the year or seasons is circumcision carried out in your community?
.....
.....

14 a) Do girls in your village undergo circumcision?

Yes [ ] No [ ]

b) If yes what proportion ?

Most [ ]
All [ ]
Only some [ ]

15 Are girls also circumcised in other parts of Nyambene district?

Yes [ ] No [ ]

If yes, what proportion?

Most [ ]

All [ ]

Only some [ ]

16 Do you think, the practice is still as active as it used to be?

Yes [ ] No [ ]

17 At what age are the girls circumcised? .....

18 Who performs the operation ?

- Traditional man [ ]
- Traditional woman [ ]
- Hospital [ ]
- Other (specify) .....

19 How is one trained to perform this duty?

.....

.....

20 What benefits does the circumciser get from this job? .....

.....

.....

21 How exactly is circumcision done on girls ? .....

.....

.....

22 Is the experience of female circumcision very painful ?

Yes [ ] No [ ]

23 What tools/equipment does the circumciser use ? .....

.....

24 What does treatment/nursing of the wound involve ? .....

.....

25 a) Are there cases of over bleeding ?

Yes ☐ No ☐

b) What is usually the cause ? .....
.....
.....

c) How is it taken care of ? .....
.....
.....

26 About how long do the circumcised girls take to completely heal ? .....
.....
.....

27 What difficulties do the girls experience during the actual circumcision and during the nursing of the wounds ? .....
.....
.....

28 How are the girls cared for, just after circumcision ? .....
.....
.....

29 Who takes care of the girls while they have been circumcised ? .....
.....

30 Are the circumcised girls taught anything during this period?

Yes ☐ No ☐

b) About what ? .....
.....
.....

C) Under whose care ? .....
.....

31 What is the importance of this practice to the girls ? .....
.....
.....

25 a) Are there cases of over bleeding ?

Yes ☐ No ☐

b) What is usually the cause ? .....

.....

.....

c) How is it taken care of ? .....

.....

.....

26 About how long do the circumcised girls take to completely heal ? .....

.....

.....

27 What difficulties do the girls experience during the actual circumcision and during the nursing of the wounds ? .....

.....

.....

28 How are the girls cared for, just after circumcision ? .....

.....

.....

29 Who takes care of the girls while they have been circumcised ? .....

.....

30 Are the circumcised girls taught anything during this period?

Yes ☐ No ☐

b) About what ? .....

.....

.....

C) Under whose care ? .....

.....

31 What is the importance of this practice to the girls ? .....

.....

.....

32. Do circumcised women enjoy any special status ?

Yes ☐ No ☐

Explain .....
.....
.....

33. How acceptable are circumcised girls to the members of your community ? .....
.....
.....

34. How does one identify a circumcised lady from that one who is not circumcised ?
.....
.....
.....

35. What happens to those girls who do not get circumcised ? .....
.....
.....

36. This practice is not good. Do you agree ?

Yes ☐ No ☐

Why .....

37. Have there been any attempts to stop the practice in your community ?

Yes ☐ No ☐

38. Which groups were involved in these campaigns against the practice ? .....
.....
.....

39. For how long have these campaigns against this practice been going on in your community ?
.....
.....
.....

40. Which groups started the campaign in your area ? .....
.....

41. Which groups are now involved in the campaign against the practice ? .....
.....
.....

42 Do the ladies who have undergone circumcision lead a normal and healthy life in adulthood ?

Yes ☐ No ☐

Explain .....

.....

.....

43. Do such women have difficulties during child birth ?

Yes ☐ No ☐

Explain .....

.....

.....

44 Do you think the men people are likely to denounce this practice of female circumcision totally ?

Yes ☐ No ☐

Explain.....

.....

.....

45 In the event that this practice is out lawed and made illegal, what do you think will be the peoples response to such a law ? .....

.....

.....

Thank You

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