



UNIVERSITY OF NAIROBI

DEPARTMENT OF SOCIOLOGY

Female circumcision in Meru North District: A focus on inter-generational shifts in practices and perceptions.

A Project Paper Submitted In Partial Fulfilment for the Masters of Arts Degree in Sociology-Community Development and Rural Sociology

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ABSTRACT

Using primary and secondary data, this study explores the cultural practice of female circumcision in Meru North District, with special interests on inter-generational shifts in the practice and perceptions across generations. A comparative analysis on what has been practised over time, when and how and what has changed is systematically presented in this study. In addition the factors that have facilitated the shifts in the practice and perceptions are discussed in depth and various sociological theories on change are used to explain them. Finally the study reviews the reasons why the practice has continued to date and the difficulties experienced in eradicating female circumcision.

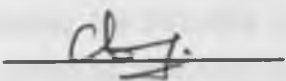
The study found out that female circumcision is deeply entrenched among the members of Meru North community and all members of the community including those living in urban areas, have considerable knowledge of the practice. However, conflicting information on the view of female circumcision was evident in the group discussions with various respondents. Many in the older generation strongly supported the practice and still holds on to the myths and beliefs on female circumcision. On the other hand many in the younger generation disregard the practice and consider it outdated. The study reveals that this conflict in perception of female circumcision in the district, besides other emerging factors like commercialisation and medicalization of the practice, have encouraged rather than discouraged female circumcision in the district. However, there is general consensus among the respondents that the practice is losing ground and only a few girls are undergoing the 'cut' today.

The study concluded that those supporting it, through forcing those under them to undergo the 'cut' have reinforced the prevalence of female circumcision in Meru North District.

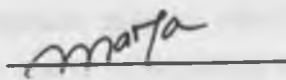
Based on the findings, the study recommended that awareness campaigns on the consequences of female circumcision and the importance of individual rights on whether or not to undergo the 'cut' be stepped up. The study also recommended appropriate pressure on medicalization of female circumcision.

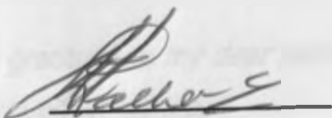
DECLARATION

This project paper is my original work and has not been submitted for examination in any other university for a degree award.

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CHAPTER ONE

1.0 INTRODUCTION

Many societies around the World have cultural or traditional practices, which are rooted in their social norms and values. Such practices may be either beneficial or harmful to the individual concerned. Among such practices is female circumcision (FC) also commonly known as Female Genital Mutilation. Female genital mutilation (FGM) is a deliberate procedure to remove parts of female genitalia. In an effort to standardise this terminology, the World Health Organisation (WHO 1999) categorised FGM into four main groupings in order of severity. Type one (Clitoridectomy) is where the prepuce (clitoral hood) is removed, sometimes along with part or entire clitoris. In type two (excisions) both the clitoris and inner vaginal lips (Labia minora) are removed. Type three (infibulation) the clitoris is removed, some or all of the Labia minora are amputated and incisions are made on the labia majora (outer lips) to create raw surface which are stitched together to form a 'hood of skin'. Type four is a new category that encompasses a group of other operations on the external genitalia including introcision (cuts) piercing or incising the clitoris.

The health consequences of female circumcision are both immediate and life long. An immediate effect of the operation is the pain endured by the individual depending on the proficiency of the circumcision, the bluntness of the instruments and the struggle of the girl, blood vessels may also be severed and this may cause trauma. Bleeding can lead to shocks and in some instances death. Long-term effects include formation of tough scar tissue, keloids and cyst around the vagina and shrinking of the vagina opening. Other lasting effects include pain during urination (Toubia, 1995).

Globally, at least 2 million girls a year are at risk of undergoing female circumcision. An estimated 85 million girls and women living in Africa a few in Asia, Europe, Canada and United States have already undergone the "cut".

It is estimated that at least 38% of Kenya's female population have already been circumcised, (KDHS, 1998,) (MYWO 1991), and (FPAK,1994) confirmed high rates of female circumcision in a few districts which include, Kisii (98%), Narok (96%), Samburu (91.3 %), Meru (73 %), Nyambene (80%), Garissa (90%), and Muranga (60%). The same studies

revealed that a majority of people who practice it intended to circumcise their daughters in future. The age at which girls are circumcised in Kenya vary from one community to another and ranges between 5 and 20 years. It is a pre-adolescent activity in Kisii and a teenage undertaking in Nandi, Embu, Meru, Nyambene, Nyeri, Muranga, Samburu and Garisa districts.

In its social context, female circumcision is a rite of passage, which defines rights and obligations of women within their immediate communities. Existing studies have however, established that the practice is detrimental to the health of women and has negative impact on their general advancement in society (Family Planning Association of Kenya- FPAK; 1994; 1996, Mburu, 1995).

Current debates about female circumcision originated during conferences organised as part of the United Nations Decade for women (1975-85) (Ithaca press London, 1994) . On one hand, human rights activist, feminists and medical doctors exposed the practice as medically dangerous and intended among other things to control female sexuality. On the other hand, African women protested these calls for eradication as a neo-colonial intrusion and drew attention to more pressing development issues. They observed that the processes surrounding female circumcision were the primary context in which women came together as a group, constituting a ritual and a forum for social critique.

Female circumcision in Meru District

Unlike many other communities, Female Circumcision in Meru has had many phases. For example during the colonial period (1928-31), European officers undertook a series of campaigns in conjunction with African officials to regulate the severity of clitoridectomy and to alter the timing of female initiation in Meru district (Lynn, 1989). While their efforts to ban the more drastic forms of clitoridectomy contributed to the government's stated objective of gradually eliminating the practice, this anti-clitoridectomy stance was compromised by their parallel efforts to enforce female circumcision initiation at an earlier age in order to combat abortion (Ibid). The officers attributed the apparently high prevalence of abortion in Meru to the late age at which clitoridectomy took place. Following the female circumcision controversy, colonial officials in London and Nairobi supported a less interventionist approach. However officers in Meru developed administrative measures,

which actually enforced pre-pubescent excision. Abortion, unlike female circumcision, never became the subject of broad colonial debate.

The years 1929 to 1931 mark what was termed within Kenyan historiography as the female circumcision controversy. During this period, renunciation of female circumcision became the subject of declarations of Christian's loyalty at some mission stations. The Methodist church of Meru, for example instituted loyalty declaration in early 1930; within weeks its membership dropped from seventy to six (Zablon, 1982). This signified that most members significantly valued female circumcision.

In April 1956, the Meru council of elders ("Njuuri Ncheeke")¹ an officially sanctioned local council of male leaders, unanimously banned clitoridectomy (KNA 1956). Adolescent girls defied the ban by attempting to excise each other hence the emergence of an age group among the community called 'Ngaitana' (circumcised by self). This marked a profound departure from the past. They also differed from earlier practices by foregoing the preparations and celebrations associated with initiations and instruments typically used (Lynn, 1996). This was an interesting reaction coming from those who the ban was supposed to protect. It raises the question of why the practice of female circumcision, which other communities might find unjustifiable, raises such a controversy.

In recent times, the practice has been used as a rallying political tool in Meru North and other practising communities. Male politicians have also been intimidated on the basis of their wives not being circumcised. It was on this basis that a politician in Nyambene District had his wife (a mother of two) circumcised so that he could win elections (FPAK, 1997).

¹. "Njuri Ncheeke" refers to Meru council of elders who are the custodians of Meru traditions and is the highest decision making organ of these Meru community.

1.1 PROBLEM STATEMENT

Globally, female circumcision is a topical issue. However the subject is not well understood. This has contributed to its complexities as far as attempts for its eradication are concerned. In Africa for example, female circumcision was identified as a "problem" during the colonisation period. The feminist movement coupled by efforts during the women decade further "problematized" female circumcision in a human rights context. Those who support Female circumcision argue that it is an important cultural rite of passage from childhood to adulthood (womanhood) that bequeaths the individual with invaluable knowledge that is essential to their functioning and role performance in the society. For these individuals and communities, it is the education and the knowledge that is associated with the practice rather than the physical operation itself which is important (FPAK 1994, MYWO 1991).

Like any other cultural practice, female circumcision has been dynamic in most practising communities in many aspects. For example in the olden days, respected women within the community who were usually over 40 years performed female circumcision. They were trained by other former circumcisers to be able to perform their duties effectively. In addition, they were seen to possess certain qualities and status which included courage, extra-ordinary skills to perform the ceremonial 'cut', with their unique hands and eyes to hold the clitoris firmly with no anaesthesia. Currently, unlike in the past, female circumcision is practised by clinically safe operations in institutions by health workers (e.g. patient attendants, nurses) using local anaesthetic (PATH, 1991, FPAK, 1994).

The practice of female circumcision in Meru North District has been dynamic in terms of the actual "CUT" preparation process of the initiates (girls) and the education imparted to girls during seclusion. The rate of female circumcision varies across age groups with women in the older age groups having higher rates than the younger ones (MYWO, 1991). Despite the controversy surrounding the inter-generational changes, the process which have taken place and the utility of female circumcision, there exists no study that I am aware of which has attempted to document the changes in peoples' perceptions that have characterised female circumcision and practice in different times in Meru North district, and the implications of the generational shifts in perception, to the eradication efforts of the practice. Most of the existing literature and studies have dealt on incidence and prevalence rates, knowledge and attitudes of the communities where female circumcision is practised. Others have specifically

focused on the factors that perpetuate the practice and the related myths. Therefore, past studies have not tried to establish the changes in inter-generation perceptions of the female circumcision practice in terms of age, preparations, seclusion periods, the actual cut and the content of the traditional family life education imparted to girls during seclusion. In addition these past studies assume that female circumcision practice in the district has been constant since inception and has therefore not changed with time in terms of its usefulness, importance and purpose, the actual "cut" and the rituals associated with the practice.

This study was therefore designed with the primary purpose of gathering non-judgemental views from different individuals who have lived through an inter-generation life span on the shifts that have taken place with regard to people's perceptions of female circumcision. The study hence focuses on changes of female circumcision practice in terms of preparations, Family Life Education (FLE) imparted to initiates, ceremonies, and their perceptions, which include attitudes and values attached to the practice.

RESEARCH QUESTIONS.

To effectively understand the inter-generational shifts in female circumcision in Meru North district, this study sought to answer the following questions:

1. Are there any changes in the female circumcision practice over time and at present in terms of -:
 - a) Preparation of the initiates and other significant rituals involved.
 - b) Age at circumcision
 - c) Social and cultural values of female circumcision
 - d) Decision-making
 - e) Family Life Education (FLE) imparted to girls during seclusion
2. What are the other distinctive changes in the female circumcision practice in terms of actual cut, community celebrations and involvement over generations?
3. How are the above shifts in people's perception and the practice itself are manifested in the community?
4. Could it be interpreted that the purpose served by female circumcision has changed with other generational changes?

OBJECTIVES OF THE STUDY

The overall aim of the study was to investigate and document inter-generational shifts in perceptions of female circumcision and the actual practice itself in Meru North District. The findings are to add value to the existing knowledge on practice of female circumcision. This will lead to the design of effective strategies aimed at eradicating the practice. The knowledge generated will also enhance the improvement of the socio-economic status of women and girls in Kenya.

STUDY OBJECTIVES

General Objective

The general objective of the study was to understand the phenomenon of female circumcision among the Meru community in the context of inter-generational change.

SPECIFIC OBJECTIVES

- 1 Obtain information on past and current knowledge and perceptions of female circumcision of key stakeholders living in Meru North District.
- 2 Assess the nature and content of inter-generational shifts in practices on the female circumcision practice
- 3 Understand the historical and contemporary nature and functions of female circumcision in this community.
- 4 Identify factors which have contributed to the inter-generational shifts that have occurred in peoples perceptions in relation to female circumcision in Meru North district.
- 5 Estimate the extent to which conflicting inter-generational perceptions have contributed to the difficulties experienced in the eradication of female circumcision in Meru North district.
- 6 Provide suggestions for policy makers and programme implementers on the way forward.

3 RATIONALE OF THE STUDY

Although the choice of the research topic and the objectives were largely influenced by the researchers duties as a programme officer with FPAK, in-charge of a project advocating for eradication of female circumcision and early marriages, and her curiosity to understand the inter-generational shifts in perceptions and practice of female circumcision, and the role they play in its eradication, this study was important for the following reasons:

First, the study forms a major contribution to the existing stock of theoretical knowledge available in the broad area of female circumcision as a rite of passage. By focusing on the content and nature of inter-generational shifts in perception of female circumcision and the practice itself, the study was to contribute a major step towards bridging the gap that seems to exist in the literature surrounding the subject of female circumcision and factors that contribute to its existence.

A second significance of the study was its policy implications. It was hoped that the study findings would present relevant information that would enable policy makers to formulate feasible policies, which can be adopted to find suitable alternatives to female circumcision. This way, it will be possible to reduce incidences of female circumcision and eventually eradicate the practice in Kenya.

Thirdly, the study was to attempt to present a middle ground that can be adopted by both the supporters and opponents of female circumcision to either further the 'humanisation' of the practise or even its total eradication since the defiance of the ban and eradication of female circumcision practice tends to rest on respect for culture and utility of the teachings.

Finally by establishing factors that have contributed to inter-generational shifts in perception of female circumcision and the practice itself, considerable light will be shed and avenues opened through which the government and other organisations involved in the Female circumcision advocacy programmes can come up with appropriate intervention strategies.

1.4 SCOPE AND LIMITATIONS

Several factors that would affect the strength of the results of this study were identified. First, female circumcision is a deeply embedded tradition in Meru North district that is handed down orally from one generation to another like any other cultural practice. Like all matters regarding human sexuality and reproduction, female circumcision is regarded as a taboo that should not be mentioned in public let alone discussed. The grandaunts are enjoined in this silence and it might prove difficult for them to open up completely since this may be interpreted as divulging the secrets. Second, those who still support and advocate for female circumcision might give biased information. Third, female circumcision is currently being practiced in secrecy after several presidential decrees and enactment of the children's bill, which criminalized it. It was therefore likely that the interviewees might withdraw from participating openly for fear of intimidation. Fourthly, interviewing people who did not undergo the practice might prove futile since they may not have credible knowledge of the practice, as they will rely on observations and stories from those who were circumcised. Finally, time and budgetary constraint were also forecasted as serious handicap. Limitations of time and cost set up a barrier for exploring further dimensions of the study.

2.0 Literature Review

Since 1960's, the practice of FGM has been heatedly debated at international forums and conferences. During these discussions there are conflicts between westerners who view the practice as barbaric and heathen and the African feminists who have opposed the western feminist discourse declaring it as prejudiced, lacking African reflection and as an attack on the African cultures. More recently, there was more attention on FGM during the United Nations International Conference on Population and Development (ICPD) held in 1994 and the International Conference for women in Beijing in 1995. The practice was declared as a human rights violation by both forums. At the ICPD (1994), example FGM was identified as a basic human right violation and a lifelong threat to women and girls and all governments were urged to prohibit and urgently stop the practice wherever it exists in these countries. The ICPD recommended that governments and communities take steps urgently to stop the practice of female genital mutilation and to protect women and girls from such similar unnecessary and other dangerous practices (UNFPA, 1995). Similarly, in the platform of action of the fourth World Conference on women held in Beijing in 1995, FGM was cited as a threat to women's reproductive health, a violation of their human rights and a threat to their social status. In addition to making general recommendations, the platform specifically called on governments to enact and enforce legislation against the perpetrators of practices and acts of violence against women, such as FGM (Kouba, L.J, Muasher. J, African Studies Review, Vol. 28, No. 1, March 1985, 95-109). The same conference in Beijing included a section on the girl child in the platform of action and urged governments, international organizations and Non-Governmental Organizations (NGO's) to develop policies and programmes to eliminate all forms of discrimination against the girl-child, including FGM. Other International consensus statements and treaties such as, The 1993 declaration on violence against women also condemned FGM as one form of violence against women. The 1993 Vienna Declaration and the programme of action of the World Conference on Human Rights expanded the international human rights agenda to include female genital mutilation.

The 1990 Convention on the Rights of the Child, advocated for the rights to equality irrespective of sex. The 1979 Convention on the Elimination of All Forms of discrimination

against Women can be interpreted to require Government and State intervention against FGM in articles 2f and 5a (UNICEF, UNFPA, WHO, 1997).

Kiragu (1997,16) states that 'FGM violates a child's right to body integrity, it raises questions over the issue of "informed consent" as it is a practice routinely conducted on children aged from six -twelve, and it violates the right to health and at times the right to life'.

Although FGM is commonly practised in Africa, Asia and South American countries, it is also increasingly being practised in Europe, Australia, Canada and the USA primarily among the immigrants from Africa and South Western Asia, Europe, Arabian peninsular, Malaysia and Indonesian. In Africa it is practised in 28 countries, which include Kenya, Somalia, Ethiopia, Uganda, Tanzania, West West Africa, Sudan and Egypt among others. In Asia on the other hand, it is also practiced in the Arabian Peninsular countries of Oman, South and Northern Yemen, United Arab Emirates, the Muslim Indonesia and Malaysia and among the Bohra Muslims of India and Pakistan. In South America, FGM appears to be confined to Brazil. Excision of the clitoris and the labia minora accounts for 80 % of all the operations while infibulations constitutes about 15 % of all the procedures. Incidences of infibulations are higher in Northern Sudan, Somalia and Djibouti with a consequent high rate of complications. Infibulations is practised in Southern Egypt, Eritrea, Ethiopia, Northern Kenya, Mali and Nigeria (Toupia, 1995; WHO/UNICEF/UNFPA, 1997; PATH /Kenya, 1995; Efua, 1994).

2.1 Practice and Prevalence of Female Circumcision in Kenya

The ages at which girls are circumcised in Kenya vary from one community to another and ranges from 5 to 20 years. It is a pre-adolescent activity in Kisii and a teenage undertaking in Nandi, Embu, Meru , Nyambene, Nyeri, Muranga, Samburu and Garisa districts.

As mentioned earlier, female circumcision has been practised in Kenya for centuries. It is estimated that at least 50% of Kenya's female population (6,300,300) have already been circumcised (Toupia, 1995). Studies by MYWO (1991), Mburu (1995) and FPAK (1994) confirmed high rates of female circumcision in a few districts, which include, Kisii (98%), Narok (96%), Samburu (91.3 %), Meru (73 %), Nyambene (80%), Garissa (90%), and Muranga (60%). The same studies revealed that a majority of people who practice it

intended to circumcise their daughters in future. Further findings indicate that the rate of female circumcision varies across age groups with women in the older age groups having higher rates than the younger ones. Based on the MYWO (1991) study, women aged 50 years and above were all found to be circumcised compared to 51.4 % of those aged 14 years and below among some of the communities which circumcise women. Female circumcision has also been found to be correlated with educational attainment. Njoroge, (1996) in a study focusing on Tharaka-Nithi district found the prevalence of female circumcision to be high among the less educated. These findings are consistent with those realised by FPAK (1996) carried out in Meru North district which established that the lower the level of education the higher the female circumcision. The study by Njoroge also established that lower prevalence of female circumcision was common among women with gainful employment as compared to their counterparts who were homemakers or simply unemployed.

2.2 Types of circumcision performed

In Kenya, three types of circumcision are practised. These include, sunna, excision and infibulations. Sunna, which entails the removal of the clitoris with partial or total excision of labia minora and majora, is the most prevalent in Kisii district, while Meru and Narok districts predominantly practice excision, which also appears to be prominent in all the districts. A significant number of Samburu girls (19.6) undergo infibulations, which is the severest form of FGM.

2.3 Reasons for Practicing Female Circumcision

Studies conducted in Kenya, (FPAK 1994, MYWO 1991) have revealed that most girls are not involved in decision-making concerning circumcision. Mothers, aunts' grandmothers and other relatives were the ones who decide whether the girls should or should not be circumcised. Based on the FPAK 1994 study, for example, 80% of circumcised girls indicated that other people (parents and relatives) made decisions for them to be circumcised.

The reasons given to justify the practice of female circumcision are numerous (WHO/UNICEF/ UNFPA; 1997, FPAK 1994, MYWO, 1991; Guyo 1997) reflected the ideological and historical situations of the societies in which they develop. They include the following:

Religious reasons

FGM is not required by any religion yet it is practice by Muslims, Christians, animists and non-believers in a range of communities. Among some Muslim communities the practice is carried out guided by the belief that it is demanded by the Islam faith. However, the practice of FGM predates Islam and there is no strong support that it is a religious requirement of Islam. Among the Christians, the bible only talks about male circumcision and there is no reference to female circumcision.

Sociological reasons

This appears to be the dominant reason. Female circumcision is associated with the cultural heritage hence it is a way of life. Female circumcision is viewed as a promotion from childhood to adulthood, the pain undergone during the 'cut' and family life education imparted during the initiation period being seen as pillars to this transition. Female circumcision is also said to bring about social integration and maintenance of social cohesion in the community as the community members comes together to observe this important rite of passage and passes on its' culture to the younger generation. Those circumcised gain recognition and respect and automatically move on to a higher social status in the community.

Hygiene and aesthetic reasons

Myths and beliefs exist in various communities that practice female circumcision, concerning women's external genitalia and especially the clitoris. In most communities the female clitoris is considered dirty and unsightly and its removal is considered to promote hygiene and promote aesthetic appeal. In others communities it is believed that the critoris if not cut, could bring bad omen.

Psychosexual reasons

Most of the communities and especially those practising female circumcision have a background of strong opposition to sex before marriage. Female circumcision therefore, is seen as a solution to curbing the problem of immorality in the society as it is said to reduce the female sexual desires of women and maintain chastity and virginity before marriage and fidelity during marriage. Some people also believe that female circumcision increases male sexual pressure.

Economic gains

Female genital mutilation is a source of income for the practitioners who are paid certain amount of money for performing the operation and material incentives to the girls, which include new clothes, shoes, money and other related gifts. The fees charged for the 'operation' range from 300--5000 Kenya shillings among the traditional circumcisers. The 5,000 is charged when a girl is circumcised while pregnant to enhance the circumciser to 'cleanse' herself since being pregnant while uncircumcised is considered unclean and a bad omen (FPAK 1996).

Studies (MYWO, 1991 and FPAK 1991) have revealed the cultural and social significance attached to the traditional FLE imparted to girls during circumcision to be a factor responsible for its entrenchment. While some community members who practise female Circumcision in Kenya acknowledge its dangers and seem to favour the less severe type of the practice or its total eradication, majority indicated that the teaching that accompanied the female circumcision ceremony should continue. The same studies have revealed that, there is a strong belief that the teaching given to girls during seclusion plays a significant role in preparing them into responsible women/wives. The young girls are neither considered eligible for marriage nor respected unless they have been circumcised. A Woman's status in the society where female circumcision is practised and her eligibility for marriage therefore is dependent on this initiation process (FPAK, 1994; Mburu, 1995; Korir, 1997; MYWO 1991). Another factor responsible for the perpetuation of female circumcision in Kenya is that the ceremonies provide the initiates parents and relatives the opportunity to display their wealth, generosity and social status to the rest of the community. (WHO/UNICEF 1997, FPAK 1991, 1994, MYWO 1991, PATH-KENYA 1994)

2.4 Female circumcision in Kenya: Changing Trends

Like all matters regarding human sexuality and reproduction, female circumcision was at one time in the early 1940s-1950s regarded as a taboo that could not be mentioned in public let alone discussed. The graduants were enjoined in this silence and in some communities a curse was placed on any one who dared to divulge the secrets of the whole process. It is no wonder that up to now there are a lot of gaps in research on the subject particularly on the education imparted to girls during the seclusion period and the mortality rates associated

with the practice. Currently, female circumcision has come to the limelight and is being discussed in public both in the urban and rural areas. For example, a number of religious leaders in Nyambene district having been sensitised by FPAK have been incorporating messages on the need to eradicate the practice in their sermons. These religious leaders also caution parents during the baptism of their daughters not to circumcise them. In addition, both the print and the electronic media have been very instrumental in bringing the subject into the limelight. There has been many media coverage on the cases of forced circumcision, other related issues and dissemination of research findings. Based on the newspaper analysis, the debate about female circumcision has led to emergence of two groups. While one group supports the continuation of the practice on the grounds that it is a good practice, the other group is against the practice on the grounds of its adverse health effects.

Female circumcision is a practice, which is so dynamic, when legislated; it goes underground and continues to be practised. This is evident from the colonial period when the missionaries in Kenya legislated on it, most communities who practised it continued to circumcise their daughters secretly. For example, in 1982 and 1989, president Moi issued presidential decrees banning the practice while addressing public rallies. Yet community based studies have revealed that girls were circumcised in mass after the each decree (FPAK, 1996; Kiragu, 1997).

In response to the push to eradicate female circumcision on health grounds, members of certain communities are increasingly turning to health care facilities and qualified health practitioners to have their daughters circumcised. This is particularly common among affluent individuals. The 'medicalization' of the practice is a challenge to the advocates of its eradication to diversify their strategies to also sensitise the health workers on the need to eradicate the practice instead of focusing the attention only on the female circumcisers and the parents and opinion leaders. While the affluent can afford to take their daughters to the hospital to be circumcised, those who cannot afford take their daughters to private clinics to be given an anti-tetanus injection. The parents also instruct the female circumcisers to use only one razor blade per initiate. The wound is treated using anti-septic detergents. The female circumcisers in turn are using gloves to prevent infections (FPAK, 1996; PATH-Kenya, 1996).

Because of the sensitivity of the subject of female circumcision in Kenya, politicians avoid talking about it publicly for fear of losing votes. Both the government and the politicians have taken a non-committal stand. For example, in May 1995, Hon Ole Ntimama a member of parliament (MP) and a minister representing a constituency which is among those with the highest prevalence of female circumcision, stated that *'we have more important things to worry about such as the poor and the unemployed, the practice of female circumcision will die slowly. There is nothing the government can do. Culturally, am against the practice but it's cultural meaning is hard to replace. I cannot go back as a leader and tell my community to stop practising it. They will throw me out of the parliament'* (*Daily Nation Newspaper, 1995*).

The practice of female circumcision has also been used as a rallying tool politically and culturally when communities are threatened. For example during the Mau Mau war of independence, the Agikuyu used girl's circumcision as a rallying point and as a symbol of cultural unity against the colonialists and the Christians (Kenyatta, 1938). In addition, in the 1990's female circumcision has come to be used as a political tool to threaten and compromise the security of women.

In May 1992, the late Member of Parliament for Kerio Central, Mr Chepkor declared in parliament that he would circumcise the co-ordinator of the green belt movement professor Wangari Mathai if she dared to step in the ethnic clashes zones. In the early 1990's, the tribal tensions between the Saboat Maasai and the Bukusu's in western Kenya led to mass forced female and male circumcision in the Mt Elgon district. Female circumcision has also been used rampantly as a political weapon to demean and as a threaten women politicians. For example, Mrs Martha Karua, the MP for gichugu was insulted by her political opponents that she was unfit to address the parliament because she was not circumcised. In addition, female circumcision is grossly used to intimidate female politicians on the basis that they are children and unfit to lead anybody. Male politicians have also been politically intimidated on the basis that their wives are not circumcised. It was on this basis that a politician in Nyambene district had his wife-a mother of two circumcised so that he could win elections, which he was miserably defeated (Daily Nation 1995, FPAK, 1997).

Studies (FPAK, 1994; Njoroge , 1995) have established that the proportion of circumcised women in the younger age groups has been decreasing. This means that the tradition is

becoming unpopular among the young generation. This is supported by incidences in Nyambene district where in 1995 a number of girls refused to be circumcised after being sensitised on the dangers of the practice. The parents chased them from home but some were later accepted back and they escaped being circumcised. However, one of the girls was never accepted home and the parents stopped paying her school fees. The girl is continuing with her studies with the help of Plan International who pays her school fees (FPAK, 1996).

5 Attempts to Eradicate Female Circumcision in Kenya

In Kenya, there have been long-standing attempts to eradicate female circumcision indeed, as early as 1906, Christian missionaries and the British colonialists attempted to discourage the practice by adopting legislation outlawing it. However, such efforts proved to be counterproductive. Kenyans resisted the eradication of the practice as part of their struggle for self-determination (independence) and preservation of their cultural heritage (Kenyatta, 1938). In 1957, the council of elders '*Njuuri-Nceeke*' in Meru district banned the practice; those it was supposed to protect largely defied the ban. The girls went ahead and circumcised themselves. Both men and women encouraged this defiance. The District Officers attempted to enforce the ban between 1956 and 1959 by prosecuting those who defied the ban. This resulted in a public outcry from the communities who sought intervention from the colonial government, which had passed the ban. After the public outcry, the central government reversed its decision and it was agreed that female circumcision would only be eradicated through public education (Kiragu, 1997).

During the late Kenyatta's presidency from 1963 to 1978, female circumcision was not addressed due to the significant role it played in the struggle for political independence. Kenyatta's stand on the practice was clear that he supported the practice. President Moi in many occasions has cautioned about the practice. He has identified female circumcision as a hindrance to national development and specifically to girls' education. On July 27, 1982, president Moi banned the practice of female circumcision in his Baringo constituency while addressing a public rally. In 1989, the president again banned the practice national wide while addressing university students in his constituency. In his speech, he asked communities who still circumcised girls to stop forthwith. These bans on female circumcision have faced implementation handicaps. It was not clear whether the two bans were national or meant for the specific communities, which the president was addressing. Law enforcers

have been unable to enforce the bans effectively, as there has been no support from both those in parliament and administrative position. The current move on legislation of the children's bill, which prohibits female circumcision for girls below the age of 17, is yet to be operationalised. Indeed, one may argue that the post colonial Kenya government has eventually made a move to combat the practice. However, of combating the practice will require advocacy and sensitisation campaigns for the enforcement of the bill.

6 THEORETICAL FRAMEWORK

The major theoretical framework for this study was social change. The study was designed to connect the history of FGM and the modern trend of the practice in Meru North district. Several theories on social change will serve as key to the study in documenting the inter-generational shifts, which have taken place on the practice of female circumcision in Meru North District in terms of peoples' perceptions and the practice itself. Percy S. Cohen (1968) identifies two broad problem areas in the theoretical study of social change. Whereas the first is concerned with the factors and mechanisms that produce change, the second is concerned with general characteristics of the course of social change (Cohen, 1968:180). This study is concerned with the factors that have initiated inter-generational shifts in the perception practice of female circumcision and the course of the changes. Several theories on culture, identity and modernity by sociologist such as Alex Inkeles and David Smith, Margaret S. Archer, Clifford Geertz and Giddens Anthony described below are relevant to this study.

Culture, Identity And Modernity Theories

Anthony Giddens (Modernity and self-identity, 1991.6), describes modernity as the equivalent of "the industrialised world". Industrialization in turn refers to the social relations implied in the widespread use of material power and machinery in production processes. History begins with small isolated cultures of hunters and gatherers, moves through the development of crop growing and pastoral communities and from there to the formation of agrarian states. He further argues that class divisions and other fundamental lines of inequality, within states and on world wide level such as those connected with gender or ethnicity/tribalism can be partly defined in terms of differential access to form self actualisation and empowerment.

According to Giddens, a discontinuist interpretation of modern social development is a necessary preliminary to analysing what modernity actually is and to diagnosing its consequences for us in the present day. The modes of life brought into being by modernity have swept us away from all traditional types of social order. The transformations involved in modernity are more profound than most sorts of change characteristics of prior periods. The discontinuities, which separate modern social institutions from the traditional social orders, include pace of change, scope of change, and nature of the modern institutions.

The argument of this theory will be used to bring out the aspect of dynamism of female circumcision practice in Meru North District across generations. It is also argued that aspects such as, the pace and scope of change determine features of dynamism in modernity. The pace of social change in any system is much faster than in any prior system, so also is its scope and the profoundness with which it affects pre-existing social practices and modes of behaviour. The three main elements that explain the dynamic character of modern social life are separation of time and space from place, disembedding of social institution and reflexivity.

In her book *Culture and Agency the Place of Culture in Social Theory* (1998), Margaret S. Archer talks about the social cultural interaction, the culture system and the duality of culture in terms of central conflation. She insists on the structural and cultural dynamics in a conceptualised morphogenic perspective and structural domain intertwine. In his essay Clifford Geertz (1973:4-5) interpreted the concept of culture as semiotic and public. He captures the idea all the way from what he calls "the total way of life" to a precipitate of history through the social legacy, the way of thinking, feeling and believing, a group of people's abstraction behaviour and mechanism for the normative regulation of behaviour. Clifford highlights cultural integration, cultural conflict and cultural change.

Ralf Dahrendorf (1989) one of the conflict theorists believed that conflict and dissension are nearly in every part of the society. He retaliated that the basic principle of conflict and social change, are built-in structural features of society (Tischler, Whitten and Hunter, 1983:592). He looked at change rather than equilibrium; conflict rather than order; how parts of the society can contribute to change rather than stability; and conflict and coercion rather than normative constraints. The fact that there were mixed perceptions of female circumcision

practice which also came out during the fieldwork undertaken in this study shows that this theory is relevant to this study.

The other theory used in this study, is the economic theory which rest on assumption that changes in the economic "infra-structure" of society are the prime movers of social change. The theory asserts that economic changes bring about other changes, which lie within economic interest. According to Hay (1984), and Sticher (1984), (Boserup. 1970;Van Allen, 1974), suggest that the combination of Capitalist and European ideas in dictating of the African economy affected the African social system including that of female circumcision. This is evident in our findings as most of the changes that are brought about by the prevailing economic changes dictate the female circumcision perceptions.

The theory of Reasoned Action (Fishbein and Azjen, 1980), which is borrowed from public health field, is used to explain why people decide to adopt certain health behaviours or not. This theory introduces a new concept called behaviour intent. This reflects the level of commitment by the individual to take the desired behaviour and the likelihood that the individual will perform the desired behaviour. According to Fishbein and Azjen (1980), behavioural intent is influenced by two major factors. The first one is the personal attitude of which the individual weighs the outcomes and makes worth judgements. The second one includes the social pressure where one lays his or her judgement according to the views of other people.

Based on these theories, the study will therefore seek to examine the practice of female circumcision in its historical context as well as the present (modern). The practice of female circumcision has been passed on from one generation to another like any other cultural practice in Meru North District. Female circumcision has been practiced for a long time in Meru North District. Though the practice has undergone dynamic changes its complete eradication has not been achieved.

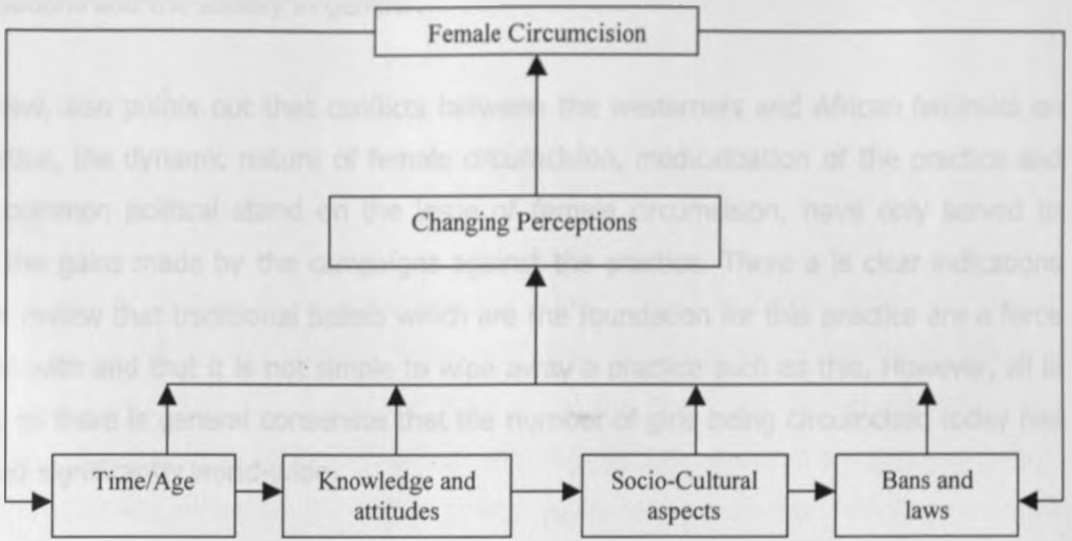
The above theories will also explain the manner in which the factors such as religious, political and clan influences, legislation and community education have affected eradication efforts since the practice is strongly entrenched in people's culture. As mentioned in the introduction and literature review, both local and international bodies have advocated for eradication of female circumcision. The pre and postcolonial period has been characterised

by anti female circumcision campaigns with various authorities imposing bans on the practice. Some of the church authorities in Meru North District went ahead and excommunicated pro female circumcision members. All these authoritative actions which sought to bring the Meru North District women and girls to " liberalisation" and modern era, have had a role to play in the dynamism of female circumcision practice in the district and the arising conflicts.

The feminist theory emphasises of the women's liberation movement on consciousness raising, feminist saw a knowledge of their past as a source of strength (Lewenhalk, 1977). Both local and international bodies have challenged the practice of female circumcision. Whereas all anti female circumcision campaigners have in common the eradication of the practice, not many have managed to explain the circumstances that lead to community resistance to its eradication. Based on this theory the study therefore seeks to examine the practice of female circumcision in the past and presently to identify key areas that are deep rooted in its history and the generational-shifts that may hinder its eradication.

CONCEPTUAL FRAMEWORK

Based on the literature review presented above, the following conceptual framework is proposed. It emphasis on the role factors such as time, eradication efforts, education and knowledge have played in changing people's perceptions of the practice of female circumcision. From the conceptual frame work, the changing aspects and perceptions of female circumcision are experienced as a result of factors which include time, additional knowledge e.g. education, socio-cultural aspects and as a reaction to eradication efforts. See the diagram below.



B DEFINITION OF CONCEPTS

Although the terms **“female circumcision”** and **“female genital mutilation”** are employed interchangeably, the controversy that surrounds the latter term is acknowledged, those who practice and support it consider the term FGM a Western notion and have construed it as a calculated move by the International community to discrete and dehumanise a noble and culturally acceptable practice. To them, female circumcision is a more acceptable term. However, the term can be misleading as it only suggests the removal of the foreskin yet the practice involves a lot more. This controversy has retrogressively contributed to the preference of FGM. For the purpose of this study the term female circumcision will be used.

“Shifts”: The concept of shift in the study has been used to mean the differences that has occurred in Meru North community members perceptions in relation to female circumcision.

2.9 Summary

Generally, from the literature review, it is clear that female circumcision is deeply rooted in societies across the world and is among the cultural issues that today’s society is seeking to eliminate. There has been considerable efforts that have been and still are being put in place

to fight female circumcision, all over the world by NGO's, International organisations like the United Nations and the society in general.

The review, also points out that conflicts between the westerners and African feminists on the practice, the dynamic nature of female circumcision, medicalization of the practice and lack of common political stand on the issue of female circumcision, have only served to reverse the gains made by the campaigns against the practice. There a is clear indications from the review that traditional beliefs which are the foundation for this practice are a force to reckon with and that it is not simple to wipe away a practice such as this. However, all is not lost, as there is general consensus that the number of girls being circumcised today has decreased significantly world-wide.

The conceptual framework presented above takes into account the factors that have played a major role in influencing shifts in practice and perceptions of female circumcision, from the past to the present.

CHAPTER 3:

STUDY METHODOLOGY

Study site.

The study area is located in the social-cultural content of Meru North district in Eastern Province. Meru North district borders Meru South District (Tharaka) to the South, Isiolo to the East and North, Meru Central to the West and Tana River and Mwingi districts to the South East. The district covers 4,057 square kilometres, 838 square kilometres of which is occupied by the Meru National Park. The district is divided into 15 administration divisions and 56 administrative locations (District Development Plan, 2001). The district has a population density of 604,050 with 293,385 Males and 310,665 females. (1999 population and housing census report). Although the study area is located in the social-cultural content of Meru North district, the key informants will be drawn from Gichanine village, Kangeta location of Igembe division. Kangeta locations has a higher incidence rate of female circumcision compared to other locations. In addition the "Njuuri Nceeki" elders (custodians of the Meru law) are still very active in the location.

Demography characteristics, cultural and social-economic activities.

According to the 1999 population and housing census conducted by the Kenyan government, Meru North District posted a population of 604,050 thousand people in total. Out of these 293,385 (48.7%) are males and 310665 (51.3%) are female. Though these figures are not comparable with the 1989 census, because the District was part of the then Meru District, there is general agreement that population has been rapidly increasing. This factor has led to high dependency ratio and large growing youth population that needs basic education and health care. Since the District is characterised by limited employment opportunities, low incomes and high incidence of poverty, access to the above crucial needs has been much limited resulting to increasing infant mortality rates accompanied with falling life expectancy (CBS Economic Survey Various issues). However, with the introduction of free primary and the commitment of the new government in provision of health care to all this is bound to change.

The culture of the Meru North District community is very rich and diversified. Cultural identities represent a reference point for self-identities of both the individuals and the community and constitute an important factor in individual and social equilibrium in this society. However, the society is today undergoing rapid changes and is subjected to powerful extreme influences. The equilibrium is therefore frequently being damaged or destroyed.

Some of the culturally embedded and persisting cultural activities include Child naming, circumcision of both boys and girls; but girls' circumcision is becoming a silent issue and the celebration's to mark their initiation are no longer in place. Boys' initiation to adulthood on the other hand is still highly valued and a community affair. The rite is usually performed in the months of August and December but these timings are now changing as reported by the respondents. Marriage rite is another important function to this community, although Christian marriages are now increasingly becoming acceptable, the community combines their celebration with traditional ones. For instance, in the Christian marriages the dowry negotiations are purely traditional. The Meru council of elders commonly known as "Njuuri Nceeke" still occupies a noble position in this society. They settle community disputes and make important decisions affecting the society. A few members of the society subscribe to the traditional way of worship and usually offer sacrifices at Nyambene forest to appease gods during calamities the respondents revealed.

The most dominant economic activity in Meru North District is agriculture. The sector in this District is diversified and consists of varied food crop and cash crop sub-sectors as well as livestock and forestry. Maize and beans among other cereals are widely grown in this district although production fluctuates sometimes leading to serious shortfalls. Specific constraints affecting the growth of these crops includes; marketing and uncertainty of sale of surpluses due to the private sector weaknesses in cereals marketing and transport, inadequate credit to farmers to enable them to purchase improved seeds and fertilizers and low profitability because of the combination of low yields and poor marketing strategies.

Export industrial crops have traditionally provided the bulk of Kenya's foreign exchange earnings. Meru North District is one of the districts where coffee and tea are grown. The two crops have played a key role in creating agro-based industrial employment opportunities to many locals. However, the unfair conditions and fluctuating prices in the world market, has served to aggravate the already worse poverty situation in the district. Livestock production is

carried out is small scale and is characterised by low intensity land use and low quality of cattle breeds contributing to the low output.

Meru North District is the leading district in 'miraa' also called 'cut' growing in Kenya. The crop is concentrated in some parts of the district and is a major source of income. Although the crop like others is faced with the problem of fluctuating prices, at different seasons, the crop earns higher returns relative to others. This has helped the local population growing the crop to improve their living standards. The crop has however, negatively affected the community as many children dropout of school and help their parents in the business.

Agriculture in this district has also led to growth of numerous small towns as well as non-farm informal sector activities that are focused to supporting the sector. For instance the transport sector is rapidly expanding, a number of banks and insurance companies are providing services to farmers. These have provided employment opportunities and a linkage between urban areas and the district.

3 Methods of data collection.

During the study, ethnographic data was collected. Ethnographic analysis was identified as the most suitable method for this study. This is because the study was a time-based research on the practice of female circumcision and the people's perception over a period of time. The following methods were used for data collection:

i) Case histories.

Eight case histories were used as the main source of data. The snow ball method where one person referred the researcher to the next person was used. To get the male view, the respective male partners were also involved. The case histories were grouped as follows.

The first group, was that of circumcised woman born before 1930s age 70 years and above, her daughters (in-law) born in 1940s and 50s and aged between 50 to 69 years, grand daughters aged between 30 and 45 years and born 1960s and 70s, and their great grand daughters aged between 20 and 25 years and born in 1970s and 80s.

The main aim of interviewing the group was to get the details of the actual process of female circumcision practice experienced by each group, rituals they underwent, kind of knowledge given during seclusion and their perception on the practice and whether those perceptions have changed with time

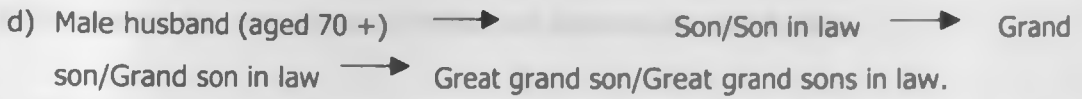
The second group was that of husband of the circumcised woman. The above arrangement and ages are repeated here i.e. one aged 70 years and above down to his great grand sons aged between 20 and 25 years. They were interviewed to get the male perspective of the practise, their perceptions on the practice, the reasons for marrying circumcised women and the roles they played during female circumcision.

The third group focused on the uncircumcised woman. Similar arrangement to the one in the above groups was adapted but the interview began with the woman aged 50 years and not 70 years, then down to her great grand daughters. The major focus was on why they were not circumcised and their perception on the practice.

Lastly, was the group of man who married uncircumcised woman. The interview was again conducted as above i.e. from one with 70 years and above down to his great grand sons aged between 20 and 25 years. These were interviewed to get the reasons why they choose to marry uncircumcised girls as opposed to the circumcised ones and their perceptions on female circumcision.

The illustrations bellow summarises the above-described case histories.

- a) Circumcised Woman (aged 70 +) → Daughters/Daughters in law → Grand daughter/Grand daughter in law → Great granddaughter /Great grand daughter.
- b) Male husband (aged 70 +) → Son/Son in law → Grand son/Grand son in law → Great grand son/Great grand sons in law.
- c) Uncircumcised Woman (aged 50+) → Daughters/Daughters in law → Grand daughter/Grand daughter in law → Great grand daughter /Great grand daughter



ii) Focus group discussion (FGD)

A total of six FGD’s were conducted to supplement the data from the case histories. The key informants were the council of elders, practising female circumcisers, ex-practising female circumcisers, circumcised girls, circumcised women, three heads of household with both circumcised and uncircumcised girls. Comparative information was obtained from respondents drawn from contemporary Meru North professionals living in Nairobi. The purpose of these FGDs was to share experiences on the practice of female circumcision and was facilitated by the researcher and the research assistants using the discussion guides prepared prior to the event.

The specific individuals interviewed included the following:

(a) Meru council of elders-(njuri nceeke).

Those interviewed included the older generations of council of elders representatives who were the most knowledgeable and custodians of the Meru customs and practices. One focus group was held to solicit their views on the female circumcision practice.

b) Practitioners

These were female circumcisers who have practised or are currently practising female circumcision. One focus group discussion was conducted. This group of stakeholders provided information on the practice from an “insiders” point of view.

c) Professionals

These were representatives from the contemporary Meru North community who were brought up in the district but work and are and are currently living in Nairobi.

The table shows the structure of FGDs and interviews conducted.

Respondents Category	Sex	Location	No. of FGDs	No. of key informant interviews
Council of elders	Males	Kangeta	1	3
(Practising) Female circumcisers	Females	Kangeta	1	3
Ex-practising female circumcisers	Females	Kangeta	1	2
Circumcised girls	Females	Kangeta	1	3
Circumcised women (adults)	Females	Kangeta	1	3
Families with both circumcised & uncircumcised girls	Females	Kangeta	1	3
Professionals	Males and females	Nairobi	0	2

4 SAMPLING METHODS

Due to the fact that this study was qualitative in nature, and the fact that it was difficult to obtain a sampling frame, only non-probability sampling methods were used. This method was in contrast to probability sampling, where a process of random selection is used to select respondents with each of them having an equal chance of being included in the sample (Singleton, 1988:137). In non-probability sampling, there is no way of specifying the probability of each unit's inclusion in the sample and there is no assurance that every unit has some chance of being included. The definition of the population to be studied was therefore restricted (Nachmias, 1996, 138).

This study therefore, used **purposive sampling** method. Purposive sampling according to Singleton (1988) allows the investigator to rely on his/her expert judgement to select units that are "representative" or typical of the population. This method of sampling is acceptable

in studies that are limited in scope (Singleton, 1988: 153-154). In the study, key informants both in Meru North and Nairobi known to the researcher and the research assistants were targeted purposively.

Snow Balling

The other sampling method used in this study was snow balling.

Circumcised woman referred the researcher to their circumcised daughters, or daughters in law who in turn informed the researcher where to find the great grand daughter.

5 Data Analysis

Being a qualitative study in nature, there is typically not a precise point at which data collection ends and analysis begins as noted by Beth Albery's reflections (Michael Quinn Patton 1980). In the course of gathering data, key themes were developed which constituted the beginning of analysis. These ideas (themes) were part of the field notes.

During data collection, the researcher kept notes of the analytical insights that occurred during data collection, which formed basis of data analysis. Based on the themes developed, patterns were also sought to assist in data analysis. The field notes assisted the researcher to classify topics and themes. Once the data was organised according to various classifications, the researcher began describing, elaborating and working with the data around each of the major topic themes.

4.0 INTER-GENERATIONAL SHIFTS IN PRACTICES AND PERCEPTIONS OF FEMALE CIRCUMCISION IN MERU NORTH DISTRICT.

Introduction

In this chapter, research questions set in chapter one are reviewed and data collected were used to answer each of the questions. Firstly, the aim of the study was to investigate and document inter-generational shifts in perceptions of female circumcision and actual practice itself in Meru North District and the meaning attached to the practice. Research findings and sociological reasons are used to explain these inter-generational shifts in the practice and perceptions on female circumcision. This section analyses the practice of female circumcision and perceptions of different ages of respondents captured during fieldwork. This will address question one set in page five of chapter one.

The other objectives of the study were to access the nature and content of inter-generational shifts in practices and perceptions on female circumcision and to understand the historical and contemporary nature and functions of female circumcision in the Meru North District. This is achieved by outlining the profile of female circumcision across generations in terms of rituals, actual cut and community celebrators.

The findings presented in this study have been collected from women between the ages of 20 and 70 years who have been categorised into four generations. The **first** generation consists of those born in 1930's aged 70 years and above, those born in 1940's and 50's aged between 50 –69 years form the **second** generation, those born in 1960's and 70's aged between 30-45 years form the **third** generation, while those born in 1970's and 80's aged between 20-25 years form the **fourth** generation. The presentation on the conduct of female circumcision will integrate the four generations looking at what was done in each generation and how it was done under various sub-headings. In general the study reveals that the conduct of the female circumcision and accompanying ceremonies has changed over time and there are identifiable differences from one generation to the other.

4.1 INITIATION INTO ADULTHOOD IN MERU NORTH DISTRICT

Generally, the practice of female circumcision is still rampant and culturally entrenched among the community members in Meru North District. This is despite the various changes the society has undergone with the advent of western education, Christianity and modernity. This was confirmed in all the focus groups discussions held and case histories regardless of the generations. Even some in the youngest generations aged twenty-five years and below still strongly believed in the practice. It should be noted that initiation into adulthood was a process and that the actual 'cut' was the climax for initiation into adulthood for both boys and girls among the Ameru Community. This finding is similar to previous studies in the same district by FPAK 1994, MYWO 1991, and PATH 1995.

4.1.1 Preparations for Female Circumcision: First Generation. (Before 1930's)

In the first generation, one month before circumcision was a very busy season, young girls and boys organised evening dances in villages during which they praised their heroes. They also sang defamatory songs about girls who feared while undergoing circumcision. The songs sang in the evening, were also meant to encourage those about to be circumcised. Those who had conceived before circumcision or before wedlock were also not spared the derision during the evening dances. Only uncircumcised girls and women attended the evening dance popularly known as '*muui*'.² Before a girl was declared to be mature and ready for female circumcision, she underwent a number of stages in the initiation process. Such stages involved being initiated into the community's secrets and other issues, which appertain to adulthood. The 'naming of the girls' commonly known as "*gukurwa kwa nkenye inkuru*"³ rite of passage was crucial for all the girls to go through in preparation for circumcision. This ceremony had the following stages where girls participated:

The first stage was called "*Mungaungo*"⁴ and it entailed a lot of beatings from the senior girls to ensure that one conformed to the Ameru culture and traditions. Whereas there were lessons that the initiates were taken through, the vast of the process in this stage entailed beatings. The beatings were meant to show the initiate that they had left the childhood stage and had now entered into another stage in life. The beatings were also

² "Muui" was a traditional dance song in the evenings prior to the circumcision of boys and girls in Meru North district

³ "Gukurwa kwa nkenye inkuru is a Meru traditional rite of passage for uncircumcised girls before they were circumcised

⁴ "Mungaungo" was a Kimeru name given to a certain stage of initiation to adulthood for girls

meant to prepare the girl into hardships in the adult life. This was also called "catching the mongoose" "*kuwaata kinyuru*"⁵. The initiates were also warned against engagement in pre-marital sex and to avoid any relationship with uncircumcised boys and younger girls. After successfully completing this stage the initiate would be given adulthood names, which they were to use henceforth. The second stage was "*Thairora*"⁶. This was a higher stage than the first one. The beatings in this stage intensified and the initiates were expected to have more discipline as compared to those in the first stage. The initiates in the first and second group never shared any secrets since they belonged to different social status in the community. The third stage was called "*Ncekei*". The threats and the beatings intensified as one moved from one stage to another. At this stage, there were a number of the community's secrets that were divulged to the initiates. The fourth stage was the second senior most stage. The initiates in this stage could be sent to negotiate or even settled disputes between the circumcised and uncircumcised girls. In addition, one could be taught how to use a curved wood known as "*Giciumu*"⁷ to communicate with the males on sexual issues using symbolic language. At the fifth stage, one could communicate or discuss issues with the circumcised girls and boys. The girls who graduated to the final stage were circumcised together as age-mates and they formed an age set ("*Nthuki*")⁸. The bond was established between them by the various stages they passed together as well as the circumcision rituals, which they underwent together as a group.

Another key aspect of the first generation was the preparations for the first-born girl, that was different from that of other girls in the family. It involved the father of the girl buying a hive of honey "*kiempe kia naicu*"⁹ and also killing a lamb to make merry with relatives and his agemates to celebrate the new stage in life which his daughter was about to enter. The skin from the lamb was used to prepare a special necklace popularly called "*mukolo*" which the girl was given by the father to signify his blessings to the daughter as she moved into adulthood.

⁵ "Kuwaata Kinyuru" These were stages among Ameru of Meru which a girl was initiated into adulthood before circumcision. The names varied from one geographical region to another.

⁶ "Thairora" "Ncekei" These were stages among Ameru of Meru North district which a girl was initiated into adulthood before circumcision. The names varied from one geographical region to another.

⁷ "Giciumu" was a wooden carving used as a symbol to communicate among boys and girls who had been initiated into adulthood before circumcision.

⁸ "Nthuki" was a group of girls circumcised together who formed an age set.

⁹ "Kiempe kia naicu" was special hive of honey meant for specific occasion which was bought to celebrate the coming of age of the initiate.

The girl's mother and father applied "*Ira*" which is a chalk like substance to their daughter's forehead. This also signified their blessings to the daughter. The initiate's parents ensured that there were huts for the initiate and other siblings because the initiate would henceforth share the house with the mother while the other siblings slept on their own. Although each initiate would have someone to mind her during the period of recuperation after circumcision, such caretaker would leave each night to return to her own home. It was therefore the role of the initiate's mother to take care of her daughter during the caretaker's absence.

4.1.2 Preparations for Female Circumcision: Second Generation (1940's and 50's)

The findings reveal that in general, among the second generation the preparation for female circumcision had not been diluted. The preparations and the rituals that accompanied the practice among the first generation were still practised and common among this generation. However, there was some departure from the first generation.

The initial preparation of the girl to be circumcised involved advice from the mother of the Initiate. She informed the daughter that she was of age and was ready for circumcision so as to become an adult. The initiate was guided by the mother which relatives to visit especially the maternal uncles to inform them about the circumcision ceremony. Unlike the first generation where the uncircumcised girls were oriented through various stages into adulthood by the young women and other relatives, the mother played a key role in the whole process. In the second generation, an age mate to the mother took the center stage in most of the preparations.

4.1.3 Preparations for Female Circumcision: Third Generation (1960's and 70's)

In the third generation, the value placed on the practice itself changed greatly hence affecting the preparations. Those aged 30-45 years interviewed, indicated that there was no elaborate preparation undertaken before being circumcised. The mothers and grandmothers played major role in the whole process. The grandmothers or the mothers informed the initiate of the impending ceremony and encouraged them not to fear as well as explaining to them the importance of the practice. Most of the people in this age-groups, were forced to be circumcised by their mothers and grand mothers. The initiates mother and/or grandmother identified the caretakers for the initiates and there was no elaborate process. One of the participants Ms Kananu in the focus group discussion had

the following to say. *"I was never told by anyone that I was to be circumcised. I was only shocked one Saturday morning when my mother and my grandmother called me to greet an ugly old woman who was introduced to me as a person to circumcise me so as to be a full woman and an adult. Neither my mother nor my grandmother explained to me what being a full woman and adult entailed."* The advance preparations done by the initiate's mother included taking her for anti-tetanus injection before the circumcision ceremony. In addition the mother purchased a razor blade, iodine and other materials to treat the wound. The initiate's mothers did not attend the circumcision ceremony. It was the grandmothers and/or their aunts who actively participated in the circumcision ceremony. There was no advance counselling for the girl since the mother who was behind the whole process feared that if informed in advance, the girl would run away and escape so as to avoid being circumcised. The grandmother and the aunt encouraged the initiates not to fear and wished them the best as they underwent the "cut".

The initiate's father was partially involved or played very minimal role during the preparations and in the whole process. This is in contrast to the first and the second generations where the girl's father and his age mates played special roles in the community where it was practised.

4.1.4 Preparations for Female Circumcision: Fourth Generation (1970s and 1980s)

All the respondents in the fourth generation, reported that the preparations for female circumcision and the related issues and ceremonies were different from those in the first, second and third generations: In depth interviews and focus group discussions showed that those aged 20-25 years were not so interested with the practice. Further unlike those in the first, second and third generations, those in the fourth generation (20-25 years) showed a high level of knowledge on the health consequences related to the female circumcision practice and the violation of the human rights. Most of the respondents said their generation needed not to be circumcised. The respondents seemed to be more concerned with the escape from the "cut" rather than when to be circumcised as opposed to the older generation.

The respondents confirmed that the initiates were not informed in advance of the intentions to have them circumcised as those in the older generations. Majority of those interviewed indicated that they were circumcised against their wishes. They were not

informed, as it was feared they would run away. In most cases the fathers did not have the information that their daughters were to be circumcised. Infact, most of the men interviewed indicated that female circumcision was a women affair and only their wives and daughters would know if their daughters were circumcised or not. Majority of the respondents in this age groups especially males termed the practice as out-dated and 'inflicting pain' on the girls for nothing. Most of the girls interviewed did not understand any other meaning of the practice apart from the physical pain they underwent.

4.2 The identification and roles of caretaker.

4.2.1 First Generation (Before 1930s)

The identification of the 'caretaker' among those in the first generation, was another important preparation undertaken by each initiates' mother before circumcision. The caretaker, commonly known as "*Muthambia*"⁴⁰ had a crucial role since she was the one who took care of the initiate while in seclusion. She was normally a middle-aged lady of good conduct and a role model in the community and would normally be a relative of the initiate. She was paid for her services. However the "*muwati*"⁴¹ who was not a relative was given yams and other food stuff as payment for taking care of the initiate. In addition, the gifts, which the girl received from her fiancée, were also used to pay the Caretaker.

The Caretaker played very important role in the life of the girl. She modelled her in all issues pertaining to responsible parenthood and future life. The Caretaker was also referred to as the daytime mother (*maama wa muthenya*). The caretaker was also believed to be able to curse the initiate girl if she disobeyed her or did anything contrary to expectations. The caretaker identified companions/peers of the Initiate so that they were circumcised in a group. Before circumcision, the caretaker escorted the initiate to the river and supervised her in bathing and ensured cleanliness of the total genital area. The caretaker shaved the initiate's pubic hair, and checked for menstruation before circumcision. She also ensured that the initiate's mother prepared enough food, clothing and other essentials needed during and after the circumcision ceremony.

⁴⁰ "Muthambia" lady identified to take care of the initiate during the seclusion period and also guided the initiate later in life

The Caretaker and the young brides from both the initiate's and the fiancé's family checked the virginity and pregnancy status of the initiate's before circumcision. If an initiate was found to be pregnant, she would be made to procure abortion. This entailed rolling of banana stalk over the pregnant initiate's womb. Whereas this was meant to be a deterrent measure to pre-marital sex, the punishment was humiliating to the girl while the man responsible for the pregnancy was free. A girl, who got pregnant before circumcision, was thought to be unworthy to socialize with the other community members. A house was built for her far away from the parent's home in an isolated place to signify uncleanness. After procuring the abortion, the girl was then circumcised after two or four months. If a first-born daughter became pregnant before circumcision, she was not given the special "mukolo"¹² by the parents since she had let them down. The celebration for such girls was not elaborate because she was an embarrassment to the family, her in-laws to be and to the clan in general.

4.2.2 Second Generation. (1940s and 50s)

The girl's parents carried the gifts for the caretaker in special baskets called 'nkaranga',¹³ in readiness for the celebrations, six gourds of porridge, two of those from friends and four from the girl's mother and other gifts were taken to caretaker's home on the day set for the official announcement of the coming event.

To seek approval and permission from caretakers mother or husband depending on whether the caretaker cum sponsor was married or not to take care of their daughter. However, not all families could make these elaborate preparations. Poor families requested those who were well off to accommodate their girls in the ceremonies so that they could be circumcised together on a given day on the same arena. This was acceptable and highly practised among the Ameru community. Female circumcision among this generation was also a communal affair since a cross section of friends and relatives participated. The girls' mother identified and chose a sponsor who was of exemplary character in the community to take care of her daughter. The sponsor, who doubled up also as the caretaker, was chosen from among mature young married women or elderly women. She had to be a

¹¹ "Muwati" was the small girl who held the initiate on the shoulders during circumcision to make sure that she did not fear or move during the circumcision process.

¹² "Mukolo" was a special necklace made from a sheepskin and was given to the first born girl during circumcision by the father.

¹³ nkaranga was a traditional woven basket

person of good reputation and generous one since she was expected to cook and supply food and drinks to the initiate from the day of circumcision until she healed. She was also expected to be among the role models because she was responsible for guiding and counselling of the initiate into adulthood and nursing the wound of the initiate. Before the caretaker was chosen, the initiates mother and another elder consulted relatives to find out if the clan of the girl and that of the proposed caretaker are compatible. If the relatives approved the proposed caretaker, the union of friendship created would never wane.

4.2.3 Third and Fourth Generations (1960s to 80s)

Among the third and fourth generations, the elaborate ceremonies to identify the caretaker were no longer performed. Decision on who is to take the role, seemed to be based on health considerations among the people in these generations. The *caretaker cum sponsor* was chosen among the girl's age-mates or from the mother's younger friends. As such their role was to care for the initiate generally by ensuring that food was ready in time and served to the initiate as required. The study clearly reveals that the caretaker has remained an important person in female circumcision although in the fourth generation, the mother of the initiate seems to assume that role. However the identification process has been diluted across generations and the medicalization of the practice in the third and fourth generations, has served to delegate some of the caretaker's duties to medical practitioners.

4.3 The Dance with uncircumcised girl " *kwinia mukenye*".¹⁴

4.3.1 First Generation (Before 1930s)

Before a girl in this generation got circumcised, she first had a suitor who formalised the marriage engagement by taking a bundle of "*miraa*"⁴⁵ (khat) to the girl's parents. Her parents asked the girl whether they could eat the "*miraa*" from the young man who wanted her for marriage. Once the girl gave a positive response, the young man was officially recognised as the husband to be. In preparation for circumcision, the man took her to special places to dance for the relatives, friends and specifically to the maternal uncles. This was meant to announce publicly the formal engagement to the girl, and to announce to the relatives that, that was the formal suitor. Peers and relatives

¹⁴ "Kwinia mukenye" was the special dance where the initiate was accompanied by the fiancée to dance for her relatives to formalise the engagement and also to announce the impending circumcision ceremony

⁴⁵ "Miraa" are traditional twigs chewed by people which has some sedative effect

accompanied the girl and the fiancé in the dancing and singing ceremonies. The girl was highly decorated with beads and other ornaments, given as gifts by the fiancé and relatives. She also received gifts in form of sheep, goats, calves and ornaments from her relatives.

The fiancé wore special attire, which included a (headgear) called "*Muungi*",¹⁶ and carried a sword, a spear, a shield and other weaponry. This was symbolic exhibition of having joined a new stage, and an indication of preparedness for the new responsibilities he was about to resume. The carrying of the weaponry was also meant to show that the young man was ready to protect his family and the community from any outside attack. Each suitor carried his fiancée's gifts. Initiates who did not have fiancés grouped together when dancing for their relatives.

4.3.2 Second Generation (1940s and 50s)

Among the second generation, the fiancée was significant just like among those aged 70 years and above during this time because he was the one who initiated the circumcision process of the girl. The fiancée borrowed the anklet bells to be used by the girl while dancing. The more the anklets bells '*ibeere*'¹⁷ the man received from his peers, the more popular he was. In addition, this also showed that his peers supported his choice for the fiancé to marry. The man dressed in special attire, which was a tattered skin, meant for dancing. The man's dressing was a significance of an engagement gown. The fiancée also made beads for the girl, which was the only top dress worn by the girl as she danced in preparation for the circumcision. During this dance, the fiancé danced carrying the sword as a significance of his capability and capacity to protect the girl.

Just like men among the first generation, the fiancée's age mates were allowed to attend the circumcision ceremony to witness their peer's fiancée enter a new stage in life. Their peers accompanied the man and the girl during the dance to give them moral support. Before the girl was circumcised the fiancée built a house for the girl's parents to show how responsible he was. In addition, along lasting relationship with the in-laws was established through assistance in doing manual work such as cultivation. All this was referred to as a sign of hard work and if the fiancés did not show his capabilities, this would sometimes

¹⁶ "Muungi" was a headgear worn by the fiancée of the initiate during the circumcision ceremony.

¹⁷ 'ibeere' was an anklet bell that was worn while dancing in the circumcision.

lead to breaking of the engagement since the in-law did not want their daughter to be married to a lazy person.

4.3.3 Third and fourth Generations (1960s to 80s)

In the third and fourth generations, the role of a suitor/fiancée in female circumcision is dropped. The practice seems to lose one of its major functions i.e. preparation of a girl for marriage. The key factor that served to undermine the role of fiancées was the infiltration of western cultures through the educational system, media and other channels in the community. This has made many girls to reject their parent's choice of their suitors insisting that they should be allowed to make their own choice of their husband to be. In these two generations there is no specific age at which the girls are circumcised. Some said they were circumcised at ten years, others twelve and others at fourteen years old. Female circumcision in these generations was not performed at a specific time/season as in the first and second generations. Most parents circumcised their daughters based on the parent's financial status as well as levels of education.

Dancing with the uncircumcised girl was only celebrated in the first and second generations. The ceremony has completely gone underground with the third and fourth generations. The factors that have contributed to these are discussed in chapter six.

4.4 The sponsor 'muwati'

According to one of the key informants in the first generation, Elizabeth Kabito, the "*muwati*" was a small girl whose role was quite crucial. During circumcision the "*muwati*" would hold the initiate's shoulders but would not be allowed to see the "cutting". She was also the one to throw away the pieces of flesh that were cut out during circumcision. This act was believed to form a bond or a covenant between the young girl and the initiate, which continued throughout their lives.

The main role of the "*muwati*" was to test the initiate's courage. If the initiate feared she would shake the "*muwati*". This would publicly indicate to everybody that the initiate was fearful. After circumcision the "*muwati*" was given the clothes, which had hitherto been worn by the initiate. This act of giving away her clothing was a symbolic indicator of the initiate's transition from childhood to adulthood. The "*muwati*" was allowed to visit the initiate after 2-3 weeks convalescence. By this time the initiate's wound caused to her

vagina during circumcision would have healed though the initiate still continued to be kept in seclusion. The "muwati" lived with the initiate for some time during the seclusion period. She helped with such chores as making fire, fetching water and firewood. She also undertook other household chores while the caretaker was away.

The role of "muwati" was perhaps among the first roles of female circumcision to be dropped. The study findings reveal that the role was only played in the first generation and was not replaced by any other role in the proceeding generations.

4.5 The Female Circumcisers

The female circumcisers were people who held social status in the community, and were highly respected and honoured in the first and second generations. Martha who is a practising female circumciser, had the following to say, *"we were people who were valued and respected not only by the women but also by men in the community."*

In the first and second generations, not everybody was allowed to become a female circumciser. Only women from certain clans could become circumcisers. They were trained for over two to five years before they were allowed to perform any circumcision procedure without supervision. The fully trained circumciser had an assistant known as "lamale".¹⁸ Her work was to accompany the circumciser and to carry the circumcision tools. She also assisted the circumciser in any other way she was required to.

The "Lamale" in most cases inherited the tools of trade from the female circumciser and later became a female circumciser. Before the "Lamale" would be accepted officially as a circumciser, she had to perform a certain number of female circumcisions under the guidance of the experienced circumciser. The number varied from one geographical area to another and from one circumciser to another. Once she was declared as a full "surgeon", the circumcision tools were handed over ceremoniously by the experienced circumciser. The whole community participated in the handing over ceremony to officially accept the new "surgeon."

In the third generation i.e. period between 1960s and 70s, female circumcisers had significantly lost their high status in the society, due to the anti-FGM campaigns that had already begun. The number of society members willing to train as female circumcisers

¹⁸ "Lamale" was a person being trained to be a female circumciser

reduced greatly. The training was also not extensive relative to the one done in earlier generations and the trained assistant to the circumciser "lamale", were not present in this generation.

Female circumcisers in the fourth generation, further lost their noble position enjoyed in the first and second generations. Martha, a female circumciser quoted above says that today, they are deemed to be useless people. While in the earlier generations a female circumciser would comfortably live from the proceeds of their business, today they have to do other work to sustain themselves as the number of their 'clients' has significantly reduced. In addition fewer people are willing to train as female circumcisers in this generation compared to those in the third generation.

The study reveals therefore that over the years, the role of female circumcisers has changed tremendously. While female circumcisers in the first and second generations were seen as people with high status in the society, In the 3rd and 4th generations, the same female circumcisers have been reduced to "criminals". The female circumcisers among the 3rd and 4th generations perform the "operation" in total fear. Mary, a female circumciser from Kangeta had this to say, *"we know it is wrong to perform the operation on girls' but still we do it like a thief"*. She emphasises that thieves steal knowing too well that stealing is wrong. From the study one can deduce that traditional female circumcisers are becoming unpopular, as they do not seem to be preferred by majority of those in the fourth generation. There is a skewed attitude and shift to the health workers, as they are believed to be hygienic and better in terms of preventing the spread of HIV/AIDS.

4.6 Payment

On the eve of the circumcision ceremony, the Initiate's fiancé and/or his friend went to get the female circumciser. The circumciser spend the night in the neighbourhood of the "Itiiri" where the girls were to be circumcised. The fiancée also paid the circumcisor's fee. However, in some cases, the initiate's mother paid the necessary payment in form of foodstuff, which included a basket of yams, beans e.t.c. While the fiancé paid two shillings and a goat. If the initiate was found pregnant, or to have conceived and aborted, she was classified as unclean and her circumcision fee was raised. In addition to the usual payment of twenty cents and baskets of yams and other foodstuffs, the parent of the initiate had to pay the female circumciser a sheep, which was meant for cleansing the female circumciser.

Payment for female circumcision has changed with the third and the fourth generations. Most respondents revealed that it was their mothers who paid for the service, the mode of payment being cash amount agreed upon by the circumciser and the mother of the girl. In the first, second and third generations, it is difficult to estimate the amount paid to the circumciser per girl because most payment was done in kind.

Today there is competition between traditional female circumcisers and health workers for "clients". Traditional female circumcisers have therefore opted to reduce their charges so as to attract clients. In contrast, the fees for the health workers seems higher since majority of them are said to have indicated that they were practising illegal business at their own risks. Thus, this led to most of them over charging and others insist they cannot perform the "operation" before the money is paid in full.

4.7 Blessings by the female circumciser.

In most cases after the 'cut' was performed in the first and second generations, the female circumciser tied a piece of goat's skin on the Initiate's wrist. This was seen as a blessing by the circumciser. Besides, the piece of goat's skin on the Initiate's wrist served the purpose of identifying and also counting the number of girls she had circumcised. This method of "book keeping" was essential to the circumcisers since they had no formal education and therefore could not in any other way record the number of girls they circumcised. In these two generations, there was special attachment and respect between the circumciser and the initiates. The female circumciser later visited the initiates to check on the healing progress. If the initiate healed fast, it was to the benefit of the circumciser as the community members believed she was well trained and skilful. For this reason she was able to get more girls to circumcise compared to those whose initiates took long to heal.

The value of traditional female circumcisers and their assistants have changed with the third and the fourth generations. There is no relationship at all between the circumcisers and the initiates. The initiate's contacts with the female circumciser was the day of circumcision and some never met them again in their life. Some respondents that have undergone the 'cut', confirmed that they cannot even recall those who did the 'cut' on

them. One of the respondents called Rebecca said, *"Even if you ask me whether the woman who circumcised me was brown or black I cannot tell. I do not even know how her face looked like..."* As mentioned earlier, most people in these generations regard female circumcisers as useless members of the society. This has threatened their 'profession' and those still practising say their duty nowadays is only to perform the 'cut' and usually in secret.

4.8 The Female Circumcision ceremony. ("cutting" ceremony)

4.8.1 First Generation (Before 1930s)

In each village, there were specific rivers where the girls went to bath in preparation for the circumcision. The rivers were blessed by the clans and specifically earmarked for that purpose. Also certain specified open areas near the riverbanks were used as circumcision fields known as *'Itiiri'*⁴⁹ (plural *'Matiiri'*).

On the day of circumcision, young brides from the initiate's side and the fiancé side went to the circumcision field very early in the morning in preparation for the girl's circumcision. The girl was taken to the river very early in the morning to bathe. This bathing signified shedding away the childish traits and behaviour from her as she entered into a new stage. In addition it was also meant to numb the initiate's body to avoid a lot of pain during the circumcision.

The circumcision tool was mainly a traditional iron wedge knife called *"kirunya"*²⁰ prepared by the blacksmith and specifically for that purpose. The girls were mainly circumcised in groups and they shared the same circumcising tool. After circumcision, the initiate ran to the place where men were seated. She collected her fiancé's and her brother's spears and then proceeded to dance to them in praise of her new status as an adult. The *"muwati"* then collected the spears from the initiate and carried them back to the owners. After the circumcision, men and women sang and danced in praise of the Initiate, her fiancé and the clan members as they escorted her home.

Circumcision was a communal affair, which involved all the community members both the young and the old where each of them played specific roles to make the occasion a

⁴⁹ *'Itiiri'* This is the field where girls were circumcised

success. Immediately after circumcision, the initiates were also taken to visit other girls in seclusion who had been circumcised earlier. The older initiates applied special substance made from wild fruits known as "ndao" to the new initiates, this was meant to bless them as they assumed the new status of adulthood.

4.8.2 Second Generation (1940s and 50s)

Among those in the second generation generation, the "cutting" ceremony was equally important. On the day of circumcision, the young women from the initiate's family, her fiancé and the caretaker took the initiate to the river very early in the morning. The initiate was bathed on ice-cold water so as to numb the body to avoid pain. Other girls to undergo the ritual joined together with the fiancé. Ten or more young and old women accompanied each initiate to the river where the girl removed all her clothes and bathed.

The initiates were then sat on some green leaves, which the caretaker had arranged neatly on the ground. The caretaker sat with her legs entangled round the girls' legs exposing girls' genital area ready for the operation. A small girl who stood behind her so as not to see what was happening held the initiate. Just like among the first generation, the purpose of the young girl holding the initiate was to show how steady the initiate was. If she moved, this would be seen as a sign of cowardice.

The circumcisers pinched the clitoris very hard to check whether the girl was cowardly or not. If she winced, the circumciser would warn the sponsor cum caretaker to hold the girl more tightly. If the girl was a coward, it would make the circumciser angry and perhaps make the cut even deeper than she would otherwise do. In the process of the circumcision the women kept ululating to suppress screams and sounds that the initiates may produce due to pain.

Pieces of rolled leaves were placed to separate bits of labia majora so that they did not join as they healed. A traditional iron wedge knife was prepared for this operation just like the first generation. After the circumciser completed the cut, the sponsors removed veins from leaves to make them smooth and folded them to form a round ball. These were used to apply cow's fat and herbal mixture to facilitate the healing process.

²⁰ "Kirunya" This was a traditional iron wedge which was used for circumcising girls.

After the 'cut' just like for those aged 70 years and above, the girl went straight to where the fiancée was to dance with him. This was to show that she had attained new status of being a full woman and was not a coward. One was never regarded as a full woman in the Meru community unless she was circumcised. This finding is in line with other findings by FPAK 1991,1994 and MYWO, which revealed that among the Ameru and the Abagusii community, women who are not circumcised are considered as children.

Those who feared during circumcision never danced because that was an embarrassment to the fiancée, the in-laws, and also to the female circumciser. The mother of the initiate gave her a special bead known as '*mutha'nga*',²¹ as a sign of appreciation. While dancing the initiate poured blood which was regarded as a sign of the covenant between the girl and the in-laws.

A girl who was pregnant during circumcision was fined a special ram, which was given to the circumciser for cleansing, because it was considered a bad omen. If people noted the girl was coward she was given derisive names to tease her. After circumcision the girl walked a distance of three kilometres or more to her home. This was meant to test the courage and to induce pain so that the initiate becomes immune to it in preparation for the healing process.

4.8.3 Third and fourth Generations (1960s to 80s)

Among the third and the fourth generations the "cutting" ceremony was not observed. Indeed most of the people in these age groups were forced to be circumcised by their mothers and grand mothers against their wishes and therefore the issue concerning their circumcision was kept secret by these people. Unlike in the first and second generations where the "cutting" ceremony proceeded the actual 'cut', the 'cut' in the third and fourth generations is a secretive affair. It took place at the initiate's home in some hidden places within the homestead and also for some, behind or in front of the house where the initiate were to be secluded.

Perhaps one of the most significant shift in practice of female circumcision is the age at which girls are circumcised. Unlike in the past, girls are now being circumcised at tender ages. Between the first and the second generations, girls were mainly circumcised before

or at menarche in preparations for marriage. Currently, girls are being circumcised at an early age to avoid detection by authorities, and also to ensure that the girls do not run away or reject female circumcision. One therefore wonders what a girl of five or eight years will be taught in preparation for adulthood. Further one wonder what concern or purpose is the female circumcision practice meant to serve. Other studies done in Meru North showed that the girls were circumcised as early as eight years(FPAK,2002).

4.9 Types of female circumcision ("cut") performed

The respondents aged 70 years and above (first generation) and those aged 50-69 years (second generation) deride the kind of female circumcision, which is undertaken currently. A first generation informant Elizabeth Kabito says, *"our time was actual circumcision unlike today in which girls are only pinched on their clitoris and are said to be circumcised"* During our time, circumcision was real in the actual sense. It was not a joke. All the flesh, around the clitoris was scooped until the circumcisor reached the bone. Unless the circumcisor reached the pelvic bone, she would never certify you as a circumcised person". This clearly signifies that the type of circumcision, which was practiced in these two generations, was infibulation. This types of circumcision entailed(s) the total cutting of the clitoris, the labia majora and labia minora. Ms Elizabeth Kabito,further explained *"in fact the whole of the genital area was flattened like a plate. There was nothing left as I hear and see today that the girls' clitoris is just tickled and then one is considered circumcised. I really wonder what kind of circumcision which is undertaken today"*.

After the circumcision, the banana heart known as "Nkold"²² was inserted in the girl's private parts to prevent the flesh on the two sides of the vulva from touching each other. If they touched, it was believed they would join in the process of healing thus cause closure of the vagina. With the "Nkold" in place, the respondent indicated that the vaginal lips on either side would heal separately and allow the vulva to remain open.

In the third generation (1960s and 70s), the type of the 'cut' performed was more or less the same as in two older generations, most of the respondent indicated that the type of female circumcision performed on them was infibulation's where the clitoris, labia majora and labia minora were all scooped out. However others underwent a similar 'cut' to those

²² mutha'nga' was special bead made of precious material.

in the fourth generation. After the circumcision, the Initiates were left on their own with the caretaker spending the least time with them.

Unlike in the other generations, most of the respondents in the fourth generation said that the type of circumcision performed on them was a lesser cut as it had been modified. One of the female circumciser called Mukokinya reinforced the findings on the type of female circumcision undergone by the girls aged 20-25 years. Mukokinya indicated. *"Nowadays these girls are scratched their clitoris, infact it is a matter of tickling them. They are circumcised the Kiswahili style and they do not qualify to be full women in the community"*

In general, the study findings showed that there were significant differences in the type of circumcision performed in Meru North district among the four generations. Respondents pointed out that the change in the type of the 'cut largely depends on where female circumcision is being done and the person performing it.

The cut has been modified and the clitoris is only scratched to enhance bleeding. One of the modern female circumciser a respondent in the district says, *'Nowadays, we only scratch the clitoris, we do not cut it'* they reported that most health providers either make a small incision on the clitoris or nip a bit of the tip of the clitoris or prick. Others reported that some were bandaged to heal quickly and nothing in some cases was necessarily removed or cut unless the girl's parent or guardian insisted. This is in contrast to the infibulations type of circumcision practised by those in the first, second and on a few in the third generations.

The pricking that is currently practised is a strategy used to counter the call for eradication of female circumcision. By reducing the magnitude or the severity of the 'cut' inflicted on the female genitalia, it becomes possible for its activists to argue that, female circumcision is not dangerous to the girls' health. A joint statement by argues that female circumcision comprises of all procedures involving partial or total removal of external female genitalia or other injury to the female organs. (WHO, UNICEF, and UNFPA 1997)

²² "Nkolo" is the banana stalk heart which is produced by the banana plant as it matures

4.10 Ostracization of girls who feared during circumcision

One of the roles female circumcision was believed to play in the lives of the initiates was to prepare them for adulthood (FPAK, 1991,1994; MYWO, 1990). This was believed to be achieved through the pain inflicted during the initiation process to adulthood and the actual physical cut during circumcision. It was believed that the practice of female circumcision opened the birth canal thus paving way for child bearing.

During circumcision as discussed earlier, the initiate was supposed to demonstrate throughout her bravery by not fearing, moving or even blinking her eyes through out the initiation process. Those who feared during the circumcision were shunned in the community. Some of them among the first and second generations, would never get suitors to marry them as nobody wanted to be associated with them. Missing a marriage partner was a big shame to the initiate herself, the family and also the clan in general.

Songs were composed and sang during the communal activities to demean them those that feared. This had adverse effects on the girl's self-esteem and self worth, In addition, those who feared during the 'cut' never mixed freely with others in the community. The young women from the initiate's family and her fiancée's relatives attended the ceremony. The young women made special ululation after the 'cut' especially if the girl did not fear. In some cases, the engagement with the fiancé was broken if the girl feared during the circumcision process. This finding is in agreement to the study findings conducted by Mburu Rosemary in 1990 in Meru district on female circumcision among high school girls, (FPAK study 1991 and MYWO 1991). However, this mockery ceremony fades away in the last two generations, as the initiation of girls reverts from a valued community function, to a secretive affair.

4.11 Men's Involvement and Participation in Female Circumcision.

In the first and second generations, female circumcision was a communal affair. Women and men, boys and girls participated in the ceremony and each played specific roles. Whereas the men attended the circumcision ceremony at the "*Itiiri*", they kept their distance and only played a passive role in the whole process. They observed and responded to the girls' dance. After the girl was circumcised and if she did not shown any

signs of fear during the cut, she first ran to the fiancé and then to the brother to show off her bravery.

Apart from the fiancé, the brother and the maternal uncles were a very significant people to the initiates in the female circumcision process. After the circumcision, both the young women and men sang songs of praises to the girl and the fiancée for reaching such a stage and escorted the girl home. At home, the new initiate was escorted to her father's special hut 'aaru',²³ where she danced to the father and his age-mates. The father presented to her gifts in form of sheep, goats and cows. If the father was not alive, the maternal uncle would take his place. He would give her the gifts, which the father was supposed to give.

The presence of one's father at this stage was so crucial. Sometimes, maternal uncles and brothers would not make good substitutes as Elizabeth Kabito aged around 85 years whose father had died before her circumcision remembers with nostalgia. She says she wept bitterly when her maternal uncle gave her gifts not meant for a first born daughter. In her narration of the incidence, she says that, *"up to today, I remember what happened the day when I was circumcised as if it was yesterday. I curse the God who took away my father before he could give me my blessings"*. The presents given to the girls by the parents varied depending on the parent's wealth, and their love for their daughter. Second born girls and other siblings also received gifts from the parents during circumcision. However such gifts would not include a special necklace chain "mukolo" which was specifically given to the first-born daughters only. Both the mother and father blessed their initiated daughter by applying "ira"²⁴ on her forehead.

The role of men however, diminishes as we move to the third and fourth generations. In many instances the initiate's fathers were not aware that their daughters were to be circumcised or even had actually been circumcised. Boys aged 20-25 years who were interviewed claimed they did not know what it entailed for a girl to say that she is circumcised, as they could not even identify any of the girls who had been circumcised. Most of the boys interviewed in this generation indicated that they do not support the practice of female circumcision and wished that their parents did not circumcise their sisters. Majority of them volunteered to caution their parents not to circumcise their sisters.

²³ 'Aaru' was a traditional Meru hut meant for old men and circumcised boys

²⁴ 'Ira' was a white oily substance smeared at the forehead of the initiate as a sign of blessings by the elders or parents

They felt that their mothers were bothering the girls by encouraging their daughters to have their bodies messed up. They wished their future wives were not bothered with the "circumcision business".

4.12 Seclusion

4.12.1 First Generation

After the physical circumcision in the first generation, and once the girl's parents blessed her with the white chalk like substance "Ira" by applying it on her forehead, the girl was guided to the hut to start the healing process. The initiates were placed separately from other siblings and their parents. Special beds made of banana trunks and dry banana leaves were prepared for them. Seclusion period took between one and two years based on the parent's capability in terms of resources. A period of up to three years was also allowed so that the girls went straight to their husbands' homes after seclusion.

While in seclusion the initiates were expected to strictly observe some rules for instance, Initiates never talked aloud while in seclusion. Talking aloud-meant manner less behaviour and therefore they talked in whispers. Whenever they wanted to communicate with someone outside the hut, they would hit the wall with a stick attracting the attention of someone. They were also not supposed to go out or be seen by anybody until the seclusion period was over. However, among the first generation, they visited other initiates at night in the company of the caretaker.

4.12.2 Second Generation

Just like in the first generation, the initiates in the second generation were placed separately from other siblings and their parents. The Initiate slept on a bed made up of half banana trunks and dry banana leaves prepared on the floor, as was the case in the first generation, they were fed on a special diet to gain quick recovery. The initiate observed similar rules to those in the first generation during seclusion and also went visiting other initiates at night. The seclusion period took six months to one year.

4.12.3 Third and Fourth Generations

In the third and fourth generations, seclusion period for most of them was in intervals of one week to three weeks at most. The seclusion period was mainly secretive just like the whole of the circumcision processes. The initiates hide from their friends, immediate peers and neighbours since they did not want anybody to know that they had been circumcised. Most of the initiates spent only one week in seclusion and had to pretend that they were sick so as to rest for even that week. The whole process was kept as a secret by the mothers of the initiate, the grandmother and the other Aunts involved in the process.

The seclusion period for the initiates in fourth generation took between one to two weeks. No arrangement for special house was made though they were separated from the boys. They stayed in the same house with their sisters in pretence that they were sick.

It can be deduced from these findings that seclusion period has undergone major transformations across generations. While for those aged 70 years and above underwent seclusion period for one to two years, there has been a drastic change among the 3rd and 4th generations where seclusion took place for days i.e. one to three weeks. There are no special houses built for the initiates since in most cases, female circumcision is done secretly and people practising it are ashamed of their act.

4.13 Treatment of the wound

4.13.1 First Generation.

In the first generation, a broken piece of a pot known as "*kajo ka nyungu*"²⁵ was prepared and kept on standby to be used as a basin to bathe the initiate. The use of the special bathing "basin" was to prevent contamination or infection of the wound. The girl's biological mother got herbs from certain trees in readiness for treating the daughter's wound. Once the girl entered the hut, the initiate was covered with a skin by the mother and was smocked the "*Mwaii*" leaves (herbs) to avoid the wound from being septic. The use of the herbs clearly demonstrates that this generation was very particular with some hygiene standards and this could be what has extended and led to medicalization to female circumcision as will be discussed later.

²⁵ 'Kajo ka nyungu' is a piece of broken pot used as a bathing basin

The caretaker nursed the wound until no blood spilled out before any washing of the wound took place. The initiates were fed on a special diet to gain quick recovery, It was believed that the body size of the girl determined the healing period. Girls who were fat or huge were believed to take more time to heal compared to the small-bodied ones. However, one of the female circumcisers had a different opinion as she said, *"...my work is competent and more people come to me as they healed faster regardless of the body size as many people believe."*

4.13.2 Second Generation

In the second generation, Cream from sour milk was applied on the wound using special soft leaves, believed to have medical value to clean up the wound. Water was put in the calabash to wash the wound, and was not to be used by anybody else to prevent spreading of germs and contamination. Much responsibility was left between the mother of the girl who inspected the wound each night and the caretaker came during the day to bath the initiate and nurse the wound. However other young women from the village who were recognised as traditional 'nurses' paid visits to monitor the recovery progress of the initiate and advised the caretaker appropriately.

4.13.3 Third Generation

In the third generation, treatment of the wound and the seclusion period had changed so much. The treatment of the wound started with the cleaning of the wound after every fortnight. The wound was cleaned using iodine, which was believed to stop the bleeding. The initiates were not given any painkillers or herbs unlike the older generations. While parents of the third generation seemed to be first to think of use of more hygienic way of practising female circumcision by introducing the use of one razor blade, iodine e.t.c. the use of painkillers was forgotten. However the painkillers may not have been adopted since most women and the community in general believed that the pain imparted during circumcision prepared the Initiates for childbirth. One of the parent to the initiate had the following to say, *"I could not imagine my daughter being circumcised the English or the kiswahili style where the girls do not feel the pain to become 'real woman.' I had to take care so that she does not get AIDS, so I bought her own razor blade. However, she had*

to feel the pain so as to be able to give birth properly and not kill her child during childbirth as the uncircumcised girl does’.

4.13.4 Fourth Generation

In the fourth generation, majority of the respondents said that, they were treated by a medical practitioner. Others indicated that their parents made arrangements for them to attend clinics for medical check-up to facilitating quick healing of the wound. Since a female medical practitioner attended most of the initiates, the wound was cleaned using iodine and other antiseptics. Most respondents reported having been administered with anti-tetanus injection before or after circumcision. The medical practitioner often visited the initiates and re-supplied them with painkillers and cleaned the wound with the antiseptic. The medical practitioner also taught them how to avoid contamination of the wound.

4.14 The Rituals and Feasts during the seclusion period

4.14.1 ‘Catching’ Fire “Kuwata Riiko”²⁶

Among the first and second generations, this was a highly celebrated ceremony which was undertaken before the girl was taught the required family life education (FLE). The ceremony was undertaken one or two years after the girl was circumcised. Its significance was to allow the girl to start undertaking simple tasks especially cooking while in seclusion. This ceremony involved roasting of yams and was basically undertaken by the young brides from the initiate’s side and also those from the fiancé side. Heavy feasting and dances accompanied this ceremony.

Just like in the first generation, the “catching fire” ceremony in the second generation was elaborate. From the seclusion period certain rites were performed in preparing the initiate to adulthood. The caretaker was the one who announced to the initiates mother that her daughter was ready for “ngwato ya riiko”. This was after the two bathing ceremonies. Tobacco and yams were the main ceremonial items which were kept ready in preparation for this ritual. The women in the village shared the yams and the tobacco brought during the occasion.

²⁶ “Kuwata riiko” This was a ceremony where the initiate was taught the necessary FLE to prepare her for adulthood

The climax of the ceremony was the 'letting out' ceremony, which symbolised that the girl had now acquired a full title of the name of a full woman in the society and was referred to as "Ngutu"²⁷. A pre-test of their adulthood was done by being set out to socialise with boys and sleep in the same beds without having sex. Young women and young men kept watch throughout the night.

4.14.2 The Child's Plate Feast "Gicua Kia Mwana"

This was a ceremony, which was undertaken during the day of imparting the FLE to the Initiate. The ceremony involved preparing a lot of special dishes especially food made from black beans '*Ncabi*' and yams to feed the young women and others who had gone to impart the FLE to the initiate. The amount and the quality of food prepared during this day were based on the family's capability in terms of resources and status in the community. The ceremony faded with the third generation and therefore was absent in the fourth generation.

4.14.3 Hair Shaving Ceremony

This was also a very important ceremony in the female circumcision process especially among the first and second generations. During this ceremony, the Initiate's in-laws visited their daughter in-law to be and presented a lot of gifts in form of beads, ornaments, and foodstuff among others. It is during this ceremony, that the dates when the initiate would leave the seclusion was set and she was officially handed over to the young maidens from the side of the fiancée. This ceremony also involved the physical shaving of the initiate's hair. This was to signify the initiation from one stage of life to another.

The ceremony however, had been much diluted in the third generation. Although it still took place, there were no elaborate rituals or ceremonies involved. The most memorable thing among these generations was the gifts secretly received in form of clothes, and money from their relatives and friends who approved their being circumcised. The loss of it's significant was later confirmed with the fourth generation, as the ritual was not observed.

²⁷ 'Ngutu' Newly circumcised girl.

Washing Of the Initiate ceremony "Nthambio"²⁸

'Nthambio' was another important ritual, which was highly valued among the Ameru community and especially by the first and second generations. The initiate started to be bathed two weeks after circumcision. There were four consecutive bathing ceremonies, which involved merry making and celebrations by the whole community. After the four 'bathing' ceremonies, the mother in-law to be brought raw bananas and yams to signify that the girl would from that time start bathing on her own. The bananas and yams were cooked and shared by the community members. The young maidens from the village did the cooking and took the centre stage of all the preparations while the mother in-law provided the foodstuff. The termination of the bathing ceremonies was determined by the assessment of the wound by the caretaker who decided that the initiate was fully healed and able to do her own bathing. In the third generation, the ceremony had less significance compared to the above generations. There were no celebrations, and only the caretaker oversaw the ritual, which was done away with later by the fourth generation.

Generally, findings from this study show that celebrations and most rituals to mark female circumcision are no longer observed. There are no songs, dances, and feasting as there used to be among older generations. Female circumcision is now practised in secrecy, sometimes even at night. Some of the respondents felt that change has come about as result of the anti-female circumcision campaigns, which focused on the health concerns. Further, findings indicate that other factors accelerating to these changes include health education, conducted in barasa, churches and seminars, media through exposing experiences of risks that circumcised girls or women go through.

²⁸ 'Nthambio' was the bathing ceremony for the initiates.

4.15 The Family Life Education Imparted During Seclusion "Gutumira Mwana Mikathi" Or "kurarwa."²⁹

This was a very ceremonious activity in the first and second generations where young and old ladies were invited to impart the necessary FLE to the initiate. After the feasting and merry making, three to four female role models from the community were identified to impart the relevant FLE to the initiate. Obedience to the husband, taking care of the family property, the meaning of womanhood, sexuality and relationships among other teachings were highly emphasised to the initiate.

In the third generation, there was no elaborate FLE imparted to the initiate since majority of these circumcisions were done in secret. According to the respondents in this age group, there was nothing substantive imparted to them. All they can remember was being questioned by the older circumcised girls on personal issues, such as whom they had had sexual intercourse with, whether they had received their monthly periods, or had boyfriends. Most of them do not remember anything, which their caretakers told them while in seclusion. A few only remembered being told to respect their mother and father and other older people. The other component of the FLE imparted was the respect for the elders and how to treat their future husbands.

The respondents reported that their mothers dictated on what FLE they were to be taught prior to the circumcision. It was notable that mothers preferred modern family life education to earlier traditional FLE, which they described as 'bad thinking and bad education to spoil their girls'. A woman called Kagwiria in this generation had this to say, *"I heard my mother telling my aunt to ensure that the circumcised girls did not visit me to educate me on the bad education they received. my aunt never allowed anybody to visit me in seclusion. She only came with her educated friends who only cautioned me against pre-marital sex and the need to respect my body"*.

In the fourth generations, there were fewer participants and less time for FLE. The mother dictated on what their daughters were taught. FLE taught during this period

²⁹ "Kurarwa or Gutumira mwana Mikathi" The purpose of the ceremony was to initiate the girl into adulthood

emphasised on the need to work hard in school, Adolescence growth and development and Good morals.

The study reveals that in the first and second generation, there was a set curriculum on the content of what FLE girls were taught while in seclusion in preparation for adulthood. However with the third and fourth generations, it seems that the FLE lessons are a formality. The teachings that accompanied the seclusion period and the purpose they served faded away with the younger generation. This could be due to the fact that female circumcision with time has changed from being a communal activity and has become more individualistic. In addition, the poverty among community members makes it difficult to have the celebrations as was done by those in the first and second generations.

Inputs of the "professionals" such as female circumcisers and community role model are no longer available. The girl's mother dictates to the caretaker what she would like her daughter to be taught thus the girl end up with what she already knows and thus girls are no longer benefiting from this 'selected' education. This clearly shows that the traditional education which most communities valued is losing weight among individuals. This is also evident in cases where young girls aged 5-7 years are circumcised since FLE cannot make sense to them at this tender age.

Changes in FLE programme offered to the initiates over the years has been a key influencing factor in people's perceptions. Among older generations, family members and the community members were the primary agents of socialisation through which younger persons learned informally. Missionaries and the colonialists introduced and perpetuated new culture among Kenyans. They introduced new institutions such as schools and churches, which gradually replaced the roles of the former traditional institutions of socialisation. The introduction of the formal education for example resulted in a situation whereby school-going children spent only a few hours with their parents and other members of the family. Formal education has attempted to replace the traditional FLE but with little success. It is also important to note that what the girls are taught during seclusion has been passed to girls through the alternative rite of passage graduations organised to replace female circumcision. The value therefore placed on this education is replaced by the seminars conducted during the alternative rite of passage. As a result of industrialisation, most community members are changing their attitude to abandon female circumcision.

4.16 Period After seclusion

It is worth to note that after seclusion the, the initiates in the first, second and third generations, were seen as mature people, they associated with those in their age group or older members of the society and were not expected to closely relate with the uncircumcised girls and boys. In the fourth generation however, majority of the circumcised girls continued to walk with their friends irrespective of their circumcision status, unlike those in the older generations. Karambu one of the respondent in the focus group discussion (fourth generation) argued that she did not see any reason why she has to abandon her old friends just because she was circumcised. " *I could not believe not sharing my secrets with karimi (not circumcised) just because I was told that I was circumcised. After all, I do not see any difference between karimi and me. Only the older circumcised girls are concerned that I keep my old friends. Personally, I am not bothered....*" This reveals that in the fourth generation initiates do not attach a lot of meaning to female circumcision.

4.17 Salient shifts in perceptions of female circumcision across generations

4.17.1 Attitude Change

Having been sensitised on the harmful effects of female circumcision, community members no longer view female circumcisers with regard. Instead, female circumcisers are now viewed as violators of human rights, and people who are out to "destroy" people's daughters. Even the closest family members do not respect the profession. Majority of the female circumciser's daughters declined to learn the practice. For others, even their sons do not approve of them practicing female circumcision. All female circumcisers who were interviewed in the 3rd and 4th generations indicated that their children have refused to learn the profession from them. One circumciser had actually been forbidden to perform the operations by her sons for fear of their mother being arrested. While the "profession" of female circumcision earned those among the 1st generation respect and social status, those in the 3rd and 4th generations are recognized by the amount of money they make and the wealth they acquire from practicing female circumcision.

4.17.2 Change in beliefs and traditions associated with female circumcision

Most of the beliefs, myths and taboos associated with the female circumcision have drastically changed. According to one of the respondents Nankui, *"long time ago the community believed that uncircumcised girls were not marriageable. They could not deliver healthy babies and the clitoris would smell all the time."* Today Nankui knows that this is not correct. As a respected opinion leader in the community she has seen and witnessed many uncircumcised girls including her own great grand children deliver healthy babies without complications. Infact, having been involved in many anti-female circumcision campaigns, she thinks that those who still cherish the practice are those who have not tasted the fruits of Christianity and education. However, this is not the case because there a number of community members who are learned, and committed Christians and yet practice female circumcision.

As indicated earlier most of the beliefs, myths and taboos associated with the uncircumcised girls are slowly being rejected and majority of the community members have changed their way of thinking. For example, in the old days as told by one of the key informants in the first generation, an uncircumcised girl was not allowed to milk a cow or grind gruel because this believed to bring a bad omen to anyone who ate such food. It was even believed that eating such food would cause death, but Clomithed, who is 75 years old had this to say, *"things have changed, even our actions have changed, the reality dawns on each person, and this reality is dawning on many in Meru North"*.

Mythical justifications were used to perpetrate female circumcision practice in the 1st and the 2nd generations. There were beliefs that girls who were not circumcised could not conceive, as they were believed to produce a fluid that killed the spermatozoa. Clitoris was believed to be associated with bad omen and could bite the penis. These beliefs are dying slowly as majority of the community members have changed their way thinking. Mrs Ciokeireria Kaithia aged 70 years and above remembers vividly how a child born by uncircumcised girl was thrown away to the bush because it was believed to be bad omen. The *"Njuuri Nceeke"* representative interviewed confirmed the same as Karuru had the following to say, *"children of the uncircumcised girls were considered to be outcast were killed. Such children were not accepted. You must have been circumcised to be accepted. If an uncircumcised girl become pregnant, young men had to ensure that pregnancy is terminated. If we tolerated children born by uncircumcised girls, we would loose all the*

respect in the community. Once circumcised and married a woman is now acceptable. "However, as indicated earlier, most of these beliefs have changed. One of the participants summed it all by saying the following, ***"things have changed, once our belief system changes even our actions have changed since we now accept even children born by uncircumcised girls/women"***.

4.17.3 Addressing pre-marital sex

In the first and in the second generation, female circumcision played a very important role of safeguarding community morals and values. Those who had engaged in premarital sex paid a defined fine at time of circumcision. This safeguarded the community morals and prepared young people for responsible adulthood. However the intensity of punishment has been reduced as the community's' perception of value on virginity diminished with each successive generation. Among those in the first generation aged 70 years and above, there was much deride and scorn heaped on any wayward girl. Respondents indicated that in the old days boys, girls marriageability highly depended on whether she was circumcised or not. The respondent reckons that, *"today even uncircumcised girls can be pregnant outside wedlock and eventually get married"* this has clearly indicated that the esteem that men held on the girl's circumcision status is no longer an issue while marrying.

4.17.4 Dowry payment

Traditionally, the dowry for a circumcised and uncircumcised girl was different with that of uncircumcised girls being less. Among the older generations, the parents of the circumcised girl dictated the amount of dowry to be paid whereas those of uncircumcised one could not. Currently the dowry in Meru North is not pegged on the circumcision status of the girl. The standardization of the dowry can be attributed to the high rate of inter-marriages and attempts by the church and other stakeholders in advocating for eradication of female circumcision. Most men, in the first and second generations stressed the economic implications of female circumcision. One of the men had the following to say, *"an uncircumcised is not socially sanctioned to marry or even bear children"*. Female circumcision was viewed as central in preparing a girl for marriage and entitling her family to receive large bride price. However, this believe has been overtaken by events since the standardization of dowry.

4.17.5 Myths and sexuality.

According to one of the Meru council of elders respondents; long time ago, the community believed uncircumcised girls were not marriageable, they could not even deliver healthy babies, and that the clitoris would smell all the time. Today the community members in Meru North have are enlightened and have seen many uncircumcised girls and women who are happily married and have given birth to healthy children without complications. One of the female circumcisers cum traditional birth attendant observed that the delivery exercise for uncircumcised girls is easier than that of the circumcised women. She was also quick enough to confirm the observations of the 'Njuuri Nceeke' elders that she has also seen uncircumcised women who are happily married contrary to earlier beliefs. In addition, even circumcised can smell if they do not observe personal basic hygiene.

All myths surrounding female circumcision have been demystified by 'modernization' as respondents in the 3rd and 4th generations indicated that they never heard such myths and could not believe in them. However recent studies have indicated that there are changes in attitudes, beliefs and practices in Meru north community contrary to the myths that were attached to the practice of female circumcision. Example is qualitative research by UNICEF/PATH indicate that families with higher levels of education, higher economic status and that are Christian, are more likely to have more positive attitudes towards abandoning the practice than their counterparts (UNICEF/PATH, 1998).

4.18 LINKAGE BETWEEN SOCIOLOGICAL THEORETICAL FRAMEWORK AND INTERGENERATIONAL SHIFTS IN PRACTICE AND PERCEPTION OF FEMALE CIRCUMCISION

As stated in the introduction to this chapter, sociological reasons are used to explain the above inter-generational shifts in the practice and perceptions on female circumcision in Meru North District. This section therefore seeks to advance a number of sociological theories for the above reason.

4.18.1 Intergenerational Shifts in Perception on Female Circumcision In Relation to

Theory of Reasoned Action

This study revealed that there are number of inter-generational shifts in perceptions on the practice of female circumcision in terms of preparations, rituals and the functions female circumcision played in the society. One of the Njuuri Nceeke elders had the following to say, *"But a few things have said nowadays in my village, most of the girls who are pressured into getting circumcised by their parents end up running away from home. It is not like our time when no girl remained uncircumcised."* The fact that most of these changes have been necessitated either due to individual reasoning after weighing the outcomes or due to peer pressure i.e. the way other people view the practice, the latter can best be explained by the theory of Reasoned Action.

The theory explains joint influence of attitudes, norms and perceived control in affecting behavioural intention as a motivating factoring behaviour process. For some people, their personal attitude will have a greater influence on their behaviour than perceived social pressure and other perceived vice versa.

This is very applicable to the parents and other individuals who pioneered to reject female circumcision in the community irrespective of the pressure from the peers and the community. This theory also explains the effects of the environment on the ability of individuals to make particular choices, but emphasizes on the important role of personal choice. Most of the factors necessitating change in peoples' perceptions on female circumcision in Meru North have occurred either due to people's own views or due to people wanting to behave in a certain manner. Among the areas that are clearly explained by this theory include the influence of media and other anti-female circumcision activists who form part of the social pressure, which is a major determinant of people attitude towards female circumcision. The impact of the alternative rite of passage and the modern Family life Educations imparted to girls makes them knowledgeable of the consequences of the female circumcision and this has assisted most of the girls and their parents especially those in the fourth generation in making informed choices to reject the practice. The female circumcisers who have abandoned the practice can be said to have done so by what the theory terms as social pressure which is defined as beliefs which individuals have about 'significant others' or reference groups

4.18.2 Conflict Theory In Relation To the Inter-Generational Shifts in Perceptions of Female Circumcision.

In the Conflict theory, Ralf Dahrendorf (1989) believed that conflict and dissension are nearly in every part of the society. He looked at change rather than equilibrium; conflict rather than order; how parts of the society can contribute to change rather than stability, and conflict and coercion rather than normative constraints. During the colonial period, the Europeans formed a strategy of eradicating female circumcision by discriminating the Africans who practiced female circumcision. The teachers who did not preach against the practice could not secure jobs in the missionary schools nor could the children of those parents who practiced female circumcision.

Missionaries thought that the eradication of female circumcision could bring a harmonious society that did not force girls to undergo through a painful process but in contrast, Africans resisted this and formed rebellious group which led to emergence of independent schools (Jomo Kenyatta, 1968). In Meru North in 1957, the idea of banning female circumcision by the Njuuri Nceke was not taken lightly as they had in their minds that this was away of preserving their cultural heritage. Therefore as much as Njuuri Nceke attempted to ban the practice, they caused more cultural conflict, which is clearly evident, through the "*Ngaitana*." age group in the community. The girls who were barred from being circumcised went ahead and circumcised themselves which to lead to an emergence of age group called "*Ngaitana*" meaning (self circumcising) (Lynn T. 1989).

Politics are part of the social systems that works with other social institutions for a harmonious society. The politics form the channel through which people express their views and how they would like to be represented. Female circumcision has been used as political tool especially in areas that are highly prevalent with female circumcision. Meru North has not been an exceptional. Immediately after independence it was quite clear that the then president supported female circumcision, as even legislation of the law outlawing the practice was not effected. After President Kenyatta's regime, president Moi banned the practice of which was effected by law. Legislators from the areas affected by the practice were reluctant to talk this to their people as they saw this as a way of demoralising voters who strongly believed in the practice.

As a result, there has been a tussle between the activists and legislators. The legislators are not and have not been in the forefront on the fight against female circumcision. The advocacy for eradication of female circumcision has brought antagonism against the practice and the activists and the community. Further the positive role models in the community who have rejected the practice are in conflicts with those who still value the practice. This has led to the role models being torn in between to abandon the practice or not. Women politicians have been demeaned in politics, as some people who come from the communities where female circumcision is practiced believe that a woman, should be circumcised so that she can talk in public. Uncircumcised women are therefore viewed as a lesser sex in the society who should not perform certain social roles simply because they are not circumcised. This brings a misinterpreted image of women in the society and it is from angle that it brings conflict in the society.

4.18.3 Cultural Interaction Theory In Relation to the Inter-Generational shifts in Practice and Perception of Female Circumcision.

The cultural Interaction theory is often used to explain simple societies. It states that when the members of two cultures interact, there is a tendency for cultural change to occur or an acceleration of cultural change to occur. Such interactions often lead in new forms of relationships. This theory stimulates thought on the causes of complex societies. It argues that the different parts and sections of the complex societies constitute separate sub-cultures which when they interact they stimulate change. The more complex a social system becomes, the greater the number of such parts it crates; therefore the more likely it is to provide sources for further change (Cohen: 1968:203).

In his essay Clifford Geertz (1973:4-5) the concept of culture is interpreted essentially semiotic and public as he captures the idea all the way from what he calls "the total way of life" to a precipitate of history through the social legacy, the way of thinking, feeling and believing, a group of people's abstraction behaviour and mechanism for the normative regulation of behaviour. Clifford highlights cultural integration, cultural conflict and cultural change. In Meru North District among the 1st and the 2nd generations, respondents stressed the importance of circumcision as central rite of passage into womanhood. It was the lasting symbol of their maturity and a mark of their worth and respect that encouraged majority of them to be circumcised. The bravely and self-control displayed by enduring the pain of the "operation" was seen as central to the transformation from childhood to

womanhood. By withstanding the pain of being cut, a woman demonstrated her maturity and endurance to bear pain of childbirth and hardships of married life.

Emergence of intermarriages with other tribes especially the ones who did not value female circumcision has contributed to the changing trends in the perception of female circumcision practice in Meru North. These bring in latent functions (Merton, 1968:117) in Meru North community whereby those who used to value the practice do not encourage their daughters to indulge themselves into the practice of female circumcision any more.

Modernization can largely be attributed to the dynamism of intergenerational shifts in perception in relation to female circumcision practice in the community's culture in general. Members of the Meru North community have moved in large numbers to urban areas to search for job opportunities. The children have also moved to far lands for schooling, which exposes them to a wide spectrum of other cultures. The element of reflexivity in dynamism means that most aspects of social activities and material relations with the nature are susceptible to chronic revision in the light of new information or knowledge (Giddens, 1980:144).

The change in social life has also made most of the people not to have in-depth meaning of such practices. Some attached the value of gifts in form of money and other valuables to make their daughters undergo female circumcision so that they can enjoy these privileges. However, among the fourth generations, this is not valued so much. A number of them indicated that they did not require to be circumcised so as to be bought new clothes or shoes. They therefore did not value the so-called gifts given during circumcision. Nkirote (not the actual name) aged 50 years one of the respondents said *"I... went to be circumcised due to the fact that I was assured of getting a pair of shoes, a dress, head scarf and other valuables"*. It is apparent then proponents of this traditional practice and many others should take into consideration factors of social change through borrowing and infusion of other cultures which may not necessarily advocate what we value.

4.18.4 Economic Theory In Relation To Medicalization of Female Circumcision.

The economic theory rests on assumption that changes in the economic "infra-structure" of society are the prime movers of social change. The theory asserts that economic changes

bring about other changes, which lie within economic interest. According to Hay and Sticher 1984, Boserup.1970; Van Allen, 1974, the development of media and post-colonial era has really dictated the life style of people. An elaborate example is the medicalization of the female circumcision, which is one of the areas where the shifts have really occurred. Findings from in-depth interviews, focus group discussions and case studies revealed that the practice of female circumcision is no longer the preserve of the traditional practitioner, but health providers within the institutions and/or in the community also carry out the operation. This study established health staff officers who include the nurses, Clinical officers, support staff, community health workers and retired medical staff performed female circumcision in the 'English and Kiswahili' style.

Responses from the respondents indicated that medicalization of female circumcision is due to the belief that circumcision administered by medical health staff is safe, and more professional since clean instruments and anaesthesia are used during the procedure to reduce pain and chances of getting any infections. As indicated in the literature review and the finding, girls are vaccinated against tetanus as part of the ritual. The demand for medicalized circumcision is bound to increase with the successful campaigns on the prevention of HIV/AIDs, which discourages sharing of the unsterilized instruments. This finding is consistent with past studies conducted by the PATH Kenya (1999) MYWO 1994 and FPAK (2002), which revealed that parents have turned to clinical officers and other health care providers to circumcise girls. Further, the Kenya Demographic health survey (KDHS) of 1998 showed a reducing trend in the proportion of the circumcision performed by the traditional circumcisers and an increased rate of circumcisions performed by the health care personnel occurring at the health facilities, while only 47% are performed at home. Another study by PATH and the Seventh Day Adventist in Kisii in 1996 showed that health workers than traditional circumcisers were providing circumcision services. There is therefore enormous evidence that FGC has increasingly been medicalized.

One of the parents who had her daughter circumcised by a health worker, *had the following to say, " There is no harm in the female circumcision practice since a health provider performs it.... We are promoting modern female circumcision which is modernised, hygienic and safer."* Those performing the practice whether at the clinic or at home admitted that it is done secretly and sometimes without the knowledge of the neighbours

or close relatives or friends. Parents negotiate with certain medical staff or traditional circumcisers to circumcise their daughters. The girls are taken to the clinics under the pretence that they are sick where they are circumcised. They are given appointments to go to the clinics for " medical check-up' which are specifically meant for nursing and dressing of the wound.

Health providers were said to be more preferred than traditional female circumcisers because they were said to be more knowledgeable of the risks involved. The parents thought that the health provider would take the necessary precautions so that the initiate is safely circumcised. As narrated by some of the girls in the third and fourth generations they were happy that the operation was not painful and that it took them shortest time to recover. To most initiate, it seemed that they were more anxious to get over with the operation as quick as possible so that they can get on with their normal life and work. This is very clear that most of the initiates among the third and fourth generations view female circumcision as an obligation and not something many of them would wish to go through.

4.19 Conclusion

The comparative analysis presented in this study clearly points to the future of female circumcision in Meru North District. The findings reveal that in general, There have been great Shifts in practice and perceptions all working to devalue the practice. The proportion of circumcised women in the younger age groups has been decreasing in Meru North District (FPAK, 1994; Njoroge, 1995). This could be interpreted to mean that the female circumcision is becoming unpopular among the younger generation. This is supported by incidences in Meru North district in 1995, where a number of girls refused to be circumcised after being sensitised on the dangers of the practice. The parents chased them from home but some were later accepted back and were not circumcised (FPAK, 1996). In depth interviews and focus group discussions shows that most of those aged 20-25 years (fourth generation) both men and women were opposed to female circumcision practice. This is perhaps positive news indicating that the Anti-FGM campaigns are bearing fruits.

It is important at this point to note that a number of things have remained unchanged over time. Firstly, a number of people and especially the older generations are still in

support of the practice. Majority still believe that female circumcision has a lot of value and should be encouraged rather be than discouraged. Another thing that has stood the test of time is the 'cut' it self. The actual 'cut' is continuing despite the modifications from infibulation to merely scratching of the clitoris.

CHAPTER FIVE

5.0 FACTORS THAT HAVE INFLUENCED INTERGENERATIONAL SHIFTS IN PRACTICES AND PERCEPTIONS ON FEMALE CIRCUMCISION IN MERU NORTH

Another objective of the study was to Identify factors that have contributed to the inter-generational shifts in practices and perceptions on female circumcision in meru north District. This chapter therefore discusses factors that have directly or indirectly influenced the inter-generational shifts in practices and perception on female circumcision in Meru North District.

5.1 POLITICAL FACTORS.

Changes in perception of the female circumcision practices started to occur as early as the colonial era when the missionary schools disallowed the practice (*Kenyatta, 1938*). Teachers could teach in the missionary schools only if they denounced the custom. During the colonial era, most people supported female circumcision as they thought it was a way of resisting the colonial rule. In 1957, the council of elders (Njuuri-Ncheke) in Meru district banned female circumcision. Although those it was supposed to protect largely defied the ban. (girls went ahead and circumcised themselves hence the emergence of an age group among the community called '*Ngaitana*' (self circumcised); female circumcision was encouraged by both men and women to continue in secret. *Kiragu,1997*), there were significant achievements as the colonial District Officers attempted to enforce the ban by prosecuting those who defied the law. The ban was a factor, which made the community members to start circumcising girls at tender age for fear of prosecution.

After independence, there were those who wanted to end the custom while others saw it as a threat to do away with a custom that they held dearly. President Moi on many occasions cautioned about the practice, for example, in 1989, the president declared a national wide ban of the practice while addressing university students in his constituency. In his speech, he asked communities who still circumcised girls to stop forthwith. Although these bans on female circumcision faced implementation handicaps, they have gone along way in effecting modifications on the practise.

5.2 ECONOMIC FACTOR

Another factors contributing to the intergenerational shifts on female circumcision is the urban-rural differential. Most of the professionals living in Nairobi who were interviewed indicated " town people can go their own way with less interference than in rural areas." The respondents indicated that parents do not worry so much about their daughters being regarded as different and believe there is less chance that potential husbands will turn them down or force them to be circumcised. This change in perception can be attributed to the interaction people have had with others from different communities and also inter-marriages with other community members outside Meru North district.

5.4 Media influence.

Both the print and the electronic media have been very instrumental in bringing female circumcision into the limelight. There has been many media coverage on the cases of forced circumcision and other related issues. Based on newspaper analysis, the debate about female circumcision has led to emergence of two groups. While one group supports the continuation of the practice on the grounds that, it is a good practice, the other group is against the practice on the grounds of its adverse health effects. This media coverage could have led to majority of the people in Meru North feeling ashamed of being associated with the practice. Others may have learnt the adverse health implications related to female circumcision through the print and electronic media thus completely abandoning the practice.

5.5 Advocacy groups

The responsibility of combating the practice currently rests with a number of NGOs and international organisations that are involved in advocacy campaigns on eradication of female circumcision. While some of these are involved in Education Information and communication (IEC) activities educating the community through the methods they can understand has made the anti-female messages to access most people in Meru North.

The linking of democratization process in Kenya during the multi-partism era created room for criticism of human rights violation unlike before when the environment was not very clear for such criticism. The above eradication efforts by the colonialists' government, NGOS and other activists have greatly attributed to the changes in the inter-generational

shifts on female circumcision. The pressure by the above has led to the community members to start practising female circumcision in secret leaving out other ceremonies associated with the practice for fear of being known.

Focus group discussion and case histories results reveal that the activities of the NGOs, churches and media have greatly influenced people's perceptions on the female circumcision practice. A number of families in the community have abandoned female circumcision because of the community's awareness on the consequences of the practice. Majority of the respondents from the four generations were in the favour of not performing female circumcision on their daughters. Many of the respondents cited health complications as reasons for stopping female circumcision. The HIV/AIDS concern has made many community members to rethink the value of circumcising girls. Many of the parents do not want to take unnecessary risks with their daughters and those still circumcising their daughters most have made the decision to cut their daughter in a way that cannot harm, which is basically through medicalized circumcision (FPAK 2001,MYWO 1991,FPAK 1991).

Recent efforts at the international level particularly by United Nations Agencies have successfully categorised female circumcision on women's health and human rights agenda. These groups see female circumcision as a health hazard and a form of violence against women. Female circumcision is a violation of women's rights as far as preservation of the body integrity is concerned. Female circumcision should therefore be seen as an issue that concerns women and men who believe in equality, dignity and fairness to all human beings, regardless of gender or ethnic identity.

5.6 MORDERNISATION.

Modernity Theory of Change In Relation To the Gradual Changes in perception on the practice Female Circumcision

Most of the factors associated with the changes in perception of female circumcision practice can be associated with the advent of modernity. Two aspects of this can be attributed to capitalism and industrialisation. When capitalism and industrialisation paved way in Kenya, they gave rise to a class structure that leaves the powerless at a point of desperation even for basic needs such as foods and shelter. Traditionally, people used to produce goods for subsistence use but with capitalism there has come the need for

producing goods in large masses to cater for the growing needs. Consequently, a majority of employed people do not have control over how much time they can take off from work to participate in cultural activities like female circumcision. Consequently cultural practices such as female circumcision and others have therefore ceased to be a priority.

Activists of this theory state that introduction of complex western technology produces not only economic changes but also other structural and cultural changes. People are now realising their own rights and they are becoming more assertive on the issues of female circumcision. A number of girls and women in Meru North have confirmed that they rejected female circumcision after being sensitised of the consequences of the practice. As a result of modernity, social relationships have shifted from traditional to bureaucratic and populations have become more urban (Bradshaw and Wallace, 1996:203).

In most communities in Kenya, Meru North included, there is pattern shift from relationships based on traditional binding to ones based on informed choices to abandon and reject the female circumcision practice. The female circumcisers who were among the key informants in the study, indicated that they have also drastically started to have different perceptions of the practice. A number of them no longer view the practice as an important rite of passage to adulthood any more. They view the practice as a source of income as most of the circumcisors indicated they cannot circumcise unless the total amount is paid in full since they are involving themselves in a risky business.

"Countries like Kenya, which was among the countries that, were colonized by European countries and for the case of Kenya it was under the rule of Britain. In turn these counties inherited their culture and had to heavily rely on them for any meaningful growth of its economy. Capitalism in Kenya makes people to have "own" traditions and beliefs. This leaves members with double standards as some strongly believe in the practice while others do not advocate for it completely. The practice of female circumcision has also been cited as one of the factor that retards development in relation to the girl—child education (UNICEF/PATH, 1998). A study by the UNICEF/PATH, 1998 showed those areas with high level of mother education, the prevalence of female circumcision was higher. Girls who are circumcised at early ages are prone to early marriages and school drop out which denies them a chance to become economically viable for stimulating growth of Meru North and

the country in general. They in turn become economically dependants to their husbands or families (UNICEF/PATH,1998).

5.7 Legislation.

The current move on legislation of female circumcision through the children's bill that prohibits circumcision for girls' below the age of 17 was enacted recently in the Kenyan parliament this is set to effect more changes on the practice. However this might not be the permanent solution as the practice is done underground and this makes hard to establish who is really practising.

In conclusion, the gains that have been made so far in eradicating female circumcision are tremendous and are attributed to the above-discussed factors. However, most of the impediments that are still facing eradication efforts today, emanate from the dual character nature of the same factors. This is due to the existing conflicts between those that are for and those against the practice of female circumcision.

5.8 WHY FEMALE CIRCUMCISION HAS CONTINUED DESPITE THE ABOVE FACTORS.

One of the objectives of this study was to estimate the extent to which conflicting inter-generational perceptions have contributed to the difficulties experienced in the eradication of female circumcision in Meru North District. In-depth interviews, case histories and focus group discussions elicited the following reasons as to why Meru people continue practising or supporting female circumcision.

There have been several attempts to eradicate female circumcision in the country, yet the practice has managed to elude legislation meant to eradicate it. This is evident from the attempts during colonial and postcolonial periods. Indeed, as early as 1880's Christian Missionaries and the British colonialists attempted to discourage the practice by adopting legislation outlawing it. However, such efforts proved to be counter productive. Kenyans resisted the eradication of the practice as part of their struggles for self-determination (Independence) and preservation of their cultural heritage. People started their own churches, which allowed the practice to be carried by followers (Kenyatta,1938).

5.8.1 Commercialisation of female circumcision

The study revealed that the practice has become more commercialised and 'money' is the main incentive for medical staff and traditional circumcisers to continue circumcising girls. Female circumcision has been reduced to an income generating activity in this community. One of the circumcisers had this to say, *"how can I refuse money when it as been brought to my doorstep?"*. Results on the amount of money charged per initiate indicated that the health workers charged between 1500-2000 shillings and the initiate are required to take their own razor blades, iodine and cotton wool. The process of female circumcision nowadays is being practiced underground for fear of being prosecuted. This makes the 'business' to carry a higher risk. The "surgeons" therefore charge very costly which attracts people who want to make money within a short time and to venture into the business as one of the respondent who started circumcising girls at the age of twenty-three years indicated that it was the only source of livelihood. Currently she is on a high demand as most of the female circumcisers have since abandoned the practice .she says, *"I need money to meet my basic needs and to educate my children."*

5.8.2 Fulfilling of Customs and Traditions

One of the major reasons advanced for practising female circumcision was that it fulfils customs and traditions expected by Meru people. This shows that female circumcision is a cultural practice that is deeply entrenched in the beliefs and lives of the people, especially among the older generations. Many of the explanations given in the focus group discussions and the case histories revealed that community members believed that without going through female circumcision, it is difficult for a woman to get married in the community. For many women, marriage was said to be a major opportunity for them to attain identity, status and pride. Most of the respondents supported the practice by justifying that it is the only ceremony that identifies a girl as a member of the Meru community. In particular, female circumcision was said to distinguish Meru North girls from her uncircumcised neighbours and other tribes. However as indicated earlier, the justification for practising female circumcision so as to enhance the marriageability status of the girls and women has now changed and has been over taken by events. There are many girls in the community who are uncircumcised and have been married. It is important for the community members to invest more on girl's education to enhance marriage opportunities for the girls as opposed to female circumcision.

Among the older generation female circumcision was undertaken preceding puberty to celebrate entry into womanhood. A circumcised girl or woman is said to be a mature, obedient and knows her roles in the family and society. Female circumcision was and is still valued because it is believed to control the sexual desires of the women, preserve virginity and make a faithful wife. Such explanations indicate that female circumcision is meant to control the girl and/woman desires before and after marriage.

Other responses revealed that health workers performed the practice, not just for the money, but due to community pressure-family or relatives demand assistance from them in respect to their cultural values and beliefs. Their complying with the community demands will ensure their respect and acceptance in the society for upholding Ameru customs and traditions.

5.8.3 Preservation of Personal Hygiene

Preservation of personal hygiene is another function that female circumcision is believed to serve among the Meru community. There are so many myths, belief and code of conduct that cause the whole community to view women's external genitalia specifically the clitoris as a source of bad smell and bad omen thus leading to its cutting (FPAK 1991, FPAK 1994, MYWO 1990, PATH 1992). To make sure that people conform to the practice, community members have put strong enforcement mechanisms that include rejection of women who have not undergone female circumcision, derogatory songs, forced circumcisions and instillation of fear of the unknown through curses and erection of ancestral wrath.

5.8.4 Social Status and Enhancing of Cohesion

Public recognition, social status and enhancing of communities' cohesion are other factors used to entrench the female circumcision practice among community members in Meru North district. Girls who undergo female circumcision are provided with rewards, public recognition, celebrations, respect and ability to participate in adult social functions. However, the above functions served by female circumcision can be said to have outlived their purposes. Girls can be recognised in the community without necessary undergoing female circumcision. Further, social cohesion in the community can be achieved through birthday, baptism, matrimonial, wedding and wedding anniversaries celebrations and not through female circumcision. In addition, girls can be recognised and accorded respect in

the community on the merits of educational achievements or other development contributions in the community.

5.8.5 Rite of Passage to Adulthood

Another function female circumcision practice is believed to serve is that circumcision symbolically was believed to mark the transition from childhood to adulthood. Women and men who support the practice stress the importance of female circumcision as a central part of the rite of passage to womanhood making the girls mature and worthy of respect. The bravely and self control displayed by initiate through enduring the pain of the operation is seen as central to the transition from childhood to womanhood. By withstanding the pain of being cut, a woman is said to demonstrate her maturity and readiness to endure the pain of childbirth and hardship of married life. To date many members of the community still view those that are not circumcised as immature. This has perpetuated female circumcision as many girls try to prove their maturity by undergoing the 'cut'. One of the contradictions in the purpose female circumcision is said to serve is the relevant of the pain borne by a girl circumcised at age 10 or 8 years who will give birth later may be at age of 22. One wonders how this pain was said to constitute experience in preparing a woman for her roles as future wife and mother, which is seen as the central role in Meru North community. With the changing perceptions where female circumcision has been medicalized one can strongly argue that this function of female circumcision has lost its meaning and cannot be strongly used to advocate for the continuation of female circumcision.

CHAPTER SIX

6.0 Summary of findings, conclusions and RECOMMENDATIONS

One of the study objectives is to provide suggestions for policy makers and programme implementers on the way forward. This study finding showed that there have been numerous inter-generational shifts on female circumcision practice in Meru North district over time. Majority of participants could not exactly confirm the time period when the change has taken place.

The intergenerational analysis in this study reveals significant changes in practice and perception on female circumcision in this community. The 'cut' has reduced from infibulation in the first and second generations (here in classified as those with 70 years and above and those between 50-69 years) to a lesser 'cut' where the clitoris is only scratched in the last two generations. Some respondents pointed out that nowadays, the health practitioners who are practising female circumcision either make a small incision in the clitoris or prick and some even bandage to facilitate quicker healing. The study confirmed that medical personnel are replacing traditional circumcisers in their as 'socially accepted circumcisers'. Traditional circumcisers have lost the value and esteem they used to command.

The study clearly unveils the glorification of the practise in the first and the second generations. The cerebations marking the onset of the initiation period both before and after the actual 'cut' are clear indications of how the practise was held noble. Notably in these two generations, female circumcision was a community affair and thus involved all members of the society. Significant departure however, is evident in the third and fourth generations. The practice is a silent affair practised in the 'dark' and with no involvement of men. This change has affected the age at which girls used to undergo the 'cut' in earlier generations (i.e. before marriage). Today girls are being circumcised at tender ages, this study and others PATH 1991, FPAK 1991, MYWO 1991, confirmed that girls are circumcised as early as six to seven years, during different periods of the year with no specific set time to avoid detection by the authorities. Some community members however, have openly made up their minds not to circumcise their daughters. These families are serving as role models and positive deviants in the community.

From the findings obtained during this study, it is clear that there was consensus among all the respondents that the practice had immense value in olden days. This has faded with time as less celebrations and rituals are observed. Some of the functions female circumcision was deemed to perform included; preparing the girl for marriage, eliminating immorality from the society, preservation of personal hygiene, to mention but a few. Most respondents in the last generation (20-25 years), felt that many of the functions the practice was said to play have outlived their purposes and that majority of them are myths.

A number of factors are accredited to the inter-generational shifts in the practice and perceptions on female circumcision; the most outstanding ones are sociological in nature. For instance opposition to the practice by members of the same community e.g. the ban of the practice by Njuuri Ncheke in 1957 had great effect on the practice. The media has played a crucial role in campaigning against the practice; this has led to attitude change, demystification of myths and sexuality associated with the practice e.t.c. Advocacy groups, legislations against the practice and modernisation have also played a key role in influencing changes that have occurred within the practice.

There was agreement among all the respondents that the practice is losing meaning and becoming unpopular among the younger generations. One can strongly deduce that the community seems to appreciate the health consequences of the practice. However, opinions were split among the older and the younger generations on whether or not the practice should be eradicated altogether. While most of those in older generations feel community morals will collapse if the practice is done away with, most of those in younger generations feel that the practice is outdated and should completely be dealt away with. These divergent views have made the practice to continue with those supporting the practice maintaining the ritual by forcing those under their authority into it.

6.1 Way Forward / Recommendations

One of the objectives for this study was to give recommendations for policy makers and programme implementers on strategies to advocate for eradication of female circumcision. This section will therefore focus on recommendations for programme implementers and policy makers.

1. Religious institutions

Religious leaders being key community gatekeepers and opinion leaders should openly speak against the unnecessary pain inflicted on girls during female circumcision. They should emphasise perfect-Ness of God's creation as described in both the Bible and Koran. Eradication of the practice of female circumcision needs more active involvement of all religious groups than seem to be happening at the moment. This requires that true facts concerning the female circumcision are availed to all church members beginning with bishops, church councils and full time pastoral workers right down to the youngest members of the church. The religious groups should be used as the organs of training so that they educate other members of the church more on the facts of female circumcision.

2. Community Education

The enactment of the Children's Act is a step forward to support female circumcision eradication efforts. The Children's Act represents a serious and formal expression of public disapproval of the practice, and offers government's official sanctions on the practice. However, the Legal action should be combined with community based health education and action for its effectiveness. This is because it's enactment in the absence of health education will be insufficient and an inappropriate strategy. Communities should be educated on medical implications of the practice so that there is less defiance to law prohibiting female circumcision.

3. Media

Media has been a powerful agent of change and tool for raising awareness of all possible areas of concern. Efficient and intensive utilisation of newspapers, radios, televisions, books and magazines as avenues of disseminating the anti-female circumcision message will hasten anti -female circumcision campaigns. Implementers need to develop strategies to make positive use of media as an advocacy campaign.

4. Social-Cultural Factor

Female circumcision is closely interwoven with social-cultural and political factors and efforts to address it should take that into consideration. While the practice results in multiple and sometimes-severe health complications, it is not a disease and has no other

cure rather than changing peoples attitudes and behaviour. The cultural and social contexts in communities where female circumcision is practised are important factors in explaining its persistence. For example, the strongest factor or influence is the sheer force of tradition and culture, often without a true understanding of the rationale behind it. A more specific factor motivating parents and the girls to sustain the practice is the 'marriageability' element. In societies where female circumcision is widely practised, girls are not respected or considered eligible for marriage unless they have undergone the 'operation'. Traditional beliefs about cleanliness, chastity, fidelity and spiritual practices also influence families to submit their girl to the practice. Advocates of female circumcision eradication need to take the social-cultural factor into consideration.

5. Focus on Female Circumcisers

The continued campaign against female circumcision has led to the emergence of two groups; one consist of those who support the practice as a good practice while the other consist of those who don't support it on the grounds of its adverse health effects. Those who still support the practice have turned health care facilities and qualified health practitioners to have their girls get circumcised. Medicalization of female circumcision has severely worked against efforts to eradicate the practice. This raises some concern because campaigns are still being focused to traditional female practitioners, who were earlier referred to as circumcisers as in the first generation. There is also need to train the traditional female circumcisers on the healthy medical practices and the need to also persuade them to abandon their profession, need for alternative means of earning income. This will help to get them accepted as productive and respected members of the community. Counselling them would make them understand the reason why they should abandon the practice. For those who defy the counselling, they should be made to know that the practice is criminal for which they can be arrested and jailed.

There is also a need to clearly define and address female circumcision, as a human right issue that violates a person's bodily integrity and respect. This study recommends proper response to issues related to societal obligations and community pressure. There is also need to integrate all local stakeholders in the ant-female circumcision advocacy campaigns and activities.

6. Involvement of Stakeholders

Female circumcision being culturally embedded in the people's culture, the anti-female circumcision programme implementers must include the involvement of all stakeholders at the community level in the design, implementation and evaluation of programmes. Discontinuation or eradication of female circumcision is largely a matter of social, rather than individual change, thus outsiders and policymakers must address it primarily by the communities where it is practiced, rather than from 'outsiders' perspective. Traditional societies have always had mechanisms for thinking about, discussing and resolving matters of importance in a community context. This same mechanism can be used to advocate for eradication of female circumcision by tapping local potential and building on the positive community values that underpin the female circumcision while working with the community members to eradicate the practice.

7. Focus on Behaviour Change Approaches

To accomplish behaviour change so as to eradicate female circumcision, programme implementers and policy makers need to tailor their approaches and strategies to specific audiences. This will require a variety of programme approaches implemented in a strategic fashion. For example, focusing on the youth as key change agents and potential victims would be an appropriate strategy.

8. Men Involvement and Participation

Whereas female circumcision has been viewed by some people as a women affair, it is evident that men were actively involved in the female circumcision among the older generations. Men have a significant role as decision-makers in the family and are in a position to influence the dis-continuation of female circumcision. Studies by MYWO (1991), FPAK (1994), have revealed that men and boys are willing to participate actively in eradication of female circumcision. There is need for NGOs and lobby groups to actively and intensively involve men in all anti-female circumcision. For any important issues that touch deep into the roots of culture to succeed, men as leaders of the community must support it. In Meru north "*Njuuri Nceeki*" the council of elders should fully support anti-female circumcision campaign in their capacities as husbands, fathers and leaders in the family and community.

9. **Recommendation for further research.**

This is an important area that requires further research. Currently there is no data provided for the morbidity and mortality due to the practice of female circumcision. This makes the issue to be under looked by those who practice female circumcision and thus it is not a satisfactory advocacy tool. It was also noticeable that the practice was being done underground and people could not differentiate who is doing it or not. A strategy needs to be put in place on this. Calamities that have befallen individuals who practice female circumcision ought to be lesson enough fall of the community. Death cases reported from the practice of female circumcision should be used as a data to emphasise the ill effects of the practice. This would make the practice be deemed as a major risk, which it is in the lives of people of Meru North.

Since financial and time constraints did not allow for a national wide survey, the researcher recommends one which will capture the views of a wider spectrum of the communities practising female circumcision in Kenya. The researcher recognizes that findings of this study are limited because of its descriptive nature and the fact that it was based only on two sub-locations in Meru North. A more vigorous study on the morbid and mortality related to female circumcision is recommended. This would be used as evidence to convince community members on the need to abandon the practice.

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APPENDIX I

FOCUS GROUP DISCUSSION GUIDE

FEMALE CIRCUMCISION IN MERU NORTH DISTRICT: A FOCUS ON INTER-GENERATIONAL SHIFTS IN PRACTICES AND PERCEPTIONS.

1. Why is female circumcision practiced in this district?
2. Are the reasons (outlined above) the same as those advanced in old days? (1940s, 1950s, 1960's, 1980s, and 2000s)
3. What is the difference between the reasons advanced in favour of female circumcision in 1950s and those advanced in 2002.
4. What rituals are performed in preparation of female circumcision?
5. Were the same rituals being practiced in 1940s, 1950s, 1960s, 1980s, 1990s and 2000s?
6. If not what has changed in this rituals?
7. What was/is the meaning of each step of the ritual you have outlined above?
8. Who were/are involved in FEMALE CIRCUMCISION initiation process?
9. What is the role and significance of each individual involved the initiation process?
10. Are the same people involved in the initiation process in the earlier years the same as those involved today? If No, what has changed? What has facilitated the change?
11. How is/was the community involved in the whole FEMALE CIRCUMCISION process?
12. What was/is expected of the girl's parents/relatives in preparation of their daughters circumcision?
13. What was done in the past in preparation for girls initiation process and is not being done today?
14. How was the girl prepared two weeks /two days before circumcision? Is it still being done today?
15. What was the significance of these preparations?
16. Why do you think the same is not being done currently?
17. How was the caretaker of the girl identified? What was their role?
18. What changes are there in identification of the care-takers nowadays?
19. How were/are the circumcisers chosen?
20. What qualities were considered in identifying the female circumciser?
21. What is considered today in identifying the female circumciser?

22. What are /were circumcisers paid?
23. What are the changes in the payment of female circumscisor? What do you think has caused these changes?
24. How is female circumcision practiced here in Meru North?
25. Has there been any change in the way girls are circumcised?
26. What is the difference between the style of female circumcision being practiced now and in the past?
27. what has caused these changes?