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An Analysis of Capacities for the Practice of Female Circumcision among the Embu, Kisii and Somali Communities in Kenya

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Abstract
The aim of this paper is to identify and discuss the capacities available for communities that still practice female circumcision can be persuaded to stop the rite of passage. This is based on a comparative study of female circumcision (FC) among the Embu, Kisii and Somali societies of Kenya. The study was both exploratory and explanatory in nature. The study adopted both quantitative and qualitative approaches for data collection. Comparative data was collected from women and men in three Districts, i.e. among the Kisii, the Aembu and Somali of Kenya. A total sample of 369 women was selected through purposive sampling. To complement the survey data, Focus Group Discussions (FGDS), in-depth interviews and case studies were also conducted. The study established that individuals become defensive when they feel their culture and personal identities are under attack. The fear of losing the psychological, moral and material benefits of "belonging" is one of the greatest motivators of conformity with the practice of FC. Arising from these findings, it is recommended that in order to promote balanced development in the embracing policy all country, an integrated and all embracing policy approach to the abandonment of the practice of FC should be incorporated into mainstream government work. Further, there is need for research on the existing legal, policy and institutional frameworks related to the abandonment of the practice of the female circumcision. There is also a need for broad-based education on FC, including issues of women's human rights.
Keywords: Analysis, Capacities, Communities, Persuaded, Abandon, Practice, Female Circumcision, Kenya

1. Introduction

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

1.1 Capacities of Recipient Societies to be persuaded

1.1.1 Acceptance of Persuasion Message

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

The Egypt country office of the Center for Development and Population Activities (CEDPA) has developed an effective model for community level female circumcision abandonment programmes based on community education, advocacy with local leaders, formation of teams of anti-female circumcision activists and home visits to parents of at risk girls. These interventions have led to more open community discussions about female circumcision and greater opposition to the practice. One of the strategies that have been found successful in Egypt by the CEDPA is the positive deviance approach (PDA). This strategy tries to understand the factors that enable some families not to practice female circumcision on their daughters. It focuses on the individuals who have deviated from conventional societal expectations and explored, though perhaps not openly successful, alternatives to cultural norms, beliefs or perceptions in their communities (Sternin *et al*., 1997).

Further, In Egypt, there are some signs of change in attitudes. A 1999 nationally representative survey of 1,500 Egyptian adolescents (1,200 girls and 300 boys) indicated that young Egyptian women were at least 10 per cent less likely to undergo female circumcision than were their mothers. This survey was part of a large research programme on adolescence called 'The 1997 Adolescence and Social Change in Egypt Survey'. It estimated circumcision rates across the entire population of single adolescent girls as opposed to only ever-married women (Egypt Demographic and Health Survey [EDHS], 1995). The survey reported that girls with more highly educated mothers were less likely to be circumcised – 34 per cent less likely with mothers who had been to vocational school and 64 per cent less likely with mothers who had a secondary education or higher (Omaima *et al*., 1999). These results were further supported by findings from the EDHS (1995) which showed a 6 per cent point decline in the proportion of women with daughters who reported that they had a daughter who had already been circumcised or who planned to have a daughter circumcised – from 87 per cent in 1995 to 81 per cent in 2000.

According to the World Health Organization (WHO) (1999), positive results were also found in villagers with Muslim majorities but these villages have not yet matched the success of villages such as Al Tayeba and Deir El Bersha. Study findings from the villages of Al Taveba and Deir El Bersha indicate that the

decrease in circumcision prevalence is attributed to the fact that one or more individuals in the household were involved in development activities; the husband was working outside of the country and the wife was head of the household, and various Christian churches in the community had all spoken out against the practice. The Coptic Evangelical Organization for Social Services (CEOSS) programme divides the community according to the number of leaders available, with each assuming responsibility for a defined geographic area. Each leader develops an annual work plan and monitors about 10 girls every year using specially designed monitoring charts. If, according to the monitoring chart, a girl reaches the age of 13 and remains uncircumcised, she is viewed as out of risk and a successful case.

The WHO (1999) review found that the CEOSS had succeeded in reducing the rate of female circumcision in eight of 22 communities in Minya Governorate; the female circumcision abandonment rate was more than 70 per cent in these eight villages. These positive changes occurred over seven years. Several factors contributed to the project's effectiveness: a focus on young girls who were most at risk of female circumcision; the use of clear and positive information regarding female circumcision abandonment, and support from local community leaders which contributed to sustainability. Efforts are underway to assess the longer-term sustainability of the effort.

The Egypt Demographic and Health Survey (EDHS) (2000) indicates that 97 per cent of women in the country has been circumcised. This means that no change has been recorded since the 1995 EDHS. According to the survey, women who were younger, lived in urban areas, and had secondary or higher education were less likely to have or to consider having their daughters circumcised than their older, rural, and less educated counterparts. These findings are consistent with those of the 1995 EDHS. According to the EDHS (2000), the trend towards greater medicalization of the practice has also persisted. In 2000, trained medical personnel performed slightly more than 60 per cent of circumcisions, and traditional birth attendants performed the majority of the remaining circumcisions. Attitudes regarding the practice, however, appear to be changing. In the year 2000, 81 per cent of women with daughters reported that they had a daughter who was already circumcised or they planned to have a daughter circumcised. This represents a slight decline from 1995 when 87 per cent of women with daughters said that they had or planned to have a daughter circumcised.

In the 2000 survey, attitudinal differences by residence and education were striking. Urban and more educated women were less likely than other women to believe that circumcision traditions important aspect of men preferred wives religious to be was an or that circumcised. For instance, in the urban governorates, about four in 10 women agreed with the statement that “husbands preferred wives to be circumcised”. This compared with eight in 10 women in rural Upper Egypt who agreed with this statement. The study by Omaima *et al*. (1999) in Egypt has also found that community-based NGOs consult with family and community members such as tribal and religious leaders to create corning of age celebrations that exclude cutting of the clitoris but embrace other aspects of female circumcision, including seclusion, information sharing and celebration. Some view the ceremonies as a public declaration of abandoning female circumcision.

The Maendeleo Ya Wanawake Organization (MYWO) in Kenya was formed in 1952 with the objective of improving the living standards of families and communities. MYWO has used the alternative coming of age program to encourage female circumcision abandonment in seven of Kenya's 63 districts. The first alternative rites of passage programme *“Ntanire Na Mugambo”* (‘circumcision by words’ in the Kimeru language) was developed by PATH AND SIDA and took place in Meru, Kenya (PATH/SIDA, 1996). The programme collects the traditional wisdom imparted to girls when they are circumcised, adapts these messages to encourage positive female traditional values without physical circumcision and includes a five-day seclusion period to teach girls adult values and behavior. This culminates in a one-day, coming-of-age ceremony that includes feasting, gift giving, and the presentation of graduation certificates.

Alternative rites of passage are gaining community acceptance and are endorsed both by community elders and the Kenya Medical Association. The “circumcision with words” ceremony has grown rapidly, beginning with only 12 families and growing to 200 families in three divisions in the district after one year. According to PATH/SIDA (1996), none of the girls who participated in alternative ceremonies has been circumcised, they and their families are a core group strongly motivated to recruit others.

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

- Using community seminars and workshops for target groups within the community, including elders.
- Selecting and training adolescents to serve as peer educators for fellow students in school and at home during the holidays.
- Training traditional birth attendants and health workers in basic maternal and child health, family

planning and delivery skills, effects of female circumcision and the negative.

- Establishing a district cultural day designed to celebrate cultural values and dispel taboos and harmful practices.

The project successfully involves community leaders in the decision-making process and in the design and implementation of the project. It addresses the basic reproductive health needs of the community while also targeting abandonment of female circumcision. The project draws on close collaboration with many different partners from international donor agencies (e.g. the International Planned Parenthood Federation and the Norwegian Agency for Development) and in-country organizations (e.g. Family Planning Association of Uganda). Finally, it uses a culturally sensitive and "persuasive" approach to female circumcision rather than 2 more condemnatory one.

Since its inception in 1996, the REACH project has had a positive impact on the Kapchorwa community. According to statistics compiled by REACH staff, the percentage of girls and women who have been circumcised has decreased by 36 per cent in two years. For example, 544 girls and women were circumcised in 1996, compared with 854 girls and women in 1994 (REACH, 1995). Other favourable results have been greater dialogue on the subject of female circumcision and reproductive health can increase in the number of adolescents involved in creating awareness on the harmful effects of female circumcision, and a greater demand for awareness-raising seminars about female circumcision and its associated effects. The Sabiny Elders were awarded UNFPA's population Award in 1998 for their role in the REACH project.

The Foundation for Research on Women's Health, Productivity and the Environment (BAFROW) estimates that six out of eight ethnic groups in the Gambia practice female circumcision and that over 70 per cent of the country's girls and women have undergone either clitoridectomy or excision. The age at which girls and young women are circumcised varies from about five to 18 years of age (BAFROW, 1997). In 1999 (BAFROW) reported that of the 101 circumcisers identified in three administrative divisions of the Gambia, 30 had recently practice. In the Nimamina District specifically, BAFROW found that, in 1997, only 12 girls were circumcised compared to 92 girls in 1996. Similarly, in the Fulladn District, baseline studies showed that 190 girls were circumcised in 1997 compared to 412 girls circumcised in 1996. In order to achieve the foregoing, BAFROW designed a holistic intervention strategy that took into account the interests and aspirations of all stakeholders. BAFROW worked closely with local communities to design a rite of passage ceremony that emphasized the important aspects of Gambian culture while doing away with circumcision.

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

This strategy has been applied through the TOSTAN programme and it has been successful in persuading women and other community members to make a public declaration to end the practice of female circumcision. The public declaration appears to have been pivotal in causing rapid and universal abandonment of female circumcision in various villages in Senegal. Once enough families pledge to end female circumcision they are vested with keeping their pledge and convincing others to oppose the practice. At the end of the programme in 1999 TOSTAN reported that 105 villages representing approximately 80,000 people pledged to end female circumcision in their communities.

From a policy point of view, President Diouf also commended them and called upon other villages to follow the lead. The TOSTAN strategy is modelled after a successful strategy to end foot binding (the act of wrapping a young girl's foot to push the heel and toe together) (Mackie, 2000). This cultural practice like female circumcision had existed for thousands of years and was required for a proper marriage, for the virtue of the women, and for the honour of the family.

In Guinea in 2000, the German Technical Assistance (GTZ) and other partner organizations working on FC found out that different generations were "worlds apart" in their world view on various issues including FC. They designed an intergenerational dialogue program whose aim was to promote understanding within different using the local languages and facilities (GTZ, 2000). Both the old and young were trained to understand that there was value in understanding and harmonizing the views of each other. Other lessons learnt from the program have emphasized the need for more open communication to minimize in order differences and conflict. In 2003 a qualitative survey of 40 families of workshop participants and 40 control families in the Faranah region (upper Guinea) was conducted to find out whether the relationship between generations had changed in relation to issues such as FC, HIV /A1DS and sexuality. Findings showed that the families of workshop

participants reported more intergenerational communication. This was characterized by a mutual interest in, and openness towards the problems and needs of other family members (Sexual Health Exchange, 2004).

1.2 Problem Statement

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

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

This study was located within a spectrum of prevailing, generalized but also focused efforts to persuade societies to abandon FC, on the one hand, and the resultant defiance as evidenced by the persistence of FC, on the other. Despite laws proscribing the practice, FC has endured as a traditional practice, difficult to overcome at the local level, with deeply held cultural and sometimes political overtones. For instance, prohibition of FC among societies in Kenya significantly strengthened resistance to British colonial rule in the 1950s and increased support for the Mau Mau guerrilla movement (Thomas, 1997). During that period, the practice of FC became even more common, as it was seen as form of resistance towards colonial rule.

Notably, the practice of FC continues in several communities in Kenya, in spite of the proven medical complications, coupled with the systematic bans by the church and the state. This knowledge gap on the reasons accounting for the persistence of the practice clearly indicates a social problem for this study, warranting an in-depth investigation and understanding of the socio-cultural contexts within which societies practicing FC, such as the Kisii, the Somali and the Aembu of Kenya, rationalize its practice and persistence.

In order to clearly isolate factors leading to failed attempts by stakeholders to persuade communities to abandon the practice of FC, the study approached the analysis from the social context and contextualization that gives form to the interpretations and study themes of persuasion and persistence, with FC as the unit of analysis. By comparing three different ethnic groups, variations and similarities within the ethos of social groupings was examined in juxtaposition to each other. This means that whereas past efforts to study the persistence of FC have dwelt on generalizations regarding sexuality, social and cultural norms and values related to FC, the study on which this paper is based presents each ethnic group in specific but relative terms.

A critical analysis of prevailing persuasion strategies was attempted, with a view to assessing the absorbability of given approaches by the target communities, within a framework of cultural relativism. Within the pre-suggested theory of cultural relativity, the study strived not to approach the subject of FC from contemporary Western feminist popular discourse that largely demonizes the practice. Instead, it sought to properly understand FC as a socio-cultural phenomenon.

1.3 Limitations of the Study

Notwithstanding the timeliness of the study, a number of limitations were envisioned from the very beginning. The study was designed to contribute to the better understanding of the reasons for the persistence of practice of female circumcision. However, it was limited exploratory and explanatory analysis because of the practice of female circumcision and suspicion with which inquiries on issues touching on sexuality are treated. Possible limitations of this kind of study were acknowledged. Further, the study had limitations because the results obtained could run into the problem of generalization for the entire country because of the need to contextualize the unique differences in each locality. In Garissa District, for example, security at the time of study limited the geographic scope of the study sites that could safely be visited.

The abandonment efforts directed at practicing societies have largely been seen as Western and feminist, a fact which further led to the suspicion by practicing societies. In discussions on the issue of female circumcision, it was noted that some thought it was too private to be made public. Although the issue is constantly in the international domain as a health and human rights issue people are not always willing information about their personal experiences. It was anticipated that this could greatly hamper the data collection

exercise. Exact statistics on prevalence and persistence of the practice in Kenya are difficult to obtain particularly because of the private nature of the practice and the taboos associated with the practice. Lack of a strong database became an impediment to the study process.

2. Materials and Methods

The research was carried out in sites drawn from three administrative districts in Kenya, namely in Embu, Kisii and Garissa. These sites were purposively selected. The selection of the study sites was influenced by the reported high prevalence of FC in the three Districts. Secondly, the choice was motivated by the need to include respondents who had already experienced FC among the units of observation.

Kisii Central District is one of the twelve districts in Nyanza province. It shares a common border with Nyamira to the East, Transmara District to the south, Migori District to the Southwest, Rachuonyo District to the North and Gucha district to the South West. The District covers an area of about 648.9km^2. As regards Gusii initiation rites, one could not/cannot be regarded as a fully socialized and up person until she/he underwent/undergoes circumcision which was/is meant to confer on her/him full membership in the Gusii community. After circumcision each or boy was/is conferred onto her/him Gusii franchise its powers, duties, privileges and responsibilities (The Kisii District Socio-cultural Profile, 1986). Being uncircumcised meant/means that the individual is forever a marked person who remained/remains an ostracized and despised person who cannot marry or be married.

Garissa District is one of the four districts in North Eastern Province. It borders Isiolo to the Northwest, Wajir to the North, Republic of Somalia to the East, Tana River District to the West and Ijara District to the South. The District covers an area of 33,620 km^2. In terms of the socio-cultural arrangement amongst the Somali, the society is patriarchal and the man is all important. Circumcision for both men and women is an important pre-requisite for marriage. Some of the people even believe that female circumcision is required by Islam. Therefore, every girl who hopes to get married must be circumcised. As regards social organization in Garissa District, there are 256 women groups, 176 youth groups, 146 self help groups and 99 welfare organizations (The Garissa District Development Plan, 1997-2001).

Embu district is one of the thirteen districts which make up the Eastern Province. It borders Mbeere District to the South-east, Kirinyaga District to the West and Tharaka District to the North. It occupies a total of 729.4 km^2. As regards socio-cultural education and training (including female circumcision) the Aembu believe in socializing their young in the ways of their ancestors. The economic systems of the Aembu are passed down from generation to generation through traditional modes of education. However, some of this has been lost due to the effects of urbanization and formal education.

The traditional education was supposed to mould the character of the young, including inculcating moral values and principles. This traditional education was a life-long process and it was imparted by the older members of both genders. Amongst the traditional Aembu one could not be as a fully socialized and grown up person until he/she underwent circumcision rite. The state of being uncircumcised meant that one would always remain a child. Today, however, a lot of parents have chosen not to circumcise their children while others have continued to operate in the traditional mode (The Embu District Development Plan 2002-2008).

The various categories of respondents for the study included key informants, survey respondents, focus group discussants, in-depth interviewees and case studies. Sampling for qualitative data collection was based on purposeful strategies instead of methodological rules as required in quantitative inquiry. The key informants category of respondents comprised information-rich community-based gatekeepers. The selection of these individuals was made possible by using the provincial administrators and social development officers who then introduced the author to key informants. This enabled the author to relate to the community gatekeepers and establish rapport with them. The author was honest about who she was and the nature of the study she was proposing to undertake.

A total of 75 women groups were identified in Kisii. The author compiled a list of members who volunteered in the study which served as a sampling this stage. Through simple random sampling, 120 participants were selected. The same process was repeated for Garissa. In Garissa, a total of 129 respondents was obtained from three locations (Jarajila, Bura and Central).

The process for Kisii and Garissa was repeated in Embu District. A total of 89 women groups were identified in Embu. A sample of 120 respondents was selected from three locations namely Mbeti North, Kagaari South Gaturi South. These locations were purposely selected on the basis of their suitability regarding the high prevalence of the practice of female circumcision. Three other categories of respondents, namely focus group (one in Garissa District and three in Embu District) were drawn from those from those who were not included in the survey. In-depth interviewees were also drawn from information-rich cases identified during Focus Group Discussions and also during the survey.

The study used two types of data: primary and secondary data. This data was collected in the year 2000. It took the author two months to conduct research in each study site. The author elicited the assistance of

three research assistants in each of the study sites. The criteria for the selection of the research assistants included: their interest in the subject matter, their high levels of motivation, their ability to understand the local dialect and gender considerations because of the subject matter. The author took the research assistants through a rigorous process of training, explaining the purpose of the research as motivated by purposes of national development.

The data analysis process started with organizing the information from field in computer-readable form using the Statistical Package for Social Scientists (SPSS). This was followed by five steps: coding, editing, cleaning and data modification. The analysis of the study findings was limited to descriptive statistics and the nature of the subject matter. Responses were grouped into frequency distribution tables and with the aim of summarizing the data and making intelligible.

3. Results and Discussion

3.1 Capacities of Communities to Practice FC

3.1.1Support for FC

Asked to state whether or not they supported FC, 53 per cent of the respondents interviewed indicated that they supported the practice while the other 47 per cent said they did not. An assessment of the various levels of support for FC among the respondents in the districts studied showed that 60 per cent of the respondents in Kisii District supported the practice while 42 and 57 per cent of the respondents from Embu and Garissa Districts respectively supported it, as shown in Table 1.

Table 1: Percentage of Respondents Who Support Fe by district

Variable	**Kisii**		**Embu**		**Garissa**		**Total**	
FC upport	No	%	No.	%	No.	%	**No.**	**%**
Yes	72	60	50	42	74	57	**196**	**53.1**
No	48	40	70	58	55	43	**173**	**46.9**
Total	**120**	**100%**	**120**	**100%**	**129**	**100%**	**369**	**100.0**

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

Of the 173 respondents who did not support FC, 40 per cent of them said that they did not support the practice because of the health problems associated with it, while 38 per cent said that FC did not play any significant role in the female body. Other notable reasons given were that it reduces sexual enjoyment and damages the body (15 per cent) and that it is part of the old culture, which is against modern society (7 per cent). Of those who did not support FC because of the health problems associated with the practice, 45 per cent were from Embu, 44 per cent from Garissa and 11 per cent from Kisii District. On the other hand, of those who termed the practice as unimportant, 75 per cent were from Embu District.

3.1.2 Reasons for Getting Circumcised

Based on 94 per cent of the respondents studied, female circumcision is practiced in the communities in order to fulfil cultural requirement. Other reasons for which women get circumcised included: avoiding family shame (75 per cent), maintenance of virginity (50 per cent), and getting a husband (45 per cent). Table 2 has details on the reasons accounting for women's decisions to get circumcised. Analysis by district revealed that 98 per cent, 93 per cent and 89 per cent of the respondents in Embu, Kisii and Garissa Districts respectively felt that FC was performed as a cultural requirement. Other than fulfilling a cultural requirement, FC is also practiced in Kisii District in order to avoid family shame, according to 93 per cent of the respondents. The study revealed that getting a husband is the second reason for FC practice in Embu District; this reason was supported by 83 per cent, of the respondents from the District. Respondents in Garissa and Kisii Districts considered the reason as less important.

Table 2: Reasons for Circumcision

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

Respondents were further asked to name the specific reasons FC was important in the past. Whereas 20 per cent

the respondents said that it was important because they were recognized as adults after circumcision, 19 per cent said that it was important because they wanted to get husbands or to attract dowry. Table 3 presents more details of the respondents' answers. Based on the findings, other important explanations included 'conform to culture' (30.1 per cent) 'earn respect' (11.1 per cent) and 'reduce sexuality' (9.5 per cent). Further analysis by district revealed that in Kisii, 31 per cent of the respondents believed that it was important because it was conformation to culture while 24 per cent of the respondents said it was important in order to get husbands or attract dowry. In Embu, 33 per cent of the respondents indicated that FC was important because it showed their conformity to culture while 29 per cent said it was important because they were recognized as grown-ups once they were circumcised. In addition, 25 per cent of the respondents in Embu indicated that FC was important because it ensured that they got husbands and attracted dowry. Conforming to culture was mentioned by 54 per cent of the respondents in Garissa. Other reasons given by respondents in Garissa as to why FC was important were that it earned women respect (14 per cent), that they were recognized as grown-ups (13 per cent).

Table 3: Reasons why it was important for women to be circumcised in the past

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

3.1.3 Past Influences that Encouraged the Community to Practice FC

FC is a complex, deeply rooted traditional practice in many communities in Kenya and signifies a rite of passage for girls from childhood to womanhood. As evidenced from Table 4, maintenance of customs was reported by 48 per cent of the respondents while 26 per cent of the respondent indicated that it was initiation into the table further shows that celebration (13 per cent, respect (7 per cent) ,and reduction of sexual urges (5 per cent) were other past influences of FC.

Table 4: Past Influences that Encouraged FC

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

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

3.1.4 Reasons why FC is Persistent

Asked to state why FC was persistent, 64 per cent of the respondents indicated that it was because of the need to preserve culture whereas 15 per cent opined that FC persistence to avoid shame, gain respect, 8 per cent its persistence in terms of initiation into womanhood, reducing sexual urges was given by 5 per cent of the respondents as another reason for FC persistence. Responses by district, showed that in Kisii, 60 per cent of the respondents said it was persistent because people were trying to preserve culture, 13 per cent because people were avoiding shame and trying to gain respect, 10 per cent because it reduced high sexual urges and 10 per cent said it persisted because it symbolized initiation symbolized persisted because it into womanhood.

In Embu, 49 per cent of the respondents indicated that FC was persistent because people wanted to culture, 28 per cent mentioned avoiding shame and gaining respect while 12 per cent of the respondents mentioned initiation into womanhood. In Garissa District, 86 per cent of the respondents mentioned preservation of culture as the main reason for the persistence of FC. This was followed by avoiding shame and gaining respect (15 per cent).

3.1.5 Willingness of Women to be circumcised

Respondents were asked whether women were circumcised willingly or they were coerced. Whereas 59 per cent

of them reported that women were circumcised willingly, 20 per cent said they were coerced into circumcision. Comparative district analysis revealed that 81 per cent, 60 per cent and 38 per cent of the respondents in Kisii, Embu and Garissa Districts respectively, participated in FC willingly. Garissa District reported that women Garissa District level of coerced FC with 39 per cent of' the indicating that underwent circumcision.

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

The 73 respondents who indicated that women were circumcised through coercion were asked to identify the individual/s responsible for the coercion. Whereas 62 per cents indentified parents as the individuals responsible for coercing women into circumcision, 16 per cent said that it was grandmother/elders who were responsible for coercing women get circumcised. Further analysis by district indicated that, in Kisii, 50 per cent of the respondents named all individuals (parents, age mates, grandmother/elders) as responsible for coercing women to undergo FC. Grandmothers/elders were mentioned by 30 per cent of the respondents while 20 per cent mentioned parents in Kisii District. In Garissa and Embu Districts, 90 per cent and 76 per cent of the parents, respectively, were responsible for coercing girls and women to be circumcised compared to 8 per cent and 12 per cent of grandparents in the same order.

3.1.6 Demand for FC among Girls

The respondents were also asked to indicate whether or not they were aware of any girls who had demanded to undergo FC. Based on the results, 51 per cent of the respondents were in the affirmative. Comparative analysis by district revealed that 70 per cent and 55 per cent of the respondents interviewed in Kisii and Garissa districts knew of cases of girls demanding for circumcision. In Embu, however, 52 per cent of the respondents indicated that they did not know. Of the respondents (n = 187) who indicated that they knew a girl who had demanded to be circumcised, 50 per cent them named the influences by the community for the individual's decision to demand FC. Other actors cited were age and stage in life (26 per cent) and influence by elders/ sisters and peers (14 per cent).

Analysis by district revealed that in Kisii, 44 per cent of the respondents named the influences of the community while 25 per cent named age or stage in life as the major influences in the girls decision to demand to be circumcised. Influences by the community emerged as the most significant influence in the girl's decision to demand to circumcised in Embu District; it was offered by 70 per cent of all the respondents from the District. The other notable influence was stage in life standing at 24 per cent. In Garissa District, 39 per cent of the respondents named the community as the most influential in the girl's decision to demand to be circumcised 30 per cent named age/stage in life.

4. Conclusion and Recommendations

Obtaining from the study findings, it is clear that women have been socialized to a great extent by many community enforcement mechanisms. These include myths associated with FC, including its being a prerequisite for social acceptance and as a cultural requirement. This demonstrates the communities' resolve about accepting FC. The gifts, celebrations and the family life education are meant to compensate for the hardships associated with the pain of FC. The rite also serves the multiple purposes of expressing, inculcating and ensuring the maintenance of cultural values and identity. Therefore, arising from the female circumcision should be understood in the context of social norms including how norms shape and normalize behavior. The study also found that the rite serves the multiple purposes of expressing, inculcating and ensuring the maintenance of cultural values and identity.

To initiate measures towards fully eradicating the practice of FC, it is recommended that the youth be engaged, as they are not only interested in the issue but also will shape community views and attitudes in the future. Programmes implementers should consider youth as one of the most important target audiences in the FC abandonment activities and reach them mainly through Family Life Education initiatives in the school system and/or peer education programs. As the study has shown, support for circumcision among adolescents declines with education and urban residence. A module administered to adolescent girls, for example, would also be important for tracking the socioeconomic correlates of circumcision and monitoring trends in medicalization of the practice. The added cost of such a module could be justified by including questions on other important reproductive health issues affecting adolescents.

Other significant measures include the following:

- **Provide Psychological Support:** This includes support for women who realize the damage that FC has caused them, as well as for women or girls who have decided not to undergo circumcision, and must defend their decision. Leaders who may become social outcasts in the process of opposing FC may also

need psychological support.

- **Use FC Abandonment Laws to Protect Girls and Educate Communities about FC:** Although abandonment legislation is one of the most controversial aspects of the FC abandonment campaign there should be a strong governmental stand against FC - a stand reflected by a law. The enactment of a law should go hand-in hand with community education.
- **Alternative Initiation Rites:** To creating a social vacuum in these communities, campaigns for the abandonment of Fe will have to seek an alternative focus for celebration and retain the positive enjoyable aspects of this traditional occasion. Where money and gifts are given to girls, it is an incentive for the children themselves to demand to undergo circumcision. Efforts should be made to explain to the female children as soon as they are old enough to understand that no material gift can compensate for the loss incurred at circumcision. Another strategy of persuading people to abandon FC is to provide alternative initiation rituals that do not include FC so that they do not experience a vacuum when they stop the practice.
- **Prioritize Women's Health:** Investments that improve women's health and nutrition should be undertaken because they serve to alleviate poverty and develop human resources.
- **Women's Human Rights and Female Circumcision:** Interpretations of the Universal Declaration of Human Rights and CEDAW that affirm that female circumcision alongside other forms of violence against women are an assault on the dignity, equality, and bodily integrity of women and an affront to human rights should be explored. Feminist knowledge and approaches to the "woman question" should be situated within the specific histories and conditions from which they emanate. Paying attention to these histories is essential for academics and activists who work on feminist issues, ethnography, representation, and the political debates surrounding the politics and aesthetics embedded in the modification of women's bodies; whether through female circumcision, liposuction facelifts or breast implants.

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