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### About the book

This book reports on a survey carried out to investigate perceptions among the Abagusii of South Nyanza Province, Kenya towards the persistence of female genital cutting (FGC) in the community. Generally, findings of the study indicate high level tolerance in the community for non-circumcision of women and a goodwill towards eradicating the practice. The study recommends more education and open dialogue within in the community on FGC and encourages an alternative rite of passage such as the so-called “*Ogosemia Gwekiare*” (circumcision through words) as a viable alternative to FGC.

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## LIST OF ABBREVIATIONS

FGM- Female genital Mutilation  
FGC- Female Genital Cutting  
FC – Female Circumcision



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## EXECUTIVE SUMMARY

### RESEARCH CONTEXT

This survey was carried out in the context of the current concerns over FGC in Kenya and other regions and ongoing efforts to eradicate it. Recent studies show that FGC practiced in over half the districts in the country in Kenya, with 38% of all women aged 15-19 years reporting being circumcised. It is nearly universal among the Kisii (97%) and the Maasai (89%), and is also prevalent among the Kalenjin (62%), Taita-Taveta (59%) and the Meru/Embu (54%) and to a lesser extent among the Kikuyu (43%) and the Kamba (33%) (KDHS, 1998).

All types of FGC have been associated with immediate and long-term complications. The immediate complications can include severe pain, trauma, tetanus, urine retention, urethral or anal damage, excessive bleeding, and shock from hemorrhage. The long-term health and physical complications may include urinary and bladder incontinence, recurrent urinary track infections, lack of sexual stimulation and painful sexual intercourse, infertility, vaginal cysts and abscesses, blockages of menstrual flow and elevated risks of obstructed labour.

Due to the negative physical and mental impact on women the practice has received global attention and condemnation and several strategies have been adopted in campaigns for its eradication through education, advocacy and religion. Following the initiatives to eradicate the practice of FGC through out Kenya by church groups, government agencies and NGOs, there have been declines in the prevalence of the practice, in some of the Kenyan communities including the Meru, Taita and the Kikuyu. However there has not been significant decline among the Abagusii (Chege and Askew, 2001).

## OBJECTIVES

The general objective of the study was to investigate the perceptions towards the persistence of female genital cutting (FGC) among the Abagusii of South Nyanza province in spite of various initiatives to eradicate the practice. To achieve this objective study focused on four specific objectives:

- i. To investigate the current perception among the Abagusii community towards FGC
- ii. To investigate the perception among community of the key factors leading to the persistence among the Abagusii community.
- iii. To investigate the perceptions among the community towards alternative strategies of dealing with FGC i.e. alternative rites of passage and circumcision in hospitals (medicalization of circumcision).
- iv. To investigate perception among the members of the Abagusii community of their role in the eradication of FGC

## SCOPE OF THE STUDY

In spite of the prevalence of the practice of FGC among the several communities in Kenya, this study was limited to the Abagusii of southern Nyanza. There were various reasons for this. First, being homogeneous groups different communities have different objectives for practicing FGC. Therefore there is need for each community to be investigated separately to establish the peculiar issues relating to the practice of FGC. Following the campaign against FGC countrywide, there is evidence of reduction in the practice among other communities while this is not the case with the Abagusii. This presents a peculiar aspect, which needed investigation. Thirdly, because of the time factor and the geographical spread of some of these communities, this study focused on the Abagusii community as a case study.

## METHODOLOGY

The study involved a sample 150 respondents who are members of the Abagusii community. These were distributed into various categories: There were 60 young persons (15-29 years) 60 adults (30 years and above) and 30 opinion leaders.

A combination various sampling techniques were used to come up the study sample: multi-stage random sampling, simple random sampling and purposive techniques were used to select 60 young people, 30 opinion leaders, and 60 adults for inclusion in this study. The sampling process was carried out as follows:

Stage 1: One administrative division was randomly selected from each of the three (3) Abagusii districts for inclusion in this research. Therefore in total this yielded 3 administrative divisions each drawn from the three districts (Gucha, Kisii Central and Nyamira) occupied by the Abagusii community. In each division selected, one location was selected randomly for inclusion in this study hence Nyansiongo location from Nyamira, Mosochi location from Kisii Central and Sameta Location from Gucha.

Stage 2: Using the locations sampled in (i) above simple random sampling was used to select twenty (20) homesteads from each of the three (3) locations. In total 60 homesteads were selected. From each homestead simple random sampling was used to select one (1) adult respondent from each of the homesteads. Using this method, 60 adults with selected to participate in this study.

Stage 3: Two secondary schools (one for boys and one for girls) were selected using simple random technique from each of the locations above and therefore in total 6

six secondary schools were selected for inclusion in the study. A tertiary college which is found in one of the location was included in the sample to replace one of the secondary schools. Ten (10) pupils from each school and the college were selected using systematic sampling from a list of all students in the school. In total 60 young people (15-29 yrs) were selected for this study.

Stage 4: Using the locations sampled in (a) above, four (30) community Opinion leaders were selected from each location through purposive sampling technique for inclusion in this study.

Eventually 135 respondents (90%) out of the original sample returned the questionnaires. These included 55 Youth 55 Adults, and 25 Opinion leaders. The sample included a fairly even distribution by sex in all categories except Opinion leaders category where females are over-represented (72%). The overall distribution in respondents was 67(49.6%) males and 68 (50.4%) female.

This was a descriptive study and therefore largely descriptive statistics were used. Frequency distributions, percentages were used in analyzing data collected. Statistical Package for Social Sciences (SPSS) was used for the purpose.

## CHARACTERISTICS AND RESPONDENTS

All the categories of questionnaires and the interview schedule were highly responded to by the various categories of respondents. These included 55 Youth, 55 Adults, and 25 Opinion leaders. The sample included a fairly even distribution by sex in all categories except Opinion leaders' category where females are over-represented (72%). The overall distribution in respondents was 67(49.6%) males and 68 (50.4%) female.

The majority of the respondents in the Youths' category have some secondary education. Only 3% of the respondents in this category are primary school graduates while 12.7% and 9.1% held diploma and bachelor's degree respectively. The Adults category included first primary and secondary school, diploma, bachelors and, masters degree holders. These are more or less evenly distributed. In the Opinion leaders category the majority have secondary school, diploma and Bachelors' level of education. In overall, 42.2% (57) of the respondents have secondary school level education. The number of diploma and degree holders was even in each group forming 23% of the total respondents.

The majority of the respondents in all categories: Youth (82.6%), Adults (88.9%), and Opinion leaders (88.9%) have undergone female circumcision. This means that in overall, the majority of the female respondents (86.9%) admitted having undergone female circumcision. Notably, only 11% of the total respondents have not experienced the practice.

Respondents in the category of Opinion leaders were selected from the following categories: various categories of teachers including principals of secondary schools, lecturers in teacher colleges, headmistresses and HOD's in secondary schools; religious Opinion leaders such as deacons and pastors; civil Opinion leaders e.g. chiefs and councillors. The sample was also drawn from bankers, social workers, medical practitioners (a pharmacist and a medical doctor), clan Opinion leaders, women leader and a lawyer who is a representative of FIDA in the region. The purpose of including this group of respondents was to obtain in-depth information of the various issues surrounding FGC in the community such as attitudes

## FINDINGS

The various research questions in this study were answered through a number of items in the questionnaires administered on different social groups among the Abagusii community. Generally, findings of this study indicate that there is high level of tolerance in the community for non-circumcision of women and goodwill towards efforts to eradicate female circumcision. The considered view of the majority of respondents in this study is that female circumcision is not an overly significant event in the lives of individual members of the society and family life today. It would appear that in modern times it plays limited role in the private life of the individual person and therefore as individuals members of the society do not hold it dearly.

A number of indicators support this view. First, majority of the respondents (71.9%) in all categories are of the opinion that they do not mind if their close female relative do not undergo FGC. This view is shared by the majority (69.6%) of the respondents who admitted that they can tolerate a situation whereby their own girl-children remain uncircumcised. Secondly, majority of respondents (67.4%) in all categories will not mind if their sons marry a woman who is not circumcised. Indeed an overwhelming majority of respondents (88.1%) are of the opinion that the fact that a woman is not circumcised does reduce her chances of finding a husband. On a related question the overwhelming majority of the respondents are of the opinion that the fact that a woman is not circumcised does not necessarily create a bad relationship between her and her husband.

The results of this study indicate there is awareness of campaigns to eradicate female genital cutting among the majority (82.2%) of the respondents. There were four main groups identified as the major campaigners against the practice: Non Governmental Organizations (NGOs), churches, government agencies, and women organizations such as Maendeleo ya Wanawake and

FIDA). As a consequence of such efforts 57.8% of all the respondents are of the opinion that there has been a decline in the prevalence of female circumcision among the Abagusii. However 41.5% of all respondents are of the opinion that female circumcision is declining.

According to responses gathered to a number of items in the questionnaire administered on different social groups such as the Youth, Adults and Opinion leaders, there is generally goodwill in the community towards efforts to eradicate female circumcision. For example in general majority (72.6%) of all the respondents would not mind to see FGC eradicated among the Abagusii community. Data collected indicates that the majority of female respondents who have undergone female circumcision (61%) are in favour of the eradication of FGC in the Abagusii community. Among the male respondents in the various categories, Youth Adults and Opinion leaders indicate that the majority (62.7%) would be comfortable with the eradication of FGC among the Abagusii community.

The key reasons given in favour of eradication of the practice are that, first; FGC practice inflicts unnecessary pain on the victims and therefore a form of human torture. Secondly the practice exposes participants to health risks such as infection of diseases such as HIV- AIDS. Thirdly, female circumcision is associated with side effects such as difficulties during birth and reduced sexual arousal which is danger to marital and family stability. Finally, there is always the danger of severe bleeding which can cause death to victims in the past.

The main reason given by those who are opposed to the eradication of female circumcision is culture. The Abagusii society still attaches a lot of cultural value of the practice and therefore FC is part of the cultural heritage e.g. people do not understand why they should suddenly stop what they have always practised. First Female circumcision is seen as a means



of propagating morals among girls and women e.g. many especially the elders think that circumcision makes women behave as expected by the society. Secondly, it is an opportunity for the old especially grandmothers to pass knowledge to the young girls. Thirdly it makes girls confident in their maturity as they approach marriage therefore it is hailed as a rite of passage to womanhood

This research identified two alternative approaches to FGC for investigation: “circumcision through words” (“*Ogosemia Gwekiare*”) and Circumcision in hospitals popularly referred to as medicalization of FGC. There is ambivalence among respondents towards the alternative rite known as *Ogosemia Gwekiare*. Although slightly more than half of the respondents (54.1%) are of the opinion that “circumcision through words” (“*Ogosemia Gwekiare*”) is a positive development in dealing with FGC while 45.9% think that this is not a positive development, respectable 45.9% of the respondents are against the alternative rite. However the fact that popularity of the rite has risen to this point is an indication that it has a positive impression in the society and there is a possibility of it gaining more popularity.

Circumcision in hospital enjoys a lot of approval among the respondents. Indeed a majority of the respondents (66.7%) of all the respondents are of the opinion that circumcision in the hospitals is a positive development in dealing with the practice of female circumcision compared to 33.3% who are against this development. There is high level of consciousness that members of the community can contribute towards the eradication of the practice of female circumcision. There is a sense that the Youth hold the key to the perpetuation or eradication of the practice in the future. There is therefore call for emphasis on the Youth as the next generation of Opinion leaders and parents. This study has revealed that Youth are more liberal towards female circumcisions and indeed hold more open views that go against

notions such as the need to control female sexuality common among the older generation.

Therefore the Youth can be agents against the practice among their fellow Youth by educating their peers on its dangers. Creating awareness should be created among them and encouraging them to speak about what they feel about it and engage in dialogue about it will enable them to better understanding the issues surrounding the practice.

## CONCLUSION AND RECOMMENDATIONS

Arising of the data collected the following conclusion can be made:

1. There is evidence that despite the resilient nature of the practice of female genital cutting (FGC), it is declining in the community
2. Although the perception about the practice of female circumcision is varied from one social group to the other, majority of the respondents belief that female circumcision should be eradicated.
3. There is generally high level of tolerance in the society for females who are not circumcised and also goodwill towards efforts to eradicate female circumcision
4. There is widespread awareness of some awareness of some of the dangers of FGC e.g. health risks
5. Alternative rite of passage such as the so-called "circumcision through words" ("*Ogosemia Gwekiare*") enjoys significant level of support and is a therefore a viable alternative to traditional FGC.
6. Although in hospitals carrying out circumcision in hospitals is beneficial in creating a more hygienic atmosphere for FGC is likely to perpetuate FGC.
7. There is emphasis on the Youth as having a critical role to play in campaigns to eradicate FGC.

Based on the findings and conclusions above, this study makes the following recommendations:

1. Encourage alternative rites FGC such as “circumcision through words” (“*Ogosemia Gwekiare*”) which can eventually replace traditional FGC rite.
2. Education can play an important role in mobilization against FGC. For example creating awareness of the dangers and risks associated with FGC, legal and human right issues surrounding FGC
3. Encourage open dialogue in the community on FGC. In the past a lot of efforts against FGC have been seen as coming from outside but there is need to internally generate open discussions about the practice and the issues surrounding it.
4. The Youth occupy a unique position which will influence the prevalence of FGC in the future. The important role of the Youth in the fight against FGC. As the next generation of parents and Opinion leaders, they can agents against the practice among their peers. There is therefore need to empower them through knowledge.
5. There is need fight against the stigma association to non-circumcision status in the community.
6. Cushion for those who have avoided FGC through material support, safe houses
7. The findings from this study were not exhaustive. Future research can be directed towards areas such as the impact of education on the persistence of the practice, and perceptions of the youth towards FGC and how they can be integrated in strategies against FGC.

## 1. BACKGROUND TO THE STUDY

### 1.1 Introduction

Female Genital Cutting (FGC) also referred to as female genital cutting, Female genital cutting (FGC) or simply genital surgeries refers to several different traditional practices that involve the removal or cutting of part, or all, of the female genitalia for a variety of medical, aesthetic, psychological or social reasons (World Health Organization, 1998). Recent studies show that FGC is one the traditional cultural that are deeply entrenched in several communities in Kenya (KDHS, 1998). The same study shows that FGC practiced in over half the districts in the country in Kenya, with 38% of all women aged 15-19 years reporting being circumcised. It is nearly universal among the Kisii (97%) and the Maasai (89%), and is also prevalent among the Kalenjin (62%), Taita-Taveta (59%) and the Meru/Embu (54%) and to a lesser extent among the Kikuyu (43%) and the Kamba (33%) (KDHS, 1998).

FGC practices have been classified into three main categories. Type I, or clitoridectomy is the removal of the clitoral hood with or without removal of part of the entire clitoris. Type II or Excision is the removal of the clitoris together with part or all of the labia (inner vaginal lips). Type III or infibulation is the removal of part of the external genitalia (clitoris, *labia minora* and *labia majora*) and stitching or narrowing of the vaginal opening, leaving a very small opening, about the size of a matchstick, to allow for the flow of urine and menstrual blood (WHO, 2000).

All types of FGC have been associated with immediate and long-term complications, although type III seems to be associated with more problems (Jones, et al. 1993). The immediate complications can include severe pain, trauma, tetanus, urine retention, urethral or anal damage, excessive bleeding, and shock from hemorrhage. The long-term health and physical

complications may include urinary and bladder incontinence, recurrent urinary track infections, lack of sexual stimulation and painful sexual intercourse, infertility, vaginal cysts and abscesses, blockages of menstrual flow and elevated risks of obstructed labour (PATH, 1997; WHO, 1998).

In the development discourse FGC has also been viewed as having negative impact on women empowerment whether political, social, or economic. Particularly, the socialization process that accompanies the practice of female genital cutting has been viewed as likely entrench gender ideologies and practices that contribute to the disempowerment of women (Chege, 1993). According to a recent study, FGC is seen to undermine the educational and economical opportunities of Kenyan women because being symbolic of a passage to womanhood, many young girls automatically drop out of schools after the operation in order to get married (Maendeleo ya Wanawake, 2000).

Due to the negative physical and mental impact on women the practice has received global attention and condemnation and several strategies have been adopted in campaigns for its eradication through education, advocacy and religion. Among the Abagusii one approach in fighting against FGC has been to offer an alternative rite to traditional FGC “passage of age” for girls. This rite known as *Ogosemia Gwekiare* or “circumcision through words”(“Ogosemia Gwekiare”) involves teaching girls their personal health, reproduction, hygiene, communication skills, self esteem and dealing with peer pressure just like the traditional ritual, except that there is no cutting of their genitals.

Following initiatives to eradicate the practice of FGC through out Kenya by church groups, government agencies and NGOs, there have been declines in the prevalence of the practice, measured by differences in two age groups (35-49 versus 15-24 years) which indicate significant declines in some of the

Kenyan communities including the Meru, Taita and the Kikuyu. However a recent study have shown that there has not been significant decline among the Abagusii (Chege and Askew, 2001). With only 2% decline (from 97% to 96%), it is clear that the Abagusii of Nyanza region in Kenya, have persistently kept the practice alive despite the fact that interventions against female “circumcision” has been articulated among them for almost the last three decades (UNICEF, 2005). This study therefore aimed at uncovering the underlying reasons as to why the practice of FGC has persisted among the Abagusii in spite of the efforts to eradicate it.

## 1.2 Statement of the Problem

Following various initiatives to eradicate the practice of FGC through out Kenya by church groups, government agencies and NGOS, there has been decline in the prevalence of the practice among in some of the Kenyan communities such as the Meru, Taita and the Kikuyu. However a recent study have shown that there has not been significant decline among the Abagusii (Chege and Askew, 2001). With only 2% decline (from 97% to 96%), it is clear that the Abagusii of Nyanza region in Kenya, have persistently kept the practice alive despite the interventions against female “circumcision” that have been articulated among them for almost the last three decades (UNICEF, 2005).

Clearly there was need to study these issues so as to create a better understanding of the practice of female genital cutting among this community and to come up with new strategies for dealing with the practice. This study therefore aimed at investigating some of the key factors that have led to the persistence of female genital cutting (FGC) among the Abagusii of South Nyanza province in-spite of various initiatives to eradicate the practice.

### 1.3 Objectives of the Study

The general objective of the study was to investigate perceptions towards the persistence of female genital cutting (FGC) among the Abagusii of South Nyanza Province in spite of various initiatives to eradicate the practice. To achieve this study focused on four specific objectives:

- i. To investigate the current perception among the Abagusii community towards FGC
- ii. To investigate the perception among community of the key factors leading to the persistence among the Abagusii community.
- iii. To investigate the perception among the community towards alternative strategies of dealing with FGC i.e. alternative rites of passage and circumcision in hospitals (medicalization of circumcision).
- iv. To investigate perception among the members of the Abagusii community of their role in the eradication of FGC

### 1.4 Research Questions

Despite ongoing campaigns to eradicate the practice of FGC among the Abagusii by various organisations which include, church groups, government agencies and NGOS, the practice has continued to persist. This research aimed at answering the following key questions:

- i. What is the current perception among the Abagusii community towards FGC?
- ii. What is the perception among community of the key factors leading to the persistence of FGC among the Abagusii community?
- iii. What is the perception among the community towards alternative strategies of dealing with FGC i.e. alternative rites of passage and circumcision in hospitals (medicalization of circumcision)

iv. What is the perception among the members of the Abagusii community of their role in the eradication of FGC?

1.5 Significance of the study

Despite strong campaigns to eradicate FGC, the practice has continued to persist among the Abagusii community of Nyanza. At the same time a review of literature reveals that no research has been done to find out why the practice has continued to persist. Many parties including churches, NGOs, and a section of politicians have been in the forefront in the fight against FGC.

This study is significant in that first, it has generated information on the prevailing attitudes towards and value attached to FGC among the Abagusii. Secondly, it has exposed various lacunae in the current programmes to eradicate FGC and made suggestions on how improvements can be made. The knowledge gained from this research has also pointed out to the ways the gap of misunderstanding between the proponents of FGC and the campaigners of its eradication. The recommendations from this study will be basis for discussions on the issue of FGC and a reformulation of new strategies and approaches to the campaigns aimed at eradication of the FGC practice among some communities in Kenya.

1.6 Scope of the Study

In spite of the prevalence of the practice of FGC among the various communities in Kenya, this study was limited to the Abagusii of southern Nyanza. There were various reasons for this. First, being homogeneous groups different communities have different objectives for practicing FGC. Following the campaign against FGC countrywide, there is evidence of reduction in the practice among other communities while this is not the case with the Abagusii. This presented a peculiar aspect, which needed investigation. Thirdly, because of the time factor



and the geographical spread of some of these communities, this study focused on the Abagusii community as a case study.

### 1.7 Theoretical Framework

This study draws from interpretive theories and specifically social interactionism to analyze the persistence of female genital cutting among the Abagusii of Nyanza Province. According to interpretive theories, actors are thinking beings in that they control their own actions by evaluating situations (Bilton et al, 1987: 590). They draw these thoughts from a stock of shared concepts and assumptions, which are held in common by the social group but interpret them to create individual meaning. This implies that in understanding social practice such as female genital cutting, we should not only look for external causes of behaviour but should instead attempt to find its meaning in its social context and especially individual meaning. This interpretive understanding of social practice is what Weber referred to as *verstehen* (Weber, 1949).

Despite ongoing campaigns to eradicate the practice of female genital cutting among the Abagusii by church groups, government agencies and NGOS, studies had revealed that this practice had continued to persist at high rates (Chege and Askew, 2001). This gave rise to the issue of both individual and societal attitudes and values among this community towards female genital cutting and as well as brought into question the strategies that had been used in the past to eradicate this practice. Main strategies for the eradication of female genital cutting had involved coercive legislative measures, discrediting the practice on health grounds, abuse of human rights some of which have created resistance, defensiveness and anger towards change (Ben-Ari, 2003).

An alternative view has faulted the current initiatives to eradicate FGC such as; that some strategies adopted by the FGC – eradication campaigners conveniently overlooks the culture, political and historical contexts of the various types of genital cutting performed by different actors in widely varying contexts. Gosselin (1996) argues that there is a generalized trivialization of culture from those campaigning against the practice. Jolly (1998) also cautions that although each of the “explanations” for practicing FGC are discussed distinctly, they are in fact “interconnected and mutually reinforcing and should be taken together, from overwhelming unconscious and conscious motivations” for its continuation. According to interpretive theories in studying female genital cutting we would have to focus not just on the overt practice but also on how it is interpreted, defined and shaped by the cultural meanings that people give them.

Symbolic interactionism is an interpretive theory which says that individuals learn meaning interactions with others and organize their lives through socially created meaning (Persell, 1984). It forms the central element in the tradition of qualitative research into ways actors negotiate situations and roles and self-identity (Bilton, 1987). The basic proposal of symbolic interactionism is that human beings live in a world of meaningful objects and that there is no such a thing as society that exists independently of the people who exist within society (Shaffer and Lamm, 1992)). Accordingly, “human beings are not driven by innate programming or learnt behaviour pattern: instead they monitor their own behaviour by conscious thought” (Bilton et al, 1987: 591).

However though we control behaviour by reflecting upon our own actions, we can only know our own self, our social identity through the responses of others. We can only know “who we are” and “what we are” and what “we should do” through our interpretation of the responses of others and as such our

actions are shaped through our social interaction with others (Brown, 1979). By using these elements we can explore how individual members attribute meaning to female genital cutting integrate it into their sense of social role and self identity. In turn this will influence their participation or failure to participate in female genital cutting. The development of symbolic interaction has been associated with Cooley's "Looking-glass self" (1922) and Mead's "I" and "Me" (1964) both of which pays attention to consciousness and to creation of the self but which starts with face to face interaction.

Cooley's work mainly portrays society as an interlocking network of small groups while Mead acknowledges more generally institutionalised roles and patterns. According to Mead society is most usefully viewed as consisting of interlocking interaction based on actors' perception and expectations of each other while the content of action depends upon the way actors come to define the appropriate patterns of action in the situation. Secondly individual play an active role in guiding their own behaviour since they have some capacity to select what aspects of their situation they will respond to and in which manner (Mead, 1934; Persell, 1984). Participation in FGC is by no means *fait accompli* in which all members of the Abagusii community participate in or subscribe to in unthinking acceptance. Rather its persistence is linked to individual perceptions of its social meaning.

According to Thomas, W. I, "situations are defined as real in their consequences" which means that the nature of social world ultimately depends on the shared definitions of roles and identities constructed through interaction. This implies that the society is in a process and always changing. Therefore the way individuals define situations in due consideration of the imagination they have one another is what maintain social practices in a society. Society changes as the definitions change through interaction between socially created selves. Some level of stability and continuity in society is created by socialisation

and the institutionalisation of patterns of behaviour into roles. This approach in studying FGC helps to reconstruct the social meaning and symbolism that perpetuates the practice.

According to Blumer, the term symbolic interaction refers to “the peculiar and distinctive character of interaction as it takes place between human beings (Blumer, 1962:139). The peculiarity consists in the fact that human beings interpret or define each other’s action instead of merely reacting to each other’s action. Their response is not made directly to the actions of one another but instead is based on the meaning that they attach to such actions. Thus human interaction is mediated by the use of symbols, by interpretation, or by ascertaining the meaning of one another’s action. Human beings identify things within their surroundings that they believe to be of use in guiding what they do“... when we identify things in this fashion, we disentangle it from its setting and give it meaning.... we act on the basis of such symbols, attempting to identify their possible significance for future actions....” (Blumer, 1962:139).

Onsongo, (2005) argues that FGC is one way acquiring status by women among the Abagusii and the practice is highly regarded as a way of initiating women into adulthood and preparing them for marriage. In an analysis of social role of FGC, Nyang’era (1990) has noted any woman who is not circumcised is stigmatised and commands no respect in the community.

Blumer’s version of symbolic interactionism can be summarised under four basic ideas. In the first place, it argues that individuals have a capacity for self reflection (Blumer, 1969). Self reflection comes into play whenever people ‘make indications to themselves’ that is, when they address themselves and respond to these address before acting in public. Therefore individual behaviour is not to be seen as a mere response to the environment, neither is it an outcome of need dispositions, attitudes, unconscious motives or social values. Through interacting with themselves, people are able to anticipate the

effects of alternative lives of conduct and thus choose from among them (Baert, 1994: 72).

The second idea is in regard to the question of social order which both Durkheim and Parsons attributed to internalisation of central social values. This suggests that the persistence of established social practices such as FGC is contingent upon people's recurrent use of identical forms of interpretation. In turn this interpretative scheme is dependent on confirmation by consistent interpretative scheme by others.

Thirdly, people act towards their environment on the basis of meaning they attribute to it. For Blumer meaning is not intrinsic to objects, neither is it merely an expression of the individual's mind (Blumer, 1962). On the contrary he argues that the meaning of an object for an individual emanates from the individual's tendency to act towards it. This tendency to act in a particular way is in turn constituted, maintained and modified by the ways in which others refer to the object or act towards it.

Finally, Blumer used the term 'joint action' to refer to "societal organization of conduct of different acts of different participants' (Blumer, 1962). Each joint action is made up of different acts but it is different from each other or their aggregate. In other words joint actions are made up of component acts and therefore dependent on the attribution of meaning. In other words even the most repetitive joint actions, in each instance it has to be formed anew. The participants still have to build up their lines of action and fit them to one another through the dual process of designation and interpretation (Blumer, 1962).

The greatest appeal of symbolic interactionism in a study on female genital cutting is its methodological implication of trying to understand this practice as seen by our subjects, that is, how they make sense of practice and cope with social expectations of the society. In this case symbolic interaction proposes we

use sensitive empathy in the study of circumcision. Therefore symbolic interactionism helps us to analyse FGC not just as part of the social order, but as something which people as individuals regularly redefine in terms social meaning as they continue to interact in changing social milieu and evolve new types of behaviour either of approval or disapproval. It is from these perspectives that this study was grounded and conducted. FGC is social phenomena that can be well explained by interplay of different interacting factors and this study was suitable to be conducted from this sociological viewpoint.

## 1.8 Definition of Terms

### i. Female genital cutting

This term is used to refer to a range of practices involving the complete or partial removal, cutting or alteration of the external female genitalia for a variety of medical, aesthetic, psychological or social reasons. Female Genital Cutting (FGC) is also referred to as female circumcision, Female genital mutilation (FGM) or simply genital surgeries.

### ii. *Ogosemia Gwekiare* or “circumcision through words”

This is an alternative rite to the traditional FGC passage of age whereby young girls are taught personal health, reproduction, hygiene, communication skills, family education, self esteem and dealing with peer pressure just like the traditional circumcision ceremony, except that there is no cutting of the genitals. The week’s ceremony ends with a “graduation” at a chosen day of “coming to age”, where religious, political and government Opinion leaders are invited to make speeches. The community joins the rituals by dancing, singing and feasting. The girl receives gifts from the project, parents at and friends. Through the songs and dances and drama, the girls announce they have left female genital cutting.

**iii. Medicalization of FGC**

This is a growing trend to carry out female circumcision procedures in hospitals mainly due to biomedical concerns over health risks surrounding the practice.

## 2. LITERATURE REVIEW

### 2.1 Introduction

The subject of FGC has aroused an emotional response from communities that practice the circumcision of the girl child in many parts of Kenya (Njue and Askew, 2004). The main reason being such communities have come under increasingly intense international scrutiny from news media, feminist and human rights organizations, health practitioners and legislators just to mention a few.

FGC have been classified into different categories. Type I, or clitoridectomy is the removal of the clitoral hood with or without removal of part of the entire clitoris. Type II or Excision is the removal of the clitoris together with part or all of the labia (inner vaginal lips). Type III or infibulation is the removal of part of the external genitalia (clitoris, *labia minora* and *labia majora*) and stitching or narrowing of the vaginal opening, leaving a very small opening, about the size of a matchstick, to allow for the flow of urine and menstrual blood (WHO, 2000).

In the case of Type III, the girl's legs are generally bound together from the hip to the ankle so she remains immobile for approximately 40 days to allow for the formation of scar tissue. An operation to reopen the vagina de-infibulation- is often performed before marriage or childbirth. The husband or one of his female relatives, using a razor blade traditionally undertakes re-cutting before intercourse. Modern couples may seek the assistance of a trained health professional, although this is done in secrecy, possible because it undermines the social image of the man's virility.

### 2.2 Cultural Role and Impact of Female genital cutting

Several reasons have been advanced to explain the meaning



and justify the practice of FGC. The main reason has to do with the cultural meaning of the practice. Among the Abagusii, FGC is seen as a requirement for one to be identified as a full member of the ethnic group. For example for the Abagusii, it distinguishes them from their neighbors such as the Luo who do not circumcise (Jolly, 2002). Therefore FGC is part of cultural and tribal identity. FGC is often carried out as part of a “coming to age” ceremony and confers social and spiritual authority to marry and procreate. Women are the primary guardians of the puberty rite, which is closely tied to women’s status and power. The practice is widely believed to increase a girl’s chances of marriage, and promote easy childbirth. Women who do not circumcise their daughters run the risk of being seen as irresponsible, immoral and imitators of western culture (Njue and Askew, 2004)

At the same time all types of FGC have been associated with immediate and long-term complications, although type II seems to be associated with more problems (Jones, et al. 1993). The immediate complications can include severe pain, trauma, tetanus, urine retention, urethral or anal damage, excessive bleeding, and shock from hemorrhage. The long-term health and physical complications may include urinary and bladder incontinence, recurrent urinary track infections, lack of sexual stimulation and painful sexual intercourse, infertility, vaginal cysts and abscesses, blockages of menstrual flow and elevated risks of obstructed labour (PATH, 1997). The socialization process that accompanies the practice may also entrench gender ideologies and practices that contribute to the disempowerment of women (Chege, 1993).

### 2.3 Issues in Efforts to Eradicate FGC

Female genital cutting is deeply rooted in the culture. Many parties including churches, NGOs, and a section of politicians have been in the forefront in the fight against FGC among

the Abagusii. Several strategies have been adopted in this campaigns including through education, advocacy and religion. However members of this community have persistently kept the practice alive despite the fact that opposition to female “circumcision” has been articulated in Gusii land for almost the last three decades. Recent study indicates that, in spite of these efforts, among the Abagusii, FGC is highly regarded and universally practiced, and that respondents felt that there were no signs of it declining (Chege and Askew, 2001).

Studies have shown that biomedical concerns over health risks surrounding FGC have been incorporated in RGC procedures (Astrid, 2005). In a recent study (Chege and Askew, 2001) shows that 70% of the Abagusii girls were circumcised by a medical practitioner, about half (53%) were cut at a health facility. This clearly demonstrates increasing medicalization of FGC among the Abagusii, which favours the continuation of the practice as a cultural norm albeit in more hygienic conditions (Njue and Askew, 2004).

One approach in fighting against FGC has been to offer an alternative rite to traditional FGC “passage of age” for girls. This rite known as *Ogosemia Gwekiare* or “circumcision through words” involves teaching girls personal health, reproduction, hygiene, communication skills, self esteem and dealing with peer pressure just like the traditional ritual, except that there is no cutting of the genitalia. Secluded, the girls remain indoors and can only be visited by previous initiates, female relatives or parents. A woman who is either an aunt or a friend is assigned the role of a supporter or “godmother”. She ensures that the girl understands family education. The week’s ceremony ends with a “graduation” at a chosen day of “coming to age”, where religious, political and government Opinion leaders are invited to make speeches. The community joins the rituals. They dance, sing and feast with the initiates. The girl receives gift from the project, parents at and friends. Through the songs and

dances and drama, the girls announce they have left female genital cutting.

In September 1982, The President Arap Moi banned the practice of FGC following the death of 14 children, requesting the police to charge with murder the practitioners whose actions led to these fatalities. Another presidential decree outlawed the practices in 1990. In 1999, the government launched a National Plan for Action to Eliminate Female Genital Circumcision/ Female genital cutting. However since these legal actions have not been accompanied by any preventive action or enforcement they have had no real effect in reducing the prevalence rates of FGC (Ceneda, 2001). The Children's Act (2001) outlaws various forms of violation against children, including FGC, for females 18 years and younger. However despite these legal instruments, the government has not set up structures to implement their provisions. After being outlawed, FGC went underground and is being performed under a cloak of secrecy in hospitals. There are even accounts of mobile FGC clinics, in which nurses and clinicians move from village to village to elude the police.

There has been an alternative view which has faulted the current initiatives to eradicate FGC. Gosselin, (1996) argues that there is a generalized trivialization of culture from those campaigning against the practice. Jolly (1998) also cautions that although each of the "explanations" for practicing FGC are discussed distinctly, they are in fact "interconnected and mutually reinforcing and taken together, forming overwhelming unconscious and conscious motivations" for its continuation.

Several scholars have sharply criticized the tendency to describe the practice of FGC as dissocialized and a historical. On the same note some the existing information brought forward by the FGC – eradication campaigners conveniently overlooks the culture, political and historical contexts of the various types of genital cutting performed by different actors in widely varying

contexts. As a result the current initiatives for eradication of FGC are seen as patronizing and misguided and bound to fail.

#### 2.4 Conclusions

Female Genital Cutting (FGC) also referred to as female genital cutting, Female genital cutting and genital surgeries refer to several different traditional practices that involve the removal or cutting of part, or all, of the female genitalia. Recent studies show that FGC is prevalent in Kenya, and is practiced in over half the districts in the country such as the Kisii, Maasai, Kalenjin, Taita-Taveta, Meru/Embu and to a lesser extent among the Kikuyu and the Kamba.

All types of FGC have been associated with immediate complications, such as severe pain, trauma, tetanus, urine retention, urethral or anal damage, excessive bleeding, and shock from hemorrhage. It is also associated with long-term health and physical complications may include urinary and bladder incontinence, recurrent urinary track infections, lack of sexual stimulation and painful sexual intercourse, infertility, vaginal cysts and abscesses, blockages of menstrual flow and elevated risks of obstructed labour In the development discourse FGC has been seen to have negative impact of women empowerment whether political, social, or economic.

Due to its adverse effects FGC has received global attention and condemnation and strategies have been adopted in this campaigns including through education, advocacy and religion. The Abagusii community of western Kenya is among such a people that have persistently kept the practice alive despite efforts to eradicate it. While significant decline in prevalence has been noted in several Kenyan communities, there has not been any significant decline among the Abagusii community.

### 3. RESEARCH METHODOLOGY

#### 3.1 Research Design

This study used both survey and naturalistic research designs to investigate the factors that have led to the persistence of female genital cutting (FGC) among the Abagusii of Kisii. The survey element was particularly useful in investigating the general perception towards FGC, the current strategies that are used in campaigns to eradicate FGC among the members of the Abagusii community and the impact of current strategies for eradication of FGC on the people. Naturalistic approach was also partially applied so as to study the practice in the natural setting as perceived by members of this community.

#### 3.2 Sample Size and Sampling Procedures

The study involved a sample 150 respondents who are members of the Abagusii community. These were distributed into various categories: There were 60 youth (15-29 years) 60 Adults (30 years and above) and 30 Opinion leaders.

A combination of various sampling techniques were used to come up the study sample: multi-stage random sampling, cluster sampling, and simple random sampling and purposive techniques were used to select 60 young people and 60 Adults for inclusion in this study. The sampling process was carried out as follows:

Stage 1: One administrative division was randomly selected from each of the three (3) Abagusii districts for inclusion in this research. Therefore in total this yielded 3 administrative divisions drawn from the three districts (Gucha, Kisii Central and Nyamira) occupied by the Abagusii community. In each division selected, one location was selected randomly for inclusion in

this study hence Nyansiongo location from Nyamira, Mosochi location from Kisii Central and Sameta Location from Gucha.

Stage 2: Using the locations sampled in (i) above simple random sampling was used to select twenty (20) homesteads from each of the three (3) locations. In total 60 homesteads were selected. From each homestead simple random sampling was used to select one (1) adult respondent from each of the homesteads. Using this method, 60 Adults with selected to participate in this study.

Stage 3: Two secondary schools (one for boys and one for girls) were selected using simple random technique from each of the locations above and therefore in total 6 six secondary schools were selected for inclusion in the study. A tertiary college which is found in one of the location was included in the sample. Ten (10) pupils from each school and the college were selected using systematic sampling from a list of all students in the school. In total 60 young people (15-29 yrs) were selected for this study.

Stage 4: Using the locations sampled in (a) above, four (30) community Opinion leaders were selected from each location through purposive sampling technique for inclusion in this study.

Respondents in the category of community Opinion leaders were selected from the following categories: various categories of teachers including principals of secondary schools, lecturers in teacher colleges, headmistresses and HOD's in secondary schools; religious leaders such as deacons and pastors; civil leaders e.g. chiefs and councillors. The sample was also drawn from bankers, social workers, medical practitioners (there was

a pharmacist and medical doctor), clan Opinion leaders, women leader and a lawyer who is a representative of FIDA in the region. The purpose of including this group of respondents was to obtain in-depth information of the various issues surrounding FGC in the community such as attitudes and values attached to it, strategies towards its eradication and their impact of the practice.

Table 1 shows the response rate by various categories of respondents. In all categories of respondents the questionnaires were highly responded to. A total of 135 (90%) returned the questionnaires or were interviewed in the case of Opinion leaders. This included 55 Adults, 55 Youth and 25 Opinion leaders.

**Table 1. Response rates to the questionnaire**

	Scores on Response rates	
	<i>Sampled (n= 150)</i>	<i>Response rate (n = 135)</i>
Youth (15-29yrs)	60	55 92%
Adults (30-60 yrs)	60	55 92%
Opinion leaders (30-65yrs)	30	25 83%
Total	150	135 90 %

### 3.3 Data Collection Procedures

The study used primary data, which was collected from various social groups in the Abagusii community: youth, Adults, and opinion leaders using questionnaires and interview schedules. Questionnaires for different categories of respondents were prepared and pre-tested in pilot applications and then modified as necessary. The principle researcher and 3 Assistant researchers discussed and mastered the research tools and planned for the procedures and approaches in data collection. The selected participants were visited and the questionnaires

administered. Clarification on responses to the questionnaires was sought from respondents where necessary.

### 3.4 Research Instruments

#### a) Questionnaires

Questionnaires with structured (closed ended) and unstructured (open ended-ended) items were administered on community members of different age-groups namely, Youth and Adults. The aim of these questionnaires was to gather information on the perception of community members towards FGC practice as well as the issues raised by those who campaign for the eradication of FGC.

#### b) Interview Guides

In-depth interviews were conducted with key informants (Opinion leaders) who in this case include obtaining in-depth information on perceptions among the Abagusii community towards FGC and strategies used to eradicate it, as well as the challenges faced in the process. These informants included Opinion leaders, such as government administrators, teachers including principals of schools, social workers, church leaders, women group activists among others.

### 3.5 Data Analysis Procedures

Since this was both a descriptive and naturalistic study, both descriptive statistics such as frequency distributions and percentages and narrative methods of data analysis procedures have been used in summarising the data collected. Statistical package for Social Sciences (SPSS) has been used to analyse the data. Presentation of data has been by use of tables and text. The study has also widely used narrative to explain the qualitative data and thereby systematically linking the quantitative data with qualitative data.



## 4. FINDINGS

### 4.1 Introduction

This study was carried out to investigate, first, the current perception among the Abagusii community towards FGC and secondly, the perception among community of the key factors leading to the persistence among the Abagusii community. Thirdly, the study sought to investigate the perception among the community towards alternative strategies of dealing with FGC i.e. alternative rites of passage and the practice of performing FGC in hospitals (medicalization of circumcision). Finally the study aimed at investigating the perception among the members of the Abagusii community of their role in the eradication of FGC.

The study involved a sample of 150 respondents who are members of the Abagusii community. These were distributed into various categories: There were 60 young persons (15-29 years) 60 Adults (above 30 years) and 25 Opinion leaders. Eventually 135 respondents (90 %) out of the original sample participated in the study. These included 55 Youth 55 Adults, and 28 Opinion leaders.

### 4.2 Background Information on Respondents

#### *4.2.1 Distribution of respondents by sex*

All the categories of questionnaires and the interview schedule were highly responded to by the various categories of respondents. According to Table 2 a total of 135 (90%) respondents returned the questionnaires. These included 55 Youth 55 Adults, and 25 Opinion leaders. The sample included a fairly even distribution by sex in all categories except Opinion leaders' category where females are over-represented (72%). The overall distribution in respondents was 67(49.6%) males and 68 (50.4%) female.

**Table 2. Distribution of respondents by sex**

	Distribution by Sex					
	Male(n =67)		Female(n =68)		Total (n=135)	
Youth (15-29yrs)	32	47.8%	23	41.8 %	55	40.7%
Adults (30-60 yrs)	28	42%	27	45.5 %	55	40.7
Opinion leaders (30-65yrs)	7	10%	18	72 %	25	18.6
Total	67	49.6	68	50.4%	135	100

*4.2.2 Distribution of respondents by level of education*

Data presented in Table 2 shows that the majority of the respondents in the Youths’ category have secondary education. Only 3% of the respondents in this category are primary school graduates while 12.7% and 9.1% held diploma and bachelor’s degree respectively. The Adults category included first primary and secondary school, diploma, bachelors and, masters degree holders. These are more or less evenly distributed. In the Opinion leaders category the majority have secondary school, diploma and Bachelors’ level of education. In overall, 42.2% (57) of the respondents had secondary school level of education. The number of diploma and degree holders was even in each group forming 23% of the total respondents.

**Table 3. Distribution of respondents’ level of education**

Education level	Scores for various categories of respondent							
	Youth (n=55)		Adults (n=55)		Opinion leaders (n=25)		Total (n=130)	
Primary school	3	5.5%	11	20%	1	4%	15	11%
Secondary school	40	72.7%	9	6.4%	8	32%	57	42.2%
Diploma	7	12.7%	18	32.7%	6	24%	31	23 %
Bachelor’s degree	5	9.1%	13	23.6%	8	32%	24	17.8%
Master’s degree	----		4	7.35%	1	4%	7	5.2%
PhD degree	-----		-----		1	4%	-----	

### 4.2.3 FGC status of female respondents

Table 4 shows the distribution of female respondents in various categories by their FGC status. The majority of the respondents in all categories: Youth (82.6%), Adults (88.9%), and Opinion leaders (88.9%) have undergone female circumcision. This means that in overall, the majority of the female respondents admitted (86.9%) having undergone female circumcision. Notably, only 11.7% of the total respondents have not experienced the rite.

Table 4. FGC status of female respondents

FGC status	Scores for various categories of female respondents			
	Youth (n=23)	Adults (n=27)	Opinion leaders (n=18)	Total (n=68)
<i>Circumcised</i>	19 82.6 %	24 88.9%	16 88.9%	59 86.8%
<i>Not circumcised</i>	4 17.4%	2 7.4%	2 11.1%	8 11.7%
<i>No response</i>	-----	1 3.7%	-----	1 1.5%

## 4.3 Current perception of the practice of FGC

### 4.3.1. Attitudes towards females who have not undergone FGC

To assess the perception of the respondents towards Female genital cutting, respondents were asked to state their opinion on a number of statements and provide answers to a number of questions.

*Statement No. 1: It is okey with me if my close female relatives remain uncircumcised*

The data presented in Table 5 collected on this statement indicates that majority of the respondents (71.9%) are of the

opinion that they do not mind if their close female relative do not undergo FGC. Overall only a 28.1% indicate that they would be uncomfortable if their close female relatives do not undergo the rite. There is no major difference in rating between categories of respondents. In the category of Youth and Opinion leaders, 80% and 72% respectively agree or strongly agree with the statement. However in the Adults category those who agree with statement drops to 63.7% while 36.3% disagree with the statement. We can conclude that in every category majority of the respondents held the opinion that they would be comfortable if their close relatives remained uncircumcised.

**Table 5: Perceptions regarding circumcision of close relatives**

*Statement: It is okey with me if my close female relatives remain uncircumcised*

	Scores for various categories			
	Youth (n=55)	Adults (n=55)	Opinion leaders (n=25)	Total (n=130)
Agree (Strongly agree & agree)	44 80%	35 63.7%	18 72%	97 71.9 %
Disagree (Agree & Strongly disagree)	11 20%	20 36.3%	7 28%	38 28.1%

*Statement No. 2: It is alright with me if my son marries a woman who is not circumcised*

The data presented in Table 6 collected on this statement indicate that majority (67.4%) of the respondents will not mind if their sons marry a woman who is not circumcised. On the other hand 32.6% disagree or strongly disagree with the statement. There is no major difference in opinion between categories of respondents. In the category of Adults and Opinion leaders, 61.8% and 68% respectively agree or strongly agree with the

statement. The percentage of those who agree with statement in the Youths category is slightly higher (72.7%). This data indicates that the Youth are more tolerance towards females who are not circumcised.

**Table 6: Perceptions regarding a son marrying a woman who is not circumcised**

*Statement: It is alright with me if my son marries a woman who is not circumcised*

	Scores for various categories			
	<i>Youth</i> (n=55)	<i>Adults</i> (n=55)	<i>Opinion leaders</i> (n=25)	<i>Total</i> (n=130)
Agree (Strongly agree & agree)	40 72.7%	34 61.8%	17 68%	91 67.4%
Disagree (Agree & Strongly disagree)	15 27.3%	21 38.2%	8 32 %	44 32.6%

**Statement number 3:** *It is okey with me if my girl-children remain uncircumcised*

The data presented in Table 7 collected on this statement indicate that in overall, the majority (69.6%) of the respondents would tolerate a situation whereby their girl-children remain uncircumcised. On the other hand a substantial percentage (30.4%) would be uncomfortable with such a situation. There is no substantial difference in opinion in rating between categories of respondents especially the Youth (74.5%) and the Opinion leaders (72%). In the category of Adults the number of respondents who agree with the statement are slightly less (63.7%).

**Table 7: Perceptions regarding girl-children remaining circumcised**

**Statement:** *It is okey with me if my girl-children remain uncircumcised*

	Scores for various categories							
	Youth (n=55)		Adults (n=55)		Opinion leaders (n=25)		Total (n=130)	
Agree (Strongly agree & agree)	41	74.5%	35	63.7%	18	72%	94	69.6%
Disagree (Agree & Strongly disagree)	14	25.5%	20	36.3%	7	28%	41	30.4%

**Question Number 1:** *Does the fact that a woman is not circumcised reduce her chances of finding a husband?*

The data presented in Table 8 collected on this question indicate that in overall the overwhelming majority (88.1%) of the respondents are of the opinion that the fact that a woman is not circumcised does reduce her chances of finding a husband. There is no major difference in rating between categories of respondents. In the Youth and the Opinion leaders 90.9% and 92% respectively agree or strongly disagree with the statement. Similarly in the Adults' category, 83.6% disagree with the statement. We can conclude that in every category majority of the respondents held the opinion that the facts that a woman is not circumcised does not reduce her chances of finding a husband within the community.

**Table 8: Perceptions regarding chances circumcised girl finding a husband**

*Question: Does the fact that a woman is not circumcised reduce her chances of finding a husband?*

	Scores for various categories			
	Youth (n=55)	Adults (n=55)	Opinion leaders (n=25)	Total (n=130)
Yes	5 9.1 %	9 16.4%	2 8%	16 11.9%
No	50 90.9 %	46 83.6%	23 92%	119 88.1%

Those who think that the fact that a woman who is not circumcised reduces her chances of finding a husband were asked to give reasons why they thought that this would be the case. Some of the reasons given are:

- i. Women who are not circumcised are suspected of being sexually hyperactive which can lead to marital infidelity
- ii. Men fear the stigma associated with marrying and a woman who is not circumcised which lead to social isolation, and disrespect

Those who think that the fact that a woman is not circumcised does not reduce her chances of finding a husband gave reasons such as:

- i. There are other factors that are considered such as religious orientation and education level,
- ii. In some cases there is no one who knows whether a woman is circumcised or not.
- iii. There was also an opinion among the Youth that females who have not undergone FC would be preferable because of they have more interest in sex that those who have undergone female circumcision.

**Question number 2:** *Does the fact that a woman is not circumcised create a bad relationship between her and her husband?*

The data presented in Table 9 collected on this question indicates that overwhelming majority (89.6%) of the respondents are of the opinion that the fact that a woman is not circumcised does not necessarily create a bad relationship between her and her husband. Only a few (10.4%) think the fact that a woman is not circumcised can create a bad relationship between her and her husband. There is no major difference in rating between categories of respondents. In the category of Youth and Opinion leaders, 94.5% and 92% think that the fact that a woman is not circumcised does not necessarily create a bad relationship between her and her husband. The percentage for the Adults with the same opinion drops slightly for the Adults to 83.6%.

**Table 9:** Perception towards relationship between a woman is not circumcised and her husband

**Question:** *Does the fact that a woman is not circumcised create a bad relationship between her and her husband?*

	Scores for various categories			
	Youth (n=55)	Adults (n=55)	Opinion leaders (n=5)	Total (n=130)
Yes	3 5.5%	9 6.4%	2 8%	14 10.4%
No	52 94.5 %	46 83.6%	23 92 %	121 89.6%

Those respondents who think that the fact that a woman is not circumcised creates a bad relationship between her and her husband gave the following reasons for their opinion:

- i. Such a woman is likely to be unfaithful to her husband because of excessive sexual desire.
- ii. Stigma associated with being uncircumcised can make strain the relationship



Those respondents who think that the fact that a woman is not circumcised does not necessarily create a bad relationship between her and her husband gave the following reasons for their opinion:

- i. FC is not a personal issue and therefore does not come between a husband and wife

*Question number 3: Does the fact that a woman is not circumcised reduce the respect she gets in the society?*

The data presented in Table 10 collected on this question indicate that opinion is sharply divided on whether or not the fact that a woman is not circumcised reduces the respect she gets in the society. About 44.4% of the respondents are of the opinion that the fact that a woman is not circumcised reduces the respect she gets in the society while 55.6% do not think that this is the case. There is marked difference in rating between categories of respondents. In the category of Youth and Opinion leaders the overwhelming majority, 72.7% and 68% respectively do not think that the fact that a woman who is not circumcised reduces the respect she gets in the society. However, among the Adults opinion is sharply divided between those who think that the fact that a woman is not circumcised reduce the respect she gets in the society and those who think otherwise.

**Table 10: Perceptions regarding respect given by the society to a woman who is circumcised girl**

**Question number:** Does the fact that a woman is not circumcised reduce the respect she gets in the society?

	Scores for various categories			
	Youth (n=55)	Adults (n=55)	Opinion leaders (n=25)	Total (n=130)
Yes	15 27.3%	27 49.1%	17 68%	60 44.4%
No	40 72.7%	28 50.9%	8 32%	75 55.6%

Those respondents who think that the fact that a woman is not circumcised reduces the respect she gets in the society argue that such a woman is looked down upon and referred to as “*egesagane*” which literally means “not circumcised”. In addition they argue that such a woman is seen as:

- i. A coward who feared to “facing the knife”
- ii. A betrayer of the community by avoiding cultural obligations
- iii. Immature and therefore incapable of holding a leadership position
- iv. She is suspected of being sexually immoral

Those respondents who think that the fact that a woman is not circumcised does not reduce the respect she gets in the society argue that:

- i. The meaning and implications are not attached to the person

There was also widespread opinion among the Youth that a female who has not undergone FC would be desirable because of her suspected sexual activeness. Whether this desirability is tantamount to respect was not established.

### 4.3.2. Perception of the community towards complete eradication of FGC

#### 4.3.2.1 Awareness of campaign to eradicate FGC

To assess the awareness of efforts to eradicate Female genital cutting, respondents were asked to state their opinion to the following statement.

*Question number 4: Are you aware of any campaigns or calls for the eradication of the practice of female circumcision in your district?*

The data presented in Table 11 collected on this question indicate that overwhelming majority of the respondents (82.2%) are aware of campaigns to eradicate female genital cutting. Only a few (17.8%) indicated that they are not aware of such campaigns. There is no major difference in rating between categories of respondents. The level of awareness is highest among the Opinion leaders at 92%. Among both the Youths and the Adults, 81.8% indicated that they are aware of anti-FGC campaigns.

Table 11: Awareness of campaigns to eradicate female circumcision

*Question: Are you aware of any campaigns or calls for the eradication of the practice of female circumcision in your district?*

	Scores for various categories							
	Youth (n=55)		Adults (n=55)		Opinion leaders (n=25)		Total (n=130)	
Yes	45	81.8 %	43	81.8%	23	92%	111	82.2%
No	10	18.2 %	12	21.8 %	2	8%	24	17.8%

#### 4.3.2.2. Attitude towards complete eradication of FGC

To assess the perception towards efforts to eradicate Female genital cutting, respondents were asked to state their opinion to the following statement.

**Statement No.3:** *It is okay if my community stops female circumcision*

The data presented in Table 12 collected on this question indicate that in general majority (72.6%) of the respondents are of would not mind to see FGC eradicated among the Abagusii community. This opinion is most common among the Opinion leaders (88%) and lowest among the Adults' category (63.6%). Among the Youth, this opinion held by a respectable 74.5% of the respondents.

**Table 12:** Perception of various categories towards eradication of female circumcision

**Statement:** *It is okay if my community stops female circumcision*

	Scores for various categories							
	<i>Youth</i> (n=55)		<i>Adults</i> (n=55)		<i>Opinion leaders</i> (n=25)		<i>Total</i> (n=130)	
Yes	41	74.5 %	35	63.6 %	22	88%	98	72.6 %
No	14	25.5%	20	36.4%	3	12%	37	27.4%

According to the data presented in Table 13 on responses to the question among the females who have undergone female circumcision indicates that the majority of respondents in every category would be comfortable with the eradication of FGC in the community. This opinion is highest among the Youth (68.4%) followed by the Opinion leaders (62.5%). Among the Adults, there is a seeming ambivalence towards the eradication of FGC. In overall 62.7% of the female respondents who have undergone female circumcision are comfortable with total eradication of female circumcision.

**Table 13: Perception of Female Respondents who have undergone FGC towards eradication of female circumcision**

*Statement: It is okey if my community stops female circumcision*

	Scores for various categories							
	Youth (n=19)		Adults (n=24)		Opinion leaders (n=16)		Total (n=59)	
Yes	13	68.4 %	13	54.2%	10	62.5%	36	61%
No	6	31.6 %	11	45.8%	6	37.5%	23	39%

The data presented in Table 14 collected on responses the same question among the male respondents in the various category indicate that majority (62.7%) of them would comfortable with the eradication of FGC among the Abagusii community. Only 37.3% indicated that discomfort with eradication of FGC in the community. There is no major difference in rating between categories of respondents. In the Youth and Opinion leaders' categories, 62.5% and 64.3% respectively are in favour of the eradication of FGC. The same opinion is shared by 57.1% of respondents on the Adults' category. There is high level ambivalence among the Adults towards total eradication of FGC among the Opinion leaders.

**Table 14: Perception among male respondents towards eradication of female circumcision**

*Statement: It is okey if my community stops female circumcision*

	Scores for various categories							
	Youth (n=32)		Adults (n=28)		Opinion leaders (n=7)		Total (n=67)	
Yes	20	62.5 %	18	64.3%	4	57.1 %	42	62.7 %
No	12	37.5%	10	35.7%	3	42.9%	25	37.3 %

Those respondents who like to see FGC continue in the

community were asked to give reasons for this opinion. Some of the reasons given are:

- i. FGC is part of with the people's identity and culture therefore propagates culture
- ii. She will have no respect for her husband
- iii. Reduced interest in sex and consequent non involvement in the sex activity enables the girls to finish school
- iv. Critical rite of passage to maturity i.e. makes them morally and psychologically mature
- v. It teaches morality to girls and therefore reduces sexual immorality among the girls
- vi. It is a practice that prepares girls to be fit well into the marriage

Those respondents who not mind the eradication of FGC in the community were asked to give reasons for this opinion. Some of the reasons given are:

- i. It is irrelevant element of life in the society today
- ii. It is a painful experience to the victims and therefore amounts to torture of young girls which is violation of human rights
- iii. It can lead to infection such as HIV
- iv. It reduces sexual feeling and therefore it is detrimental to the sex life of the victims
- v. It has possible side effects such as problems of birth, cancer especially cervical cancer later in life development of cancer
- vi. It is a source stigma in the midst of girls from other tribes
- vii. Encourages ethnic isolation: e.g. It leads to ethnic divide between various tribes and isolation especially in the border region between the Kisii and the Luo
- viii. Those who are not circumcised experience discrimination
- ix. By reducing sexual urge it can lead to divorces and instabilities in families

- x. It can lead to over bleeding and therefore life threatening
- xi. It is very expensive since the ceremonies involve costly celebrations
- xii. By reducing sexual urge makes girls too cold towards boy

**4.3.2.3 Perception of success to reduce FGC prevalence**

To assess perception on success of efforts to reduce the prevalence of female circumcision among the Abagusii respondents were asked state how far they agree with the following statement.

*Statement 4: Circumcision of women is declining among the Abagusii community*

According to data presented in Table 15 overall, 57.8% of all the respondents are of the opinion that there is decline in the prevalence of female circumcision among the Abagusii. However 41.5% of all respondents are of the opinion that female circumcision is not declining. Among the Youth and the Adults 65.5% and 60% respectively are of the opinion that there is decline in the prevalence of female circumcision. However, only 36% in the Opinion leaders’ category hold such opinion. On the contrary 60% of the Opinion leaders believe that there has not been decline in the prevalence of female circumcision.

**Table 15: Perception of trends in the prevalence rates of female circumcision**

*Statement: Circumcision of women is declining among the Abagusii community*

	Scores for various categories of respondents			
	<i>Youth (n=55)</i>	<i>Adults (n=55)</i>	<i>Opinion leaders (n=25)</i>	<i>Total (n=130)</i>
Agree (Strongly agree & agree)	36 65.5%	33 60%	9 36%	78 57.8%
Disagree (Agree & Strongly disagree)	18 32.7 %	22 40%	16 64 %	56 41.5%
No response	1 1.8%	-----	-----	1 0.7%

#### 4.4. Perception of key Factors leading to the in the persistent FGC

To assess the perception of the respondents of the key factors leading to the Key Factors leading to the in the persistent FGC in Kisii community, the respondents were asked the following question

Question No. 9: Why do you think that female circumcision is very persistent in your community?

The key factors that emerged from the data collected on this question and which are responsible for the persistence of FGC in this community are:

i. Culture:

The society still attaches cultural value in terms of the following:

- A means of propagating morals among girls and women e.g. many especially the elders think that circumcision makes women behave as expected by the society”
- Part of the cultural heritage e.g. people do not understand why they should suddenly stop what they have always done”
- It is an opportunity for the old to pass knowledge to the young girls
- Makes girls feel confident...mature as they approach marriage e.g. the society hails the practice as a rite of passage to womanhood
- It is part of the communal celebration that brings the community together.

ii. Social stigma

- Stigma: Many parents take their children for



circumcision to avoid being laughed at by other members of the society.

iii. Ignorance

- Ignorance of the negative elements surrounding FGC e.g side effects, health risks
- Ignorance of the law. In Kenya it is against the law to circumcise a female minor

#### 4.5 Perceptions towards alternative strategies of dealing with FGC

This research set out to investigate the perceptions towards various alternative strategies of dealing with female circumcision. Two strategies were identified and studied in this investigation: circumcision through words” (*Ogosemia Gwekiare*) and Circumcision in hospitals.

##### 4.5.1. *Ogosemia Gwekiare* “circumcision through words”(Ogosemia Gwekiare)

This is an alternative rite to the traditional FGC passage of age whereby young girls are taught personal health, reproduction, hygiene, communication skills, family education, self esteem and dealing with peer pressure just like the traditional circumcision ceremony, except that there is no cutting of the genitals. The week’s ceremony ends with a “graduation” at a chosen day of “coming to age”, where religious, political and government Opinion leaders are invited to make speeches. The community joins the rituals by dancing, singing and feasting. The girl receives gift from the project, parents at and friends. Through the songs and dances and drama, the girls announce they have left female genital cutting.

In order to assess the awareness of the members of the

community of “circumcision through words” (*Ogosemia Gwekiare*), respondents were asked the following question:

Question No. 6: Are you aware of a form of circumcision known as “circumcision through words”(“*Ogosemia Gwekiare*”)?

The data presented in Table 16 collected on this question indicate that majority of the respondents (57%) are aware of the existence of *Ogosemia Gwekiare*. However 45.9% of the respondents are not aware of this alternative rite. Awareness of this rite is highest among the Opinion leaders (64%) and Youth (63.7%). However only 43.7% of the adult respondents admitted being aware of the practice while 52.7% are unaware of this practice.

Table 16: Awareness of the existence of “circumcision through words”(“*Ogosemia Gwekiare*”)

**Question:** Are you aware of a form of circumcision known as “circumcision through words”(“*Ogosemia Gwekiare*”)?

	Scores for various categories							
	<i>Youth</i> (n=55)		<i>Adults</i> (n=55)		<i>Opinion leaders</i> (n=25)		<i>Total</i> (n=135)	
Yes	35	63.7%	26	43.7%	16	64%	77	57%
No	20	36.4%	29	52.7%	9	36%	58	43%

In order to assess the perception of the members of the community of “circumcision through words”(“*Ogosemia Gwekiare*”) (*Ogosemia Gwekiare*), respondents were asked the following question:

Question No. 7: Is “circumcision through words”(“*Ogosemia Gwekiare*”) a positive development in the practice female circumcision?

The data presented in Table 17 collected on this question

indicate that 54.1% of all the respondents are of the opinion that “*circumcision through words*”(“*Ogosemia Gwekiare*”)is a positive development in dealing with FGC while 45.9% think that this is not a positive development. Among the Youth and the Adults “*circumcision through words*”(“*Ogosemia Gwekiare*”) is viewed as a positive by the majority of the respondents. However among the Opinion leaders, those who view this alternative rite positively are only 44% while majority of them (56%) do not view it positively.

Table 17: Perception towards “circumcision through words”(“*Ogosemia Gwekiare*”)

**Question:** Is “*circumcision through words*”(“*Ogosemia Gwekiare*”) a positive development in the practice female circumcision?

	Scores for various categories							
	Youth (n=55)		Adults (n=55)		Opinion leaders (n=25)		Total (n=130)	
Yes	33	60%	29	52.7%	11	44%	73	54.1%
No	22	40%	26	47.3 %	14	56 %	62	45.9%

Those respondents who think that “*circumcision through words*”(“*Ogosemia Gwekiare*”) is a positive step in dealing female circumcision gave the following reasons for their opinion. Some of the major reasons advanced are that:

- i. It respects the integrity of the women’s body
- ii. It agrees with Christian teaching
- iii. It provides an alternative way of graduating the girls to adulthood by satisfying community need to provide moral teaching that go along with the practice hence removing the knowledge and psychological justification for physical cutting of genitals
- iv. It makes women avoid the meaningless pay experienced during traditional circumcision.

- v. It teaches girls the negative things about FGC
- vi. It is safer against infections
- vii. It removes the pain experienced by young girls during circumcision
- viii. It leads to self understanding and consciousness of ones self worthy and instills self confidence

Those respondents who not think that “*circumcision through words*”(“*Ogosemia Gwekiare*”) is a positive development in dealing with female circumcision gave the following reasons for their opinion:

- i. It is pervasion of culture
- ii. Due to uncontrolled sexual urge among females it will lead to increase in immorality
- iii. It will lead to immature women in the future which does not augur well for the future of the society

#### *4.5.2. Circumcision in hospitals (medicalization of FGC)*

This is the tendency to carry out female circumcision procedures in hospitals mainly due to biomedical concerns over health risks surrounding the practice. This is part of the process of medicalization of FGC among the Abagusii, which favours the continuation of the practice as a cultural norm but in more hygienic conditions.

In order to assess the awareness of the members of the community of the practice of some members of the Abagusii community to take the girl-children for circumcision in the hospitals respondents were asked the following question:

*Question No. 7: Are you aware of female circumcision taking place in hospitals?*

The data presented in Table 18 collected on this question indicates that majority of the respondents (71.9%) are aware of the practice of performing female circumcision in hospitals. Only 28.1% of the respondents are not aware of this practice. Awareness of this trend of medicalization of FGC is highest among the Adults' (78.2%) and Opinion leaders (72%). However among the Youth category still a majority (65.5%) admitted being aware of the practice while 34.5% are unaware of this practice.

**Table 18: Awareness of the existence of female circumcision in hospitals**

*Question: Are you aware of female circumcision taking place in hospitals?*

	Scores for various categories							
	Youth (n=55)		Adults (n=55)		Opinion leaders (n=25)		Total (n=130)	
Yes	36	65.5%	43	78.2%	18	72%	97	71.9%
No	19	34.5%	12	21.8%	7	28%	38	28.1 %
No response	-----		-----		-----		-----	

**Question No. 8: Is the circumcision in the hospital a positive development in dealing the practice of female circumcision?**

The data presented in Table 19 collected on this question indicate that 66.7% of all the respondents are of the opinion that circumcision in the hospitals is a positive development in dealing with the practice of female circumcision while only 33.3% think that this is not a positive development. Among the Adults and the Youth circumcision in the hospital is viewed as a positive by the majority of the respondents, 78.2% and 63.6% respectively. However among the Opinion leaders, those who view this practice positively are only 48% while majority of them (52%) do not view it positively.

**Table 19: Perception towards circumcision in the hospital**

*Question: Is the circumcision in the hospital a positive development in dealing the practice of female circumcision?*

	Scores for various categories of respondents			
	Youth (n=55)	Adults (n=55)	Opinion leaders (n=25)	Total (n=130)
Yes	35 63.6%	43 78.2%	12 48%	90 66.7%
No	20 36.4 %	12 21.8%	13 52%	45 33.3 %

Those respondents who think that circumcision in the hospital is a positive step in dealing with female circumcision gave the following reasons for their opinion. Some of the major reasons advanced are that:

- i. It is more hygienic and therefore reduces the risk of infection by diseases such as HIV
- ii. It will reduce pain compared to traditional circumcision in the villages
- iii. Quicker healing
- iv. The initiates experience less bleeding

Those respondents who not think that circumcision in the hospital is a positive development in dealing with female circumcision gave the following reasons for their opinion:

- i. Although performing circumcision in hospitals reduces infection and pain and the other side effects remain
- ii. It leads to perpetuation of the practice
- iii. It is artificial and a perversion of this cultural practice

#### 4.6 The role the members of the community in the eradication of FGC

To assess the perception of the respondents their roles in the

eradication of FGC the respondents were asked what they thought they were asked the following relevant variation of the following question:

*Question No. 10: What role do you think the Adults (Opinion leaders/ Youth) should play in eradicating female circumcision in Kisii?*

#### **Role of the Youth**

- i. When they marry and get children they should not practice on it
- ii. Focus on the next generation of Opinion leaders and parents....the Youth.
- iii. Create awareness among the Youth
- iv. Dialogue: Should be encouraged to speak about what they feel about it.
- v. Can be agents against the practice among their fellow Youth...educating their peers on its dangers and meaning.
- vi. Change of attitude

#### **Role of Opinion leaders**

- i. Sensitize people against FGC
- ii. Give a good example by stopping practicing it
- iii. Create awareness
- iv. Sponsor girls who refuse circumcision to schools
- v. Facilitation money to hold seminars, venues, speakers etc
- vi. Provide incentives for those who have avoided FGC
- vii. Focus on the young: teach them about the dangers of FGC
- viii. Logistical support for campaigns

## 5. SUMMARY, CONCLUSION AND RECOMMENDATIONS

### 5.1 Introduction

The general objective of the study was to investigate the factors that have led to the persistence of female genital cutting (FGC) among the Abagusii of South Nyanza province in spite of various initiatives to eradicate the practice. To achieve this study focused on four specific objectives:

- i. To investigate the current perception among the Abagusii community towards FGC
- ii. To investigate the perception among community of the key factors leading to the persistence among the Abagusii community.
- iii. To investigate the perception among the community towards alternative strategies of dealing with FGC i.e. alternative rites of passage and medicalization of circumcision.
- iv. To investigate perception among the members of the Abagusii community of their role in the eradication of FGC

To achieve the above objectives data was collected various categories: Youth, Adults, and Opinion leaders. The study involved a sample of 150 respondents who are members of the Abagusii community. Multi-stage random sampling, systematic sampling, and simple random sampling techniques were used to select 60 young people (30 girls and 30 boys) and 60 Adults (30 male and 30 females) for inclusion in this study. Eventually 135 respondents (90%) out of the original sample returned the questionnaires. These included 55 Youth 55 Adults, and 25 Opinion leaders. The sample included a fairly even distribution by sex in all categories except Opinion leaders category where females are over-represented (72%). The overall distribution in respondents was 67(49.6%) males and 68 (50.4%) female.



Respondents in the category of community Opinion leaders were selected from the following categories: various categories of teachers including principals of secondary schools, lecturers in teacher colleges, headmistresses and Heads of Departments in secondary schools; religious Opinion leaders such as deacons and pastors; civil Opinion leaders e.g. chiefs and councillors. The sample was also drawn from bankers, social workers, medical practitioners (pharmacist and medical doctor), clan Opinion leaders, women leader and a lawyer who is a representative of FIDA in the region. The purpose of including this group of respondents was to obtain in-depth information of the various issues surrounding FGC in the community such as attitudes and values attached to it, strategies towards its eradication and their impact of the practice.

## 5.2. Summary of Findings

The findings from the study are presented in chapter 4. In this chapter, we present a summary of the answers to the research questions, the conclusions reached and some recommendations towards the efforts to eradicate FGC among the Abagusii and other communities in Kenya.

### 5.2.1. What is the current perception of members of the Abagusii community towards female genital cutting?

This question was answered through a number of items in the questionnaire administered on different social groups in the Abagusii community: Youth, Adults and Opinion leaders. Generally, findings of this study indicate that there is high level of tolerance in the community for non-circumcision of women and goodwill towards efforts to eradicate female circumcision. The considered view of the majority of respondents in this study is that female circumcision is not an overly significant event in the lives of individual members of the society and family life. It

would appear that it plays limited role in the private life of the individual person and therefore as individuals members of the society do not hold it dearly.

A number of indicators support this view. First, majority of the respondents (71.9%) in all categories are of the opinion that they do not mind if their close female relative do not undergo FGC. This view is also shared by the majority (69.6%) of the respondents who admitted that they can tolerate a situation whereby their own girl-children remain uncircumcised. Secondly, majority of respondents (67.4%) in all categories will not mind if their sons marry a woman who is not circumcised. Indeed an overwhelming majority of respondents (88.1%) are of the opinion that the fact that a woman is not circumcised does reduce her chances of finding a husband. On a related question the overwhelming majority of the respondents are of the opinion that the fact that a woman is not circumcised does not necessarily create a bad relationship between her and her husband.

The results of this study indicate there is awareness aware of campaigns to eradicate female genital cutting among the majority (82.2%) of the respondents. There were four main groups identified as the major campaigners against the practice: Non Governmental Organizations (NGOs), churches, government agencies, and women organizations such as Maendeleo ya Wanawake and FIDA). As a consequence of such efforts 57.8% of all the respondents are the opinion that there has been a decline in the prevalence of female circumcision among the Abagusii. However 41.5% of all respondents are of the opinion that female circumcision is declining.

According to responses gathered to a number a number of items in the questionnaires administered on different social groups such as the Youth, Adults and Opinion leaders, there is generally goodwill in the community towards efforts to eradicate female

circumcision. For example in general majority (72.6%) of the respondents in all indicated that not mind to see FGC eradicated among the Abagusii community. Data collected indicates that the majority (61%) of female respondents who have undergone female circumcision are in favour of the eradication of FGC in the Abagusii community. Even among the male respondents in the various category, Youth Adults and Opinion leaders indicate that majority (62.7%) of them are comfortable with the eradication of FGC among the Abagusii community.

5.2.2. What is the perception among community of the key factors leading to the persistence of FGC among the Abagusii community?

The key reasons given in favour of eradication of the practice are that, first; FGC practice inflicts unnecessary pain on the victims and therefore a form of human torture. Secondly the practice exposes participants to health risks such as infection of diseases such as HIV- AIDS. Thirdly, female circumcision is associated with side effects such as difficulties during birth and reduced sexual arousal which is danger to marital and family stability. Finally, there is always the danger of severe breeding which has cause death to victims in the past.

The main reason given by those who are opposed to the eradication of female circumcision is culture. The Abagusii society still attaches cultural value to female circumcision and therefore a part of the cultural heritage e.g. people do not understand why they should suddenly stop what they have always done. First Female circumcision is seen as a means of propagating morals among girls and women e.g. many especially the elders think that circumcision makes women behave as expected by the society. Secondly, it is an opportunity for the old to pass knowledge to the young girls. Thirdly it makes girls confident in their maturity as they approach marriage therefore it is hailed as a rite of passage to womanhood

### 5.2.3. What is the perception among the community towards alternative strategies of dealing with FGC i.e. alternative rites of passage and circumcision in hospitals?

This research investigated two alternative strategies of dealing with FGC: The alternative rite of circumcision known as “circumcision through words”(“*Ogosemia Gwekiare*”) and circumcision in hospitals. There is ambivalence among respondents towards the alternative rite known as *Ogosemia Gwekiare*. Although slightly more than half of the respondents (54.1%) are of the opinion that “*circumcision through words*”(“*Ogosemia Gwekiare*”) is a positive development in dealing with FGC a respectable 45.9% of the respondents are against the alternative rite. However the fact that popularity of the rite has risen to this level is an indication that it has created a positive impression in the society and there is a possibility of it gaining more popularity as an alternative to traditional genital cutting.

Those respondents who think that “*circumcision through words*”(“*Ogosemia Gwekiare*”) is a positive step in dealing female circumcision gave the following reasons for their opinion. Some of the major reasons advanced are that:

- i. It respects the integrity of the women’s body
- ii. In is line with Christian teaching
- iii. It provides an alternative way of graduating the girls to adulthood by satisfying community need to provide moral teaching that go along with the practice hence removing the knowledge and psychological needs that justify physical cutting of genitals
- iv. It makes women avoid the meaningless pain experienced during traditional circumcision.
- v. It teaches girls the negative things about FGC safer against infections
- vi. It removes the pain experienced by young girls during circumcision

- vii. It leads to self understanding and consciousness of ones self worthy and instills self confidence

Those respondents who not think that “*circumcision through words*”(“*Ogosemia Gwekiare*”) is not a positive development in dealing with female circumcision gave the following reasons for their opinion:

- i. It is pervasion of culture
- ii. Uncontrolled sexual urge among females it will lead to increase in immorality
- iii. It will lead to immature women in the future which does not augur well for the future of the society

Circumcision in hospitals enjoys a lot of approval among the respondents. Indeed a majority of the respondents (66.7%) of all the respondents are of the opinion that circumcision in the hospitals is a positive development in dealing with the practice of female circumcision compared to 33.3% who are against this development. Those respondents who think that circumcision in the hospital is a positive step in dealing with female circumcision gave the following reasons for their opinion. Some of the major reasons advanced are that:

- i. It is more hygienic and therefore reduces the risk of infection of diseases such as HIV
- ii. It reduces the pain experienced by females compared to traditional circumcision in the villages
- iii. It facilitates faster healing
- iv. The initiates experience less bleeding

Those respondents who not think that circumcision in the hospital is a positive development in dealing with female circumcision gave the following reasons for their opinion:

- i. Although performing circumcision in hospitals reduces

- infection and pain and the other side effects remain e.g. the risks of complication
- ii. It leads to the perpetuation of the practice
- iii. It is artificial and a perversion of this cultural practice

5.2.4. What is the perception among the members of the Abagusii community of their role in the eradication of FGC?

There is high level of consciousness that members of the community can contribute towards the eradication of the practice of female circumcision. There is a sense that the Youth hold the key to the perpetuation or eradication of the practice in the future. There is therefore call for emphasis of the Youth as the next generation of Opinion leaders and parents. This study has revealed that Youth are more liberal towards female circumcisions and indeed hold more views that go against notions such as the need to control female sexuality common among the older generation. Therefore they can be agents against the practice among their fellow Youth...educating their peers on its dangers. Awareness should be created awareness among them and they should be encouraged to speak about what they feel about it and engage in dialogue about it.

Role of Opinion leaders

- i. Sensitize people against FGC
- ii. Give a good example by stopping practicing it
- iii. Create awareness
- iv. Sponsor girls who refuse circumcision to schools
- v. Facilitation money to hold seminars, venues, speakers etc
- vi. Provide incentives for those who have avoided FGC
- vii. Focus on the young: teach them about the dangers of FGC
- viii. Logistical support for campaigns

### 5.3 Conclusions

Arising of the data collected the following conclusion can be made:

1. There is evidence that despite the resilient nature of the practice of female genital cutting (FGC), it is declining in the community
2. Although the perception about the practice of female circumcision is varied from one social group to the other, majority of the respondents belief that female circumcision should be eradicated.
3. There is generally high level of tolerance in the society for females who are not circumcised and also goodwill towards efforts to eradicate female circumcision
4. There is widespread awareness of some awareness of some of the dangers of FGC e.g. health risks
5. Alternative rite of passage such as the so-called “circumcision without words” enjoys significant level of support and is a therefore a viable alternative to traditional FGC.
6. Although in hospitals carrying out circumcision in hospitals is beneficial in creating a more hygienic atmosphere for FGC is likely to perpetuate FGC.
7. There is emphasis on the Youth as having a critical role to play in campaigns to eradicate FGC.

### 5.3 Recommendations

Based on the findings above, this study makes the following recommendations:

1. Encourage alternative rites FGC such as “circumcision through words”(“Ogosemia Gwekiare”) which can eventually replace traditional FGC rite.
2. Education can play an important role in mobilization

- against FGC. For example creating awareness of the dangers and risks associated with FGC, legal and human right issues surrounding FGC
3. Encourage open dialogue in the community on FGC. In the past a lot of efforts against FGC have been seen as coming from outside but there is need to internally generate open discussions about the practice and the issues surrounding it.
  4. The Youth occupy a unique position which will influence the prevalence of FGC in the future. The important role of the Youth in the fight against FGC. As the next generation of parents and Opinion leaders, they can agents against the practice among their peers. There is therefore need to empower them through knowledge.
  5. There is need fight against the stigma association to non-circumcision status in the community.
  6. Cushion those who have avoided FGC through material support, safe houses
  7. The findings from this study are not exhaustive. Future research can be directed towards areas such as the impact of education on the persistence of the practice, and perceptions of the youth towards FGC and how they can be integrated in strategies against FGC.



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## APPENDIXES

### APPENDIX I: QUESTIONNAIRE FOR ADULTS

#### GENERAL INSTRUCTION

Please tick (✓) in the racket in front of the appropriate response and where explanation is required use the space provided.

#### BACKGROUND INFORMATION

1. Sex: 1. Male [ ] 2. Female [ ]
2. Age: 30-35 [ ] 35-40 [ ] 41- 45[ ]  
46-50 [ ] 51-55 [ ] 55-60 [ ]
3. Education level: Primary [ ]  
Secondary level [ ] Diploma [ ]  
Undergraduate [ ] Master [ ] Doctorate [ ]

#### GENERAL PERCEPTION ON FEMALE CIRCUMCISION

1. Tick any of the following which is correct in your own experience:
  - i. I have undergone female circumcision [ ]
  - ii. My sister(s) have undergone female circumcision [ ]
  - iii. I know close relatives who have undergone female circumcision [ ]
  - iv. My neighbor's still practice female
  - v. circumcision [ ]
2. Use a tick [✓] to choose one of the statements below to state your opinion on female circumcision.

**Strongly Agree [SA], Agree [A], Disagree [D] and Strongly Disagree [SD]**

PERCEPTIONS ON FEMALE CIRCUMCISION	RATING			
	SA	A	D	SD
It is alright with me if my son marries a woman who is not circumcised				
It is okey with me if my children remain uncircumcised				
It is okey with me if my relatives remain uncircumcised				
It is alright if my community stop female circumcision				
Circumcision of women is declining among the Abagusii community				
Culture is one of the factors encouraging female circumcision in Kisii				

3. (a) What do you think should be done to reduce female circumcision?

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b). Please give reasons for your answer in 3(a) above.

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**CURRENT STRATEGIES FOR ERADICATION OF FEMALE CIRCUMCISION**

4. (a). Are you aware of any campaigns or calls for the eradication of the practice of female circumcision in your district.

- (a). Yes
- (b). No

(b). If your answer in (a) above is yes, who are the persons or groups who have been involved in these campaigns?

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(c). Why do you think female circumcision should be stopped?

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**IMPACT OF STRATEGIES FOR THE ERADICATION OF FEMALE CIRCUMCISION**

5. (a) Do you think female circumcision should continue in Kisii?

Yes [    ]

No [    ]

(b) What are the reasons for your answer in 5 (a)

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6. (a). Does the fact that a woman is not circumcised reduce her chances of finding a husband?

Yes [    ]

No [    ]

(b) If your answer in 6(a) above is yes explain why do you think it is so?

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7. (a). Does the fact that a woman is not circumcised create a bad relationship between her and her husband?

Yes [    ]

No [    ]

(b) If your answer in 7(a) above is yes explain why you think so

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8. What do you think a man should do if he finds out that his wife has not been circumcised?

A. Arrange for her to be circumcised [    ]

B. Divorce her [    ]

C. Continue to live with her as she is [    ]

9. Have you heard of any woman being divorced because of not undergoing circumcision?

Yes [    ]

No [    ]

10. Have you heard of any woman who has undergone circumcision after marriage?

Yes [    ]

No [    ]

11. (a) Does the fact that a woman is not circumcised reduce the respect she gets in the society?

Yes [    ]

No [    ]

- (b) If your answer in 11(a) above is yes explain why you think that this is the case.

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12. (a). Do you know of any girl (s) who have undergone the circumcision ceremony known as “circumcision through words” (*Ogosemia Gwekiare*)

Yes [    ]

No [    ]

- (b). Do you think that this Is “circumcision through words” (*Ogosemia Gwekiare*) a positive development in the practicefemale circumcisio n?

Yes [    ]

No [    ]

- (c). Please give the reasons for your answer in 12 (a) above

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13.(a). Do you know of any girl (s) who have undergone

Yes [     ]

No [     ]

(b). Do you think that this is the circumcision in the hospital a positive development in the practice female circumcision?

Yes [     ]

No [     ]

(c). Please give the reasons for your answer in 13 (a) above

14. a) Why do you think female circumcision is very persistent in your community?

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b) What role do you think the Adults should play in eradicating female circumcision in Kisii?

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**APPENDIX II: QUESTIONNAIRE FOR YOUTH**

- Sex:     1. Male [   ]     2. Female [   ]
2.     Age:   15-20 [   ]     21-25 [   ]  
              26-29 [   ]
3.     Education level: Primary [   ]  
              Secondary level [   ] Diploma [   ]  
              Undergraduate [   ] Master [   ] Doctorate [   ]

**GENERAL PERCEPTION ON FEMALE CIRCUMCISION**

1.     Tick any of the following which is correct in your own experience:
- i.     I have undergone female circumcision [       ]
  - ii.    My sister(s) have undergone female circumcision [    ]
  - iii.   I know close relatives who have undergone female circumcision [   ]
  - iv.    My neighbor's still practice female circumcision [   ]
2.     Use a tick [√] to choose one of the statements below to state your opinion on female circumcision.
- Strongly Agree [SA], Agree [A], Disagree [D]  
and Strongly Disagree [SD]

PERCEPTIONS ON FEMALE CIRCUMCISION	RATING			
	SA	A	D	SD
It is alright with me if my son marries a woman who is not circumcised				
It is okey with me if my children remain uncircumcised				
It is okey with me if my relatives remain uncircumcised				
It is alright if my community stop female circumcision				
Circumcision of women is declining among the Abagusii community				
Culture is one of the factors encouraging female circumcision in Kisii				

3. (a) What do you think should be done to reduce female circumcision?

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b). Please give reasons for your answer in 3(a) above.

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**CURRENT STRATEGIES FOR ERADICATION OF FEMALE CIRCUMCISION**

4. (a). Are you aware of any campaigns or calls for the eradication of the practice of female circumcision in your district.

(a). Yes

(b). No

(b). If your answer in (a) above is yes, who are the persons or groups who have been involved in these campaigns?

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(c). Why do you think female circumcision should be stopped?

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**IMPACT OF STRATEGIES FOR THE ERADICATION OF FEMALE CIRCUMCISION**

5. (a) Do you think female circumcision should continue in Kisii?

Yes [    ]

No [    ]

(b) What are the reasons for your answer in 5 (a)

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6. (a). Does the fact that a woman is not circumcised reduce her chances of finding a husband?

Yes [    ]

No [    ]

(b) If your answer in 6(a) above is yes explain why do you think it is so?

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7. (a). Does the fact that a woman is not circumcised create a bad relationship between her and her husband?

Yes [    ]

No [    ]

(b) If your answer in 7(a) above is yes explain why you think so

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8. What do you think a man should do if he finds out that his wife has not been circumcised?

D. Arrange for her to be circumcised [    ]

E. Divorce her [    ]

F. Continue to live with her as she is [    ]

9. Have you heard of any woman being divorced because of not undergoing circumcision?

Yes [    ]

No [    ]

10. Have you heard of any woman who has undergone circumcision after marriage?

Yes [    ]

No [    ]

11. (a) Does the fact that a woman is not circumcised reduce the respect she gets in the society?

Yes [    ]

No [    ]

(b) If your answer in 11(a) above is yes explain why you think that this is the case.

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12. (a). Do you know of any girl (s) who have undergone the circumcision ceremony known as “circumcision through words” (*Ogosemia Gwekiare*)

Yes [    ]

No [    ]

(b). Do you think that this is “circumcision through words” (*Ogosemia Gwekiare*) a positive development in the practice female circumcision?

Yes [    ]

No [    ]

(c). Please give the reasons for your answer in 12 (a) above

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13. a). Do you know of any girl (s) who have undergone

Yes [     ]

No [     ]

(b). Do you think that this is the circumcision in the hospital a positive development in the practice female circumcision?

Yes [     ]

No [     ]

(c). Please give the reasons for your answer in 13 (a) above

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14. a) Why do you think female circumcision is very persistent in your community?

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b) What role do you think the Adults should play in eradicating female circumcision in Kisii?

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**APPENDIX III: INTERVIEW GUIDE FOR OPINION LEADERS PRACTITIONERS**

**GENERAL INSTRUCTION**

Please tick (✓) in the racket in front of the appropriate response and where explanation is required use the space provided.

**BACKGROUND INFORMATION**

1. Sex: 1. Male [ ] 2. Female [ ]
2. Age: 30-35 [ ] 35-40 [ ] 41- 45[ ]  
46-50 [ ] 51-55 [ ] 55-60 [ ]
3. Education level: Primary [ ]  
Secondary level [ ] Diploma [ ]  
Undergraduate [ ] Master [ ] Doctorate [ ]
4. Occupation: \_\_\_\_\_
5. Administrative Position \_\_\_\_\_

**GENERAL PERCEPTION ON FEMALE CIRCUMCISION**

1. In your own experience, do you agree to the following statements:
  - v. I have undergone female circumcision [ ]
  - vi. My sister(s) have undergone female circumcision [ ]
  - vii. I know close relatives who have undergone female circumcision [ ]
  - viii. My neighbor's still practice female circumcision [ ]

2. In your opinion on female circumcision do you;  
 Strongly Agree [SA], Agree [A], Disagree [D]  
 and Strongly Disagree [SD]

PERCEPTIONS ON FEMALE CIRCUMCISION	RATING			
	SA	A	D	SD
It is alright with me if my son marries a woman who is not circumcised				
It is okey with me if my children remain uncircumcised				
It is okey with me if my relatives remain uncircumcised				
It is alright if my community stop female circumcision				
Circumcision of women is declining among the Abagusii community				
Culture is one of the factors encouraging female circumcision in Kisii				

3. (a) What do you think should be done to reduce female  
 circumcision?

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b). What reasons can you give for your answer in  
 3(a) above

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**CURRENT STRATEGIES FOR ERADICATION OF FEMALE CIRCUMCISION**

4. (a). Are you aware of any campaigns or calls for the eradication of the practice of female circumcision in your district.

(a). Yes

(b). No

(b). Who are the persons or groups who have been involved in these campaigns?

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(c). Why do you think female circumcision should be stopped?

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**IMPACT OF STRATEGIES FOR THE ERADICATION OF FEMALE CIRCUMCISION**

5. (a) Do you think female circumcision should continue in Kisii?

Yes [    ]

No [    ]

(b) What are the reasons for your answer in 5 (a)

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6. (a). Does the fact that a woman is not circumcised reduce her chances of finding a husband?

Yes [    ]

No [    ]

(b) What reasons do you give for the answer above?

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7. (a). Does the fact that a woman is not circumcised create a bad relationship between her and her husband?

Yes [    ]

No [    ]

(b) Why you think so in the answer you have given above?

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8. What do you think a man should do if he finds out that his wife has not been circumcised?

A. Arrange for her to be circumcised [    ]

B. Divorce her [    ]

C. Continue to live with her as she is [    ]

9. Have you heard of any woman being divorced because of not undergoing circumcision?

Yes [    ]

No [    ]

10. Have you heard of any woman who has undergone circumcision after marriage?

Yes [    ]

No [    ]

11. (a) Does the fact that a woman is not circumcised reduce the respect she gets in the society?

Yes [    ]

No [    ]

- (b) Why do you think that this is the case?

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12. (a). Do you know of any girl (s) who have undergone the circumcision ceremony known as “circumcision through words” (*Ogosemia Gwekiare*)

Yes [    ]

No [    ]

- (b). Do you think that this is a positive development in the practice female circumcision?

Yes [    ]

No [    ]

- (c). Please give the reasons for your answer in 12 (a) above

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13. (a). Do you know of any girl (s) who have undergone the circumcision in the hospital

Yes [     ]

No [     ]

(b). Do you think that this is a positive development in the practice female circumcision?

Yes [     ]

No [     ]

(c). Please give the reasons for your answer in 13 (a) above

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14. (a) Why do you think female circumcision is very persistent in your community?

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(b)What role do you think the Opinion leaders like you should play in eradicating female circumcision in Kisii?

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Thank you for your assistance

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