

## **INFLUENCE OF CHURCH BASED EDUCATION CIRCUMCISION PROGRAMMES ON MALE INITIATES' ATTITUDE TOWARDS RESPONSIBLE ADULTHOOD: A CASE OF MERU COUNTY, KENYA**

**John Mwithalii Kamoyo and Veronica Karimi Nyaga**

*Department of Education, Chuka University, P. O Box 109-60400, Chuka, Kenya*

*Email: johnmwithalii@yahoo.com; jkamoyo@chuka.ac.ke ,*

Corresponding Author: John Mwithalii Kamoyo

### **Abstract**

*The study examined the influence of church based education circumcision programmes on male initiates' attitude towards responsible adulthood in Meru County of Kenya. The study employed the descriptive survey research design. Purposive and simple random sampling techniques were used to select a sample size of 280 respondents comprising of 250 male initiates, 25 day care parents and 5 circumcision program organizers. Questionnaires and interview guides were utilized as research instruments for collection of the required data. Frequencies, percentages, means and Chi-Square test statistics were used to analyze quantitative data by use of SPSS version 21.0. Qualitative data from open ended question items in the questionnaires as well as responses from the interviews were thematically analyzed. The findings revealed that church based education circumcision programs inculcated positive attitudes towards responsible adulthood among male initiates. It was recommended that ICT resources be integrated in the education circumcision programs to make it relevant to the modern generation.*

**Key words:** Responsible adulthood, Male initiates, Church based education programmes, Male circumcision, Attitude.

### **1. Introduction**

Male circumcision is practiced by many cultures and religions in the world as a custom, a formality, a rite of passage, a ritual or for medical reasons. This kind of circumcision involves surgical removal of the prepuce or foreskin from the head of the penis or glans leaving it bare (WHO, 2009b). Male circumcision is alleged to enhance hygiene, discourage masturbation and reduce the risk for sexually transmitted infections including HIV AIDS (Warren, 2012). In the United States of America, neonatal male circumcision is common where the boy child is circumcised during the hospitalization period following the birth process (Owigns, Uddin & Williams, 2013). Neonatal male circumcision is purported to be simpler and the wound healing is fast compared to male circumcision performed during adolescent or adulthood. The neonatal circumcision is generally performed by use of Mogen Clamp, Plastibell or Gomco Clamp; instruments that aid in cutting off blood flow after which a scalpel is used to surgically remove the foreskin (Buie, 2005).

Methods used in traditional male circumcision process in South Africa are termed as unhygienic, causing permanent scars, resulting in erectile dysfunction, damaging the penis glans and leading to excessive bleeding (Gwandure, 2011). Still, the use of one knife on many initiates is blamed in part for the high incidence and prevalence of HIV infections in the country. As a result, medical male circumcision campaigns were launched to ensure hygiene and safety of the initiates and to promote male circumcision as a tool for preventing female to male sexual transmission of HIV/AIDS (Lange, 2013). However, South Africans are cautioned against using male circumcision as a sole HIV/AIDS preventive technique mainly because this would undermine the use of condoms and modification of behaviour as standard prevention measures (Ncayiyana, 2011). The fear was that there would be an increase in the infection rates owing to high risk sexual behaviour induced by a false sense of protection among circumcised men.

The medical male circumcision in South Africa faces resistance from the traditional male circumcision process as both men and women defend the culture, ethnic identity and traditions that consider medical male circumcision inferior. Gwandure (2011) asserts that culturally oriented women tend to decline sexual advances or marriage proposals from men who are not traditionally circumcised while the dignity and authority of such men is questioned in light of cultural beliefs. This scenario may sanction medically circumcised men into a stigmatized and ostracized life in the presence of traditionalists. Therefore, interventions to demystify medical male circumcision in South Africa and other African countries may serve to minimize misconceptions and promote coexistence as well as national cohesion in addition to a holistic model for preventing transmission of HIV/AIDS (Lange, 2013). Such interventions may take the form of sensitization, integration of the traditional and medical male circumcision models or cooperation with the traditional circumcisers.

The current social trends and modern technologies are influencing change in the manner in which male circumcision is accomplished. The forces of religion, schooling, single parenthood, nuclear families, HIV/AIDS pandemic, overpopulation, rural/urban migration, housing and economic hardships have revolutionized male circumcision practices in Kenya (Bailey & Egesah, 2006). Traditional male circumcision has been common until the upsurge of HIV/AIDS and the changing societal trends when the churches started organizing circumcision programmes for the primary school graduates as a marker of rite of passage. These programmes have since gained popularity possibly due to the disintegrating family setup as well as the complications associated with traditional male circumcision such as excessive bleeding, excruciating pain, lengthy periods of healing among others (Bailey, Egesah & Rosenberg, 2008). This means that more parents find it convenient to use the church based circumcision programmes that engage medical professionals in performing the operation. Approximately 84% male adults in Kenya are circumcised with the Luo and Turkana ethnic groups having the least percentage of circumcised men mainly because they are not traditionally circumcising communities (WHO, 2007). Among the circumcised, there are two categories: those circumcised in the traditional setup and those circumcised by medical practitioners. The men who choose to undergo the medical circumcision process risk being undermined and stigmatized as being irresponsible and lacking in masculinity, cultural identity and

ancestral traditions (WHO, 2009a). This is because medical male circumcision is performed under anesthesia which minimizes the pain, the initiates are also not bullied into manhood and no cultural traditions or secrets are passed down from community elders. Thus, to safeguard the public image of Meru men in the community, this study sought to investigate the influence of church based circumcision education programme on male initiates' attitude towards responsible adulthood: A case of Meru County, Kenya.

### **1.1 Circumcision Education Programmes**

Circumcision as a rite of passage from childhood to adulthood requires that initiates be educated regarding what the process entails, social expectations, life skills and living values among other aspects of manhood. Generally, after circumcision, initiates are expected to exude courage and resilience since a man's role in society included protecting and providing for the family (Bailey & Egesah, 2006). This means that the initiates were to demonstrate courage by risking their life or spend themselves on behalf of others especially family members, the vulnerable and society in general. Initiates are also taught the art of self-reliance and determination by being encouraged to initiate micro income generating activities either as individuals or in partnership with parents or friends (Ofaha, 2011). In addition, the initiates may be advised on the need to take good care of personal, family and school resources by avoiding misuse, extravagance and destruction of property. This is because the society does expect the initiates to exhibit characteristics of a young adult in terms of thoughts, speech and conduct after circumcision (Bailey & Egesah, 2006). The societal expectations are communicated to the initiates through the education programmes. Initiates are given skills in goal setting, planning and strategizing to enhance purposeful and directed thought processes. Academic, social and career goal setting skills are introduced to the initiates as well as the plans and strategies necessary for achieving these goals. The rationale is to enable the initiates to set a good foundation for their academic, social and career life. Socially, respect by men for authority, the elderly, children and the women are held in high esteem among many societies (Ofaha 2011). Therefore, teaching male initiates various ways of showing respect for various parties in society is fundamental. The initiates also need skills in communication, making decisions and living with the consequences, relating with people in a mature way as well as assertiveness. This is necessary since men are required at some point in time to address issues in personal, family and social lives. Hence, values such as peace, honesty, justice, punctuality, discipline, duty, team spirit and freedom are essential in an individual's strivings for success (Parashar, Dhar & Dhar, 2004). Advantages of such values in the long run need exposition during education programmes for male initiates. Safety and care for the sick, disabled, needy, elderly and children in both families and society are responsibilities and decisions mostly bestowed on men (Twege, Campbell & Freeman, 2012). Thus, instilling attitudes towards social responsibility among male initiates may prepare them for this noble task.

### **2. Statement of the Problem**

Church based circumcision programmes are becoming popular among most societies in Kenya. However, there is a great concern regarding the cultural position and responsibility of men in the

Meru community as customs and practices that were passed on to young initiates through traditional circumcision programmes become elusive. Therefore, in an attempt to guard the public image of Meru men in the community, this study seeks to investigate the effects of church based education circumcision programmes on male initiates' attitude towards responsible adulthood: A case of Meru County, Kenya.

### **3. Objectives of the Study**

The objective of this study was to determine whether there was a relationship between church based circumcision education programmes and male initiates' attitude towards responsible adulthood in Meru County, Kenya.

### **4. Research Hypotheses**

This study sought to test the following hypothesis at a significance level of  $\alpha=0.05$ :

H<sub>0</sub>1: There is no statistically significant relationship between church based circumcision education programmes and male initiates' attitude towards responsible adulthood in Meru County, Kenya.

### **5. Methodology**

This study adapted a descriptive survey research design which entails collecting data in order to test hypotheses or to answer questions concerning the current status of the subjects in the study (Mugenda & Mugenda, 1999). The descriptive survey research design was appropriate for this study because possible behaviour, attitudes, values and characters of the male initiates were determined and reported without manipulating any of the study variables. This study was carried out in Meru County in Kenya and focused on church based circumcision programmes within the County. The study targeted all the male initiates, day parents and programme organizers in church based circumcision programmes within Meru County. Simple random sampling and purposive sampling techniques were used to obtain a sample size of 280 study participants from a population of 796 respondents. Questionnaires and interview guides were employed for collection of the desired data. Validity of the research instruments was ensured through opinions and professional judgement of research experts while reliability of the instruments was improved through a pilot study conducted in Tharaka Nithi County in Kenya. Chronbach Coefficient Alpha was used to determine the internal consistency of the question items and this yielded a reliability coefficient of 0.867 which was considered appropriate for the study. Means, percentages and Chi-Square test statistics were used to analyze the collected data.

### **6. Results of the Study**

The following are results of the study:

#### **6.1 Demographic Characteristics of the respondents**

The male initiates were required to indicate their age in years and the findings are presented in Table 1.

**Table 1: Age of the Male Initiates in Years**

Age	Frequency	Percentage
Twelve Years	12	5.1
Thirteen Years	104	44.1
Fourteen Years	67	28.4
Fifteen Years	36	15.3
Sixteen ears	9	3.8
Seventeen Years	4	1.7
Eighteen Years	4	1.7
Total	236	100.0

Information in Table 1 reveals that most male initiates comprising 44.1% were thirteen years of age. This is the age at which many young men in Meru County in Kenya undergo circumcision. The youngest among the initiates comprising 5.1% were twelve years old while the oldest who made up 1.7% were eighteen years of age.

The study sought information about the education level of the male initiates. The level of education of the male initiates is presented in Table 2.

**Table 2: Level of Education of the Respondents**

Level of Education of the Respondent	Frequency	Percentage
Standard Seven	12	5.1
Standard Eight	174	73.7
Form One	41	17.4
Form Two	8	3.4
Form Three	1	.4
Total	236	100.0

The findings in table 2 indicate that majority of the male initiates had attained standard eight level of education. This is the education level at which primary school learners in Kenya translate to secondary school level of education. There is a societal expectation among the Ameru community that boys undergo initiation into manhood after the primary school level of education.

An item in the questionnaire required the male initiates to indicate the name of their church. The findings are presented in Table 3.

**Table 3: Name of the Church of the Respondent**

Church of the Respondent	Frequency	Percentage
Catholic	13	5.5
Presbyterian	11	4.7
Seventh Day Adventist	4	1.7
Methodist	128	54.2
Full Gospel	17	7.2
Others	63	26.7
Total	236	100.0

The church to which the male initiate were affiliated as indicated in Table 3 reveals that majority (54.2%) of the male initiates attended Methodist Church of Kenya. Other denominations were also represented such as the Catholic Church, Seventh Day Adventist, Presbyterian Church, Full Gospel Church as well as other Protestant Churches. This finding is an indication of tolerance and cooperation among the various church denominations in Meru County in Kenya.

All the day parents were male implying that the females were not allowed to take care of the male initiates among the Ameru people. The age distribution of the day parents indicated that 33.3% were in the age bracket 16-25 years, 20% were in the age bracket 26-35years, 26.7% represented the age bracket 36-45 years, 13.3% were in the age bracket 40-45 years while 6.7% were in the age bracket 56-65 years. Therefore, most day parents were young people. Regarding the professional affiliations of the day parents, 26.7% were students, 13.3% were teachers, 13.3% were pastors, 13.3% were business people while 26.7% were in other varied professions. The day parents were also required to indicate the name of their church. Majority (66.7%) belonged to the Methodist Church of Kenya, 13.3% were in the Presbyterian Church while 20% belonged to other varied churches in the community. The programme organizers who participated in this study were all male, belonged to the teaching profession and were affiliated to the Methodist Church of Kenya.

## **6.2 Church Based Circumcision Education Programme and Attitude towards Responsible Adulthood**

The male initiates were required to indicate the extent of agreement or disagreement with given statements about the influence of church based circumcision education programme on male initiates' attitude towards responsible adulthood on a five level likert scale: Strongly Disagree (SD), Disagree (D), Undecided (U), Agree (A) and Strongly Agree (SA). To determine whether there was a statistically significant relationship between the church based circumcision education programme and male initiates' attitude towards responsible adulthood, a Chi-Square Test Statistic was conducted. The findings are presented in Table 4.

**Table 4: Male Initiates' Opinions on Church Based Circumcision Education Programme and Attitude towards Responsible Adulthood Chi-Square Test Results**

Circumcision Education Programme Statements	Chi-Square	df	Asym p. Sig.
The education programme has assisted me acquire knowledge on how to interact with other people	469.678 <sup>a</sup>	4	.000
Through the education programme am more able to choose my career path	314.551 <sup>a</sup>	4	.000
The education programme has shown me the importance of extending kindness to the needy	290.568 <sup>a</sup>	4	.000
The education programme helps me to be sexually responsible	434.339 <sup>a</sup>	4	.000
The education programme has helped me to be self reliant	333.576 <sup>a</sup>	4	.000
Through the education programme am assisted to be independent	311.288 <sup>a</sup>	4	.000
The education programme helps me to persevere during hard times	417.856 <sup>a</sup>	4	.000

Information in Table 4 shows the values of Chi Square, the degrees of freedom and the significance levels of positive statements on the influence of church based circumcision education programme on male initiates' attitude towards responsible adulthood in Meru County in Kenya. As indicated in Table 4, the P-Values were .000 for all the given statements. Since the Chi Square Test statistic was tested at  $\alpha = 0.05$  significance level, the P-Value  $< 0.05$  indicated a rejection of the null hypothesis. This meant that there was a statistically significant relationship between the church based circumcision education programme and male initiates' attitude towards responsible adulthood.

To determine the nature of the relationship between the church based circumcision education programme and male initiates' attitude towards responsible adulthood, mean perceptions of the male initiates about the influence of church based circumcision education programme on the male initiates' attitude towards responsible adulthood were computed. The findings were presented in Table 5.

**Table 5: Male Initiates' Mean Perceptions about Church Based Circumcision Education Programme and Attitude towards Responsible Adulthood**

Circumcision Education Programme Statements	N	Minimu m	Maximu m	Mea n	Std. Deviation
Through the education programme am able to understand the needs of other members of the society.	236	1	5	4.52	.572
The education programme has assisted me acquire knowledge on how to interact with other people	236	1	5	4.70	.543
Through the education programme am more able to choose my career path	236	1	5	4.48	.780
The education programme has shown me the importance of extending kindness to the needy	236	1	5	4.44	.788
The education programme helps me to be sexually responsible	236	1	5	4.63	.712
The education programme has helped me to be self reliant	236	1	5	4.52	.699
Through the education programme am assisted to be independent	236	1	5	4.46	.842
The education programme helps me to persevere during hard times	236	1	5	4.59	.797
Valid N (listwise)	236				

Information in Table 5 reveals that the means ranged between 4.44 and 4.70 out of a possible minimum mean of 1 and a maximum mean of 5. The standard deviations from the means ranged between .543 and .842. This implies that the church based circumcision education programme had a positive influence on the male initiates' attitude towards responsible adulthood.

An item in the questionnaire required day parents to indicate the extent of agreement or disagreement with given statements about the influence of church based circumcision education programme on male initiates' attitude towards responsible adulthood on a five level likert scale: Strongly Disagree (SD), Disagree (D), Undecided (U), Agree (A) and Strongly Agree (SA). To determine whether there was a statistically significant relationship between the church based circumcision education programme and male initiates' attitude towards responsible adulthood, a Chi-Square Test Statistic was conducted. The findings are presented in Table 6.

**Table 6: Day Parents' Opinions on Church Based Circumcision Education Programme and Attitude towards Responsible Adulthood Chi-Square Test Results**

Circumcision Education Programme Statements	Chi-Square	df	Asymp. Sig.
The education programme enables initiates to understand the needs of other members of the society	8.067 <sup>a</sup>	1	.005
The education programme assists the initiates to acquire knowledge on how to interact with other people	3.267 <sup>a</sup>	1	.071
Through the education programme initiates report that they understand their career paths better	5.200 <sup>b</sup>	2	.074
The education programme enable initiates to readily extend kindness to the needy in the society	11.200 <sup>b</sup>	2	.004
The education programme helps the initiates to be sexually responsible	6.400 <sup>b</sup>	2	.041
Through the education programme the initiates become more self reliant	8.400 <sup>b</sup>	2	.015
The education programme helps the initiates to become independent	9.267 <sup>c</sup>	3	.026
Through the education programme, initiates are able to persevere during hard times	11.400 <sup>c</sup>	3	.010

As indicated in Table 6, the P-Values ranged between .005 and .074. Since the Chi Square Test statistic was tested at  $\alpha = 0.05$  level of significance, the P-Values that were less than .05 meant that there was a statistically significant relationship between the church based circumcision education programme and male initiates' understanding of the needs of other members of the society, extending kindness to the needy in the society, sexual responsibility, self reliance, independence and perseverance during hard times. However, the statements that yielded P-Values that were more than .05 meant that there was a statistically insignificant relationship between the church based circumcision education programme and male initiates' knowledge on how to interact with other people and understanding of personal career paths.

To determine the nature of the relationship between the church based circumcision education programme and male initiates' attitude towards responsible adulthood, mean perceptions of the day parents about the influence of church based circumcision education programme on the male initiates' attitude towards responsible adulthood were computed. The findings were presented in Table 7.

**Table 7: Male Initiates' Mean Perceptions about Church Based Circumcision Education Programme and Attitude towards Responsible Adulthood**

Circumcision Education Programme Statements	N	Minimum	Maximum	Mean	Std. Deviation
The education programme enables initiates to understand the needs of other members of the society	15	4	5	4.87	.352
The education programme assists the initiates to acquire knowledge on how to interact with other people	15	4	5	4.73	.458
Through the education programme initiates report that they understand their career paths better	15	3	5	4.47	.640
The education programme enable initiates to readily extend kindness to the needy in the society	15	1	5	4.53	1.060
The education programme helps the initiates to be sexually responsible	15	2	5	4.47	.834
Through the education programme the initiates become more self reliant	15	1	5	4.47	1.060
The education programme helps the initiates to become independent	15	1	5	4.20	1.207
Through the education programme, initiates are able to persevere during hardt times	15	1	5	4.33	1.113
Valid N (listwise)	15				

Information in Table 7 reveals that the means ranged between 4.20 and 4.87 out of a possible minimum mean of 1 and a maximum mean of 5. The standard deviations from the means ranged between .352 and 1.207. This means that the church based circumcision education programme had a positive influence on the male initiates' attitude towards responsible adulthood.

During the interviews, the programme organizers were required to state some of the issues addressed in the church based circumcision education programme. The responses included issues about secondary school life; social development; peer pressure; parent-initiate relationship; career guidance; discipline and empowerment of the boy child. Regarding attitudes instilled in the initiates by the church based circumcision education programme, the programme organizers revealed that values of unity, respect, patriotism, hard work, confidence and readiness to face challenges were inculcated in the initiates. The programme organizers were also probed about changes the male initiates were expected to make in response to the church based circumcision education programme. The responses included being role models in the community, focusing on education goals, uphold Christian values and plough back in improving the church based circumcision programme. The

study also enquired about other areas that needed to be included in the church based circumcision education programme. The programme organizers noted issues regarding family life, the role of man in the family, technology, care of the environment as well as university and college life.

### **7. Discussion of the Findings**

The church based circumcision education programme in Meru County Kenya assisted male initiates to develop a positive attitude towards responsible adulthood. The male initiates were taught about social expectations and living values pertinent to responsible manhood. This is because the society expects male initiates to exhibit characteristics of a young adult in terms of thoughts, speech and conduct after circumcision (Bailey & Egesah, 2006). The study findings indicated that the church based circumcision education programme enabled initiates to understand the needs of other members of the society, to acquire skills on how to interact with other people and to appreciate the importance of extending kindness to the needy. These findings support suggestions by Ofaha (2011) who purports that respect by men for authority, the elderly, children and the women are held in high esteem among many societies. This means that the church based circumcision education programme had a positive influence on the initiates' attitude to responsible adulthood with respect to interpersonal relationships and care for humanity.

The study findings revealed that male initiates' attitude towards perseverance during hard times was enhanced through the church based circumcision education programme. This is in line with the findings of Bailey & Egesah, (2006) who emphasized that after circumcision, initiates were expected to exude courage and resilience since a man's role in society included protecting and providing for the family. The justification for courage and resilience among male initiates was that men were to demonstrate courage by risking their life or spend themselves in behalf of others especially family members and the vulnerable in society. In addition, the church based circumcision education programme mentored the male initiates into becoming self reliant and independent minded. This finding is in agreement with Ofaha (2011) suggestion that male initiates were taught the art of self-reliance and determination by being encouraged to initiate micro income generating activities either as individuals or in partnership with parents or friends. The male initiates in this study also indicated that they were able to choose career paths as a result of the church based circumcision education programme. This facilitated the values of self reliance and being independent minded since relevant career paths are fundamental to socioeconomic stability.

### **8. Recommendations**

Based on the findings of this study, the following recommendations were made:

- i. The programme organizers need to integrate ICT resources in the circumcision education programme in order to make it more relevant to the modern generation.
- ii. There is need for text books to supplement and solidify information disseminated through lectures during the church based circumcision education programme. This will enable the male initiates to have a point of reference which may generate group discussions on matters related to responsible adulthood.

## References

- Bailey, R. C. & Egesah, O. (2006). *Assessment of Clinical and Traditional Circumcision Services in Bungoma District, Kenya: Complication Rates and Operational Needs*. Retrieved on 12<sup>th</sup> October 2014 from <http://d7c.lihya.net/document/bukusu>
- Bailey, R. C.; Egesah, O. & Rosebery, S. (2008). *Male Circumcision for HIV Prevention. A Prospective Study of Complications in Clinical and Traditional Settings in Bungoma, Kenya*. Bulletin of World Health Organization. 86(9): 669 - 677
- Buie, M. E. (2005). *Circumcision: The Good, the Bad and American Values*. American Journal of Health Education. 36(2): 102 – 108
- Gwandure, C. (2011). *The Ethical Concerns of Using Male Medical Circumcision in HIV prevention in South Saharan Africa*. South African Journal of Bioethics and Law. 4(2): 89 – 94
- Lange, C. (2013). *Africa's Circumcision Challenge*. Nature International Weekly Journal. 503: 182 – 185
- Mugenda, O. M. & Mugenda, G. A. (1999). *Research methods: Quantitative and qualitative approaches*, Nairobi: Acts Press.
- Ncayiyana, D. J. (2011). *The Illusive Promise of Circumcision to Prevent Female-to-Male HIV Infection – not the Way to go for South Africa*. The South African Medical Journal. 101(11): 775 – 776
- Ofoha, D. (2011). *Assessment of the Implementation of the Secondary School Skill-Based Curriculum to Youth Empowerment in Nigeria*. Edo Journal of Counselling. 4(1): 75 – 91
- Owings, M.; Uddin, S. & Williams, S. (2013). *Trends in Circumcision for Male Newborns in U.S. Hospitals: 1979 – 2010*. Retrieved on 8<sup>th</sup> October 2014 from <http://www.cdc.gov/./circumcision -2013.pdf>
- Parashar, S.; Dhar, S. & Dhar, U. (2004). *Perception of Values: A Study of Future Professionals*. Journal of Human Values. 11: 143 – 152
- WHO (2009a). *Traditional Male Circumcision among Young People: A Public Health Perspective in the Context of HIV Prevention*. Retrieved on 3<sup>rd</sup> November 2014 from [http://www.who.int/maternal\\_child\\_adolescent/documents/](http://www.who.int/maternal_child_adolescent/documents/)
- WHO, (2007). *Male Circumcision Global Trends and Determinants of Prevalence, Safety and Acceptability*. Retrieved on 30<sup>th</sup> October 2014 from <http://www.malecircumcision.org>
- WHO, (2009b). *Manual for Male Circumcision under Local Anesthesia*. Retrieved on 30<sup>th</sup> October 2014 from <http://www.who.int/hiv/pub/malecircumcision>