

**CHANGING TRENDS IN MALE CIRCUMCISION RITE AMONG THE
AMERU OF IMENTI SOUTH, KENYA (1939 - 2016)**

ISAAC KATHIO

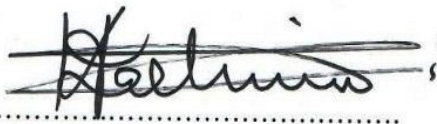
**A Thesis Submitted to Graduate School in Partial Fulfillment of the
Requirements for the Award of the Degree of Master of Arts in History of
Chuka University**

**CHUKA UNIVERSITY
SEPTEMBER, 2023**

DECLARATION AND RECOMMEDATION


Declaration


This thesis is my original work and has not been presented for an award of a degree or diploma in this or any other University.

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Recommendation

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DEDICATION

This work is dedicated to my late wife Harriet Nkirote and children Victor Gitonga and Love Mwendwa. Special dedication goes to my beloved wife Anita Kathambi who did not tire in the push to complete this work. May the efforts to come up with this thesis be their inspiration to pursue education to the highest levels.

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ABSTRACT

Male circumcision rite of initiation has been discussed, but the reality of the Ameru's practice has not been sufficiently presented. Due to the secrecy surrounding the procedure, researchers had frequently stated that it was impossible to understand circumcision among the Ameru. Over the years, the rite has been performed in a customary manner by the Bukusu, Maasai, Pokot, Agikuyu, and the Ameru. In the 1950s, the Ameru community in Imenti South Sub-County embarked on the modernization of their ancient male initiation rite of circumcision. To accurately capture the customary circumcision ritual, the study spanned from 1939 to 2016, and the findings have been classified and presented in two distinct periods: 1939 to 1950 and 1950 to 2016. The primary objective of periodization was to document the traditional rite of passage among Ameru males, observe shifting trends, and explore the implications of transitioning from the traditional to the modern approach in male circumcision. The study specifically focused on Ameru participants residing in Imenti South Sub-County, where the target population consisted of 61,091 men across three divisions. To ensure a representative sample, 50 respondents were selected using random sampling procedure. The research employed various research instruments such as focus groups, observation, and interview schedules. Data collection involved utilizing secondary sources, archival records, and oral accounts. The validity and reliability of the study was maintained by cross-referencing data from oral sources with information obtained from archival and secondary sources. Frequency tables were used to depict quantitative data after it had been analysed using frequencies and percentages. The Modernization Theory (MT) served as the foundation for the investigation. The goal of modernization theory was to explain how societies can evolve and advance by gradually shifting from "traditional" to "modern" social structures. The study finding was that the era of colonization, spread of Christianity, schooling and urbanization was responsible for alterations in male circumcision for example waning of the concept of "one knife, one blood, and one field". In addition, the type of instruction provided, the resources used, seclusion, the method of circumcision, and the commercialization of circumcision have all changed since civilizations are dynamic. The study recommended that the government's cultural ministries regularly educate the general public through advocacy and seminars in order to embrace a change in attitude towards circumcision to easily embrace the choice other community members make. It also recommended the need to build synergy between traditional and modern circumcision through inclusion of culturally accepted initiation practices into the modern practice. This is crucial for encouraging peaceful cohabitation amongst the followers of the two events. The study suggested further research on impact of changes in circumcision on the future of African cultural values and the need of an indepth look on the feasibility of blending worthwhile aspects of traditional circumcision into modern circumcision.

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
BCE	Before Common Era
FGD	Focus Group Discussion
HIV	Human Immuno Deficiency Virus
IHME	Institute for Health Metrics and Evaluation
KADU	Kenya African Democratic Union
KANU	Kenya African National Union
MC	Male Circumcision
MCK	Methodist Church in Kenya
MT	Modernization Theory
NACOSTI	National Council for Science, Technology and Innovation
NGO'S	Non-Governmental Organizations
NIH	National Institute of Health
PCEA	Presbyterian Church of East Africa
RCT	Randomized Controlled Trials
UN	United Nations
UNAIDS	United Nations Programme on HIV and AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The word "circumcision" is derived from the Latin phrases *circum*, which means "around," and *caedere*, which means, "to cut." Therefore, the act of cutting around the male genitalia is referred to as circumcision. The Agikuyu referred to it as "irua," but the Ameru termed it "gutaanwa." The conventional method required several months to prepare for, physically carry out, recover from, and after recover. As a result, the rite meant more than just physically removing the foreskin (prepuce) in whole or in part from the penis. One of the oldest and most frequent surgical practises worldwide is circumcision, which is frequently performed by both conventional and modern medical specialists. According to Silverman (2004), each group has a unique variation in the size of the cut and amount of flesh removed. Approximately one-third of the male population is circumcised, according to Kapila and Williams (1993). In many African societies, adolescents are significantly more likely to undergo the male initiation rite of circumcision (Warner and Strashin, 1981).

Although the exact origin of male circumcision is unknown, Linsley (2011) suggests that it may have started in the Nilo-Saharan region before 3200 BC, when circumcision was widespread in communities including Egypt, Nubia, and Ethiopia. The process appears to have been a custom of the ruler-priest caste, therefore it is unclear if it was intended for all males. In his account of the history of circumcision, Herodotus (BC 485–425 BC) said that both Ethiopians and Egyptians conducted the ritual in classical antiquity. Observers of the Phoenicians and Syrian practice of circumcision report that it was carried out in the same manner as the Egyptians. The Phoenicians and Syrians acknowledge having learnt the procedure from the Egyptians. The majority of initiation rites were carried out by traditional circumcisers in various African civilizations for cultural reasons and as a rite of passage into manhood. Traditional circumcision rites included both the cut and unofficial instruction that assisted the initiates in preparing for maturity. In Africa, male initiation rites are common and served as a means of preparing initiates to become warriors. Male circumcision has a lengthy history and the contemporary version of the operation has changed over time for a variety of reasons, including but not limited to concerns about the procedure's safety.

Due to the traditional practitioners' lack of professional training notwithstanding its effectiveness, male circumcision has been gaining more and more attention (Niang, 2006). Numerous studies have examined the intergenerational changes in Kenya's male circumcision practise. Male circumcision is widely used among Meru community members as a kind of initiation, according to a study by Rimita (1988). Traditional practises and a tight adherence to myths and ideas that stood for social supremacy and respectable status in society were the norm in the study. For the male kid, circumcision was a very significant cultural ceremony among the Ameru people as a rite of passage from childhood to adulthood. In Kenya's Meru County, there are Ameru speakers of the Bantu language who live on Mount Kenya's eastern slopes. Over the years, the Ameru community has observed meticulous traditional cultural customs in connection with birth, naming, circumcision, marriage, and funeral ceremonies. These cultural ceremonies, particularly the initiation rites as asserted by Nyaga (1997), have social and theological overtones that unite the community.

The Meru people's history dates back to the 1950s, but since then, the traditional manner of initiation has changed to become more contemporary. Boys aged twenty to twenty-five had their penis circumcised as part of the customary male initiation process. As soon as a boy underwent the process, he was regarded as an adult, hence it was used to distinguish between a child and an adult. The Ameru practise the male rite of circumcision as a type of initiation that is viewed as the standard for judging manhood and responsibility, claims Gray (2002). Anyone acting inappropriately will be called out by the phrase "*akari ta mwiji*" (he acts like an uncircumcised kid), according to Njuguna (2016). An uncircumcised person is seen by the Ameru as being an incomplete part of the community and as such has no rights, moral authority, or dignity. He is also unable to own property or get married.

Male circumcision was a traditional rite of passage from childhood to maturity that involved physical punishment to harden and discipline the initiate as well as isolation to teach initiates about healthy relationships and sexual taboos that were essential for society to avoid societal vices (Maigallo, 2019). A new name was also given to the initiates to signify their journey from childhood to adulthood. The age group a boy belonged to, which was crucial to his social identity as a Meru, was decided by the time he was initiated among the Ameru (Rimita, 1988). The boys who were

circumcised at the same time, according to Nyaga (1997), constituted an age group and referred each other as "bamo, wacia, or bamung'o," which means my buddy in circumcision. However, since the 1950s, there have been alterations to the ritual of circumcision as an initiation, but they have not been sufficiently documented. Therefore, the objective of this research was to trace the development of the Ameru of Imenti South Sub County's male circumcision custom as an initiation ceremony from 1950 to 2016.

The Ameru community in Kenya's Imenti South Sub County of Meru County has a longstanding tradition of practicing male circumcision as a significant rite of passage. To uphold the boys' purity prior to circumcision, it was customary for them to engage in formalized organizations or guilds for educational purposes. These associations were meant to cultivate discipline, respect, and integrity among the boys. According to seniority, the rites began with the youngest males and progressed through the ranks (Rimita, 1988). The initiation procedures were heavily infused with social values including respect, accountability, duty, and discipline. Boys were trained and expected to act in accordance with the established societal norms as they passed from one stage to the next, particularly while dealing with girls to prevent sexual immorality. Those who disobeyed any established standards were punished with harsh beatings. But according to studies, there has been a transition from the ancient form of circumcision to the current version (Maigallo, 2019). The majority of the younger generation, according to a survey by Kanake (2007), did not view the traditional male circumcision as a rite of initiation since they believed the practise had become outmoded. Instead, as a rite of passage from childhood to adulthood, they decided on the modern circumcision. According to Kanake (2007), the changing patterns of male circumcision as an initiation ceremony had not been thoroughly demonstrated.

Like many other African communities, the Ameru of Imenti South Sub County in Meru County adopted contemporary forms of male initiation in the early 1950s. This is due to the fact that beginning in 1912, Christianity and western formal education introduced new perspectives into African cultural practices relating to male initiation rites of circumcision. Traditional male initiation rites were deemed archaic by the colonial authority and European missionaries, who also saw the need for modernisation and urged the populace to abandon traditional living and accept

western culture. The colonial administration, according to (KNA/MRU/1937), decided to promote the spread of Christianity and built schools in order to modernize people and enable them to abandon their "backward" lives. For instance, missionaries had the opportunity to protest against traditions that they believed prevented modernity when the state of emergency was established in 1952.

According to Timothy (2013), the modern male rite of circumcision is accepted by the other group, however the conservatives feel that traditional male circumcision as a rite of initiation from childhood to maturity is ideal; as a result, a power struggle between the two results. Due to this, some medical professionals perform the modern form of circumcision discretely in clinical settings, while other community members combine the two procedures to fulfill the initiation process. For instance, an initiate might have the surgery done in a contemporary medical facility and also take part in the other Ameru traditional circumcision procedures (Kanake, 2007). This dynamic presented several circumcision options by the year 2000, and it reached its peak in 2016 as a result of widespread community activism, necessitating the need for this study.

This suggests that, although the changing trends have not been sufficiently documented, the concept of male circumcision rite of passage from childhood to maturity has evolved since the 1950s. Because of this, the current study seeks to ascertain how the Ameru of Imenti South Sub-County in Meru County, Kenya, have changed in the practice of male circumcision rite of passage between 1950 and 2016.

1.2 Statement of the Problem

Among the Meru people of Kenya, circumcision holds great cultural importance as a significant ritual marking the transition from childhood to adulthood. This practice not only symbolizes maturity but also imparts essential values like self-discipline, responsibility, and diligence through informal education. However, the traditional significance of male circumcision rite of passage is undergoing changes that present conflicting and puzzling options. The extent of transformation in the Ameru community of Imenti South Sub-County regarding their male circumcision rituals has not been adequately documented. Therefore, this study was conducted to investigate the evolving patterns in the male initiation rite of circumcision among the Ameru of Imenti South Sub-County between the years 1939 and 2016.

1.3 Purpose of the Study

The aim of this study was to examine changing trends in the male circumcision rite of initiation from childhood to adulthood among the Ameru of Imenti South Sub-County of Meru County, Kenya between 1939 and 2016.

1.4 Objectives of the Study

This study was guided by the following objectives:

- i. To examine the male circumcision initiation rite among the Ameru of Imenti South Sub-County prior to the 1950s
- ii. To examine changes in male circumcision among the Ameru of Imenti South Sub-County of Meru County, Kenya, between 1950 and 2016 as a ceremony of initiation from childhood to adulthood.
- iii. To examine the reasons behind changes in the practise of male circumcision among the Ameru of Imenti South Sub-County of Meru County, Kenya, between 1950 and 2016
- iv. To examine how changes in male circumcision, a rite of passage from childhood to maturity among the Ameru of Imenti South Sub-County of Meru County, Kenya between 1950 and 2016, have affected this community.

1.5 Research Questions

To achieve the objectives, the study answered to following research questions:

- i. How was the male Initiation Rite of Circumcision among the Ameru of Imenti South Sub-County before the 1950s?
- ii. What were the changes in male circumcision rite of initiation from childhood to adulthood among the Ameru of Imenti South Sub-County of Meru County, Kenya between 1950 and 2016?
- iii. What were the causes of changes in male circumcision rite of initiation from childhood to adulthood among the Ameru of Imenti South Sub-County of Meru County, Kenya between 1950 and 2016?
- iv. What werwe the effects changes in male circumcision rite of initiation from childhood to adulthood among the Ameru of Imenti South Sub-County of Meru County, Kenya between 1950 and 2016

1.6 Significance of the Study

The social history of the Ameru is presented in this thesis. It offers important details that close the historical knowledge gap on male circumcision as an initiation ritual that occurs between childhood and adulthood. The Kenyan government will benefit if the study's findings are used to improve the present health laws governing male circumcision. The study may benefit the general populace by encouraging primary healthcare initiatives. The findings of this study are expected to lay the groundwork for further research that will either validate or disprove preconceived notions regarding both traditional and modern male initiation rites in the community under study. The study may also be useful to scholars of history on social cultural knowledge and is a base for further research in history and related disciplines in institutions of higher learning.

1.7 The Scope of the Study

The research encompasses a time frame spanning from 1939 to 2016. The findings have been classified into two distinct periods: 1939 to 1950 and 1950 to 2016. In 1939, during the outbreak of the Second World War, the Ameru community's customs and traditions remained intact, allowing for a comprehensive documentation of the male initiation rite of circumcision among the Ameru of Imenti South Sub-County prior to the influence of colonialism. This enabled a thorough examination of the subsequent changes and their consequences. By 1950, colonial influence had reached its pinnacle, just before the declaration of a state of emergency by the colonial secretary, Sir Evelyn Baring. This significant event provided an opportunity for colonizers and missionaries to promote Western ideologies, which posed a setback to traditional practices. The year 2016 is historically remarkable in that it has been the apex of change characterized by widespread advocacies which resulted to establishment of organized camps in institutions such as schools, churches and hospitals all over the Sub-County. This has almost changed the whole meaning and practice of male initiation rite of circumcision among the Ameru of Imenti South Sub County.

1.8 Limitations of the Study

The study was faced with limitations.

- i. The researcher found it difficult to authenticate information retrieved from some archival documents in cases where the details of the authors are not given. This meant that the information was either omitted or exaggerated by the informer. To overcome this limitation corroboration of archival, primary and secondary data was done.
- ii. Scarcity of written records was another limitation. The researcher had to almost use and entirely rely on fading memories of older generation to get information on colonial era.
- iii. Secondary sources especially books that had information on the subject under study but written during post-colonial and colonial period were subject to bias because they were written from a Eurocentric point of view. This limitation was overcome by examining the degree to which information from secondary sources agreed or disagreed with other sources in order to make conclusions.
- iv. Certain participants in the focus group discussion exhibited hesitance when sharing information, as circumcision is a delicate subject in the study area. However, this constraint was addressed by providing reassurance to the respondents that the research outcomes were solely intended for educational purposes.

1.9 Assumptions of the Study

The study was based on the following assumptions:

Male circumcision rite of passage from childhood to adulthood underwent modifications starting in the 1950s, and the Ameru of Imenti South Sub-County were affected by these changes.

1.10 Operational Definition of Terms

- Ameru** : Bantu-speaking group who lived on Mount Kenya's eastern slopes around 1750 A.D, found in the counties of Meru and Tharaka Nithi. The Imenti, Chuka, Tharaka, Igoji, Igembe, Tigania, Mitiine, Mwimbi, and Muthambi subtribes are included in them. It refers to those residing in Meru County.
- Changing Trend** : Demonstrates progress in a new direction. The phrase "evolving pattern" in this study refers to a long-term, gradual change in the ritual of male initiation rite of circumcision.
- Circumcision** : A surgical intervention involving the removal of some or the entire foreskin from the penis. In this study, circumcision is employed to describe the process of eliminating the penile skin as a symbolic representation of transitioning into adulthood.
- Cultural** : Refers to the way of life of people in relation to their customs, beliefs, and traditions. Male circumcision is regarded as a cultural phenomenon in this investigation since it holds a central position within the customs, beliefs, and traditions of the Ameru community residing in Imenti South Sub-County.
- Modern** : This refers to something related to the present as opposed to remote past. In this study, modern circumcision refers to circumcision that is done in a hospital or done by a licensed medical practitioner
- Rite of Initiation** : The act or ritual that a person must carry to be acknowledged as an official member of a group or organisation or as having gained a new status. In this study, circumcision and the ceremonies that accompany it serve as the rite of initiation to denote the passage from infancy to maturity.
- Traditional** : This is used to describe beliefs or behaviours that have developed over a long period of time. The term "traditional" in this study refers to the long-standing, unchanged customs of male circumcision among the Ameru of Imenti South Sub-County.

CHAPTER TWO

LITERATURE REVIEW

2.1 The Practice of Male Circumcision Rite of Initiation from Childhood to Adulthood

The purpose of this chapter was to comprehend what scholars had to say about the male initiation rite of circumcision in order to guide the research and identify a gap that this study will cover. Literature that looked at both the changes in the male initiation ceremony of circumcision and the changes themselves was given special consideration. The theoretical framework that served as the research's compass is also covered in this chapter. Male circumcision as a sign of transition from childhood to adulthood has long been a source of controversy. Male circumcision rite of initiation may be significantly ancient than any recorded history, possibly dating back to the biblical account of Abraham (Genesis 17:24), who is believed to be the first person named as having undergone the procedure. As it was not an openly discussed topic, however, myths and prejudices may have obscured the truth about the rite in numerous African communities.

The origin of male circumcision is unknown, therefore there is no agreement on when, why, or how it came to be done. The variation in the time the circumcision ceremony began, the different communities that conducted it, and the differences in geographical area where the practice took place all indicate that changes in the process must have occurred, but the alterations have not been extensively documented and thus the need for this study that seeks to venture into this uncharted waters among the Ameru of Imenti South Sub-County.

Historical records from a variety of African communities are provided and expounded by Mbiti (1969). According to Mbiti (1969), the traditional male initiation rites done to the initiate were a symbolic experience representing the process of dying and being reborn. Death meant shunning away all childhood things and lifestyle and the rebirth was the act of rejoining their families. In contextualizing the study, this study examined the Zimbabwean Lemba people's schooling views over time. Mbiti (1969) dispute the claim that colonial Zimbabwe had no schooling before white settlement. Mbiti (1969) extensive understanding of Lemba tradition may aid the study. The vast, largely untapped reservoir of indigenous knowledge may be revealed by new

viewpoints, and they may also demonstrate how Zimbabwe might benefit from its use. The current study was centred on the Ameru of Imenti South and the evolving custom of male circumcision. Therefore, circumcision and the associated rites represented the young people as being brand-new, having emerged from childhood with fresh identities (Fadiman, 1993). Both qualitative and quantitative assessments were conducted on the data collected. The qualitative data, obtained through open-ended questions played a crucial role in identifying themes, categories, and patterns relevant to the study. The majority of the study's findings were primarily analyzed and interpreted using qualitative information. The scenario is comparable to the male circumcision rite of passage from childhood to adulthood among the Ameru of Imenti South Sub-County and hence this study.

Traditional male circumcision is not a standardized technique, and traditional surgical approaches are fraught with danger. There are a number of ancient circumcision methods, but most rituals entail severing the foreskin to reveal the glans of the penis Kapila and Williams (1993). The numerous circumcision techniques were the main topic of the study. In Guinea-Bissau, for example, the Balante make a distinction between "small" and "large" circumcisions, with the former including a foreskin incision and the latter involving the total excision of the prepuce. The Ameru of Imenti South Sub-County's male circumcision initiation ceremony before the 1950s was the subject of the current investigation.

In their study, Niang and Boiro (2007) highlighted the importance of considering how to incorporate traditional and contemporary viewpoints while creating male circumcision programmes. In a particular cultural setting, such as the Ameru community in Imenti South Sub-County, Meru County, Kenya, there is a study deficit in examining the specific dynamics of the shift in male circumcision practises as an initiation ceremony from childhood to maturity. Although Niang and Boiro's (2007) study provided insightful information about the male circumcision ritual as a whole, it did not focus on the unique intricacies and changes connected to this rite of passage within the Ameru community. Gaining insights into the traditional and modern dimensions of male circumcision within the Ameru community was essential for developing interventions that are both culturally sensitive and impactful. To address this research gap, the current study focused on investigating the changing patterns,

beliefs, and rituals surrounding male initiation rite among the Ameru people residing in Imenti South Sub-County. By exploring this specific context, the study aimed to offer a holistic understanding of how the practice has evolved over time in response to contemporary influences while preserving its cultural significance.

Circumcision is an area that has elicited a lot of interest particularly in Kenya but several researchers have concentrated on issues such as HIV/AIDS and female circumcision. In contrast to the current study, which looked at the factors that led to changes in the practise of male circumcision rite of passage from infancy to maturity, Koronya (2006) focused on female circumcision in Meru North Sub-County and discovered that the rite is deeply ingrained to all members of the community, including those living in the urban areas. Male circumcision rituals and accompanying rites were the subject of a research by Rimita (1988), who focused particularly on the connected ceremonies. The results of every study conducted on circumcision in Kenya demonstrated that the male initiation ritual of circumcision is dynamic, just like other cultural practises. This study was therefore intended to unravel indepth issues beyond ceremonies connected with male initiation rite of circumcision among the Ameru community in Imenti South Sub-County.

The existing studies conducted by Bailey and Egesah (2006) and Silverman (2004) provided valuable insights into variations, safety, and the cultural origins of male circumcision. However, a research gap exists in exploring the specific interplay between modernization and the changing trends of male circumcision rite of initiation among the Ameru community in Imenti South Sub-County of Meru County, Kenya. While Silverman's study focused on the socio-cultural and religious reasons behind the rise of male circumcision in various cultures, it did not specifically investigate the influence of modernization on the practice. In contrast, this present study aimed at filling the research gap by employing the modernization theory to understand how the process of modernization has impacted the traditional male circumcision rituals among the Ameru. By incorporating the lens of modernization theory, this study sought to examine how factors such as urbanization, education and exposure to external influences have influenced the traditional practices of male circumcision among the Ameru people. The study further explored whether these changing trends

in initiation rites align with or deviate from the traditional cultural norms, and how the community perceives and responds to these changes in the context of modernization.

In "Benefits and Risks of Circumcision" research, the cultural performance theory was employed by Warner and Stashin (1982) to bolster their claims on the tools used by traditional circumcisers within particular ethnic groups. According to the study by Warner and Stashin (1982), in situations where mass circumcision was performed, conventional circumcisers used one blade on all the males or one blade per child. Rimita (1988) and Kanake (2007), agreed with Warner and Stashin (1982), that the Meru culture has health challenges because of their adherence to the "one knife, one field, one blood" tradition. In this study, the Ameru of Imenti South Sub-County of Meru County, Kenya, were examined between 1950 and 2016 to ascertain these challenges and to determine what contributed to changes in male circumcision rite of passage from childhood to maturity.

Male circumcision rite of initiation from childhood to adulthood among the Ameru is believed to have begun during the pre-colonial period mainly as a ritual to transit boys into men. According to Kanake (2007) the first Meru male circumciser was a woman called *Ciobaibaya*. She carried out circumcision until men took over after discovery of a more complicated and distinctive surgical procedure called *Ndigi*. The Ameru learnt *Ndigi* procedure from the Masai after they invited a Masai circumciser to circumcise Meru boys (Rimita, 1988). This method was dominant among the Ameru up to the late 1940s and early 1950s and declined with time after the Christian missionaries introduced hospital circumcision. Circumcision among the Ameru was not a simple occurrence but an important life changing transition that marked a definite stage that made an individual a complete member of the community and guaranteed one's social rights and obligations. Among the Ameru, male circumcision rite of initiation was like being born for a second time. Traditional understanding of the rite was that the period when the boy was circumcised determined his age group and dictated all the events of his adult life. This involved giving a new name.

Nyaga (1997) used social theory to ascertain how the rite was carried out and asserted that permission to circumcise boys was first sought from the Council of Intermediaries. It was after permission was granted by the council of intermediaries

that the parents of candidates from affluent and community's spokesman families took a gift to a medicine man to consult on the appropriate date to perform the rite. Once circumcision date was confirmed and made public, the prospective initiates prepared seclusion huts known as *Iganda* (singular *Kiganda*) and went round singing songs to announce the long awaited day had arrived. The prospective initiates borrowed alms (*Mathaga*) from their relatives and close family friends. The study used social theory to determine how boys were circumcised after receiving approval from the Council of Intermediaries. The current study employed Modernization Theory to examine how circumcision evolved over time from "traditional" to "modern" social systems.

Rimita (1988) used conflict theory to carry out an extensive study on male initiation with an objective of understanding the ritual in the entire Meru community. According to Rimita (1988) a boy was given blessings by elders and his parents on the day he would be circumcised. Nyaga (1997) adds that after the age set was blessed by elders the boy was handed over by the parents to the warriors in what was referred to as *kuumagaria mwiji* (leading out the candidate to the community). Among the Ameru it was necessary for a candidate to enter manhood being chaste. All the candidates therefore underwent cleansing through bathing and other rites performed by a medicine man (*Mugaa*). The cleansing was meant to clear off any impurity incurred in the past life after which there were big feasts in the families of the candidates and the whole clan. The current study was an extensive study on male initiation with an objective of providing clear understanding of the ritual in Imenti South Sub-County.

On the day of circumcision, the boys who were to be circumcised were fitted with banana leaf skirts and were taken to the river before dawn to wash the whole body before the cut. This action according to Rimita (1988) in Timothy (2013) was meant to make the body numb for the knife and to cleanse the candidates. The initiates were once more blessed by a chosen elder (*Mukiama*) who spat honey on the initiates just before the cut. Before the colonial period, the influence of *Kiama* was very strong and felt where *Mukiama* was chosen from. However, during the colonial period there was a decline in the influence of *Kiama* (KNA/MRU, 1912) because of the restriction to a number of elders by the colonialist. The changes in *Kiama* also led to changes in male

circumcision rite of initiation from childhood to adulthood, yet the trends in these changes have not been adequately documented giving a motivation to this study.

Both Nyaga (1997) and Rimita (1988) asserted that circumcision for the boys was done amidst singing and dancing of circumcision songs by the warriors. During traditional circumcision, the candidates formed a semi-circle from right to left and the circumciser begun with the first candidate on the left to right. Rimita (1988), Nyaga (1997) and Kanake (2007) asserted that traditional circumcision operation involved separating the skin from the actual penis. The remains of the old sheath were then carefully operated and joined together to form a loose skin flap which after healing is called “*Ndigi*” in Kimeru. The traditional operation is done on the candidate without application of any anesthetic or medicine before, during and after the cut. The skin flap had to be held and pressed tightly together by the candidate until it joins to appear natural after healing. This study investigated whether the same practice is practiced in Imenti South Sub County.

The candidates were then taken back home and confined in seclusion huts referred to as *Kiganda* for about one to three months where they are fed well to regain the lost blood and to be strong warriors. According to Nyaga (1997) during seclusion, the initiate was beaten thoroughly and forced to reveal any misdeeds committed in an exercise referred to as *Kuuga Mithega* (revealing the pitfalls). The candidate was also beaten for other offences especially if he had been naughty to the parents, warriors and the elders. This practice was devised by the elders to discover dangerous occasions and pitfalls for their misdeeds in order to curb misbehavior in the society and to toughen the initiates. This however changed with colonialism and advent of Christianity. The colonial authority, according to KNA/MRU (1937/39), was against these ancient practises that they viewed as archaic and demanded that the African people abandon them. This caused changes in male circumcision rite of initiation from childhood to adulthood, but the shifting trends in the rites have not been adequately documented, necessitating the need for this study to look at the shifting trends in the rites among the Ameru of Imenti South Sub County between 1950 and 2016.

Seclusion period was very important in traditional male initiation rite of circumcision. It offered opportunity to impart values and educate young adults about social norms, such as rules that govern behavior in society (Fadiman,1993). Mbiti (1987) stated that informal education was offered to ensure acquisition of knowledge and life skills because it was a period of awakening to many things. The secrets and mysteries of man-woman relationship were revealed to the initiates in readiness for incorporation into the community as adults. The initiates were ritually introduced to the art of communal living and learnt obedience, honesty, chastity and endurance of hardships in adult life. The initiates were also given a new name. According to Nyaga (1997) the young man was given a new name the same day and had his first shaving. The name completely replaced his boyhood name and assumed the title of a person (*muntu*), abbreviated 'M' when used as a prefix to the name among the Ameru of Imenti South Sub-County. Fadiman (1982) describes how the Meru initiate is subjected to warrior hood naming ceremony by stating that:

It begun immediately upon entry into the "Gaaru" (warrior's hut)...within moments he was informed of his obligation to purchase a warrior hood name, that of his childhood period having been abandoned as unworthy of his new role and status.

Mbiti (1969) concurs and asserts that the new name was symbolic in that it was a process of dying, living in the spirit world and being reborn with new personalities. The need for indepth inquiry into seclusion, the concept of new names and incorporation into the community necessitated this study. The Meru people had a distinct informal education for the young initiates as they entered into adult hood. This education formed the basis of teaching and mentoring the initiates among themselves, parents and other members of the community. During this education, language for circumcised people was taught such that what they communicated could not be easily understood by an outsider. It included parts of the body, for example:

Bondi meaning chest

Cirimbi meaning nose

Kaugi meaning head

Muti meaning penis

Nthagani meaning hand

The initiates were also introduced to names that refer to different people in the community. These included but not limited to the following;

Sii/ndimu meaning girl

Nkuru meaning mother

Nthegere meaning father

After healing and before the boy got out of seclusion a ceremony where the boy was “burnt” (*Kioro*) was performed. The “burning” (*kioro*) was meant to make the candidate a complete man in the society. Rimita (1988), in Timothy (2013) asserts that the traditional Ameru did not recognize male circumcision rite of initiation from childhood to adulthood where the “burning” ceremony has not taken place. This therefore made those males who underwent the modern circumcision rite of initiation from childhood to adulthood in hospitals and organized camps such as schools to suffer social stigma as being “less circumcised” men in the community. The “Burning Ceremony” involved vigorous indoctrination on how to behave as a circumcised man. After the “Burning Ceremony” preparations were made for the graduation day (*ntuku ya gutunga ntaane*). This day was predominantly for feasting with plenty of food, including native beer and gruel. This study investigated whether or not the same practice is practiced in Imenti South Sub-County.

Beginning in the 1950s, the Ameru of Imenti South Sub-County underwent changes in the preparation for circumcision, the actual cut, isolation, and education provided, from traditional to contemporary circumcision as a ritual of initiation from childhood to maturity. This study was inspired by the fact that the actual changes, how the changes developed, and how they affected the social stratification in the community were not well documented.

2.2 Changes in Male Circumcision Rite of Initiation

Male circumcision practises have changed from the traditional to the modern forms of rites of passage from childhood to adulthood, and this has led to many interpretations. For example, traditionalists before the 1950s saw male circumcision as a medical procedure and a way to usher boys into adulthood by giving initiates the confidence to handle life's challenges with maturity (Fadiman, 1993). Modern male circumcision

rite of passage primarily placed an emphasis on formal education, Christian religion, and good hygiene.

Sawires, Dworkin and Fiamma (2007) reported that traditional norms may partly explain regional variations in male rite of passage between different ethnic groups while Puren, Taljaard and Auvert (2002) in a study in South Africa reported that respondents viewed traditional male circumcision as “old-fashioned. Colonial historiographers refer to this as “primitive” practices by barbarous tribes and thus discouraged the practices. Niang and Boiro (2007) conducted a study in South Africa and ascertained that traditional male circumcision is not very common in urban areas. They explained the low incidence of male circumcision in urban areas by stating that "traditional circumcision is rooted in the ancestral land". These studies made use of modernization theory, which makes the case that undeveloped cultures must experience the dynamics that result from protracted interactions between "natives" and members of "superior culture," which in turn leads to the development of new cultural forms. In order to explain the shifting patterns in male circumcision as a ceremony of initiation among the Ameru of Imenti South Sub County between 1950 and 2016, the current study used the Modernization Theory developed by Sawires, Dworkin, and Fiamma (2007) and Niang and Boiro (2007).

In their evaluation of male circumcision as a strategy for preventing HIV infection in Kenya's Nyanza Province, Bailey, Muga, Poulussen, and Abicht (2002) determined that circumcision had become an acceptable method for preventing the transmission of HIV. This meant that circumcision was no longer considered a rite of passage, but rather a public health measure. Bailey et al. (2002) utilized behavioral risk compensation theory to quantify generational differences in circumcision preferences between traditional and medical or modern circumcision. Magoha (1999) conducted a quantitative study in Nigeria and found that 92% of the 280 adults interviewed were circumcised by a traditional circumciser, but only 62% of their children were circumcised traditionally. Bailey (2002) conducted a comparable study in South Africa and found that 146 (46%) participants preferred to undergo circumcision in a hospital or clinic if given the choice between a clinical and traditional setting. Similar studies to those conducted by Magoha (1999) and Bailey (2002) had not been conducted on the Ameru of Imenti South Sub-County. This study used both

qualitative and quantitative methodologies to document the changing trends in male circumcision initiation rites in Imenti South Sub-County from 1950 to 2016.

A study by Thomas (2003) that aimed at documenting the role of traditional circumcision on the social, economic and political setting of the Agikuyu found out that the 'politics of the foreskin' meaning the politics of male circumcision were an integral part of party politics as a tool for mass mobilization. Thomas (2003) established that traditional male circumcision existed but declined with introduction of western medicine, education and Christianity. What Thomas (2003) did not exhaustively establish were the changing trends in male circumcision rite of initiation from childhood to adulthood which this study sought to establish.

Findings by Kanake (2007) opined that changes in male circumcision among the Ameru were bound to take place but disapproved claims that modern male circumcision would completely overtake traditional male circumcision rite of initiation from childhood to adulthood. The findings by Kanake (2007) indicated that traditional circumcision would still linger on though with some modifications. The current study determined the effects changes in male circumcision rite of initiation from childhood to adulthood among the Ameru of Imenti South Sub-County of Meru County, Kenya between 1950 and 2016. Kanake's (2007) study differed from the current study as it conceptualized and disapproved the modern male circumcision form taking place. Similarly using the Youth Bulge Theory, Timothy (2013) did a case study on socio cultural conflicts among the Ameru arising from the male rite of circumcision. Timothy (2013) found out that there was a conflict in values between the traditional and modern circumcision as rites of initiation due to the vulgar songs, barbaric behavior and the general manner in which the whole tradition circumcision ritual is carried out. Though Timothy (2013) and Kanake (2007) established that there were changes in male circumcision rite of initiation, they did not exhaustively establish the changing trends especially among the Ameru of Imenti South Sub-County hence this study intended to fill in the gap.

Traditional male circumcision rite among the Ameru of Imenti South Sub-County was a serious affair. Members of the community were very cautious on how the rite would be performed from the onset of circumcision period. Prayers were said and libation to

please the ancestors was poured virtually at every stage. Services of medicine men were engaged and blessings of elders were sought. The initiates were expected to have sponsors who were carefully selected. Everything was carried out religiously, beginning with preparations to the actual cut, to healing and “burning”. This made the practice to take a long time, be involving and expensive (Timothy, 2013). The fact that circumcision ceremonies spread over a long period of time; and were deeply involving contributed to some people in the community being lazy, irresponsible and indisciplined due to availability of free food at the homes of the initiates. According to Nyaga, (1997) circumcision songs and dances were performed with an intention of encouraging, to advising and to entertaining the initiates. Some of the songs had vulgar language which Christian faithfuls were not comfortable with (Timothy, 2013). However, this began changing in the 1950s and therefore the need for this study to look into the rationale of the seriousness of male circumcision among the Ameru of Imenti South Sub-County.

Scholars are in agreement that traditional male circumcision as an initiation rite in Meru has evolved over time (Fadiman, 1993; Kanake, 2007; and Rimita, 1988). Uncertain was the progression of these changes over time among the Ameru of Imenti South Sub-County, so this study sought to fill the void.

2.3 Factors that have contributed to Changes in Male Circumcision Rite of Initiation

Changes in male circumcision rite of initiation from childhood to adulthood have been due dynamism in life that have infiltrated into people’s culture. Mbiti (1987) used the social change theory to conceptualize that changes in initiation rite of circumcision in Africa, including Kenya have rapidly taken place over time. The assertion by Mbiti (1987) were supported by Kanake (2007) who added that Christian values taught to initiates and the full support by the government of Kenya over the years has transformed traditional male circumcision. In addition, they have prohibited copying of the customary male circumcision ritual from childhood into maturity. Thomas (2003) agrees that the practise has changed and points to colonial power, western education, and Christianity as the root causes, particularly during the period of independence. As a result of the missionaries' arrival, mission stations were

established, and they erected churches and schools, which changed the practise of circumcision as a rite of passage from childhood to maturity (Kanake, 2007).

Timothy (2013) conducted a case study on the conflicts originating from circumcision as a male initiation rite in Meru and discovered that Christian and traditional values are in stark contrast. This contradicts the findings of Mbiti (1987), who asserts in great detail that informal education was conducted during seclusion in order to instill values and morals in the initiates of African communities, which, according to Kanake (2007), are almost extinct today. The specific factors that contributed to the disparity between Mbiti's (1987) and Kanake's (2007) findings remain uncertain. Therefore, the objective of this study was to identify the underlying factors that led to the transformations in male circumcision rite of passage from infancy to adulthood among the Ameru community in Imenti South Sub-County between the years 1950 and 2016.

In 1912, the Methodist Church of Kenya established a mission station in Kaaga, as documented by Kanake (2007). This study aimed to address a gap left by the author's previous research titled "Transformation of the Traditional Circumcision Rite of Passage for Meru Boys in Kenya," which primarily focused on the response to HIV/AIDS but overlooked the influence of formal education and missionaries on the male initiation rite of circumcision. Additionally, Bailey and Egesah's (2006) study indicated that despite significant changes, traditional surgeons still perform the majority of circumcision rites in various African traditional societies. Meanwhile, Timothy's (2013) research explored socio-cultural conflicts arising from the male circumcision rite but did not delve into the changes occurring in the male initiation ritual of circumcision. Consequently, this study investigated factors that have contributed to changes in male circumcision rite of initiation to bridge the historical knowledge gap regarding the male initiation rite of circumcision.

2.4 Effects of Changes in Male Initiation Rite of Circumcision

Ritualistic male circumcision has been practiced worldwide for over 4,000 years with effects varying according to the procedure used and the age at which circumcision was performed. Warner and Strashin (1981) have described variable and inconsistent effects such as reduced sexual sensation and difficulty in maintaining erection among

circumcised men because it leaves the penis “somewhat less” or “much less” sensitive due to the exposure of the glans. Niang (2006) did a research on circumcision and refuted this claim and said it only requires deeper and harder thrusting for sexual satisfaction as there is no actual desensitization of the head of the penis. The study was a critical literature review which found that male initiation rite of circumcision just required deeper and harder thrusting for sexual fulfillment because the head of the penis is not desensitized and failed to generate original research findings. The current study aimed at exploring, approving or disapproving this assertion among the Ameru of Imenti South Sub-County between 1950 and 2016.

Male circumcision is practised for cultural reasons, especially as an adult rite of passage and initiation ritual, and is not always done for health reasons in many African countries. In a study on the impact of circumcision on HIV prevention, Brown et al. (2001) discovered a link between areas with lower circumcision rates and those with greater HIV prevalence. Dixneuf and Poncier (2007) contend that by reducing the microbiome bacteria in the male genitalia, circumcision of men improves protection against HIV infection. The study investigating the impact of circumcision on HIV prevention revealed a significant association between lower rates of male circumcision and higher HIV prevalence. This study was intended to ascertain whether contemporary male circumcision could potentially provide significant protection against the transmission of HIV and AIDS from men to women.

In a study by the IHME in the University of Washington, Gollaher (1994) revealed that common implications of modern circumcision just like traditional circumcision may include damage to urethra. As documented among the Bukusu of Kenya, deep cutting and extensive foreskin excision during traditional male circumcision can impede wound healing, according to Bailey and Egesah (2006). The results of these investigations prompted the researcher to conduct a study of the Ameru of Imenti South Sub-County to ascertain how the shift from traditional to contemporary male circumcision has affected the population's use of foreskin incisions and their size and kind.

The changes in male initiation rite of circumcision have had an effect in the social life in the community under study. It elicited conflict due to young men having disrespect

for each other. According to Kanake (2007), the traditionally circumcised presume a higher status than the hospital circumcised whether they heal at home or in the camps. However although both are traditionally circumcised, they have differences in terms of social, economic and cultural activities by the fact that the second category undergo the rite traditionally but embrace hospital environment apart from the surgical method. A case study by Timothy, (2013) in Nkuene division showed that those who undergo the rite traditionally and those circumcised the modern way speak sarcastically about each other. This context necessitated a study of the altering trends in male initiation rite of circumcision between 1950 and 2016 to determine its social effects among the Ameru of Imenti South Sub County and hence this study.

A research by Mbachii & Likoko (2013) on the Bukusu of Kenya indicated that moral teaching during traditional circumcision inculcated responsibility. Initiates were taught hard work to keep the community going. Rimita (1988), Nyaga (1997) and Kanake (2007) also had the notion that informal education prepared initiates for sex, marriage and parenthood. It also inculcated virtues of unity and respect in the community especially respect for age mates, parents and other older members in the society. The customary connection of initiates by "one knife, one blood, and one field" waned as a result of the changes in the circumcision ritual brought about by Modernization, Christianity, urbanisation, formal education, and modern medicine.

During the male initiation rite of circumcision, traditional ceremonies were elaborate. They consumed so much time that economic activities in the community nearly ground to a halt (Nyaga, 1997). Traditional circumcision was quite expensive, according to a research by Mbachii and Likoko (2013) on the social and economic repercussions of those practises among the Bukusu in western Kenya. It had an impact on their family's financial situation. While 44% of the initiates saw no change, 56% of them claimed that their families had become poor. However, one hundred (100%) of the parents concurred that the activity is financially costly, primarily due to the cost of supplying the initiates and guests. Only the social and economic ramifications of these practices, which had an impact on their family's financial situation, were examined. This study's goal was to determine how changes to the male initiation ceremony of circumcision affected the Ameru of Imenti South Sub-County's economic situation.

2.5 Theoretical Framework

This study is based on Modernization Theory (MT). Modernization Theory focuses on ways in which societies may change and become modern through a gradual transition from “traditional” to “modern” social structures. This theory emerged in the 18th century and is associated with Marquis de Condorcet. The main proponents of the theory, Walt Whitman Rostow (1967) and Samuel Huntington (1968), saw development as a linear process that every "backward" or "underdeveloped" culture must go through. Modernization theory, which is pertinent to this topic, examines the dynamics that result from protracted interactions between "natives" and members of "superior culture," which lead to the emergence of new cultural forms.

MT describes five phases societies must undergo to modernize. Initially, there is no application of science, and family and clan ties play a central role in the organization of society. The prevalent perception at this time is that the opportunities available to one's grandchildren will be comparable to those available to one's grandparents. This literary passage was interpreted by the researcher to indicate that traditional initiation was destined to continue. The second stage is the pre-launch conditions, where modern science is applied. Africa's preconditions for departure arose as a result of the intrusion of more developed societies. This theory was utilized because it corresponded well with the Ameru of Imenti South Sub-County's traditional comprehension of the male initiation rite of circumcision.

Third is the takeoff stage, which is characterized by rapid industrialization and sustained development as the expanding economy integrates technology into all of its activities. The fourth stage is the post-launch phase, which is characterized by technologically-driven sustained growth. In the fifth stage of mass consumption, the dominant economic sectors shift to the production of durable consumer goods and the provision of services. This study determined that urbanization, Christianity, colonialism, and formal education were the launching points for the modernization of the male initiation rite of circumcision in Imenti South Sub-County, making the theory applicable to this research.

The shortcomings of the theory are that it assumes under development is an original state and fails to establish connections between development and under development.

The theory is also astructural because it sees under development as absence or shortage of some critical factors of development such as capital. In addition, the theory is Eurocentric because it assumes modernization means to become more like the west. The theory sees traditions as an obstacle for development with the assertion that there is no meaningful homogeneous set of traditional values. Despite these criticisms, Modernization Theory was relevant and therefore employed in this study because developing countries are still compared with the developed countries in terms of their standing in the social, political and economic indicators such as degree of urbanization, secularization, social mobility, literacy levels and nuclear family patterns.

One key factor in the MT is the belief that developed countries should aid the third world countries and make them learn from their evolutionary path of progress. It was therefore useful in this study in showing that despite the social struggle to maintain the status quo between the supporters of traditional and modern male initiation rite of circumcision, the Ameru of Imenti South Sub-County are no exception in admitting to the demands of western culture as an avenue of change. Stephens (2008) concurs with this study because he considered the theory to be helpful in explaining the process of social evolution in the study of the history of cultural change and inquiry into the social advancement and development of societies.

The theory was employed to the changes taking place in male initiation rite of circumcision and argues that Africa was locked up in traditionalism before the advent of the Europeans. Social, political and economic development was either absent, underutilized or backward but interaction with the Europeans gave it an impetus for growth and utility. Modernization was understood to be identical with westernization depending on the degree of conformity with the modernity of the west. Therefore, this theory was applied as an analytical tool in the investigation of evolving patterns in the Ameru of Imenti South Sub-County's male initiation rite of circumcision. The hypothesis directed the researcher's investigation into how social evolution in Africa can be used to modify "traditional" societies through westernisation. In this study, the Modernization Theory was used to conceptualise how changes in the Ameru society's male circumcision ritual would eventually cause the "traditional" practise to decline and place an emphasis on the "modern" method.

This study also employed Modernization Theory to evaluate and explore how colonialism, formal education and socio-cultural development such as religion and urbanization have become avenues of transition from “traditional” male initiation rite of circumcision to “modern” irrespective of the nature of man to disregard change and defend what he embraces in the struggle to retain the status quo. The theory was used in the study to conceptualize that “traditional” Meru society will become “modern” through looking at whether modernization process, a transition by itself has implications in institutional transformation of male initiation rite of circumcision among the Ameru of Imenti South Sub-County.

CHAPTER THREE

METHODOLOGY

3.1 Research Design

The research employed a descriptive design. Descriptive research design, according to Mugenda and Mugenda (1999), is the procedure of obtaining information to respond to inquiries regarding the subject of investigation. The present situation can be described via a descriptive study (Kombo & Tromp, 2006). Descriptive research, according to Kinoti (1998), enhances objectivity because the researcher has no influence over the data and allows for participation from a sizable sample of respondents. This study employed a descriptive research design to gather, record and report data as they are to ensure there was no interference with the findings.

3.2 Location of the Study

The study was conducted in Imenti South Sub-County of Meru County in Kenya. The sub counties that boarder Imenti South Sub-County are Imenti central to the north, Maara Sub-County in Tharaka Nithi County and thataka south to the south and south east respectively. Marshall and Rosman (1989) concur with Singleton (1993) that an ideal location of any study should be one that can provide significant information to the researcher. Imenti South Sub-County was chosen due to long dominance of the practice of traditional male initiation rite of circumcision (Mutwiri O.I 2018). The Ameru of Imenti South Sub-County inhabits the area. The economic activities of the community under study include farming. They grow tea, coffee and bananas. They also keep livestock such as cows, goats and sheep. In addition no related research has been carried out in the Sub-County although the community has been gradually adopting the modern methods of male circumcision while retaining some aspects of the traditional rite.

Imenti South Sub-County is sub divided into three divisions namely Nkuene, Abogeta and Igoji. Figure 1 shows Imenti South Sub-County Administrative Boundaries.



Figure 1. Imenti South Sub County Administrative Boundaries.

Source: Imenti south District Development Plan 2008-2012

3.3 Target Population

Target populations are a subset of the population with observable traits that the researcher desires to study in order to later extrapolate the findings to the larger population, according to Mugenda and Mugenda (2003) and Borg and Gall (2003). All men in Imenti South Sub-County, Meru County, Kenya, who had undergone circumcision by 2016, were the subject of this inquiry. Imenti South Sub-County had a population of 126,268 according to the Kenya Bureau of Statistics (GoK, 2010), of whom 61,091 were men. Thus, 61,091 males made up the study's target population.

3.4 Sampling Procedure and Sample Size

The practise of selecting a subset of a population to represent the desired population in order to learn more about its characteristics, according to Kombo and Tromp (2006), is known as sampling. In order to provide sufficient information for doing so, a sample must be a reasonable representation of the characteristics of the population on which the assessments will be based, according to Kathuri and Pals (1993).

A sample size of 20 to 50 people is adequate to indicate a small subgroup, according to Kathuri and Pals (1993), thus Ameru of Imenti South Sub-County can be regarded as a minor subgroup of the Meru County, Kenya. Fifty (50) respondents were arbitrarily chosen to take part in this investigation. Because every circumcised male in Imenti South Sub-County had an identical probability of being chosen to take part in the study, simple random sampling was deemed appropriate. By doing this, it was made sure that the group under investigation was presented in an impartial way.

3.5 Research Instruments

The instruments of data collection that were used were interview schedules, focus group discussion and observation.

3.5.1 Interview Schedules

Interview schedules are a set of questions with predetermined responses that serve as a guide for the interviewer as he conducts the interview (Orodho, 2004). 50 (fifty) respondents were given the interview schedules, which included open-ended, thematic questions pertaining to the study's goals. The time and length of the interviews was agreed upon by the respondents and the interviewer before the interview begun. During the interview, the researcher got in-depth responses through probing from the respondents.

The effects of evolving trends in male circumcision rite of initiation, the development of male circumcision rite of initiation, and evolving trends in male circumcision rite of initiation were discussed in interviews with the Ameru of Imenti South Sub-County.

3.5.2 Focus Group Discussion

Focus Group Discussion is an interactive group setting where questions are raised or problems posed and participants given a chance to discuss with other group members to answer questions asked and to give solutions to problems posed. According to Lindlof and Taylor (2002), focus group discussions (FGDs) are an effective technique to collect data from individuals with similar backgrounds. Out of the fifty respondents, ten individuals in the age category of sixty-one years and above were chosen with the intention to validate information from other interviewees. They were

utilised to clarify material that had already been provided in the interview schedules, particularly when the information provided by different respondents disagreed. Through FGD the male circumcision practised in Imenti South Sub-County between 1950 and 2016 was examined to determine any particular changes. FGD were therefore crucial to this study because they gave researchers the chance to reveal vital details on how the Ameru of Imenti South Sub-County's practise of male circumcision changed between 1950 and 2016.

3.5.3 Observation

Non-verbal communication that included facial expression, gestures and body language of the interviewees, relationship with people surrounding the interviewees and the general environment were observed in order to describe existing situations. The researcher also visited Kiithe African Independent Pentecostal Church of Africa and Imenti boarding circumcision camps on 28th and 29th November respectively and physically observed the procedures. This enabled the researcher to gain firsthand information thereby improving the quality of data collected. Observation helped to minimize researcher bias and pre-conceptions and therefore made the findings of the study more objective. Observation was also important because the firsthand information the researcher got initially was enriched. The researcher was also able to ascertain the authenticity of the data obtained besides helping rectify any biases or omission of information collected while using interview schedules and Focus Group Discussions. Some data collected through observation during the study is presented in pictorial form.

3.6 Data Collection Procedure

The researcher acquired a letter of introduction from Chuka University that helped him get a research permit from the National Council for Science, Technology, and Innovations. Secondary, archival, and oral sources were used to collect the data.

3.6.1 Oral Sources

Oral data was gathered through individual interviews, focus group discussions, and observations. Once permission was granted, the researcher notified the local area leaders of his intention to collect data from the sites. Then, respondents were selected

at random, and the researcher scheduled an appointment with them, specifying the date, time, location, and duration of the data collection. The appointment was scheduled on the day that consent was sought from the respondent.

3.6.2 Archival Sources

Archival data was obtained from the Kenya National Archives. The researcher visited the Kenya National Archives in Nairobi and sought a permit from the authorities in order to access existing documents on Meru community with specific interest in male circumcision rite of initiation and any other relevant information available that could add value to the study.

3.6.3 Secondary Sources

Documents from various repositories, both published and unpublished, were analyzed for secondary data. The Chuka University Library, the Kenya National Library Services (Meru), the Post Modern Moi Library (Kenyatta University), the Jomo Kenyatta Memorial Library (University of Nairobi), and the Kenya Methodist University Library in Meru were among them. The researcher collected pertinent data from published books, unpublished theses, periodicals, journals, publications, and newspapers. Relevant historical information on the male initiation rite of circumcision was provided by secondary sources. According to Cohen & Manion (1980), the primary distinction between historical research and other types of research is that historical research must utilize already-existing data. According to Wafula (2001), the data gathered from primary sources was confirmed with data from secondary sources in order to establish the validity and reliability of the historical data received for this study.

3.7 Data Analysis and Presentation

The investigation derived both quantitative and qualitative data. Age, level of education, religion, and form of ritual circumcision were measured quantitatively. According to Marshall and Rosman (1989), qualitative research data offers detailed descriptions and explanations of the chronological progression of events. Between 1950 and 2016, qualitative and quantitative data on the shifting trends of male initiation rite circumcision among the Ameru of Imenti South Sub-County were gathered using interview schedules, focus group discussions, and direct observation.

The organisation and presentation of quantitative data was done using frequency and percentages and frequency tables. Using Daily Interpretive Analysis (DIA), qualitative data were examined. The purpose of DIA was to document sudden realisations or preliminary conclusions. Daily Interpretive Analysis was chosen for this study since the data was brittle and would be at risk as time passed. This is because it was harder and harder to recreate the field data as time went on. The researcher examined the data using audio recordings, interview notes, and FDGs as a frame of reference. This necessitated classifying data in accordance with Kombo and Tromp's (2011) suggestions. The data units were then broken up and combined into conceptually and theoretically related collection categories, and conclusions were drawn.

3.8 Logistics and Ethical Considerations

Gray (2004) asserts that ethical issues in research demands that rights and welfare of persons and communities that are subjects of study are protected and guarded. The researcher got introductory letter from Chuka University. See appendix 1. A research permit was also obtained from the National Council for Science, Technology and Innovations (NACOSTI). See appendix IX. The letter and the permit were presented and explained to the relevant authorities and respondents to book appointments in order to be allowed to conduct the study and to obtain full cooperation from the interviewees.

The following ethical principles according to Israel & Hay (2006) were observed. Firstly, the respondents were informed the reasons for undertaking this research and their consent sought to facilitate preparation. Secondly, the respondents were reassured that confidentiality would be maintained, particularly in instances where they disclosed sensitive information. Thirdly, the research was based on consent and voluntary participation. Fourthly, where respondents sought for anonymity the researcher respected their stand and lastly the researcher agreed to acknowledge all who collaborated for the success of the research.

CHAPTER FOUR

TRADITIONAL MALE CIRCUMCISION RITE OF INITIATION AMONG THE AMERU OF IMENTI SOUTH SUB-COUNTY BETWEEN 1939 TO 1950

4.1 Respondents Information

This section presents respondents' information, which includes age, level of education, religion and the type of circumcision they underwent.

4.2 Respondents Age

There were 50 people who responded to the study and their ages are shown in Table 1.

Table 1:
Respondents' Age

Age in Years	Frequency	Percentage (%)
18-40	17	34
41-60	21	42
61 and Above	12	24
Total	50	100

Source: 1950-2016 Sampled Initiates

The ages were grouped into three 18-40 representing those in early adulthood, 41- 60 representing those in middle adulthood while 61 and above represented those in old-age. The response with the youngest age was 20, and the oldest was 85. The study's answers to the Ameru of Imenti South Sub-County's use of male circumcision as an initiation ceremony varied depending on the participants' ages. The 65-year age difference was adequate to provide diverse and dynamic information on male circumcision as a rite of initiation. 20 years old in the traditional Meru concept is ideally perceived to be a grandson of the 85 years old man meaning they have different experiences. The respondents' ages 18-40 years provided useful information to this study because they were circumcised when the changes in circumcision had already taken place. Those between the ages of 41 and 60 provided the information describing the development of male circumcision rite of passage. Because they underwent the male initiation rite of circumcision during a time when traditional male circumcision was honoured, those 61 and older were helpful to our study. This category of respondents had witnessed circumcision during colonial, post-colonial and the contemporary periods. In order to present a full account of the evolving patterns in male circumcision rite of initiation among the Ameru of Imenti South Sub-

County, they also engaged with people who had been circumcised during the pre-colonial era.

4.2.1 Respondents' Level of Education

Level of education of the respondents had its implication on the practice of male circumcision as an initiation rite. Level of education in this study refers to the academic and professional qualifications one has attained in the formal education as shown in table 2.

Table 2:
Respondents' Level of Education

Level of Education	Frequency	Percentage (%)
PhD	1	2
Masters	4	8
Bachelors	8	16
Diploma	14	28
Certificate	16	32
No Certificate	7	14
Total	50	100

Source: 1950-2016 Sampled Initiates

Respondents' level of education was necessary in this study in line to the Modernization Theory used. Formal education is generally believed to be an avenue of change in any community and its impact on male initiation rite of circumcision in Imenti South Sub-County could not be assumed. Data collected from the 50 sampled respondents showed that only 1 respondent (2%) had acquired a PhD while 8 respondents (16%) were holders of Master's degree. 4 of the respondents (8%) had attained a bachelor's degree and 28% which is 14 respondents had attained diplomas while 16 (32%) respondents had acquired certificates. 7 (14%) of the respondents did not have any certificate meaning that they may not have attended school or they might have dropped from school before they acquired any certification.

The respondent who had doctorate degree reported that he was traditionally circumcised. Among the respondents who had Masters Degrees, 2 (50%) indicated that they had undergone the traditional male circumcision rite of initiation. Out of the 8 holders of bachelors degree, 1(12.5%) had undergone the traditional rite of initiation

while 6 (42.8%) of respondents who had acquired diplomas and while 7 (43.7%) of the respondents with certificates were traditionally circumcised. In addition thirty five out of the 7 who had no certificates 4 (57.1%) reported that they had undergone the traditional circumcision rite of initiation. During the Focus Group Discussions, it was established from the respondents that education of the initiate's parents was a determinant of the kind of rite they underwent.

The findings revealed that education enlightens and modernizes people and help in preparing them to embrace changes that come with the dynamics of life. Coincidentally the respondents with doctorate and masters degrees confirmed that they were religious leaders, lived in urban centers, and engaged in social activities of the community under study and the community viewed them as opinion leaders. This led to a conclusion that changes in male circumcision rite of initiation in Imenti South Sub-County may have been achieved as a result of formal education and socialization in urban areas.

4.2.2 Respondents' Religion

Religion is the way people worship and is an aspect of culture that has an influence on people's lives including circumcision rite of initiation. The study examined the religion of the respondents as shown in table 3.

Table 3:
Respondents' Religion

Religion	Frequency	Percentage (%)
Christianity	42	84
Islam	6	12
African Traditional Religion	2	4
Total	50	100

Source: 1950-2016 Sampled Initiates

To determine the potential influence of religious practices, customs, and beliefs on the changes observed in the male initiation rite of circumcision within the study area, data pertaining to religion were collected. It was established that the dominant religion in the study locale was Christianity represented by 42 (84 %) of the respondents. Among the respondents 6 (12 %) were Muslims while 2 (4%) of the respondents were

traditionalists. According to reports, religion has an impact on the conduct of male circumcision. Christian missionaries allegedly made every effort to Christianise the male circumcision initiation procedure, according to KNA/MRU (1937). Although HIV/AIDS response was the main focus of his research, Kanake (2007) gives proof of this in "Transformation of the Traditional Circumcision Rite of Passage for Meru Boys in Kenya." As a result, circumcision as a religious practise had a significant impact on how the Ameru of Imenti South Sub-County developed their male initiation ritual.

4.2.3 Respondents' Types of Circumcision Rite

Respondents were asked to indicate the male initiation rite of circumcision they underwent. Their responses are indicated in table 4.

Table 4:
Type Male Circumcision Rite by Respondents (1950-2016)

Type of Circumcision Rite	Frequency	Percentage (%)
Traditional	23	46
Modern	27	54
Total	50	100

Source: 1950-2016 Sampled Initiates

Data in Table 4 show the type of initiation rite the respondents underwent. The study revealed that 23 (46%) of the respondents had undergone traditional male circumcision as a rite of initiation while 27 (54%) underwent modern circumcision rite of initiation. The participation in the study by respondents who had undergone different rites of initiation was important in gaining different perceptions in the changes that occurred in male circumcision rite of initiation. The traditionally circumcised respondents insinuated that circumcision without any anesthetic to relieve pain is ideal as it changes boys to real men. Munoz (2003) concurs with this study and ascertained that no anesthetics are used during traditional circumcision.

This study established that majority of respondents in the rural areas had undergone traditional male circumcision due to low literacy levels (see Table 2) and majority of those in urban areas had undergone modern male rite of circumcision. This study made a conclusion that low prevalence of traditional male circumcision in urban

setting is a confirmation that traditional male rite of circumcision is rooted in the rural areas.

4.2.4 Effects of Circumcision on the Initiates

According to Martinez Peris, Aznar and Bagnol (2013) although there is physical pain and discomfort associated with circumcision, circumcision is viewed by many communities as being connected to cultural identity. The circumcised person develops a sense of well being and happiness for fulfilling expectations of culture and participating in preserving a community's history and identity. Walker (1993) stated that initiation rites have impact on a person's ability to make healthy sexual decisions and improving the social standings of a person in the community.

Participants in this study were asked about the effects of the rite of circumcision they went through. All respondents whether they had undergone the traditional or modern initiation rite of circumcision reported that they had fulfilled societal customs as it was a sign of social identity in the community. This agrees to Mc-Keag's report in KNA/MRU (1939) that communities such as the Ameru of Imenti South Sub-County are deeply entrenched in their customs. Traditionally circumcision made initiates to feel important, physically mature and boosted self-esteem as reported by the respondent. Findings revealed that 15.9% of the initiates who had undergone traditional circumcision rite of initiation asserted that they could make independent decision in life while only 7% initiates who had undergone modern male initiation rite of circumcision could make independent decisions about their lives.

4.3 Traditional Male Initiation Rite of Circumcision among the Ameru of Imenti South Sub-County before the Advent of Colonialism

In several studies, the practise of male circumcision in Kenya has been examined, with an emphasis on intergenerational changes. With regard to birth, name, circumcision, marriage, and death, the Ameru of Imenti South Sub-County have practised extensive traditional cultural ceremonies over time (Kanake, 2002). The respondents in this study concurred that circumcision is a cultural ritual with social significance and religious overtones that unites the community. They also agreed that it marks an important turning point in both the rhythm of individual and corporate group life. Before the Ameru arrived in Mbwaa, their alleged ancestral home, the

practise of circumcision as a male initiation rite is thought to have started and has continued to this day.

All the respondents confirmed that circumcision as a form of initiation is profoundly ingrained within the Ameru of Imenti South Sub-County and the greater Meru community. Respondents reported that before the arrival of colonialists, the rite distinguished a child from an adult, and that circumcision was performed at puberty as part of the traditional male initiation rite (Mutwiri O I, 2018). During the Focus Group Discussions, all respondents alluded that traditional male circumcision rite of initiation entailed physical brutality and strict “military” commands. Initiates were physically beaten with believe that beating would harden them into real men. According to Kinoti (O I, 2018), seclusion, giving the initiate a new name and educating the initiates on sexual taboos while relating with the opposite sex also marked transition from childhood to adulthood. The education was meant to prevent the society from plugging into social problems such as lack of respect and irresponsibility. People initiated at the same time had a strong bond.

These findings agree with reports by Rimita (1988) that the time a boy got initiated among the Meru community was given importance because it determined his age group. The results corroborate Grey (2002)'s assertion that male circumcision as a form of initiation among the Ameru is performed not only as a means of transitioning from childhood to maturity, but also for sociocultural reasons. According to Grey (2002), circumcision as a rite of passage was regarded as a measure of maturity and accountability.

According to respondents in the age category of sixty and above, male initiation also confers moral authority, dignity, and the right to own property. It was also a prerequisite for marriage, as it signified that a person was a full member of the community. According to Kang'aara & Mutwiri (O I, 2018), the Ameru of Imenti South Sub-County have changed slowly over the past several decades, but they have adhered to the tradition of circumcision rite of initiation and have resisted change in an effort to maintain the status quo. Before males were circumcised traditionally, they were required to participate in educational associations or guilds where discipline, respect, and integrity were instilled to ensure their chastity.

Respondents, Mungatia and Mutwiri (O I, 2018) also noted that during the pre-colonial period traditional male initiation rite of circumcision among the Ameru of Imenti South Sub-County was aimed at strengthening the bond between people through socialization. Mutwiri (O I, 2022) posited that before circumcision, boys were required to pass through organized associations or guilds for instructional purposes. The associations started with the youngest and moved up in order of seniority as follows: “*Kaminchu*” (boys 7-9 years), “*Kigumi*” (boys 10-14 years), “*Gatuuri*” (boys 15-20years). The “*Gatuuri*” group composed of the boys who were due for circumcision although at times it could include boys from the lower guilds. The findings agree with findings by (Rimita, 1988).

According to Mwiti (O I, 2018), “*Kamichu*” was a stage that was specifically meant to ‘open the boy’s eyes’. It was therefore a stage of making them alert and aware. He adds that “*Kigumi*” was a stage whose purpose was to ensure the boy’s struggled to do difficult things. During the Focus Group Discussions, respondents who were traditionally circumcised insisted that the “*Kigumi*” stage was meant to make the boys brave, determined and firm. Therefore various tests were set for the boys at the “*Kigumi*” Stage. After successfully undergoing these tests the boy then graduated to become a ‘*Nding’uri*’. A boy at the “*Nding’uri*” stage could undergo circumcision (Mutwiri O I, 2018). The study established that there was a higher stage than “*Nding’uri*” know as “*Gatuuri*”. At the “*Gatuuri*” stage, boys were given special instructions such as:

They had to keep the group rites and activities secret.

They had to regard any man of their father’s age group as their own father.

They had to regard any woman of their mother’s age group as their own mother.

They had to at all times obey and respect their parents.

They were not to attend to any call of nature while observed by anybody.

They were not shed tears in the presence of women for whatever reasons.

They were never to bully small boys but to assist them.

Source: Mutwiri 2018. (Ameru Cultural Resource Center)

Mutwiri (O I, 2018) asserted that graduating from one stage to another was automatic. Meetings were held from time to time to graduate members to higher stages and to

review the well-being of the members as well as disseminate instructions. During Focus Group Discussions, respondents reported that the objectives of instructions were to inculcate upright moral behavior, to promote bonding and to train the boys to be brave. In addition the members were encouraged to appreciate one another and to be trustworthy. These findings agree with assertion by Nyaga (1997) and Rimita (1988) that it is in these meetings that those who broke the rules were questioned and punished through thorough beating.

Before the advent of Europeans and colonization, a number of considerations were put in place and several activities took place before and after the traditional circumcision as a male initiation rite among the Ameru took place. The council of intermediaries granted permission for the rite to be undertaken (Murithi & Mwongera O I, 2018). The council considered among other things availability of food and possibility of attack by the enemy when the initiates are still in seclusion. Once permission was granted the initiates would go round visiting family members and close relatives to ask for blessings and alms (*mathaga*) which included goats, sheep and money (Kirimi, Mwiti & Miriti O I, 2018). These findings concur with the report by Nyaga (1997) that asserts that the Ameru and the Aembu community took a lot of considerations before circumcising their young men.

The study revealed that the initiates on the actual day of the rite were taken to a river very early in the morning to wash the whole body clean with cold water. This was confirmed by one of the respondents, Nkubitu (O I, 2018) that it was symbolically meant to cleanse the candidate the childish nature and to make the body numb for the knife. The candidates were then according to oral respondents, Mutwiri & Mwiti (O.I, 2018) led to a specific field chosen (*Kigiri*) and made to sit in a semi-circle facing east where Mbwaa, the first settlement of the Ameru is believed to be.

Respondents (46%) also agreed with Timothy (2013) that the traditional male circumcision as a rite initiation was intended to instill courage. They reported that during traditional circumcision initiates were not supposed to show any cowardice because it could be a disgrace to the family. To ensure successful operation services of a medicine-man referred to as “*Muraguri*” were sought before circumcision took place. The medicine man was meant to counter any chances of witchcraft before the circumcision (Nkubitu & Mugambi O I, 2018). Also, before circumcision, the Ameru

of Imenti South Sub County sought the intervention of a traditional practitioner referred to as “*Muringia*” whose work was to cast spell and foretell of any misfortune that would arise during male initiation. Both, “*Muringia*” and “*Muraguri*” used traditional medicinal plants in practice (Kang’ara O I, 2018). It was established that some of these “*Muga*” and “*Muraguri*” were also traditional male circumcisers. According to KNA/MRU (1928) The Kenya Witchcraft Ordinance worked against the use of witchcraft although it was valued by those using it. The use of witchcraft among the Ameru of Imenti South Sub-County according to majority of respondents was an effective way of overcoming misfortune and its ban by colonial government and condemnation by missionaries was thus not welcome by the traditionalist. The ban on witchcraft due Christianity on the other hand may have been a factor that led to changes in circumcision.

The respondents, Kang'ara & Mutwiri (O I, 2018), reported that on the day of the traditional circumcision, the initiates sat in a semi-circle. The circumciser then entered the circle and began circumcising from left to right of the semi-circle. The traditional circumcisers interviewed alluded that the operation itself was complicated. The circumciser firmly held the penis and pushed the skin backwards to separate the skin from the actual penis. He then pulled the fore skin and put his finger inside and made a hole on top of the sheath and pushed the penis through the hole until the head up to the neck was outside and then cut the foreskin halfway. The remains of the old sheath were then carefully operated and joined together to form a loose skin flap which after healing is called ‘*Ndigi*’ in Kimeru (Riungu et al. O I, 2018). The study established that the skin flap was held and pressed tightly together by the candidate until it appeared natural after healing.

The researcher was informed that candidates were then taken back home and confined for about one to three months. During seclusion they were fed well with traditional foods like yams, meat, traditional gruel (prepared from millet, finger millet and sorghum), sweet potatoes, milk and bananas to ensure they regain the lost blood and to be strong warriors (Mutwiri, Mwiti & Njeru O I, 2018). The study also established that during seclusion there was specified informal education that was meant to prepare the young adults for adult life. This education entailed societal values like discipline, responsibility and industriousness. According to Njuguna et al (2014) the

virtue of respect was deeply inculcated in the young adults during this period. For instance one was not expected to speak directly to the mother and all those of her age (Kiriimi O I, 2018). The initiates were also taught the 'language of men' which included terms for different people, things and parts of the body. For instance "*Nthegere*" for one's father, "*Nkuru*" for one's mother, "*Ngiti*" for dog, "*Kuurithia*" for short call and "*Muti*" for penis respectively. Those who contravened any laid standard were subjected to severe beating referred to as "*Kianga*". This education was carried out by the preceding initiates and the sponsors.

It was also established that during seclusion, initiates were thoroughly beaten and forced to reveal any childhood misdeeds committed in an exercise referred to as "*Kuuga mithega*" (Revealing pitfalls). According to Riungu (O I, 2018), the initiates could also be beaten for other offenses such as having been naughty to the parents, warriors and the elders. The beating of the candidates was devised by the elders to help in the discovery of dangerous occasions and pitfalls in order to curb misbehavior in the society. No woman, uncircumcised boy or unauthorized person was allowed to see the initiate (*ntaane*) when in seclusion. The candidate was also not supposed to speak loudly but only in whispers (Gitonga O I, 2018).

After healing, a ceremony of 'burning' called "*kioro*" took place. During focus group discussions, it was established that the ceremony was intended to make the candidate a complete man. The candidate was indoctrinated and took oaths to protect the community and its secrets. Rimita (1988) in Timothy (2013) asserted that the Ameru did not recognize any male initiation rite of circumcision where burning of "*kioro*" ceremony has not taken place.

After vigorous indoctrination during seclusion, preparations were made for the end of seclusion (*ntuku ya gutunga ntaane*). This was a day of feasting with plenty of food, including traditional gruel and native beer (*kathoroko*) was served. According to Nyaga (1997) the young man was given a new name the same day and had his first shaving. The name given completely replaced his boyhood name. Browne (1925), states that acquiring names was similar to giving an exceptional person a social-military honour of an achievement insignia. The Ameru of Imenti South Sub County used the prefix "M" to refer to the new name. For example the name *Mutea* would be *M'Mutea*, *Mukuura* would be *M'Mukuura*, *Arimi* would be *M'Arimi* and *Gitonga*

would be *M'Itonga*. These findings agree with the information obtained from KNA/MRU (1938) that some regions of the Ameru continued to be deeply entrenched in their customs.

After seclusion period the young initiates were now complete members of the community. Before circumcision, they were considered junior warriors but after circumcision they joined senior warriors (*Nthaka nkuru*) who lived in a common hut (*Gaarau e Nthaka*) for further integration and instruction (Kimathi O I, 2018). In the warriors' hut, more education was given on warrior hood such as how to guard the community, to be obedient, well mannered and respectful. Figure 2 shows traditional Meru warrior's hut.



Figure 2. *Gaarau e Nthaka* (Traditional hut for young men)

Source: Gĩitune Ameru Cultural Center

Once the young warriors settled in the common hut a day was set to take him to the parent's home where he was given items such as club, sword, jingles, spear and shield (Mugambi O I, 2018). Figure 3 shows some of traditional warriors' items that were presented to the young initiates as gifts among the Ameru of Imenti South-Sub County.



Figure 3. Traditional Warrior's Items

Source: Gĩitune Ameru Cultural Center (2018)

All the informants indicated that traditional male circumcision rite of initiation was a point of connection between the living, the dead and the spirit world prior to the coming of the Europeans. This was a major reason that made the people of Imenti South Sub-County to stick to traditional male initiation rite of circumcision. These findings agree with findings by McKeag in KNA/MRU/1938 who alluded that some communities stuck to their customs to ensure harmony between the living, ancestors and the spirit world because the blood that was shed during circumcision was believed to be a binding factor between the living and the ancestral world (Mutwiri et al O I, 2018).

The study established that young warriors were not allowed to enter into their mother's hut to ensure high discipline and integrity was maintained in the society. Those who contravened this rule were subjected to corporal punishment referred to as *Kianga* (Mwiti O I, 2018). The Ameru of Imenti South Sub-County traditionally lived in small cylindrical grass thatched huts. Every traditional homestead had several huts with no fixed doors but only a screen of woven vines and sticks called *irigi* to

close the entrance to the huts. According to Mung'atia (O. I, 2018) every married woman had a hut where food was cooked and delivered to the young warriors' hut (*Gaarua e Nthaka*). Figure 4 shows a Traditional woman's hut.



Figure 4. *Kiuru kia Mwekuru* (Traditional woman's hut)

Source: Gĩitune Ameru Cultural Center (2018)

In the same compound was a hut known as "*Gaarua e Mukuru*" for the head of the family who was usually the father and husband. Young boys spent most of their time in this hut and received advice and education from the father or grandfather through stories, riddles and proverbs which provided a good background as they approached circumcision age (Mutwiri & Mwirigi O. I, 2018). Figure 5 shows a traditional man's hut.



Figure 5. *Gaaru e Mukuru* (Traditional man's hut)

Source: Giitune Ameru Cultural Center (2018)

All the respondents in the study revealed that the Ameru of Imenti South Sub-County cherished initiation rite of circumcision. According to all oral respondents, initiation for both sexes among the Ameru was deeply rooted in the people's culture and was strictly adhered to. Circumcision offered an opportunity to boys and girls to get education that automatically prepared them for adult life. Male circumcision, a ritual of initiation used by the Ameru of Imenti South Sub-County, was deemed by the majority of respondents as the most significant tradition since it determined whether a boy or girl would be considered a man or woman in the community. One of the oral respondents, Muthoiri (O.I, 2018), claimed that the Ameru of Imenti South Sub-County joined African independent churches that were free from missionary influence in terms of both education and religious matters when missionaries denounced traditional male and female circumcision.

Respondents reported that the Ameru of Imenti South had an age group (*Nthuki*) system. These findings were similar to findings by Fadiman (2012) that Meru traditions exalted male and female initiation as it signified acquisition of adult status.

Individuals circumcised within a span of ten to fifteen years formed same age group. Each age group was given a name. The aim of the age group was to exercise checks and balances among the initiates (Mutwiri O I, 2018). The study established that there were eight age-groups between 1911 and 2016: Table 5

Table 5:
Age Groups from 1911-2016

Year	Name of Age Group
1911	Miriti / Kaaria / Riungu
1925	Kiruja/ Kaburu
1939	Mbaya/ Guantai
1953	Kibabu
1967	Gichunge
1981	Mung'atia
1995	Gachienja
2009 —2016	Doti Komu (Not officially accepted)

Source: Meru Cultural Resource Centre (2018).

The study established that when the colonial administrators and the missionaries arrived they found age set system functioning. Kang'aara, (O I, 2018) concur with Rimita (1988) and Nyaga (1997) that age sets in traditional male initiation rite of circumcision were meant to bind the peers together and to preserve dignity and integrity among the people. In the system of age groups, leadership mantle was handed from one age group to another in a celebration referred to as *Ntwiko*. According to Nkunja (O.I, 2018), an oral respondent, any errant member in an age group was fined a bull to ensure maintenance of good morals but with the coming of colonial administration and introduction of Christianity these activities were discouraged and outlawed.

4.4 Conclusion

This chapter started by giving an analysis of the respondents' age. Only males were interviewed because of the sensitivity of the subject and the culture of the community under study. The study showed how deeply ingrained traditional male circumcision was in the community as a rite of initiation from childhood to adulthood. Before the advent of colonialism, the significance of circumcision was that a person became a full part of the community and was given social rights and obligations. One of such social rights was that the secrets of the community could be revealed to the person. In

addition an individual acquired a high status and was respected by all. The major obligation after circumcision was that the person was expected to get married.

Before the advent of colonialism and formal school system, male initiation rite of circumcision was characterized by brutality, informal education during seclusion, naming and age groups. Traditional initiation rite was for both boys and girls and involved the whole community. The distinct physical sign of circumcision of traditional male circumcision among the Ameru of Imenti South Sub-County was a loose hanging skin flap on the penis after healing (*Ndigi*).

CHAPTER FIVE

CHANGES IN MALE CIRCUMCISION RITE OF INITIATION AMONG THE AMERU OF IMENTI SOUTH SUB-COUNTY BETWEEN 1950 AND 2016

5.1 Changes in Male Circumcision Rite of Initiation among the Ameru of Imenti South Sub-County

This chapter discusses changes in circumcision rite of initiation between 1950 and 2016. These changes have been classified into four periods that is from 1950 to 1963, from 1964 to 1978, followed by 1979 to 2000 and finally 2001 to 2016. The changes that took place in male rite of initiation were gradual between 1950 and 2016 as discussed in this section.

5.1.1 Changes in Male Circumcision Rite of Initiation among the Ameru of Imenti South Sub-County between 1950 and 1963

Among the Ameru of Imenti South Sub-County, male circumcision was one of the most important rites of passage. The years between 1950 and 1963 are notable historically because in 1952, Governor Sir Evelyn Baring, the Governor of the Colony and Protectorate of Kenya, declared a state of emergency in Imenti South Sub-County and Kenya as a whole. African cultural practises, such public gatherings where people would convene, sing, and dance while taking part in different holidays, like male initiation rituals, were suspended and suppressed as a result of the emergency. Kenya gained its independence in 1963. The historical significance of this is that it demonstrated Kenyans' independence from colonial influence in their political, economic, and social lives.

According to Fadiman (1993), missionaries seized the opportunity to disseminate not just their religion and education but also a modern manner of circumcision. Some survey participants claimed that this was the time that they had their circumcision, were captured by the Mau Mau, or were imprisoned by the colonial administration. The state of emergency however according to Browne (1925) did not completely stop the practice of circumcision. This is because according to majority respondents the rite still transited boys to men, determined one's age group, prepared an individual for adult life, lifted social status and made one a complete member in the society.

Between 1950 and 1960 circumcision rite of initiation among the Ameru of Imenti South Sub-County was predominantly traditional. On the morning of circumcision,

the initiates were required to bathe in the ice-cold river in preparation for circumcision. Although people were generally peaceful, any interference with it was met with resistance as indicated by Edward Butler Horn in his report in KNA (1908) that, " ... *there was however hostilities encountered among the Ameru of Kathigu (in Igoji division in Imenti South Sub County) ...* ". The rite has however changed over time and the aspects of change vary depending on the period it was done and the surrounding circumstances. Circumcision was a communal activity and boys were circumcised in a common field known as *Kigiri*. Respondents indicated that traditional circumcisers did not have any formal training as they learnt the art through apprenticeship (Kithinji & Mutwiri O I, 2018). According to respondent Riungu & Mugambi (O I, 2018) the young men who bore the bag containing circumciser's tools (*Kiondo kia Mutaani*) were required to learn the art. The vast majority of survey participants agreed with Bailey et al. (2002) that there were occasions where circumcision was botched. Due of their rarity and the public scorn they endured, few people with western education dared openly oppose the traditional male initiation process of circumcision.

Kangaara & Mutwiri (O.I, 2018) asserted that the circumcision age in the period between 1950 and 1960 was between 18 to 22 years. It was established that traditional circumcision was not commercialized and therefore monetary payment was nil. The parents of the initiate were only required to produce a goat and traditional beer made from bee honey (*Kithiri kia Mutani*) for the circumciser and traditional beer (*Marwa*) for the young men who accompanied the circumciser (*Nthaka cia Mutani*). A small proportion of Ameru in Imenti South Sub-County had adopted modern circumcision by the end of the 1960s as a result of the rise of Christianity. This was aided by the community's ability to resume regular life after emergency laws were repealed (KNA/MRU/1957–1962). As per oral respondent Riungu (O.I, 2018), the imposition of colonial authority resulted in a decline in the prominence of traditional circumcision practices, such as songs and night dances, as they were prohibited. Respondents' comments and a study conducted by Rimita (1988) indicated that by 1963, male circumcision as an initiation ritual was widely practiced among the members of the Meru community, with minimal changes observed. Consequently, the myths and societal perceptions surrounding circumcision as a significant rite of passage persisted. For instance, the initiates' designated food during isolation was

nevertheless followed. The majority of respondents stated that an energy-rich diet with roasted bananas and yams, traditional gruel (made with millet or finger millet and sorghum as ingredients), milk, and meat was best for beginners.

According to the participants who had experienced traditional circumcision, the sponsors and younger warriors who frequently visited the seclusion hut played a significant role in instilling discipline and moral values such as honesty, unity, integrity, and hard work into the initiates. All respondents noted that the initiates would emerge from seclusion looking robust, well-built, and with lighter skin, making it difficult to recognize them during the graduation ceremony. The initiates were also given new names and were expected to lead honorable and responsible lives as they prepared for the next stage of their journey, becoming comrades in circumcision and active members of the community at large (Kiruki O.I, 2018).

5.1.2 Trends in Male Circumcision Rite of Initiation between 1964 and 1978

The autonomy enjoyed by traditionalists in male circumcision rite of initiation between 1950 and 1963 did not last for long. Between 1964 and 1978 Christianity started to attract more following in Imenti South Sub-County. Also, the death of the founding president of the Independent Kenya, Mzee Jommo Kenyatta, in 1978 and take over by President Daniel Arap Moi brought a turnaround in people's lives. Many people got converted into Christianity and received western education that was provided by both the colonial government and missionaries. (Kang'aara and Mutwiri, O I, 2018). Kanake (2002) denotes that few of those who got converted into Christianity embraced modern circumcision rite of initiation principally because of the unhygienic conditions and the barbaric behavior portrayed during the circumcision period.

In comparison to the period between 1964 and 1978, the practise of modern male circumcision rite of passage developed more widely after independence. The departure of the common ground (Kigiri) circumcision, washing in the icy river, and the sharp increase in the cost of circumcision to almost 500 hundred shillings by 1978, according to one of the oral respondents, Kithinji (O.I, 2018), were among the major changes. One of the oral respondents, Munga'tia, (O.I, 2018) also explained that the rite transited boys to men, uplifted the social status and determined one's age

group. There was however no much emphasis in making an individual a complete member in the society like in the 1950's because the Ameru of Imenti South Sub-County had embraced some degree of modernity by this time. This agrees with Bailey & Egesha (2006) that there were considerable changes in male rite of circumcision in many African traditional societies, and the Ameru of Imenti South Sub-County is no exception.

According to respondents Mbae and Mukaba (O.I, 2018), modern male rite of circumcision was now competing favorably with traditional circumcision. They indicated that enlightened individuals slowly began to distance themselves from the traditional circumcision which they considered a backward practice and adopted hospital circumcision. They also asserted that western formal education and Christianity impacted greatly on the people. This assertion agrees with Puren et al (2002) who in a South African study revealed that traditional male circumcision was old fashioned. By the 1970s, the Ameru of Imenti South Sub-County had lost their "savage and primitive" behavior - thanks to Western formal education and Christianity. An oral respondent, Muriungi (2018) posited that they refused to have their sons undergo the *Kigiri* circumcision and instead opted for the home based modern circumcision. This finding supported Kanake's (2007) study that the traditional practice of male circumcision rite of initiation was outdated.

The ratio between the traditional and modern male rites of circumcision had reached 80:40 by 1978, indicating a steady increase in the rate at which the people of Imenti South Sub-County were switching from performing traditional circumcision to modern circumcision. It was found that supporters of traditional male circumcision as a ritual of initiation continued to publicly mock those who accepted contemporary male circumcision by calling them "*iroge*," which refers to individuals who have had their circumcisions done in a hospital (Mputhia O I, 2018). This tactic was meant to discourage the practise of modern circumcision but ended causing social shame, hostility, and strained relationships within the community. Timothy (2013) however asserts that the tactic failed to stop the spread of modern circumcision.

5.1.3 The Practice of Male Circumcision Rite of Initiation between 1979 and 2000

Between 1979 and 2000, male circumcision remained as a significant rite of passage among the Ameru of Imenti South Sub-County. According to replies, the average age during circumcision was between 16 and 18 years old. Oral interviewees Kithinji, Mugambi, and Mutwiri (O.I., 2018) claimed that circumcision was still practised as a cultural ritual to transit boys to men, but that it had become more individualised, with each household performing the ritual on their son without consulting the rest of the community. Western educated people now publicly criticised traditional male initiation and had circumcisions carried either in clinics or at homes (Mwiti, O I, 2018).

According to oral respondents Riungu and Nkubitu (O.I, 2018) the cost of circumcision during this period increased to 600 shillings. By 1990s, churches began organizing common circumcision camps in schools. It was reported that people organised contemporary circumcision of their boys and transported them to hospitals for admission and the procedure. This finding is similar to one made by Bailey (2002), who found that when given the choice, people preferred to have a procedure done in a clinic. For those who were circumcised and admitted, the cost of the procedure was roughly 1,500 shillings. The artists' use of profanity in the songs, which was regarded as ungodly, also led to a decline in the popularity of traditional circumcision songs. This assertion was supported by oral respondents Micheni, Mung'atia, and Mutwiri (O.I, 2018) who stated that non-Christians found it difficult to continue the traditional male initiation procedure. As a result, the proportion of modern circumcisions to traditional circumcisions as part of initiation ceremonies in Imenti South Sub-County changed from 80:40 to 60:20.

Male circumcision rite of passage underwent major alteration as a result of the late President Daniel Arap Moi's ascension to power in the 1980s. Due to an increase in incidents of indiscipline associated with early circumcision, such as school dropouts, rudeness and absences, the government of Kenya did not only forbade female circumcision but also directed that males be circumcised solely after completing elementary school (Kimathi & Mutwiri O I, 2018). According to the respondents, there was a considerable shift in circumcision's significance and importance between

1979 and 2000. Boys were circumcised to prepare them not just for adulthood and social standing but also for secondary education. The emergence of HIV/AIDS during this time, according to respondents, also changed the practise of circumcision. This period is notable for drastic departure from the "one knife, one field" custom, which called for the use of a single blade for all contenders. These findings concur with those of Warner and Stashin (1982) that modern circumcision was performed for health reasons, particularly after the discovery of HIV/AIDS in the 1980s.

Respondents Mbabu & Mwiti (2018) indicated that although traditional and modern circumcision continued to be practiced the intensity of informal education for initiates and participation of the community decreased with time. Those undergoing the rite in either traditional or the modern way did not publicize due to the effects of Christianity, western education, urbanization and advocacy by the government. Kanake (2007), Rimita (1988), and Mbiti (1987) all contend that the old idea of social cohesion is no longer relevant. Mung'atia (O.I, 2018), an oral respondent, disagreed with Nyaga (1997) on the question of whether corporal punishment (Kianga) should be used as a form of discipline because it was now illegal to take control of the situation by utilising it as a form of discipline. This was a glaring indication that the male circumcision initiation ceremony of the Ameru of Imenti South Sub-County was gradually evolving.

5.1.4 Male Initiation Rite of Circumcision between 2001 and 2016

It was clear by the year 2000 that most old communal beliefs and cultural practises hampered social, economic, and political growth (KNA/MRU, 1930). As a result, traditional male circumcision as an initiation rite saw a sharp drop between 2001 and 2016. Traditional circumcision lost popularity due to both the outdated nature of the practice, unclean conditions and tools employed. Traditional form of male circumcision has been carried out in a more hygienic and secure way, according to Nkubitu (2018), one of the traditional cum modern circumciser. Modern practitioners have adapted and used local traditional circumcision practises. Among the Ameru of Imenti South Sub-County, the split between those who approved of modern male circumcision as a ceremony of initiation and those who disapproved of traditional male circumcision was 80:20 (Kithinji & Mwiti O I, 2018). Circumcision was no longer a tribal decision; initiates and their parents were free to choose the type of rite

they wanted to participate in. The government, social media, and many religious organisations have all promoted the necessity of modern male circumcision. The stigma of modern male circumcision was diminishing as a result, and traditional circumcisers lost their position as the guardians of the practice's secrets as an initiation rite.

According to both contemporary and conventional circumcisers, there is no set duration for circumcision. Additionally, all respondents stated that there was no set age requirement for initiates, albeit the bulk of applicants would fall between the 15 to 16 age range. Between 2001 and 2016, those few men who had traditional circumcision experienced stigma. This study concedes with Stephens (2008) that modernity has traditionally been a catalyst for social and cultural advancement. Because no family or initiate in period displayed any traditional characteristics, it was difficult to identify those who underwent traditional circumcision. Mwiti (2018), an oral respondent, added that cases of traditional circumcision had sharply decreased while those of modern male circumcision rites had increased as a result of formal education, Christianity, and social modernization.

Male circumcision as a ceremony of initiation underwent a significant transformation between 2001 and 2016 when it became commercialised, claims M'Mugambi (O I, 2018). Through use of electronic media, billboards, and in churches, organisations planning to perform male circumcision camps heavily publicised the activities (Kiathi, Mwija, and Mung'atia, O I, 2018). In an effort to successfully compete for initiates, the organisers of male circumcision camp made an effort to combine both the traditional and modern features of circumcision. Additionally, they competed in provision of high quality services, including meals, the ethics of their practitioners, and lodging at a high price. According to one of the respondents and a camp organiser by the name of Mputhia (2018), the facility's popularity, the camp's organisers, and the church determined how many applicants would be enrolled for circumcision at a specific location and time.

Modern circumcisers must perform the male rite of circumcision in accordance with the requests of either the initiate or the parent due to the dynamic nature of society (Mwiti, O.I 2018). Thus, circumcision took place at the time and place designated by

the candidate's parents or legal guardians. It was established that circumcision could be done at home, private clinic or hospital, public hospital or dispensary and organized camps. It was also established that the cost of circumcision varied according to the type of circumcision and ranged from 2,500 shillings for those circumcised and leave to heal at home to a tune of up to 12,000 shillings for those getting full services of circumcision and accommodation in a camp or hospital. When probed further, respondents reported that this was possible because of availability of basic infrastructure such as roads that allowed easy access to areas where circumcision camps were held. These findings agree with KNA/MRU/1937 that the community under study was accessible by the fact that as early as colonial time, roads, hospitals and commercial centres had been developed.

The 2016 practise of male circumcision rite of initiation has also been transformed by the incorporation of extensive documentation and formalization for instance implementation of enrollment forms. (Mputhia, O I, 2018). The study was informed that complete candidate and guardian records were maintained. This was a sign of professionalism intended to build trust in those seeking these services. A sample enrollment form is shown in Appendix II. The organizations holding camps for modern male circumcision initiation rite also began issuing certificates. The certificate was meant to formally certify that the young person had transited from childhood to adult hood. Nine (33.3%) of the 27 respondents who had completed the modern rite of initiation reported receiving a certificate stating the location, time frame, and subjects covered (Mugambi, O I, 2018). A sample certificate of male initiation into adulthood is shown in Figure 6.



Figure 6: Sample Certificate of Circumcision

Source: MCK Nkubu Circuit Office (2018).

By 2016, the time span of seclusion for initiates was reduced. Majority of interviewees stated the average length of confinement in camps and institutions as between two and three weeks and the average length of confinement in homes as up to one month. The camp attendants, who are also educated, instruct the initiates on personal hygiene and morality. Additionally, the initiates receive at least two medical examinations while in seclusion. The initiates in circumcision centres receive minimal or no traditional education (Mutwiri & Mwiti, O I, 2018); this is a significant change.

5.2 Conclusion

The chapter has looked at how circumcision has changed among the Ameru of Imenti South Sub-County between 1950 and 2016. The study found that male circumcision practises have gradually changed. During the colonial era, traditional male circumcision predominated; only a small number of Africans who had become Christians briskly accepted modern circumcision.

The study found that traditional male circumcision was performed in an unclean setting, which made it outdated in the modern world. The phrase "one ground, one knife" was used during circumcision, meaning that all initiates who had the procedure on the same day in the same field would use the same knife. The spread of HIV/AIDS during this time rendered this idea unacceptable among the Ameru of Imenti South Sub-County. By 2016, the practise of traditional circumcision as a ritual of initiation was almost extinct, thanks to modern circumcisers who had mastered the technique and used it in their own procedures.

By 2016, male circumcision was totally commercialized and it became a norm for boys to undergo the rite in a camp. Organizations that were offering circumcision services in camps had also begun formalizing the process. They were keeping formal records of the initiates through detailed documentation such as enrolment forms and issuance of certificates. Due to demands of formal employment, urbanization, advocacy and Christianity most parents opted to enroll their children in organized camps for circumcision. The study also found that social dynamics like single parenthood, individualism, urbanisation, and Christianity encouraged women to become involved in issues related to male circumcision.

CHAPTER SIX

CAUSES OF CHANGES IN MALE CIRCUMCISION RITE OF INITIATION AMONG THE AMERU OF IMENTI SOUTH SUB-COUNTY BETWEEN 1950 AND 2016

6.1 Areas of Changes in Male Circumcision Rite of Initiation among the Ameru of Imenti South Sub-County

The first section of this chapter discusses the areas that have changed, such as male circumcision preparation, male circumcision and isolation. The second section discusses the factors that have contributed to changes in the male circumcision initiation rite. These issues include advocacy, urbanisation, safety and hygiene, religion and education, and education and safety. This chapter is supported by information compiled from secondary, archival, and oral sources.

6.2 Preparation for Male Circumcision in Imenti South Sub-County

Males among the Ameru of Imenti South Sub-County undergo circumcision as part of their rite of passage into maturity. A boy would go through formal alliances or guilds prior to circumcision (Mutwiri & Mwiti, O I, 2018). Rimita (1988) in his work, “The Njuri Ncheke of Meru” indicated that the purpose of the guilds was to instill discipline, respect, integrity and chastity of the boys. Such organizations declined with the introduction of Christianity and formal education such that by 2016 such guilds were non-existent among the Ameru of Imenti South Sub-County (Kirimi, O I, 2018).

Respondents, Mwiti, Nkubitu & Riungu (2018) reported that before colonization, the entire community engaged in the preparation of male circumcision rite of initiation. Nyaga (1997) and Rimita (1988) stated that the initiate to be would visit close family members, relatives and friends to announce the ceremony. As the boys went round they sang circumcision songs referred to as ‘*Mariri*’ which were sung by uncircumcised boys awaiting circumcision to express eagerness for the operation (Mugambi, O.I, 2018). The parents blessed their son and anointed him with white soil. Women prepared food, older men led by elders planned on the circumcision period and dates. The young men of the warrior class known as *Ramare* or *Nthaka cia Mutani* on the other hand went to look for the circumciser (Mbaabu, O I, 2018). During Focus Group Discussions respondents reported that the whole community

entered into a celebratory mood as they awaited circumcision for their boys throughout the circumcision period. All the respondents agreed with Kanake (2007) that the preparations and celebrations declined slowly due to western formal education, Christianity, urbanization and time and cost constraints.

On the circumcision day boys were taken to the river by the warriors before dawn to take a bath. This symbolically served as cleansing as well as anesthesia to numb the body against the pain of circumcision (Mwiti & Mutwiri, O I, 2018). They were then taken to a specific place (*Kigiri*) where circumcision would take place. According to Nkubitu (O I, 2018) modernization has given a different approach to this traditional practice. For instance bathing does not take place in the river and do not symbolize cleansing. It is also not meant to numb the body against pain as there is use of local anesthesia by the modern medical practitioners.

Respondents Mutwiri & Mwiti (2018) informed the study that since the 1980s when Daniel Arap Moi was the president, the government has strongly advocated for modern male circumcision and discouraged traditional practice. Contrary to the traditional practice where preparations for male circumcision involved the whole community, preparations for male circumcision by 2016 was purely a preserve of the nuclear family. Preparations were therefore a private affair, took a shorter duration of two to three weeks and there was completely no asking for alms from relatives. In the contemporary society the elders are not involved in any planning and there is no celebratory mood by the rest of the community during the circumcision period except during graduation traditionally referred to as “*Gutunga nthaka*” (dressing the grandaunt). By 2016, the graduation ceremony referred to as thanks giving service only involved family members, neighbors’ and close friends and not the whole community (Mwiti, O I, 2018).

6.2.1 Circumcisers and Circumcision Tools among the Ameru of Imenti South Sub-County

The first circumciser in the Ameru community was a woman called *Ciobaibaya* who carried out the rite on both boys and girls (Njuguna, 2014). According to Rimita (1988) a more complicated form of circumcision among the Ameru of Imenti South Sub-County was later introduced. The Ameru learnt it from the Maasai after the

Meru warriors fought and killed Maasai warriors then observed the way the Maasai dead men were circumcised. The traditional form of circumcision was pioneered in Imenti South Sub-County by M’Riungu M’Irungo whose years according to Mutwiri of the Meru cultural resource centre remains a mystery although his age set is placed between 1890-1900. His family specialized in the practice and became circumcisers or “*Ataani*” as the Ameru of Imenti South Sub-County refer to them.

During focus group discussions, it was revealed there were a number of traditional circumcisers in Imenti South Sub-County who included M’Mutunga of Muguru, Rwebia of Nkumari, Gachiungu of Uuku, M’Mukura of Uruku, Kiathi of Kathera and Mberia of Mikumbune. Respondents indicated that these traditional practitioners were widely known and carried circumcised boys as far as Tigania and Samburu. The situation before 1950 was different from what was happening by 2016 because before 1950 there were few circumcisers and being a circumciser was a preserve of a few families. However, by 2016 being a circumciser was no longer a preserve of a few because there are many people who could circumcise boys such as doctors, clinical officers and nurses who were trained in medical schools. As noted by Kanake (2007) of the need to build synergy in traditional and modern male rite of circumcision, it was evident from interviews and observations done that modern practitioners can also perform traditional circumcision and are therefore preferred by individuals and camp organizers to carry out circumcisions. One such organized camp where traditional circumcision is largely carried out by modern practitioners to date is at Kiithe African Independent Pentecostal Church of Africa grounds in Nkuene Division.

It was reported that traditionally circumcisers were mythical, seldom smiled and were regarded as custodians of the secrets of circumcision (Mbaabu, O.I, 2018). Traditional practice of circumcision was therefore confined only to a few people, except perhaps the young men who carried the surgeon’s (circumciser’s) equipment which included “*Giatsu*” (container for circumcision tools), “*Ira*” (ochre for decoration), “*Mithega*” (magical portions-not displayed in public), “*Ithunya*” (animal fat to prevent rust), “*Miigua*” (thorns) and “*Tuciu*” (knives) (Mung’atia, O I, 2018). Figure 7 shows traditional circumcision tools. Oral respondents noted that a traditional circumciser had three knives that the first knife was used to circumcise the boy from the homestead the practitioner spent the night and the second was used to circumcise all

other boys. The third knife was preserved specifically to circumcise the orphans among the initiates.



Figure 7. Traditional Circumcision Tools (From right: Giatu, tuciu and ithuunya)

Source: Giitune Ameru Cultural Center (2018)

All respondents opined that unlike in traditional circumcision where simple tools were used, modern circumcision equipments are diverse. They include; sterile surgical blades, gloves, 2 mosquito forceps, 2 artery forceps, 1 long artery forceps, chromatic catgut and a clinical needle. Oral respondents, Mugambi and Nkubitu (2018) also stated that there is use of medicine such as iodine, anti-tetanus and local anesthesia. From the observation it can be concluded that male circumcision tools have drastically changed as a result of modern medicine. Figure 8 shows modern circumcision tools.



Figure 8. Modern Circumcision Tools

Source: Kathera Medical Clinic (2018)

According to respondents in the age category of 61 and above, traditional circumcisers did not intermingle freely with the other members of the community. This was contrary to the practice at the time of this study where the modern circumcisers would go about their social life and intermingle freely with the community, the community was not even aware of their role as circumcisers. Findings from interviews with individuals who were die-hards of traditional circumcision indicated that myths and beliefs of traditional male rite of circumcision must be preserved. For instance publicity should remain prohibited as a means to solicit for customers. They took a different stance from those who favoured contemporary circumcision, who said it was acceptable for practitioners to advertise their circumcision services. Using handbills and banners to advertise male circumcision has significantly affected the practise, according to information from oral sources. This is because male circumcision is a topic that is frequently covered in both print and electronic media today.

The researcher was interested in finding out circumcision fee. According to oral respondent, Mutwiri (O.I, 2018) the initial traditional circumcision fee among the Ameru of Imenti South Sub-County was a goat. This however changed with the introduction of money economy. Mutwiri & Mugambi (O. I, 2018) adds that the initial cost was twenty cents and later two shillings. The cost shot to one thousand in the 1990's and by 2016 the cost had risen to a tune of twelve thousand five hundred shillings. Majority of respondents stated that traditional circumcision practices continued even after hospitals and dispensaries were opened by colonialists and missionaries. Between 2001 and 2016 however, the Ameru of Imenti South Sub-County began to take their children to hospitals and organized camps in institutions that are spread throughout the sub county for male initiation rite of circumcision after establishment of health institutions (MRU/2001). From oral respondents and observation, the cost of circumcision in these camps presently range between 7,500 to 12,500 shillings. Colonialism, missionary work and western education can therefore not be under estimated as having brought changes in male initiation rite of circumcision among the Ameru of Imenti South Sub-County.

6.2.2 Seclusion of Initiates among the Ameru of Imenti South Sub-County

Before 1950s, warriors escorted traditional initiate's home after undergoing circumcision while singing and dancing to a dance known as *Ncorobi*. The young initiates (*ntaane*) were secluded in a specially prepared hut called '*Kiganda*' shown in Figure 9.



Figure 9. Kiganda (Traditional Temporally Seclusion Hut)

Source: Giitune Ameru Cultural Center (2018)

The traditional seclusion hut was constructed using dry banana leaves in the initiate's parent's homestead and the seclusion period traditionally lasted between one to three months depending on availability of food (Mung'atia, O.I, 2018). The initiates were taught by sponsors the secrets and traditions of the community such as how to behave towards all members of the community. The education received aimed at character building as it pertained the whole lifestyle. The teachings ensured that individuals knew and observed morality and inculcated patriotism in the community of the Ameru as spelt out by the council of elders known as Njuri Ncheke. These findings concurred with Maigallo, 2019, Nyaga, 1997; Rimita, 1988; Mbiti, 1987 that education at seclusion was holistic and meant to help a person become a socially functional member of the society.

The initiates after healing lived in one big warrior's hut referred to as *Gaarua e Nthaka* (Figure 2). The new warriors were introduced and received into the hut by older warriors. In his assertion that change in male initiation rite of circumcision has led to decline in morality, one respondent Eliud Mutwiri from Nkuene division reiterated that it was uncommon to see western educated people with no integrity, moral base or

patriotism considered as vital human personality in the traditional society. During focus group discussions, respondents were asked whether Njuri Ncheke had any input in male circumcision rite of initiation by 2016 and they stated that the Njuri Ncheke was only responsible for maintenance of harmony in the society.

It was established that by 2016, the initiates who had been circumcised in organized camps in schools or hospitals were secluded in common dormitories or wards. In cases where initiation was done at individual level, either by a traditional or modern practitioner, the initiates returned to individual parents' home where they were secluded either in a private hut or in a room in the parent's main house. All respondents indicated that by 2016 seclusion period after circumcision had reduced to between two to three weeks. Education during seclusion by 2016 included how to be responsible, how to maintain dignity as a mature Meru man, respect and hard work. One of the oral respondents, Mwititi had this to say "*Circumcision camps were initiated to teach young people cultural values after realization that culture and social values had been eroded as a result of individualism, western education, urbanization and Christianity*".

According to Rimita (1988), after healing the ceremony of burning (*kioro*) that makes the candidate a complete man took place. No respondent in this study was willing to divulge any information about this ceremony as it remains a secret only known to those traditionally circumcised. All the traditionally circumcised respondents however said that the ceremony enhanced self-esteem and instilled courage. Die-hard traditionally circumcised respondents indicated that they did not recognize any male initiation rite of circumcision where the ceremony of burning has not taken place. Their position supports assertion by Timothy (2013) that people who had been circumcised in hospitals and organized centres such as schools suffered social stigma and were branded as being lesser men by those who had undergone traditional circumcision.

After vigorous indoctrination on how to behave as a circumcised man, preparations were made for the day of graduation (*ntuku ya gutunga ntaane*). All respondents concurred with Nyagah (1997) that seclusion huts were dismantled by burning. One respondent, Kang'aara (O.I, 2018) recalls the day as festive and involved eating,

drinking and singing. Respondents also concurred with Rimita (1988) that the grandaunts were given gifts such as goats, sheep, cows and ornaments. The grandaunt was also given gifts which included a spear, a sword and a club (Figure 3) that signified readiness of the young man to defend not only his family but also the community.

All the respondents asserted that graduated initiates were supposed to walk without turning back as a show of discipline and integrity of circumcised men. Older respondents also agreed with findings by Thomas (2003) that before 1950s, the young initiates joined older men in the warrior's hut (Figure 6) from where all the warriors fed and organized their activities. It was established that by 2016, the practice of kiro and warriors living in a common hut had stopped and had been replaced by modern activities such as preaching by pastors, counseling sessions and speeches by friends and relatives that is coupled with giving of gifts which includes but not limited to money, clothes and school items.

6.3 Causes of Changes in the Male Circumcision Rite of Initiation

Safety and hygiene, religion, education and urbanization were some of the causes of changes in male circumcision as a rite of initiation.

6.3.1 Safety and Hygiene as a Cause of Changes in the Male Circumcision Rite of Initiation

The respondents traditionally circumcised (46%) claimed that there were multiple instances of brutal beatings of initiates. The findings are comparable to those of a South African study by Serwadda et al. (2002), which found that 67.6% of 108 men were worried about contracting HIV as a result of the ritual, and 82% were aware of the risk of mortality associated with traditional male circumcision. According to the findings by Bailey and Egesah (2006), dreadful stories about the potentially fatal effects of traditional male circumcision made headlines every year in many different countries. With the introduction of Christianity and formal education, some members of the community became enlightened and embraced modern circumcision, where the safety of their children and relatives was guaranteed.

The study found out that safety and cleanliness of the procedure contributed to the transition from the traditional to the modern male initiation rite of circumcision

(Nkubitu, Mugambi & Riungu O.I, 2018). This was due to the WHO/UNAID (2007) campaign that emphasised the importance of making the circumcision procedure secure and healthy. Surgical procedures in hospitals or the modern male initiation rite of circumcision are associated with professionalism to secure the safety of initiates. According to the majority of respondents, parents prefer the modern rite of circumcision because the instruments used (see figure 10) are sterilised and therefore hygienic, ensuring the safety of initiates (Nkubitu & Riungu, O. I, 2018).

Mutwiri, Mwiti and Mbaya (O.I, 2018) reported that due to incomplete data, it is difficult to assess the safety of traditional circumcision. This led the majority of parents to choose modern initiation rite of circumcision for their sons rather than traditional circumcision. These results corroborate Ocholla-Ayayo's (1976) claims, according to which there were no records of difficulties related to male circumcision even in Israel prior to the adoption of a law governing their recording.

On the contrary, Kirimi (O.I, 2018) stated that some individuals opted for traditional initiation rite of circumcision on social cultural basis and argued that the rite gave initiates an opportunity to be taught community values, traditions and that it enhances preservation and maintenance of community culture. Although it is not the commonest rite in the community today, traditional circumcision is still believed to enhance discipline. On the contrary, Mwiti (O.I, 2018) argues that the education and counselling provided in the modern male ritual of circumcision, as opposed to the traditional male rite of circumcision, promotes mental health and reduces drug and substance abuse.

6.3.2 Religion as a Cause of Changes in the Male Circumcision Rite of Initiation among the Ameru of Imenti South Sub-County

Religion has played a major role worldwide in Male circumcision rite of initiation although cultural and health reasons have also been significant factors (Kanake, 2007). The researcher consequently looked for information on how alterations in the male initiation rite of circumcision have been influenced by religion and related practises. Respondents of various age categories said that modifications to the practise of male circumcision as a rite of initiation in Imenti South Sub-County were mostly influenced by religion. The Ameru of Imenti South Sub-County were known to be

extremely devout people who prayed at every stage of life, including the male initiation ceremony of circumcision. Some respondents claimed that historically, before releasing their boys for circumcision, the majority of families sought the help of medicine men. Such practices were however outlawed during the colonial period with the enactment of The Witchcraft Ordinance (DC/MERU/4).

With advent of colonization, Christianity spread in Imenti South Sub-County and some locals, especially those who had a chance to join formal schools got converted to Christianity (Fadiman, 2012). Christian missionaries in Imenti South Sub-County were strongly opposed to traditional religion and the entire system of health care including male circumcision. Since they frequently referred to African customs as "heathen and anti-God," the missionaries advised Africans to seek for western medicine and male circumcision in place of traditional systems that were frequently influenced by magic. In his work, "When we begun there were witch men: An oral history from mount Kenya", Fadiman (1993) insinuated that the indigenous people of Imenti South would bury magical components in missionaries' posts and routes as a symbol of complete rejection of western ideas and influence. Researchers report that the missionaries realized that they were losing battle in their endeavor to fight male circumcision. Oral respondents, Kinoti & Micheni (2018) stated that the Ameru of Imenti South Sub-County were determined to oppose the Christian missionaries and their work if they continued to fight traditional male circumcision and missionaries therefore the developed a different strategy.

The missionaries found that the best way to deal with male circumcision which was a revered traditional practice was to Christianize it. (Kanake, 2007). Therefore, missionaries employed Christian converts as agents of change in their villages as they looked for the most effective way to introduce modern advancement into the "primitive" civilization. (Fadiman, 2012). To achieve this Mugambi (O.I, 2018) stated that the missionaries sought protection of the local chiefs to lure people into Christianity. Missionaries therefore used calculated moves to influence indigenous people of Imenti South to abandon traditional circumcision and accept modern circumcision. Through the calculated moves the Ameru of Imenti South Sub-County were influenced to abandon use of vulgar songs, night dances, barbaric behavior such

as destruction of property and other universally unacceptable way in which the traditional ritual was conducted. These findings agree with Fadiman (2012) and Kanake (2007) that the calculated moves by missionaries was the genesis of changes in male circumcision as a rite of initiation.

The circumcision camps stopped after independence but many Christians re-introduced church operated camps in the 2000s in their church run schools and encouraged their members to enroll their boys for circumcision (Kimathi & Mugambi O.I, 2018). During Focus Group Discussions, respondents indicated that circumcision camps were started in every corner of Imenti South Sub-County by churches, hospitals and individuals. Churches such as the Presbyterian Church of East Africa (PCEA), African Independent Pentecostal Church of Africa (AIPCA), the Methodist and the Catholic Churches used facilities in the institutions they sponsor to host the camps.

These findings revealed that religion played a major role in changes in male circumcision rite of initiation among the Ameru of Imenti South Sub-County.

6.3.3 Education as a Cause of Changes in the Male Circumcision Rite of Initiation

The reduction of the male initiation rite of circumcision has been significantly impacted by the sub-county's high rate of schooling. According to Kanake (2007), schools and churches were built on the same property during the colonial era. In an effort to modernise communities and persuade them to give up their old practises, the colonial authorities vigorously supported the spread of Christianity and the opening of schools, according to KNA/MRU/1937. This study found that many people in the sub-county abandoned customary male circumcision as a result of receiving new information through formal education in religious institutions.

Because they accepted Christianity and civilization, the mission educated elite quietly participated in colonial conquest and expansion (Kang'aara & Mutwiri, O.I, 2018). This is an aspect of modernization in the extent that the elite Christians oftenly condemned their traditional minded folks as being heathens and preached against their 'heathenism' and 'social backwardness' The mission educated Africans during the

colonial and post-colonial period shared the common ideology of brotherhood and non-racialism. This group according to Ki-zero (1985) was committed to gradualism, constitutionalism and cultural assimilation and regarded their fellow non-Christian Africans as ‘noble savages’ and believed were responsible of reforming them from the ‘yoke of African traditions’. The new practices according to Fadiman (2012) and Kanake (2007) took Meru traditional practices and beliefs by surprise due to the new meaning it had on the rite.

All the respondents concurred that formal school system had greatly contributed to the change in the age of circumcision in Imenti South Sub-County. Boys began to be circumcised after completing primary school as they waited to transit to secondary school or for technical education. This was unlike the past when boys were circumcised at the age when they were felt to be mature enough to defend the community from external attacks and in readiness for marriage. Between 2001 and 2016 the topic of male circumcision was open to discussion (Mugambi and Nkubitu, O.I, 2018). Respondents supported assertions by Kanake (2007) that the reason and meaning attached to the male rite of circumcision changed and it became automatic that a boy would be circumcised after primary school education. It was observed that in instances where parents doubted ability of their son to pass and transit to secondary school, they opted to wait for the Kenya Certificate of Primary Examination results. However in cases where the parents intended to enroll their son in a tertiary institution, circumcision was done at their convenient time. The research from this section shows that the Ameru of Imenti South Sub-County changed their practise of circumcision as an initiation ceremony as a result of education.

6.3.4 Advocacy and Urbanization as a Cause of Changes in the Male Circumcision Rite of Initiation

The government, religious organizations and elites in Imenti South Sub-County publicly supported and recommended for change from traditional circumcision to modern circumcision rite of initiation. The government and the church utilised seminars and public meetings to persuade the populace to abandon antiquated traditional rites they had long practised (Mwiti, O.I, 2018). Therefore, advocacy and urbanisation contributed to the change in male circumcision rite of initiation among the Ameru of Imenti South Sub-County between 1950 and 2016.

Some residents of Imenti South Sub-County, however, were adamant on preserving the neighborhood's traditional ways because they were proud of their tribal heritage. This research supports the findings of KNA/MRU (1937) and KNA/MRU (1939). A study (KNA/MRU/1956) claims that from colonial times, the government has used its agents and missionaries to persuade and segregate the minority African Christians from the underdeveloped and illiterate tribesmen. All respondents reported that, since 2013, the county government of Meru has increased the adoption of culturally appropriate initiation practises that support contemporary health initiatives by establishing numerous dispensaries in rural areas to ensure public access to contemporary medical services, including modern circumcision services (Gitonga, O. I, 2018).

Urbanization also led to changes in male circumcision as an initiation rite. Some Ameru from Imenti South Sub-County moved from rural areas and started living in towns and cities. The people who lived in towns became advocates of change from traditional circumcision to modern circumcision and influenced those living in rural areas to embrace the change (Kimathi and Mwitii, O.I, 2018). Much as the rural people in Imenti South Sub-County embraced modern circumcision as a rite of initiation, some respondents who were adamant supporters of the traditional circumcision rite of initiation indicated that there was still need to engage in traditional customs, practices and beliefs regarding male circumcision rite of initiation.

According to oral respondent Mputhia (2018) a strange trend in male circumcision in Imenti South Sub-County by 2016 was the involvement of women, particularly mothers, in the procedure. According to Njeru (O. I., 2018) this can be ascribed to urbanisation, the rise of single-parent homes, the absence of dads, and western influences like Christianity and formal education. In addition, the Ameru of Imenti South Sub-County have adopted the western way of life with regard to male circumcision due to individuality, modernization, a high cost of living, and employment requirements. Most contemporary parents are wise and demand value for their money. The diet of initiates was determined to consist of rice, beef, ugali, githeri, uji, eggs, and chapati. This was in contrast to the traditional foods, such as yams, bananas, pureed mixed food (*kithanda*), and meat, which were thought to provide the initiates with the energy and productivity they required.

All respondents indicated that one of the reasons for serious advocacy for modern circumcision rite of initiation was the HIV/AIDS scourge. HIV/ AIDS scourge made the people of Imenti South Sub-County to realize the risk that goes with traditional male circumcision especially concerning the use of a single blade during circumcision. It has therefore been a catalyst factor for change in the practice of male initiation rite of circumcision.

6.4 Conclusion

Different factors contributed to changes from traditional male circumcision to modern circumcision rite of initiation in Imenti South Sub-County. The factors which include but not limited to concerns for safety and hygiene, religion, education, advocacy and urbanization led to changes in male circumcision. Guided by modernization theory, the study established the changes that took place include; use of general anesthesia to relieve pain, individual parents arranging for circumcision of their sons and choice of sponsors or caretakers, cost of circumcision and decision on which type of rite to undergo, age at circumcision and seclusion period.

The greatest factor that led to change in circumcision was the foundations laid by the missionaries and colonial administrators who emphasized on the need to leave traditional male circumcision and embrace modern circumcision practices. Factors that led to changes in male circumcision rite of initiation in post-colonial Africa demonstrate linkages between African people and colonization. In particular, the Ameru of Imenti South Sub-County have been influenced by European colonial rule, modern formal education, urbanisation, and Christianity. This part of the Ameru's existence was dynamic due to their relationship with a higher race, therefore the introduction of missionaries and the subsequent actions of the colonial authorities brought about looming changes.

CHAPTER SEVEN

EFFECTS OF CHANGES IN THE MALE CIRCUMCISION RITE OF INITIATION AMONG THE AMERU OF IMENTI SOUTH SUB-COUNTY BETWEEN 1950 AND 2016

7.1 Effects of Changes in Male Circumcision Rite of Initiation in Imenti South Sub-County

Changes from traditional male circumcision to modern circumcision had effects on the levels of discipline, sexual sensation, social order and surgical complications. It also had economic implications and on HIV/AIDs prevention. The change also had an effect on retrogressive activities and on the training of practitioners.

7.1.1 Effects of Changes in Male Circumcision Rite of Initiation on Levels of Discipline among the Ameru of Imenti South Sub-County

With the coming of the colonialists and subsequent spread of Christianity and western education, the Ameru of Imenti South Sub-County began to opt for clinical male circumcision services (Mwiti, O.I, 2018). Traditional male circumcision rite of initiation was expressed as “old fashioned” according to Puren, (2002) and thus there was an inevitable need to change to newly found modern male rite of circumcision. This was however not welcome at the initial stages by majority of the people but only by a few adherents to modernism of the newcomers because the traditionalists were determined to stick on to status quo. (Kanake, 2007).

All respondents implied that the Ameru of Imenti South Sub-County have been negatively affected by the alteration of the rite from a ritualistic standpoint. Traditional high levels of discipline, according to respondents, have decreased. Oral respondents Mugambi & Riungu (O.I, 2018) asserted that changes in male circumcision as an initiation rite led to substance abuse, intimate partner violence, incest, cross-generational sex, and miscommunication. Oral information and observation made in both modern and traditional camps and the community in general ascertained that drug abuse has been on the rise. Discipline and integrity has no longer been taken with seriousness among the youth over the years. These results confirm Mbiti's (1987) claim that the traditional male initiation ceremony of circumcision instilled values and high moral standards in the community through bonding, discipline, and informal teaching practised during seclusion. The findings support

Kanake's (2007) assertion that this practise is now all but dead. Traditional methods of imparting discipline in initiates, such as exposing their transgressions (*Kuuga mithega*) and administering severe beatings (*Kianga*) to those who violated any established norm, are no longer in use. Respondents informed the researcher that modern rites of passage included guidance and counselling designed to impart discipline. They indicated, however, that guidance and counselling provided in modern circumcision camps as a means of imparting discipline were insignificant.

The study therefore concluded that changes in male circumcision rite of initiation had adversely affected discipline levels among the Ameru of Imenti South Sub-County.

7.1.2 Effects of Changes in Male Circumcision Rite of Initiation on Sexual Sensation among the Ameru of Imenti South Sub-County

Participants in the focus discussion group dissented from Warner and Strashin's (1981) assertion that changes to male circumcision as a rite of passage had contradictory effects, such as a reduction in sexual arousal and a maintenance of erection. The relevant age groups of respondents observed that the penis becomes more sensitive when the glans are exposed, which raises the level of arousal in terms of sexual feeling and erection maintenance. Few of the interviewees however felt uncomfortable disclosing any sexually explicit information because of the secrecy of sex matters among the Ameru of Imenti South Sub-County. The study contradicted the hypothesis that circumcision exposed the glans and led to desensitisation, reaching a similar conclusion as Niang (2006).

7.1.3 Effects of Changes in Male Circumcision Rite of Initiation on Social Order among the Ameru of Imenti South Sub-County

Changes in circumcision as an initiation ritual among the Ameru of Imenti South Sub-County had caused societal instability because of ongoing conflicts between the men who underwent the traditional rite of imitation and those who received the contemporary rite of initiation. Traditional initiates were indoctrinated to believe that there was a major difference between traditional and modern circumcision, especially with regard to use of anesthesia during circumcision and burning of “*kioro*” (Rimita, 1988). Although those traditionally circumcised were fewer as discussed earlier, they suffered from superiority complex and assumed they were better men having been

circumcised traditionally and therefore undermined those who had been circumcised in the modern way.

Those who have undergone modern circumcision rite of initiation, on the other hand, refer to traditionalists as old fashioned. This is comparable to claims made by Puren et al. (2002) in a study conducted in South Africa. Due to this, initiates and their families who practise different circumcision ceremonies among the Ameru of Imenti South Sub-County now have significant and profound societal disparities. The majority of respondents claimed that misconceptions during the December initiation ceremonies lead to bad neighbourliness. The status quo is sought for, in accordance with KNA/MRU/1937 and KNA/MRU/1939, by individuals estranged from their tribal past. An oral respondent, Mwiti (O.I., 2018) claimed that peer pressure had pushed traditional and modern circumcised males to compete with one another, leading to misunderstanding that occasionally resulted in physical altercations.

Oral respondents, Mwiti, Mutwiri & Gitonga (2018) concurred with Rimita (1988) and Nyaga (1997) that Missionaries' incursion was undesirable. The framework of a social order, which historically got its sense of identity from the ordered separation of its age groups, was seen as being threatened by it by traditionalists. Fadiman (1993) and Kanake (2007), on the other hand, defended modernization and argued that it was the most effective way to introduce modern progress into the 'primitive' structure of 'tribal' society. Puren, et al. (2002) also provided justification for modernization as a means of change, arguing that traditional male circumcision is outmoded and that the interaction between indigenous peoples and representatives of superior cultures results in the formation of new cultural forms that modernise a society.

During focus group discussion, all the respondents were in agreement that changes in male circumcision rite of initiation had interfered with individual's self-esteem because historically traditional circumcision was meant to boost self-esteem. According to Timothy (2013) both categories tend to defend their rite of circumcision to an extent that they project and become truants to ensure relevance, recognition and retention of status quo in the society. This effect cannot at times be withheld and results to physical fights which in many instances become destructive, for instance destruction of crops and burning of houses as expressed by oral respondents, Kimathi

& Mwititi (O.I, 2018). It was concluded that those that feel aggrieved engage in truant behaviors as a form of compensation in order to overcome social stigma associated with a particular male initiation rite of circumcision.

7.1.4 Surgical Complications as an Effect of Changes in Male Circumcision Rite of Initiation among the Ameru of Imenti South Sub-County

The study also revealed that, similar to traditional circumcision, modern circumcision could result in complications (Bailey & Egesah, 2006). These may include, but are not limited to, urethral injury. Gollaher (1994) discovered that traditional male circumcision can have adverse effects if the foreskin is removed excessively. Additionally, deep wounds cuts can result in delayed wound healing. Oral information confirmed, however, that circumcision errors can occur regardless of the type of circumcision. The majority of respondents concurred that current circumcisers are medical professionals and that the incidence of botched circumcisions has declined, therefore there is little or nothing to fear seldom occurrence of deep cuts or slowly healing wounds, which would otherwise be fatal.

According to the study's findings, concerns for safety and hygiene were key factors contributing to changes from traditional to modern male circumcision rite of passage. Modernity has however improved surgical procedure guaranteeing a high degree of safety for the people of Imenti South Sub-County.

7.1.5 Economic Implications of Changes in Male Circumcision Rite of Initiation in Imenti South Sub-County

According to a study by Mbachi and Likoko (2013) on the social and economic effects of these changes among the Bukusu in western Kenya, traditional male circumcision was highly expensive. The lengthy rites associated with the traditional male initiation practise of circumcision, according to this study, consumed so much time that the local economy nearly came to a halt. Traditional male initiation practise of circumcision had an effect on the financial status of Ameru households in Imenti South Sub-County. Even though several respondents declined to talk about the financial effects of the male initiation practise of circumcision, they all concurred that families must participate in it regardless of whether doing so would make them impoverished.

All the respondents agreed that the costs associated with both the traditional and contemporary male initiation rites among the Ameru of Imenti South Sub-County are high, particularly because the initiates and guests must be fed while they are participating in the ritual. Some respondents reported that they even failed to pay fees for their children to join secondary schools because they had drained their family savings when their sons were in seclusion.

7.1.6 Effects of Changes in Male Circumcision Rite of Initiation on HIV/AIDS Protection in Imenti South Sub-County

The study sought to establish how changes in male circumcision contributed to prevention of HIV/AIDS. This came about as a result of a study by Brown et al. (2001) that discovered a connection between areas with a lower incidence of male circumcision and areas with a greater prevalence of HIV/AIDS. According to the majority of study participants, HIV/AIDS awareness campaigns have led even those who continued to practise traditional male circumcision in 2016 to take into account contemporary health issues, such as the use of one blade per initiate. Male circumcision reduces the risk of developing HIV/AIDS (WHO/UNAIDS, 2007). This study concluded that modern male circumcision practises had positive effects as it increased protection against HIV infection among the Ameru of Imenti South Sub-County.

7.1.7 Effects of Changes in Male Circumcision Rite of Initiation on Retrogressive Activities in Imenti South Sub-County

Colonial administrators and Christian missionaries had branded traditional circumcision as a retrogressive culture because of the activities that accompanied circumcision (Fadiman, 1993). Retrogressive activities such as idleness and bad neighborliness, fights and more often than not destruction of property occurred during traditional circumcision period. This study revealed that the spread of Christianity, western education and urbanization were factors that led to changes in male circumcision rite of initiation. This study then aimed to determine how variations in circumcision affected the actions of retrogression. All respondents were in one accord that circumcision as a ceremony of initiation changed old practises like night dancing and derogatory language and put an end to them. As a result, traditional songs and dances that used obscene and vulgar language did not take place during the

circumcision ceremonies by 2016. During focus group discussion, respondents' alluded that most of the people who used vulgar language had been lazy people and idlers who the economy in Imenti South as at 2016 did not have room for.

The study therefore concluded that changes in male circumcision rite of initiation in Imenti South Sub-County led to a halt of retrogressive activities that were associated with traditional circumcision.

7.1.8 Effects of Changes in Male Circumcision Rite of Initiation on Training of Practitioners in Imenti South Sub-County

The study aimed to examine the impacts of changes in male circumcision on the training of male circumcisers. Nkubitu & Mugambi (2018) noted a shift in the traditional practice, where men were the dominant figures performing male circumcision, to a scenario in 2016 where women were also being trained in this ritual, which had transformed into a component of community health. The World Health Organization (2016) states that male circumcision, which can now be conducted by both men and women in the medical field, is associated with other sexual and reproductive health services.

Nevertheless, according to Mwititi & Mutwiri (O.I, 2018), the concept of women circumcising men has degraded and devalued men circumcised in the modern manner. Men who had undergone modern circumcision were made fun of for breaking the Ameru tradition by having it done by a woman. Men are therefore hesitant to obtain medical care from women in hospitals as a result. This finding aligns with the conclusions of a 2016 collaborative report by the World Health Organization, USAID, and UNAIDS on male circumcision under local anesthesia. The report highlighted that adult males who opt for circumcision are generally unwilling to undergo a physical examination or have the procedure performed by female healthcare professionals.

7.2 Conclusion

The consequences of shifting patterns in the male initiation rite of circumcision among the Ameru of Imenti South Sub-County between 1950 and 2016 were investigated in this chapter. Findings revealed that trends of change and subsequent

effects date back to the advent of the colonialists. The study established that changes in circumcision as a rite of initiation had led to lowering levels of discipline among circumcised individuals. It also contributed to social disorder due to conflicts between men who had undergone traditional circumcision with those who had undergone modern circumcision. However, there were reduced cases of surgical complications that occurred during modern circumcision.

Changes in male circumcision rite of initiation had negative economic implication as families spent their hard earned resources on circumcision celebrations that involved feeding the initiate and members' of the larger community. Changes in circumcision as a rite of initiation also led to circumcisers taking preventive measures, such as using one blade for one initiate, leading to prevention of the spread of HIV/AIDS. Changes in male circumcision rite of initiation also led to reduction of retrogressive activities that were condemned by missionaries. Due to the changes, women began being trained and acting as circumcisers in the modern practice of circumcision.

CHAPTER EIGHT
SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND SUGGESTIONS
FOR FURTHER RESEARCH

8.1 Summary of the Findings

The first objective of the study examined the male initiation rite of circumcision among the Ameru of Imenti South Sub-County before the 1950s. The second objective addressed the changes in male circumcision as a rite of initiation from childhood to adulthood among the Ameru of Imenti South Sub-County of Meru County, Kenya between 1950 and 2016. The study established that before the 1950s, the Ameru of Imenti South Sub-County practiced the traditional male circumcision but by 2016 majority had embraced modern circumcision which was done in hospitals and circumcision camps organized by religious organizations.

Before 1950s being a circumciser was a preserve of a few families and circumcision was done by men. By 2016 various medical and community health practitioners including women, were trained on how to circumcise boys and began circumcising boys. Circumcision before 1950 was done in unhygienic way especially due to the “one ground one knife” at circumcision. However this concept of “one ground, one knife was not in existence by 2016 because it had become unpopular due to the HIV/AIDs scourge.

Before 1950, circumcision was done mainly for social and cultural services so as to maintain the cultural identity and was therefore not commercialized. However, by 2016, male circumcision was totally commercialized and it became a norm for boys to undergo the rite in a camp where they pay large sums of money. There were no formal records kept before 1950s when circumcision took place but by 2016 organizations that were offering circumcision services in camps had begun formalizing the process by keeping formal records of the initiates through detailed documentation such as enrolment forms and issuance of certificates. Traditionally women were indirectly involved in male circumcision rite of initiation. Nevertheless, due to dynamism in the society such as the onset of single parent families, individualism, urbanization and Christianity led to involvement of women in matters of male circumcision by 2016.

The third objective was to establish the causes of changes in male circumcision rite of initiation from childhood to adulthood among the Ameru of Imenti South Sub-County of Meru County, Kenya between 1950 and 2016. The most significant contributions to the development of circumcision came from missionaries and colonial officials who underlined the necessity to switch from traditional to modern male circumcision. The reasons why traditional male circumcision is a less common rite of passage in post-colonial Africa show how closely related the African people are to imperialism. This was found to be true, especially among the Ameru of Imenti South Sub-County, who claimed to have been influenced by Christian missionaries, modern formal education and urbanisation. This part of the Ameru's existence was dynamic due to their interaction with a higher race, therefore the introduction of missionaries and the subsequent actions of the colonial authorities brought about looming changes.

Different factors contributed to changes from tradition circumcision to modern circumcision rite of initiation in Imenti South Sub-County. The factors which include concerns for safety and hygiene, religion, education, advocacy and urbanization led to changes in male circumcision. Guided by modernization theory, the study established the changes that took place include; use of general anesthesia to relieve pain, individual parents arranging for circumcision of their sons and choice of sponsors or caretakers, cost of circumcision and decision on which type of rite to undergo, age at circumcision, seclusion period, safety and hygiene in circumcision.

The fourth objective which is presented in chapter seven established the effects of changes in male circumcision rite of initiation from childhood to adulthood among the Ameru of Imenti South Sub-County of Meru County, Kenya between 1950 and 2016. Findings revealed that trends of change and subsequent effects date back to the advent of the colonialists. The study established that changes in circumcision rite of initiation had led to lowering levels of discipline among circumcised people. It also contributed to social disorder due to conflicts between men who had undergone traditional circumcision with those who had undergone modern circumcision. There were however reduced cases of surgical complications during modern circumcision.

Changes in male circumcision rite of initiation had negative economic implication as families spent their hard earned resources on circumcision celebrations that involved

feeding the initiate and members' of the larger community. In addition the changes in circumcision rite of initiation led to circumcisers taking preventive measures, such as using one blade for one initiate, leading to prevention of the spread of HIV/AIDS. The changes also led to reduction of retrogressive activities that were condemned by missionaries.

8.2 Conclusions of the Study

According to the study findings, the Ameru of Imenti South Sub-County of Meru County, Kenya, practised traditional male circumcision rite of passage prior to the 1950s. Since the 1950s, there has been a changing trend that presented different circumcision options and by 2016, the entire circumcision procedure had undergone complete transformation. The research attributed this to modernity in that societies change and become modern through a gradual transition from “traditional” to “modern” social structures.

8.3 Recommendations of the Study

Based on the summary of the findings and conclusion, this study recommends the following on male initiation rite of circumcision.

- i. Culture is dynamic and continuous changes in male circumcision rite of initiation is inevitable. It is therefore imperative that the Government ministries in charge of culture continually enlighten the community through advocacy and seminars to accept to change their attitude regarding circumcision and to be tolerant of the decision other members of the community take in regard to circumcision. This is crucial in fostering a peaceful co-existence among the supporters of both rites.
- ii. The County Government of Meru through the Department of Health and Department of Culture needs to build synergy between traditional and modern circumcision through inclusion of culturally accepted initiation practices that support modern health initiatives to assist fight stigma attached to specific rite of circumcision.
- iii. Although modern male circumcision has overtaken traditional circumcision, there is need to incorporate traditional aspect of circumcision in the modern initiation rite especially the aspects that enhanced social discipline. It is therefore necessary that the Government Ministries in charge of culture

prepare a curriculum that incorporates modern and traditional social education for modern practitioners to use in training initiates when they are in seclusion.

8.4 Suggestions for Further Research

This study suggests further research in the following areas:

- i. A research needs to be carried out to establish the impact of changes in circumcision on the future of African cultural values.
- ii. This study established that there were differences in discipline between people who had undergone traditional circumcision and those who had undergone modern circumcision. There is need to an in-depth study comparing these differences in discipline.
- iii. This study established that changes in circumcision rite of initiation had some negative effects among the Ameru of Imenti South Sub-County. A research on the feasibility of blending worthwhile aspects of traditional circumcision into the modern circumcision rite of initiation is therefore recommended.

REFERENCES

- Ary, D. (1972). *Introduction to Research in Education*. New York: Rinehart and Winston; Inc
- Atikeler, M. K, et al (2005). *Complications of Circumcision Performed Within and Outside Hospital*. *Int Urology & Nephrology* 2005; 37:97-99.
- Bailey R.C., Muga, R, Poulussen, R & Abicht, H (2002). *The Acceptability of Male Circumcision to Reduce HIV Infections in Nyanza Province, Kenya*. *AIDS CARE* 14 (1): 27-40
- Bailey, R.C.and Egesah, O. (2006). *Assessment of Clinical and Traditional Male Circumcision Services in Bungoma District, Kenya: Complication Rates and Operational Needs*. Retrieve<http://www.aidsmark.org/resources/pdfs/mc.pdf>; 15 August 2007.
- Bell, J (1993) *Doing your Research Project*. Maidenhead, Philadelphia: Open University
- Bernardi, B (1959). *The Mugwe: A Failing Prophet: A Study of a Religious and Public Dignitary of the Ameru of Kenya*. International African institute. Oxford University Press
- Bernardi, B (1989) *The Mugwe, A Blessing Prophet: A Study of a Religious and Public Dignitary of the Ameru of Kenya*. Nairobi. G.S. Were Press.
- Bill, B (1998) *Making Ethnic ways: Communities and their Transformations in Taita. Kenya, 1800-1950*. Nairobi. East Africa Educational Publishers
- Boahen, A. Adu (1990) *General History of Africa (Abridged Edition) VII Africa under Colonial Domination 1880—1935*. Nairobi. Heinemann Kenya. UNESCO.
- Brown J.E et al (2001). *Varieties of Male Circumcision: A Study from Kenya Sexually Transmitted Diseases* 2001(28), 608-612.
- Buve, A. B. et al (2000). *Male Circumcision and HIV Spread in Sub-Saharan Africa*. Paper Presented at the XIII International Conference on AIDS.
- Cohen, L & Manion, L (1980) *Research Methods in Education*. 3rd ed. London: Routledge.
- Collingwood, R. G. (1964). *The Idea of History*. Oxford. Oxford University Press.
- Crowley, I.P and K.M Mesner (1990). *Ritual Circumcision (Umkwetha) among the Xhosa of Ciskei*. *British Journal of Urology*. 66, 318-321.
- Dixneuf, M.and Poncier, A. (2007). *Report on Male Circumcision: An Arguable Method of Reducing The Risks of HIV Transmission*. Working group on circumcision, Conseil national du sida.

- Ember Melvin et al (2002) *Encyclopedia of World Cultures*. New York. Gale group.
- Fadiman, J.A (2012) *Meru's Golden Age. An Oral History of the Ameru*. Nairobi. Kiraitu Murungi Foundation.
- Fadiman, J.A (1993) *When we Begun, There Were Witch Men: An Oral History from Mount Kenya*. Berkeley: University of California Press.
- Gitonga, J (2018) Interview by the author on 9th February at Nkubu.
- Gollaher, D.L (1994) "From ritual to Science: The Medical Transformation of Circumcision in America". *Journal of Social History*, 28(1):5-36
- GoK (2008) *Imenti South District Development Plan 2008-2012*. Nairobi: Government Printers
- Government of Kenya (GoK) and United Nations Development Fund (UNDP), (2003). *Millenium Development Goals Progress Report for Kenya*. Nairobi: Government of Kenya and UNDP.
- GoK (2009) *Kenya National Bureau of Statistics.2009 Population Census*. Population Distribution by Age Sex and Administrative Units.August 2010.
- Gray, R., M. Wawer and D. Serwadda (2002). *Randomized Trial of Male Circumcision for HIV Prevention, Rakai, Uganda*. Paper Presented at a Special Meeting on Male Circumcision: Current Epidemiological
- Gray, D.E (2004) *Doing Research in the Real World*. London. Sage Publications.
- Greenberg, J.H. (1955) *Studies in African Linguistic Classification*. New Haven, Conn. Compass Publishing Co.
- Kaaria, N (2018) Interview by the author on 11th February at Nkubu.
- Kanake, J.M (2007) *Transformation of the Traditional Circumcision Rite of Passage for Meru Boys in Kenya: A Critical Response to HIV/AIDS and Gang Formation*. Dissertation. Asbury
- Kang'aara, E & Mutwiri, E (2018) Interview by the author on 9th February at Nkubu.
- Kapila, L and N. Williams. (1993). Complications of Circumcision. *British Journal of Surgery*, 80, 1231-1236.
- Kathuri, N.J & Pals, D. (1993). *An Introduction to Educational Research*. Njoro. Egerton University.
- Kenyatta, J (1978) *Facing Mount Kenya*. Nairobi. East Africa Educational Publishers.

- Kerlinger, F.N (2000). *Foundations of Educational Research*. New York: Holt Reinhart and Winston
- Kiathi, J, Mwija, O & Mung'atia, F (2018) Interview by the author on 9th February at Nkubu.
- Kinoti, H. W. (1998). *A Hand Book of Social Research Methods*. Nairobi. The National Council of Churches Press.
- Kinoti, M (2018) Interview by the author on 11th February at Ukuu.
- Kinoti, M & Micheni, F (2018) Interview by the author on 11th February at Igoji.
- Kirimi, J (2010) *The Ameru*. University of Nairobi. Unpublished Research Project.
- Kirimi, J and Miriti, M (2018) Interview by the author on 10th February at Uuku.
- Kithinji, C. M. (2016) *.Social Exclusion and Poverty of the Thagichu of Igembe, Meru County, Kenya from 1907 to 2015*. Thesis. Chuka University
- Kinyua, J.C. (1969). *A History of Njuri in Meru, 1910-1963*. B.A Dissertation, History, Nairobi. University of Nairobi.
- Ki-Zerbo, J (1985) *General History of Africa, I: Methodology and African Pre-history*. Nairobi. Heinemann Kenya.
- Kombo, D.K. and Tromp, D.L.A. (2006) *Proposal and Thesis Writing*. Paulines Publications Africa.
- Lindlof, T.R and Taylor, B.C (2002). *Qualitative Communication Research Methods*, 2nd Edition. Thousand Oaks, CA: Sage.
- Linsley, A.C (2011). *The Origin of Circumcision. Just Genesis through the Lens of Anthropology*. [Jandyogenesis.blogspot.com/2011/09/origins-of-circumcision.html? m=1](http://Jandyogenesis.blogspot.com/2011/09/origins-of-circumcision.html?m=1)
- Luise, W (1990) Separating the Men from Boys: Construction of Gender, Sexuality and Terrorism in Central Kenya 1939-1959. *International Journal of Africa Historical Studies*.
- Magoha, G.A.O. (1999) Circumcision in Various Nigerian and Kenyan Hospitals. *East African Medical Journal*, 76 (10), 583-586.
- Maigallo, A.K. (2019). *Influence of Family Life Knowlege on Marriages. Meru County, Kenya*. Thesis. Chuka University.
- Marshall, C and Rosman G.B (1989) *Designing Qualitative Research*. Newsbury Park, CA: Sage

- Martinez Perez, G., Aznar, C. T., & Bagnol, B. (2013). Labia minora elongation and its implications on the health of women: A systematic review. *International Journal of Sexual Health: Official Journal of the World Association for Sexual Health*, 26(3), 155–171. <https://doi.org/10.1080/19317611.2013.851139> [Taylor & Francis Online], [Web of Science ®], [Google Scholar]
- Mayatula, V., & T.R. Mavundla. (1997). *A Review on Male Circumcision Procedures Among South African Blacks*. Curationis. Sept. pp16-20.
- Mbaabu, M (2018) Interview by the author on 9th February at Nkubu.
- Mbachi, F & Likoko, S (2013) Traditional Male Circumcision and its Implications on Socio-Economic and Psychosocial Life of the Bukusu Community in Kenya. www.iiste.org. Vol.3, No.1, 2013.
- Mbae, A & Mukaba, E (2018) Interview by the author on 7th February at Igoji.
- Mbaya, M (2018) Interview by the author on 9th February at Nkubu.
- Mbiti, J.S (1987) *African Religions and Philosophy*. Nairobi. Heinemann Educational Books Ltd.
- M' Manyara, A (2018) Interview by the author on 9th February at Kathera.
- Mputhia, E (2018) Interview by the author on 11th February at Nkubu.
- Mugambi, M (2018) Interview by the author on 11th February at Nkubu.
- Mugambi, M & Nkubitu, I (2018) Interview by the author on 13th April at Nkubu.
- Mugambi, R (2018) Interview by the author on 10th February at Miruriiri.
- Mugenda, O. M. & Mugenda, A. G. (2003). *Research Methods. Quantitative and Qualitative Approaches*. Nairobi. Act Press
- Muguna, D, Kimathi, J & Mungatia, F (2018) Interview by the author on 11th April at Kanyakine.
- Mungatia, F (2018) Interview by the author on 11th February at Nkubu.
- Munoz et al (2003) Epidemiologic Classification of Human Papillomavirus Types Associated with Cervical Cancer. *New England Journal of medicine*_348, 518-527.
- Mutahi, K & Kaimenyi, B (2018) *Growing Green Gold*. Nairobi. Big Book Ltd
- Mutwiri, E (2018) Interview by the author on 9th February at Kaguru.
- Mutwiri, E & Kang'aara, E (2018) Interview by the author on 9th February at Kaguru.

- Mutwiri, E, Murithi, P and Mbaabu, M (2018) Interview by the author on 13th April at Kaguru.
- Mutwiri, T (2018) Interview by the author on 9th February at Marimba.
- Mutwiri, T & Mwiti, J (2018) Interview by the author on 13th April at Kathera.
- Mwaniki, H. S. K (2005) *Chuka Historical Texts*. Nairobi: Kenya Literature Bureau.
- Mwirigi, M (2018) Interview by the author on 14th April at Kionyo.
- Mwirigi, M and Mutwiri, E (2018) Interview by the author on 13th April at Kaguru
- Mwiti, A (2018) Interview by the author on 10th February at Kiithe.
- Mwiti, J (2018) Interview by the author on 13th April at Kathera.
- Mwiti, J and Kimathi J (2018) Interview by the author on 9th February at Mikumbune.
- Niang, C.I. (2006). *Strategies and Approaches for Male Circumcision Programming*. Geneva: World Health Organization
- Niang, C.I. & Boiro, H. (2007). "You Can Also Cut my Finger!" *Social Construction of Male Circumcision in West Africa: A Case Study of Senegal and Guinea-Bissau*. *Reproductive Health Matters*, 15(29), 22-32.
- Njuguna, G et al (2014) *Culture in Peace and Conflict Resolution within Communities in Central Kenya*. Nairobi. National Museums of Kenya.
- Njuguna, G et al (2016) *The Indigenous Knowledge of the Amiiro of Kenya*. Nairobi. University of Nairobi Press
- Nkubitu, I (2018) Interview by the author on 13th April at Nkubu.
- Nkubitu, I, Mugambi, M & Riungu, F (2018) Interview by the author on 9^h February at Nkubu.
- Nkunja, M (2018) Interview by the author on 9th February at Uuku.
- Nyaga, D (1997) *Customs and Traditions of the Ameru*. Nairobi. East African Educational Publishers Ltd.
- Ocholla-Ayayo, A, B.C (1976) *Cultural Repertoire and Ethics among the Southern Luo*. Uppsala: Scandinavian Institute of African Studies.
- Ogot, B.A (1974) *Zamani: A Survey of East African History*. (New Ed). Nairobi. East African Publishing House.
- Orodho, J. A. (2004). *Techniques of Writing Research Proposals and Reports in Education and Social Sciences*. Nairobi. Masola Publishers.

- Osso, W.Y. & Onen, D (2005) *A General Guide to Writing Research Proposals and Reports*. Nairobi. Jommo Kenyatta Foundation.
- Oucho, J.O (1996) *The Urban Migrants and Rural Deevlopment in Kenya*. Nairobi: Nairobi University Press.
- Ozdemir, E. (1997). Significantly increased Complication Risks with Mass Circumcision. *British Journal of Urology*. .80:136-139.
- Puren, A., Taljaard, D. & Auvert, B. (2002). *Male Circumcision Randomized Controlled Trial, Johannesburg – South Africa*. Paper presented at a Special Meeting on Male Circumcision: Current Epidemiology.
- Parsons, T (2012) *Being Kikuyu in Meru: Challenging the Tribal Geography of the Colonial Kenya*. Cambridge: Cambridge University Press.
- Rimita, M. D. (1988). *The Njuri-Ncheke of Meru*. Nairobi. Koble Press.
- Riungu, F (2018) Interview by the author on 9th February at Nkubu.
- Riungu, F & Nkubitu, I. (2018). Interview by the author on 9th February at Nkubu.
- Roles, C.N. (1966). Tribal Surgery in East Africa during the XIX Century. Part 1. Ritual Operations.” In *East African Medical Journal* 4, No.12.December, 1966.
- Sawires, S.R., Dworkin, S.L. & Fiamma, A., (2007). *Male Circumcision and HIV/AIDS: Challenges and Opportunities*. The Lancet, 369, 708-713.
- Silverman, E.K. (2004). *Anthropology and Circumcision*. Annual Review of Anthropology.
- Singleton, R.B (1993) *Approaches to Social Research*. Oxford: Oxford University Press.
- Thomas, L.M (2003) *Politics of the Womb: Women, Reproduction, and the State in Kenya*. California. California University Press.
- Timothy, H.N (2013). *Socio-cultural Conflicts arising from the Male Rite of Circumcision in Meru Community 2007-2012: A case of Nkuene Division*. (Unpublished MA Thesis), Kenyatta University. Nairobi.
- Vansina, J (1965) *Oral Tradition: A Study in Historical Methodology*. London. Routledge and Kegan Pual.
- Wafula, W (2001) *Politics of Nationalism in Kenya. A Case Study of the Bukusu of Western Kenya, 1500—1963*. Kenyatta University, Nairobi.
- Wallerstein, E (1985) *Circumcision: An American Health Fallacy*. Springer Publishing Co. Gloucester, USA

- Wangari, E. (1995). *The Heritage Library of African Peoples: Ameru*. New York. The Rosen Publishing Group, Inc.
- Wanguhu, N (2006) *Kenya's Ethnic Communities*. Nairobi. Gatundu Publishers Ltd.
- Warner, E and E. Strashin. (1981). Benefits and Risks of Circumcision. *CMA Journal* 125 (9) 967-976, 992
- Wawire, S. N. (2004). "Luo Adolescent Sexual Behavior in Nairobi: Practice and Ideology." Paper Presented at the Population Association of America Meeting. Boston, MA.
- Weisner, T.S, C. Bradley and P.L. Kilbride. Editors (1997). *African Families and the Crisis of Social Change*. Westport, Conn: Bergin and Garvey.
- WHO/UNAIDS (2007). Joint press release between WHO / UNAIDS issued on 28 March: *WHO and UNAIDS Recommendations from Expert Consultation on Male Circumcision and Prevention* <http://www.who.int/mediacentre/new/releases/2007/pr10/en/index.html>: 10 Sept 2007.

ARCHIVAL SOURCES

KNA/DC/Meru/1907. *Meru District Annual Report.*

KNA/Meru Horne, E.B (1912). *Meru District Annual Report.*

KNA/DC/Embu/1917. *Embu District Annual Report.*

KNA (1925) *Meru District Record Book.* Unpublished Manuscript.

KNA/MRU/1937. *Meru District Annual Report.*

KNA/MRU/ McKeag, V.M (1939) *Meru District Annual Report.*

KNA/DC/MRU/ Lambert, H.E (1940) *Meru District Annual Report.*

DC/Meru/2 *Religious Order Methodist Church in Kenya 1940-1962*

DC/Meru/4 *Native Court Cases of Witchcraft. The Meru District Commissioner's Office. The Witchcraft Ordinance and Return of Cases, 1941-1961*

KNA/DC/MRU/ Homan, F. D (1950) *Meru District Annual Report.*

KNA/DC/MRU/ Homan, F. D (1952) *Meru District Annual Report.*

KNA/DC/MRU/ Cumber, J.A (1956) *Meru District Annual Report.*

KNA/DC/MRU/ Cumber, J.A (1957) *Meru District Annual Report.*

DC/Meru/3 *Annual Report, Meru District 1968*

KNA/MRU DISTRICT/ 1972 *Meru District Annual Report.*

KNA/MRU DISTRICT / 1980 *Meru District Annual Report.*

APPENDICES

APPENDIX I: GLOSSARY

<i>Askari a Kanga</i>	"Blanket police" refers to Meru warriors who were selected by colonial administrators to uphold British authority. Each of these warriors was provided with a blanket as a symbolic representation of their position.
<i>Gaarua e Mukuru:</i>	A Ki- Imenti word for the man's hut.
<i>Gaarua e Nthaka:</i>	A Ki- Imenti word for hut or center where warriors lived.
<i>Imenti:</i>	Central and largest Meru sub tribe.
<i>Irigi</i>	Screen of woven vines and sticks used as a door to close the entrance to a hut.
<i>Iroge :</i>	(Singular- <i>Kiroge</i>) A Kimeru term used to refer to and for ridicule of those circumcised in hospital.
<i>Kiama:</i>	Council of Meru males within a single age set, also refer to a council of elders.
<i>Kianga:</i>	Severe punishment given through beating of an undisciplined circumcised man.
<i>Kiganda:</i>	Imenti word for seclusion hut.
<i>Kigiri:</i>	Specified place/ ground where circumcision takes place.
<i>Kioro:</i>	A Ki- Imenti word for a metal that is burnt until it is red hot.
<i>Kirarire:</i>	Term for circumcision song among the Imenti.
<i>Kithanda:</i>	A traditional mashed nutritious meal made by mixing maize, beans, maize flour and green vegetables.
<i>Kiuru :</i>	A Ki-Imenti term that refer to married woman's hut.
<i>Marwa :</i>	A Kimeru word for traditional beer that was prepared for the young men who accompanied the circumcicer. The beer was made from fermented millet and sorghum.
<i>Mathaga:</i>	Gifts given to a boy by relatives in appreciation for his readiness to undergo circumcision.
<i>Mbwa:</i>	A word derived from Swahili word "Pwani" meaning beach/shore and a place believed to be the first settlement of the Ameru in Kenya.
<i>Muga:</i>	A person who performs a rite to lift a curse (mugiro) placed on them by a murogi (witch).

<i>Mugiro:</i>	A verbal curse that, if not ritually removed, causes the sufferer to become unclean and brings bad luck.
<i>Mugwe :</i>	Prophet for a substantial portion of the Meru speakers.
<i>Muraguri:</i>	A Ki- Imenti word that refer to a curse remover.
<i>Muringia:</i>	Curse detector.
<i>Murogi:</i>	one who frequently charges a fee to verbally curse someone.
<i>Mutaani:</i>	A Ki- Imenti word for a circumciser.
<i>Muthaka:</i>	A Ki- Imenti word that refer to a circumcised man.
<i>Mwiji:</i>	Not yet circumcised boy. Plural- <i>Biiji</i> (The term is a grave insult to an adult).
<i>Nchiru:</i>	The headquarters of Njuri Ncheke of the Ameru.
<i>Ndigi:</i>	Flap of skin left hanging below the glans in traditional male circumcision.
<i>Ndinguri:</i>	A Ki- Imenti term that refer to mature uncircumcised boy.
<i>Nguu Ntune:</i>	“Red clothes”: Meru name for their enslavers in Mbwaa.
<i>Njuri Ncheke:</i>	Kiama of Kiamas; the highest council in Imenti and all Meru.
<i>Ntaane:</i>	Newly initiate boy.
<i>Ntwiko:</i>	A Ki- Imenti term for ceremony to hand over leadership mantle from one age group to another.
<i>Ugaa:</i>	Curse elimination; eradication of the mugiro state by a purification ceremony.
<i>Urogi</i>	A method of cursing someone else to call for divine intervention to bring disaster onto a chosen victim is sometimes mistaken for witchcraft.

APPENDIX II: INITIATE'S ENROLMENT / APPLICATION FORM 2016
MCK NKUBU CIRCUIT

Initiate's Enrolment / Application Form 2016

Name of initiate (Candidate)
Age.....
Religion
Name of Parent /GuardianTel. No
Sub-County.....Division.....
Location.....Sub-Location.....
Relationship with the initiate.....

1. MEDICAL BACKGROUND

i) Has the candidate suffered any of the following ailments? Please tick appropriately

Heart complication	Yes	No
Anaemia	Yes	No
TB	Yes	No
Hepatitis B	Yes	No
Asthma	Yes	No
Diabetes	Yes	No

Does the candidate suffer from any allergy? Yes/ No

If Yes, specify

ii) Are there certain food stuff that the candidate does not eat? Yes / No

If yes specify the medical diet (special food).....

2. PERSONAL EFFECTS

The candidate is expected to come with the following personal effects

- i) Detol soap
- ii) Towel
- iii) Lesso/ Kikoi
- iv) Basin
- v) Pair of slippers
- vi) Toothbrush and tooth paste
- vii) Vaseline
- viii) Exercise book and ball pen

Initiate's Signature

Parent/ Guardian's signature

Source: MCK Nkubu Circuit Office.

APPENDIX III: CONSENT NOTE

I am Isaac Kathio, a Master of Arts in History student at Chuka University. My admission number is AM14/07063/11. Currently, **I am conducting research on the Changing Trends in Male Circumcision Rite of Initiation among the Ameru of Imenti South Sub-County from 1950 to 2016.** I kindly request your participation in an interview or focus group discussion regarding male circumcision among the Ameru community in Imenti South Sub-County. Your genuine participation is highly appreciated. Please note that this is not a test, and there are no right or wrong answers. All responses are valuable, and you have the choice to answer or refrain from answering any questions. Your identity will remain confidential, and the findings of this study will be used solely for academic purposes.

APPENDIX IV: LIST OF INFORMANTS

S/ NO	NAME	AREA	INTERVIEW DATE	AGE(YRS)
1	David Muguna	Abogeta	7/02/2022	26
2	Wilfred Mwenda	Abogeta	7/02/2022	23
3	Peter Mwenda	Abogeta	7/02/2022	34
4	Moffat Kimani	Abogeta	7/02/2022	22
5	Kelvin Kimathi	Abogeta	7/02/2022	36
6	Dennis Mwenda	Abogeta	7/02/2022	30
7	Kennedy Mwenda	Abogeta	7/02/2022	33
8	Mwirigi Kiugu	Abogeta	7/02/2022	50
9.	Kenneth Mutai	Abogeta	7/02/2022	45
10	Kimathi Kirimi	Abogeta	7/02/2022	60
11	Denis Mbae	Abogeta	7/02/2022	52
12	Peter Kiugu	Abogeta	7/02/2022	44
13	Kithinji Mberia	Abogeta	7/02/2022	62
14	Edwin Marangu	Abogeta	7/02/2022	54
15	Ephantus M'Itonga	Abogeta	7/02/2022	62
16	Kimathi M'Rinyiru	Abogeta	7/02/2022	59
17	Fredrick M'Mugambi	Abogeta	7/02/2022	60
18	Robert Meme Kieni	Abogeta	7/02/2022	57
19	Elias Mukaba	Abogeta	7/02/2022	58
20	Wilson Kinyuuru	Abogeta	7/02/2022	42
21	Alfred M'Imanyara	Nkuene	9/02/2022	84
22	Edward Kang'aara	Nkuene	9/02/2022	85
23	Stephen Kabari	Nkuene	9/02/2022	49
24	Nkunja Mutwemeri	Nkuene	9/02/2022	61
25	Eliud Mwirigi	Nkuene	9/02/2022	48
26	James Gitonga	Nkuene	9/02/2022	39
27	Joses Kimathi	Nkuene	9/02/2022	42
28	Moses Mbaabu	Nkuene	9/02/2022	45
29	Tirus Mutwiri	Nkuene	9/02/2022	43
30	James Muriithi	Nkuene	9/02/2022	64
31	Isaac Nkubitu	Nkuene	9/02/2022	43
32	Eliud Mutwiri	Nkuene	9/02/2022	80
33	Fredrick Riungu	Nkuene	9/02/2022	52
34	John Kiathi	Nkuene	9/02/2022	67
35	Joshua Mwiti	Nkuene	9/02/2022	47
36	Mbaya M'Murungi	Nkuene	9/02/2022	55
37	James Kaburia	Nkuene	9/02/2022	38
38	James Gitonga	Nkuene	9/02/2022	35
39	Moses Mwirigi	Nkuene	9/02/2022	52
40	James Kirimi	Nkuene	9/02/2022	35
41	Muguna Murithi	Igoji	10/02/2022	34

42	Benson Gihunge	Igoji	10/02/2022	43
43	Justine Majau	Igoji	10/02/2022	50
44	Obed Mwija	Igoji	10/02/2022	61
45	Kenneth Mutugi	Igoji	10/02/2022	26
46	Onesmas Muguna	Igoji	10/02/2022	29
47	Dickson Mutahi	Igoji	10/02/2022	32
48	Patrick Murithi	Igoji	10/02/2022	50
49	Joseck Kirimi	Igoji	10/02/2022	57
50	Adophus Gitonga	Igoji	10/02/2022	42

APPENDIX V: INTERVIEW SCHEDULE

Section A. Background information

- Indicate your age in years. 18-35 years ()
36-59 years ()
60 years and above ()
- Level of education. PhD ()
Masters ()
Bachelor ()
Diploma ()
Certificate ()
No Certificate ()
3. Indicate your religion. Christianity ()
Islam ()
African traditional religion ()
4. Are you circumcised traditionally or the modern way?

SECTION B.

1. Discuss male initiation rite of circumcision of the Ameru before 1950.
2. What is the significance of circumcision as a rite of passage among the Ameru?
3. Was there any circumcision ceremony among the Ameru?
If yes please explain the ceremony briefly.
4. Was the rite of circumcision among the Ameru the basis of age set system?
5. Who were the original traditional surgeons?

SECTION C.

1. What type of circumcision did you undergo? Explain briefly
2. How old were you the time you got initiated?
3. Did you undergo the ritual as a group or individually? If as a group approximate the number.
4. Did you undergo the rite in a designated place? If yes explain briefly.
5. What factors determined the choice of the type of circumcision you went through?
6. Is the same rite you went through still embraced? If yes/ no please explain briefly
7. In your own opinion would you advocate for the same rite you underwent to continue being practiced? Give reasons for your answer.
8. What are some modern practices and factors that has influenced changes in male

circumcision among the Ameru of Imenti South Sub-County?

9. What is the probable ratio of traditional to modern male initiation rite of circumcision between different periods as it evolved from 1950 to 2016?
10. What factors were considered for the choice of the rite and the place of undergoing the rite?

SECTION D.

1. What was the nature of traditional circumcision among the Ameru of Imenti South Sub-County at the time of contact with missionaries and Europeans?
2. Comment briefly on health care during and after circumcision during the period of contact with the Europeans
3. Is there any protective effect of circumcision against HIV?
4. a) Which health challenges were rooted in traditional circumcision?
b) In your own opinion, how can these challenges be addressed best?
5. Give reason why some people tend to mix the traditional and modern rites of circumcision.
6. Describe the effects of modern circumcision services among the Ameru of Imenti South Sub-County?
7. What are the causes of conflicts between the supporters of different types of circumcision?

APPENDIX VI: OBSERVATION SCHEDULE

Dear respondents,

This observation schedule aims to gather data on the evolution of the Ameru of Imenti South Sub-County's male initiation rite of circumcision between 1950 and 2016. The information given will assist in establishing the changes and effects and therefore inform health providers the need to incorporate those traditional practices that can be incorporated in the modern practice to change attitude on the rite to alleviate unnecessary struggle of maintaining status quo.

To what extent would you say that the Ameru of Imenti South Sub-County have been changing in male initiation rite of circumcision guided by the indicators of changes given below?

1. Specified place of circumcision
2. Number of initiates in traditional and modern practice
3. Circumcision ceremony
4. Circumcision procedure
5. Circumcision tools
6. Seclusion
7. Graduation and role in the community

APPENDIX VII: FOCUS GROUP DISCUSSION

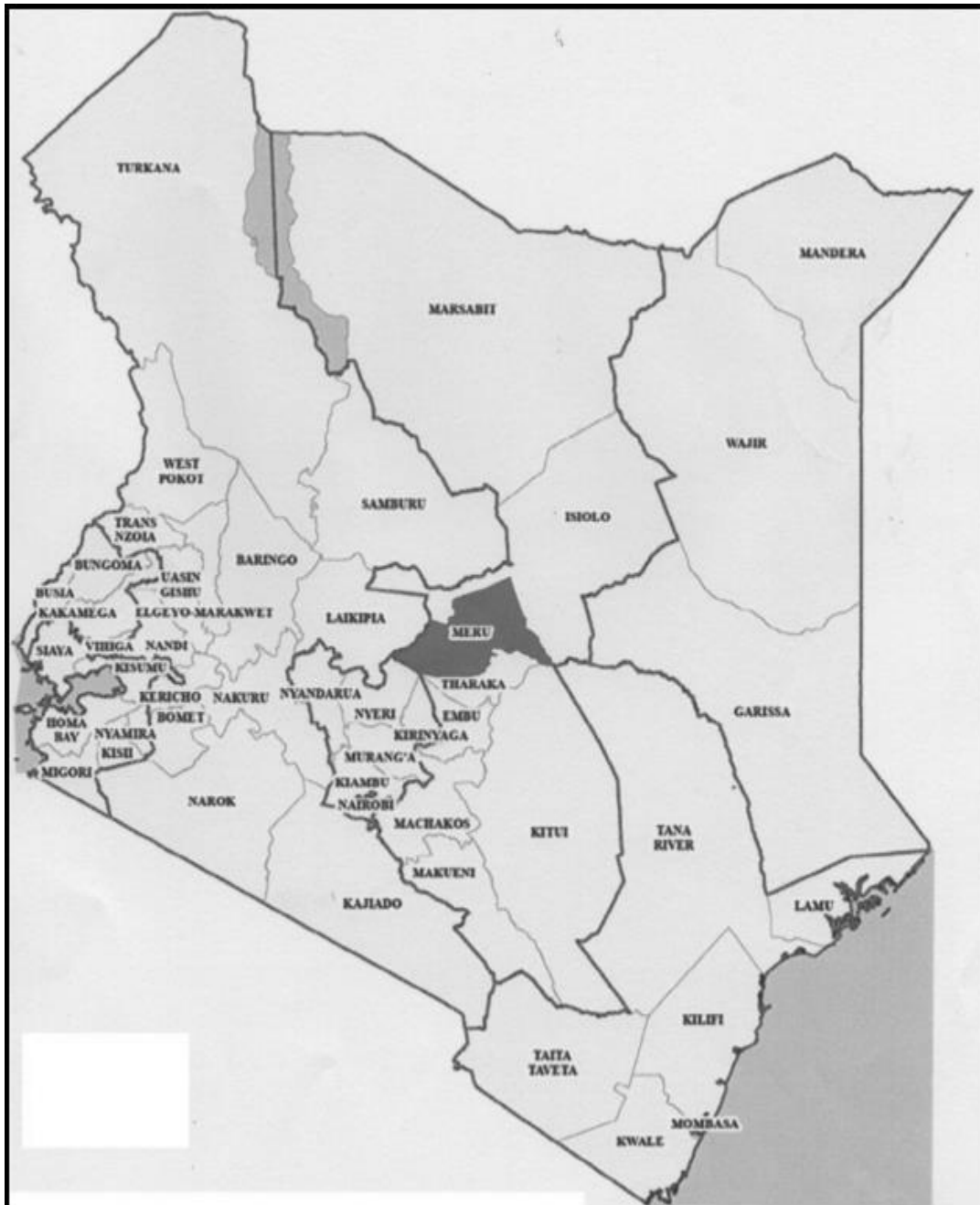
A. PRACTITIONERS

1. For how long have you practiced male circumcision?
2. Do you have any formal or informal training?
3. Did you require any permission for carrying out circumcision? If yes who granted permission and what was considered?
4. Are there changes in the practice? If yes state them.
5. What is the commonest form of circumcision do you carry out?
6. What policies have been introduced by the government that led to these changes?
7. Are there some challenges that you encounter as a practitioner as you carry out the rite. How can these challenges be addressed?
8. What is the effect of the changes in the practice of male initiation rite of circumcision?
9. How have the changes impacted on peoples lives?

B. CARETAKERS

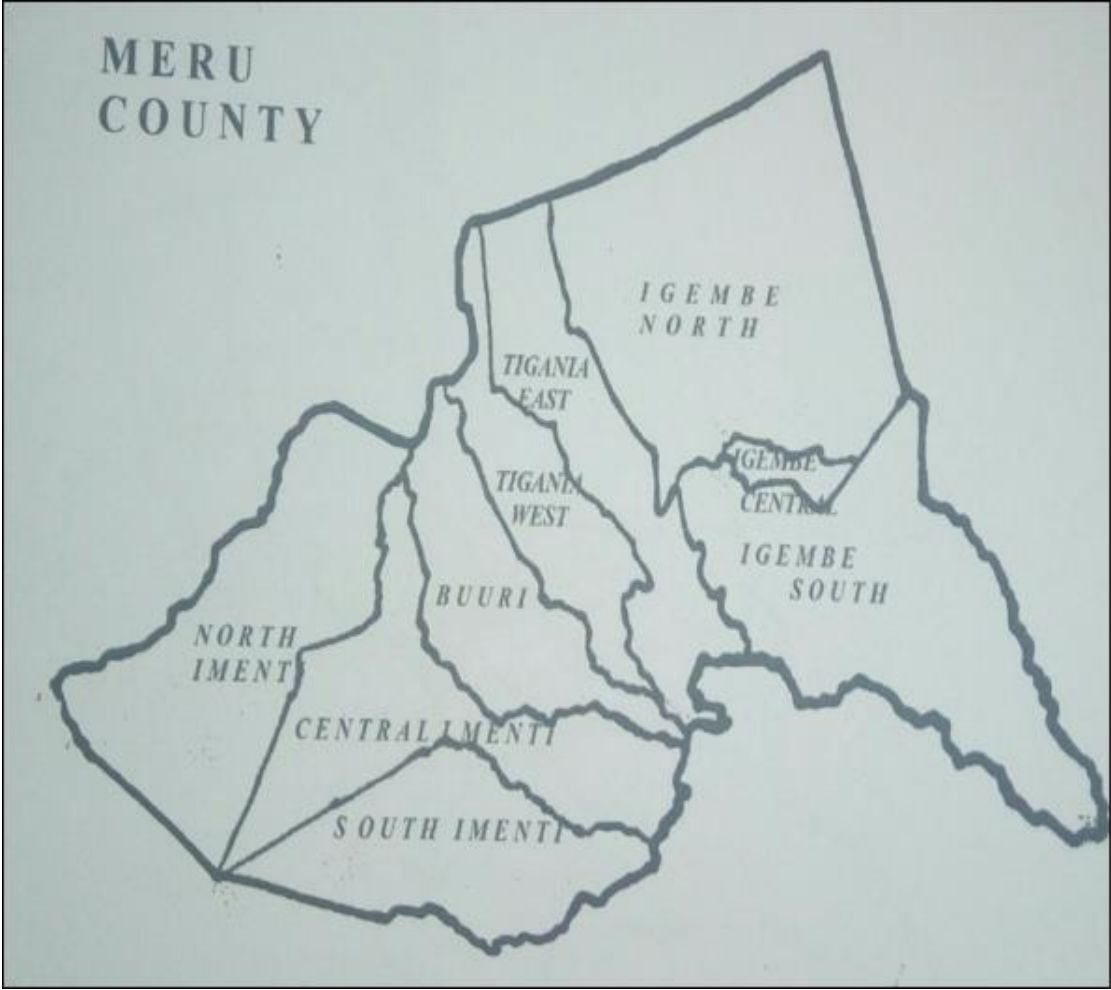
1. For how long have you been a sponsor/ taking care for initiates?
2. Do you have any form of training in this work?
3. How long is the seclusion period?
4. Are there any challenges that you encounter as you cater for the initiates?
5. What kind of education is carried out?

APPENDIX VIII: MAP OF KENYA SHOWING LOCATION OF MERU COUNTY



Source: Meru County Development Plan 2013-2017

APPENDIX IX: MAP OF MERU COUNTY SHOWING LOCATION OF IMENTI SOUTH SUB-COUNTY



Source: Kenya National Bureau of Statistics

APPENDIX X: RESEARCH PERMIT

THIS IS TO CERTIFY THAT:
MR. ISAAC KATHIO
of CHUKA UNIVERSITY, 0-60202
NKUBU, has been permitted to conduct
research in Meru County

on the topic: CHANGING TRENDS IN
MALE INITIATION RITE OF CIRCUMCISION
AMONG THE AMERU OF IMENTI SOUTH
SUBCOUNTY(1950-2016)

for the period ending:
18th April,2019


.....
Applicant's
Signature

Permit No : NACOSTI/P/18/83398/22212
Date Of Issue : 18th April,2018
Fee Received :Ksh 1000



.....
Director General
National Commission for Science,
Technology & Innovation

APPENDIX XI: KENYA NATIONAL ARCHIVES AND DOCUMENTATION SERVICE RESEARCH PERMIT

Permit No. 30432 Valid from 15/4/18 to 15/4/19
KENYA NATIONAL ARCHIVES AND DOCUMENTATION SERVICE
P. O. Box 49210


Name: Isaac Kattis Issued by: M. O. Ochieng
Director

Address: P.O. Box 37
60202
NKURU

RENEWAL DATES:
1
2
3

NOT TRANSFERABLE

REPUBLIC OF KENYA



KENYA NATIONAL ARCHIVES AND DOCUMENTATION SERVICE
P.O. Box 49210-00100
NAIROBI

This permit is the property of KNADS and is subject to withdrawal at any time.
GPK 5420-3m-7/2005

OFFICIAL ENTRY PERMIT TO ARCHIVES SEARCH-ROOM ONLY