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Challenges Facing the Methodist Church in Kenya in Her Effort to Eradicate Female Genital Mutilation in Kisii Mission, Kenya

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Abstract:

An investigation into challenges facing the church in eradicating female circumcision is perhaps more important now in Africa and, particularly in Kenya when the Church as well as the government seek for equality and to empower women for more productivity in all sectors. The study, therefore, focuses on investigating challenges experienced in eradicating female circumcision by the Methodist Church, Kisii Mission in Kisii County, Kenya. The study employs descriptive survey and Phenomenological qualitative designs in its methodology and is guided by five research questions: What factors have promoted the practice of female circumcision in Kisii community?; To what extent is female circumcision practiced among the Kisii people?; What is the contribution of the Church in fighting against female circumcision among the Abagusii of Kisii County?; What are the constraints faced by the church in Kisii communities in the fighting against the FGM practice?; What recommendations can the Methodist Church suggest in quest to eradicating the practice among its adherents? This study is of great significance because it helps recommend some of the best ways to eradicate female circumcision, gives answers to structural questions on practice of female circumcision and encourages the church to act as example in abolishing retrogressive cultural practices as key strategy in helping end female circumcision in Kisii County. The study is informed by Functionalism Theory. Ten Methodist churches are randomly sampled. The target population of the study comprises 3,500 members. The sampled size included 165 parents, 10 teachers, 198 youth, 10 pastors and 30 church leaders, all chosen through stratified sampling technique. Moreover, questionnaires are designed through exploratory factor analysis and all the items in the scales obtained conceptual fit. Interviews are also designed to collect qualitative data from the respondents on the constructs under scrutiny. The quantitative data is analyzed using mean scores, standard deviation, frequencies, and percentages on IBM SPSS version 22. The qualitative component is analyzed thematically using direct quotes and narratives. The findings of the study established that some church members still practice female circumcision secretly. It also revealed that female circumcision leads to several medical problems like blockage of urinary tract, hemorrhage and other diseases in girls. Therefore, the study recommends that the church should actively use alternative rites of passage and the Bible to eradicate female circumcision. As such, churches should seek to value each woman and recognize her individual needs and gifts.

Keywords: *The Methodist Church, Methodist annual conference, synod, Circuit, female genital mutilation and mission*

1. Introduction

1.1. The Meaning of FGM

World Health Organization (WHO) (2007) defines Female Circumcision (FC) as "the partial or total cutting of the external female genitalia". This involves the injury of the female genital organs whether for cultural, religious or other non-therapeutic reasons. It is the removal of the clitoris by traditional practitioners, mostly elderly women in the community specially designated for this task. According to Muteshi and Sass (2005) in their article, "Female Genital Mutilation in Africa", define, Female Genital Mutilation (FGM), as a traditional practice that involves the partial or total removal or alteration of girls' or women's genitalia. WHO (2007) identifies four types of FC:

1.2. Background of the Study

1.2.1. History of Female Genital Mutilation Globally

Female Circumcision (FC) practice is as old as history itself. Although the history of its origin is not clear, it seems to be traced back to Ancient Egypt some 2000 years ago (Kiragu, 2005). In addition, some authors associate the practice as a component of the African Culture (Gesare, 2013). In the same way as it is in other groups of the world (Hosken, 2003). The practice entails cutting parts of the female external genitalia or other injury to the female genitals either for cultural or any other non-therapeutic reasons (WHO,2006). Traditionally, Female Circumcision is called 'Female Circumcision' (FC) but the realization of its harmful physical, psychological and human rights consequences has led to the use of the terms, 'Female Genital Mutilation' or 'Female Genital Cutting' (FGC). Female genital cutting (FGC) is defined as all procedures involving partial or total removal of the external female genitalia or other purposeful injury to the female genital organs for non-medical reasons (Gesare, 2013).

Female circumcision is also practiced among Bohra Muslim populations in parts of India and Pakistan, and amongst Muslim populations in Malaysia and Indonesia (WHO, 2010). Female Circumcision is recognized internationally as a violation of the human rights of girls and women (WHO, 2008). It reflects deep-rooted inequality between the sexes and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death (Muteshi & Sass, 2005). It involves removing and damaging healthy and normal female genital tissue, and hence interferes with the natural function of girls' and women's bodies (Hussein, Nour, & Bryant, 2014). The practice causes severe pain and has several immediate and long-term health consequences, including difficulties in childbirth also causing dangers to the child.

Female Circumcision primarily was practiced in North-Eastern and Eastern Europe. (Rochon, 2008). However, it also takes place in the Middle East, in South-East Asia – and also among immigrants in Europe. According to estimates by the World Health Organization (2005), 150 million women are affected by FC world-wide. In Europe, the number of mutilated women or girls and women threatened by FC amounts up to 500,000. According to the WHO, 140 million women and girls are living with the effects of FC, including 101 million girls over the age of 10 in Africa, where the practice persists in 28 countries.

1.2.2. Efforts to Eradicate FGM Globally

The Global Alliance against FC ambition is to accelerate the total eradication of cultural violence against women (Ken, 2007). Action must be taken hand in hand by men and women, along with all concerned organizations. There is a growing necessity to address global challenge through global action (Crunbaum,2003). Many organizations including the World Health Organization (WHO) have been fighting against the traditional practice of female genital mutilation of babies, young girls and women (WHO, 2008). In December 2012, the UN General Assembly accepted a resolution on the elimination of female genital mutilation. In 2010 WHO published a "Global strategy to stop health care providers from performing female genital mutilation" in collaboration with other key UN agencies and international organizations.

In 2008 WHO together with 9 other United Nations partners, issued a new statement on the elimination of FC to support increased advocacy for the abandonment of FC. The 2008 statement provides evidence collected over the past decade about the practice. It highlights the increased recognition of the human rights and legal dimensions of the problem and provides data on the frequency and scope of FC (WHO. (2008). It also summarizes research why FC continues, how to stop it, and its damaging effects on the health of women, girls and newborn babies. The new statement builds on the original from 1997 that WHO issued together with the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). Since 1997, great efforts have been made to counteract FC, through research work within communities and changes in public policy.

Every year, 3 million girls and women are subjected to the harmful traditional practice of Female Circumcision (FC) (World Health Organization 2008). Worldwide; the number of girls and women who have undergone this practice is estimated to lie between 100 and 150 million. FC is not only an important issue in Africa, the Middle-East, and Asia where it has been traditionally practiced, but due to the arrival of immigrants, refugees, and asylum seekers from these countries to the West, to Europe, North America, and Australia, FC has also become a Western concern (UNICEF, 2007). It is estimated that in the European Union alone, 500,000 girls and women are affected or threatened by the practice of FC. The magnitude and serious medical and social consequences of this practice in Europe and, moreover, the human rights that might be violated by it, should not be underestimated.

1.2.3. Female Genital Mutilation in Africa

According to Caldwell and Caldwell (2009) 80–88 percent of women in Africa who have experienced FGM live in sub-Saharan Africa, 51 percent in West Africa and 27 percent in Nigeria. However, the highest prevalence rates are Somalia (97.9 percent of women), Egypt (95.8 percent), Guinea (95.6 percent), Sierra Leone (94 percent), Djibouti (93.1 percent), Mali (91.6 percent) and Eritrea (88.7 percent). According to the WHO, (2006) nearly half the women who have undergone it live in Egypt and Ethiopia. Between 100 million and 132 million women worldwide are estimated to have undergone the operation while another 2 million face the torture on a yearly basis (Hussein, Nour, & Bryant, 2014). In addition, the operation is forced on

approximately 6000 girls worldwide daily about 1 every 15 seconds. In Africa alone over 50 million women had been circumcised and female circumcision is practiced less often in parts of Near East, Asia, South America and Australia (UNICEF, 2004). The operation is performed on girls whose ages range from 3 days to puberty as a rite of passage to true femininity and sometimes is justified as an embellishment required for securing a husband (Kiragu, 2005).

In some parts of Africa, Female Circumcision is delayed until during pregnancy or until two months before a woman is due for delivery (Kavulya & Shaw, 2007). This is based on the assumption that the baby may die if he/she comes into contact with the mother's clitoris during birth although there is no medical evidence to support this. Some cultures also perform circumcision after death, where the woman was not circumcised when she was alive. Some studies conducted in the past in Nigeria had shown that Female Circumcision is widespread in the country. It is estimated that more than 50 percent of Nigerian girls/women had been circumcised while a substantial number face the torture yearly (Inter-African Committee, 2007).

1.2.4. Effort to Eradicate FGM In Africa

The prohibition of FGM/C has been enacted by 26 countries in Africa and the Middle East but the legislation varies from country to country (Muteshi and Belizán, 2011). The law in some countries restrict the practice of FGM/C in totality while some restrict the practice in government health facilities and by medical practitioners, for example in (Crunbaum, 2003). In most African countries legislation against FGM/C involves all age groups while in some non-African countries like United States and Canada the FGM/C is only illegal among minors (Kandala and Nwakeze, 2010). The penalties for violating the legislation against FGM/C also vary between countries. While some penalize the circumcisers only, others penalize the circumciser and those that seek for the procedure as an adult or for the minors and some even include anyone who knows that the procedure has been performed and fails to report it (Morison, 2001). In some African countries, the ban on FGM/C has expanded over the years; for example Kenya expanded its ban to include adult women and extended restrictions to citizens who commit the crime even outside the country's borders since 2011. Despite all these, FGM/C has not reduced significantly as expected because most of the legislations are not complemented by measures to influence the cultural and religious expectations of the communities within its comprehensive social context (Muteshi, 2005). Therefore, legislation should be incorporated into strategies to enhance the elimination of FGM/C.

1.2.5. Female Genital Mutilation in Kenya

Demographic Health Survey KDHS (2015) state that Female Circumcision is widely practiced in many communities in Kenya. Most ethnic groups that practice female circumcision in Kenya (i.e., the Swahili/Mijikenda, Akamba, Akikuyu, Ameru, Aembu, Akalenjin, Ataita Ataveta, Maasai, Abagusii and the Somali) consider it a deeply rooted cultural practice (FIDA Kenya, 2009). In Kenya, there have been long-standing attempts to eradicate female circumcision. Indeed, as early as 1906, Christian missionaries and the British colonialists attempted to discourage the practice by adopting legislation outlawing it. However, such efforts proved to be counterproductive (Chege, 2001). According with the Demographic Health Survey KDHS (2015) the proportion of women circumcised increases with age, from 15% of women aged 15-19. 49% of women aged 45-49. A higher proportion of rural women 31% than urban women 17% have been circumcised (KDHS, 2015). The practice varies tremendously by province. The proportion of women circumcised ranges from 1% in Western province to 98% in North Eastern province (KDHS, 2015). Roughly, one-third of women in Eastern, Nyanza, and Rift Valley provinces have been circumcised compared with over one quarter of those in Central province, 14% of those in Nairobi, and 10% of those in Coast province (KDHS, 2015).

The most severe form of circumcision predominates in North Eastern province with 22.8% of 15-34 years is circumcised (KDHS, 2015). Of these, 80.7% had their flesh removed, 3% were nicked and flesh was removed while 14.85% were sawn closed; the older the woman the higher the prevalence of circumcision (Kavulya, 2007). 92% of 15-34 years old are circumcised between the ages of 3-18. 83% of 15-34-year-old says circumcision needs to be stopped while 9% think it should be continue (Kavulya, 2007). Kenyans resisted the eradication of the practice as part of their struggle for self-determination (independence) and preservation of their cultural heritage. In 1957, the council of elders (NJUURI-NCEEKE) in Meru district banned the practice. The ban was largely defied by those it was supposed to protect. The girls went ahead and circumcised themselves. Both men and women encouraged this defiance. The District Officers attempted to enforce the ban between 1956 and 1959 by prosecuting those who defied the ban. This resulted in a public outcry from the communities who sought intervention from the colonial government, which had passed the ban. After the public outcry, the central government reversed its decision and it was agreed that female circumcision would only be eradicated through public education.

During the late Kenyatta's presidency from 1963 to 1978, female circumcision was not addressed due to the significant role it played in the struggle for political independence. Kenyatta's stand on the practice was clear that he supported the practice. Former Kenyan president Daniel Arap Moi in many occasions cautioned about the practice. He identified female circumcision as a hindrance to national development and specifically to girls' education. On July 27, 1982, former president Daniel Toroitich Arap Moi banned the practice of female circumcision in his Baringo Constituency while addressing a public rally. In 1989, the former president again banned the practice national wide while addressing university students in his constituency.

Kavulya (2007, p.43) in their book, "Perceptions towards Factors Leading to the Persistence of Female circumcision among the Abagusii of Nyanza, Kenya", reiterate what the former president of Kenya said concerning female circumcision in September 1982. Former President Daniel Arap Moi banned the practice because of the dangers associated with it. Another presidential decree outlawing Female circumcision was given in 1990. In 1999, the government launched a National Plan for Action to eliminate female circumcision. However, since these legal actions have not been accompanied by any preventive measures or enforcement, they have had no real effect in reducing the prevalence rates of Female circumcision (Kahoro & Wachira, 2007). Furthermore, the government has not set up structures to implement their provisions. After being outlawed, Female circumcision in Kenya went underground and is now being performed under a cloud of secrecy in hospitals. There are even accounts of mobile Female Circumcision clinics, in which nurses and clinical officers move from village to village to elude the police (Chege, 2001). Kavulya (2007) observes that even though Female circumcision is illegal in Kenya, more than one third of the women are circumcised and in some ethnic groups every young woman is subjected to the cut.

1.2.6. Female Genital Mutilation in Kisii County

In this paper the researcher focused on the Abagusii community specifically Gusii women in Kisii county. Kisii County is an administrative county in the former Nyanza province of Kenya. The County is located to the south east of Lake Victoria and is bordered by six counties with Narok to the south, Migori to the west, Homa Bay to the north west, Kisumu to the north, Bomet to the south east and Nyamira to the east. The county is composed of Masaba, Gucha, Gucha south, Kisii south, Kisii central and Kitutu Chache Districts (Kenya National Bureau of Statistics, 2010). The people of Kisii County are the Abagusii. The County covers an area of 1,317 km² with a total population of 1,152,282 and a population density of 874.7 people per km² contributing 2.9% to the national percentage (Kenya National Bureau of Statistics, 2010). By the year 2009 National Census the County had an annual growth rate of 2.75% (Kenya National Bureau of Statistics, 2010). With 51% of its population living below the poverty line with an age dependence ratio of 100:94 (census 2009). The Kisii group who are the Bantu speakers are second greatest prevalence of Female Circumcision (96%), this are results of KDHS, (2015). In 20 years the Kisii have targeted on schooling their young boys and girls and they are comparatively clearly educated, making the sustained existence of Female Circumcision unusual. They may be historically farmers but quite a few live-in city sectors. A significant minority still observe a monotheistic religion that pre-dates colonialism as well as arrival of missionaries. The majority are Christian, with influences from classic indigenous religion remaining.

As noted by Populace Council through KDHS, (2015), Female Circumcision is considered an important rite of passage from girl to a respected woman. A mutilated woman is considered mature, obedient and aware of her role on the family and inside society, characteristics that are highly valued with the group (Female Circumcision is taken as a necessity to be marriageable, honored, and able to control sexual desires before marriage and ensure fidelity in marriages and take as a sign of cleanliness and hygiene, Female Circumcision is also considered a cultural and a sense of group identifier amongst the Abagusii. It distinguishes their daughters from neighboring communities who do not observe. This has passed down to generations as supported by Muteshi and Sass (2005). Mutilation was done with celebration but has recently become secretive due to prohibition under law. Traditionally Female Circumcision was performed from 15 years in preparation for marriage but it really now typically performed on women aged 8-10years (Kenya National Commission on Human Rights, 2012).

As implicated by Richardson (2005), religion, aesthetics and social culture have been identified as features which contribute towards the exercise. Female Circumcision remains primarily a cultural rather than a religious apply, occurring across different religious groups (Wachira, 2005). This is not sanctioned by any religious texts. Although in some communities, religious interpretations have been used to justify the exercise. Hygiene and aesthetics are frequently quoted as factors supporting mutilation, often underpinned by beliefs that woman genitalia are ugly, have a bad smell and can be created more beautiful by mutilation. In accordance to Pike (2011), "Female genital mutilation is a crime against women" (p 5)

The Kisii have been known to conserve their culture when most of their neighboring communities have no trace of their traditional livelihoods (Moogi, 2005). The community is polygamous and the more wives the more the respect one is accorded. To be able to marry more women means one is wealthy since you cannot marry without bride price paid in form of cattle (Njue & Askew, 2004). Female Circumcision (FC) is a traditional practice that has defied change since time immemorial among the Gusii (Richardson, 2005). Before Gusii girls in Kenya and Tanzania are married, they must undergo circumcision in a ceremony that 99 percent of the time is sponsored by their prospective suitors. Girls' circumcision that is now referred to as Female Circumcision is a prerequisite for marriage. Female Circumcision and marriage are culturally inextricable and take place respectively (Preece, 2013). Once breasts begin to appear, a girl is supposed to be circumcised and immediately given out for marriage to a man of her parent's choice (Orubuloye & Caldwell, 2000). The family receiving the girl normally makes arrangements for marriage prior to circumcision by presenting gifts to her family. Once circumcision is done, full bride price mainly in form of cattle is paid to her family and she is taken to her new home (Kiragu, 2005). Aside from the actual surgical procedure, the rite includes a ceremony in which the entire community comes together to celebrate the girl's passage to adulthood. Many Kisii families cannot afford to give their children formal schooling, so to protect their daughters from lives of poverty they choose to marry them off at a young age (Mahran, 2011).

Gusii girls are traditionally considered children until they are circumcised; it is seen as imperative for Gusii girl to undergo the circumcision rite before she is married. This strongly ingrained cultural belief propels families to go to great lengths to complete the circumcision (Inter-African Committee (IAC), 2007). Over the past 10 years, Kisii community has been

arrested for practicing female circumcision. Female Circumcision (FC) is the traditional practice of initiating girls into womanhood and it is very high among the Abagusii 99% (Nyaboke, 2000). Female Circumcision is one of the most strongly held tribal customs revered by both men and women among the Abagusii people (UNICEF, 2004). Traditionally is not allowed to get married to an uncircumcised woman, all women must be circumcised in order to get married. So, Female Circumcision is part and parcel of the existence of the Abagusii people from this perspective (World Health Organization, 2006).

1.2.7. Efforts to Eradicate FGM in Kenya and in Kisii County

In Kenya, the constitution having been adopted in 2010 guarantees every person the right to freedom of belief and opinion in Article 32(2). However, it also protects a person from any form of torture. Article 29(1) state that "every person has the right to freedom and security which includes the right not to be subjected to torture in any manner whether physical or psychological. It is worth stating that since FGM has no any health benefit, it can only be referred to as a form of physical and psychological torture (The Constitution of the Republic of Kenya, 2010). Furthermore, the Kenyan parliament passed a bill on 8th September 2011 to prohibit the practice of FGM and safeguard against violation of a person's mental integrity through the practice of FGM as enshrined in the new constitutional dispensation. In addition, the commission for the Implementation of the Constitution (CIC) headed by Charles Nyachae acknowledges the fight against FGM and have endorsed strategic implementation plan to eradicate FGM. Furthermore, the Kenya Law Report (KLR) has also played a vital role in eradicating FGM. According to the KLR, there is need to establish more strict laws to eradicating FGM and punish its practitioners. However, it should be noted that KLR just provides provisions in the penal code pertaining to offences against-person and health" that might be applicable.

The KLR further prohibits the practice of FGM in government-controlled hospitals and clinics. This is evident by the fact that in 1982, the director of medical services instructed all hospitals to stop the practice stating that all medical practitioners undertaking the vice would be prosecuted before the courts of law. In addition, The Children Act (2001) has also helped reduce the prevalence of FGM in Kenya. Having been enacted in 2001 and come into force in 2002, the act provides articles that 21 decamping the practice. Section 14 stipulates that "No person shall subject a child to female circumcision early marriage or another cultural rite, custom or traditional practice that are likely to negatively affect the child's life, health, social welfare, dignity or psychological development. Section 119 (1) further provides that a child in need of care and protection is one "who being female is subjected or is likely to be subjected to female circumcision or early marriage or to customs and practices prejudicial to the child life, education and health (The children's Act, 2001).

The enactment of the children's act since its enactment has tremendously reduced the prevalence of FGM in Kenya in some communities. However according to the Kenya Demographic Health Survey (KDHS) despite the existence of children's Act, some communities are still adamant and still perform FGM Female Circumcision in Kisii is considered an important rite of passage from girl to a respected woman. A mutilated woman is considered mature, obedient and aware of her role on the family and inside society, characteristics that are highly valued with the group (Female Circumcision is taken as a necessity to be marriageable, honored, and able to control sexual desires before marriage and ensure fidelity in marriages and take as a sign of cleanliness and hygiene, Female Circumcision is also considered a cultural and a sense of group identifier amongst the Abagusii. It distinguishes their daughters from neighboring communities who do not observe. This has passed down to generations as supported by Muteshi and Sass (2005). Mutilation was done with celebration but has recently become secretive due to prohibition under law. Traditionally Female Circumcision was performed from 15 years in preparation for marriage but it really now typically performed on women aged 8-10years (Kenya National Commission on Human Rights, 2012).

1.2.8. Efforts to Eradicate FGM by Methodist

MCK's commitment towards eradicating female circumcision; the ministers and members of the church were against the practice. The study revealed that many Church members lamented over FC and church ministers and church elders publicly preached against the practice of female circumcision. The study showed that the Methodist church in Kisii mission has engaged in preaching against the practice in churches and in crusades and public in order to discourage FGM. Further, the church proposed for alternative way of rite passage to replace female circumcision. As well as strongly advocating for a collaborative approach in dealing with the problem. They proposed that the church should liaise with colleges, schools, and other institutions to address female circumcision in Kisii. From a biblical standpoint, female circumcision is against the will of God as stipulated in 1st Corinthians 6:15, 19 which states that "Do you know that your bodies are members of Christ? Shall I then take away the members of Christ and make them members of a harlot? May it never be! Or do you know that your body is the temple of the Holy Spirit. Who is in you? Who you have from God, and that you are not your own!" Because of these biblical verses, Methodist church in Kisii has officially tried to crusade against this practice which is harmful, and life-threatening to young girls. However, the circumcisers are aware that the church is against what they practice at least by mentioning its dangers that accrues the practice.

1.3. Statement of the Problem

The practice and prevalence of female circumcision in Kisii is an issue of major concern especially to the Methodist Christian community. Its persistence raises concern over women's reproductive health. Despite efforts by some members of the Church to eradicate FGM, these efforts have been thwarted by a section of members in the same Church who engage in the

practice discretely, making the fight against FGM difficult from within. Church members secretly circumcise their daughters for fear of being arrested and prosecuted. The same church members are full communicants of the Methodist Church; some of them highly educated. On the other hand, those who have not attained education have attended seminars about the dangers of FGM, but still continue to circumcise their daughters. This is something that has challenged the campaign against FGM because of secret operations, which renders it difficult to identify the perpetrators. WHO (2008) observes that FGM is partly attributed to religion, although no evidence of this assertion can have been gathered.

Research literature shows that the church has strong influence in the society and its voice is mostly likely to be respected by many Christians (Moogi, 2005). As such, this study took this approach through the Methodist Church in order to influence members and eventually reach out to the whole society by investigating the antecedents to the challenges of eradicating FGM in Kisii County. Considerable researches have been conducted internationally and locally about FGM, there have been relatively few empirical studies on this topic in Kisii context. Studies that have been conducted are not comprehensive enough in illuminating which factors are potentially strong in opposing the eradication of female circumcision in Kisii from the church's perspective. This is evidence that beside culture, female circumcision is multifaceted and may require the Church's approach to eradicate.

1.4. Research Questions

- What factors have promoted the practice of FGM in Kisii community?
- To what extent is female circumcision practiced among the Kisii people?
- What is the contribution of the Church in fighting against FGM among the Abagusii of Kisii County?
- What are the constraints faced by the church in Kisii communities in the fighting against the FGM practice?
- What recommendations can the Methodist Church suggest in quest to eradicating the practice among its adherents?

1.5. Significance of the Study

The study will be used as a self-examination tool for reflection among the development partners and practitioners in Gusiland and also used as a reference in academia, government for policy formulation as well as to the public and stakeholder community. The findings of the study could provide useful insights to the Churches on how to incorporate culture into biblical teachings in order to positively benefit the society. This enculturation may address the conflict between cultural practices and the teachings of the church and make people to peacefully coexist. It is anticipated that the findings of the study would assist the parents to realize the negative impacts of female circumcision on health and psychological consequences among young girls. This would enlighten them to denounce the retrogressive culture and accord their girls the humane treatment and respect they deserve in the society. The findings of the study would further help the government to come up with effective policies to help in monitoring and ensuring that the law against female circumcision is fully enforced in Kisii County and Kenya by extension. They will be able to liaise with the community to identify circumcisers and the parents who still support this practice and take action against them in order to eradicate the practice.

Through this study, law makers could identify the legal gaps that still exist in the law against female circumcision and address them. This would help the law enforcement agencies to freely operate without contravening any human rights for the people involved in circumcision of the girls. Once these laws are well laid down and enforced, the culprits will desist from performing this rite against the girls. The study is expected to outline the dangers of this rite to girls. This would help them become the advocates of anti-female circumcision in order to stop the vice. These girls will be able to pass this vital information to the subsequent age-groups in the society and create awareness about the negative consequences of female circumcision. This study would provide vital information to those who engage in this exercise that is outlawed in the country. This will enable them to look for alternative sources of income to take care of their needs. As such, they will not rely on performing the outlawed act in order to earn a living.

The findings of this study would also provide valuable information to the human rights organizations and the rest of the civil society, enabling them to advocate for eradication of the rite from a point of knowledge. They can then be able to lobby other interested parties to join forces in this fight in order to free the girls from this rite. The study could act as an intellectual platform to other researchers and scholars by adding to the existing body of knowledge concerning female circumcision. They would therefore be able to use it to justify their inquiries as well as address the existing knowledge gaps.

3. Review of Literature

3.1. Kantian Ethics

Wood (2007) observed that Immanuel Kant used the idea of having a moral 'duty' to help work out what to do in an ethical situation. In making the distinction between the two kinds of imperatives hypothetical and categorical. The categorical imperative, Kant marks out a set of formulations or 'moral commands' that apply to everyone, are not dependent on personal desires or goals, and are based on an objective *a priori* law of reason and logic (Wood, 2007). The first formulation asks the participant to consider what would happen in a world where everybody did this thing of female circumcision. Considering Kant's categorical imperative this study designed has explored the challenges facing the Methodist Church in Kisii County in her quest to eradicate female circumcision.

3.2. Factors that Promote the Practice of FGM in the Kisii Community

3.2.1. Culture

Himes (2008) state that culture is that complex whole which includes knowledge, beliefs, art, morals, law, custom, and any other capabilities and habits acquired by members of society. All these are constituents of culture. Eliade (2009) defines initiation as a basic change in existential condition, which liberates a person from profane time and history. Initiation recapitulates sacred history of the world. Through this recapitulation, the whole world is sanctified a new (initiated). It can be perceived that the world is a sacred work of God's creation (Eliade, 2009). Female circumcision is part of initiation rite, which according to Kisii culture is something experienced by many women. Initiation is not done without female circumcision. To Kisii practitioners of FC, the functions of initiation play an important role as Eliade (2009) explains the functions of initiation. Female circumcision is part of initiation that plays a vital role among the people.

3.2.2. Influence of Culture on Persistence of FGM

Robertson (2009) gives the functions of culture. He states that functionalist theorists regard society and culture as a system of interdependent parts, which offer an opportunity to people to come together for a common purpose to reestablish social bonds and to confirm their sense that they were not simply scattering social bonds where FC is not an exception. It regulates one's conduct and prepares a person for a group life. Without culture a person would have been forced to find his/her own way which would have meant a loss of energy. Robertson (2009) further asserts that culture provides solutions to complex situations.

3.2.2.1. Traditions

A study by the Population Council in Nyanza (2004) notes that among the Kisii of Nyanza Province, FGM is considered an important rite of passage for a girl to become a respected woman in the community. A circumcised woman is considered mature, obedient and aware of her role in the family and the society. The need to control a woman's sexual desire before marriage is another reason for the practice, as well as the perceived need to ensure fidelity, especially within polygamous marriages. Female circumcision is also considered a cultural identifier among the Kisii, distinguishing their daughters from neighboring communities who do not circumcise women.

3.3. Functionalism Theory

The study was guided by Functionalist theory which asserts that rules and regulations help organize relationships between members of society. That those values provide general guidelines for behavior in terms of roles and norms. These institutions of society such as the family, religion, the economy, the educational and political systems, are major aspects of the social structure in any given society. Functionalists believe that institutions are made up of interconnected roles or inter-related norms i.e. inter-connected roles in the institution of the family are of wife, mother, husband, father, son, brother, sister and daughter. Functionalism is based on key concepts; society is viewed as a system. Hence societies have a collection of interdependent parts, with a tendency towards equilibrium. There are functional requirements that must be met in a society for reproduction aspect (Robertson, 2009). Functionalist argues that the different parts of society e.g. the family, education, religion, law and order, media etc. have to be seen in terms of the contribution that they make to the functioning of the whole of society. This organic analogy sees the different parts of society working together to form a social system in the same way that the different parts of an organism form a cohesive functioning entity. Talcott Parsons states that the social system is made up of the actions of individuals (Rochon, 2008). According to Parsons, as the two or more individuals interact, they are faced with variety of choices about how they might act. However, these varieties of choices are influenced and constrained by a number of physical and social factors (Craib, 1992). At the same time as the functionalists put it, each individual has expectations of the other's action and reaction to their own behavior, and that these expectations are derived from the accepted norms and values of the society which they inhabit (Parsons, 1961). Then it means that these social norms are generally accepted and agreed upon.

Eventually as the behaviors are repeated in more interactions and these expectations are entrenched or institutionalized a special role is created. Functionalists define a role as the normatively regulated, participating of a person in a concrete process of social interaction with specific, concrete role-partners. Although any individual in the society can fulfill any role, they are generally expected to conform to the norms governing the nature of the role they fulfill (Cuff & Payne, 1984) then the idea of roles into collectivities of roles that complement each other in fulfilling functions for society. Some of the roles are bound up in institutions and social structures, such as economic, educational, legal, and even gender structures. These structures are functional in the sense they assist society to operate (Gingrich, 1999), and fulfill its functional needs so that the society runs smoothly.

4. Research Design

A mixed research design involving case study, the Triangulation design: Convergence model both qualitative and quantitative was used in this study to examine challenges posed by female genital mutilation among the Abagusii of Kisii County: Case of Methodist Church of Kisii Mission in Kenya. The researcher further employed the use of quantitative and

qualitative research design: this is relevant to this study because it was expected to facilitate adequate data collection basically by the use of questionnaires and interview guides (Mugenda, 2013). This enabled distinguish small differences between diverse samples groups; ease of administering and recording questions and answers; increased capabilities of using advanced statistical analysis; and abilities of tapping into latent factors and relationships.

4.1. The Target Population

The target population comprised 3,500 Methodist Church members within Kisii County namely MCK Itibo, MCK Igena Riabuyaki, MCK Mogonga, MCK Kiomabundu, MCK Rianchaga, MCK Ritembu, MCK Omosogwa, MCK Kisii, MCK Metembe and MCK Nyansakia. The participants of the study were drawn from these churches. The respondents included parents, pastors, Methodist high school students, and Methodist school teachers and Methodist Church leaders from different Methodist churches within Kisii mission and circumcisers. According to the Kenya National Bureau of Statistics (KNBS, 2011), Kisii County covers an area of 1,317 km² with a total population of 1,152,282 and a population density of 874.7 people per km² contributing 2.9% to the national percentage.

4.2. Description of Data Collection Instruments

The study instruments included both questionnaires and interview guides for residents and for key resource persons. Questionnaires were used as the main instrument of data collection. The use of questionnaires is also a popular method for data collection in deduction because of the relative ease and cost-effectiveness with which they are constructed and administered. Mugenda & Mugenda (2012) observations are that interview guides collect qualitative data; hence information from parents, pastors and church leaders in Methodist Church, Kisii mission was collected through the guides. These three instruments were used in order to maximize on their strengths and minimize their weaknesses (Kombo & Tromp, 2007).

4.3. Data Analysis Procedures

Data collected using questionnaire was coded and entered into IBM SPSS version 22 spreadsheet. Exploratory data analysis using, box plots and leaf plots were conducted in order to fix problems such as skewness and outliers in the data. The interview guide consisted of open ended questions to allow the respondents to express more independent views. The qualitative data from open ended interviews guide was manually categorized into themes and sub-themes. These findings were then linked to literature review and integrated with relevant quantitative findings.

4.4. Findings Based on Factors That Have Promoted the Practice of FGM in Kisii Community

Factors that promote the practice of female genital mutilation in Kisii Mission. As such, a five-point Likert scale with 9 items denoting possible factors that promote FGM was used to achieve this. The scale was rated as follows: Strongly Agree = 5, Agree = 4, Undecided = 3, Disagree = 2 and Strongly Disagree = 1. The measure of linearity of this scale revealed a Median (cut-point) of 3. Therefore, any mean score less than 3 denoted that the majority of the respondents disagree with the items as being factors that promote the practice of FGM in Kisii community. Consequently, any mean score greater than 3 denoted that the majority of the respondents agreed that the items were factors that promote the practice of FGM in Kisii community.

Factors	Frequency	Percentage (%)
Cultural beliefs		
Agree	30	18.2
Strongly Agree	135	81.8
Peer pressure		
Agree	101	61.2
Strongly Agree	64	38.8
Parental decision		
Disagree	28	17.0
Agree	71	43.0
Strongly Agree	66	40.0
Influence from the community		
Disagree	28	17.0
Undecided	36	21.8
Agree	60	36.4
Strongly Agree	28	24.8
Poverty		
Disagree	69	41.8
Undecided	30	18.2
Agree	66	40.0

Factors	Frequency	Percentage (%)
Poor legal structures on human rights		
Disagree	94	57.0
Undecided	41	24.8
Agree	30	18.2
Ignorance on dangers of FGM		
Strongly Disagree	30	18.2
Agree	77	46.7
Strongly Agree	58	35.2
High levels of illiteracy		
Strongly Disagree	30	18.2
Disagree	77	46.7
Strongly Agree	58	35.2
Willingness of girls to undergo FGM		
Strongly Disagree	28	17.0
Agree	107	64.8
Strongly Agree	30	18.2

Table 1: Factors Promoting the Practice of FGM in Kisii

The results in Table 4.5 indicate that majority 65% (n = 26) of Pastors and Church leaders indicated that Lack of consistent evangelism does not give FGM room to spread in Kisii. FGM is also considered a cultural identifier among the Kisii, distinguishing their daughters from neighboring communities who do not circumcise women, the Abagusii community is among the people that have persistently kept the practice alive despite efforts to eradicate it. Kavulya and Shaw (2007) note that while significant decline in prevalence of FGM practice has been noted in several Kenyan communities, there has not been any significant decline among the Abagusii community. This means that FGM is an issue of concern in the Methodist Church. Many members of the Methodist Church in Kisii Mission practice FGM publicly or in privately to defend their cultural practices. The continuity of this practice is attributed to propagation by the mutilators who want to earn a living out of it.

Factors	Responses	Frequency	Percentage (%)
Can the belief in female circumcision be changed among the Abagusii community?	Yes	124	75.2
	No	41	24.8
Do you think the belief and practice of FGM has also affected the younger generation?	Yes	128	77.6
	No	37	22.4
Does the practice of FGM affect the church?	Yes	20	50.0
	No	20	50.0
Has enculturation led to promotion of FGM in Kisii Mission?	Yes	1	2.5
	No	39	97.5

Table 2: Extent to Which FGM Is Practiced in Kisii

The results in Table 2 indicate that majority 75.2% (n = 124) agreed that the cultural belief in FGM amongst the Kisii community can be changed. This finding implies that majority of people from Abagusii community are optimistic that though FGM is deeply rooted in their culture, they can eradicate the practice. This can be partially attributed the awareness about its dangers and increasing advocacy to end FGM by religious institutions, civil society and the government. However, the results also showed that 24.8% (n = 41) of the respondents indicated that the belief in FGM among Kisii community cannot be changed. These were relatively conservative respondents who believed that cultural practices cannot be changed. In essence, this group of people support the continued practice of FGM on girls despite the immense danger it exposes them to.

5. Summary of Findings Based on the Factors That Promote the Practice of FGM in Kisii Community

The study revealed that majority of the respondents strongly agreed that cultural beliefs promote the practice of FGM in Kisii. It was evident that cultural beliefs and practices have immensely contributed to the increase in the practice of female genital mutilation in Kisii. Significant numbers of Church-going women in Kisii still strongly believe that undergoing female circumcision makes one 'complete' and any woman who has not undergone this is not 'complete'. Indeed, any woman who has not undergone female genital mutilation is not considered an adult and is not respected in the community. Therefore, the strong cultural belief has led to continued practice of female genital mutilation in Kisii.

Majority of the respondents agreed that the cultural belief in FGM amongst the Kisii community can be changed. The finding implied that most of people in Abagusii community remained optimistic of the efforts to eradicate the practice despite it being deeply rooted in the culture. The researchers also made a finding on female circumcision affecting the ability of

women to make decisions on their own in the Kisii community. Although, the majority of the respondents (58.2%) agreed that a woman can make her own decision, it was evident through the minority that female circumcision informed the making of independent decisions by women, especially regarding childbirth. It is stereotypes that women become grownups after undergoing female circumcision and can then make independent decisions. Additionally, female circumcision greatly contributes to early marriages as stipulated by sixty percent of the respondents. Other impacts of female circumcision as alluded by the respondents in the study, include health risks, loss of blood, possible loss of life, pain during sex, low level of sexual desire, makes women ready for marriage, and brings honor to the families of the girls. Also, female circumcision was also observed by the minority of the respondents (18.2%) as a practice that undermines the creation of God and sanctity of life.

5.1. Recommendations

The Church should continue to speak out against the practice of FGM in Kisii community including the church itself. This is because no one else in the society seems to have the, moral or political will to speak out against it. Law enforcement officers and lawmakers have chosen to keep silent about FC while the fight against the vice is seen by politicians as committing political suicide since those who support the vice are voters. Nobody wants to be seen attacking the cultures and beliefs of the people though female circumcision is an offence under the Children Act 2001. The church leaders in collaboration with the leaders from the community and other concerned institutions leaders should become the voice of reason in order to fight this practice. They should enforce the law concerning this retrogressive inhumane act by not allowing their roles to be compromised by culture. This is because they know this practice very well and can easily identify every family by name and location since they live with them. They understand the practice and some of them actually have their daughters undergo the same rite.

The Church should try to reconcile girls with their parents, while educating them on the dangers of early marriage and circumcision as well as the importance of education. In most cases, the reconciliation is successful but often the parents pretend to understand so that the girl can be released to them, only to have them forcefully cut or married off once she is still at home. The church should advocate for a community-led intervention. Programs that are led by communities are, by nature, participatory and generally guide communities to define the problems and solutions themselves. Programs that have demonstrated success in promoting abandonment of female genital mutilation on a large-scale build on human rights and gender equality and are nonjudgmental and non-coercive. Based on this finding, the research recommends that the church should focus on encouraging a collective choice to abandon female genital mutilation.

6. References

- i. Caldwell, J. C., Orubuloye, and Pat C. (2000) Female Genital Mutilation: Conditions of Decline. *Population Research and Policy Review* 19(3): 233-254.
- ii. Caldwell, John C, Orubuloye, and Pat C. (2009) Female Genital Mutilation: Conditions of Decline. *Population Research and Policy Review* 19(3): 233-254.
- iii. Chege, J. (2001). An Assessment of the Alternative Rites Approach for Encouraging Abandonment of Female Genital Mutilation in Kenya. Unpublished PhD Thesis, Maseno University, 89-129.
- iv. Crunbaum, E. (2003) the Movement against Clitoridectomy and Infibulation in Sudan: Public Health Policy and the Women Movement.
- v. Eliade, M. (2009). *Rites and Symbols of Initiation: The Mysteries of Birth and Rebirth*. New York: Harpe and Row.
- vi. FIDA Kenya. (2009). *Protection against Female Genital Mutilation: A review of the Implementation of the Children Act. Lessons from Samburu and Garissa Districts*. Federations of Women Lawyers Kenya FIDA Kenya. Nairobi: Government of Kenya.
- vii. Gesare, N. (2013). "Female Genital Mutilation in Africa." *Gender, Religion and Pastoral Journal*, 51, 40-70.
- viii. Gruenbaum, E. (2003). *The female circumcision controversy: an anthropological perspective*. University of Pennsylvania Press
- ix. Himes, J. S. (2008). *The study of Sociology. An Introduction*. Scott, Foresman Press.
- x. Hosken, F. P. (2003). *The Hosken Report: Genital and Sexual Mutilation of Females*, 4th revised edition. *Inquiries." Educational Communication and Technology Journal*, 29, 75-91.
- xi. Hussein, K., Nour, M & Bryant, A. E. (2014). Defilation to treat female genital cutting: Effect on symptoms and sexual function. *Obstetrics & Gynecology*, 108(1), 55-60.
- xii. Inter-African Committee (IAC) (2007): *Female Genital Mutilation in Nigeria*. IAC Monograph Series on Harmful and Beneficial Traditional Practices in Nigeria.
- xiii. Kahoro, D. & Wachira, C. (2007). *Kenya Custom Dilemma of Women Circumcision* New group Social Culture Africa. Nairobi: Uzima Press.
- xiv. Kandala N. and J. Nwakeze, (2010) *Kenya Custom Dilemma of Women Circumcision* New group Social Culture Africa. Nairobi. Uzima Press.
- xv. Kavulya, M. & Shaw, E. (2007). "Female circumcision: Perceptions of clients and caregivers." *Journal of American College Health*, 33(5), 193-197.

- xvi. Kavulya, M. & Shaw, E. (2007). "Female circumcision: Perceptions of clients and caregivers." *Journal of American College Health*, 33(5), 193-197.
- xvii. Ken, C. M. (2007). *God's Mission in Asia*. Eugene: Pickwick Publications.
- xviii. Kenya Demographic and Health Survey. (2015). National Council for Population and Development, Central Bureau of Statistics, and Macro International Inc. Maryland, USA: Calverton.
- xix. Kenya National Bureau of Statistics (2010) Kenya Health and Demographic Survey 2008-2009.
- xx. Kenya National Bureau of Statistics (2011) Kenya Health and Demographic Survey 2008-2009.
- xxi. Kenya National Commission on Human Rights (2012) Realizing Sexual and Reproductive Health Rights in Kenya: A myth or a Reality? A report of the Public inquiry into Violations of Sexual and Reproductive Health Rights in Kenya
- xxii. Kiragu, K. (2005). Female Genital Mutilation: A Reproductive Health Concern. *Population Reports. Supplement Series J*, No 41, Vol. XXIII No. 3.
- xxiii. Kombo, K. D., & Tromp, D. L. (2009). *Proposal and Thesis Writing: An introduction*. Nairobi: Paulines Publications Africa.
- xxiv. Mahram, S. A. (2011). "Listening to local voices: adapting rapid appraisal to assess health and social needs in general practice." *British Medical Journal*, 3 (30), 68.
- xxv. Moogi, G. E. L. (2005). Continuity and Change in the Practice of Clitoridectomy in Kenya. A Case Study of the Abagusii. *The Journal of Modern African Study*, Vol. 33. No2. 3337.
- xxvi. Morison, L. (2001). "The long-term reproductive health consequences of female genital cutting in rural Gambia: A community-based survey." *Tropical Medicine & International Health*, 6(8), 643-653.
- xxvii. Mugenda, M. O., & Mugenda. A. G. (2012). *Research Methods Quantitative and Qualitative Approaches*. Nairobi: ACTS Press
- xxviii. Mugenda, M. O., & Mugenda. A. G. (2013). *Research Methods Quantitative and Qualitative Approaches*. Nairobi: ACTS Press
- xxix. Muteshi and Belizán, (2011). *Female Genital Mutilation in Africa: Critical Analysis of Current Abandonment Approaches*. Nairobi: PATH.
- xxx. Muteshi, J., & Sass, J. (2015). *Female Genital Mutilation in Africa: An Analysis of Current Abandonment Approaches*. Nairobi: PATH.
- xxxi. Njue, C., & Askew, I. (2004). Medicalization of female genital cutting among the Abagusii in Nyanza Province, Kenya. *Frontiers in Reproductive Health*, Population Council
- xxxii. Nyaboke, S. (2000). *The Male Role in Female Circumcision: Some Experiences from Kisii District*. University of Nairobi.
- xxxiii. Preece, R. (2013). *Starting research: an introduction to academic research and dissertation writing*. London: Pinter.
- xxxiv. Richardson, G. (2005). *Ending Female Genital Mutilation? Rights, Medicalization and the State of Ongoing Struggles to Eliminate the FGM*.
- xxxv. Robertson, A. (2009). *Child Care and Culture: Lesson from Africa*. London: Cambridge University Press.
- xxxvi. Rochon, T. (2008). *Culture Moves: Ideas, Activism, and Changing Values*. Princeton, N.J.: Princeton University Press.
- xxxvii. UNICEF (2004). *Changing a harmful Social Convention Female Genital Mutilation/Cutting Innocent Digest*. Florence.
- xxxviii. UNICEF (2007). *Changing a harmful Social Convention Female Genital Mutilation/Cutting Innocent Digest*. Florence
- xxxix. Wood, A. W. (2007). *Kantian ethics*. Cambridge University Press
- xl. World Health Organization (2005): *A Traditional Practice that Threatens Health – Female Circumcision*. WHO Chronicle 40 (1): 31-36
- xli. World Health Organization (2006): *A Traditional Practice that Threatens Health – Female Circumcision*. WHO Chronicle 40 (1): 31-36
- xlii. World Health Organization (2007): *A Traditional Practice that Threatens Health – Female Circumcision*. WHO Chronicle 40 (1): 31-36
- xliii. World Health Organization (2008). *Eliminating female genital mutilation: An interagency statement -OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM, WHO*. Geneva: World Health Organization.
- xliv. World Health Organization. (2010). *Female Genital Mutilation. Report of a WHO Technical Working Group*, Geneva, 17-19 July 1995. Geneva: World Health Organization.