A KNIFELESS RITE: INFLUENCE OF SELECTED CHARACTERISTICS ON THE MARAKWET OF KENYA'S PERCEPTION OF THE COUNSELLING-BASED ALTERNATIVE RITE OF PASSAGE AND LEVELS OF AWARENESS OF EFFECTS OF FGM

By

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DECLARATION AND RECOMMENDATION

DECLARATION

I declare that this thesis is my original work and has not been previously published or presented for the award of a degree in any other university.

Signed:_____ Date:_____

Gladys Jerobon Kiptiony

RECOMMENDATION

This thesis has been submitted for examination with our approval as University Supervisors.

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Professor N. J. Kathuri

Signed:_____ Date:_____

Dr. M. W. Kariuki

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DEDICATION

I dedicate this work to all the women and men who have dedicated their time and resources in restoring the dignity of women through efforts to eradicate FGM through promotion of guidance and counselling of young girls.

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ABSTRACT

The Alternative Rite of Passage (ARP) is an intervention programme sponsored by NGOs as an alternative to female circumcision (FGM). FGM is a cherished rite of passage in many communities in Kenya. ARP mimics the traditional rites aspect by putting the initiates in seclusion and counselling them while avoiding the physical operation of the genitals. There is a gap in the analysis of the Marakwets' perception of ARP and their level of awareness of effects of FGM as it has not been empirically investigated. The aim of this study was to determine whether selected personal characteristics and socio-economic background factors influenced perceptions of ARP and levels of awareness of effects of FGM. This study focused on the Marakwet people of Kenya, whose population is 152,000, and have interacted with ARP from the year 2000. The study employed the *ex post facto research* design. Two purposively chosen locations were used in the study. A sample of 415 males and females from different age brackets were identified through quota sampling. Quantitative data was collected through a questionnaire while qualitative data was collected through interviews conducted among Marakwet Elders and ARP Graduates. Validity and reliability of the instruments, in a pilot study, were established through expert opinion and Cronbach reliability test, respectively. The data obtained was analysed by use of descriptive and inferential statistics using the SAS System, Version 9.1. The analysis of variance tests were done at 0.05 alpha level of significance. The content analysis for the qualitative data was done by identifying the key points. The results showed that differences in gender, age, education, religion, wealth and status influenced perceptions of ARP and awareness levels of effects of FGM. In addition, qualitative data on experiences of ARP Graduates indicated that the mechanisms that ensure women undergo FGM are still firmly rooted in the culture. This study is significant in that the outcome may guide the expansion of existing approaches to FGM eradication. One of the recommendations is that ARP proponents should ensure that ARP Graduates are given enough support to sustain their resistance to FGM pressure.

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LIST OF ABBREVIATIONS AND ACRONYMS

AEC	Africa Economic Commission
AI	Amnesty International
AIM	Africa Inland Mission
ANOVA	Analysis of Variance
ARP	Alternative Rite of Passage
CHRD	Centre for Human Rights and Democracy
COVAW	Coalition of Violence Against Women
DISH	Delivery of Improved Services for Health
DHS	Demographic Health Surveys
FGM	Female Genital Mutilation
GTZ	German Technical Corporation Agency *(Deutsche Gesellschaft fur Technische Zusammenarbeit)*
IAC	Inter-African Committee on Traditional Practices Affecting the Health of Women and Children
IEC	Information, Education and Communication
KDHS	Kenya Demographic and Health Survey
MOH	Ministry of Health
MYWO	Maendeleo Ya Wanawake Organization
NDF	Ngenge Developmental Foundation
NGOs	Non Governmental Organizations
PATH	Programme for Appropriate Technologies in Health
PRB	Population Reference Bureau
REACH	The Reproductive, Education, and Community Health Programme
SEA	Sabiny Elders Association

TBA	Traditional Birth Attendants
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WV	World Vision

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Female circumcision, which is the partial or total cutting away of the female genitalia, has been practiced for centuries in parts of Africa as one element of a rite of passage. This practice has been cherished since time immemorial as a period of acquisition of knowledge, which is otherwise not accessible to those who have not been initiated (Mbiti, 1969; Orchardson, 1961; Kenyatta, 1938). Female circumcision defines reproduction, sexuality, adulthood, womanhood, power, religion, and diverse kinds of identity (Kratz, 1994).

However, under the conditions in which most procedures take place, female circumcision constitutes a health hazard with short and long term physical complications as well as psychological effects (WHO, 1996). From the public health perspective, female circumcision is much more damaging than male circumcision. The mildest form, clitoridectomy, is anatomically equivalent to amputation of the penis (Toubia, 1994). Most circumcisions are still being carried out among a populace without anaesthesia or antibiotics, with rudimentary, unsterile instruments such as razors, scissors or kitchen knives (Lightfoot-Klein, 1991). The term Female Genital Mutilation (FGM) has been adopted by human rights activists to clearly indicate the harm caused by the practice (Rahman & Toubia, 2000).

Bringing an end to this practice is described by WHO (1999) as a long and arduous process, requiring long term commitment and establishment of a foundation that will support successful and sustainable behaviour change. It is clear that the people who practice FGM share a similar "mental map" (Appendix Four) that presents compelling reasons why the clitoris and other external genitalia should be removed (Mohamud,1997). Historically,

efforts at ending FGM go back to the late 1800's. The Africa Inland Mission (AIM) began work in Kenya in 1895 and by the year 1914, the Mission was offering systematic teaching on the effects of female circumcision to all patients who went to Kijabe Hospital. As a result, female circumcision became the centre of controversy in Kikuyu areas in the 1920's and 30's (Kibor, 1998).

By early 1900s, colonial administration and missionaries in the countries of Bukina Faso, Kenya and Sudan, attempted to stop the practice by enacting laws and church rules but such actions only succeeded in provoking anger against foreign intervention. Later attempts by the governments of Sudan and Egypt to pass laws on female circumcision in the 1940s and 1950s were also ineffective (Rahman & Toubia, 2000). Research findings do suggest, however, that where the church and religious leaders are actively against FGM, a behaviour change is more likely to occur (Chege, Askew & Liku, 2001).

Several interventions have been put in place to curb the practice of FGM. The Inter-African Committee on Traditional Practices affecting the Health of Women and Children (IAC) was formed in 1984 in Dakar, Senegal. (Rahman & Toubia, 2000). The 1994 international Conference on Population and Development urged governments to prohibit FGM wherever it existed and to give vigorous support to efforts among NGOs and community organizations and religious institutions to eliminate such practices (UNFPA, 1994). During the International Conference on Population and Development in Cairo in 1994 and the Fourth World Conference on Women in Beijing in 1995, it was agreed that governments should ensure that all women access information on the harmful effects of FGM. In addition, the Cairo Declaration recommended that governments should adopt specific legislation addressing FGM (Cairo Declaration, 2003).

One of the oldest and most widely used anti-FGM strategies to date is the "health risk" or harmful traditional practice approach, but little evidence exists to show that it has reduced the incidence of FGM, instead, it has led to the medicalization of FGM (Population Council, 2002). In addition, this approach does not address the core values, the myths, or the enforcement of mechanisms that support the practice (WHO, 1999). In the 1990s, with population based surveys and studies on the types of FGM practiced, there came a clear shift from a focus on medical consequences to one on human rights. Amnesty International (1998) observed that eradicating the practice must be presented as a question, not of eliminating rites of passage, but of redefining or replacing those rites in a way that promotes positive traditional values while removing the danger of physical and psychological harm. Intervention strategies that led to the creation of a cultural vacuum were avoided and alternative rites of passage for young girls were encouraged (WHO, 1996).

The Programme for Appropriate Health Technologies (PATH) introduced the concept of an Alternative Rite of Passage (ARP) in Kenya in 1996. Maendeleo Ya Wanawake Organization (MYWO), a Kenyan national women's body with the objective of improving the living standards of families and communities, worked with PATH to develop and introduce the first ARP in Tharaka Nithi in Meru in August 1996, with 29 girls participating. It was called *"Ntanira Na Mugambo'* in the Meru language which means "Excision by Words." The initiates went through one week of intensive instruction through guidance and counselling on various issues but did not undergo the mutilation of the genitals. They also obtained all the information and privileges associated with the traditional coming of age ceremonies which included dancing, feasting and gift giving. Moreover, they were presented with graduation certificates (WHO, 1999). In 1997, the number of supporters had grown to

200 families spread over three divisions in the district. In spite of the initial scepticism towards the programme, it has increasingly gained popularity (WHO, 1999).

An example of a successful ARP project is Uganda's REACH programme in Kapchorwa District (UNFPA, 1998). In Senegal, an international, educational NGO established in 1991 called Tostan was also successful. By 2001, 274 villages (of more than 250,000 people) had agreed to give up the practice of FGM. Tostan empowers people through education and knowledge to enhance their personal and community development (PRB 2001).

However, FGM is one of those cultural elements which exhibit enormous resistance to change (Chebet & Dietz, 2000). In spite of over 60 years of FGM discouragement, female circumcision is still going on in Marakwet District (Kibor, 1998). Since the year 2000, World Vision-Kenya has been sponsoring ARP for Marakwet girls, but over 300 underage girls, including secondary school students, were forcibly circumcised in Marakwet District in December 2004. Some of them had graduated from ARP ("Rite: Parents Defy," 2004). In 2003, 23 ARP graduates were forcibly circumcised by their parents ("Twenty three Girls," 2003). It is against this background that this study is undertaken to evaluate the effectiveness of ARP by examining the perception of ARP and levels of awareness of effects of FGM and the factors affecting them among a people who cherish female circumcision: the Marakwet of Kenya.

1.2 Statement of the Problem

World Vision – Kenya started anti-FGM crusades in 2000 in Marakwet District. By then, FGM prevalence rate stood at 93% while in 2005, the rate had dropped to 54% (Kusimba, 2006). Despite this downward trend, there were reports of girls being forcibly circumcised

while others had ran away from home to live in rescue centres to avoid circumcision. Chebet (2005) observes that the current ARP is viewed as alien and does not reflect the culture of the communities concerned, hence, lack of adaptability and sustainability. Such reports on ARP need to be verified empirically in order to ascertain its effectiveness. An investigation of the role played by differences in socio-demographic characteristics in shaping perception of ARP and level of awareness of effects of FGM in Marakwet was necessary. Recent studies in Nigeria and Kenya point to the fact that differences in gender, age, education, religion and wealth influence alleviation of FGM (Kratz, 1999; Snow *et al*., 2002; Chege *et al*., 2001; Rosenberg, 2005). Moreover, there is a gap in the analysis of the Marakwet's perception of ARP and their level of awareness of effects of FGM as it has not been empirically investigated.

1.3 Purpose of the Study

The purpose of this study was to investigate the perceptions of the Marakwet of Kenya on ARP and the role played by selected factors in influencing their perceptions. These factors were personal characteristics, such as age, gender and also Socio-economic background factors such as religious affiliation, level of education, income and position in society. How ARP is perceived as a replacement of FGM in its roles as a rite of passage, training and sexual control method were examined. The study also determined the influence of these selected factors on the levels of awareness of the community on the effects of FGM.

1.4 Objectives of the Study

The study attempted to achieve the following objectives:

(a) To determine the influence of age and gender of the Marakwet of Kenya on subjects' perceptions of ARP.

(b) To determine the influence of religious affiliation, level of education, income and position in society of the Marakwet of Kenya on subjects' perceptions of ARP.

(c) To determine the influence of age and gender of the Marakwet of Kenya on subjects' levels of awareness of the effects of FGM.

(d) To determine the influence of religious affiliation, level of education, income and position in society of the Marakwet of Kenya on subjects' levels of awareness of the effects of FGM.

1.5 Research Questions

The following research questions were investigated:

(a) Does the gender and age of the Marakwet significantly influence their perceptions of ARP?

(b) Does level of education, religious affiliation, level of annual income and position in society of the Marakwet of Kenya significantly influence their perceptions of ARP?

(c) Does the gender and age of the Marakwet significantly influence their level of awareness of effects of ARP?

(d) Does level of education, religious affiliation, level of annual income and position in society of the Marakwet of Kenya significantly influence their level of awareness of effects of FGM?

1.6 Hypotheses

The following research hypotheses were tested.

Ho_1 The personal characteristics of the Marakwet of Kenya do not significantly influence their perceptions of ARP.

Ho_2 The socio-economic background of the Marakwet of Kenya does not significantly influence their perceptions of ARP.

Ho_3 The personal characteristics of the Marakwet of Kenya do not significantly influence their levels of awareness of the effects of FGM.

Ho_4 The socio-economic background of the Marakwet of Kenya does not significantly influence their levels of awareness of the effects of FGM.

1.7 Significance of the Study

The results of this Study may give suggestions regarding the eradication of FGM through ARP. The role of intervention research is to generate empirical findings that can guide the expansion of existing approaches. Its recommendations may, therefore, be significant in informing concerned ARP programme specialists in re-designing, evaluating or strategizing their anti-FGM campaigns. It may also help the policy makers and social planners in making or re-evaluating existing guidelines to help the Marakwet stop female circumcision since the study examines a number of background variables to better understand the dynamics of this social phenomenon.

Programmes to end FGM need to use sound research to design interventions tailored for specific target audiences. Respondents in a survey carried out by WHO (1999) identified the need for research on the effectiveness of ARP among other programme strategies. This study is therefore, significant in that an evaluation of ARP in Marakwet may go a long way in informing key stakeholders about the progress made so far. This study may also become a springboard for other researches on anti- FGM intervention programmes through ARP among other practising communities. Key stakeholders who may find the results significant in elimination of FGM include the Kenya Government, Maendeleo Ya Wanawake Organization,

Program for Appropriate Technologies in Health, the United Nations, the World Health Organization, United Nations Population Fund, Population Council, World Vision, Action Aid Kenya, German Technical Corporation Agency, certain christian organizations, and individuals, among others.

1.8 Scope of the Study

This study was conducted in Marakwet District of Rift Valley Province. This District was chosen due to the high prevalence of FGM. In addition, NGOs, in particular World Vision, had been actively sponsoring ARP and creating awareness on the effects of FGM in the District since the year 2000. The perception of elders was sought as they are the custodians of culture, household heads and therefore, weighty decision makers. Qualitative studies conducted in Mali and Burkina Faso by the Population Council indicates that men recognize that the practice will not be abandoned without the men's involvement. In Bukina Faso, fathers play the most critical role in determining whether or not to have their daughters cut (WHO, 1999). In Marakwet, fathers are also the decision makers in the matter of FGM (Kibor, 2007).

The women's perceptions towards ARP were examined because their support is crucial in FGM elimination. Moreover, DHS from 1995-2001 show that a higher proportion of women than men, favour the continuation of FGM (Yoder, Abderrahim & Zhuzhuni, 2004). Gosselin (2000) noted that while the 1995-96 Mali DHS found that 75% of women reported wanting FGM to continue, responses varied by level of education. The youth, both male and female, were also investigated. Surveys done in Eritrea showed that young and educated youth were more likely to disapprove of the practice than their parents. Consequently,

programme implementers consider youth as one of the most important target audiences (WHO, 1999).

Individual's personal characteristics and socio-economic background were the variables under examination. For instance, religion plays a critical role in shaping perceptions. DHS for 1989-2001 show that in Benin, the FGM prevalence rates for Muslims was 48%, 12% for traditional religion, 7% for Catholics and 1% for "other christians" (Yoder *et al.,* 2004). In Kenya, 51% of non educated women as opposed to 40% of women with primary education and 27% for women with secondary education have been cut. Younger women in Kenya are also more likely to oppose the practice (PRB, 2001).

Qualitative research by UNICEF/PATH among the Kikuyu and Kalenjin ethnic groups indicate that families with higher levels of formal education, higher economic status and that are Christians, are more likely to have more positive attitudes towards abandoning the practice than other groups (Chege et al., 2001). In this study, ARP graduates were interviewed to investigate their views as they are the beneficiaries of ARP. This location would give valid and reliable results which may be generalized to other communities interacting with anti-FGM NGOs.

1.9 Limitations of the Study

The following factors posed as limitations to this study:

(a) Cultural barriers were hindrances due to the sensitivity of the research. The researcher attempted to reduce the effect of this limitation by being sensitive to the respondents' culture.

(b) Most of the females were not free to interact with the researcher as they were either suspicious or busy and did not want interference. However, the elders and the research assistants played a role in explaining the researcher's mission to the women. They were also assured that the data was to be treated with confidentiality.

1.10 Assumptions of the Study

In this study, it was assumed that

(a) The respondents' views reflected their real perceptions and disclosed their real views. In addition, the respondents in the selected locations would cooperate with the researcher in enabling the study to be carried out as planned.

(b) The Republic of Kenya (2001) Children's Act which states that "no person shall subject a child to female circumcision" was not in any way confused with ARP in the formation of perceptions.

(c) That the activities of Centre for Human Rights and Democracy (CHRD) did not impact perceptions of ARP

(d) That political activities during the study period, which had been very supportive of the concept of ARP, did not influence perceptions of ARP for the sake of it.

1.11 Definition of Terms

In this study, the following terms were operationally defined as follows:

Adult: In this study, it refers to the status attained after undergoing the rites of passage.

Alternative Rite of Passage (ARP): Referred to a new approach that uses guidance and counselling to prepare young girls for adult responsibilities as an alternative to the custom of subjecting girls to FGM.

ARP Strategies: This referred to awareness campaigns, seclusion and training and the knifeless approach that characterises ARP.

Child: Ordinarily, it means a very young person, in this study; uncircumcised women are referred to as children as circumcision is a rite that transforms a child to a respectable woman.

Circumcision: Referred to the partial or total cutting away of the female genitalia as a rite of passage from childhood to adulthood.

Elder: Normally defined as a man advanced in life, and who, on account of his age, experience and wisdom, is selected for office. In this study, 'elder' referred to initiated Marakwet men and women who are married and have initiated children.

Female Genital Mutilation (FGM): Referred to all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs.

General Population: referred to members of the community who were twelve years of age and above and had gone through rites of passage.

Graduate*:* This means to receive a degree from a college or university, in this study, it referred to those who have passed from childhood to adulthood through ARP.

Income: Referred to the amount of money earned annually, by the respondent through salary or any other source.

Initiation roles: Referred to ARP and FGM's roles as (a) rites of passage (b) method of training (c) method of sex control.

Knifeless rite: Rite of passage for girls without the mutilation of the genitals.

Level of education: The highest level of formal education attained by the respondents.

Five-point Likert Scale: This referred to a perception measuring scale having five points each indicating the level of agreement to a questionnaire item with 5 indicating 'strongly agree', four 'agree', 3 'uncertain', while 2 indicated 'disagree' and one 'strongly disagree'

***Male Christian initiation*:** Initiation of boys by church elders, using a medic, and teaching of Christian values.

Marakwet: They are part of the Kalenjin group of people. They live in the Cherangany Hills and along the Kerio Valley in the North of Rift Valley of Kenya. The other members of the Kalenjin group are the Pokoot, Sabaot, Tugen, Keiyo, Kipsigis, Nandi, and Terik.

Marriageability: Having all the characteristics desirable in a bride.

Personal Characteristics: *R*eferred to a person's age and gender.

Rite of Passage: Referred to coming of age rituals performed to mark an individual's departure from childhood to adulthood.

Rescue Centres: Referred to places set aside by NGOs for girls seeking refuge from FGM.

Recto-vaginal fistula: Referred to an abnormal opening between the rectum and the vagina.

Sex Control: Referred to the practice of making women to be sexually insensitive, or less passionate through FGM.

Socio-economic Background: Referred to respondent's level of income, education and religious affiliation.

Vesico-vaginal fistula: an abnormal connection between the vagina and the bladder

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter is a summary of scholarly works, anti-FGM programme documents including reports, evaluations, conference papers and educational materials reviewed for the purpose of this study. The findings from the literature review were used to guide the development of a survey questionnaire and interview schedule. It was also used to support interpretation of data collected. It focuses on Female Genital Mutilation, its background, types of FGM and its effects. This is necessary because perceptions of ARP are closely related to the role of FGM. It also gives the history of eradication efforts and the introduction of the Alternative Rite of Passage and its strategies. Challenges facing ARP are also detailed. It ends with the theoretical framework of the study.

2.2 Historical Background of FGM

The first historical reference to FGM is found in the writing of Herodotus, who reported its existence in ancient Egypt in the 5th century B.C. He was of the opinion that the custom had originated in Ethiopia or Egypt as it was being performed by Ethiopians as well as Phoenicians and Hittites. A Greek papyrus in the British Museum dated 163 B.C. also mentioned circumcisions performed on girls at the age when they received their dowries. Female circumcision was practised as well by early Romans and Arabs (Lightfoot-Klein, 1991). As recently as the 1950s, physicians in the United Kingdom and the United States also performed FGM to 'treat' hysteria, lesbianism, masturbation, and other so called "female deviations" (Rahman & Toubia, 2000).

2.3 Types of FGM

The term Female Genital Mutilation is used to refer to the removal of all or part of the female genitalia. It consists of excision, clitoridectomy, infibulation, and other unclassified variations (Dillon, 2000). Kibor (1998) found that the older Marakwet women went through the most severe form of FGM; the clitoris, labia majora and labia minora were cut and the women held their legs tightly together for many days before the wound healed. The middle aged and the younger women lost the clitoris and most of the labium (clitoridectomy). Table 1 shows a summary of types of FGM operations.

Table 1

Broad Categories of FGM Operations According to WHO (1995).

Type One: *Excision*	Removal of the clitoral hood with or without removal of part or the entire clitoris.
Type Two: *Clitoridectomy*	Removal of the clitoris with part or all of the labium.
Type Three: *Infibulation*	Removal of part or all of the external genitalia (clitoris, labia minora and labia majora) and stitching or narrowing or both of the vaginal opening leaving a small hole for urine and
Type Four: *Unclassified*	i. Pricking, piercing, stretching, or incision of the clitoris or labia or both; ii. Cauterization by burning the clitoris and surrounding tissues; iii. Incisions to the vaginal wall; iv. Scraping (angurya cuts) or cutting (gishiri cuts) of the vagina and surrounding tissues; and, introduction of corrosive substances or herbs into the vagina.

2.4 Prevalence of FGM

World Health Organization (1996) estimates that around the world there are between 100 and 132 million girls and women who have been subjected to FGM. Each year, a further 2 million girls are estimated to be at risk. Most of them live in 28 African countries. Yoder *et al*. (2004) however, caution that these estimates have not often been confirmed by National Surveys. Women who have undergone FGM are also found among African immigrant communities in Europe, Canada, Australia and the United States. Based on current estimates, 18 African countries have prevalence rates of 50% or higher (Rahman & Toubia, 2000). It is to be noted that DHS to date indicate that the total number of countries with FGM prevalence greater than 50% is thought to be at least twelve (Yoder *et al*., 2004). In Kenya the rite is still common among the Meru, Embu, Mbeere, Kisii, Kuria, Kikuyu, Somali, Swahili, Maasai and Kalenjin communities. PATH (1997) found that FGM is practiced in more than 50% of the districts in Kenya.

The grouping of countries in the African continent reveals basic similarities by region in the overall prevalence of FGM. In North Eastern Africa, prevalence varies from 80-97%. In Northern West Africa, prevalence varies from 71% (Mauritania) to 99% (Guinea), with the exception of Niger (5%). In Southern West Africa prevalence ranges from 17% (Benin) to 45% (Cote d'Ivoire). Prevalence for two countries in Eastern Africa (Kenya and Tanzania) is 38% and 18%, respectively (Yoder *et al*., 2004). Table 2 shows the percentage of Kenyan men and women who had been circumcised by 2003 according to background characteristics.

Table 2

Percentage of Women and Men who have been Circumcised, According to Background Characteristics, (Kenya 2003)

Background characteristic	Percent women	Percent men
Age		
15-19	21.8	71.7
20-24	25.9	89.3
25-29	34.8	87.8
30-34	39.7	89.6
35-39	40.7	90.0
40-44	49.2	85.5
45-49	50.3	84.4
50-54	-	86.0
Education		
None	60.2	85.6
Primary incomplete	35.2	78.0
Primary complete	32.0	85.8
Secondary incomplete	27.9	84.5
Secondary complete	20.1	90.7
Higher	12.1	90.4
Religion		
Roman Catholic	38.8	82.8
Protestant/other Christian	30.5	82.9
Muslin	53.6	99.8
No religion	37.8	87.7
Ethnic group		
Embu	42.8	97.4
Kalenjin	48.6	90.9
Kamba	26.9	99.4
Kikuyu	32.6	94.0
Kisii	96.2	99.1
Luhya	0.9	93.0
Luo	0.7	16.7
Maasai	93.9	79.0
Meru	41.2	92.8
Mijikenda/Swahili	5.1	99.6
Somali	96.8	100.0
Taita/Taveta	62.1	98.1

Source: Kenya Demographic and Health Survey (KDHS), 2003

2.5 Health Consequences of FGM

It has not proved easy to define and measure the health complications likely to have been caused by FGM. Carla Obermeyer has pointed out that measuring the degree of cutting, evaluated by the type of circumcision done, has proved difficult to apply in practice.

Measuring the medical consequences is subject to several types of bias. There is recall bias, since women are asked about events that occurred many years earlier. There is also observer bias, as researchers are likely to notice health consequences in the persons exposed (Obermeyer, 2002).

A 1991 survey of 1,222 women in four Kenyan districts of Narok, Gucha, Tharaka and Kisii indicated that 48.5% of the women experienced haemorrhage, 23.9% experienced infections, while 19.4% experienced urine retention at the time of the FGM operation as shown in Figure 1 (MYWO/PATH, 1991). WHO (1996) lists immediate complications as haemorrhage, shock, infection, urine retention, and injury to adjacent tissues.

Long term effects are bleeding, difficult micturition, recurrent urinary tract infections, incontinence, chronic pelvic infections, infertility, vulval absesses, keloid formations, demoid cysts, neurinoma, calculus formation, fistulae, sexual dysfunction, difficulties in menstruation, problems in pregnancy and childbirth, and the risk of HIV transmission. Abor (2006) carried out a study in Ghana which revealed that FGM affects the physical wellbeing in that the female genitalia is deformed, and also psychological aspects as a result of mental torture due to pain and various reproductive health consequences.

There are a host of maternal and sexual problems that result from FGM. In infibulation, part or all of the labia majora may be removed and the two sides fastened together with catgut, thorns, or a paste of gum arabic, sugar and egg. Where the two sides are not fastened together, the same effect can be achieved by tying the girl's legs together until the two sides have adhered to each other in the healing process. When these wounds finally heal, the introitus of the vagina is almost completely blocked. A very small opening is maintained by inserting a small piece of wood or bamboo (Nyangweso, 2002).

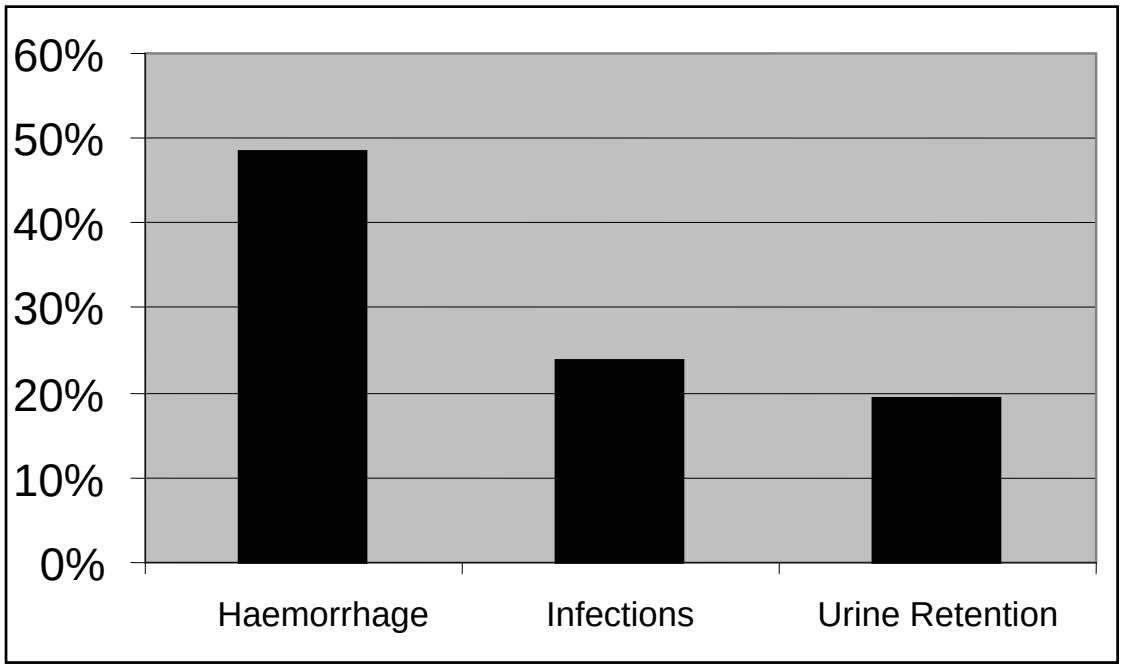

Figure 1: Immediate FGM-Related Complications in Four Kenyan Districts

Source: Maendeleo Ya Wanawake Organization and the Programme for Appropriate Technology in Health (1993).

A study of 33 infibulated women in delivery at Somalia's Benadir's Hospital found that five of their babies died and 21 suffered oxygen deprivation (Nelson, 1996). Welch (1995) in a study in Sierra Leone involving 392 women, found nearly twice the incidence of stillbirths or neonatal deaths among circumcised women. In Sudan, 15% of women interviewed reported that cutting was necessary for brides before penetration could be achieved and that some new wives were seriously damaged by unskilful cutting carried out by their husbands (NDF, 2004). In a separate study, of 300 polygynous Sudanese men, each of whom had one wife who had been infibulated and one or more who had not, 266 expressed a definite sexual preference for the uninfibulated wife. In addition, 60 said they had married a second, an uninfibulated wife because of the penetration difficulties they experienced with their first wives (Altheus, 1997). Anecdotal accounts suggest that men prefer unmutilated women as sexual partners (NDF, 2004).

FGM also has a range of psychological and psychosomatic disorders. Girls may experience disturbances in sleep patterns, mood, and cognition. Difficulties extend into adulthood with feelings of incompleteness, loss of self-esteem, depression, chronic anxiety, phobia, panic, or even psychotic disorders (WHO, 1996). FGM has also led to deaths of innocent youths (Tabe, 2001). Hosken's (1978) assertion, that there are no statistics available on mortality anywhere in Africa except for some clinical studies in the Sudan is still applicable.

Interestingly, the Marakwet do not associate such suffering with FGM. The effects are attributed to unconfessed sins such as adultery, lack of respect for elders and parents, stealing or a host of other problems (Kibor, 1998). According to NGOs actively campaigning to end the practice in Kenya, a slow but steady decline is being noted due to greater public awareness of the dangers of FGM (United Nations, 2005). The results of this study reveal the community's levels of awareness of effects of FGM and recommends how higher levels can be achieved.

2.6 The Progress Made by ARP in Eradication of FGM

Chelala (1998) anticipates the alternative rite to have hopes of success because it offers an attractive alternative rather than a blunt prohibition to a long-established cultural practice. According to PATH-Kenya, fourteen ARP seminars had taken place in Kisii, Meru, Narok, and Tharaka-Nithi districts. Four years after the first ceremony in 1996, nearly 3,000 girls had gone through ARP ceremonies (WHO, 1999). The Adventist church in Nyamira District is also implementing ARP as a church project (Munoz, 2003). In 1999, evaluation research indicated changes in attitudes and behaviour in both men and women. Kenyan groups have claimed success based on the increasing number of families enrolling in ARP and the number of organizations emulating the approach (Rahman & Toubia, 2000).

In a Survey among anti-FGM programme implementers to assess programme approval by different categories of people, 94% reported that girls and 81% reported that boys, respectively were in favour of their FGM elimination programmes. As a result, it was recommended that anti-FGM programme implementers should particularly focus on youth, both as key change agents and potential victims, see Figure 2 (Yoder, *et al*. 2004).

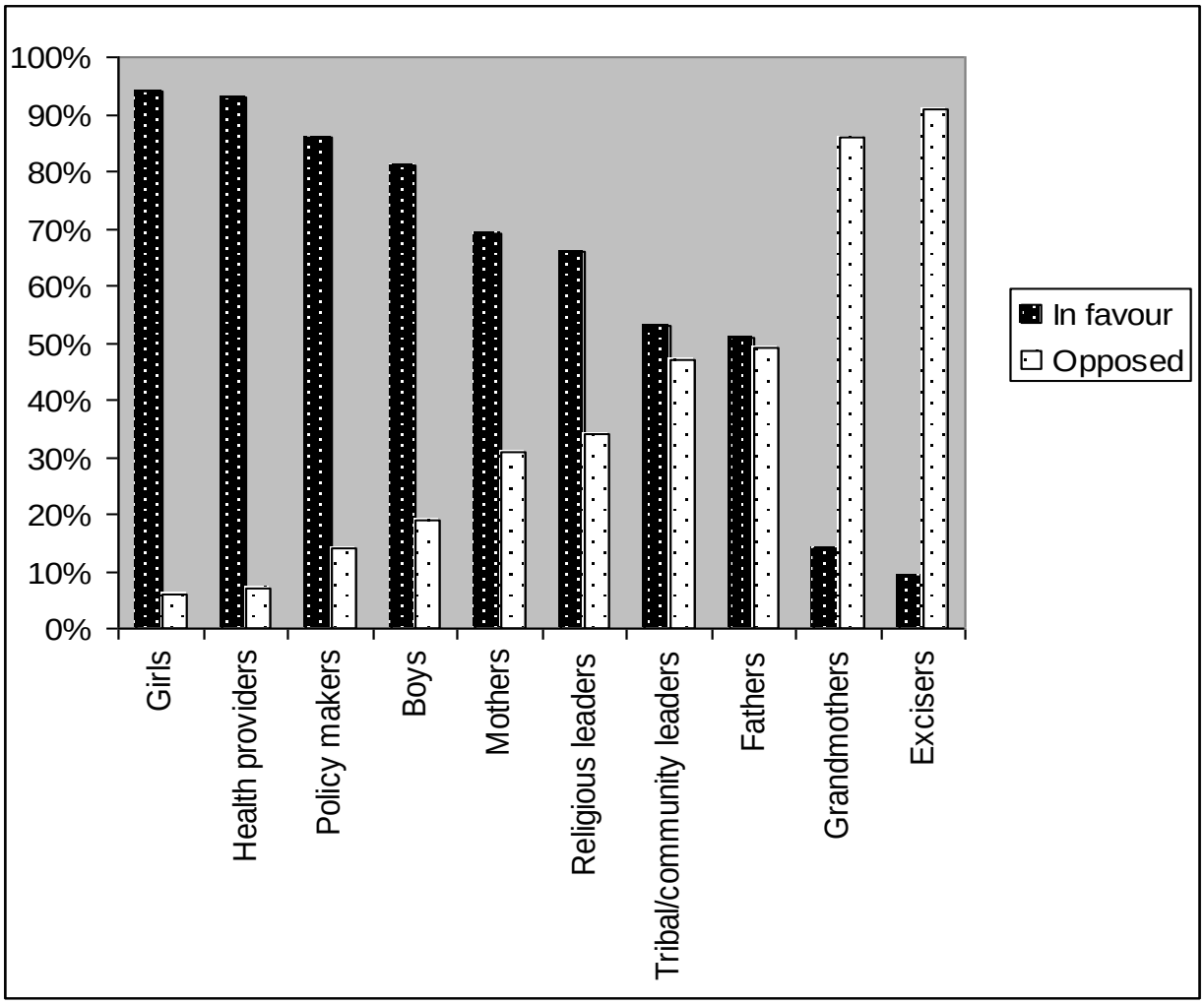

Figure 2: Respondents Assessment of Programme Approval

Source: (WHO, 1999)

According to WHO (1999), the implementation of ARP proved that ARP is an effective strategy in communities where girls are initiated during the adolescent years (12-19) and it is acceptable to the community since it mimics traditional practice. WHO also observed that ARP can be an entry point for Family Life Education in rural communities and can also

promote family dialogue on sexuality issues. There is currently an extensive network of African organizations working to stop FGM, including women's NGOs, health and human rights and legal organizations who have been aided by international donors and technical agencies. For example, World Health Organization (WHO), The United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) have provided technical, administrative and financial support to a wide range of organizations in many spheres of activities including ARP. These agencies have adopted formal policies and programme plans to address the issue. In Uganda, the Sabiny Elders Association (SEA) embraced ARP and was awarded the 1998 United Nations Population Award for promoting ARP (Eliah, 1999).

2.7. Alternative Rite of Passage Strategies

Awareness Raising Campaigns

In 1995, the Fourth World Conference of Population and Development held in Beijing stressed the importance of education, especially to parents so that they might understand the consequences of this operation (Gichiri, 2000). The Inter-African Committee (IAC) chose to combat FGM by focusing on education, or consciousness raising. Informational campaigns are aimed largely at health professionals, government officials, media specialists, and opinion leaders, especially in rural areas. It follows the first 'E' of their triad of Education, Empowerment, and Enforcement (Welch, 1995). The plan of action speaks repeatedly of disseminating information, providing courses at all levels of schooling, creating awareness of adverse practices, mass mobilization through training, and outreach programmes (Welch, 1995).

Awareness and recruitment campaigns must not be misunderstood by the targeted communities. An assessment of ARP in Tharaka, Narok and Gucha Districts of Kenya found that even though most parents of girls attending the alternative rite support the idea of

eradicating the practice, the methods used by MYWO to recruit the girls for the alternative rite should have involved the parents more fully. Parents, whose girls went through the ARP without being informed, were provoked into circumcising their girls (Chege *et al*., 2001). This confirms Krimer's (2003) observation that outside pressures and interventions only strengthen people's determination to protect their special traditions, like FGM. The results of this study may help the implementers to be more cautious during recruitment.

Alternative Rite of Passage Counselling Curriculum

ARP mimics the tradition where girls are put in seclusion immediately after being circumcised and are taught by an aunt or other relative or friend (who is slightly younger than the girl's mother) about women's roles, cultural values and sexuality. The ARP initiates undergo three to five days of 'seclusion' with teaching. They are accommodated in a hotel or school or community hall and are provided with formal instruction on family life skills, community values and reproductive health. Informal discussions are held in the evening, during which the girls are taught about the positive aspects of their culture (Chege *et al*., 2001).

ARP curriculum must be one that convinces parents that it actually trains the daughters such that they will not be disadvantaged in marriage. Changwony (1999) observed in a study on the role of women in Keiyo traditional religious rites that married women who do not know their duties are promptly returned to their parents for training, which is a shame to the parents. A training that takes three days in a hotel or school may be seen as mockery as compared with the traditional seclusion and training. According to USAID (1999), Kenya's ARP Course Content addresses the following topics:

a) Self-esteem: coping with criticism
b) Responsibility for own decisions
c) Dating and courtship
d) Coping with peer pressure
e) Personal hygiene
f) Marriage
g) Pregnancy and prevention of Sexually Transmitted Infections (STIs) including HIV/AIDS
h) Contraception
i) Female genital cutting, early marriage, and gender empowerment, including rights of the girl child
j) Respect for the community and for elders

2.8 Challenges Facing ARP

There are many reasons why FGM is not easily abandoned. It can be explained that many people have economic stakes in the system. Traditional Birth Attendants (TBAs) earn their living not only by assisting at parturition but also by performing the various types of female circumcision. Male dominance suffuses the system; respect for the past sustains it (Welch, 1995). Understanding the different components of "the mental map" (Appendix Four) and their relative strength is crucial for any intervention strategy (WHO, 1999). For the purposes of this study, FGM as a rite of passage, training method and as a sex control method will be examined as these are the comparison points between the traditional rite (FGM) and ARP.

Rite of Passage

The Belgian anthropologist Arnold van Gennep (1960) who first coined the term 'rite of passage' early in the 20th century, noted a three part pattern in transitions between life stages: (1) an initial phase, during which the individual is isolated from the community; (2) a period of disorder and confusion during which his or her former identity is broken down; and (3) the

individuals reincorporation into the community once he or she has made the passage to a new stage of existence and a new identity.

In many communities, circumcision is performed as a rite of passage from childhood to adulthood during which time the girl is equipped with skills for handling marriage, husband and children (Rahman & Toubia, 2000). For example, circumcision transforms the Marakwet girl into a woman, eligible for marriage. The terminology which the Marakwets use reflects this process. A young girl is *chepto* (girl), then she becomes *chemeryan* (girl during initiation period) and then *Murar* or *cheros* (marriageable girl). A mark that distinguished Marakwet women from "children" (the uncircumcised) was *siman* (a special earring). All circumcised women from the oldest to the youngest wore this earring (Kibor, 1998). Indeed, it is not birth, but initiation that makes a man or a woman a Marakwet (Kipkorir & Welbourn, 1973). The process of "becoming" a woman thus contributes to the maintenance of custom and tradition by linking the girl to the lifestyle and roles played by other women (Rahman & Toubia, 2000). However, not all communities perform FGM as a rite of passage, a study carried out by Guyo *et al*. (2005) among the Somali community in Kenya found that FGM is not used as an initiation rite and the Somali cut their daughters before the age of ten.

Rites of passage ensure that a community member does not suffer rejection and be considered an outcast. Indeed, the people who practice FGM are honourable, upright, moral people who love their children and want the best for them (Mackie, 1998). The Royal Australian College of Obstetricians and Gynaecologists (1997) noted that in all cases of FGM, the intention is not of violence, but rather to ensure the future welfare of the child. In a study of the Igembe, Chege (1993) noted that the change from childhood to adulthood was not only biological but

most importantly a social and religious matter. It was thus unacceptable both from a social and religious perspective for those who had not undergone the operation to procreate.

According to Mohamud (1997) the clitoris is believed to prevent women from reaching maturity and having the right to identify with a person's age group, the ancestors and the human race. It is believed that the external genitalia has the power to make a birth attendant blind; cause infants to become abnormal, insane or die; or cause husbands and fathers to die. Lightfoot-Klein (1991) has remarked that the clitoris is perceived as repulsive, filthy, foul smelling, dangerous to the baby, and a cause of male impotence. It is also believed in the Sudan that the clitoris will grow to the length of a goose's neck until it dangles between the legs, in rivalry with the male's penis, if it is not cut. This concept engenders so much revulsion and anxiety in men that they would not, under any circumstance, consider marrying an uncircumcised or "unclean" girl. The Nandi version is that the clitoris, if left uncut, can grow very long and develop branches (Nyangweso, 2001). Even in death, the clitoris is unwanted as a dead uncircumcised woman cannot be buried before circumcision by the Abagusii (Nyakundi, 2000).

Initiation gives a woman identity. As earlier mentioned, it is not birth, but initiation that makes a man or a woman a Marakwet (Kipkorir, 1973). In a study by Nyakundi (2000) on the male role in female circumcision in Gusii, 63% of respondents wanted FGM to continue because it gave them identity as real "Omugusii". In a separate study, Chebet (2007) did a study among the Keiyo and 48% of her respondents reported that the identity factor was associated with continued practice of female circumcision among the Keiyo. For many girls and women, being uncircumcised means that they have no access to status or a voice in their community. Many women, who say they disapprove of FGM, still submit themselves and

their daughters to the practice (Population Reference Bureau, 2001). Research confirms that women who had been circumcised would be more likely to support FGM (Yoder *et al.*, 2004).

Training during Seclusion Period

The surgical operation was only the initial item in a series of ceremonies and a course of instruction, which lasted from four and a half to eight months for the Kipsigis (Orchardson, 1971). The content of this education was inexhaustible. It included being instructed about the network of the society's institutions, folk songs, tales, riddles, proverbs, dances, games, ceremonies, festivals, trades, customs, norms, standards, laws, language, beliefs, and values. Religious and moral education was very important (Otiende, 1990).

Kibor, (1998) notes that in Marakwet initiation, much of the teaching in *Kapkore* (seclusion house) is about the power of female equality, the difficulties of being a wife, the strength of women as a group and the respect that is owed to older women. Most of the instructions were not formalized, with the exception of dances, songs and ritualized sign systems. The initiates were taught midwifery, (but not allowed to deliver the child of a "child," if they did so, they had to circumcise her or let the child be aborted). They learnt to gather wild vegetables, collect firewood, carry water, prepare food and feed their families. This training lasted for about three months. Many young men chose circumcised women because they had been taught that such women would be loyal to their husbands.

Like the Marakwets, the Bemba of Zambia learnt secret terms known only to initiated women and proper submission of the girl to her husband (Kibor, 1998; Richards, 1982). As earlier mentioned, Changwony (1999) found that it is considered a failure and a great shame

especially to the tutors if a woman was found to be ignorant of her marital duties after initiation. Such a neophyte was promptly returned to her parents for training. However, Kanake (2001) in a study of the Tharaka, established that learning was no longer emphasized; the initiates were given just enough time to heal, during which they only fed. The assumption was that they would learn how to behave in formal schools.

Women's Sexual Control

Male circumcision affirms manhood with its superior social status and associations to virility. On the other hand, female circumcision is explicitly intended to show a woman her confined role in society and restrain her sexual desires (Rahman & Toubia, 2000). Ezzat (1994) asserts that men have women circumcised to decrease their sexual desire and thus maintain female monogamy. Lightfoot-Klein (1991) explains that circumcision, and specifically infibulation, is believed to reduce the sexual drive, and to protect women not only from aggressive males but also from their own sexuality. It is believed in Marakwet that extramarital affairs are the result of uncircumcision (Kibor, 1998).

In Marakwet, female circumcision is an essential genital alteration to reduce female aggressiveness in sexual relations. The smaller the vaginal opening, the bigger the gift the husband gave to his new bride. The majority of Marakwet men support female circumcision. They want their daughters or wives circumcised for fear of losing face and for their own pleasure. However, in spite of circumcision, promiscuity has risen greatly in the Marakwet society in recent years (Kibor, 1998). In support of this finding, a study in Nigeria found that FGM neither lowers sexual feelings nor reduces the level of promiscuity among women (Kyuli & Akoko, 2003).

Including an isolated message about the fact that FGM reduces sexual enjoyment is not likely to change people's practice. In fact, many people, men and women alike, want to reduce women's sexuality, something of which they are uncertain and afraid. Supporters of the practice still hold the beliefs that an unexcised woman will "run wild", "rape men", or "be unfaithful to her husband" (Yoder *et al*., 2004). In a survey of 55 health care providers in Kenya, the notion that "FGM reduces a woman's libido" was given as a reason for supporting the practice as well as a reason to stop the practice (Abwao, Mohamud & Omwenga, 1996). DHS in seven countries in West Africa and in Eritrea compared men and women regarding support for the practice of FGM. The outcome was that higher proportions of women than men favour the continuation of FGM in all countries surveyed. One way of explaining this difference is that more men than women in these countries are educated (Yoder *et al*., 2004).

2.9 Role of Legislation in Complementing ARP

WHO (1999) cautioned that FGM will continue indefinitely unless effective interventions are found to convince communities to abandon the practice. Legislation making FGM a criminal offence is important in that it represents an unambiguous statement that the practice will not be officially tolerated (AI, 1998). However, passing anti-FGM legislation is one of the most controversial aspects of the FGM elimination movement. Many persons working on FGM elimination acknowledge the need for a strong governmental stand reflected by law. Responding to a survey on anti-FGM programme evaluation, 13% of the organizations reported that the passage of an anti-FGM law was a contributing factor to the success of their programmes (WHO, 1999). Despite this, 15% felt it would have a negative effect. The biggest concern, expressed by supporters and opponents, is the possibility that such a law would drive FGM underground. Younger girls might be clandestinely excised, leading to more severe or fatal complications that might go unreported for fear of prosecution (WHO, 1999). A 1989 effort to outlaw the practice in Uganda's Kapchorwa District led to an

increase in the rate of FGM as a reaction to what was perceived as outside interference (UNFPA, 1998).

In 1982, Kenya's President Daniel T. Moi condemned FGM and called for prosecution of those who practiced it. Many years later, Kenya passed legislation banning FGM in 1990 (Myers, Sherman & Sokoni, 2000). In September 1997, the Addis Ababa Declaration called on African Governments to adopt clear policies and concrete measures aimed at eradicating or drastically reducing FGM by the year 2005 (AI, 1998). In 1999, the Kenyan Ministry of Health (MOH) developed a National Plan of Action for the elimination of FGM in Kenya, to eliminate the practice by 2019 (MOH, 1999). This was followed by a move to enact the Children's Act. The Republic of Kenya (2001) Children's Act clearly states that no person shall subject a child to female circumcision. February 9, 2004 marked the first International Zero Tolerance of FGM Day and 10 African countries have recently criminalized this practice (Holmes, 2004). Welch (1995) notes that legal precedent can be a powerful tool for reform. The results of this study may shed light on whether legislation enhances the acceptance of ARP as the two ought to complement each others efforts.

In April 2002, Sixteen Kenyan girls took their cause to the court of Marakwet asking to be protected from the wishes of their families who wanted them circumcised. Two human rights organizations helped the girls to present their case; the Centre for Human Rights and Democracy (CHRD) and a women's rights group known as Equality Now (EN) (Pravda, 2006). This is in accordance with The Cairo Declaration (2003) which recommends that women and girls should be empowered to access legal remedies specified by law to prevent FGM.

2.10 Theoretical Framework

Albert Bandura's Social Learning Theory states that social behaviour is learnt mainly through observation and the mental processing of information. This is a process in which an individual learns a behaviour by observing others (models) perform it. Bandura's theory puts emphasis on observation, modelling and observational rehearsal. Specifically, social learning theories posits that modelling and behavioural rehearsal result in increased positive outcome expectancies, increased self efficacy, and increased probability of receiving reinforcement for initial behavioural changes (Bandura, 1977).

Health related behavioural programmes based on social learning theory generally target four interactive determinants of behaviour. First, behaviour change requires accurate information to increase awareness and knowledge of risks. Second, preventive behaviour change requires skills and self- efficacy, or the building of skills and development of self efficacy. Third, individuals must possess social and self-management skills to allow for effective action implementation. Fourth, and critical to success, behaviour change involves creating social support and positive reinforcements for change (Bandura, 1977).

Awareness raising on effects of FGM, will bring about change in the Marakwets pattern of thought and life if the social learning procedures are followed. ARP may eventually gain much ground if those affected, after their awareness is raised on effects of FGM, gets the skills and determination to stand their ground and stick to ARP. This will allow for effective action implementation. When social support and positive reinforcements for change are created, eventually, ARP will become the accepted alternative. Graduates will no longer be regarded as "children" as an uncircumcised girl is not regarded as a person in the eyes of the Marakwet society as she has not been to the house of the "mature ones" (Kibor, 2007).

Factors which affect perceptions of ARP need be examined and understood for greater gains in ARP's acceptance. Yoder *et al* (2004) note that support for elimination efforts depends on the demographic variables of age, urban-rural residence, and region or province. Many reports also show differentials by education, ethnicity and religion. However, they caution that desegregation by level of education is not helpful and can actually be misleading because circumcision nearly always takes place before a woman's education is completed, and often before it commences (Yoder *et al*., 2004).

Qualitative research by UNICEF/PATH among the Kikuyu and Kalenjin ethnic groups indicate that families with higher levels of formal education, higher economic status and that are Christian, are more likely to have more positive attitudes towards abandoning the practice than other groups (Chege *et al*., 2001). This study aimed at determining how personal characteristics like age, gender and socio- economic background affect perceptions of ARP and levels of awareness of effects of FGM in Marakwet.

Other factors which were looked at in this study were the legal framework, such as the Children's Act, and the role played by CHRD in prosecuting parents who intend to circumcise their daughters. The level of awareness of such institutions may affect the practice of FGM and perceptions of ARP. It is to be noted that the political activities at this period in Marakwet have been very supportive of the concept and the area Member of Parliament, the Honourable Lina Kilimo, is herself a role model and a firm supporter of ARP. However, there are those who criticize the programme as alien and exploitative. Indeed, the ARP sponsors and CHRD officials are not all indigenous. The foreign element and legal redress issues, and suspicion surrounding the whole exercise may affect the practice of FGM. Welch (1995) rightly observes that "outsiders" may be respected for their knowledge and

social status; but their visits are invariably brief, and their long term impact often limited. Dawn (2000) notes that better solutions can be found that empower African women to create and implement their own solutions to FGM.

ARP strategies may also contribute to resistance to its application. Awareness and recruitment campaigns may be misunderstood by the targeted communities. As mentioned earlier, an assessment of ARP in Tharaka, Narok and Gucha Districts of Kenya found that even though most parents of girls attending the alternative rite support the idea of eradicating the practice, the methods used by MYWO to recruit the girls for the alternative rite should have involved the parents more fully. Parents whose girls went through the ARP without them being informed were provoked into circumcising their girls (Chege *et al*., 2001).

Absolute control of the extraneous variables that may affect perception of ARP is not possible. In this study, items seeking information on these variables were included in the research instruments. During analysis the variables were isolated and their effects reported as such.

2.11: Conceptual Framework

The variables that interact to form perceptions are shown in the conception framework. The personal characteristics and the socioeconomic backgrounds are the dependent variables which affect perceptions of ARP as a rite of passage, method of training and sex control method. These independents variables are also hypothesised to affect levels of awareness of effects of FGM. The extraneous variables affect both the independent and dependent variables in that they are part of every day life and depending on the respondents' interaction with them; they are bound to affect perceptions and levels of awareness. These variables act

as moderations of the dependent and independent variables. Figure 3 indicates a summary of variables that interact in the formation of perceptions of ARP and determinants of levels of awareness of effects of FGM as explained in the theoretical framework.

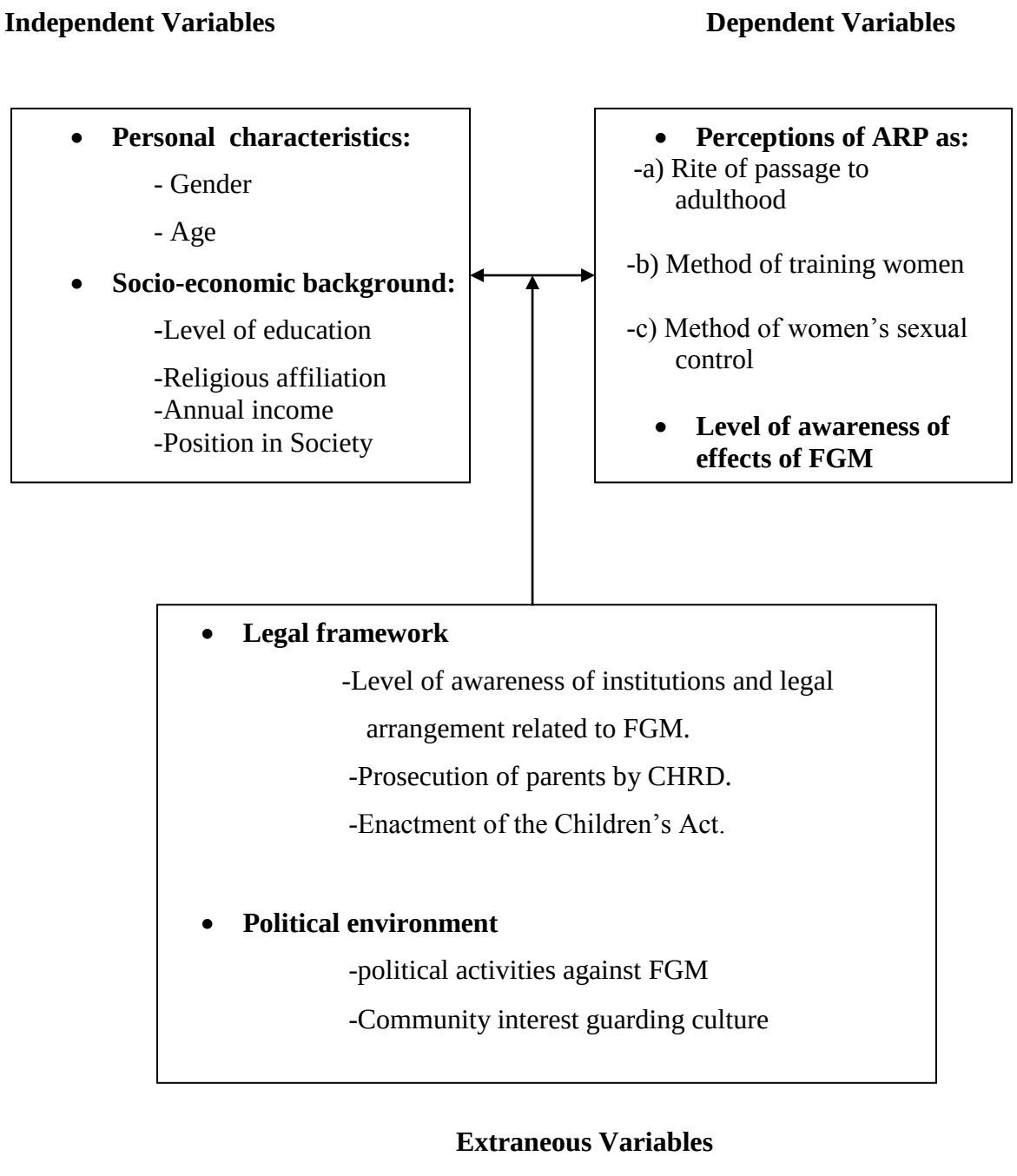

Figure 3: Summary of the Relationships of the Study Variables

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter deals with the procedures used in carrying out the study. It details the various processes that were followed in the entire research. It includes the research design, the location of the study, the population, sampling procedures and sample size. It also describes the data collection instruments, data collection procedures and data analysis.

3.2 Research Design

This study employed *ex post facto* research design. *Ex post facto* research design is a method of teasing out antecedents of events that have happened and cannot, because of this fact, be engineered or manipulated by the investigator. This design is particularly suitable in social, educational and psychological contexts where the independent variable or variables lie outside the researcher's control. They are better conceived not as experiments but as surveys (Cohen & Manion, 1992). This design was suitable for this study because the researcher, rather than creating the treatment (ARP), examined its effects after that treatment had occurred and attempted to relate this to an outcome or dependent measure (Kathuri & Pals, 1993).

3.3 Location of Study

This study was conducted in Marakwet District in the Rift Valley Province of Kenya. The District was purposively chosen because as mentioned in the previous chapters, female genital mutilation is prevalent. World Vision had also introduced the Alternative Rite of Passage to the Marakwet community, hence making the location ideal for this study. Two divisions were purposively chosen for the study, namely; Kapsowar Division, which is the

District Headquarters, located in Marakwet West and Tirap Division in East Marakwet whose populations were 19,647 and 23,311, respectively, in 1999 (Republic of Kenya, 1999). These two areas have been hot spots for ARP advocates since the year 2000.

3.4 Population of Study

The target population of this study was the Marakwet people of Kenya in Marakwet District. The Marakwets population in 1999 National Census was 140,629, with 69,000 males and 71,629 females. This population was projected to be 154,000 in 2002. The District covers an area of 1588 km^2 (Republic of Kenya, 1999). The study focused on the Marakwet's (both male and female) perceptions of ARP and their levels of awareness of the effects of FGM from community members who were aged twelve and above. The males were an important inclusion because in Uganda, the Sabiny Elder's support was enlisted in the FGM elimination programme and this led to success in reducing FGM (UNFPA, 1998). On the other hand, the females are the ones who directly experience FGM and their perceptions are crucial to the success of ARP.

3.5 Sample and Sampling Procedure

Quota sampling was used in selecting participants. Quotas were selected so that important information due to heterogeneity was captured (Peil, 1995). Community members from different age brackets constituted the sample. The age brackets were based on a theory of development advanced by David Levinton. He categorized human development in terms of eras determined by age as follows: 8 – 22 covered the era of pre-adulthood, 22 – 40 covered the era of early adulthood, 40 – 60 covered the era of middle adulthood, 60 years and above covered the era of late adulthood (Sdorow, 1995). These categories were important in this study because the different eras may exhibit different perceptions of ARP. However, instead

of 8-22 age bracket, 12-22 was used because of their ability to comprehend issues to do with rites of passage.

Kathuri and Pals' (1993) table for determining the sample size indicated a sample of 380 corresponding to a finite population of 40,000 (Appendix Five). Using the available information, the target population (12 years and above) was projected to be 42,958 for both Kapsowar and Tirop divisions, hence. 380 was considered to be a suitable sample size. However, in this study, an increase of 35 respondents was done to cater for attrition and spoilt returned questionnaires. Therefore, the sample size was 416. Different compounds were sampled as shown in Table 3. The respondents were equally distributed within the two divisions. However, it was not possible to find the exact numbers as intended in each category as will be explained in Chapter Four.

Table 3

Sample Distribution

Age bracket	12-22	23-40	41-60	61+	Total
Male	65	67	46	30	208
Female	65	67	46	30	208
Total	130	134	92	60	416

3.6 Instrumentation

In this study, one questionnaire and two structured interview schedules were used to collect data. The questionnaire was used to collect data from the respondents grouped in 12-22, 23-40, 41-60 and 61+ age brackets. The interview schedules were used to gather responses in depth from Community Elders and ARP Graduates for qualitative data. Interviews were used in order to elicit deeper responses that could not easily be measured by questionnaire (Kathuri & Pals, 1993). The interviewer aimed at finding the right balance between

maintaining control of the interview and allowed the interviewee the space to redefine the topic and thus, generate novel insights as Willig (2001) has suggested. As a result, more information in greater depth was obtained, and the resistance of the respondents was thawed (Kothari, 1990). The interviews were tape-recorded and later transcribed and studied more thoroughly during analysis.

The terminology used on the instruments excluded the term FGM because organizations working with communities that practice FGM found that this term can be offensive or even shocking to women who have never considered the practice a mutilation (Rahman & Toubia, 2000). Out of sensitivity, the term female circumcision was used. All the items were prepared by the researcher.

Questionnaire

Community ARP Perceptions and Awareness Questionnaire (CAPAQ) (Appendix One) was administered to the 12-60+ age brackets. It consisted of 61 items that aimed at determining the community's level of awareness on effects of female circumcision and perceptions of ARP as a rite of passage, a training method and as a sexual control method. It also sought to find out the effect of legal redress on ARP. It covered respondent's personal characteristics such as gender and age as well as socio-economic background such as level of education, religious affiliation, annual income and position in society. It was rated on the Likert scale with strongly agree reflecting a positive perception to strongly disagree on the negative perception.

Interview Schedules

The Community Elders Interview Schedule (CEIS) (Appendix Two) consisted of 17 items aimed at determining the Marakwet Elder's levels of awareness of effects of FGM and

perceptions of ARP as a rite of passage, a training method and as a sexual control method. The 17 items had requests for explanations of the responses given. The ARP Graduates Interview Schedule (AGIS) (Appendix Three) consisted of 22 items seeking to find out the ARP graduates' perceptions of ARP and their levels of awareness of effects of FGM. The researcher conducted the interviews personally as only fifteen purposively chosen elders and eight ARP graduates were interviewed.

3.7 Validity and Reliability

The instruments were piloted in Kapyego Division in East Marakwet which had similar characteristics with the study divisions in terms of FGM and ARP prevalence. Forty respondents, 10 from each age bracket, having similar characteristics with those used in the actual study, participated in the questionnaire pilot test. Four Community Elders and four ARP Graduates who were purposefully selected, were interviewed.

The questionnaire was tested for reliability by using Cronbach Alpha method reliability test. It provided a good measure because holding other factors constant, the more similar the test content and conditions of administration were, the greater the internal reliability (Mugenda & Mugenda, 1999). The items were considered reliable since they yielded a reliability coefficient of 0.90 (Koul, 1984). Piloting the instruments established the clarity of meaning and comprehensibility of the items and determined the time needed to get the necessary information (Sindabi, 1992; Coolican, 1996). Content validity was checked through expert opinion (Aiken, 1982). The content analysis for the qualitative data was done by identifying the key substantive points and putting them into exhaustive and exclusive categories. The researcher used peer judgement as a basis for reviewing own judgements as a validation (Gillham, 2000). After the pilot test, research instruments were improved accordingly.

3.8 Data Collection

The researcher sought permission from the Ministry of Education, Science and Technology to conduct the research. Meanwhile, a resident of Marakwet District was contacted and requested to facilitate smooth progress of the research and was at hand to give the researcher orientation and also organized meetings with respondents in conjunction with the local authorities. In addition, two research assistants were recruited from the community. Prior to collection of data, the research assistants were trained on how to administer the questionnaires. The interviews were solely conducted by the researcher on a one to one basis. The questionnaire was distributed conveniently as those who were available in the villages were approached. The Community Elders and ARP Graduates who were purposefully sampled did not fill the questionnaire.

3.9 Data Analysis

The quantitative data obtained was analysed by use of descriptive statistics such as frequency distributions and results presented in graphs and tables. Inferential statistics such as ANOVA and Post Hoc tests were also carried out. The data was analysed by using the SAS System Version 9.1, which is a powerful tool for the analysis of data (Spector, 2001). ANOVA was used to analyse and determine whether to reject or accept the posited study hypotheses at 5% level of significance. ANOVA was suitable because the data entailed comparison of several different means. The coefficient of variation was used to assess the reliability of the tests. In addition, Post-Hoc Tests based on Duncan's Multiple Range Tests at 5% level were used to establish mean scores which were significantly different in the sub-populations.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

The results of the data analysis on the perceptions of the Marakwet of Kenya on the counselling-based Alternative Rite of Passage (ARP) and factors influencing its acceptance are presented and discussed in this chapter. Identifying the perceptions of the consumers of this Alternative Rite of Passage approach to an age-old cultural practice was important as this will inform and guide the policy makers and all those who have interest in eradication of FGM. It also enhances the understanding of ARP as a means of graduating girls into adulthood and the progress it has made so far in Marakwet.

The data obtained from respondents was analysed using SAS System. The results of the analysis, which was carried out using both descriptive and inferential statistics, are presented according to the research objectives. Also, verbatim responses gathered from the Marakwet Elders and Graduates of ARP through in-depth interviews, are included to supplement the quantitative findings. The study sought to find out the answer to the research questions and test the research hypotheses at 5% level of significance.

The chapter has been organized into three main subsections. The first subsection dwells on the respondents' characteristics while subsection two discusses the results of testing the hypothesis on perceptions of ARP as a rite of passage, training and sex control methods. Subsection three focuses on results of levels of awareness of effects of FGM. The key demographic characteristics of the subjects of the study are presented, namely, the personal and socio-economic characteristics and their influence on perceptions towards ARP. In

addition, the influence of personal and socio-economic factors on levels of awareness of effects of FGM among the Marakwet and their implications are also presented. The chapter also highlights other findings of the study and discussion from the investigation.

4.2 Distribution of the Demographic Characteristics of the Sample

Section One of the Community ARP Perceptions and Awareness Questionnaire (CAPAQ) Instrument elicited information on selected respondents' demographic characteristics. This information was needed in order to obtain the characteristics of the main respondents of the study. The personal characteristics included age and gender while socio-economic characteristics included level of education, religious affiliation, annual income and position in society. Details of the respondents' personal characteristics and socio-economic characteristics are presented in the following subsections:

Personal Characteristics

A total of 230 males and 185 females responded to the CAPAQ, hence a total of 416 respondents. These represented proportions of 55.4% and 44.6%, respectively across the two Divisions of Tirap and Kapsowar. The intended target as shown on Table 3 was not achieved in the study area. It was observed that some women did not spare time for the researcher which became a limitation. Africa Economic Commission (1999) advises that extra efforts should be made to reach women who rarely go out of their compounds. In addition, the researcher experienced some difficulty in convincing some of the females to fill the questionnaire. However, village elders were instrumental in convincing the female respondents to provide information after careful explanation of the aims of the study. On the other hand, men were readily available and more willing to give information.

Data in Table 4 clearly indicates that a large proportion of respondents were in the 12-22 (30.8%) and 23-40 (32%) age brackets. The intended numbers were 130 and 134 respectively as shown in Table 3, however, some of the questionnaires were not correctly filled making those analysed to be 128 and 133, respectively. The youthful age groups were readily available in the villages, thus enabling the researcher to meet the target. In previous studies on FGM elimination programmes, this age group was considered useful. For instance, WHO (1999) found that programme implementers consider youth as the most important target audience because they have been found to favour FGM elimination programmes. Given that the majority of the respondents were drawn from this age bracket, it was hoped that the study would benefit from their responses in drawing inferences on the prospects of eliminating the practice of FGM.

Table 4

Distribution of Respondents by Age

Age Category	Frequency	Percent
12 -22 years	128	30.8
23 - 40 years	133	32.0
41 - 60 years	93	22.4
Over 60 years	61	14.7
Total	415	100.0

Socio-economic Background of Respondents

It was important to explore and describe socio-economic background factors of respondents in a study of this nature. This is because decisions to engage in ARP and perceptions towards the elimination of FGM and its replacement with ARP may be dependent on these factors. The socio-economic characteristics investigated in accordance with the conceptual framework of the study (Figure 3) included level of education, religious affiliation, level of

annual income and position in society

The distribution reflected in Figure 4 shows the distribution of the Marakwet's level of literacy. Only 15% (n=61) had no formal education at all, while 16% (n=66) had had college or university education, 35% (n=145) had primary school education and 34.5% (n= 143) had secondary level education. This distribution is typical of most Kenyan rural communities where literacy levels have been on the increase. A KDHS (2003) shows that literacy among rural females is 75.2% while among men is 86.2%.

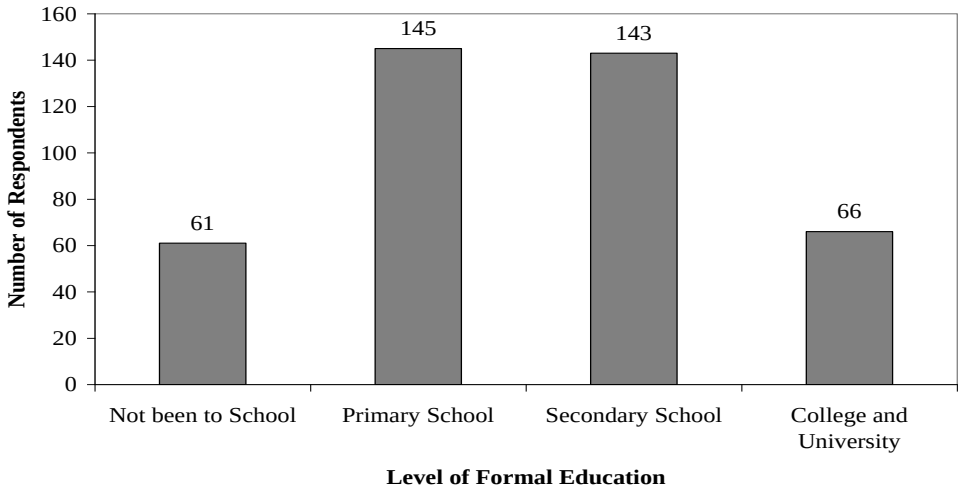

Figure 4: Histogram of Frequency Distribution of Respondents by Level of Education

It was important to find out respondents' level of education as this may influence perceptions of ARP. This is illustrated by a study carried out by WHO between November 2001 and March 2003 at 28 obstetric centres in Burkina Faso, Ghana, Kenya, Nigeria, Senegal and Sudan on FGM and Obstetric Outcome. The study found that of the women who had undergone FGM Type Two, (Table 1) 46% had no education, 34% had primary or non-formal education, and 15% had secondary education while 5% had tertiary education. The same percentage decline in FGM practice was reported for the other types of FGM (WHO,

2006). The religious affiliation of the respondents was also investigated and the results of the distribution are shown in Figure 5.

According to the distributions in Figure 5, it was clear that the majority of the respondents were Catholics (n = 214) followed by Protestants (n = 163). The high percentage of Catholics as compared to that of other affiliations may be attributed to the contribution of the Catholic Church to social development such as building of schools and dispensaries in most remote parts of Marakwet. Those affiliated to African Traditional Religion (ATR) represented 6% (n = 25) of the respondents. Gehman (2005) observes that a careful look on the African landscape reveals that the deep seated traditional worldview is still held by many people and that ATR shapes the attitudes and actions of large numbers of people. In this study, 2.4% (n = 10) were Moslems while 1% (n = 3) belonged to "other" affiliations.

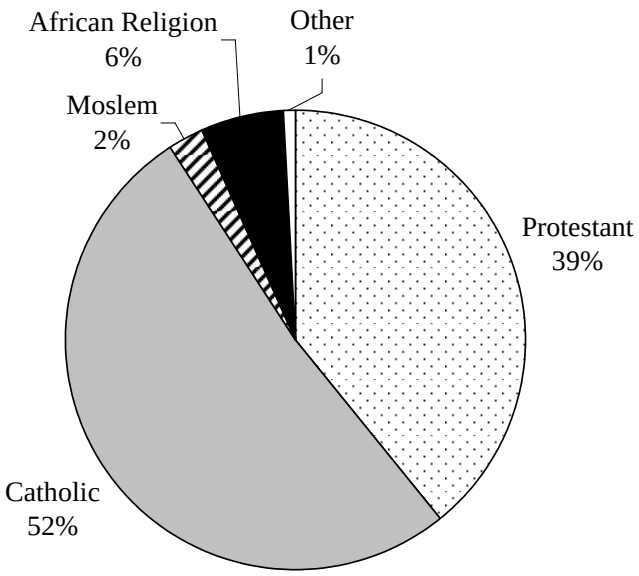

Figure 5: Distribution of Respondents by Religion (n = 415)

Many campaigns against FGM and for ARP are spearheaded by religious organizations or churches. Research findings have suggested that where the church and religious leaders are

actively against FGM, a behaviour change is more likely to occur (Chege *et al*., 2001). A UNICEF study conducted in Garissa and Moyale Districts of Kenya in 2004 found that about 30% of FGM practitioners said that religious leaders provided the strongest impetus to influence them to abandon the practice (UNICEF, 2006). The levels of annual income of respondents are distributed according to the frequencies in Table 5.

Table 5

Distribution of Respondents by Annual Income

Income levels	Frequency	Percent
Below Ksh. 12,000	259	62.4
Ksh. 12,000 - 50,000	86	20.7
Above Ksh. 50,000	70	16.9
Total	415	100.0

Income levels are possible indicators of socio-economic status and may influence decisions on type of rite of passage adopted by a family. From the distributions in Table 5, it was evident that most of the community members lived below an annual income of Kenya shillings twelve thousand. Indeed, in the rural areas, most people on average are poor and rely on subsistence farming for a living (Hicks, 1993). Abusharaf (1998) observes that communities in many parts of Africa are primarily pastoral or nomadic with social and economic hardships and relatively unstable economic well-being. Their members often survive at subsistence levels. Circumstances such as this may influence the practice of FGM and may also determine perceptions towards ARP.

A study done in Sudan by Magied, Failed, Salama and Salama (2000) illustrates the influence of low income on FGM practice. They carried out a survey among 13-22 year old secondary school girls in Khartoum State. Two hundred and fifty respondents were randomly selected

from five schools, of which 100 respondents were girls with parents of high socio-economic status. It was found that the majority of respondents with parents of high socio-economic status were not circumcised compared to 91% of the respondents with parents of lower socio-economic status who were circumcised. The position of respondents in society and its influence on perceptions towards ARP were also investigated in this study. Position was measured by the livelihood activity and type of employment of respondents and the result of its distribution is shown in Table 6.

Table 6

Distribution of Respondents by Position in Society

Position in society	Frequency	Percent
Government Worker	47	11.3
Self-employed	237	57.1
Student	89	21.4
Other	42	10.1
Total	415	100.0

The distribution indicated that the majority of the community members (57.1%) were possibly subsistence farmers who probably tilled the land for an income, while only 11.3% were Government Workers. Those who fell under 'Other' category (10.1%) were mostly composed of retired civil servants, school leavers, job seekers and religious leaders. This latter group was likely to possess high literacy and income levels and also hold respectable positions in society as a result of their backgrounds. In order to enrich the study further, the study also investigated the method of rite of passage that the respondents had gone through and the results presented in Table 7.

Table 7

Distribution of Respondents by Method of Passage into Adulthood

Method of Passage	Frequency	Percent
Traditional Female Circumcision	120	28.9
Traditional Male Circumcision	169	40.7
Christian Male Circumcision	54	13.0
Alternative Rite of Passage	59	14.2
Other	13	3.1
Total	415	100.0

It was important to find out which type of rite the respondents experienced as the study revolved around these rites of passage. Data in Table 7 indicates that 41% males and 29% females had experienced the traditional rite of passage while only 14.2% females were ARP graduates. Only 13% had experienced male Christian initiation.

It was obvious that traditional rite of passage into adulthood is a cherished and flourishing practice as it was prevalent in the study area. This confirmed Kipkorir & Welbourns (1973) assertion that in Marakwet, it is only through initiation that males and females become adult members of the society. The alternative to the male traditional circumcision is the Christian male circumcision which is usually performed by a medical practitioner. Indeed, many African males undergo ritual circumcision in a clinic under local anaesthesia and, contrary to traditional practice, do not immediately assume full adult responsibilities, remaining instead, in their parent's home and finishing school ("Rite of Passage", 1998).

Fish and Fish (1995) have noted that the Kalenjin Christians provide special circumcision camps for their sons. They explain that the operation is done under hygienic conditions and older Christian men teach the boys in seclusion. Elsewhere, among the Xhosa, being

circumcised in a hospital may result in ostracism by one's peers. The hospital experience is considered quite alien to the culture, experience and education acquired in the traditional circumcision rites (Mwamwendwa, 2004). This may explain why Christian male circumcision and also ARP among the Marakwet is not popular as they may share the same views.

4.3. Personal and Socio-economic Characteristics and their Influence on the Respondents' Perceptions of ARP

One objective of the study was to establish whether personal characteristics and socio-economic status influenced the Marakwet's perceptions of ARP. Specifically, the study attempted to find out whether the following personal characteristics and socio-economic background had an influence on perceptions of ARP:

(a) Gender

(b) Age

(c) Level of education

(d) Religious affiliation

(e) Level of income

(f) Position in Society

Influence of Gender on the Perceptions of ARP as a Rite of Passage

In this study, it was important to find out whether men and women perceived ARP differently. Research has found that an important force perpetuating FGM is women themselves. They are the guardians of the practice; they initiate, perform and even demand that the procedure takes place (Martin, 2002). On the other hand, PRB (2001) has observed that men have not always been the target of information, education and communication campaigns against FGM. In addition, qualitative studies conducted in Mali and Burkina Faso

by the Population Council indicates that men recognize that the practice will not be abandoned without their involvement. Furthermore, in Burkina Faso, fathers play the most critical role in determining whether or not to have their daughters cut (Population Council, 2002).

In view of this, it was therefore necessary to determine the influence of gender on the Marakwets' perceptions of ARP. Table 8 shows the analysis of variance of respondents' perceptions of ARP as a rite of passage. The independent variable was gender with two levels and the dependent variable was perceptions of ARP as a rite of passage. The coefficient of variation was used to assess the reliability of the test which in this case yielded 28%. The coefficient of variation was less than 30% in all the tests done in this study. In most surveys, coefficients of variation of at most 30% are usually acceptable (Nassiuma, 2000).

Table 8

ANOVA of Respondents' Perceptions of ARP as a Rite of Passage according to Gender

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Gender	1	0.0642320	0.0642320	0.06	0.8113
Error	413	464.9815511	1.1258633		
Total	414	465.0457831			

It is apparent from the results presented in Table 8 that the outcome was not significant ($p > 0.05$). This implies that gender did not influence perceptions of ARP as a rite of passage. Post-hoc tests based on Duncan's Multiple Range Test at 5% level presented in column two of Table 9 further confirms that the means for perceptions as a rite of passage for the two groups were not significantly different from one another.

Table 9

Duncan's Range Test for Perceptions of ARP as a Rite of Passage, as a Training Method, and as a Sex Control Method, According to Gender

Gender	Mean Scores of Perceptions towards ARP as...		
	A Rite of Passage	Method of Training	Method of Sex Control
Female	3.7946 a	3.8216 a	3.72973 a
Male	3.7696 a	3.3826 b	3.63478 a

*Means followed by the same letter are not significantly different at 5% level.

It is apparent that there is no evidence from the sample to indicate that gender influenced perceptions towards ARP as a rite of passage. Therefore, the null hypothesis suggesting that gender does not significantly influence perception of ARP as a rite of passage was accepted. This implies that both males and females seem to have a similar and favourable perception of ARP as a rite of passage as their mean score of 3.8 attest to. This also implies that ARP proponents need not segregate men from women in their outreach programmes unless other factors dictate otherwise. In addition, this mean score of 3.8 can serve as a pointer towards the progress made by ARP in its bid to be accepted as an alternative rite of passage. This may go along way in helping to enhance efforts in replacing FGM with ARP. If the men truly support ARP, then it will see the light of day as Kibor (2007) observed that it would be easier to eradicate FGM in Marakwet if the men discouraged it.

Yoder *et al*. (2004) observed that in countries where more men than women are educated, and men remain in school longer than women, it is likely that men will oppose FGM more than women. Therefore, whatever effect education has on reducing support for FGM is likely to be expressed first in men. This means that gender may only influence perceptions towards ARP or FGM as secondary factor acting through the different socialization processes that

men and women go through in a society, such as education. Going by this result from the quantitative data, there was no evidence of these subsidiary influences with regard to gender.

Influence of Gender on the Perceptions of the Marakwet of Kenya on ARP as a Training Method

The study also investigated the extent to which the Marakwet perceived ARP as a training method. This was operationalised as a method of training women to be responsible members of Marakwet society through taking care of homes, children, husband and other community responsibilities. The independent variable was gender with the dependent variable being perceptions of ARP as a method of training. The coefficient of variation in this case was 21%. Table 10 displays the ANOVA results; in this case, the differences are significant ($p < 0.05$).

Table 10

ANOVA of Respondents' Perceptions of ARP as a Training Method, According to Gender

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Gender	1	0.36950905	0.36950905	3.87	0.0498
Error	413	39.42616662	0.09546287		
Total	414	39.79567567			

To further determine the differences in mean scores, post hoc tests based on Duncan's Multiple Range Tests at 5% level revealed that the females had a higher mean than the men as presented in column three of Table 9. Therefore, the hypothesis suggesting that gender does not influence perceptions of ARP as a training method was rejected.

This finding manifests that gender did influence perceptions of ARP as a method of training. This indicates that males and females had different though favourable perceptions of ARP as a method of training going by the mean score of 3.6. Though the males had a score of 3.4

compared to 3.8 of females, this was not too low a score. Despite this, the implementers of ARP should realize that a woman who is perceived to be insufficiently trained may not enhance the prospects of ARP as a better option. The males may be having their reservations about ARP that it produces half baked wives and it is up to the implementers to convince the community that indeed the graduates of ARP will not disappoint. This result may reflect Kibor's (1998) finding that many Marakwet young men chose circumcised women because they had been taught that such women would be loyal to their husbands.

However, in a rather far sighted example, a study done by Elgaali, Strevens and Mardh (2005) on a group of immigrants from North Africa with a current domicile in Scandinavia found that a positive attitude toward stopping the tradition of FGM was reported twice as often by the husbands (69%) as by the circumcised women (35%). This obvious contrast from the findings of this study may be explained by the different settings with different cultural expectations for women.

Influence of Gender on the Perceptions of the Marakwet of Kenya on ARP as Sex Control Method

FGM is practiced as it is believed to subdue a woman's sexual urges. In a survey by UNICEF (2005), 52% of women in Mauritania, 30% in Kenya and Mali, respectively, believed that FGM should continue because it ensures a girl's virginity. In Marakwet, women circumcised their daughters to keep them from being promiscuous (Kibor, 2007). It is important to see how the Marakwets perceived ARP as a sex control method as it does not involve any physical cutting off of the erogenous zones. The perceptions of the respondents towards ARP as a method of sex control were investigated and the analysis of variance was computed and results are presented in Table 11. The independent variable was gender with

the dependent variable being perceptions of ARP as a sex control method. The coefficient of variation in this case was 27%.

Table 11

ANOVA of Respondents' Perceptions of ARP as a Sex Control Method, According to Gender

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Gender	1	0.9243045	0.9243045	0.94	0.3339
Error	413	407.8082256	0.9874291		
Total	414	408.7325301			

The ANOVA result clearly manifests that the mean differences were insignificant ($p > 0.05$). In order to establish further this insignificance, post hoc tests based on Duncan's multiple range tests at 5% level presented in column four of Table 9, revealed that the means for the two groups were not significantly different. It is therefore, clear that no evidence exists to show a significant gender difference in the variation of the perceptions towards ARP as sex control method.

It can hence be concluded that, according to the study sample, gender does not influence perceptions of ARP as a sex control method. The hypothesis suggesting that gender does not influence perceptions towards ARP as a sex control method was therefore, accepted. This is an indication that men and women have a favourable perception of ARP as a sex control method going by the method of sex control mean for both the groups of 3.7. This is a very encouraging finding because if the community can perceive the uncircumcised state of ARP graduates positively, then that can be taken to mean that FGM can be replaced by ARP.

Influence of Age on the Perceptions of ARP as a Rite of Passage

This study's other objective was to investigate the influence of age on the perceptions of ARP as a rite of passage. Since time immemorial, several communities have graduated their daughters into adulthood by means of FGM. This has been passed down from generation to generation and the Marakwets in particular have resisted over the years any attempts at replacing what has been handed down with any other rites of passage over the years. Table 12 shows the analysis of variance of respondents' perceptions of ARP as a rite of passage according to age. The independent variable was age with four levels and the dependent variable was perception of ARP as a rite of passage. The coefficient of variation was used to assess the reliability of the test; in this case, it yielded 26%.

Table 12

ANOVA of Respondents' Perceptions of ARP as a Rite of Passage, According to Age

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Age	3	54.8243715	18.2747905	18.31	<.0001
Error	411	410.2214117	0.9981056		
Total	414	465.0457831			

As shown in Table 12 the outcome was significant ($p < 0.05\%$) meaning that age was instrumental in shaping perceptions of ARP as a rite of passage. Post-hoc tests based on Duncan's Multiple Range Tests at 5% level presented in column two of Table 13 further shows that some means for perceptions as a rite of passage for the different ages were significantly different. The means for the first two age groups; 12-22 and 23-40 were not significantly different from one another while the older groups (41- 60 and above 60) were significantly different from each other and also from the younger groups. As can also be seen, the means decreased linearly from highest to the lowest value of perceptions according

to age with the youngest group having the highest score. Therefore, the null hypothesis suggesting that age does not influence perceptions of ARP as a rite of passage was rejected.

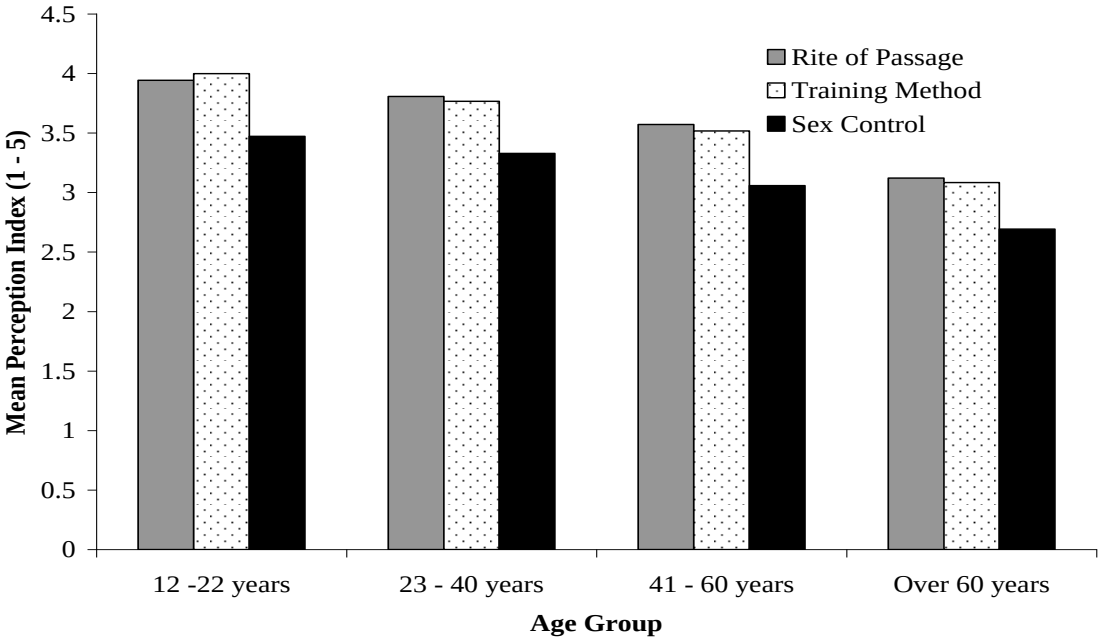

Figure 6: Mean Perception Indices for Various Age Groups

From the sample data, respondents' mean scores tended to decrease with age as presented in Figure 6. The results suggest a unique link between age and perceptions towards ARP in all its examined roles. This finding implies that perception is age-dependent with younger members of the community recording a more positive perception towards ARP. In a study carried out by Babalola and Amouzou (2000), similar findings were noted with younger generations, more than the older, tending to disfavour the practice of FGM. This implies that there is a future for ARP since the younger people might not continue to use FGM as a rite of passage but instead adopt ARP for their daughters and may be sisters. Further more, the high mean score of 3.8 indicates that across the board, ARP is gaining acceptance. However, the older people need to be made to realise the importance of ARP through seminars and social learning.

This finding agrees with other studies elsewhere, for instance, Chebet (2007), in a study among the Keiyo of Kenya, found that 19.5% of the respondents, most of whom fell in the age category of above 61, said they would like their granddaughters to be circumcised in accordance to the Keiyo customs and traditions. Elsewhere, WHO (1999) reported that several Demographic Health Surveys (DHS) showed that compared to their parents, young and educated youth are more likely to disapprove of the FGM practice. Consequently, programme implementers consider youth as one of the most important target audiences and reach them mainly through family life education initiatives in the school system and peer education programmes involving youth activities such as sports. This means, promotion of ARP among the Marakwet must target the different ages as different audiences with equally different strategies, materials, messages and approaches.

Table 13

Duncan's Range Test for Perceptions of ARP as a Rite of Passage, as a Training Method, and as a Sex Control Method, According to Age

Age	Mean Scores of Perception towards ARP as...		
	A Rite of Passage	Method of Training	Method of Sex Control
12-22	4.1406 a	4.0703 a	3.8750 a
23-40	3.9173 a	3.4812 a b	3.6992 a
41-60	3.5591 b	3.3011 b	3.6452 a
60 and above	3.0656 c	3.1803 b	3.2623 b

Influence of Age on the Perceptions of the Marakwet of Kenya on ARP as a Method of Training

The training in seclusion is taken very seriously by the Marakwet as no one wants their daughter to be found ignorant of her role as a wife and mother, therefore, bringing shame to the parents (Changwony, 1999). As earlier seen, there was a significant difference between

the perception of men and women as regards ARP as a training method according to gender. As for the influence of age regarding training, the analysis of variance of respondents' perceptions were computed and presented in Table 14. The coefficient of variation was used to assess the reliability of the test; in this case, it yielded 21%. The independent variable was age with four levels and the dependent variable was perception of ARP as a method of training.

Table 14

ANOVA of Respondents' Perceptions of ARP as a Training Method According to Age

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Age	3	49.048338	16.349446	3.23	0.0223
Error	411	2078.156481	5.056342		
Total	414	2127.204819			

The results of the ANOVA as displayed in Table 14, indicates the existence of statistically significant differences in means for the different ages ($p < 0.05$). This shows that age influences perceptions of ARP as a rite of passage. Therefore, the null hypothesis suggesting that age does not influence perceptions of ARP as a method of training was rejected at the .05 level of significance. In order to find out which means for the different age groups were significantly different from others in relation to training, post-hoc tests based on Duncan's Multiple Range Tests at 5% level presented in column three of Table 13 further showed that some means for the different ages were significantly different. The youngest groups (12-22 and 23-40) were not significantly different from one another. On the other hand, age groups 41-60 and above 60 years were not significantly different from one another but different from the younger groups.

The fact that the study sample was divided into two, the younger respondents versus the older, suggests a disagreement on the importance of ARP training of the Marakwet women.

Therefore ARP implementers should take training sessions very seriously if ARP is to gain widespread acceptance. Training of a Marakwet woman is done thoroughly in the traditional way and therefore ARP training must not be seen by the community as insufficient. Number of days in seclusion and the calibre of trainers should leave no doubt in the minds of the community members on the effectiveness and efficiency of the training in order to avoid ARP being seen as alien and fake. The older folk still hold an indisputable position when it comes to decision making regarding the destiny of the community. Therefore, ARP must strive for their nod if it is going to see the light of day

Influence of Age on the Perceptions of the Marakwet of Kenya on ARP as a Sex Control Method

It may be a big task convincing circumcising communities to abandon FGM and embrace a rite that leaves what is perceived as a trouble shooter in a woman intact. The clitoris is surrounded by many potent myths that need to be dispelled if ARP is to, not only be perceived positively, but actually adopted as a rite of passage. Among the Samburu of Kenya, uncircumcised girls are considered unclean, promiscuous and immature (Althaus, 1997). Among the Marakwet, the belief that circumcision cures promiscuity prevails (Kibor, 1998).

As can be noted, one of the objectives of this study was to find out the effect of age on perceptions of ARP as a sex control method. ANOVA was subsequently computed to determine whether the means were statistically different from each other and the obtained results are displayed in Table 15. The independent variable was age with four levels and the dependent variable was perceptions of ARP as a sex control method. The coefficient of variation was used to assess the reliability of the test, which yielded 27%. As shown in Table 15 the outcome was significant ($p < 0.05$).

Table 15

ANOVA of Respondents' Perceptions of ARP as a Sex Control Method, According to Age

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Age	3	15.6690040	5.2230013	5.46	0.0011
Error	411	393.0635261	0.9563589		
Total	414	408.7325301			

This result implies that age had an influence on perceptions of ARP as a sex control method. Therefore, the null hypothesis suggesting that age does not influence perceptions of ARP as a rite of passage was rejected. Post-hoc tests based on Duncan's Multiple Range Tests at 5% level presented in column four of Table 13 further showed that the means for the ages 12-22, 23-40 and 41-60 were not significantly different. However, the oldest age group had a mean which was significantly different from the former, younger groups.

As was noted with the other discussions on effects of age, the mean values decreased linearly from highest to the lowest; with the youngest obtaining the highest score. It is also encouraging to note that the mean score for the sex control variable was 3.7 which indicates favourable perception by most of the age groups for ARP as a sex control method. However, this also implies that the oldest people may continue to reject ARP and practice FGM. Therefore, they need to be targeted in order to promote the benefits of ARP. It is possible that the oldest group dearly hold the views expressed in Excerpt One (page 55) on reasons why women should be circumcised.

Qualitative Data from Marakwet Elders on Sexual Control

Many studies have been criticized for lack of qualitative data to supplement quantitative data (Kiboss, 1977). In response to this, interviews were conducted among Marakwet Elders and ARP Graduates in order to strengthen the quantitative data. The real names of the

respondents were withheld to conceal identity. Excerpt One indicates that circumcising women is not a cure for promiscuity as is widely held by circumcising communities. Such insights may go a long way in changing practicing communities' attitudes towards the practice of FGM.

Excerpt One:
Comments from Marakwet Elders on FGM and Sexual Control

Researcher: Women who have not been circumcised do not have sexual control. Explain your response to this claim.

Respondent 1: The reason for circumcising women was because men used to go to war and raids for a long time. It was thought that to keep women from seeking sexual satisfaction from other men, they needed to be circumcised. However, at present, many women who have been circumcised have been involved in promiscuity. For example during the operations against cattle raiders, 149 girls went to the GSU camp for prostitution, the majority (142) having been cut. On the other hand, many uncircumcised women have been faithful to their husbands. Christianity and education have made a difference in faithfulness.

Respondent 2: Faithfulness or not being promiscuous does not depend on circumcision but families. Certain families have a history of promiscuity.

Similar findings can be drawn from recent DHS data. PRB (2001) found evidence of a decline of FGM practice in younger women in Burkina Faso, Central African Republic, Eritrea, Kenya and Tanzania. In Central African Republic and Kenya, there appeared to be larger differences in prevalence between younger women and women of their mother's generation, a 10% point and a 16% point difference, respectively. The Inter-African Committee on Traditional Practices (2004) has asserted that young people are a special group capable of affecting change among their peers. In this regard therefore, the old people need to be targeted and, if possible, invited to special seminars, workshops and other forums with

the intention of making them aware that sexual control can be attained through ARP's Guidance and Counselling Programmes.

Influence of Level of Education on the Perceptions of the Marakwet of Kenya on ARP as a Rite of Passage

Surveys on FGM practice have found that it is strongly related to education. For instance, Kenya Demographic and Health Survey (2003) reported the practice to be five times more prevalent among uneducated women than among those with higher educational levels. Among the objectives of this study was to determine the influence that the level of education had on perceptions of ARP as a rite of passage. The analysis of variance of respondents' perceptions was computed and the results presented in Table 16. The coefficient of variation was used to assess the reliability of the tests which equalled 26%. The independent variable was level of education with four levels and the dependent variable was perceptions of ARP as a rite of passage.

Table 16

Analysis of Variance (ANOVA) of Respondents' Perceptions of ARP as a Rite of Passage According to Level of Education

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Level of Education	3	54.5121088	18.1707029	18.19	<.0001
Error	411	410.5336744	0.9988654		
Total	414	465.0457831			

The results of ANOVA as shown in Table 16, indicated existence of statistically significant differences in means of ARP as a rite of passage ($p < 0.05$). This showed that level of education influenced perceptions of ARP as a rite of passage. The null hypothesis suggesting that the level of education does not influence perceptions of ARP was rejected. To determine which means were statistically different from others, post-hoc tests based on Duncan's

Multiple Range Tests at 5% level were computed and presented in column two of Table 17 which also presents means for ARP as a method of training and as a sex control method which will be discussed in subsequent sections.

Table 17

Duncan's Range Test for Perceptions of ARP as a Rite of Passage, as a Training Method, and as a Sex Control Method, According to Level of Education

Level of Education	Mean Scores of Perception towards ARP as...		
	A Rite of Passage	Method of Training	Method of Sex Control
Not been to school	2.9508 b	3.0984 a	3.3115 b
Primary School	3.7931 a	3.7931 a	3.6621 a
Secondary school	4.0629 a	3.6503 a	3.7832 a
College/University	3.9091 a	3.3939 a	3.8182 a

*Means followed by the same letter are not significantly different at 5% level.

The outcome revealed that the mean of those who have not been to school was significantly different from those who have been to school, no matter the level of education. Despite the low mean score of those who have never been to school, the average for these means was 3.8. This implies that there is a likelihood that ARP programmes may be accepted as the perception score indicates that it is favourable. This finding indicates that those who had attained some level of education had favourable perceptions towards ARP and could take part in ARP activities while those who have no formal education may still practice FGM. One can thus conclude that on one hand, education, no matter the level, influences perceptions of ARP as an acceptable method of training positively and therefore, its adoption. On the other hand, illiteracy contributes to the continuation of FGM practice. This is because education enables one to look at novel options positively and critique traditional practices as a result of becoming more knowledgeable and exposed.

Similar findings were reported by Magied *et al*., (2003) in a study carried out in the Sudan among secondary school girls. Education was found to be a major factor that would influence positive change of attitude towards the practice of FGM. In addition, Snow *et al*. (2002) in a study done in Nigeria, also found that the highest proportion of FGM (66.6%) was found among women with the least education (primary or less schooling). In addition, an Adolescent and Social Change Research carried out in Egypt in 1999 revealed that mothers who had only been to primary or preparatory school were just as likely to circumcise their daughters as mothers who had not been to school at all. On the other hand, mothers who had attended secondary school, or higher institutions, were substantially less likely to circumcise their daughters (Population Council, 1999).

Yoder *et al*. (2004) have further noted that there is a close relationship between a woman's level of education and the probability of having a daughter circumcised. They reached the conclusion that prevalence of FGM is lower among educated women after analysing results of DHS from 9 countries. In addition, they found that the amount of education a woman had was also paramount in determining discontinuation of FGM. Those with primary or less education were more likely to have been cut than those who had received secondary level of instruction. It can therefore be concluded that unless literacy levels are increased in the study area of Marakwet, FGM may continue to be practiced.

Influence of Level of Education on the Perceptions of the Marakwet of Kenya on ARP as a Method of Training

Gitau (1994) has clarified that the whole process of initiation is a school of instruction where initiates are not only taught how to follow tribal laws regarding sex and marriage but also societal morals and secrets with emphasis on marital duties and homemaking skills. One of the objectives of this study was to determine the influence that the level of education has on

perceptions of ARP as a method of training. Consequently, the analysis of variance was computed and results presented in Table 18. The independent variable was the level of education with four levels and the dependent variable was perception of ARP as a training method.

Table 18

ANOVA of Respondents' Perceptions of ARP as a Training Method, According to Level of Education

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Level of Education	3	23.726821	7.908940	1.55	0.2022
Error	411	2103.477998	5.117951		
Total	414	2127.204819			

The ANOVA results brought to light the existence of non-significant differences in perception ($p > 0.05$). Thus, the null hypothesis that suggested that level of education does not influence perceptions of ARP as a method of training was accepted at the .05% level of significance. Post hoc tests based on Duncan's Multiple Range Tests at 5% level were carried out and the results displayed in column three of Table 17 further confirmed that there were no significant differences in the means.

This finding implies that training of girls to be responsible is not a relative matter in the Marakwet community. As indicated earlier, girls are trained thoroughly in the seclusion house and the community is sure that the curriculum is watertight. This therefore, poses a challenge to ARP proponents on training. It can also be said that in order for ARP to be adopted, its graduates will have to prove its worth by the way they behave and the community's appraisal of them. This staunchness may have more to do with ethnicity than any other factor. Qualitative data in Excerpt Two shows that compared to the traditional way of preparing women for adulthood, ARP seems to be far from the community's practices and expectations.

Excerpt Two:

Comments by some Marakwet Elders on ARP

Researcher: The instructions given during ARP are better than those given during female circumcision. What is your response?

Respondent 1: Pain is a very critical part of circumcision. The fact that ARP is painless makes people wonder how training women can be done without pain. How will they learn to bear the pain of childbearing and wifehood? No one is allowed to scream during labour. In addition, ARP training allows the initiates to play games. People think it is a big joke.

Respondent 2: When ARP graduates go home. They are incited by their parents until they accept to be circumcised. Then the parents say that the girls are the ones forcing them to circumcise them. Parents are not happy with uncircumcised girls.

Respondent 3: ARP is acceptable to a group of people, especially Christians. Others undergo the cut. In 2004, Equality Now, assisted by World Vision, trained about 500 girls and 50 boys. One week after graduation 300 girls underwent FGM. Parents said the only benefit their children received from the training was the uniform clothing given to them, and they were very happy for that. They saw this as a gift to prepare them for the cut. The parents are unhappy

Influence of Level of Education on the Perceptions of the Marakwet of Kenya on ARP as a Sex Control Method

The belief that uncircumcised women are apt to be promiscuous is prevalent in all societies that practice female circumcision (Giorgis, 1981). Babalola and Amauzou (2000) found that one of the most frequently mentioned benefit of FGM by the respondents was prevention of sexual promiscuity and that favourable attitudes towards the discontinuation of FGM increased significantly with education. Dorkenoo (1994) explains that in traditional societies, if a woman does not play her part, in terms of FGM, she is ultimately breaking the family and

cultural norms of chastity, cleanliness, marriageability and preserving family honour. For this, she could be killed. Indeed, the preservation of virginity was taken so seriously among the Nandi of Kenya that its loss could earn a girl death by a spear (Nyangweso, 2002).

Since circumcision is also used by the Marakwet to curb promiscuity (Kibor, 1998). One of the objectives of this study was to determine the influence of level of education on perceptions of ARP as a method of sexual control of women. Hence, the test of significance for the analysis of variance was computed and results are presented in Table 19. The coefficient of variation was used to assess the reliability of the tests which equalled 27%. The independent variable was level of education with four levels and the dependent variable was perception of ARP as a sex control method.

Table 19

ANOVA of Respondents' Perceptions of ARP as a Sex Control Method, According to Level of Education

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Level of Education	3	11.1112815	3.7037605	3.83	0.0100
Error	411	397.6212486	0.9674483		
Total	414	408.7325301			

The ANOVA results revealed that mean scores were significantly different ($p < 0.05$). Consequently, the null hypothesis suggesting that level of education does not influence perceptions of ARP as a method of sexually controlling women was therefore rejected at the .05 level of significance. It is clear that level of education influenced perceptions of ARP as a sex control method. In order to determine which mean scores were significantly different in the four levels, post hoc tests were carried out based on Duncan's Multiple Range Tests at 5% level and results are displayed in Table 17.

There were similarities in the pattern of findings on ARP as a rite of passage and as a sex control method in regard to perceptions. In both instances, the mean for those who have not been to school differed significantly from the means of those who have been to school at all levels. This gives the impression that some level of education is important in positively influencing one's perception of ARP as a sex control method. Despite this difference, the sex control method mean of 3.7 indicates a favourable perception of ARP as a sex control method by the community. It is worth noting that those who practice FGM have beliefs that may need to be addressed if ARP is to be considered an option (illustrated in Appendix Four). On top of that, it is important to recognize that although seemingly preposterous, these notions are ingrained in the culture and accepted by the entire community (Dorkenoo, 1994).

Strategies to raise levels of education need to be established and implemented. ARP proponents can also carry out outreach programmes through seminars targeting those who have not been to school. Proponents of ARP also need to understand the mental map (Appendix Four) in the Marakwet community. This map refers to the range of enforcement mechanisms that ensure that the majority of women comply with FGM. These include fear of punishment from god, men's unwillingness to marry uncircumcised women and lack of respect and denial of opportunities to engage in adult social functions (WHO, 1997). As explained in Chapter One, the 'mental map' needs to be dismantled or else FGM will still be practiced.

Similar findings from DHS data from Eritrea, Kenya, Central African Republic and Burkina Faso show that 80% to 90% of women with secondary education are opposed to the practice of FGM. Elsewhere, a 1995 Health Survey in Egypt reported that women whose mothers had no formal education reported a 99.4% rate of FGM while women whose mothers completed

secondary or higher education reported 89.6% rate (Dillon, 2002). UNICEF (2006) explains the 30% of reduction of FGM practice in Kenya according to the DHS 2003 as largely due to education. As a result, UNICEF is working with the Ministry of Education and Office of the President to increase access to education through support for mobile schools, boarding schools, improved water and sanitation facilities in schools and better quality teaching in girls centred, girl friendly classrooms.

The same can be done by ARP proponents in Marakwet for both boys and girls. The influence education has on FGM practice can further be illustrated by a study by Olenja & Kamau (2001) who carried out a study in Koibatek District of Kenya and found that while FGM prevalence among the mothers was 67%, it was 2.2% among the young girls. They attributed this difference to an attitudinal change within the community where a new value system priced formal education more than female circumcision.

Influence of Religious Affiliation on the Perception of the Marakwet of Kenya on ARP as a Rite of Passage

Mbiti (1969) observed that Africans are notoriously religious. FGM is indeed a religious practice as stars are consulted and libations are made to the societal god and ancestors, respectively. Initiates are purged with prayers and blessings are invoked for them to ensure that everything goes well (Gitau, 1994). Among the Nandi, girls are taught that non-participation in the practice is a violation of traditional rules that would easily draw upon them the wrath of the ancestors (Nyangweso, 2002). One born into a Kalenjin family was not considered to be a real Kalenjin until they complete initiation rites as they believed that circumcision made them acceptable to *Asis* (god) and their ancestral spirits (Fish & Fish, 1995). Chege (1993) noted that the change from childhood to adulthood was not only biological but most importantly a social and religious matter. It was thus unacceptable both

from a social and religious perspective for those who had not undergone the operation to procreate.

One other objective of this study was to determine the influence religious affiliation had on perceptions of ARP as a rite of passage. The analysis of variance of respondents' perceptions was computed and results are presented in Table 20. The coefficient of variation was used to assess the reliability of the test which equalled 27%. The independent variable was religious affiliation with five levels and the dependent variable was perceptions of ARP as a rite of passage.

Table 20

ANOVA of Respondents' Perceptions of ARP as a Rite of Passage, According to Religious Affiliation

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Religion	4	53.0262732	13.2565683	13.19	<.0001
Error	410	412.0195100	1.0049256		
Total	414	465.0457831			

The ANOVA results as shown in Table 20 indicate existence of statistically significant differences in means of ARP as a rite of passage ($p < 0.05$). This showed that religious affiliation influenced perceptions of ARP as a rite of passage. In order to determine which means were significantly different from others, post-hoc tests based on Duncan's Multiple Range Tests at 5% level were done and results are presented in Table 21 which also shows mean scores for ARP as a method of training and as a sex control method which will be discussed in subsequent sections.

Table 21

Duncan's Range Test for Perceptions of ARP as a Rite of Passage, as Training Method, and as Sex Control Method, According to Religious Affiliation

Religious affiliation	Mean Scores of Perception towards ARP as...		
	A Rite of Passage	Method of Training	Method of Sex Control
Protestants	3.9877 a	3.9693 a	3.8221 a
Catholic	3.7897 a	3.4393b a	3.6729 a
Muslim	3.8000 a	3.2000 b a	3.7000 a
ATR	2.4800 b	2.4800 b	2.9200 b a
Other	2.6667 b	2.6667 b a	2.3333 b

*Means followed by the same letter are not significantly different at 5% level.

The second column on Table 21 showing mean scores for rite of passage reveals that the means of the Protestants, Catholics and Muslims were not significantly different from each other. However, those affiliated to ATR and 'Other' differed significantly from the former but not from each other. Therefore, the null hypothesis suggesting that religious affiliation of the Marakwet of Kenya does not significantly influence the perceptions of ARP as a rite of passage was rejected at the .05 level of significance. It was then concluded that religious affiliation influences perceptions of ARP as a rite of passage.

The difference in means between the Catholics and the Protestants, though not significant, may be explained by alluding to the fact that Catholic faith did not previously speak out against FGM. This can be illustrated by a study done by Gachiri (2000) in Muranga Catholic Diocese among the Gikuyu of Kenya. She found that members of the Catholic Church were allowed to circumcise their daughters, if not specifically, at least by the silence of the authority. In some Christian-sponsored schools in her research area, all the girls from standard four to eight were circumcised. Similar findings were reported by Chege *et al.* (2001) who carried out a research in the Kenyan Districts of Tharaka, Narok and Gucha. The Methodists and Africa Gospel Church (Protestants) were found to be more likely to

participate in ARP programmes whereas the Catholics were less likely to participate. In addition, they found that Catholics did not actively preach against FGM practice. However, in March 2003, Kenya's Catholic Bishops issued a statement joining other faith organizations in condemning FGM (Munoz, 2003). This move by the Catholic Bishops may have started having an effect in the study area.

In this study, although only 2% of the respondents were Moslem, (no mosques were noticed in the study area), studies and reports in the literature indicate that Moslems practice FGM as a religious obligation. For instance, a conversation between Mohammed and an exciser of female slaves goes that the exciser asked Mohammed if she should continue excising the slaves, Mohammed is said to have told her to cut slightly but not to overdo it because it is more pleasant for the woman and better for the husband (Abu-Sahlieh, 1994). Sahlieh continues to explain that there is no religious justification for this practice as all three major monotheistic world religions define man as a perfect creation of the Almighty, and condemn any harm to God's creation. He continues to say that in Sura 95, verse 4, the Koran states: "We have created man in our most perfect image," besides, in Islam, men and women are meant to experience sexual fulfilment.

On the other hand, ATR members have a mean score that clearly indicates a low rating for ARP. This stand can be explained from the traditional view point of FGM practice. Traditionally, the flow of blood originating from circumcision is a binding act for the individual to both the community's living and the ancestors (Nyangweso, 2002). These findings agree with DHS results for Tanzania which showed that women who practiced traditional religions had the highest prevalence of FGM in the country (22%) while in Kenya

and Tanzania, a higher percentage of Christian than Muslim women practiced FGM (PRB, 2001).

Kenya Demographic and Health Survey (2003) results indicate that the majority of Muslim women (54%) are circumcised whereas one third or more of non Muslim women are also circumcised. However, the majority of Muslims in Nigeria do not practice circumcision. In a 1999 DHS, 15% of Muslim respondents had been circumcised whereas the figure for various Christian groups was around 40% (Yoder *et al*., 2004). However, it has been observed that it is not possible to generalize about the association between religion and the practice of FGM except to say that in the majority of countries, Muslims are more likely to practice FGM than Christians and ethnicity confounds efforts to examine the role religion plays in FGM practice (Yoder *et al*. 2004).

This trend implies that religious leaders and their congregations need to be targeted through various fora so that their awareness on issues arising from FGM can be raised and encouraged to adopt ARP as a rite of passage. The spiritual leaders of these affiliations need to be focussed on, as the leaders can make a difference in convincing their congregations to embrace change. There is reason to believe that ARP as a rite of passage will soon be the alternative as the mean of 3.8 for ARP as a rite of passage shows a favourable perception.

Influence of Religious Affiliation on the Perceptions of the Marakwet of Kenya on ARP as a Training Method

As stated earlier, proper training of Marakwet women is at the heart of every parent and elicits anxiety in case one's daughter would be found ignorant of her role in the home upon marriage. Traditionally, training in seclusion took place for three to six months. During this period, initiates were given additional traditional education, knowledge and wisdom. They

learnt to be industrious, how to relate peacefully with other members of the community, how to treat and submit to their husbands, how to be attractive wives and how to raise children, among other things (Nyangweso, 2002; Kibor, 1998).

For the purpose of determining whether religion influenced perceptions of ARP as training method, the analysis of variance of respondents' perceptions was computed and results are presented in Table 22. The coefficient of variation was used to assess the reliability of the test which equalled 21%. The independent variable was religious affiliation with five levels and the dependent variable was perception of ARP as a training method.

Table 22

ANOVA of Respondents' Perceptions of ARP as a Training Method According to Religious Affiliation

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Religion	4	2.75793552	0.68948388	7.63	<.0001
Error	410	37.03774015	0.09033595		
Total	414	39.79567567			

The results of the ANOVA computation ($p < 0.05$) disclosed significant differences in means indicating that religious affiliation influenced perceptions of ARP as a method of training. For that reason, the null hypothesis stating that religious affiliation does not influence perceptions of ARP as a training method was rejected. To determine the mean scores which were significantly different, post hoc tests based on Duncan's Multiple Range Tests at 5% level were computed and results are presented in column three of Table 21. It was evident that the mean for Protestants was significantly different from the rest of the affiliations. On the other hand, the Muslims, Catholics, ATR and 'Other' had insignificantly different means, suggesting once again that the majority of the Marakwets have a similar mindset when it comes to training.

The aspect of ARP training does not seem to be having varied perceptions as such. It seems to be at the heart of the making of a woman. It looks like it is public knowledge that FGM training is reliable and unchallenged. Thus, the proponents of ARP need to seek to impress the larger community, with a carefully designed and culturally appropriate curriculum for ARP training. The current ARP curriculum may need to be re-examined and adapted to meet the needs of the community. Other findings related to influence of religious affiliation have been reported by Snow *et al*., (2002) in a survey on female genital cutting in Nigeria. Among the popular Christian denominations, there was a significant difference in FGM prevalence between more traditional Christian denominations of Catholicism, or Protestanism and Pentecostals. Of those affiliated to the Pentecostal Church, 61.4% had been cut, exceeded only by 76.5% of the group of women affiliated to traditional religion. FGM was found to be lowest among Muslim women.

Influence of Religious Affiliation on the Perceptions of the Marakwet of Kenya on ARP as a Sex Control Method

Religion is normally associated with purity and therefore, the issue of FGM helping to keep girls virgins and sexually faithful wives upon marriage may be viewed as an attractive practice by those who belong to religious community. The mutilation of the clitoris is believed to reduce a woman's desire for sex, sexual pleasures and orgasm during intercourse (Nyangweso, 2000). Among the Kalenjin, Meru, Abagusii and Maasai, control of sexual desire is a definition of true womanhood (Chege *et al*., 2001). In order to test the suggested hypothesis, the analysis of variance was computed and results are presented in Table 23. The coefficient of variation was used to assess the reliability of the test which equalled 26%. The independent variable was religious affiliation with five levels and the dependent variable was perceptions of ARP as a sex control method.

Table 23

ANOVA of Respondents' Perceptions of ARP as a Sex Control Method According to Religious Affiliation

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Religion	4	23.1825689	5.7956422	6.16	<.0001
Error	410	385.5499612	0.9403658		
Total	414	408.7325301			

The result of the ANOVA calculation ($p < 0.05$) manifested significant differences in mean scores indicating that religious affiliation influenced perceptions of ARP as sex control method. The null hypothesis stating that religious affiliation did not influence perceptions of ARP as a sex control method was therefore, rejected. In order to determine the means whose scores were significantly different, post hoc tests based on Duncan's Multiple Range Tests at 5% level were calculated and results are presented in Table 21, column four. The religious affiliations whose means were not significantly different were Protestants, Moslems and Catholics. The ATR and 'Other.' had a mean difference which was insignificant but significantly different from the means of the former group.

As previously seen, the trend is that the group that is referred to as 'Other' in this study ($n = 3$) share very close perceptions with ATR, this may indicate that they may have the same belief. These groups need to be approached and enlightened on FGM and their effects on women and convinced to give ARP a chance. Otherwise, the rest seemed to have favourable perceptions of ARP's guidance programme as able to teach women to be sexually controlled. The mean for ARP as a sex control method was 3.7, which was encouraging. However, the whole religious population need to be sensitized on effects of FGM as the Marakwet view circumcision as a symbol of their culture and the Marakwet Church has lived within this reality and has adopted itself around it (Kibor, 2007).

Influence of Level of Income on the Perceptions of the Marakwet of Kenya on ARP as a Rite of Passage

Level of annual income can be a pointer to how much one is exposed and the degree of conformity to societal practice. In addition, normally, those who have a low income are unable to travel widely as a result of financial constraints or even miss a chance to pursue a decent education which enables one to be open to new ideas. One of the objectives of this study was to determine the influence that the level of income has on perception of ARP as a rite of passage. From the sample data, the analysis of variance was figured out and the outcome is presented in Table 24. The coefficient of variation was used to assess the reliability of the test which equalled 22%. The independent variable was level of income with three levels and the dependent variable was perception of ARP as a rite of passage.

Table 24

ANOVA on Respondents' Perceptions of ARP as a Rite of Passage, According to Level of Income

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Income	2	10.5683534	5.2841767	7.98	0.0004
Error	412	272.7477839	0.6620092		
Total	414	283.3161373			

The results of the ANOVA as shown in Table 24 ($p < 0.05$) disclosed significant differences in mean scores, indicating that income levels influenced perceptions of ARP as a rite of passage. Consequently, the null hypothesis stating that the level of income does not influence perceptions of ARP as a rite of passage was rejected. In addition, in order to determine the means which were significantly different, post hoc tests based on Duncan's Multiple Range Tests at 5% level were computed and results are presented in Table 25.

Table 25

Duncan's Range Test for Perceptions of ARP as a Rite of Passage, as a Training Method, and as a Sex Control Method, According to Level of Income

Level of income	Mean Scores of Perception towards ARP as...		
	A Rite of Passage	Method of Training	Method of Sex Control
Below Ksh 12,000	3.6224 b	3.6444 a	3.1482 b
Ksh 12,000 - 50,000	3.6366 b	3.6902 a	3.1943 b
Above Ksh 50,000	4.0648 a	3.8195 a	3.5325 a

*Means followed by the same letter are not significantly different at 5% level.

The results indicated that those who earned an annual income of 50,000 Kenya shillings and above had a mean significantly different from the means of those who earned less than 50,000 Kenya Shillings annually. This is a clear indication that low earnings, which in turn imply high levels of poverty, influenced perceptions of ARP as a rite of passage negatively and therefore, continuation of FGM. Poverty eradication and also illiteracy need to be tackled, if highly favourable perceptions of ARP that can lead to its adoption are to be attained. PRB (2001) indicates that from the DHS, education status can provide evidence of family wealth and women status within a household. In many of the countries surveyed, higher levels of education were often associated with higher socio-economic status.

Influence of Level of Income on the Perceptions of the Marakwet of Kenya on ARP as a Training Method

In Marakwet, great importance was attached to proper training of a girl in order to prepare her for future responsibilities as a homemaker, mother and wife, among other expectations. One of the objectives of this study was to determine the influence of level of income on perceptions of ARP as a training method. Therefore, the analysis of variance was computed and results presented in Table 26. The coefficient of variation was used to assess the

reliability of the test which equalled 22%. The independent variable was level of income with three levels and the dependent variable was perceptions of ARP as a method of training.

Table 26

ANOVA on Respondents' Perceptions of ARP as a Method of Training, According to Level of Income

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Income	2	1.6068223	0.8034112	1.27	0.2820
Error	412	260.6905213	0.6327440		
Total	414	262.2973436			

The outcome of the ANOVA as shown in Table 26 ($p > 0.05$) revealed that there were no significant differences in mean scores indicating that income levels did not influence perception of ARP as a method of training. In this case therefore, the null hypothesis suggesting that income levels do not influence perceptions of ARP as a method of training was accepted at the .05 level of significance. It can therefore, be concluded that income-levels did not influence perceptions of ARP as a training method. Once again this result serves to show that it is the training that all the community members are keen on, no matter the income.

To further confirm this result, post hoc tests based on Duncan's Multiple Range Tests at 5% level were run and the results presented in column three of Table 25. It was evident that there existed non-significant differences between the means. This implied that the Marakwet community is unwavering when it comes to training of their daughters regardless of status or wealth or as seen earlier, education. However, though the mean score for ARP as training method was a favourable 3.7, responses to the questionnaire statement "ARP graduates will not bring shame to their husbands because they are well trained", elicited responses that show

some doubt. Twenty five percent did not agree with the statement while 22% indicated 'uncertain'.

The issue of training has once again showed that it transcends all boundaries because of the implications that can come with the lack of it. As noted in Chapter Two, Changwony (1999) observed in a study on the role of women in Keiyo traditional religious rites that married women who did not know their duties were promptly returned to their parents for training which was a shame to the parents. Chebet (2007) in her study on FGM and its effects on women among the Keiyo, found that the marriage factor scored the highest percentage. In this study, however, the mean scores revealed that ARP was not rated unfavourably, and this should be an area for proponents of ARP to improve on and win the confidence of the community by showing that they are not jeopardizing their daughters' abilities to successfully run their homes in future. If the curriculum can get the confidence of the community across the board, then acceptance of its training will contribute to winning the war against FGM.

ARP curriculum must for that reason include topics that the community agrees are vital for proper training of their women. The wisdom of the women who traditionally trained the girls should be sought and incorporated into the curriculum. The community should be involved in designing the curriculum and should own the ARP process for maximum acceptance to be attained. Otherwise, traditional training might still be looked up to as a sure way of 'proper' training. This is further evidenced by an overwhelming 89% of the respondents who were in favour of the questionnaire statement: "ARP should be sponsored and conducted by Marakwets, for it to be successful." Other studies have come up with findings that agree with the above that income does not affect the practice of FGM and by extension, adoption of ARP as a training method. Studies among the Abagusii community, a relatively affluent, mainly

Christian ethnic group residing in Nyanza Province in Western Kenya, have manifested that the practice of FGM is nearly universal (96%) (Population Council, 2004).

Interviews with ARP Graduates on what they learnt in their ARP training are captured in Excerpt Three. An examination of the contents reveals that the ARP Graduates did not mention a wife's duty or her future responsibilities in the home as a married woman. This obviously shows that it may not have been taught and if it was, emphasis may not have been laid on it, otherwise the graduates would have remembered. In addition, Excerpt Four captured the mistrust Marakwet Elders had towards ARP as an alternative training method, their dissatisfaction lay on the fact that the graduates have not attained adult status despite what they learnt in the ARP programmes.

Excerpt Three

A Summary of Qualitative Data from ARP Graduates on what they learnt in Training during Seclusion Period

Researcher: What were you taught in ARP?

Respondents: We covered topics like Child rights, we learnt that children should go to school, should be cared for at home, and should have a right to learn. Other topics included adolescence, effects of circumcision and physical cleanliness.

Except Four

Qualitative Data from Marakwet Elders on whether ARP is Acceptable as a Rite of Passage

Researcher: Is ARP an acceptable Rite of Passage in Marakwet?

Respondent 1: It is acceptable but with the condition that they (NGOs) should not go away with our girls by promising them gifts.

Respondent 2: It is acceptable because of their teaching though they just become *children with more knowledge*. (Italics mine)

Respondent 3: Some people have accepted. Others feel that a child cannot be called a wife.

Respondent 4: It is to be accepted if the government comes in. We are at a transition period. We have come a long way in the last five years but more work needs to be done.

Respondent 5: It is accepted by those who are enlightened.

Influence of Level of Income on the Perceptions of the Marakwet of Kenya on ARP as a Sex Control Method

As noted earlier, FGM among the Abagusii of Kenya is nearly universal (96%) with the reasons given for its importance as tradition, cultural identity, control of women's sexuality and fidelity (Njue & Askew, 2004). Elsewhere, the Igembe of Kenya recognize that the clitoris is the source of female sexual arousal and believe that uncontrolled desire might lead a woman to "getting on top of a man" or holding his male organ during coitus, which was taboo. To curb such, circumcision was needed to control women's sex drives (Chege, 1993). An objective of this study was to determine the perceptions of ARP as a method of controlling women sexually according to respondents' level of income. From the data, the

analysis of variance was calculated and results are presented in Table 27. The coefficient of variation was used to assess the reliability of the test which equalled 24%. The independent variable was level of income with three levels and the dependent variable was perceptions of ARP as a sex control method.

Table 27

ANOVA of Respondents' Perceptions of ARP as a Sex Control Method, According to Level of Income

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Income	2	7.7531861	3.8765930	6.55	0.0016
Error	412	243.8492221	0.5918670		
Total	414	251.6024082			

Results on Table 27 indicate the existence of significant differences in means ($p < 0.05$) showing that income levels influenced perceptions of ARP as a sex control method. The null hypothesis suggesting that income does not influence perceptions of ARP as a sex control method was therefore, rejected at the .05 level of significance. The conclusion was that the level of income influenced perceptions of ARP and by implication, the practice of FGM.

In order to determine which means were significantly different from others, post hoc tests based on Duncan's Multiple Range Tests at 5% level were done and results are presented in Table 25. It was evident that the low earners (below Ksh.12,000) and the average earners (Ksh.12,000 – ksh.50,000) obtained insignificantly different means. On the other hand the mean of those who earned 50,000 Kenya shillings and above annually was significantly different from the lower earners. In addition, the mean for ARP as a sex control method (3.2) was also one of the lowest scores in this study suggesting lack of confidence in 'talking' as compared to 'cutting.'

This finding suggests that those who earned high income had a favourable perception of ARP as a way of controlling women sexually. The average and the low earners did not rate ARP highly. This may contribute to continuation of the practice of FGM as they may see circumcision as a solution to women's sexual control. This also connotes that low earnings, in other words poverty, needs to be addressed by initiating projects that can raise the living standards of the community. Besides, this group may have low literacy levels that make them to hold on to the belief that circumcision is the only way to control a woman sexually, therefore preventing promiscuity. This myth needs to be dismantled as research indicates that FGM is not a remedy for promiscuity.

To further illustrate that promiscuity is not controlled by FGM are findings from a study carried out by Chege *et al*. (2001) among the Meru, Kalenjin, Abagusii and Maasai. They found a difference in reported sexual activity between circumcised and uncircumcised never married girls aged 15 years and above. Thirty four percent of the circumcised girls compared to nineteen percent of the uncircumcised girls reported having had penetrative sex. In addition, as mentioned earlier in Except One, majority of the women who practiced prostitution at the GSU camp were circumcised.

Elsewhere, a study carried out by WHO (2006) on FGM and Obstetric Outcome further illustrated that low earners favoured the practice of FGM. In their study, those who had undergone FGM Type One, Type Two and Type Three were classified according to their socio-economic status; low, medium and high. It was found that those in low socio economic status, 39% had Type One, 46% had experienced Type Two and 19% Type Three. Results for medium earners were that 57% had experienced Type One, 51% Type Two and 80% Type Three while in high, 4% had Type One, 3% had Type Two and 4% Type Three.

The cutting off of the erogenous zones as a cure for sexual urges may have influenced the response to the questionnaire statement "ARP graduates make better wives because they have not been cut" as 46% of the respondents in this study disagreed with it, while 22% indicated 'uncertain,' only 32% were in agreement. This obviously reveals that cutting is still believed to be a very essential ingredient in the making of a woman. To add on to this, Excerpt Five manifests what the Marakwets perceive an uncircumcised woman to be as illustrated in the definition of a child:

Excerpt Five

Qualitative Data from a Marakwet Elder on Status of ARP Graduates

Researcher: ARP graduates are not children anymore. Do you agree? Explain your response.

Respondent: The community views ARP graduates as children. In Marakwet, circumcision involves sealing the vaginal opening. The initiate is infibulated. A child therefore means one with open 'lips'.

Abusharaf (2004) explains in reference to FGM that pain and suffering are appropriated and employed as techniques for creating social cohesion and gender solidarity. Following the ritual, girls become adults, while those who are uncircumcised may not be vested with this rank whatever their age. As far as adherents of the practice are concerned, an uncircumcised female is not a woman. Because of the nature of this belief, its effects on social status consciousness cannot be underestimated.

Influence of Position in Society on the Perception of the Marakwet of Kenya on ARP as a Rite of Passage.

Position in society categorized as 'Government Worker', were people who had 'white collar jobs' and were closely associated with the 'Other' category who identified themselves as either retired civil servants, job seekers, school leavers or clergy. The student category was mainly composed of secondary and primary school going respondents while the 'Self-employed' were mainly peasant farmers. To test the hypothesis on whether position influenced perceptions of ARP as rite of passage, the analysis of variance was calculated and the results presented in Table 28. The coefficient of variation was used to assess the reliability of the tests which equalled 22%. The independent variable was Position in Society with four levels and the dependent variable was perceptions of ARP as a rite of passage.

Table 28

ANOVA of Respondents' Perceptions of ARP as a Rite of Passage, According to Position in Society

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Position in Society	3	12.87842495	4.2928083	6.52	0.0003
Error	411	270.4377124	0.6579993		
Total	414	283.3161373			

The outcome of the ANOVA as shown in Table 28 ($p < 0.05$) revealed that there were significant differences in mean scores indicating that position in society influenced perceptions of ARP as a rite of passage. The null hypothesis which stated that position in society does not influence perceptions of ARP as a rite of passage was hence rejected. To further determine the mean scores which were significantly different, post hoc tests based on Duncan's Multiple Range Tests at 5% level were done and results presented in Table 29.

Table 29

Duncan's Range Test for Perceptions of ARP as a Rite of Passage, Training Method, and as a Sex Control Method, According to Position in Society

Position in Society	Mean Scores of Perception towards ARP as...		
	A Rite of Passage	Method of Training	Method of Sex Control
Government Worker	3.9002 a	3.7204 b a	3.4015 a
Self-employed	3.5432 b	3.5687 b	3.0753 b
Student	3.9142 a	3.9052 a	3.4435 a
Other	3.8620 a	3.8061 b a	3.3480 a

*Means followed by the same letter are not significantly different at 5% level.

The results shown in Table 29 show that the Government Worker, the Student and "Other" categories had means which were not significantly different from each other. However, the Self Employed had a significantly different mean from the rest of the means. This result paints a picture of two camps; the Self Employed who may also be poor and illiterate versus the Government Worker, the retired Government Worker under "Other" and the Student who are enlightened and possibly from rather wealthy backgrounds. This shows that education and wealth may influence one's adoption of ARP and practice of FGM. Therefore, the hypothesis suggesting that position in society does not significantly influence perceptions of ARP as a rite of passage was rejected

This implies that the self employed, who are mostly low in literacy and income may be conservative in their acceptance of new ideas. This group needs to be targeted with the hope of raising their awareness through seminars, and even programmes through the radio, especially *Kas FM* station that is popular among the Marakwets. Their low rating of ARP may imply that FGM practice is still attractive to this group. As discussed earlier, studies have shown that education plays an important role in the eradication of FGM. The completion of basic primary education broadens one's outlook on life and increases one's ability to understand more complex information and acquire questioning attitudes, beliefs and

practices (African Centre for Women, 1997). Koso-Thomas (1987) in a research done in Sierra Leone, found that illiterate respondents attributed health problems caused by FGM to witchcraft, supernatural powers and general bad luck.

Influence of Position in Society on the Perceptions of the Marakwet of Kenya on ARP as a Training Method

Marakwet women for many generations have carried out intense training of the female initiate in a way that leaves no doubt in the mind of anyone. One objective of this study was to determine the perceptions of ARP as a training method according to respondents' positions in society. In order to test the hypothesis, the analysis of variance was calculated and results presented in Table 30. The coefficient of variation was used to assess the reliability of the tests which equalled 21%. The independent variable was Position in Society with four levels and the dependent variable was perceptions of ARP as a training method.

Table 30

ANOVA of Respondents' Perceptions of ARP as a Training Method, According to Position in Society

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Position in Society	3	8.1863322	2.7287774	4.41	0.0045
Error	411	254.1110114	0.6182750		
Total	414	262.2973436			

From Table 30, it was clear that Position in Society influenced respondents' perceptions of ARP as a training method ($p < 0.05$). The null hypothesis that had suggested that position in society does not significantly influence perception of ARP as a training method was therefore, rejected. This is an indication that the position someone held directed the person's perceptions of ARP and practice of FGM. To ascertain which means were significantly different, post hoc tests based on Duncan's Multiple Range Tests at 5% level were ran and

presented in Table 29. It was evident that the mean for 'Student' stood out as the only one that was significantly different from the other means. This is an important finding as the goodwill of the young people has implications of the future of ARP.

Once again, as has been with all the other means concerning perception of ARP as a method of training, there is a near agreement across the adult levels. This finding further affirms previous discussions in this chapter that training of Marakwet girls during seclusion is crucial for the Marakwet community. In addition, a mean of 3.7 for ARP as a method of training, in this study, showed favourable perceptions. However, the response to the following questionnaire statement showed that ARP still had many hurdles to cross: "female circumcision is an outdated practice." Sixty seven percent of the respondents agreed with it while twenty nine percent disagreed with it and five percent indicated 'uncertain'.

The finding that the young people favour ARP is encouraging in that ARP is meant for the consumption of the young and their favourable inclination needs to be taken up by proponents of ARP as a sign of hope for success. ARP should be marketed aggressively among the youth while at the same time reaching out to the older members of the community with messages on the relevance of ARP's training to today's youth and tailoring the training to suit the needs of the community and sooth their concerns. Findings that show that the youth have been found to be cooperative in FGM elimination programmes abound in literature, as indicated earlier, WHO (1999) reported that several Demographic Health Surveys (DHS) showed that young and educated youth were more likely to disapprove of the FGM practice than their parents.

Influence of Position in Society on the Perception of the Marakwet of Kenya on ARP as a Sex Control Method

As indicated earlier, women's sex control is an area that seemed to leave a lot of unanswered questions in the minds of the respondents. Among the objectives of this study was to determine the influence of position in society on perception of ARP as a sex control method. In order to test the hypothesis that position influences perceptions, the analysis of variance was computed and results are presented in Table 31. The coefficient of variation was used to assess the reliability of the test which equalled 24%. The independent variable was position in society with four levels and the dependent variable was perceptions of ARP as a sex control method.

Table 31

ANOVA of Respondents' Perceptions of ARP as a Sex Control Method, According to Position in Society

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Position in Society	3	11.6448252	3.8816084	6.65	0.0002
Error	411	239.9575830	0.5838384		
Total	414	251.6024082			

The results showed that there were significant differences in means ($p < 0.05$) hence the rejection of the null hypothesis that suggested that position in society does not influence the perception of ARP as a sex control method. To determine which of the means were significantly different, post hoc tests were carried out based on Duncan's Multiple Range Tests at 5% level of significance and results are presented in Table 29. The means for Student, Government Worker and "Other" were not significantly different from each other while the mean for the Self Employed was significantly different from all the other groups.

The picture painted by this result was that the self employed had a particular way of looking at ARP which was not as favourable, going by their mean score of 3.00. On the other hand,

the rest also had not so favourable perceptions of ARP as a sex control method. A mean of 3.2 for ARP as a method of sex control is the lowest recorded in this study and this indicates that ARP is still not in good books with the community and FGM may still be seen to provide a sure cure of promiscuity despite some level of education and to some extent higher income associated with positions in society examined.

The proponents of ARP need to focus on the self employed as their unfavourable perception may be as a result of conservatism, illiteracy, lack of empowerment and exposure. Seminars, income generating projects, encouraging parents to take advantage of free primary education and taking both sexes to school may help. In addition, sponsoring bright children who come from poor homes to pursue secondary and university education should be done. Also, making sure that Constituency Development Fund and the Youth Fund is put to good use in order to improve the living standards of the community members will go a long way in helping change this situation.

Research done in Sierra Leone showed that generally, an illiterate population was the strongest supporter of the practice of FGM, believing it to be an important means of cultural preservation (Koso-Thomas, 1987). It can be added that the belief about uncircumcised women tending towards promiscuity and other numerous myths about uncircumcised women may be a source of apprehension because of their faithfulness to what has been passed down from their forefathers. To many, in this category, an uncircumcised woman is a reflection of an immoral background and future (Ezzat, 1994).

4.4 Levels of Awareness of Effects of FGM

Community level NGOs are most effective in undertaking awareness and outreach programmes designed to provide communities with the information and choices to abandon FGM. Indeed, NGOs in several countries have developed outreach programmes that have proven successful in reducing the practice of FGM (Rahman & Toubia, 2000). Establishing levels of awareness of effects of FGM in Marakwet was among the objectives of this study. The hypotheses tested were as follows:

$Ho_{3:}$ The personal characteristics of the Marakwet of Kenya do not significantly influence their levels of awareness of the effects of FGM.

$Ho_{4:}$ The socio-economic background of the Marakwet of Kenya does not significantly influence their levels of awareness of the effects of FGM.

Specifically, the influence of the following personal and socio-economic characteristics were looked at

(a) Gender

(b) Age

(c) Level of education

(d) Religious affiliation

(e) Level of income

(f) Position in Society

From the sample data, a gender awareness mean of 4.5 indicated that the respondents', levels of awareness of the effects of FGM was high. Interviews with elders of the community brought out the awareness of risks during delivery as the greatest motivation to stop the practice of FGM and give ARP a chance. Excerpt Six details the kind of circumcision practiced by the Marakwet (Type Three). This type of cut is associated with increased

incidence and seriousness of obstetric and gynaecological problems relative to uncut women and those with less severe forms of FGM (Jones *et al*., 1999).

Excerpt Six

Qualitative Data among Marakwet Elders on Effects of FGM

Researcher: What do you know about the side effects of female circumcision?

Respondent: Let me first explain to you how circumcision is done in Marakwet.

> Everything comprising the external genitalia is sliced off and all that remains is the virginal opening that then needs to be made smaller until a tiny hole that allows urine to drip slowly is all that remains. To achieve this, we do not sew the virginal opening but keep the legs crossed tightly for several weeks. Sometimes a piece of wood is inserted to keep the vaginal opening from closing altogether. After healing, sometimes what remains is too small. To avoid cutting again, the women enlarge the opening using their fingers. In my case, the opening that remained could not even pass urine. I had to consult the circumcisers again and they used their fingers to enlarge it over a period of time. Now, this is not easy and I now know it does not have to be done. The danger is that if I circumcise my daughter and she is married in a remote place where there is no Health Centre where she can be assisted during delivery, I will either lose her or the baby. Also, in a home delivery, there is the risk of tearing and possibility of HIV/AIDS infection because of lack of gloves.

The issue of difficult home delivery as a result of circumcision is confirmed by WHO (2006) who have pointed out that postpartum haemorrhage and obstructed labour are likely to have

more serious effects outside the hospital setting. McSwiney and Saunders (1992) report on a case study on a patient with a history of FGM. Following assisted vaginal delivery, six litres of blood loss occurred as a result of tears to the vagina and perineum. Replacement fluid consisted of 2,500 ml of gelatine colloid, seven units of blood and five units of frozen plasma. This is just one illustration of how easy it is for death to occur out of hospital. In this study, 75% of the respondents were aware that female circumcision is harmful to a woman's health and should be discouraged while those who knew that female circumcision could cause death were 62%. However, 25% were uncertain that female circumcision causes recurrent urinary tract infections while 39% disagreed with the statement.

Research has found that there is evidence that FGM is associated with increased rates of genital and urinary-tract infection (Jones *et al.,* 1999; MYWO/PATH, 1991; WHO 1996). In this study, it is clear that while the respondents were aware of most of the short term consequences of FGM, they were uncertain about long term consequences like urinary tract infections and urine leakage. Only 6% strongly agreed that female circumcision causes urine leakage. While this may be as a result of secrecy surrounding such issues, it may be a pointer to what Kibor (1998) had noted about the Marakwet. They do not associate such suffering with mutilation. The effects are attributed to unconfessed sins such as adultery, lack of respect for elders and parents, stealing or a host of other problems.

However, the reality of the HIV/AIDS pandemic came out as an undisputable matter. The statement "female circumcision can transmit HIV/AIDS" elicited a response that indicated high levels of awareness of dangers of FGM practice as 84% of respondents agreed with the statement. In ordinary situations such awareness should motivate the community to abandon FGM practice and adopt ARP. ARP proponents need to emphasize on this issue since this

awareness may contribute to changing the practice of FGM. However, this has to be done very tactfully so as to avoid medicalization of FGM.

Medical complications have been the main reason given for shunning FGM by practising communities. A study carried out by Novib (2004) on Knowledge, Attitudes, Beliefs and Practices of FGM in Somalia illustrates this. Women were asked why FGM should be eradicated and the main reasons given were medical complications including infection, haemorrhage, complications during marriage and labour, and even death. However, PATH (1998) has noted that the focus on health risks had the effects of leading to the medicalization of FGM in some places where parents opted to take their daughters to medical clinics or hospitals to ensure that the operation poses minimal physical danger to the girl's life.

A study done on medicalization of FGM among the Abagusii of Kenya revealed that awareness of the medical consequences of FGM has also affected the type of cut performed; it is less severe than formerly. Nearly 90% of the Abagusii interviewees cited nurses and midwives as providers of FGM. This is done due to fear of infection and preference for professional providers (Njue & Askew, 2004). WHO (1998) has strongly advised that FGM, in any of its forms, should not be practiced by any health professional in any setting. In this study, only 16% of the respondents strongly agreed with the statement 'female circumcision is violence against women', which implies that FGM is not considered undesirable and therefore, given the 'safe' medical option, FGM is here to stay.

On the other hand, another study done in Sweden found no association between FGM and perinatal mortality. As a result of the high rate of perinatal mortality among children of

immigrant women from the Horn of Africa, a study was done to determine whether there was an association between female circumcision and perinatal death. Essen *et al.* (2002) examined a cohort of perinatal deaths of infants born in Sweden over the period 1990-1996 to circumcised women. Surprisingly, no evidence that FGM was related to perinatal death was found. This may be as a result of different settings of research.

Influence of Gender on Levels of Awareness

In order to test the hypothesis on the influence of gender, the analysis of variance of respondents' means of levels of awareness according to gender were calculated and results presented in Table 32. The coefficient of variation was used to assess the reliability of the test which equalled 20%. The independent variable was gender, with two levels and the dependent variable was level of awareness of effects of FGM.

Table 32

ANOVA of Respondents' Levels of Awareness of Effects of FGM, According to Gender

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Gender	1	1.3375957	1.3375957	1.71	0.1912
Error	413	322.2383079	0.7802380		
Total	414	323.5759036			

The result on Table 32 shows that there were insignificant differences in means ($p > 0.05$). The null hypothesis that suggested that gender does not influence levels of awareness was therefore, accepted. To further confirm this result, post-hoc tests based on Duncan's Multiple Range Tests at 5% level of significance revealed that both did not differ. The insignificant difference in levels of awareness for men and women implies that the ARP proponents' awareness raising strategy had not been discriminatory and that future campaigns need not isolate one aspect of gender from another. Abusharaf (2004) has noted that the well informed

efforts of African men and women to extirpate female circumcision are an obvious sign of significant social transformations that testify to new and emerging forms of internal self criticism and cultural change.

Research on awareness in Sudan found that females were more knowledgeable on negative consequences of FGM. Magied and Makki (2004) carried out a research among Sudanese university youth (200 female and 100 male students), on Knowledge and Attitudes towards FGM. They found that the female respondents were far more knowledgeable about the negative consequences of FGM, with 90% of the female respondents stating that they knew that FGM had adverse consequences and 10% did not know, versus 69% and 31% for the male respondents, respectively. They noted that the topic of FGM was more discussed among women since they were the primary and direct victims of the practice. In addition, there was a complete absence of reproductive health and sex education from the curricular of all educational levels in the Sudan.

Influence of Age on Awareness of Effects of FGM

Age dictates mode of reception of new ideas. Sometimes, the older people feel it is their responsibility to guard against any threat to their way of life and can shut out any attempts to change a cherished practice. On the other hand, the younger ages may be available and receptive to new ideas and even question some of the firmly held beliefs of a society. To find out influence of age on awareness levels, the analysis of variance was computed and presented in Table 34. The coefficient of variation was used to assess the reliability of the test which equalled 19%. The independent variable was age with four levels and the dependent variable was levels of awareness of effects of FGM.

Table 33

ANOVA of Respondents' Levels of Awareness of Effects of FGM, According to Age

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Age	3	22.3006278	7.4335426	10.14	<.0001
Error	411	301.2752758	0.7330299		
Total	414	323.5759036			

The ANOVA result ($p < 0.05$) indicates that there were significant differences in means for different age groups. It was evident that different ages had different levels of awareness of effects of FGM. The null hypothesis that age does not significantly influence levels of awareness of effects of FGM was therefore, rejected. To determine which means were significantly different, post hoc tests were carried out based on Duncan's Multiple Range Tests at 5% level of significance as indicated in Table 34.

Table 34

Duncan's Range Test for Levels of Awareness, According to Age

Age	mean
12-22	4.6406 a
23-40	4.6313 a
41-60	4.5591 a
60 and above	3.9672 b

*Means followed by the same letter are not significantly different at 5% level.

It is apparent that only the sixty years and above age group had a mean of 3.9 which was significantly different from the rest. This shows that the older generation had the lower levels of awareness of effects of FGM which may be a reason for continued practice of FGM. It is encouraging to note that an awareness mean of 4.5 for levels of awareness according to age

was quite high and showed that across the board; a lot has been done to raise awareness of effects of FGM. However, it may be one thing to be aware of the effects and another thing to stop the practice all together.

Other researchers have had similar findings. WHO (1999) reports that several DHS have shown that young and educated youth were more likely to disapprove of the practice of FGM than their parents. This means that young people are not passive, rigid consumers of culture and may use the knowledge they have to avoid unnecessary harmful traditions. Novib (2004) found an encouraging trend among young men in Somalia. Significant numbers of male youths were prepared to marry uncircumcised women and support the eradication of FGM. Indeed, the youth are aware of the harm FGM causes and do not want to perpetuate it.

Despite the high scores, interviews with ARP graduates revealed that most young people who have chosen ARP were harassed by fellow youth who had been circumcised. PRB (2001) explains that in general, there has been greater success in raising awareness about effects of FGM than in changing behaviour. It is possible that while quantitative data showed favourable indicators that ARP proponents are raising awareness and the youth are aware of effects, the qualitative data points to the fact that in reality, the scenario is quite different. It is significant that, of the respondents, 29% had gone through traditional female circumcision while 41% of males had experienced traditional male circumcision. This depicts a background of a circumcising community. Excerpt Seven reveals that ARP may have increased the levels of awareness but FGM is still cherished even by young and educated members of the community.

Excerpt Seven

Qualitative Data from ARP Graduates on their Acceptance by the Community

Researcher: How does the community at large regard you as ARP graduates?

Respondent: The community and especially our colleagues in school (High School) make life difficult for us. They treat us like outcasts.

The following points summarised the ARP Graduates narration (n = 8) of what they experienced in the hands of their colleagues. They were told that they:

- Smelled very badly
- Did not know how to speak in front of men
- Had no self control sexually
- Were outcasts
- Used a lot of perfume to ward off bad odours from their genitalia
- Jumped over the fence to look for men
- Were not mature women but were just children
- Will have their clitoris growing until it touches and drags on the ground
- Spent lots of money buying many panties as the clitoris poked holes in them
- Were shy and cowardly
- Should seek advise from the circumcised
- Did not have any secret language as the circumcised
- Received ARP training that was empty
- Will never get husbands to marry them
- Will never be respected in society
- Will never get children

In spite of the hostility the ARP graduates experienced, the questionnaire statement that "Marakwet men like uncircumcised women as sexual partners" received an encouraging 72% (n = 300) respondents who agreed and strongly agreed with the statement. However, 15% indicated they were not certain. Male preference for circumcised women is an important factor associated with the perpetuation of FGM in Northern Ghana (Okonofua, 2006; Sakeah *et al.*, 2006) and in Marakwet. Kibor (1998) found that a father could dispose of his daughter as he pleased and circumcised her without her consent. He further found that any man who married an uncircumcised woman or did not circumcise his daughters was often mocked and

despised as a husband or father of "children" and could not lead or address the community. Indeed, Reaves (1997) notes that FGM is deeply entrenched in the culture, wrapped in a complex shroud of assumptions, taboos and beliefs that impact a woman's social status and personal identity.

The statement "uncircumcised women pose no danger to their husband's manhood," had 33% respondents (n =137) indicate 'uncertain'. This implies that the myth about the clitoris causing impotence upon contact with male genitalia still holds sway in Marakwet. Myths, beliefs, values, and codes of conduct cause the whole community to view women's external genitalia as potentially dangerous, that if not eliminated, had the power to affect uncircumcised women, their families and their communities (WHO,1999). The myths and the corresponding enforcement mechanisms that support the practice need to be addressed. Programme activities should be designed to correct these false beliefs. This will require that consistent information be disseminated persistently through a variety of media and that dialogue should focus on understanding, dismantling and dispelling these beliefs. Programme strategies should be tailored to such audience while keeping in mind how far the target audience has proceeded on the stages of behaviour change.

The accounts of ARP graduates correspond with the findings of Gachiri (2000) who carried out a research in the Catholic Diocese of Muranga in Kenya. She found that in one secondary school the circumcised girls were persecuting the uncircumcised ones demanding that they have the privilege of first choices in everything, even eating. Things became so bad that parents either had to choose between removing their daughters from the school or have them circumcised. By circumcising their daughters, they protected them from a lifetime of severe ridicule, from the labels of unmarriageable, unclean and unchaste; and from social death

(Dorkenoo,1994; Abusharaf, 1998). Circumcision is the ritual which confers the full social acceptability and integration upon the females. Without it, they become estranged from their own kith and kin and may lose their right to contribute to, or participate in the community life of their homeland, to own property, to vote, or to be voted for (Koso-Thomas, 1987). Therefore, it is not enough to just raise awareness of effects of FGM, other factors as the ones discussed above should be identified and tackled. Excerpt Eight reveals the results of this kind of persecution of ARP Graduates:

Excerpt Eight

Qualitative Data from ARP Graduates on their Acceptance by the Community

Researcher: Are there ARP Graduates who have opted for circumcision so as to be accepted by colleagues and society?

Respondent 1: Yes, the peer pressure is very powerful. Many people, even the educated, say that it is our culture and FGM is a must. Moreover, most ARP Graduates are not serious, they believe in culture.

Researcher: Would you say that ARP has been accepted in Marakwet?

Respondent 2: Maybe an estimate of 40% acceptance. We still have a long way to go. Parents now circumcise girls as young as five to eight years to avoid the law as the children cannot complain. World Vision should also teach men the effects of FGM.

Excerpt Eight clearly demonstrates that ethnicity plays a bigger role in perpetuation of FGM and the seeming acceptance of ARP is still far fetched. Other factors like age do not seem to be of much influence. ARP graduates need to be followed up and given a lot of support and counselling and possibly protected from 'forcing' their parents to circumcise them as explained in Excerpt Two. Excerpt Nine reveals the extent to which FGM can cause physical and psychological harm to the individual and the family at large:

Excerpt Nine

Qualitative Data from Marakwet Elders on Effects of FGM

Researcher: What do you know about the side effects of female circumcision?

Respondent 1: One is disturbed psychologically; there is also lack of sexual excitement. There is a lot of difficulty in delivery and the mother has to be cut extensively. For many of them, infibulation causes obstructed labour and tears the wall that separates the birth canal and anus and this causes lack of control *(this refers to vesico-vaginal fistula and recto-vaginal fistula (Mabeya, 2004).*

Researcher: Circumcision is harmful to women. Do you agree? Explain your response.

Respondent 2: Circumcision does a lot of harm to a relationship in marriage as a whole. Women are taught that sex is for procreation and physically, it is also not pleasurable because of infibulation. Therefore, after childbearing, women live apart from their husbands and become very hostile to them and the men also respond with a lot of hostility. There is no more sex until death. This separation of families brings in a lot of loneliness especially to the men. Many old men die lonely as their wives go visiting their grandchildren. This is one reason why men die much earlier than their wives

Influence of Level of Education on the Awareness of Effects of FGM

Finke (2006) asserts that education and the empowerment of women are two key interventions that will contribute significantly to ending FGM in Africa. This study, as one of its objectives, was to test the hypothesis that levels of education do not affect levels of awareness of effects of FGM. In order to test this hypothesis, the analysis of variance was computed and presented in Table 35. The coefficient of variation was used to assess the reliability of the test which equalled 19%. The independent variable was level of education and the dependent variable was levels of awareness of effects of FGM.

Table 35

ANOVA of Respondents' Levels of Awareness of Effects of FGM, According to Level of Education

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Level of Education	3	19.4986028	6.4995343	8.78	<.0001
Error	411	304.0773009	0.7398474		
Total	414	323.5759036			

The analysis of variance result in Table 35 shows that the means were significantly different ($p < 0.05$). The null hypothesis suggesting that level of education does not influence levels of awareness on effects of FGM was therefore, rejected. In order to determine which means were significantly different, post-hoc tests were ran based on Duncan's Multiple Range Tests at 5% level of significance and results presented in Table 36. The mean of those who had not been to school was found to be significantly different from means of those who had an education. Despite the difference in significance, it is worth noting that the awareness mean for the different levels was 4.5 which reflected a high level of awareness in the community.

Table 36

Duncan's Range Test for Levels of Awareness According to Level of Education

Level of Education	Mean
Primary School	4.6276 a
Secondary school	4.5874 a
College/University	4.6212 a
Not been to school	4.0000 b

*Means followed by the same letter are not significantly different at 5% level.

This outcome implies that those who had not attained any level of formal education had a lower level of awareness of effects of FGM relative to those who had education. Similar findings have been reported by Hayford (2005), who analysed data from the 1998 Kenya Demographic and Health Survey. A total DHS sample of 7873 women aged 15-49 from 530 clusters was used. The proportion of women who had been circumcised increased with age and decreased with education. Mother's level of education remained significant. In another study, Omaima *et al*., (1999) investigated the prevalence and social correlates of circumcision among girls aged 10-19 in Egypt, they found that girls who had been or were then in school, who lived in urban areas and were older, were more likely to believe that circumcision was not obligatory.

Magied and Shareef (2003) found that doctors graduating from Ahfad University for Women, where curricula include FGM issues were more knowledgeable about the practice when compared to other graduates from other universities. However, being aware of all health and other hazards, some of them expressed the readiness to get circumcised or even re-circumcised if requested by the spouse. Some also chose the circumcised state of their

daughters. They concluded that there was an overwhelming role of an inherent element of culture and traditions that resist the positive change of attitudes towards the practice irrespective of the professional and /or high level of education of the respondents. This finding is very closely related with what was going on in Marakwet. However, education has made a difference as reported in many studies elsewhere. Yoder *et al*. (2004) comment that overall, daughters of mothers who were more highly educated were less likely to be circumcised than daughters of mothers with little or no education. This relationship was found in 15 of the 18 surveys where data were available.

Influence of Religion on Levels of Awareness of Effects of FGM

True circumcision in the Bible is a spiritual and not a physical thing as taught in the Old Testament (Jeremiah 4:4) and in the New Testament (Romans 2:29; Colossians 2:11). However, in surveys done in Kenya and Nigeria, it was found that Christian women had greater support for FGM than Muslim women: 26% versus 15%, and 16% versus 7%, respectively (UNICEF, 2005). Rites are religious symbols which effectively hold the community together, giving a sense of purpose and identity to its followers (Henslin, 2000). In this study, one of the objectives was to find out whether religious affiliations influenced levels of awareness of effects of ARP. In order to test the posited hypothesis, the analysis of variance was computed and results presented in Table 37. The coefficient of variation was used to assess the reliability of the tests which equalled 19%. The independent variable was religious affiliation and the dependent variable was levels of awareness of effects of FGM.

Table 37

ANOVA of Respondents' Levels of Awareness of Effects of FGM, According to Religious Affiliation

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Religion	4	20.3240962	5.0810240	6.87	<.0001
Error	410	303.2518074	0.7396386		
Total	414	323.5759036			

The analysis of variance results in Table 37 showed that the means were significantly different ($p < 0.05$). The null hypothesis suggesting that religious affiliation did not influence levels of awareness of effects of FGM was therefore, rejected. In order to establish which means were significantly different, post-hoc tests based on Duncan's Multiple Range Tests at 5% level were done and results are presented in Table 38. It was evident that the means for African traditional Religion and 'Other' was significantly different from the rest of the means. This implies that the traditionalist had a lower level of awareness of effects of FGM and may therefore continue to practice FGM. However, an awareness mean for religious affiliations of 4.5 was not a lesser achievement and showed that the community was aware of effects of FGM and this might ultimately give ARP a breakthrough.

Table 38

Duncan's Range Test for Levels of Awareness According to Religious Affiliation

Religious affiliation	Mean
Protestants	4.6442 a
Muslim	4.6000 a
Catholic	4.5234 a
Other	4.3333 b a
African Traditional Religion	3.6800 b

*Means followed by the same letter are not significantly different at 5% level.

Religious leaders have been found to be able to convince their followers to stop the practice of FGM. In a study carried out by Njue and Askew (2004) among the Abagusii, the interviewees cited religious leaders as having major influences in changing attitudes and practices. Babalola and Amouzou (2000) in a study in Eastern Nigeria found that very few respondents stated that they believed religious leaders would support them if they wanted to continue practicing FGM on their daughters. Religious leaders need to be targeted and their help solicited in raising awareness of effects of FGM. Religious significance of FGM also needs to be addressed by ARP proponents.

The influence of Income on Levels of Awareness of Effects of FGM

In previous discussions on influence of income on perceptions of ARP, it was clear that those who did not earn much money annually did not have a very favourable perception of ARP compared to those who were high income earners. In this section on levels of awareness, influence of income was also sought. In order to test the hypothesis concerning income, the analysis of variance was computed and results are presented in Table 39. The coefficient of variation was used to assess the reliability of the test which equalled 20%. The independent variable was levels of income and the dependent variable was levels of awareness of effects of FGM.

Table 39

ANOVA of Respondents' Levels of Awareness of Effects of FGM, According to Level of Income

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Income	2	2.2512547	1.1256273	2.31	0.1008
Error	412	200.9617598	0.4877713		
Total	414	203.2130145			

The ANOVA results presented in Table 39 reveal that there were no significant differences in means according to income levels ($p > 0.05$). This implies that the income levels do not significantly affect the awareness of effects of FGM. The post hoc tests based on Duncan's Multiple Range Test at 5% level of significance, however, reveal relative differences between the income levels as given in Table 40. The means of those who earn below Ksh 50.000 annually had an insignificant difference but significantly different from the mean of those who earned above Ksh. 50.000 annually. This implies that higher levels of income enable one to have resources that facilitate higher levels of awareness of FGM.

Table 40

Duncan's Range Test for Levels of Awareness, According to Income

Income	Mean
Below Ksh 12,000	3.53294 a b
Ksh 12,000 - 50,000	3.47670 b
Above Ksh 50,000	3.71185 a

*Means followed by the same letter are not significantly different at 5% level.

The Experience of REACH working with the community of Kapchorua found that one constraint to the total elimination of FGM was the benefits the community attached to it. FGM is a trade that provides income to local surgeons and their aides, high dowry for parents, gifts for candidates and parents and festivities such as eating, drinking and dancing (Babalola & Amouzou, 2000). Educating circumcisers and training them for alternative sources of income has been an approach applied in many countries for over ten years. However, all anecdotal and scientific evaluation suggest that it has failed to affect the demand side, most circumcisers who abandoned FGM because of the initial financial incentives have eventually returned to the practice to boost their income (Rahman & Toubia, 2000). It is clear that poverty eradication can go a long way in enabling people not only to be aware of effects of FGM but also replacing it with safe alternatives like ARP.

Influence of Position in Society on Levels of Awareness of Effects of FGM

An influential position in society can enable one to convince the rest to either pursue tradition or, review and discard retrogressive practices. In this study, one of the objectives was to find out if one's position influenced levels of awareness of effects of FGM. In order to test the hypothesis, the analysis of variance was computed and results presented in Table 41. The coefficient of variation was used to assess the reliability of the test which equalled 19%.

Table 41

ANOVA of Respondents' Levels of Awareness of Effects of FGM, According to Position in Society

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Position in Society	3	19.7372964	6.5790988	14.74	<.0001
Error	411	183.4757180	0.4464129		
Total	414	203.2130145			

The ANOVA result in Table 41 ($p < .05$) indicated varied means. The null hypothesis suggesting that Position in Society does not influence levels of awareness was therefore, rejected. To find out which means were significantly different, post hoc tests were done and results displayed in Table 42. The Student, who can be described as young, educated and possibly from a home with some income, obtained a mean that was significantly different from the rest. The Government Worker and 'Other', who could also be said to be educated and may be with some wealth, had an insignificant mean difference but significantly different from Student and Self Employed. Finally, the 'Self Employed', who were mostly peasants and who may also be low in literacy, income, and position, had a mean that was significantly different from all the rest of the means. It is therefore clear that the Self Employed had a low awareness of effects of FGM and should, therefore, be targeted for more intervention.

Table 42

Duncan's Range Test for Levels of Awareness, According to Position in Society

Position in Society	Means
Government Worker	3.7145 b a
Self-employed	3.3855 c
Student	3.9166 a
Other	3.5107 b c

*Means followed by the same letter are not significantly different at 5% level.

The Government Worker, 'Other,' together with the Student, were found to perceive ARP more favourably. This former group possibly also carry the title of Marakwet Elders who can come together and replicate the Sabiny Elders Association (comprised of traditional chiefs) in Uganda who tasked themselves to methodically review their traditions and concluded that FGM was indeed a destructive tradition and decided to eliminate it. These Sabiny Elders partnered with REACH and replaced FGM with a symbolic ritual that had an impact on the practice of FGM in Kapchorua District and an overall 36% decrease in FGM had been recorded. The Elders, who were previously staunch supporters of FGM, succeeded where the Uganda Inter-African Committee failed with their strong health and human rights messages approach as community members felt it was too judgemental and heavy handed. The symbolic ritual had been so successful that the head of the Elders Association, G.W. Cheborian, received the 1998 United Nations Population Award and its $25,000 prize to supplement the work of the Association (PATH, 2004).

This approach is based on reaching out with social marketing message to the power holders or chiefs of a community or tribe, showing them through a cost benefit analysis that FGM is not good for a community and persuading them to denounce the practice publicly (Rahman & Toubia, 2000). Eliah (1999) however, notes that in subsequent seasons in Kapchorua, many girls expressed a desire to be circumcised since they were not involved in the decision to stop

and did not understand why such a privilege had been taken away from them.

Guyo *et al*. (2005) observed that in communities where FGM is strongly supported and movements to encourage its abandonment are suspect, interventions need to ensure the explicit support of political, religious and other cultural leaders to counter perceptions. Welch, (1995) observes that village "influentials" are the persons to and through whom many programmes are addressed. Nyakundi (2000) in her study on the male role in female circumcision found that the women key informants were of the view that men should be the most effective persons to work with on the eradication of FGM due to their superior positions in the households. PRB (2001) contends that men, however, have not always been the target of information, education and communication campaigns.

An area that definitely had an effect on perception of ARP and its acceptance and fell under the extraneous variables in this study was the area of legal framework. It was clear from the respondents that they had been made aware of the Children's Act. An overwhelming 72% indicated that they were aware that it prohibits FGM while only 21% were not certain. However, as reported earlier, the qualitative data indicated that legal issues had driven the practice underground with girls as young as five years being circumcised before they got to know their rights. It also emerged that circumcision was now performed secretly in the months of April and August when the administration is unsuspecting. On the issue of arresting and persecuting parents who circumcise their daughters as a way of stopping the practice, 42% agreed that it will help but 51% disagreed with 7% indicating 'uncertain'. In addition, 67% felt that NGOs are not exploiting their daughters for their own benefit. It is evident that the elimination of the practice of FGM still needs a lot to be done for it to be replaced by ARP.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The main characteristics of people who have unfavourable perceptions of ARP, and also have low levels of awareness of effects of FGM are as follows; old age, illiteracy, poverty and an affiliation to African Traditional Religion. This chapter therefore presents the conclusions reached as well as the implications of the study. Also, some recommendations and areas warranting future or further research are highlighted.

5.2 Summary

The central object of the study was to establish the perceptions of the Marakwet of Kenya on the counselling based ARP and factors influencing its acceptance. Also, its other aim was to establish levels of awareness of the community on effects of FGM and whether personal characteristics and socio economic background had an influence on the levels of awareness. From the findings of this study, it can be summarised that:

(a) Men rated ARP as a training method lower than the women, however, in all other aspects, gender did not have an influence.

(b) Age had an influence in that the young people rated ARP highly and also had high levels of awareness.

(c) Level of education influenced perceptions with those who have not been to school rating ARP lowly and also having low levels of awareness of effects of FGM.

(d) Religious affiliation had an impact in that those in ATR rated ARP very low and also had very low levels of awareness of FGM.

(e) Those who earned Ksh. 50.000 and above annually rated ARP highly and also had high levels of awareness of effects of ARP.

(f) Finally, position in society also influenced perceptions in that those who had low status rated ARP lowly and presented low levels of awareness of effects of FGM.

(g) Experiences of ARP graduates indicated that the mechanisms that ensure women undergo circumcision are still firmly in place.

5.3 Conclusions

A perusal of the findings of this study suggests a number of conclusions:

(a) The results of the study appeared to indicate that gender has a significant effect on perceptions of ARP only as a training method. In this study, the males had a lower perception mean which was significantly different from those of the females. This shows that training method needs to win the confidence of men before ARP can be adopted. On the other hand, it may be the result of the belief in Marakwet that circumcision transforms the Marakwet girl into a woman, eligible for marriage (Kibor, 1998). Circumcision ensures adult status, as seen earlier from Except Four where ARP Graduates were said to be 'just children with more knowledge' and that 'a child cannot be called a wife'. In addition, Excerpt Two captures the essence of training in Marakwet; 'The fact that ARP is painless makes people wonder how training women can be done without pain. How will they learn to bear the pain of childbearing and wifehood?' Moreover, Kibor (1998) found that men who married uncircumcised wives were called husbands of children.

(b) The youth rated ARP highly and also had high levels of awareness of effects of FGM. The results suggested a unique link between age and perceptions towards ARP in all its examined roles. This finding implies that perception is age-dependent with younger

members of the community recording a more positive perception towards ARP. In a study carried out by Babalola and Amouzou (2000), similar findings were noted with younger generations, more than the older, tending to disfavour the practice of FGM.

(c) Level of education affects perceptions pf ARP and level of awareness of effects of FGM. Surveys on FGM practice support this finding, for instance, Kenya Demographic and Health Survey (2003) results show that FGM practice is strongly related to education. FGM practice was found to be five times more prevalent among uneducated women than among those with higher educational levels. Therefore, education levels should be raised in the population. In support of the age variable, several Demographic Health Surveys have showed that compared to their parents, young and educated youth are more likely to disapprove of the FGM practice (WHO, 1999).

(d) It is evident that high income predisposes high perception mean scores and high levels of awareness of effects of FGM while low levels produce low perception means and low levels of awareness of effects of FGM. The wealthy can easily adopt ARP and discard FGM. This finding concurs with earlier research done in Sierra Leone which showed that generally, an illiterate population was the strongest supporter of the practice of FGM believing it to be an important means of cultural preservation (Koso-Thomas, 1987).

(e) Religious affiliation, especially those affiliated to the African Traditional Religion scored low perception scores. This implies that the practice of FGM will continue unless this group is reached and convinced that ARP is viable. This finding is in agreement with earlier DHS results for Tanzania which found that women who practiced traditional religions had the highest prevalence of FGM in the country. Therefore, African Traditional Religious leaders

need to be reached with a message on effects of FGM and convinced to adopt ARP and pass this on to their congregations. The ARP curriculum should also be re-examined to make it cover what is deemed important by the traditionalists in terms of training girls for future roles as wives and mothers. So as to feel a part of ARP, the traditional tutors should be consulted in the designing of ARP curriculum.

(f) Position in society has influence on perception of ARP and also level of awareness of effects of ARP. The Government Worker, the Student and "Other" categories had high mean scores while the Self Employed had low mean scores. The Self Employed may be poor and illiterate while the Government Worker, the retired Government Worker under "Other" and the Student are enlightened and possibly from rather wealthy backgrounds. This shows that education and wealth may influence one's adoption of ARP and practice of FGM. Koso-Thomas (1987) in a research done in Sierra Leone, found that illiterate respondents attributed health problems caused by FGM to witchcraft, supernatural powers and general bad luck.

(g) It is notable that level of income and level of education did not significantly influence perception scores for ARP as a training method. This implies that the Marakwet community does not take chances with training of their women. ARP advocates need to improve on the curriculum as this is a need that cannot be easily substituted with a curriculum seen to be below expectations of the community as the present one is said to be empty (Excerpt Seven) Changwony (1999) observed that married women who did not know their duties were promptly returned to their parents for training which is a shame to the parents. Moreover, ARP Graduates reported that their peers mock them by telling them that they would never get husbands to marry them or have the ability to bear children (Excerpt Seven). All this can make any male to stop and think before engaging a graduate of ARP.

(h) Perception scores for ARP as a sex control method was comparatively low across the board some as low as 2.3 for ATR. The ARP Graduates in Excerpt Seven report that the belief that the clitoris will grow until it drags on the ground and that they have no sexual ability to control themselves is held in the community. The belief that uncircumcised women are apt to be promiscuous is prevalent in all societies that practice female circumcision (Giorgis, 1981). Chege *et al*.(2001) in a study among the Meru, Abagusii and Maasai found some difference in reported sexual activity between circumcised and uncircumcised never married girls aged 15 years and above. Thirty four percent of the circumcised girls compared to 19% of the uncircumcised girls reported ever having had penetrative sex. Therefore, ARP advocates should strengthen their counselling aspect and focus on this issue so that ARP Graduates can carry themselves responsibly in order to convince the community that it is not necessary to circumcise women in order to tame their sexual urges.

(i) Mechanisms that ensure uncircumcised women are isolated until they succumb to the knife in order to attain 'adult' status are still firmly in place. There are myths, beliefs, values, and codes of conduct that cause the whole community to view women's external genitalia as potentially dangerous, having the power to affect uncircumcised women, their families and their communities (WHO,1999). The ARP graduates should be encouraged to resist peer pressure and refuse to be circumcised. They should seize the chance to be models for social learning and with time, it is hoped that acceptance will be the norm.

(j) Generally, it was evident that those with low levels of the aspects which were measured, that is, education, income, and position in society did not rate ARP highly and did not have high levels of awareness of effects of ARP. Also, those who were above forty years were in the same situation. ART also rated ARP lowly and had the lowest levels of awareness of

effects of FGM. Therefore, the proponents of ARP need to focus on these categories as their perception may be unfavourable as a result of conservatism, illiteracy, lack of empowerment and exposure.

5.4 Recommendations

From the findings, it is evident that gender, age, level of education, religious affiliation, levels of income and position in society influenced perceptions of ARP as a rite of passage, as training method and as a sex control method. In addition, these characteristics also have a bearing on levels of awareness of effects of FGM. While high perception scores and high levels of awareness of effects of FGM indicated favourable perceptions of ARP and likelihood of its adoption as an alternative rite of passage, low perception scores and low levels of awareness implied mistrust of ARP and hence, continuation of FGM practice. Therefore, based on the findings of this study, the following recommendations were made.

(a) World Vision and other proponents of ARP, in conjunction with the Ministry of Health need to organize for workshops and/or conferences to discuss on how to make ARP the choice for majority of the Marakwet parents as the perception mean scores in this study indicate that it can be adopted as a rite of passage. Change requires a series of stages to be passed through and World Vision can compare this present stage (from the results of this study) with the stage it found the community, that is, pre and post ARP treatment stages. This research finding can enable them to understand how ARP can be sharpened further to produce lasting results. These results can help the managers to better plan and implement their programme.

(b) ARP proponents should be sensitive to the method they use to recruit the girls to participate in ARP programmes. Their parents should be involved in the decision as this determines the feasibility and acceptability of ARP. This is because from the study, those parents whose daughters went through ARP circumcised them shortly after graduation with the reason that they had not been involved.

(c) There may be need for the Kenya Government and other funding agencies to give circumcising communities more attention in regard to poverty eradication. The recently launched Youth Fund and other micro-economic banks can help to guide able members of the community in projects that will raise the living standards of the community. From the study, low income is a factor that contributed to low perception scores and low levels of awareness of effects of FGM, and by implication, continuation of the practice of FGM.

(d) The Ministry of Education and ARP proponents need to work together in encouraging participation in adult education programmes and free primary and secondary school education for all children in order to raise literacy levels in Marakwet. From the study, it was evident that illiteracy played a role in low perception scores of ARP and low levels of awareness of effects of FGM. This indicates that community members who have low levels of literacy may not adopt ARP as a rite of graduating their daughters into adulthood and may continue practicing FGM.

(e) ARP implementers need to focus on changing the 'mental map' by giving information and using uncircumcised role models to dispel the various myths that uncircumcised women are dangerous to the community and the only way out is circumcision. From this study, the quantitative data showed reasonable perception means indicating possibility of adoption of ARP while the qualitative data from the ARP graduates and Community Elders showed that in reality, ARP has slim chances of adoption.

(f) ARP proponents should work closely with people who have influence in society as a result of their high positions, for example chiefs, elders and other government workers in marketing ARP. This is because those who hold high positions rated ARP highly.

(g) ARP curriculum needs to be adapted and adopted by the Marakwets. This can be achieved through consulting the women charged with the responsibility of training the girls in traditional ceremonies. Their contribution will give ARP curriculum acceptance and remove the mistrust of being seen as inadequate and alien. From the study, the qualitative data especially indicated lack of involvement hence, rejection of its teaching. Training is also a very important part of socialization of girls in Marakwet and a properly trained girl is assured of marriage.

(h) ARP needs to give parents assurance that their uncircumcised daughters can live morally upright lives as a result of ARP's thorough training. The counselling programme needs to address this area of sexual control specifically as this seems to

be an area that contributes to continuation of FGM. In the study, ARP as a sex control method scored low marks in all the sections examined compared to its other roles as rite of passage and training method. It is important that role modelling in this aspect be encouraged too.

(i) Religious leaders, especially African Traditional Religion leaders need to be approached and invited to workshops where they will be encouraged to appreciate the fact that religion does not require women to be circumcised. They can then be made aware of effects of FGM and encouraged to adopt ARP and sell it to their congregations. From the study, ATR had the lowest perception means for ARP in all its roles.

(j) Knowledge of effects of FGM needs to be guided so that members do not opt for 'safer' options like medicalization of FGM. In the study, this was not examined but from studies elsewhere, this has been found to be the outcome. For example, Chebet (2007) did a study in the neighbouring Keiyo District and reports that due to government campaigns to end the practice, private medical doctors are invited to the girl's homes to circumcise them secretly. FGM needs to be brought out as a human rights issue in order to combat this.

(k) The Kenya Government should do its best to protect young girls, some as young as five years, from forced circumcision. This is an unfortunate result because it even ceases to be meaningful. Legal measures against parents who circumcise their daughters should be carried out in ways that do not jeopardize the young girls.

(l) ARP proponents should not only focus on training more girls but ensuring that those who have been trained are given support to sustain their resistance to FGM pressure. The ARP Graduates should be enabled to be the models if Bandura's Social Learning Theory is to make any contribution.

(m) Vision 2030 implementers should sponsor ARP programmes in circumcising communities as their strategy for eliminating FGM by 2030.

(n) The Kenyan Ministries of Children and Youth should suggest ARP to circumcising communities.

5.5 Suggestions for Further Research

A number of findings of the study raised questions, which require further investigations. The following are therefore suggested for further research:

(a) A systematic longitudinal study to determine the various stages of behaviour change as the community progresses from one stage to another of eradicating FGM and adopting ARP.

(b) Research on medicalization of FGM in Marakwet should be done in order to combat it before it takes root.

(c) Research on survival rates of ARP graduates should be carried out in order to understand the impact of ARP and its future and also to create an understanding of what these ARP Graduates go through so as to give them counselling support and other emerging needs.

(d) . Research on the mechanisms that the society has put in place to make sure that circumcision is a better option for those who chose to remain uncircumcised should be carried out. The role of the 'mental map' needs to be understood as this seems to prevail despite the recorded high levels of awareness of effects of FGM and favourable perceptions of ARP in this study.

(e) A systematic study comparing ARP graduates and non ARP graduates should be carried out in order to determine their levels of awareness of effects of FGM and levels of self esteem.

(f) A purely qualitative research should be carried out as this will shed more light on the perceptions of the Marakwet of Kenya of ARP.

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APPENDICES

APPENDIX ONE

COMMUNITY ARP PERCEPTIONS

AND AWARENESS QUESTIONNAIRE

Dear Respondent,

I am a PhD candidate and currently carrying out a field research. The focus of the questionnaire is Marakwet community's perception of the Alternative Rite of Passage (ARP). Do not write your name on the questionnaire since all the responses are confidential and will be used only for the research. Kindly respond to all the questions as accurately as possible to make this research a success.

Yours cordially,

Gladys Jerobon Kiptiony,

(Researcher)

INSTRUCTIONS.

(a) Please respond to ALL the questions in sections One, Two and Three.

(b) Read the question carefully and understand before writing your response.

SECTION ONE:

Put a tick (√) in the bracket that you fall in.

The choices are: SA = strongly agree, A = agree, U = uncertain, D = disagree, SD = strongly disagree

1. Sex: Male……. ( )

Female…….. ( )

2. Your age bracket:

12 – 22……( )

23 – 40 …….( )

41 – 60 …….( )

61 +……...( )

3.Your level of Education:

Not been to school……( )

Primary School……( )

Secondary School……..…( )

College and University ……( )

4. Religion: Protestant ( ) Catholic ( ) Muslim ( ) African Religion ( ) Other ____

5. Family income per year: Ksh. 12,000/– and below ( ) Ksh 12,000/- – 50,000/– ( )

Ksh 50,000/– and above ( )

SECTION TWO:

1. Read the items carefully and ensure that you understand before choosing what truly agrees to your thought.
2. Circle around the letter that corresponds with your feeling towards the Alternative Rite of Passage. Circle only one of the choices.

3. If you change your mind about an answer, you may cross it neatly and circle another

Part One: Level of awareness of effects of FGM

1. The Alternative Rite of Passage sponsors have made the community aware of effects of female circumcision

SA A U D SD

2. Female circumcision can transmit HIV/AIDS

SA A U D SD

3. I am aware that female circumcision is harmful to a woman's health and should be discouraged.

SA A U D SD

4. Female circumcision can cause death

SA A U D SD

5. Female circumcision makes childbirth difficult.

SA A U D SD

6. Female circumcision causes excessive bleeding and leads to anaemia

SA A U D SD

7. Female circumcision causes recurrent urinary tract infections.

SA A U D SD

8. Female circumcision causes sexual intercourse to be painful.

SA A U D SD

9. Female circumcision causes urine leakage

SA A U D SD

10. Female circumcision causes injury to adjacent tissues

SA A U D SD

11. The circumcision scar causes childbirth to be very difficult and painful.

SA A U D SD

12. Female circumcision is violence against women.

SA A U D SD

13. I am aware that the Children's Act prohibits female circumcision.

SA A U D SD

14. Female circumcision is an outdated practice.

SA A U D SD

15. The Marakwet community has accepted ARP

SA A U D SD

16. The arrest and prosecution of parents who circumcise their daughters will help stop female circumcision.

SA A U D SD

17. ARP should be sponsored and conducted by Marakwets for it to be successful.

SA A U D SD

18. Anti circumcision NGOs are not exploiting the girls for their own benefit

SA A U D SD

Part Two: Perception towards ARP as a rite of passage

1. ARP is a rite of passage from childhood to adulthood.

SA A U D SD

2. ARP prepares proper and acceptable Marakwet women.

SA A U D SD

3. A woman does not have to endure the pain of circumcision for her to be considered grown up.

SA A U D SD

4. Alternative Rite of Passage graduates should not be circumcised by force.

SA A U D SA

5. Marakwet men marry uncircumcised women.

SA A U D SD

6. ARP graduates will not bring shame to their husbands because they are well trained.

SA A U D SD

7. Uncircumcised women are not dirty.

SA A U D SD

8. ARP graduates know their roles as wives and mothers.

SA A U D SD

9. Uncircumcised women pose no danger to their husband's manhood.

SA A U D SD

10. The pain of circumcision does not prepare women for the pain of childbirth.

SA A U D SD

11. ARP graduates make better wives because they have not been cut.

SA A U D SD

12. The clitoris poses no danger to the baby at birth so it should not be removed.

SA A U D SD

13. The circumcision scar is a lifetime pain

SA A U D SD

14. Alternative Rite of Passage should replace female circumcision

SA A U D SD

15. I will encourage all my sisters and daughters to avoid circumcision and join ARP.

SA A U D SD

Part Three: Perception towards ARP as a forum for training and instruction

1. The Alternative Rite of Passage training during seclusion is sufficient to make good wives.

SA A U D SD

2. ARP graduates will not be returned to their parents for proper training by their husbands.

SA A U D SD

3. The secrets traditionally taught to women are taught through ARP.

SA A U D SD

4. The Alternative Rite of Passage (ARP) training is better than the traditional training.

SA A U D SD

5. ARP seclusion and training is properly done and has sufficient number of days.

SA A U D SD

6. The initiates are taught how to be good submissive wives.

SA A U D SD

7. I like ARP because the initiates are taught to be focussed in education and attain high goals.

SA A U D SD

8. I am happy with the conduct and character of ARP graduates.

SA A U D SD

9. ARP graduates and their tutors are highly respected by community members.

SA A U D SD

10. The tutors are role models in the community.

SA A U D SD

11. I like ARP training because it trains women for today's competitive world.

SA A U D SD

12. Compared to the traditional training, ARP also prepares acceptable Marakwet Women.

SA A U D SD

13. We should all support ARP training and say NO to female circumcision and outdated training.

SA A U D SD

Part Four: Perception towards ARP as a sexual control tool

1. ARP graduates have ability to be sexually controlled without being cut.

SA A U D SD

2. ARP graduates are able to remain faithful to their husbands at all times.

SA A U D SD

3. ARP graduates are not too sexually demanding on their husbands.

SA A U D SD

4. ARP graduates are not having children outside wedlock because of lack of circumcision.

SA A U D SD

5. ARP graduates are more sexually fulfilling because they are not circumcised.

SA A U D SD

6. Circumcision should be avoided because it does a lot of harm to a sexual relationship.

SA A U D SD

7. Marakwet men like uncircumcised women as sexual partners.

SA A U D SD

8. Removal of the clitoris at circumcision takes away a woman's ability to enjoy sex.

SA A U D SD

9. Female circumcision makes sexual intercourse painful

SA A U D SD

10. Female circumcision is a violation against the rights of a woman

SA A U D SD

11. Female circumcision has no place in today's modern world

SA A U D SD

SECTION THREE

Tick the one that applies to you. For (5), specify which other

1. I am a graduate of:

(1) Traditional female circumcision ( )

(2) Traditional male circumcision ( )

(3) Christian male circumcision ( )

(4) Alternative rite of passage ( )

(5) Other: _____

APPENDIX TWO

COMMUNITY ELDERS' INTERVIEW SCHEDULE

SECTION 1:

1. Sex: Female ( ) Male ( )

2. Position in Community Leadership ……

3. Age ……

4. Level of education……..

5. Religion…….

SECTION 2:

Part One (Rite of Passage)

1. Alternative Rite of Passage is an acceptable rite of passage in Marakwet.

   Do you agree? Explain your response.

2. Alternative rite of passage graduates are not children anymore.

   Do you agree? Explain your response.

3. ARP should replace female circumcision

   Do you agree? Explain your response.

4. Female circumcision should be abandoned

   Do you agree? Explain your answer

Part Two (Sexual fulfilment)

5. A woman does not have to be circumcised so as to be sexually fulfilling.

   Do you agree? Explain your response.

6. Women who have not been circumcised do not have sexual control.

   Do you agree? Explain your response.

7. Uncircumcised women are unfaithful to their husbands.

Do you agree? Explain your answer

8. Circumcision is harmful to women

Do you agree? Explain your response.

Part Three (Training)

9. The instructions given during ARP are better than those given during female circumcision.

Do you agree? Explain your response.

10. We are happy with the behaviour of ARP graduates.

Do you agree? Explain your answer

11. ARP graduates and their tutors are honoured by community members.

Do you agree? Explain your answer

12. Those who have chosen ARP will be happily married in the community.

Do you agree? Explain your answer

13. I support the Alternative Rite of Passage

Do you agree? Explain your answer.

14. Eliminating female circumcision has not been successful through the efforts of Missionaries, the Government, and the Church but ARP is going to succeed.

Do you agree? Explain your answer

15. What do you know about the side effects of female circumcision?

16. What don't you like about ARP sponsors?

17. What do you think of prosecution of parents who want to circumcise their daughters?

APPENDIX THREE

ARP GRADUATES' INTERVIEW SCHEDULE

1. Age: ……..

2. When did you graduate from ARP……(2001) (2002) (2003) (2004)

3. Your level of Education: Not been to school…… ( ) Primary School……..… ( )

Secondary school……. ( ) College……( ) University……( )

4. Religion: Protestant ( ). Catholic ( ). Muslim ( ). African Religion ( ). Other

5. How did you learn about the Alternative Rite of Passage?…….

6. Where was the training?……..

7. Who were your trainers?……..

8. How long was the training?.....…….

9. How many were you?……..

10. How did you join ARP?

11. What is the relationship between you and your parents?

12. Have you, or do you have friends living in rescue centres?

13. Have you, or do you have friends who were circumcised by force after graduation?

14. Do you fear you might be circumcised by force? Is this common to others?

15. Do you think you will get a Marakwet man to marry you without circumcision?

16. How do men regard ARP and their graduates?

17. How do women regard ARP and their graduates?

18. Are there graduates who opted for circumcision to be accepted?

19. Would you say that ARP has been accepted in Marakwet?

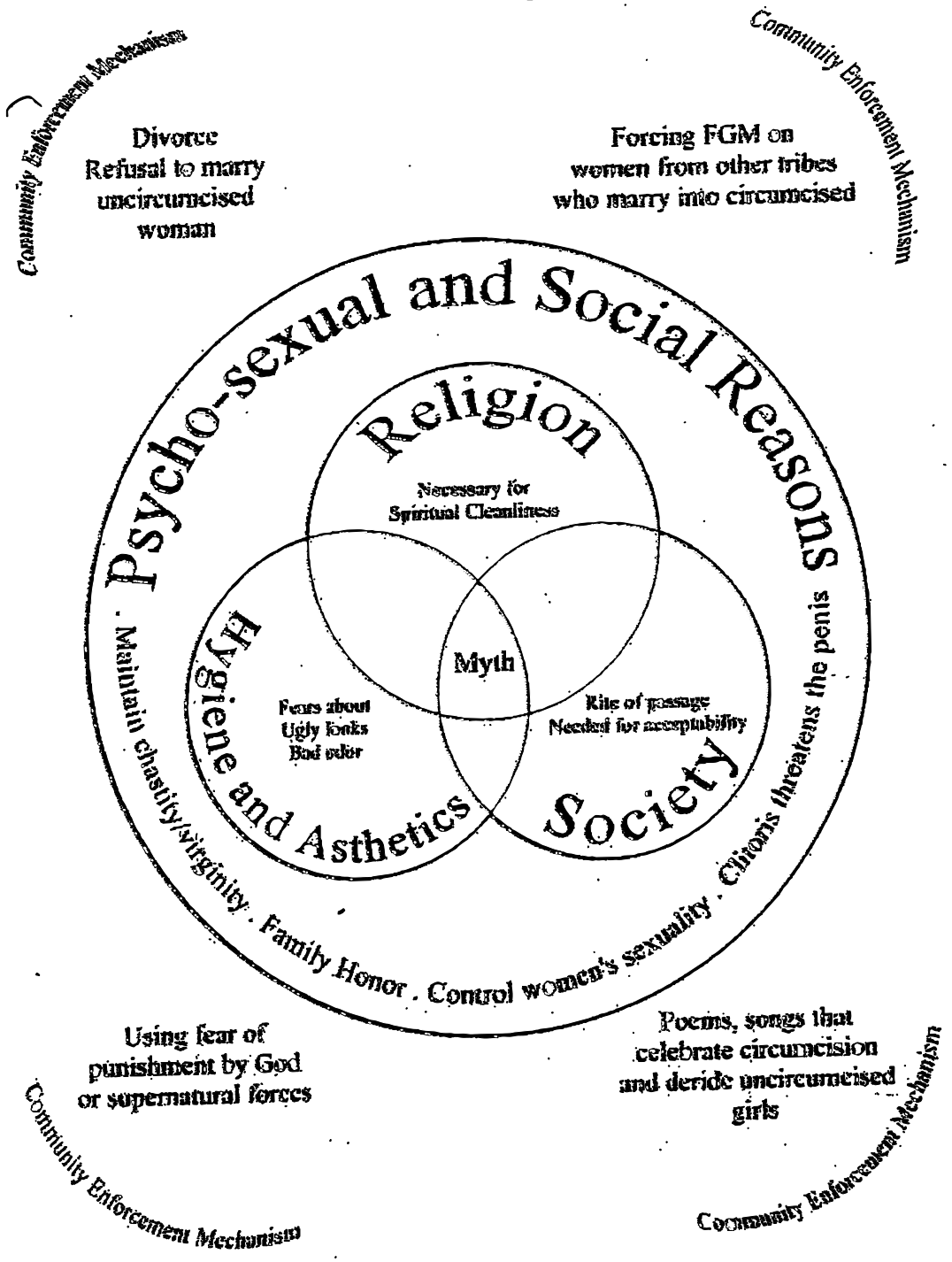
20. What would you like to tell your community about ARP?

21. What were you taught in ARP?

22. What are the effects of female circumcision?

APPENDIX FOUR

WHY THE PRACTICE OF FGM CONTINUES: MENTAL MAP



APPENDIX FIVE

SAMPLING TABLE

Required Size for Randomly Chosen Sample

Table for determining needed size of a randomly chosen sample from a given finite population of N cases such that the sample proportion P will be within plus or minus .05 of the population proportion P with a 95 percent level of confidence.

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	241	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	100000	384

N = population size; S = sample size