

**PERCEPTIONS OF BUKUSUS ON THE IMPACT OF TRADITIONAL MALE
CIRCUMCISION PRACTICES ON THEIR PSYCHOSOCIAL LIFE. A CASE STUDY
OF KANDUYI DIVISION, BUNGOMA DISTRICT**

**BY
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**A Research Project Report Submitted to the Graduate School in Partial Fulfilment of the
Requirements of the Award of the Masters of Education Degree in Guidance and
Counselling of Egerton University.**

EGERTON UNIVERSITY,

September, 2006



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DECLARATION

This research project report is my original work and has not been submitted for any other award in any other university.

Signature Mulongo

Date 14/09/06

Mbachi Florence Mulongo

EM16/0941/03

RECOMMENDATION

This research project report has been submitted for examination with my approval as a University supervisor.

Signature Kariuki

Date 14/09/06

Dr. Mary Kariuki

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DEDICATION

This project report is dedicated to my late father Charles Mbachu and my mother Margaret Ungaji Mbachu. To my beloved husband Richard Wanjala Soita, my children, Dennis, Kenneth, Frankline, Faith and Mercyline.

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My special appreciation goes to my employer; Teachers Service Commission for granting me study leave with pay to pursue this MEd course in Guidance and counselling. The course has been very beneficial to me since it has enabled me to look at things in a wider perspective and it has made me to be more knowledgeable than before. I give special thanks to my supervisor Dr. Mary Kariuki who guided me through the entire proposal process, collection of data, project and report write – up. She read and re- read my work giving me very useful comments and propositions, criticisms and advice, which improved it. Many others have given me formal and informal advice through the entire period of this project. Just to mention a few Mrs Osore has been quite helpful to me due to her moral and social support especially when I felt afraid and weak to continue with my studies, she really encouraged me. I would also like to thank the D.E.O and the Head teachers in the sample schools for giving me access to their schools and helping me to administer the questionnaires to the pupils. My gratitude also goes to the parents who co-operated during the interview. Many sincere thanks to my husband Richard and our children Dennis, Ken, Frankline, Faith and Mercyline for their love, support, patience and understanding during the time spent on study and research. To them I offer my gratitude. May God bless you all always.

ABSTRACT

Traditional circumcision is a cultural practice in the Northern Province, Rift Valley province and, Western Province of Kenya just to mention a few. However, this practise has had several implications on the community and the initiates involved. This study sought to investigate the perceptions of the Bukusus on the impact of traditional circumcision on their Psychosocial life in Kanduyi division of Bungoma district. This study utilized a survey research design. The target population included all circumcised boys aged between 12 –15 years and who were in class 8 in primary schools in Bukembe location of Kanduyi division. Purposive sampling was used to select 100 circumcised boys and 40 parents of the circumcised boys in the study area. Primary data was collected using a structured questionnaire (for the circumcised boys) and interview schedule (for the parents). Secondary data was collected from documented information about circumcision to supplement the primary data. The data collected was coded and analyzed descriptively with the aid of a computer programme - Statistical Package for Social Sciences (SPSS) version 11.5. The study established that the parents have a positive attitude towards traditional circumcision since it is a way of moving from childhood stage of development to adulthood stage of development and also makes the youth knowledgeable about their community. The youths were also taught the sacred things, the secrets, dos and don'ts, norms and regulations of their community. Thus they graduated as responsible members and future leaders of the community. They also claimed that traditional circumcision preserves history and maintains culture. It was also established that circumcision boosted the youth's self esteem, because after graduation they were allowed to participate in communal activities including decision-making. This made them feel courageous, confident, worth to be respected and socially accepted members of their community. Based on these research findings, it was recommended that traditional surgeons be subjected to circumcision training, wound dressing and treatment, and after completion of the training they be awarded with certificates. The parents of the initiates are also advised to have their own instruments, which should be disposed after use on their children. On the other hand, parents should be provided with adequate information on hygiene pertaining to the long-term medical effects of circumcision so that they can make informed decisions.

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LIST OF ABBREVIATIONS AND ACRONYMS

AAPTFC:	American Academy of Paediatrics Task Force on Circumcision
ADRA:	Adventist Development and Relief Agency
AFRO:	African Region Organization
AIDS:	Acquired ImmunoDeficiency Syndrome
ARP:	Alternative Rite of Passage
CIRP:	Circumcision Information and Resources Pages
F.C:	Female Circumcision
FGC:	Female Genital Cutting
FGM:	Female Genital Mutilation
IACTPAHWC:	Inter-African Committee on Traditional Practices Affecting the Health of Women and Children
MYWO:	Maendeleo ya Wanawake Organisation
NGOs:	Non-governmental Organizations
PATH:	Program for Appropriate Technology in Health
RET:	National Emotive Theory
STIs:	Sexually Transmitted Infections
SPSS:	Statistical Package for Social Sciences
WHO:	World Health Organisation

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

Male circumcision is the cutting off of the foreskin from the tip of the penis without damaging the organ itself (Nahid, 1993). On the other hand, female circumcision which is referred to as female genital cutting (FGC) or female genital mutilation (FGM) or female cutting (FC) refers to the set of procedures used to remove or cause injury to parts or all of external genitals whether for cultural or non -therapeutic reasons (WHO, 1996; Nahid, 1993). There are different types of FGM such as “sunna”, circumcision, clitoridectomy excision, infibulations and other unclassified forms of FGM (WHO 1996, Nahid, 1993). FGM vary among societies where it is practiced.

Both male and female traditional circumcision has advantages and disadvantages (WHO 1996; Nahid, 1993). The perceptions of people towards any type of circumcision are influenced by attitudes and beliefs of the community that practices it. It is believed that group activities that encourage cohesiveness and corporate communal experiences are preferred by most traditional African communities (Boykin, 1983). The Bukusu people of Bungoma district, Kenya, value traditional circumcision practices as a way of transition from childhood to adulthood. They circumcise their children in the month of August every even year. During this time, they suspend all other activities and concentrate fully on circumcision. For example, one is not even supposed to attend a funeral ceremony during this time as it is believed that it will cause harm to the initiates. During this circumcision time, the Bukusus indulge in economically and socially wasteful activities involving time and resources in addition to exposing the initiates to the risks of contracting diseases by using the same knife to circumcise all initiates (Nahid, 1993).

Cultural customs that surround circumcision such as alcohol consumption and increased sexual activity, may be associated with increased risk of contracting sexually transmitted diseases/infections (Musebe, 2000; Population Council, 2003). There are also the possibilities of death as a result of complications. Deaths occur due to loss of blood or systemic infection from the circumcision wound. A number of death cases have been reported in the medical set up and mass media (Gairdner, 1949).

American Academy of Paediatrics Task Force on Circumcision - AAPTFC (Metcalf, Osborn and Mariani, 1983) carried out a research to investigate: the current incidences of circumcision, the reasons governing parental decisions regarding circumcision, the immediate and later complications of the procedure, as well as genital problems occurring to the circumcised boys. The study revealed that circumcision had not changed over five years since 1983. The Task Force was to convince parents to withdraw from traditional circumcision practices by providing them with adequate information on hygiene. The committee further recommended that physicians provide parents with information pertaining to the long-term medical effects of circumcision so that they can make informed decisions. However later studies reveal little change in the practices. It is clear that Metcalf et al, (1983) mainly focused their study on the medical and social issues which they felt were related to the continuing high rate of circumcision.

Matjeke (1999) encountered several problems with traditional circumcision and categorized these problems into four groups: health, socio-cultural, legal and economic. He confined his study on the health problems. On the other hand, WHO (1996) confirmed that some documentation and studies are available on the short-term and long-term physical complications of different types of FGM. Literature review revealed that much research had been done on the health problems, physical complications related to circumcision, parental decisions regarding circumcision specifically concerning the medical hygiene. However, very little had been done on the psychological, psycho-sexual, legal, economic, socio-cultural and moral issues that were related to circumcision. It is upon this background that this study was carried out to investigate the perceptions of the Bukusus on the impact of traditional circumcision practices on their Psychosocial life.

1.2 Statement of the Problem

There was concern about the transition period from childhood to adulthood among the Bukusus of Bungoma District. The concern emanated from the observations that during circumcision period, people suspend all other activities in the community and concentrated fully on the practice (Nyamwaka, 2000). For example, people moved from one place to another singing, dancing, eating and drinking alcohol and at times engaging in irresponsible sexual activities,

which risked their lives especially in this era of HIV/AIDS infection. Farming activities and even education of the would-be initiates were all interrupted and suspended during that time. The would-be initiates, who were normally school pupils, spend most of their time preparing and thinking about the forthcoming exercise and in most cases they did not concentrate on their academic work. All these activities were economically and socially wasteful involving resources and time. It was on this basis that this study sought to investigate the perceptions of Bukusus on the impact of traditional circumcision practices on their psychosocial life.

1.3 The Purpose of the Study

The purpose of the study was to investigate the perceptions of the Bukusus on the impact of traditional circumcision on their Psychosocial life in Kanduyi division of Bungoma district.

1.4 Objectives of the Study

The aims of this study were to:

- (i) To examine the perceptions of the Bukusus about traditional circumcision practices.
- (ii) To determine the parents' understanding of the health risks associated with traditional circumcision practices.
- (iii) To examine the moral implications associated with traditional circumcision.
- (iv) To examine the socio-economic implications of traditional circumcision practices on the household.
- (v) To establish the psychological effects of traditional circumcision on the initiates.

1.5 Research Questions

The study answered the following questions:

- (i) What are the perceptions of the Bukusus about traditional circumcision practices?
- (ii) Do parents understand the health risks (safety measures) associated with traditional circumcision practices?
- (iii) What moral implications are associated with traditional circumcision?
- (iv) What are the socio-economic implications of traditional circumcision practices on the household?
- (v) What are the psychological effects of traditional circumcision on the initiates?

1.6 Significance of the Study

The findings of this study will be useful in helping to create awareness of the psychological, economic, safety and moral implications among the communities practicing traditional circumcision. This will also help the parents and children to make informed decisions concerning the rite of passage they should engage in. The study will sensitize the parents to understand the health risks their children are exposed to during traditional circumcision like contracting sexually transmitted diseases/infections, including HIV/AIDS, through sharing of a knife on more than one initiates.

1.7 Scope and Limitations of the Study

The study was conducted in Bukembe location of Kanduyi Division, Bungoma District. It focused on the perceptions of the Bukusus on the impact of traditional practice of circumcision on their Psychosocial life. The study involved the youths who had been exposed to traditional circumcision practice and parents of the circumcised youth.

This study focused on a traditionally accepted practice and therefore there was a possibility of the respondents shying away from looking at the whole practice critically. However, careful probing was done to open them up and we discussed issues from both sides of the coin.

1.8 Assumptions of the study

The study was based on the following assumptions:-

- a) Circumcision makes one to become a responsible person and it enhances one's dignity.
- b) The respondents will be able to discuss traditional circumcision from both sides.
- c) The respondents have experienced various impact of traditional circumcision practice.
- d) A person with professional experience should do circumcision.
- e) The Bukusus circumcise boys only.

1.9 Definition of Terms

In this section, operational definitions are presented as used within the context of this study.

Anecdotal: Something based on a short interesting event that is not true or accurate.

Cauterization: To burn or sear with a hot iron or a caustic.

Economic impact: The monetary and resource implications of the circumcision practice ie effects on the standards of living of the people.

Female Genital Mutilation: It constitutes all procedures which involves partial or total removal of the external genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reasons.

Hypertrophy: when a tissue manifests an abnormal tendency to overgrow, it is said to be hypertrophy.

Male circumcision: This is the cutting of the foreskin from the tip of the penis without damaging the organ itself.

Moral behaviours :What the society considers as morally right eg respect for elders.

Orifice: make a small opening or aperture.

Ostracized: Exclude a person from favour, common privileges or a particular social group; refuse to associate with eg not able to marry or seen to be an outcast.

Perceptions: This is a cognitive process of gathering information and assigning meaning to it, which is then reflected in the way the person behaves eg the feelings about something.

Prevalence: Common or done everywhere at time of circumcision eg august every even year.

Promiscuity: Indiscriminate; making no distinctions, indiscriminating.

Psychological effects: How one has been affected mentally or intellectually eg changes in one's thinking.

Psychosocial life: How the effect of the mind has affected the social life of the people eg bravery, courageousness and confidence.

Sepsis: Destruction of tissue by pathogenic micro-organisms or their toxins especially through infection of a wound.

Suitor: A man seeking to marry a particular woman.

Traditional Circumcision: These are ceremonies and rituals that are associated with

circumcising of a boy to enable him pass from childhood to adulthood by use of traditional means.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed literature on the subject of traditional circumcision. The themes that were discussed in this chapter included; beliefs and attitudes towards traditional circumcision, current traditional practices, clinical circumcision, traditional verses clinical circumcision, alternative rite of passage, relevance of traditional circumcision, social implications, the consequences of traditional circumcision, theoretical framework and the conceptual frame work.

2.2 Beliefs and Attitudes towards Traditional Circumcision

According to Gairdner (1949) circumcision among the Jews is as old as history itself. There was no knowledge of sanitation or the need for a sterile operating instrument. Jews have traditionally performed circumcision on the eighth day after birth for many thousands of years. Many African tribes have initiation ceremonies in which a young man is initiated into manhood. The circumcision is carried out by persons without medical training; African tribal ritual circumcision produces reports of deaths or serious injury every year. The incidence of circumcision was found not to have changed over the past five years despite the recommendations of the American Academy of Paediatrics Task Force on Circumcision, (Metcalf, Osborn and Mariani, 1983). On the other hand female circumcision is widely practiced in many countries. Chelala (1998) estimated that 100 million women have been subjected to different forms of genital mutilation across Africa and in areas of Western and Southern Asia, and 2 million women undergo the procedure annually.

Munoz (2003) claims that, because rites of passage are an integral part of most Kenyan tribal cultures, it became important to develop rituals that affirmed the positive roles of women or men in society. They include activities such as festivals that announce to the community that the boy has become a man or a girl has become a woman. Traditional circumcision is a cultural practice that is not practiced for religious or medical reasons. It is regarded as a way of preparing boys for manhood (Matjeke, 1999). The reasons given for circumcision reflected mostly on the strength of the tradition. Matjeke (1999) claimed that Africans believe in

circumcision as a rite of passage that prepares boys and girls for manhood or womanhood. According to Walker (1993), circumcision defines who one is in the cultural group in the societies where it is a tradition. Those who have not undergone it are seen as outcasts or they are socially unacceptable. Uncircumcised women are seen as unmarriageable and such societies have no place for such women. Walker (1993) and journal on Population Action (1993) believe strongly that circumcision makes initiates to be clean and marks the entrance into manhood or womanhood.

Munoz (2003) claimed that the church leaders say it is difficult to come out of tradition while some of the Seventh Day Adventist members actively practice female cutting. People think about themselves in terms of their traditions. In other words tradition define who one is in the society and so is circumcision.

2.3 The Current Traditional Practices

According Nyamwaka (2000), among the Abagusii community, male and female children aged 12-18 years were eligible for initiation. Male initiates had to be given test the night before circumcision, such as picking a burning stick from the middle of the fire, sitting on stinging needle of plants (amase) while naked as well as standing still for along time as a sign of discipline . On circumcision day male initiates were teased with spears, bows, arrows and other weapons. This was to inculcate sense of courage into them while female initiates did not undergo such tests. Initiates gathered together in one hut the day preceding the circumcision. They were to wake up so early (as early as 2.00 a. m) to travel to the circumciser's place. On their way, the male initiates had to deep themselves in cold stream. This was meant to remove any form of fear and was anaesthetic. FGC is a celebrated event and a festival with much eating taking place the night before the next morning. A group of girls aged four and ten, go to a hut of the woman performing the excision. Most circumcisions are conducted by traditional practitioners with no medical training (Walker & Parmar, 1993).

Traditional circumcisers used razor blades, broken glass, tin lids or home-made knives to cut girls and no anaesthetics were used (Munoz,2003), (Malik,1997) and (Kwamboka, 2000). FGM is grouped into three categories: "Sunna" circumcision which consists of the removal of the tip.

of the clitoris; Clitoridectomy/excision which consist of the removal of the entire clitoris and the removal of the adjacent labia; infibulation which consist of the removal of the clitoris and the adjacent labia (majora and minora) followed by stitching together the scraped sides of the Vulva across the vagina. A small opening is kept to allow passage of urine and menstrual blood (Malik, 1997; Nahid, 1993. Walker, 1993; Journal of Population Action Organization, 1993-2003).

There are unclassified forms of FGM: pricking, piercing, stretching of the clitoris or labia, cauterization by burning of the clitoris and surrounding tissues, scrapping of tissues surrounding the vaginal orifice, introductions of corrosive substances or herbs into the vagina to cause or for the purpose of tightening it. Different seclusion period was observed between the boys and girls and lasted between three to five weeks (Walker, 1993).

2.4 Clinical Circumcision and Traditional Circumcision.

According to Population Council (2003), traditional and clinical male circumcision practices differ greatly in areas where male circumcision is routinely performed. Circumcision may be done in clinical settings by trained health professionals, or by religious or traditional practitioners whose methods and experiences vary. Local Seventh Day Adventist leaders in Kenya are working to educate members against FGM as well as help those victimized by a tradition that has no biblical or medical basis. Instead of cutting the church seeks to offer alternative 'rites of passage' for young women, as well as education and assistance to those who resist FGC.

The Population Council (2003) in their discussions claimed that there is anecdotal evidence that more and more traditional healers in some sub-Saharan. Many of these healers lack training and may place boys and girls at risk of complications such as haemorrhage partial penile amputations or even death. Some circumcision practices such as using the same knife for each man during circumcision ceremony may increase the risk of transmitting HIV. Cultural customs that surround circumcision such as alcohol consumption and increased sexual activity may be associated with increased risks of sexually transmitted diseases/infections such as HIV.

2.5 Alternative Rites of Passage

The Adventist church in Nyamira district of Kenya has made a decision to campaign against FGC. According to the executive director of the church, as quoted by Munoz, (2003), they regularly meet with young people and counsel them. Malik (1997) reported that the first circumcision occurred in August, 1996 when 30 families in the tiny village of Gatunga, not far from Mount Kenya, introduced their daughters to this new program. The new initiative in which girls are initiated without “the cut” is spearheaded by Maendeleo Ya Wanawake Organization (MYWO) and has been attracting girls in communities that are mainly known for FGM such as the Meru, Maasai and Kisii. This initiation involved a lot of education and sharpening of the mind but above all there is no cutting of any part of the body (Imanene, 2000). Where cultural support for female circumcision is weakening, communities are more likely to accept sensitization messages encouraging abandonment of FC and to participate in alternative coming-of-age ceremony for girls. However, such alternative ceremonies must be preceded by extensive sensitization that changes attitudes and must be tailored to fit cultural norms for rite of passage (MYWO, 1996).

In 2000 the population council carried out an assessment of the ARP program, the assessment sought to identify the impact of MYWO’s activities on knowledge and attitudes regarding FGC ,reproductive health and gender equity by comparing families that have and those that have not participated in the AR. They found out that MYWO’s work (both sensitization and the AR) did influence attitudes and the actions regarding FGC, but this influence did not occur in isolation from other cultural factors and trends, parents of AR girls were much more interested in knowing about health or psychological consequences of circumcision as compared to parents of non-AR girls. AR initiates who were trained in seclusion in family life skills, community values and reproductive health showed a much higher awareness and general understanding of many important reproductive health issues. Their knowledge on HIV/AIDS was nearly universal (98percent, compared to 84 percent for non initiates).

Nzwili (2003) reported that the new ritual that has replaced FGM is known as “cutting through words” it includes a week of seclusion and lessons on adult life. In seclusion they remain indoors and can only be visited by previous initiates, female relatives or parents. A woman who is either

is an aunt or a friend is assigned the role of supporter or “godmother”. She ensures that the girl gets and understands family life education. The week’s ceremony ends with a “graduation” at a chosen day of “coming of age”, where religious, political and government leaders are invited to make speeches. The community joins the rituals, they dance, sing and feast with the initiates. The girls receive gifts from the project, parents and friends. Through the songs, dances and drama, the girls announce that they have left FGM.

The ministries of health and culture encourage the adoption of alternative rites of passage to womanhood for young girls. The government recognizes the lack of a coherent national policy on this issue and encourages the enactment of legislation to eradicate the practice. Many non-governmental organizations (NGO’s) are actively trying to eliminate this practice through education, awareness campaigns, legislative lobbying and advocacy for alternative rites of passage to adulthood for young girls. African countries are recommending circumcision as a means of preventing HIV infection.

2.6 Relevance of Traditional Circumcision.

According to Nyamwaka (2000) initiation practices were very important because the initiates were given special skills and teachings such as sex education, important attributes of bravery, words of wisdom and patriotism. There are many reasons given in support of MC/FGM such as increasing fertility, making women more aesthetically attractive to men, correcting hypertrophy of clitoris, promoting cleanliness and purity, preventing transmission of diseases and reduction of promiscuity (Metcalf *et al*, 1983). Among the Kisii, circumcision was also meant to prepare them for marriage (Kwamboka, 1992). The initiates become men/women after the circumcision and are now allowed to sit with older men to share their thoughts. Circumcision bind people together and it is at the core of the social structure and something that give meaning to one’s life.

Male circumcision is associated with a significantly reduced risk of HIV infection among men in sub-Saharan Africa (WHO, 1996). Reports from various parts of the world indicate an increase in the number of men seeking circumcision for medical reasons (Population Council, 2003). There is evidence in parts of eastern and southern Africa that male circumcision demand is on the increase and 60 percent of men would prefer to be circumcised. The acceptability of male

circumcision is based on the following factors: social, cultural, religious beliefs, perceived health risks, its complications, perceived pain and discomfort.

Justifications for FGM vary among the societies where it is practised in 28 African nations, as well as in scattered tribal communities in the Arabian Peninsula and various parts of south Asia. Most explanations relate in some way to male interest in controlling women's emotions and sexual behaviours. The most common explanation is the need to lessen sexual desire so that women preserve their virginity until marriage (Toni, 1996).

2.7 The Consequences of Traditional Circumcision

The aspect of belonging to part of a group for most humans is desirable such as that of association with families and friends. It is difficult to break with traditions as it often makes one become an outcast. The girls who do not pass through the ritual of circumcision are intimidated, abused, ostracized by their communities and families and also considered to be impure (Walker, 1993). In Maasai and Kisii land, the parents insist on taking their daughters through the ritual saying it's the only way to make them attractive to suitors and young men, who would otherwise look at uncircumcised women with contempt (Muriuki, 2005).

Gairdner (1949) found out that there are several reports of death in the medical set up due to various infections after circumcision. There are several newspaper accounts of boys who have died after circumcision. The deaths are from bleeding and related complications of the wound (Gairdner, 1949). Musebe (2000), reports that circumcisers of the current generation are unprofessional and mercenary. They have therefore increased the incidents of inaccurate and accidental cutting, which include chopping off the penis head, cutting veins, thus leading to excessive bleeding. It also exposes the child to the risks of contracting sexually transmitted diseases/infections (Musebe, 2000). WHO (1996) and Walker (1993) while contributing to consequences of FGM whether anecdotal or scientific claimed that at least one woman has experienced each of the following consequences which can either be long-term or immediate. Immediate negative physical consequences of circumcision include: death; haemorrhage; shock; pain; infection; urine retention; injury to adjacent tissues; potential spread of HIV. The long -

term physical consequences of circumcision includes: anaemia; intermittent bleeding; urinary tract infections; infertility; painful sexual intercourse; and problems in pregnancy and child birth.

The Negative psychological consequences of circumcision include: sexual dysfunctions in one or both partners; reduced sexual sensitivity; possible loss of trust in caregivers; Feelings of incompleteness, anxiety, terror, depression, or humiliation; chronic irritability; and increases docility. The Positive consequences of circumcision include: improved cleanliness; prevention of vaginal cancer; removal of bad genital odour; increases beauty; increased fertility; enhances sexuality; acceptance into society; freedom from psychological consequences of rejection from society; and eligibility for marriage.

When death occurs to an initiate, many a times it is not attributed to circumcision and yet the initiate would have died of meningitis that was contracted from the circumcision wound (CIRP, 2004). Neonatal circumcision is considered not necessary, and CIRP finds it unethical since the minors don't give own consent to it. In case of death during circumcision, doctors give secondary causes to the explanation. It is therefore very hard to identify the total number of deaths that occur from circumcision. However, Gairdner (1949) estimates the number of deaths that occur to be between 16-19 a year in England and Wales from neonatal circumcision. Matjeke (1999) identified several health problems associated with the traditional circumcision. These include the following: botched circumcision performed by inexperienced traditional surgeons; lack of control over traditional circumcision; the method used to perform circumcision is crude and unhealthy. The practice of using a single knife on a number of initiates leads to the risks of spreading HIV/AIDS. There was no anaesthetic used to reduce pain during the operation, instead natural water sources such as rivers and wells were used for anaesthesia. Medical conditions observed on the initiates include the following; sepsis, dehydration, pneumonia malnutrition, emaciation, profuse bleeding, respiratory tract infections, skin sores and burns. Traditional herbs and substances such as brake fluid and motor car oil were used to treat the wounds.

2.8 Theoretical Framework

The study was mainly guided by Piaget's theory of cognitive development where by the initiates went through the processes of assimilation and accommodation. They learnt new information during traditional circumcision practices through singing, dancing, drinking, socialization, sacred and secret teachings of their community, then they fit into their present way of understanding which therefore led to changes in their cognitive structures to fit new experiences or events. Formal operations stage was more applicable because an individual had a higher degree of equilibrium that allowed thought to be effective and flexible, even when dealing with hypothetical and abstract ideas. The circumcised boys aged between twelve to fifteen with formal operational thinking could imagine the possibilities in a situation and could compensate mentally for changes and reality. One could think about the future, non present objects possibilities and hypothesis that were not concrete and real. One could be able to think about ideas that he could not believe in, or drew conclusions from things that were only possible.

2.8.1 Conceptual Framework

This study conceptualized that there are two kinds of circumcision - traditional and clinical (independent variable) practised by the people in the study area. The choice of a particular form of circumcision to be practised by an individual depended on the extent to which he/she recognizes and appreciates societal values, beliefs and attitudes (extraneous variable) about circumcision. These beliefs, values and attitudes were influenced by socio-economic characteristics of the individual household and the community including education, income, religion, culture, and awareness, among others. People who believe in traditions are likely to value and follow the societal beliefs and attitudes and stick to the traditional ways of life as prescribed by that society. This group of people adopted and practised traditional circumcision. Modernists, on the other hand, tend to criticise the traditional ways of life and instead look at issues from a wider perspective by considering the rationale behind every practise. Such people are likely to discard traditional circumcision on the basis of the associated implications and instead go for clinical circumcision. Each kind of circumcision has got its own social, psychological, economic, and moral and health implications on the initiates involved and the society at large. These implications to a greater extent influenced the level of perception of a

person towards a particular kind of circumcision practiced (dependent variable). The above interrelationships are illustrated in Figure 1, which guided this study.

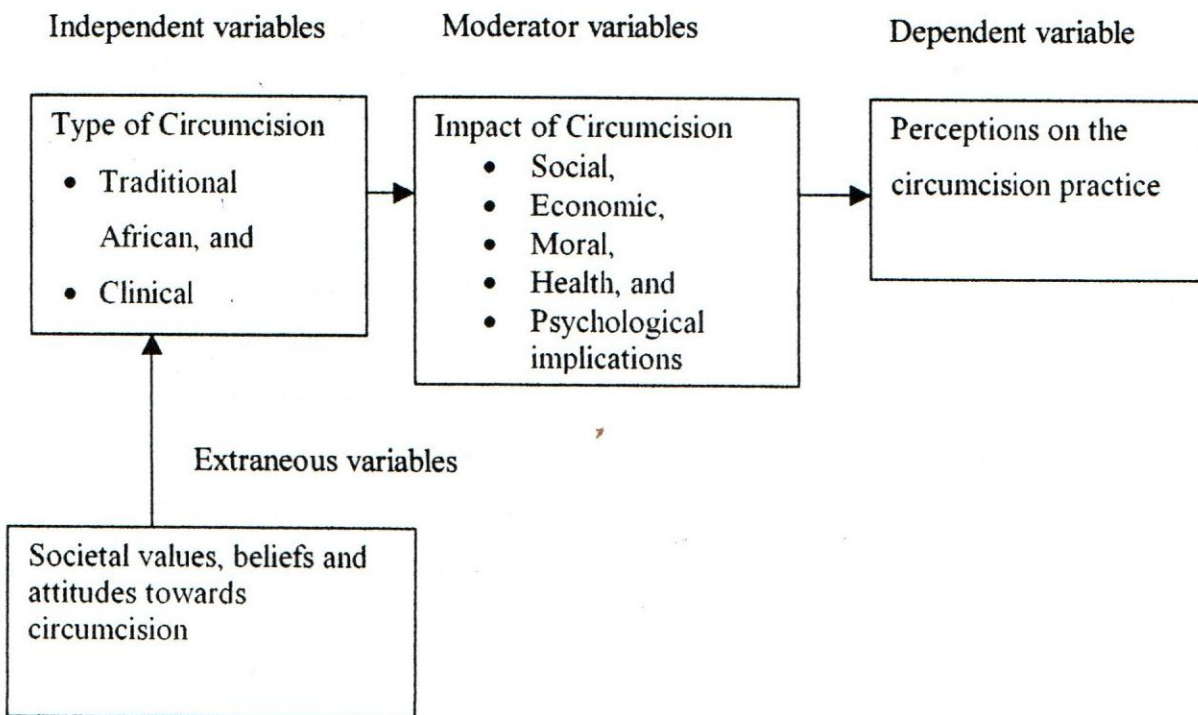


Figure1 Relationship between Male Circumcision and the Perception about the Practice

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter discusses the method used in data collection and analysis. Discussed in detailed are the research design, location of the study, target population, sampling procedure and sample size, validity and reliability, data collection and data analysis.

3.2 Research Design

This study utilized a descriptive survey research design in which a phenomenon was observed, described and documented as it was in the natural setting without manipulation of any variables. It involved events that had already taken place and related to present conditions. This design was preferred because the researcher was interested in the opinions of a large group of people and thus it helped in collecting information from a sample that had been drawn from a predetermined population (Fraenkel & Wallen, 2000). The design helped to cover a large area of study.

3.3 Study Location

The study was carried out in Bukembe location, Kanduyi division, Bungoma district. The division covers an area of 152.2 sq. Kilometres with the density of 260 persons per sq kilometre (Kenya, 2002). The Bukusus practice and treasure in traditional circumcision as a transition from childhood to adulthood.

3.4 Target Population

The target population constituted of the youth aged between 12-15 years in class 8 and parents in Bukembe Location of Kanduyi Division. The Division has a population of about 18,900 people, 7,432 households and 16 primary schools (Central Bureau of Statistics - CBS, 2006).

3.5 Sampling Procedure and Sample Size

Ideally, it was preferable to collect data from the whole population. However, due to time, manpower and financial constraints, sampling was done in this study.

Simple random sampling procedure was used in selecting 5 schools out of the 16 schools in the study area that was included in the sample. All the 16 schools in Bukembe location formed the

sampling frame. Random number tables were used to select the 5 schools. This proceeded as follows: all the 16 schools in the location were assigned 3-digit numbers; and used random number tables, only the five required schools were selected. The school that corresponded to the number picked was included in the sample. Purposive sampling was then used to select 20 circumcised boys in class eight from the five selected schools. Table 1 shows the sampled population of class eight boys in the five selected schools.

Table 1: Sampled population of class eight circumcised boys

Schools	Sampled population
Kongoli primary school	20
Bukembe primary school	20
Misanga primary school	20
Chebosi primary school	20
Miendo primary school	20
Total	100

Purposive sampling was also used to select parents who have circumcised boy(s) in their households. The circumcised boys and their parents were targeted for specific information about circumcision in the study area. Purposive sampling allows the researcher to subjectively use only those elements in the population that are considered to have the required information with respect to the objectives of the study (Nachmias & Frankfort-Nachmias, 1996).

From the above sampling procedures, a total of 100 boys and 40 parents formed the sample size for this study. Such a sample size for a survey research is considered a fair representation of the total population in the study area. It is also supported by among others Kathuri and Pals (1993); Gall *et al.* (1996); and Fraenkel and Wallen (2000) who in fact recommends a minimum sample size of 100 elements in a survey research involving major subgroups.

3.6 Instrumentation

Primary data was collected through administration of a questionnaire to every circumcised boy to fill and an interview schedule was used to interview each parent. Each instrument aimed at collecting specific information about circumcision from the targeted respondents. Both the questionnaire and interview schedule were administered in English language, but for those respondents who could not communicate in English were interviewed in Luhya or Kiswahili.

Secondary data was also collected to supplement the primary data. This data was collected from documented information on traditional circumcision and its associated implications both in the study area and the country at large. Sources of this information included government offices and libraries (books, journals, theses, periodicals, and other publications).

3.6.1 Validity and Reliability

Validity refers to the degree to which an instrument really measures the concept it purports to measure. The instrument to be used in data collection should capture the concept one wants to go and measure from the field. One way of ensuring validity of the instruments in this study involved the researcher going through the instruments in relationship with the set objectives and try to make sure that they contain all the information that can enable her to answer the research questions. The other way involved consulting and seeking for the opinion of the experts from the Department of Psychology, Counseling and Educational Foundation.

Reliability, on the other hand, refers to how consistent a measure is in measuring a single idea (concept). It normally applies in connection with multiple-item scales and whether each scale is measuring a single concept and the items that make up the scale are internally consistent (Fraenkel & Wallen, 2000). The instruments were therefore taken for piloting on a population that was similar to the target population, 25 circumcised boys in the neighbouring Sirisia location were used for piloting. They were chosen from those schools and households that were not included in the final sample. The objective of piloting was to allow for modification of various questions in order to rephrase, clarify and clear any ambiguities in the questionnaire. Piloting also assisted in testing reliability of the instruments. The reliability coefficient of 0.8321 was determined for the youth's questionnaire and 0.723 for the parents' interview schedule which

were in line with the acceptable reliability co-efficient of 0.7 and above (Frankel & Wallen 2000). The instrument was therefore a sufficient measure of the perceptions of Bukusus on the impact of traditional circumcision practices on their psychosocial life.

3.7 Data Collection

The researcher proceeded to collect data from the selected respondents after receiving permission from the University; Department of Psychology, Counselling and Educational Foundation; Ministry of Education Science and Technology; and District education office in Bungoma district. Permission was also sought from the head teachers of the selected schools. Data then was collected through administration of the two research instruments. The researcher personally administered questionnaires to the youth who were circumcised. They were given enough time to fill in the questionnaires. The researcher also interviewed selected parents who had circumcised boys by visiting them in their households.

3.8 Data Processing and Analysis

After data collection, it was processed and analyzed to facilitate answering the research questions. Qualitative data was analyzed by use of cross tabulation; it was organized and classified into themes depending on the research questions and the responses from the respondents. Data was therefore recorded in quantified terms and it was transferred to the tabular form in which it was systematically examined. Thus both quantitative and qualitative data was coded and analyzed descriptively using tables, percentages and frequencies. This was useful in explaining variable distributions, summarizing and organizing data to make meaning and observe trends. This was done with the aid of a computer programme - Statistical Package for Social Sciences (SPSS) version 11.5.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 Introduction

The chapter presents a discussion of research results based on the objectives and research questions of this study. It is comprised of the perceptions of the Bukusu about traditional circumcision practice, the parent's understanding of the health risks associated with traditional circumcision practices, moral implications associated with traditional circumcision, socio-economic implications of traditional circumcision practices on their household and the psychological effects of traditional circumcision on the initiates.

4.1 Demographic Characteristics

Age was an important characteristic in the Bukusu community because a boy was expected to be circumcised between 12-15 years. It was noted in the research that most of the youths were circumcised at the ages of 14 (25 percent), and 15 (70 percent). Age was an important factor since it determined whether one was fit for circumcision or not. In case a boy attained the age of circumcision and never showed interest in being circumcised, the society became suspicious of him and thus when he reached 18 years he would be circumcised by force. However, there were those few who opted to be circumcised at 13 years (5 percent) which was also accepted by the community so long as the boy was brave enough to withstand the pain during circumcision. by Table 1 shows the ages at which the boys were circumcised.

Table 2: Age at which boys were circumcised

Age (years)	Frequency	Percentage
13	5	5
14	25	25
15	70	70
Total	100	100

Objective 1:

4.2 Perceptions of the Bukusus about Traditional Circumcision Practice

The perception of a person about a particular activity/event or object is usually formed from the information collected on that activity/event or object and the meaning assigned to this information. The information is taken in through our senses and influences the value that we associate with the activity/event/object. The more information one gathers about a particular event and the value attached to it, the more likely he/she forms specific perception about the event. Therefore, the perception of Bukusus about traditional circumcision practice is influenced by the information that they have about the practices and the values attached to this information. This include: the advantages and disadvantages; satisfaction; confidence and continuation of the traditional circumcision practice in the society.

4.2.1: Perceptions of the Bukusus on the Advantages of Traditional Circumcision

Parents with traditionally circumcised boys among the Bukusus highlighted various advantages of traditional circumcision which they based on to argue that the practice should continue. Table 2 shows the perceptions of the Bukusus on the advantages of traditional circumcision.

Table 3: The perceptions of the Bukusus on the advantages of traditional circumcision

<i>Perceptions</i>	<i>Frequency</i>	<i>Percentage</i>
It is a test of bravery and courage	10	25.0
Children are taught to be responsible	6	15.0
Children are taught about the sacred teachings and secrets of the community	12	30.0
Social identity, acceptance and sense of belonging	6	15.0
Bring the community together	6	15.0
Total	40	100.0

The Bukusus believe that a man should be the protector of the home and thus should offer total security. For him to do that, he is expected to be brave and courageous enough, 25 percent of the parents therefore confirmed that the boy's bravery and courageousness is tested through circumcision whereby he is circumcised in the open where everybody including the young and the old should be watching him being cut. When a boy proves brave and courageous he is respected in the society and referred to as a man but not a coward "*omusani*". Kwamboka (1992)

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concur with this in his research as indicated that initiates become men after circumcision and they are allowed to sit with older men to share their thoughts.

A low percentage of parents at 15 percent argued that children are also taught to be responsible during circumcision including the seclusion period. They are told to practice the roles of fathers, for example, being ready to marry, how to take care of the young ones, to be good examples to the young ones, protecting their families, looking after their property that they will inherit from their fathers among others. This makes him a changed and responsible man no longer a child.

Some of the parents (30 percent) reported that circumcision teaches initiates about the sacred things and the secrets of their community. These teachings include sex and sexual activities, they are taught how to handle their private parts not to expose them carelessly, and that their mother should never see them naked. They are also taught when they should start engaging in sexual activities and with who, never to engage in sex with a married person. The secrets of the community include the rules and regulations of the community. In this case they are taught the history, norms and taboos of their community. Nyamwaka (2000) agrees by arguing that traditional circumcision gives initiates special skills and teachings such as sex education, important attributes of bravery, words of wisdom and patriotism.

Some of the parents argued that circumcision among the Bukusus marks the social identity of a person, once somebody goes through circumcision successfully; he is recognized and identified as a full member of the community. Walker (1993) agrees with this as indicated in his research, that circumcision defines who one is in the cultural group where it is a tradition and those who have not undergone it are seen as outcasts or are socially unacceptable. Circumcision makes him accepted by other members of the community and therefore he feels proud of belonging to a particular group since he is given an age group he belongs to and each age group among the Bukusus has its own name for example, "*Bachuma*", "*Bamaina*", "*Bakinyikeu*", among others. Circumcision also brings the community together because before one is circumcised, he calls all the relatives to come and witness his bravery and courage. 15 percent of the parents also considered traditional circumcision as a way of bringing the community together through sharing and socializing. Kwamboka (1992) observes that circumcision binds people together and it is at the core of the social structure and something that gives meaning to one's life.

4.2.2: The Perceptions of the Youth on the Satisfaction of Traditional Circumcision

When asked whether they were satisfied with traditional circumcision practices, 89 percent of the circumcised boys were satisfied, 17 percent were not satisfied while 4 percent were neutral. This could be attributed to the social value they attached to the practice and every one would want to be accepted and identified in the society. Those who were satisfied with the practice based their argument on the advantages of traditional circumcision which they reported that it prepares them to become full members of the community and also promoted their dignity. Those who were not satisfied cited societal changes and the risks involved in traditional circumcision. They also value their education so much as compared to traditional circumcision practice which consume a lot of their time moving from one place to another practicing, calling relatives, singing and dancing and seclusion after circumcision. They were also not satisfied with the way of treating the cut wounds. The 4 percent who were neutral could be traditionally circumcised without understanding the advantages of it.

Table 4: Perceptions of the youth on their satisfaction with traditional circumcision

<i>Satisfaction</i>	<i>Frequency</i>	<i>Percentage</i>
Very much dissatisfied	10	10.0
Dissatisfied	7	7.0
Neutral	4	4.0
Satisfied	53	53.0
Very much satisfied	26	26.0
Total	100	100.0

When a sample of parents with traditionally circumcised boys were asked whether they have confidence in the way traditional circumcision is done, 75 percent (30) of them agreed while 25 percent (10) disagreed. Those who had confidence in the way the practice is done had a number of reasons

Table 5: Perceptions of the parents on reasons for confidence in the traditional circumcision

<i>Reasons for confidence</i>	<i>Frequency</i>	<i>Percentage</i>
It preserves and maintains culture	10	33.3
It has stood the test of time	12	40.0
It is done in the open and witnessed by many people	8	26.7
Total	30	100.0

The parents who had confidence in the way traditional circumcision is done claimed that it preserves and maintains culture because of the repeated cultural practices that are practiced during every circumcision year. The sacrifices made during that time are also believed to unite them with their ancestors whom they believe are a source of blessings to the society and circumcision itself reminds them about the history of their culture i.e. how circumcision began to be practiced by the first Bukusu men and therefore others should follow suit. Putting the meat around the neck of the initiates indicated the kind of burden that one will carry in the home after becoming a man e.g. offering security, taking care of the young ones and the community as a whole.

Parents also claimed that traditional circumcision has stood the test of time and therefore it has no problem. It has been practiced since time immemorial by their grand parents up to the present time, there have been no side effects and people enjoy practicing it. Gairdner (1949) concurs with this as indicated in his research that circumcision is as old as history itself and no knowledge of sanitation. They also have confidence in traditional circumcision practice because it is done in the open and witnessed by many people, this makes the circumcisers to be very careful because in case of any fault, they are beaten up to death.

However, for those parents who had no confidence in the way the practice is done, 60 percent of them reported that there is a possibility of disease infection and transmission. The remaining 40 percent reported that at times there is the risk of death caused by improper cutting or mutilation of the organ. Gairdner (1949) agrees with these findings as it was shown in his study that several deaths were reported in the medical set up due to various infections after circumcision and there were also several news paper accounts of boys who have died after circumcision.

The study also established that 75 percent of the parents agreed that the traditional circumcisers have the necessary training while 25 percent differed. However, they all agreed that circumcisers inherit this profession from their forefathers. In most cases it is the first-born son of a deceased circumciser who is supposed to inherit this rite. But for him to rightfully qualify, he is also supposed to have a son as the first-born child in his family to ensure continuity. The heir is then informally trained by the elders and other circumcisers. Therefore, there is no specific formal

school or training for this kind of work instead nowadays there are seminars being organized to let the circumcisers understand the risks of using one knife on more than one initiate due to disease infection such as HIV / AIDS and sexually transmitted diseases.

4.2.3: The Perception of the Youth on the Continuation of Traditional Circumcision

When asked whether traditional circumcision practice should continue, 58 percent of the circumcised boys do not want it to continue while 42 percent would like to see it continue in the society. These results seem to contradict the proportion of boys who were actually satisfied with the traditional circumcision practices. However, majority (85 percent) of the parents wants the practice to continue and only 15 percent oppose it. Those boys who want the practice not to continue had a number of reasons.

Table 6: Perceptions of the youth for traditional circumcision not to continue.

<i>Youths perceptions</i>	<i>Frequency</i>	<i>Percentage</i>
Possibilities of transmission of diseases	25	43.1
Time wasting	4	6.9
Economic waste	13	22.4
Causes death	8	13.8
Encourages immorality, disobedience and alcohol consumption	8	13.8
Total	58	100.0

Majority of the parents want the practice continue because it preserves and maintains their culture, prepares children for parenthood, it marks the beginning of a new stage of life in a child and provides him with a chance to learn the secrets of the community. It also promotes unity in the community and prepares future responsible leaders. However, those boys who want the practice not to continue based their arguments on the possibilities of transmission of diseases such as HIV AIDS through sharing of knives. They are not satisfied with the way the knives are sterilized. They also regard it as time wasting as the would-be initiates abandon school earlier to prepare for the practice. They also refer to it as an economic waste because their parents spent a lot of money to buy food to feed the people during the period of circumcision. Some parents go to the extent of selling their family properties so as to cater for expenses. This leaves the families poorer than they were before and all this was done at the expense of the child's education. There is also the possibility of death or genital damage as a result of chopping off of the head of the

penis or cutting the veins. Some boys also die of stress due the long days spent walking and dancing. This concurs with Gairdner (1949) who observed that death as a result of traditional circumcision occur due to bleeding and related complications of the wounds. Musebe (2000) adds that incidences of inaccurate and accidental cutting can be associated with unprofessional and mercenary circumcisers. Traditional circumcision also encourages immorality due to the type of songs sang during the ceremony and when dancing one is required to be in a company of either another man or woman. There is also a lot of movement from one area to another. Boys are also encouraged to woo girls and start sexual activities. Girls, on the other hand, are being told through the songs that they are being prepared for a husband. Initiates are also told that after the circumcision, one is not supposed to be beaten by a woman, including their own mothers, and there are some work reserved for women only, they are also encouraged to make their own independent decisions as adults.

Culture can not be done away with because it makes people to be what they are and has been there since time immemorial. It marks the transition from childhood to adulthood. For those boys who want the practice to continue, 69 percent consider it as part of their culture that can not be done away with. Others (31 percent) view the practice as a mark of transition from childhood to adulthood. Munoz (2003) agrees with this as he reported that circumcision prepares one for manhood and Matjeke (1999) also concurs by indicating in his study that traditional circumcision is a cultural practice that reflects the strength of a tradition. Boykin (1983) also concurs with this study as indicated in his research that traditional circumcision is away of transition from childhood to adulthood. Table 6 shows the perceptions of the Bukusus for traditional circumcision to continue.

Table 7: Perceptions of the Bukusus for traditional circumcision to continue.

Perceptions	Frequency	Percentage
Marks the transition from childhood to adulthood	13	31.0
It is part of our culture	29	69.0
Total	42	100.0

In order to assess the level of perception of Bukusus about traditional circumcision, sample respondents were presented with five statements (items) related to the practice. They were

requested to indicate their degree of agreement or disagreement on a five-point range (strongly agree – SA, agree – A, undecided – U, disagree – D, and strongly disagree – SD). Table 7 below shows the distribution of their responses on various aspects of traditional circumcision practice.

Table 8: Responses of the youth on various aspects of traditional circumcision practices

Statement	Response (percentage)				
	SA	A	U	D	SD
Traditional circumcision practice makes you dignified, respected and accepted in the society	44.0	28.0	5.0	9.0	14.0
It is an avenue for learning about the sacred teachings and secrets of the community	47.0	24.0	7.0	9.0	13.0
It prepares one for parenthood and marriage	38.0	22.0	4.0	11.0	25.0
Traditional circumcision is a measure of ones bravery and courage	32.0	26.0	2.0	14.0	26.0
It is a taboo not to be traditionally circumcised	35.0	13.0	6.0	9.0	37.0

N = 100

From table 8, 72 percent of the respondents agreed that traditional circumcision practices make one dignified, respected and accepted in the society. This can be attributed to the Bukusu belief that a man who is not traditionally circumcised is a curse to the community and cannot be allowed to participate in community activities and decision making. It is only after traditional circumcision that one is regarded to be fully part of the community and can therefore equally participate in all activities in the community. They agreed that traditional circumcision is an avenue for learning about the sacred teachings and secrets of the community. Through circumcision, they get to discover the sacred teachings that could have otherwise not been disclosed to them. They also learn the norms and regulations of their society, the dos and don'ts of their community which make them more knowledgeable about themselves and the community. On whether circumcision prepares one for parenthood and marriage, 60 percent of the youth agreed with this as they were taught about sex and the role of sex as a means for procreation which enhances the continuation of their community and enabling them to remember their ancestors through naming. They are taught parental responsibilities. On another hand, 58 percent of the youth agreed that Circumcision also measures their bravery and courage thus it prepares the initiates to be protectors of the community since after circumcision they are believed to be the source of security and 48 percent of the youth also agreed that it is a taboo for one not

to be traditionally circumcised. Since failure to be circumcised traditionally makes one to be cursed and cannot be socially accepted in the community

The answer to each constituent statement (item) was scored on a scale of 1 to 5 (5 for strongly agree, 4 for agree, 3 for undecided, 2 for disagree, and 1 for strongly disagree). The individual scores were added up to form an overall perception score for each respondent. The overall score varied between 5 and 25. The higher the score, the more positive is the perception about traditional circumcision practices, and vice versa. The overall score was later divided into three ordinal categories to differentiate between the levels of perception including 5-11 (negative); 12-18 (average); and 19-25 (positive). Table 8 depicts the distribution of the levels of perception of the youth about traditional circumcision practices among the sample population.

Table 9: Distribution of levels of perception of the youth about traditional circumcision

<i>Levels of perception</i>	<i>Frequency</i>	<i>Percentage</i>
Negative	18	18.0
Average	42	42.0
Positive	40	40.0
Total	100	100.0

Less than a half (40 percent) of the sampled pupils recorded a positive perception while 42 percent had an average perception about Bukusu traditional circumcision practices. This is contrary to the expectation of the majority, if not all of the initiates have a positive perception about traditional practice of circumcision. This can be attributed to their individual experience during the exercise and changes in the socio-economic and health challenges of the present generation. People now need more facts than just beliefs and traditions about the practices.

Objective 2:

4.3: Parents' Understanding of the Health Risks Associated with Traditional Circumcision Practices

This objective aimed at finding out whether parents understand the health risks that are associated with traditional circumcision or not. The information got is shown in table 9 below.

Table 10: Parents' understanding of the health risks associated with traditional circumcision

<i>Risks</i>	<i>Frequency</i>	<i>Percentage</i>
Use of poorly sterilized knives	10	25.0
Possibility of organ damage/mutilation	20	50.0
Death	10	25.0
Total	40	100.0

Traditional circumcision put the initiates at the risk of contracting diseases as a result of use of poorly sterilized knives. Traditionally the knives are sterilized by dipping them in the fire throughout the night of the day preceding the exercise. They are advised not to use one knife on more than one initiate. There is also a possibility of organ damage/mutilation due to unprofessional circumcisers. The organ can be damaged or mutilated as a result of poor cutting. Death can also occur as a result of excess bleeding. Nahid (1993) agrees with the research done as he indicates that circumcision exposes the initiates to the risks of contracting diseases by sharing one knife on more than one initiate. Table 10 shows the parents' responses to the safety of the instruments used by the circumcisers during circumcision.

Table 11: Parents' responses to the safety of instruments used during circumcision

<i>Responses</i>	<i>Frequency</i>	<i>Percentage</i>
Yes	22	55.0
No	18	45.0
Total	40	100.0

When asked about the safety of the instruments used, 55 percent of the parents reported that the instruments are usually safe since the circumciser "sterilizes" them before use. However, 45 percent disagree with the safety of the instruments because of the sterilization methods used and the fact that one knife is used on more than one initiate, since a circumciser can circumcise a maximum of eight initiates in a day before the knives are sterilised again during the night. The parents argued that it can only be safe if the parent of the initiate has his own instrument which should be disposed after use.

4.3.1 Traditional Circumcision and HIV AIDS

When asked whether traditional circumcision practices increases the possibilities of HIV infection and transmission, 90 percent of the parents agreed while 11 percent disagreed

Table 12: Responses of parents as to whether traditional circumcision practice increases the risk of HIV infection

<i>Responses to the safety of instruments</i>	<i>Frequency</i>	<i>Percentage</i>
Yes	36	90.0
No	4	10.0
Total	40	100.0

For those who think that traditional circumcision practices increase the possibilities of HIV infection and transmission, 67 percent reported that this can be caused by the sharing and use of the same knives on all the initiates, 33 percent of them reported that the major risk is in the use of poorly sterilized knives. Matjeke (1999) concurs with this as indicated in his study that, the practice of using one knife on a number of initiates led to the risks of spreading HIV/AIDS. It was reported that after each cut, the knife was poorly washed in a basin of water laced with jik and dabbed with methylated spirit before moving to the next initiate. After circumcision, a herbal powder is administered on the wound. This is not enough to avoid transmission of HIV/AIDS infection.

Table 13: Responses of parents to the risks of HIV infection

<i>Risks of HIV/AIDS infection</i>	<i>Frequency</i>	<i>Percentage</i>
Sharing of knives	24	66.7
use of poorly sterilized knives	12	33.3
Total	36	100.0

However, all those 4 parents who think that traditional circumcision practices do not increase the chances of HIV infection and transmission reported that they are satisfied with the way sterilization of knives used in circumcision is done; they could not imagine how germs could survive in very hot fire through out the night the day preceding circumcision

Objective 3:

4.4 The Moral Implications Associated with Traditional Circumcision

In this study moral implications of traditional circumcision practices among the Bukusus are assessed by considering the social activities and teachings given to the initiated during this period. The activities include the songs and dances, various teachings and the treatment given to

the initiates during the circumcision ceremony. The actual moral effect of the activities on an initiate will depend on the extent to which one believes whether he will put it into practice or not. The study therefore considered each of these activities separately and its moral implications.

4.4.1 Songs and Dances During Traditional Circumcision

All the initiates reported that there were songs and dances during the ceremony. The songs that are sung during circumcision ceremony are those that give the would-be initiates courage to withstand the knife. They remind them that their fore fathers went through the exercise successfully and therefore they should do the same. The songs also talk about marriage and marital responsibilities. They also warn of bad behavior by scolding any one in the community who is believed to be misbehaving. During the time of singing, the initiates are only supposed to put on a short, tie a cloth (leso) around the waist or smear the body with white flour made of millet. This is done on the day preceding the exercise and on the actual day, the initiate is escorted to the river, dipped in water and the body smeared with soil. The songs also signify that time has come. People dance in pairs and should demonstrate the meaning of the words in the song.

4.4.2 The Moral Implications of the Songs on the Thinking of the Initiates

These songs and dances have various effects on the thinking of the initiates. From the study, the sample respondents mentioned four main effects of the songs on their thinking during that period of circumcision.

Table 14: The moral implications of the songs on the thinking of initiates

<i>Effects of songs on the initiates</i>	<i>Circumcised boys</i>		<i>Parents</i>	
	Frequency	Percent	Frequency	Percentage
Symbolized that time to be circumcised had come	25	25.0	8	20.0
Confirmed the success of the rites	24	24.0	8	20.0
Enhanced bravery and courage	23	23.0	18	45.0
Symbolized the beginning of sex and marriage	28	28.0	6	15.0
Total	100	100.0	40	100.0

It symbolizes that time has come and there is no turning back. One is encouraged to have courage and be bold to withstand the pain to prove that he is now a man. Those who fail to do so

are scolded and never respected in the society. No woman would also want to get married to someone who could not even withstand the knife since they believe that children will inherit the father's cowardness. The songs also confirm the success of the rites and they praise the initiates for his decision to undergo circumcision. The initiates are also prepared for sex and marriage because they are convinced that girls will only accept them when they have been circumcised.

Table 15: Effects of the songs sung during circumcision on the moral behaviour of the initiates

<i>Effects of songs on moral behaviour</i>	<i>Circumcised boys</i>		<i>Parents</i>	
	Frequency	Percent	Frequency	Percentage
Taught about the essence of circumcision	22	22.0	4	10.0
Taught about moral expectations of the community	23	23.0	8	20.0
Encouraged to consume alcohol	21	21.0	4	10.0
Encouraged to engage in immoral behaviour	22	22.0	18	45.0
Encouraged and prepared for sex and marriage	12	12.0	6	15.0
Total	100	100.0	40	100.0

The songs teach the initiates about the essence of circumcision in the society as a transition from childhood to adulthood. One is also encouraged to have good morals that can be copied by young boys. They teach them about the moral expectations of the community from them. Alcohol consumption is also encouraged as an avenue of socializing with other men in the society. The initiates are also encouraged to engage in immoral behavior like wooing girls and engaging in sexual activities.

4.4.3 Moral Teachings During Circumcision

A part from songs and dances, the initiates are also taught on various topics that are intended to help them in their future life. All the respondents reported that they under went various teachings during the circumcision ceremony. Table 15 shows a summary of the major teachings during this period.

Table 16: Moral teachings during circumcision

<i>Moral Teachings</i>	<i>Circumcised boys</i>		<i>Parents</i>	
	Frequency	Percent	Frequency	Percentage
Taught how to be responsible	18	18.0	6	15.0
Prepared for sex, marriage and parenthood	18	18.0	6	15.0
Taught about community expectations from them	17	17.0	6	15.0
Importance of community unity	12	12.0	6	15.0
How to treat and respect different people in the society	11	11.0	4	10.0
The need to protect the community	10	10.0	6	15.0
Sacred teachings and secrets of the community	14	14.0	6	15.0
Total	100	100.0	40	100.0

The initiates were taught how to be responsible including knowing what to do, when to do it and how to do it. They are taught to be work hard so as to keep the community going. They were prepared for sex, marriage and parenthood. Every Bukusu man is expected to marry and get children. They were taught the importance of unity in the community and the need to always be there for one another and how to treat different categories of people in the society. For example they were told to respect the age mates of their fathers the same way they respect their own fathers and the same should be applied to the age mates of their mothers. They were also taught the sacred teaching and secrets of the community.

4.4.4 Effects of the Moral Teachings on the Thinking of the Initiates

When asked about the effects of the above teachings on the thinking of the initiates, the sample respondents enumerated a number of them. Table 16 summarizes the major effects of these moral teachings on the thinking of the initiates in Bukusu community.

Table 17: Effects of the moral teachings during circumcision on the thinking of the initiates

<i>Effects of moral teachings</i>	<i>Frequency</i>	<i>Percentage</i>
I have complete knowledge about the community	23	23.0
I can now make independent decisions	22	22.0
I am now a grown up	22	22.0
I am now responsible for my actions	33	33.0
Total	100	100.0

Initiates were taught how to be responsible, meaning they should know what to do, when to do it and how to do it responsibly so that the young ones may learn good examples from them. They were taught the secrets of the community, sacred teachings, norms and regulations that should govern their moral behavior and thus enabled them to be more knowledgeable about their community. The teachings also helped them to make independent decisions since they were taught to think maturely or as grownups because they were no longer children. Most of them gained confidence due to the respect they received from others especially the uncircumcised boys; this really boosted their self esteem.

They proudly confessed that they are grownups and they can also participate in community decision making because of the knowledge they have received from the teachings during circumcision. Above all they are responsible for their actions, since they know what is expected of them by the society. They now understand the norms, regulations, dos and don'ts (taboos) of their society.

4.4.5 How the Initiates were Treated During Traditional Circumcision Ceremony

Sample respondents differed on the kind of treatment they were subjected to during circumcision. Majority (68 percent) described it as a mistreatment while 32 percent were satisfied with the treatment. Table 17 summarizes some of the reasons for what they regard as mistreatment during the circumcision.

Table 18: Mistreatment of the initiates during circumcision

<i>Type of mistreatment</i>	<i>Frequency</i>	<i>Percentage</i>
Spent sleepless nights out in the cold	14	20.6
The process is physically painful	15	22.1
My parents could not meet the economic expectations of the community	12	17.6
Being beaten and mocked	15	22.1
Walking naked on the road regardless of the weather	12	17.6
Total	68	100.0

Immediately the candidate announced that he wanted to be circumcised, he was given permission by the parents to start inviting all relatives who were to come and witness his bravery and courage. While doing that he was not allowed to sleep in the house with others instead he spent sleepless nights assuming they were preparing him for the hard tasks that he was to undertake

after circumcision. The process of circumcision is physically painful because they don't use any anesthesia to relieve the boy from the pain; this sometimes leads to prolonged bleeding and thus risking the child's life. Munoz (2003) concurs with this study as shown in his research that no anesthetics were used during traditional circumcision.

The initiates could not be allowed to put on clothes regardless of the weather and they were mocked and beaten wherever they passed just because they were candidates for circumcision. This made them to regret why they decided to be circumcised as per that, 32 percent of those who were satisfied with the treatment all reported that they were psychologically prepared for it and considered it as a normal routine during such practices, since they were aware that their forefathers passed through the same type of treatment.

4.4.6 Effects of the Mistreatment During Circumcision on the Thinking of the Initiates

When asked whether the mistreatment during circumcision has caused any change in their thinking, 85 percent (58) of the 68 respondents agreed while 15 percent (10) disagreed. Table 18 below depicts the specific changes in the thinking caused by the mistreatment.

Table 19: Specific changes of mistreatment on the thinking of the initiates during circumcision

<i>Effect of mistreatment of the initiate</i>	<i>Frequency</i>	<i>Percentage</i>
Made me regret and think negatively about the practice	29	50.0
Encouraged me to be more brave and courageous	29	50.0
Total	58	100.0

The mistreatment of the initiates made them regret why they decided to be circumcised and that is why, some of them don't support traditional circumcision at all although it helped them to become responsible members in the long run, but they claim that it had done a lot of harm on their bodies before the day came for them to be circumcised. However they also claimed that they became hardy and even more brave and courageous to face the knife because they never wanted to repeat the same process again, which would even torture them more psychologically.

Objective 4:

4.5 Socio-Economic Implications of Traditional Circumcision Practices

Traditional circumcision proved to be very expensive as the boys put it, some parents sold land just to meet the expenses of the practice this therefore affected the economic status of their families, and some could not go to school simply because their parents could not afford fees since they had become poorer than before

When asked how traditional circumcision practices have affected the economic activities of their households, 56 percent of the circumcised boys' respondents reported that their household became poorer while 44 percent have saw no change in their standards of living. Table 19 summarizes the effects of the traditional circumcision on the household economic status.

Table 20: Effects of traditional circumcision on the economy of the household

<i>Effects on their economy</i>	<i>Frequency</i>	<i>Percentage</i>
Standard of living never changed	44	44.0
Became poorer	56	56.0
Total	100	100.0

When parents were asked whether traditional circumcision preparations affect the family economic status, all of them agreed that the exercise is economically very expensive in terms of feeding the initiates and visitors. Some even reported selling their family properties in order to finance the ceremony. All this happens at the expense of other activities in the family including paying school fees. It was also reported that every candidate who is supposed to be circumcised pays a fee of about Kshs 300. The fee was meant to be for the circumciser and it is believed that if one fails to pay, the circumciser has the powers of spoiling the child. So somebody will struggle to ensure that he pays the money to safe the child from being spoiled by the circumciser.

Objective 5

4.6 The Psychological Effects of Traditional Circumcision on the Initiates

The various social activities and teachings that accompany the Bukusu traditional circumcision practices caused a number of psychological effects on the initiates involved. The activities and teachings include the songs and dances; beating and mockery; colouring of the skin with mud; walking naked along the road; various teachings, and the treatment given to the initiates during

the circumcision, among others. These psychological effects may be both positive and negative depending on the extent to which the initiate believes in them and how they are practised. When the sample respondents were asked about the psychological effects that traditional circumcision has had on the initiates, the following effects were mentioned (Table 20).

Table 21: Psychological effects of traditional circumcision on the initiates

<i>Psychological effects</i>	<i>Circumcised boys</i>		<i>Parents</i>	
	Frequency	Percent	Frequency	Percentage
Social identity	14	14.0	12	30.0
I can now protect myself	9	9.0	0	0.0
I am physically mature	8	8.0	8	20.0
I am now mentally mature and can make independent decisions	11	11.0	6	15.0
It has boosted my self esteem	14	14.0	0	0.0
I should now be respected, especially by the uncircumcised	10	10.0	0	0.0
I am now ready for parenthood	16	16.0	6	15.0
I can now participate in community decision-making	11	11.0	8	20.0
The society expects a lot from me (stress and torture)	7	7.0	0	0.0
Total	100	100.0	40	100.0

The circumcised boys become identified in the community. Walker (1993) agrees with this study as it is indicated in his research that circumcision defines who one is in the cultural group where it is practised. They are given an age group which they belong to and a new name. This makes them feel very important and think that they should be recognised in the community participation including decision making, conflict resolution and protection of the community. They also feel that they have a right to marry and own property. They should also be recognised by their age mates especially during any traditional practise. They also feel brave and courageous and therefore can protect themselves. They also feel they are physically mature because after circumcision most of them grow very fast. This makes them feel that they ready for marriage. Others think they are mentally mature and can make independent decision. Generally, circumcision boosts a child's self esteem as one feels courageous, confident and worth to be respected. It therefore improves their dignity and respect. The society expect a lot from the circumcised boys.

CHAPTER FIVE:

SUMMARY, CONCLUSIONS AND RECOMMENDATION

5.1 Introduction

This chapter summarizes the research findings, it also includes conclusion and related recommendations to enable parents make informed decisions about circumcision. The purpose of the study was to investigate the perceptions of the Bukusus on the impacts of traditional circumcision on their psychosocial life.

In the study the researcher used two questionnaires, one for the youths and interview schedule for the parents. The questionnaires aimed at collecting specific information from the respondents about their perceptions on the impact of traditional circumcision.

5.2 Summary of Major Findings

Based on the research objectives and the analysis in chapter four, the following is a summary of the major findings:

- (i) The study established that the parents have appositive attitude towards traditional circumcisions since they believed that it is one way of passing knowledge to the youth. Through circumcision the youth are taught sacred things and the secrets of their community, they also taught the norms, regulations and the taboos of their community, in this way they come out of seclusion as responsible members who know their roles in society. The parents also argued that traditional circumcision preserves history and maintains culture. It has also stood the test of time without any pronounced disadvantages. They further argued that traditional circumcision makes one dignified and accepted in the society. Most parents agreed that circumcisers have the necessary training; however most of them inherited this role from their forefathers. Few parents had no confidence in traditional circumcision due to the possibility of disease infection and transmission through the sharing of one knife on more than one initiate.

- (ii) It has been found out that majority of the youth have mixed feelings and thus contradict themselves, because a big percentage of them (75 percent) agreed that they

were satisfied with traditional circumcision and thus had confidence in it, but when asked whether it should continue or not, again majority did not want it to continue reasons being that there are possibilities of transmission of diseases, they also claimed that it is time wasting, very expensive and thus affect the economic status of their families.

- (iii) Those respondents who advocated for the continuation of traditional circumcision claimed that it is an avenue for one to become knowledgeable about the sacred things in their society, learn the secrets, norms and regulations of their society, be aware of the dos and don'ts and they are also prepared for parenthood in order to enhance the continuity of the community. It was also established that the parents are not a hundred percent sure about the health of their children since the knives used by the circumcisers are poorly sterilized. Therefore there is a high possibility of disease infection due to sharing of one knife on more than one initiate, since it was established that those special knives for circumcision are few as compared to the initiates. They also confirmed that there is possibility of organ damage/ mutilation due lack of professionalism and sometimes when the circumciser is in a hurry. The findings also proved that the songs sang during circumcision had an effect on the thinking of the initiate since they enhanced bravery and courage to enable them go through circumcision successfully. They were also well prepared for marriage. The songs were helpful in changing people's behavior because they scolded those who misbehaved in society and thus instilling fear in others not to misbehave instead thinks positively about themselves and others.
- (iv) The youth were affected morally as they were encouraged to go in for sex after circumcision as a way of preparing for marriage.
- (v) The teachings taught during circumcision also affected the initiates thinking, they stopped thinking like children. They were taught how to become responsible; they were also taught the role of sex and thus prepared them for marriage and parenthood. They were made to understand that the community expects a lot from them especially in offering security and participating in decision-making. They are expected therefore to think and behave maturely. The community looks at them as grownups who should keep the sacred teachings and preserve the secrets of the community. It was

established that the youths feel that they are mistreated during circumcision especially when they are forced to spend sleepless nights in the cold; the process of circumcision itself is physically painful. Walking naked on the road regardless of the weather is also looked upon as a mistreatment to the initiates. This made the boy to regret and think negatively about the practice.

- (vi) The study also established that the economic status of the households was affected by circumcision practice since the majority of the youth claimed that they even became poorer than before after circumcision, others never saw change in their economic status meaning they did not gain anything other than just becoming a man.
- (vii) The study also revealed that traditional circumcision helped in boosting the youth's self esteem and promoted their thinking due to the dignity and respect they gained after circumcision. They felt socially accepted and became more mature, this enabled them to make independent decisions and freely participated in community decision making.

5.3 Conclusion

The study made an attempt to investigate the perceptions of the Bukusus on the impact of traditional circumcision practice on their psycho- social life. The findings of the study may be useful in helping to create awareness and sensitize parents on the risks their children are exposed to during traditional circumcision and thus help them to make informed decisions concerning the rite of passage they should engage in.

Based on the summary findings, the study makes the following conclusions;

- (i) Traditional circumcision is a socially acceptable practice that enables the youth to move from childhood to adulthood stage of development. It also prepares them to be responsible members of the community through the teachings given to them during circumcision ceremony. This is seen in objective three where the initiates were taught to be hardworking to keep the community going and they were also taught about sex and marriage thus being prepared for parenthood.
- (ii) Traditional circumcision preserves history and maintains culture of the community that practices it. This was observed in objective one where parents claimed that they have confidence in traditional circumcision because it preserves and maintains their culture and that it has stood a test of time.

- (iii) There is a high possibility of disease infection due to sharing of one knife on more than one initiate since those special knives for circumcision are few as established in objective two. Proper precautions should be taken to prevent disease transmissions.
- (iv) The teachings and songs used during traditional circumcision encourage the initiates to engage in immoral behaviour as established in objective three that the songs taught them about marriage and marital responsibility. They encouraged them to woo any woman or girl who is not married to prove their manhood.
- (v) Traditional circumcision proved to be very expensive and thus affected the economic status of their households. This was established in objective four where the youth claimed that circumcision never changed their standard of living instead they became poorer than before.
- (vi) Traditional circumcision boosts the child's self esteem since he feels courageous, confident and worth to be respected as established in objective five of the study. This promoted their thinking.

5.4 Recommendations

Basing on the conclusion from the major findings, the study makes the following recommendations:

- (i) Traditional surgeons should be subjected for circumcision training, wound dressing and treatment, and after completion of the training they be awarded with certificates.
- (ii) The parents of the initiates should be advised to have their own instruments, which should be disposed after use on their children.
- (iii) The teachings and songs used during traditional circumcision should be vetted to avoid encouraging the initiates to engage in immoral behaviour.
- (iv) Parents should be provided with adequate information on hygiene pertaining to the long-term medical effects of circumcision so that they can make informed decisions.

5.4.1 Area for Further Research

This study recommends the following area for further research.

The influence of parental level of education on the perception of the youth about traditional circumcision

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APPENDICES

APPENDIX A: CIRCUMCISED BOYS QUESTIONNAIRE

Instructions

My names are from Egerton University. I am interested in finding out the perceptions of the Bukusus on the impact of the traditional circumcision on the community. This questionnaire is to secure information from the youth concerning their perceptions on the impact of traditional circumcision on their Psychosocial life. Please respond to all the questions as honestly and accurately as possible. Tick the appropriate item or write down the information required. Feel free to give the answer you feel appropriate. The information given will be treated with confidentiality.

1. General Information

1. Gender

1. Male 2. Female

2. Name of school _____

3. Age when you were circumcised _____

4. Your age in complete years _____

5. Please indicate whether you strongly disagree (SD), disagree (D), are undecided (U), agree (A) or strongly agree (SA) with the following statements about traditional circumcision.

Statement	SD	D	U	A	SA
It is a taboo not to be traditionally circumcised					
Traditional circumcision is a measure of ones bravery					
Traditional circumcision makes you dignified and respected in the society					
It prepares one for parenthood					
It is an avenue for learning about the community					

6. How satisfied are you with the practice of traditional African circumcision?

Very much dissatisfied

Dissatisfied

Neutral

Satisfied

Extremely satisfied

7. (a) Should it continue being practised in our society?

Yes No

(b) Explain your answer

8. (a) Were you satisfied with the treatment you were given during circumcision?

Yes No

(b) Give reasons for your answer

9. (a) Did the treatment cause some changes to your thinking?

Yes No

10. In your own opinion, what are the psychological effects of circumcision on you?

a) Social identity i.e. I am now recognized as a grown up in the society

b) I can now protect my self

c) I am now physically mature

d) I am now mentally mature and can make independent decisions

e) It has boosted my self esteem

f) Should be respected, especially by uncircumcised children

g) I am now ready for parenthood

h) I can now be allowed to join other men in community decision making

i) The society expects a lot from me (stress and torture)

11. During circumcision, did you experience any of the following. Tick any.

a) Shock

b) Infections

c) Injuries

12. Were songs sang during the circumcision ceremony?

Yes No

13. How did these songs affect your thinking?

a) They symbolised that the time has come to be circumcised

b) They confirmed the success of the rite

c) They enhanced my bravery

d) They showed that I am ready for marriage

14. How did the songs affect your moral behaviour?

a) They taught us about the essence of circumcision

b) They taught us about the moral expectation of the community

c) They encouraged us to engage in alcohol consumption

d) They encouraged us to engage in sexual activities

e) They encouraged and prepared us for marriage

15. Were there teachings during circumcision ceremony?

Yes No

16. If yes, what were the teachings taught during the circumcision period? Tick any

a) We were taught how to be responsible

b) We were prepared for marriage and parenthood

c) We were about the community expectations from us

d) We were taught on the importance of community unity

e) We were taught on how treat and respect different people in the society

f) We were taught on the need to always be ready to protect the community

g) We were taught about sacred teachings and secrets of the community

17. How has these teachings affected your thinking?

a) I am now knowledgeable about community expectation

b) I can now make independent decisions about my life

c) I am now a grown up

d) I am now responsible for my actions

18. Which of the following activities were you encouraged to indulge in during circumcision period? Tick any.

- a) Alcohol consumption
- b) Premarital sexual activities
- c) Smoking
- d) Marriage
- e) None

19. Has circumcision had any of the following effects on you? Tick one.

- a) Fear
- b) Feelings of incompleteness
- c) Acceptance in the society

20. Did any of your age mates die in the process as a result of circumcision?

1. Yes

2. No

21. If yes, how did it affect your thinking

22. Did traditional circumcision affect the economic activities of your family?

1. Yes

2. No

23. If yes, how

APPENDIX B: INTERVIEW SCHEDULE FOR PARENTS

My names arefrom Egerton University. I am interested in finding out the perceptions of the Bukusus on the impact of the traditional circumcision on the community. Please help me by giving the correct and full information as asked in this interview schedule. The information you give will be treated confidentially but will be used to help the parents and children to make informed decisions concerning the practice of circumcision.

Interview schedule guidelines for parents

1. Number of children _____

2. Marital status

(a) Single

(d) Separated

(b) Married

(e)Widow/Widower

(c) Divorced

3. How many boys do you have _____

4. Have you ever circumcised any of your boys?

1. Yes

2. No

5. Which kind of circumcision did you use?

1. Traditional

2. Clinical

6. If your answer in 5 is traditional, do you have confidence in the way it is done?

1. Yes

2. No

Explain how? _____

7. What are advantages of traditional circumcision?

8. Are the instruments used by the traditional circumcisers safe?

1. Yes

2. No

9. Do the traditional circumcisers have any training?

1. Yes

2. No

Explain your answer _____

10. What are the risks of traditional circumcision?

11. Should traditional circumcision continue being practised?

1. Yes

2. No

12. Has circumcision had any of the following effects on your children? Tick any.

a) Fear

b) Feelings of incompleteness

c) Improved cleanliness

d) Acceptance in the society

13. What are the children taught during circumcision period?

14. Which of the following activities were you encouraged to indulge in during circumcision period?

(a) Alcohol consumption

(b) Premarital sexual activities

(c) Smoking

(d) Marriage

15. Is it true that traditional circumcision increase the chances of HIV infection?

1. Yes

2. No

How? _____

16. What is the significance of the songs sang during circumcision? _____

17. Does traditional circumcision preparations affect the family's economic state?

1. Yes 2. No

Explain your answer _____

18. How does a traditional song affect the youths moral behaviour? _____

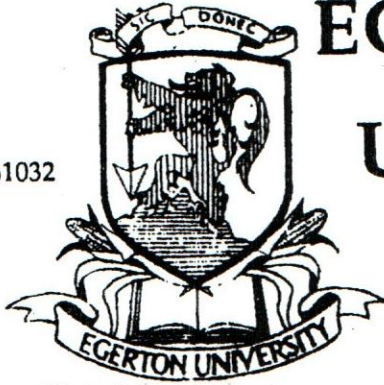
19. In your own opinion, what are psychological effects of circumcision on the youth?

- a) Social identity i.e. I am now recognized as a grown up in the society
- b) They can now protect themselves
- c) They are now physically mature
- d) They are now mentally mature and can make independent decisions
- e) It has boosted their self esteem
- f) Should be respected, especially by uncircumcised children
- g) They are now ready for parenthood
- h) They can now be allowed to join other men in community decision making
- i) The society expects a lot from them (stress and torture)

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TO WHOM IT MAY CONCERN

RE: GUIDANCE AND COUNSELLING STUDENTS' RESEARCH

The above programme is offered in our University at Master's level. In order to complete their study requirements they have to carry out a reasearch. They are currently seeking a place to do so and have found your institution a valuable place to enhance their learning.

I wish to introduce to you FLORENCE M. MBIRCHI..... registration number EM.16/09H/03. for your kind assistance in their study.

Please, accord them the help they may need in order to achieve this objective. While they are carrying out a research, they are familiar and bound by the ethical standards of collecting information, safeguard of the same, and using the findings pro-actively.

On behalf of the University, we wish you well and thank you for your partnership in the training of our students.

Sincerely,

CHAIRMAN
EGERTON UNI.
EDUC. PSYB COUN.
P.O. BOX 536 NJORO

DR. FR. STEPHEN MBUGUA NGARI
CHAIRMAN, DEPARTMENT OF EDUCATIONAL, PSYCHOLOGY AND
COUNSELLING

For: Vice Chancellor – Egerton University

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9th May, 2006


TO WHOM IT MAY CONCERN

RE: FLORENCE .M. MBACHI

The above referred is a student from Egerton University.

She is working on her M.Ed. project.

Please give her the necessary assistance.


~~For~~ **DISTRICT EDUCATION OFFICER**
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