FACTORS UNDERMINING ADOPTION OF ALTERNATIVE RITES OF PASSAGE FOR GIRLS AMONG THE CATHOLIC FAITHFULS OF OLENGURUONE DIVISION, NAKURU COUNTY, KENYA

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This Thesis is my original work and has not been submitted for degree in any other University.

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RACHEL M. CHEPKEMOI

REG. NO.:AM14/2926/11

Recommendations

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

Signature ..... Date 29/6/17

Dr. Damaris Parsitau

Department of History, Philosophy and Religious Studies

Egerton University

Signature ..... Date 29-6-2017

Dr. Joshua O Ayiemba

Department of History, Philosophy and Religious Studies

Egerton University

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DEDICATION

To my sisters in the little sisters of St. Francis congregation and to all the girls who will be undergoing the alternative rite of passage. May they grow in a safe environment and be of help to others in any community they will be in.

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I am indebted to a number of individuals and groups of girls and women I visited during my data collection within Olenguruone Division. They were very supportive and friendly.

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ABSTRACT

This study set out to investigate factors undermining adoption of Alternative Rites of Passage (ARP) for girls among the Catholic Faithful in Olenguruone Division, Nakuru County, Kenya.(ARP) for girls aims at seeing girls come into adult age without the "cut". The study sought to get to find out why Female Circumcision (FC) still persists in Olenguruone Division despite it being discouraged both by the Church and Government Leaders. It highlights the traditional and cultural factors which have undermined the adoption of ARP in Olenguruone Division. Specifically, it examined the inter-Christian teachings associated with adoption of ARP.Furthermore, it evaluated the responses of the Catholic Christians in Olenguruone Division towards the adoption of ARP, and the role played by Religious Leaders, Teachers and Village Elders, in either supporting or discouraging ARP. This study was informed bySocial Dominance Theory (SDT)Advanced by psychologists Jim Sidanius and Felicia Pratto. The research adopted descriptive survey technique which made it possible to work with a large sample and provided numerical descriptions of the targeted population. The target group was high school students from seven different schools, youth out of school, elders and trainers in ARP which were summed up to a sample population of 133 persons. The samples were obtained by use of stratified random sampling and the data was collected by use of questionnaires and focused-group discussions. The researcher also carried out detached participant observation on the flow of events of ARP as they occurred naturally. The study found out that FGM was greatly attached to traditions of the community. However, of late more and more people have began embracing ARP. Inter-generational dialogue, opening or transforming a number of existing schools to gender responsive education centre as well as supporting the victims of FGM are some of the recommendations made by the thesis.The findings of this study can be used to inform policy makers and stake holders such as Faith Based Organizations, human rights organizations, NGOs and the Government on interventions in relation to FGM/FC eradication. The findings also highlighted some of the cultural factors undermining the adoption of ARP in Olenguruone Division. The findings will also encourage Communities and Organisations working towards eradicating FGM/FC to adopt meaningful cultural norms and practices that will empower the girl-child during this transition period. Equally, this study will become a spring-board to other researchers on anti-FGM intervention programmes, like ARP and others. This will in turn contribute significantly to increase of knowledge in the area of study.

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LIST OF ABBREVIATION AND ACRONYMS

ARP	Alternative Rites of Passage
SDT	Social Dominance Theory
DTSC	Diffusion Theory of Social Change
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
DHS	Deographic and Health Surveys
FGD	Focus Group Discussions
FC	Female Circumcision
FGM	Female Genital Mutilation
FLEP	Family Life Education programme
GEP	Girls Empowerment programme
MYWO	MaendeleoYaWanawake Organization
CDC	Centres for Disease Control
CRS	Catholic Relief Services
INC	Immigration and Naturalization Service
ICPD	International conference on population and Development
PATH	Programme of appropriate technology in Health

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

A rite of passage is a celebration of the passage which occurs when an individual leaves one group to enter another. It involves a significant change of status in society. In cultural anthropology, the term is the Anglicisation of *rite de passage*, a French term innovated by ethnographer Arnold Van Gennep in his work Les rites de passage, and "The Rites of Passage" cf. Wikipedia. Van Gennep uses the metaphor "as a kind of a house divided into many rooms and corridors." To him, a passage occurs when an individual leaves one group to enter into another, he changes rooms. Rites of passage have three phases: separation, liminality and incorporation. In the first phase, people withdraw from their current status and prepare to move from one place or status to another. This phase comprises symbolic behaviour signifying the detachment of the individual or group from an earlier fixed point in the social structure. There is often a detachment or "cutting away" from the former self in this phase, which is signified in symbolic actions and rituals, for example, cutting hair. The luminal stage is the period between state during which one has left one place or state but has not yet entered or joined the next. In the re-aggregation or incorporation phase, the passage is consummated by the ritual subject. Having completed the rite and assumed the new identity, one re-enters society with one's new status. Re-incorporation is characterized by elaborate rituals and ceremonies, like debutant balls and college graduation, and by outward symbols of new ties.

Rites of passage are diverse and are found throughout many cultures around the world. Many Western societal rituals may look like rites of passage but miss some of the important structural and functional components. However, in many native and African-American Communities, traditional rites of passage programmes are conducted by community based organization. Types of rites of passage include coming of age, for example menstruation, college graduation, transition to adulthood and wedding; religious rites of passage, for example, circumcision, baptism, confirmation and first Holy Communion; military rites of passage, for example boot camp and Officer candidate school, blood wings and line crossing ceremony; academic rites of passage such as graduation; and vocational/professional rites of passage, for example white coat

ceremony in medicine and pharmacy and the ritual of calling of an engineer (cf. Wikipedia). The most prevalent rites of passage among societies of the world are those observed at puberty, frequently called puberty rites. Circumcision or other genital operations are fairly common feature of rites celebrating or marking the attainment of maturity
(cf. *https://www.britannica.com/topic/rite of passage*).

Among the Kipsigis, FGM is primarily a community event, was considered very important religious and cultural event that marked the passage for girls from puberty to womanhood. It is through rite of passage that females are considered adults and can therefore marry or participate in adult ceremonies and become full members of the society. The teaching given during seclusion are meant to prepare them for the responsibilities of marriage and parenthood, without which teaching youth would be ill prepared for future life (Mbithi, 1991). It is one of the most treasured traditional practices among African societies and other parts of the world. In Kenya the practice is not only popular but prevalent with 38% of women reported being circumcised (KDHS, 1998). In these communities female circumcision defines reproduction, sexuality, adulthood, womanhood, power, religion and diverse kinds of identity

FGM is a traditional practice which has been embraced by many Kenyan communities, including the Kalenjin community living in Olenguruone Division of Nakuru County. Human rights groups and religious leaders have in the recent past condemned the practice as harmful in all aspects on the women and the girl-child. This resulted in the Government banning the practice in early 1990s which led to the introduction of ARP as the alternative rites of passage for women and the girl-child, However, FGM has continued to be practiced in significant proportions among the communities practicing it despite the Government's ban, religious leaders and human rights groups' efforts to promote its abandonment.

The role of female circumcision in kipsigis community was to provide a transition from childhood to adulthood, a preparatory stage for marriage. Society held the practice with very high regard because it specifically prepares girls for marriage and procreation. The practice takes place in every village and involves all the women in community. The initiation rites are very elaborate and complex, covering three main stages, namely; the public circumcision, the period of seclusion and the coming out ceremony. During the seclusion period, the initiates

„*Chemerinik*" undergo a series of instruction and lesson about subordination and power, authority and challenges of life. Much of the teaching revolves around female sexuality, the role and responsibilities of a wife to the husband, family and community, the strength of women as a group, the respect owed to older people and family education in general. It is here where all the informal education on sensitive issues such as sexuality which are normally not discussed openly and had been initiated through socialization by the parents, aunties, grandparents and other members of the society are reinforced and discussed openly more than ever before. (Chebet and Diet 2000). At the end of seclusion period the initiates will formally graduate from their training into responsible adults and henceforth be referred as "*Kwonyik*", meaning women who are ready to „cook□ or marriageable This means the girl is ready to take her place of cooking and bear children. The newly acquired status at the end of the seclusion period enables them to be referred as women and to be allowed to participate in the socio-cultural activities, since they are no longer children but adults (Chebet and Dietz 2000).

The study examined cultural factors undermining adoption of alternative rites of passage for girls among the Catholic Faithful of Olenguruone Division, Kenya. ARP also called 'circumcision with words' is a programme which seeks to weave together the themes of girl's graduating to womanhood. It is considered a better alternative to Female Genital Mutilation (FGM) for it will see the girls graduate to full women without being subjected to the "cut." FGM is practiced in many parts of the world although it is much prevalent in Africa. It is a cultural practice which has been going on for a long time. Despite this fact, FGM has been a key ritual event of initiation in various communities for girls since time immemorial. The term FGM is used in Kenya by various local Human rights groups and international non-governmental Organisations (NGOs) when referring to the practice. Female circumcision (FC) is another term most frequently used by communities and individuals in reference to the same. Consequently, these terms will be used inter-changeably in the study. There is also a fourth category of terms which is used to include all other practices that "mutilate" the genital organs of girls, such as pricking, piercing, stretching, cauterising, scraping, or introducing corrosive substances. This category, however, is not relevant to the present study, but may only be referred to in support of our arguments

Nahid (1994) notesthat international effort to eliminate the practice has had a long history.For instance, he observes that as early as the 17thcentury, Christian missionaries and colonial

administrations in Africa attempted to prevent the practice in most parts of the Continent. In the 1950s and 1960s, African human rights activists and medical practitioners introduced the health consequences of female circumcision to the attention of international organizations, such as the United Nations and the World Health Organization (WHO). However, it was not until 1979 that a formal policy statement was made in a seminar organized by WHO in Khartoum to address traditional practices affecting the health of women and children in Africa. Recommendations were made thereafter that would help Governments work towards eliminating the practice. This led to the birth of ARP as the main weapon of eradicating FGM but at the same time embracing the positive aspects associated with FGM, for example,. Hygiene, laundry, reproductive health system education, and generally how to be an ideal woman in the African society.

Since the conception of ARP, there have been continuous and joint efforts of eradicating FGM and adoption of ARP. For instance, in February 2003 the Inter-African Committee on Traditional Practices affecting the health of women and children held its land mark conference in Addis Ababa, Ethiopia. Many of the Africa first ladies led by the first lady of Nigeria officially declared "zero tolerance to FGM" to be commemorated every year on 6th of Febuary. In 2008, the donor working group under the auspices of UNFPA and UNICEF produced a platform for action towards the abandonment of FGM/C that same year known as UNFPA-UNICEF which formed a strategic partnership in "accelerating change." Since then, the two groups have been working together in headquarters and field offices to develop fund and implement policies and programmes which would accelerate the abandonment of FGM/C. The results of thisprogramme will inform the study and provide a basis of action for the Government for the years to come.

In spite of rigorous campaign for adoption of ARP for girls, many communities seemed to have rejected the new idea of (ARP) viewing it as a foreign idea which lacked community input. Nevertheless, with sustained campaigns, some in these communities have slowly by slowly began to embrace the new mode of initiating girls. In the 67th session of the United Nations General Assembly passed a wide reaching resolution urging States to condemn all harmful practices that affect women and girls, in particular FGM, giving the work during this decade a powerful boast forward (Parsitau and Chacha 2012).

In Kenya, the ARP approach was first introduced in 1996 by MaendeleoyaWanawake organization (MAYWO) – a local Women Development Movement. As an alternative ritual, FGM/C was first carried out among the Meru community. In this community, FGM/C has been practiced as part of coming of age ceremony as noted by Elizabeth Mwangi, Justice and Peace building officer for Catholic Relief Services in Kenya (CRS). Faith Based Organisations have also shown great interest towards the adoption of ARP. It was thought that, by adopting ARP, the community would stop FGM/C but maintain the essential components of the passage to womanhood.

Population Council conducted evaluation of ARP approach in 2010 and 2011 and the research found out that the approach was only suited to communities where FGM/C involve a public celebration and where ARP could possibly replace the traditional rite without the cutting. This programme was implemented in Kuria and Kisii communities. ARP was successful in Kisii but not in Kuria because in Kuria FGM is more private than public.

In 2008 ARP was carried out among the Maasai community in Mwala cultural Manyattas in Laikipia County. About 80 girls aged between 10-16years graduated to womanhood. This activity was sponsored by Miss Kenya partner,Yiaku People's Association, based in Nanyukithrough a collection campaign broadcasted on Danish TV who had sponsored the programme and also in our Kenyan Nation TV station.

In Olenguruone, approaches used with varying degree of success to encourage people in this area to abandon FGM included: health risk/harmful practices awareness; educating and providing alternative sources of income to circumcisers; alternative rites of passage; addressing FGM through religion; legal and human rights; and the promotion of girls' education and empowerment programmes. The ARP was one of the approaches introduced in the last few years, often as part of a programme involving community awareness raising, working with schools, health providers, religious and community leaders. ARP was slowly considered most appropriate for this community where FGM involves a public celebration, with the intention that the ARP graduation would, over time, replace the cut whilst retaining the traditional celebration. This would suggest that ARP would be more readily accepted in Olenguruone Division, although the practice of FGM is still carried out in a secretive manner.

Religion has played a crucial role in adoption of ARP by introducing a programme which simulates the traditional initiation of Kalenjin in practice and name. The Religious leaders came up with *TumdoNe Leel*, a coming of age approach without the "cut." In Olenguruone, various groups of Christians have shown a positive support towards adopting ARP. The ones spearheading this new rite (ARP) are the members of the Catholic Church, led by a renowned staunch Catholic faithful called Edward Milgo, though not documented.

1.2 Statement of the Problem

FGM is a traditional practice which has been embraced by many Kenyan communities, including the Kalenjin community living in Olenguruone Division of Nakuru County. Despite massive awareness about the harmful effects of female circumcision on women and girls, human rights violation and interaction with ARP since 2003, Government's ban on it and even the efforts of the religious leaders to promote its abandonment among the Kalenjin community of Olenguruone Division, to date girls still undergo female circumcision in significant proportions among the communities practicing it.This study thus investigated the factors undermining adoption of ARP among the Catholic faithful of Olenguruone Division. It also examined if there was a disconnect between female circumcision and ARP among Kalenjin community of Olenguruone with the view to understanding community's perceptions of these rites.

1.3 Purpose of the Study

The purpose of this study was to investigate factors undermining the adoption of alternative rites of passage for girls among the Catholic faithful of Olenguruone Division, Nakuru County, Kenya.

1.4 Objectives of the study

The study was guided by the following specific objectives:-

a) To establish cultural factors that undermine the adoption of ARP among the Catholic faithful of Olenguruone Division

b) To compare and contrast the traditional and Catholic Church's teachings associated with the adoption of ARP among the Catholic faithful in Olenguruone Division.

c) To evaluate the responses of the Catholic faithfuls in Olenguruone towards the adoption of ARP.

d) To examine the roles played by the religious leaders, community leaders/elders and other stake-holders in adoption of the new practice of ARP.

1.5 Research Questions

This study was guided by the following research questions:-

i. What are the cultural factors that undermine the adoption of ARP among the Catholic faithful of Olenguruone?

ii. What are the traditional and Catholic Church's teachings associated with the adoption of ARP among the Catholic faithful of Olenguruone?

iii. What are the responses of the Catholic faithfulsin Olenguruone towards adoption of ARP?

iv. What are the roles played by the religious leaders, community leaders/elders and other stake-holders in adoption of the new practice of ARP?

1.6 Justification and Significance of the Study

Most studies on FGM have focused on the harmful nature of FGM on women and the girl-child. However, very little efforts have been made to address the communities' interests in the practice which has made it very popular among the communities practicing it. The previous studies also have failed to explain how ARP can be practiced in place of FGM without diluting cultural values associated with it. Furthermore, FGM and ARP have not been studied among the Christians communities living in Olenguruone where FGM continues to be practiced amidst the introduction of ARP. The current study intends to highlight and address all these concerns.

The findings of this study can be used to inform policy makers and stake-holders such as Faith Based Organizations, human rights organizations, NGOS and the Government on interventions with relation to FGM/FC eradication. The findings will also highlight some of the cultural factors undermining the adoption of ARP in Olenguruone Division. The same findings will also encourage communities and Organisations working towards eradicating FGM/FC to adopt

meaningful cultural norms and practices that will empower the girl-child during this transition period. This study will, furthermore, become a springboard to other researchers on anti-FGM intervention programmes, like ARP and others. This will in turn contribute significantly to the increase of knowledge in the area of study.

1.7 Scope of the Study

This study focused on cultural factors undermining adoption of Alternative Rites of Passage for girls which was carried out in Olenguruone Division of Nakuru County, Kenya. The study covered seven secondary schools in Olenguruone Division given that the area in question is where most of the FGM and ARP graduates were found. Olenguruone Division was chosen for study not only because of its long standing history in FGM, but it is also among the first regions to adopt ARP programme although it had only been embraced by few people in the area. The target population was Catholic faithfuls living in Olenguruone Division.Human rights groups and religious leaders have in the recent past condemned the practice as harmful in all aspects on the women and the girl-child. This resulted in the Government banning the practice and this led to the introduction of ARP as the alternative rites of passage for women by the Catholic Church.In fact a number of people seemed to have embraced the ARP although FGM has still continued to be practiced in significant proportions among the people practicing it, despite the efforts of the religious leaders and human rights groups to promote its abandonment. Thus this study focused only on factors undermining adoption of the ARP for the girls among the Catholic faithfuls in Olenguruone Division.

1.8 Limitations of the Study

Olenguruone Division is quite expansive covering six locations, namely, Amalo Location, Cheptuech Location, Kiptagich Location, Emitik Location and Sinendet Location.Olenguruone Division boarders Keringet Division to the North, Bomet County to the South, Narok County to the South East, Njoro District to the East and Kuresoi North to the west. Each location was also expansive and would have been expensive in terms of time, money and other resources and would have acted as hindrance in getting all the interviewees at any given time for research. To overcome this limitation, the researcher identified and engaged four research assistants to help in data collection. Further, the study recognizes the fact that female circumcision ties with social

reality by means of various ethical values of person's development. It thus concentrates on the factors undermining the adoption of the new style of seeing girls and women at large graduate into a fully prepared adult equipped with all the necessary values needed for any acceptable African grown up. Another limitation was in the identification of the Catholic faifhfuls in the different locations. To overcome this, the researcher worked with Catholic Church leaders in the different locations who helped to identify members of their congregation. In the schools, teachers were helpful in identifying the Catholic students.

It is worth-noting that some respondents were a bit reluctant to give some information due to fear of victimization. This was overcome by assuring them of confidentiality of the information which they volunteered. All in all, despite the above limitations, data analysis was done well checking on any biases that could have influenced the outcome of the study.

1.9 Definition of Terms

Alternative Rite of Passage: Alsocalled Circumcision with words. This programme seeks to weave together the themes of girls' education, empowerment and the eradication of FGM in girls as a rite of passage into womanhood without genital cutting.

Female Genital Mutilation (FGM): Refers to all the procedures involving partial or total removal of the eternal female genitalia for non-medical reasons.

Initiation Rite:Means a rite of passage ceremony marking entrance or acceptance into a group or society.

Rites of Passage: Denotesrituals that mark a change in person's social status. Usually, initiation ceremonies are done during and after the rites of passage.

Tumdo ne Leel: Refers to the procedures of coming of age among the Kalenjin community. It is circumcision by word without cutting the clitoris for girls or mutilating them.

Social Cohesion: Denotes the bond that brings people together in the society where positive membership attitudes and behaviours have to be produced and maintained.

Social Inequality: Means any scenario where individuals in the society do not have equal social status.

Equilibrium: This is the internal and external balance in a society that is orderly state as changes happen slowly.

Circumcision: This refers to both physical surgical operation and the process of acquiring the status of adulthood certified by physical operation.

Culture: Defined as learned/acquired and shared traditional behaviour that supplies its members with physical, emotional and social needs. It is also a way of life for people.

Clitoridectomy: Removal of theprepuce with or without the removalof the entire clitoris.

Infibulations: This is removal of the prepuce and clitoris together with labia majora and labia minora then stitching up except for small virginal opening for use of short calls only.

Excision: Removal of the prepuce together with the partial or total removal of labia minora.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter presents review of literature on FGM and the extent to which it is being practiced in Kenya, Africa and other parts of the world. It also covers ARP which has been adopted by some communities in Africa to replace FGM for girls. Most studies on FGM have focused on the harmful nature of FGM on women and the girl-child. However, very little efforts have been made to address the communities' interests in the practice which have made it very popular among the communities practicing it. The previous studies also have failed to explain how ARP can be practiced in place of FGM without diluting cultural values associated with it. Further, FGM and ARP have not been studied among the Catholic faithfuls living in Olenguruone where FGM continues to be practiced amidst the introduction of ARP. The current study intends to highlight and address all these concerns.

This chapter also discusses literature on the factors undermining adoption alternative rites of passage.The last part of the literature review explains the theoretical framework which has informed the study.

2.2 Global Perspective of FGM

Tanui (2006) traces the practice of female genital mutilation/circumcision (FGM/C), also known as female circumcision (FC), from ancient times. He argues that female circumcision has existed for over 4,000-5,000 years originating in a period predating God's covenant with Abraham to circumcise his people (male only).This act of circumcision gave the Israelites an identity and sense of belonging to the Jewish community which was God's chosen Nation. It began in Egypt and was frequently performed by the ancient cultures of the Phoenicians, Hittites, and the ancient Egyptians. Those people had the idea that was based on the belief that the foreskin was the feminine part of the male and the clitoris the masculine part of a woman.This study is general in nature as it only gives the history of FGM. It does not focus on the dangers of FGM on women and girls and the alternative rites that can be used to replace it, which is the focus of the current study.

According to Mustafa (1996) and Kattam (1996), FGM/C can be traced to the patriarchal family system, which dictated that a woman could have only one husband while a man could have many wives. This was to restrict women's sexuality for the preservation of the lineage and it was not only performed on virgins but also on widows, divorcees and women whose husbands had gone on journeys. While this study emphasizes the reasons for the adoption of FGM, the current study focuses on the alternative rites of passage and factors undermining its adoption.

According to International Organization Interagency Statement Report (IOISR) (2008), Africa is the continent where FGM/C is rampant, although it is also practiced in other continents such as Europe, Asia, India, among others. The practice still continues unabated in many parts of the world. A global review of female circumcision today, however, shows that the custom is mainly rampant in the continent of Africa. African countries have the highest percentage of FGM among girls and women of 15-49 years: Somalia with 97.9%, Egypt with 95.8%, Guinea with 95.6%, Sierra Leone with 94.0%, Djibouti with 93.1%, andNorthern Sudan with 90.0%. While in East African countries, Kenya, Tanzania and Uganda have the least practice at 32.2%, 14.6% and 0.6% respectively. IOISR used a comparative approach to study FGM and was spread in different parts of the world without mentioning its harm on women and girls and the alternative means that can be used to replace it, which the current study has covered.

Dorkenoo (1992) cites that many Governments have outlawed the practice in their own territories, including the United States. Such efforts were, however, complicated by criticism from some people within the African community who saw such actions as racist and intrusions upon African cultural practices. The practice of Female circumcision is often upheld by local structure of power and authority such as traditional leaders, community leaders, circumcisers, some religious leaders and even some medical personnel (cf. WHO, 2008). In many communities, older women who themselves have been circumcised become the custodians of the practice; hence any attempt to combat it is seen as an attack on culture and their identity as women. This study agrees with Dorkenoo that FGM is still viewed as a very important African cultural practice which should not be outlawed. Therefore, it is the task of this study to investigate the reasons behind this cultural practice and why it is still rampant irrespective of its negative effects on the body of the woman.

BOOK for Only

Parliamentarians from all over Africa met in Dakar on 3-4 May, 2010 to push for a continent-wide ban on FGM and appealed to the UN General Assembly to pass a resolution for a global FGM ban as it violates human rights. Consequently, some African States have banned FGM, among them being Burkina Faso, Togo, Senegal and Uganda. This study will highlight the reasons and strategies being put forward by various Governments in Africa, Kenya included, to completely ban the FGM and replace it with ARP (DHS, 2010). The information put forward in this work is relevant to the current study which tries to explain why the practice is still rampant among different communities in Africa, particularly among Kalenjins of Olenguruone Division of Nakuru County, Kenya

2.3 FGM and culture in Kenya

Kenya has great ethnic and cultural diversity as reflected in the differing rates of FGM across the ethnic groups, as well as the type of FGM performed and the underlying reasons for practicing it.There are four types of FGM:- type I stands for the removal of the clitoral foreskin, type II means the removal of the clitoris with partial or total excision of the labia minora, type III is the extreme type of FGM. Not only the clitoris but also the labia minora and majora were removed. The orificiumvaginaeis sewn up, leaving only a small opening for urine or menstruation blood. Other types like pricking, piercing of clitoris or vulva, scraping of the vagina, etc., were defined as type IV of FGM. All types of FC can have serious physical and psychological complications although those resulting from infibulation which is the extreme form of FC seem to be associated with more serious complications which occur more frequently and long lasting in light of women reproductive health and sexuality. The other types, hemorrhage may occur and protracted bleeding commonly leads to anemia. If bleeding is very severe and uncontrolled, it can result in death. Infection and risk of contracting HIV/AIDS are commonly caused by unsterile cutting instruments. Traditionally, most Kenyan societies used only one tool to circumcise each and every girl in a row within the shortest time possible. The majority of operations are done without anesthetic or in other communities like the Keiyo uses leaves of the nettle plant locally known as "*Siwot*" or "*Kimilgichet*" that cause a swelling of the clitoris before the actual cutting. This process causes a considerable pain and some of the initiates faint (Chebet, 2007). With infibulations, there are a host of maternal and sexual problems caused by extensive cutting and

stitching. Pain is more severe, bleeding, infection and urine retention is more common since the skin is stitched over the urethra.

Abwaos and Omwenga (1996) mention reasons for FGM as:- encouragement of the patriarchal family system, method for birth control, guarantee of moral behavior and faithfulness to the husband, protection of women from suspicions and disgrace, initiation ritual, symbol of feminity and beauty, hygienic, health and economic advantages.They further argue that FGM is a deeply rooted cultural practice and so everybody is expected to conform to this social tradition, although the reasons vary between one ethnic group to another. For some, such as the Meru, Embu and Maasai, it is an important rite of passage from childhood to adulthood. FGM is closely tied to marriageability for some ethnic groups, such as the Maasai and the Kalenjins. For some ethnic groups such as the Somali, FGM is linked to concepts of family honor and the need to preserve sexual purity which has religious aspect of remaining pure before God and man. Among the Kisii, FGM is believed to be necessary to control women's sexual desires and distinguishes them from their neighboring Luo ethnic group.Factors affecting ARP which is the focus of this study have not been covered.

Somalis who live predominantly in the North Eastern province practice FGM at a rate of 97.7%, with 75% having undergone the most severe type III (infibulations). The next highest prevalence is found among the Kisiis (also known as the Abagusii or Gusii) at 96.1% and the Maasais at 73.2%, Meruand Embu at 54%, Kurias at 78% and Kalenjins 62%. The Kisii, Kalenjin and Maasai practice type I (clitoridectomy) and type II (excision) respectively. By contrast, the Luhya and Luo have the lowest rates of less than 1%. The average age at circumcision for girlsbetween 15 to 19 is 14 years. This surveywas carried out with a large sample size by the Ministry of Health and the German Technical Cooperation (GTZ) 2004(DHS, 2008-09). While this survey covered the rate and average years of circumcision among different communities in Kenya, the current study focuses on ARP and factors affecting it.

According to Mustafa (1996), FGM is an issue of health equity because in communities where it is practiced, it is not viewed as a dangerous act and a violation of rights, but as a necessary step to raise a girl properly, to protect her and, in many instances, to make her eligible for marriage. Better marriage prospects of women, therefore, tend to be common reason for the continuation of

the practice. In these communities an uncircumcised woman is considered as a child, no matter how old she is. What Mustafa claims brings out one of the factors undermining the adoption of ARP and it is the task of this study to suggest the solutions to these factors and encourage the adoption of ARP.

Some religious leaders believe this is a religious act as it follows religious beliefs in which culture is its custodian. Religious traditions follow religious beliefs which explain the origin, of mental capabilities of women as well as men which control sexuality and responsibilities in preparation for marriage and other adult's duties and rights (WHO 2008).Over the years political and non-political leaders have translated this concern into laws prohibiting FGM or supporting intervention programmes aimed at persuading practicing Communities to abandon the practice. For example, retired President Daniel Arap Moi banned the practice of FGM in 1990s, after the death of many girls due to complications from this procedure. Nevertheless, approximately over 50% of girls continued to be circumcised indicating that legislation against FGM in Africa have not been successful (Kiarie& Wahlberg, 2007).This study thus sought to find out the reasons for the slow adoption of ARP asit does not threaten life in any way as compared to FGM.

Report by WHO(2008) indicates that in some communities, FGM is thought to reduce sexual desire, hence the best way to ensure women faithfulness to their marriage partners. Some believe that the cut ensures cleanliness of the women as it eliminates the masculine part hence enhancing men's sexual pleasure. Sexual morality is no longer a valid reason for continuing with FGM, and sexual activity among young people is a societal issue which is not solved through FGM. Therefore, this study sought to identify the pros and cons of FGM hence bridge this gap.

Tanui (2006) notes that every elder (circumcised woman) graduating from circumcision rite had the responsibility bestowed upon her to correct, advise, guide and even punish children if need arises anytime and anywhere in the community. It was a great mistake and a betrayal of the society if an elder woman failed to carry out this important duty assigned to her by the community. Therefore, this social pressure can be so powerful that some parents who would have abandoned the practice, find themselves giving out their daughters to go through the procedure rather than risking facing the social consequences. This study will thus tried to incorporate this responsibility factor in ARP programmes so as to make it more accommodative

In Kisii, girls are circumcised from age five to eight. It is supported by both men and women and anyone departing from the norm may face condemnation, harassment, or even ostracism. The community needs to be persuaded that cultures can and do change, and it is not therefore necessary to cling to a practice whose purpose is upholding cultural traditions which are harmful to anyone. This study hopes to bring out the idea of upholding the cultural values without the cut (Chege, et al 2001).

According to Gachiri (1996), in MeruFGM/C has continued to be practiced despite the fact that these procedures have been declared illegal since 2001 under the Children's Act. This study affirms that the practice is still on although in hidden. The study set out to highlight the reasons that deter the people from embracing ARP but instead continue with FGM which is harmful and has been criticised by various groups.

2.4 Adoption of ARP in Kenya

The new ritual of ARP follows designed curriculum that mimics the tradition where girls are secluded immediately after being circumcised and are taught lessons that pertains adult life. The ARP initiates undergo one week to two weeks seclusion period. They are accommodated in the Church or school hall and are provided with formal education on all that pertains being responsible adult.

This alternative rite of passage is similar to ceremonies practiced in other religions. For example, in the Jewish faith, a ceremony for girls initially developed in the United States is gaining increased acceptance. After years of training in religious principles, history and family matters, 13-year-old girls go through a ceremony (bat mitzvah) that signals their passage to womanhood. Among Hindu and Buddhist women living in regions of Nepal and in Southern India, girls are kept in the dark for 12 days immediately following menarche, during which they are not allowed to see a man's face or to take a bath. Afterwards, they bathe and there is a ceremony with feasting and presents, indicating their entrance into womanhood.

A Senegal-based organisation in West Africa called Tostan serves as an excellent model of a successful intervention to stop FGM. While not initially intended to address FGM, the Tostanprogramme has proved to be successful in facilitating communities to abandon FGM and

replace it with an Alternative Rite of Passage. Tostanprogramme which began in 1997 has worked in thousands of villages in Senegal, Gambia, and Ethiopia. Tostan's framework is an 18-month community education programme that addresses hygiene, women's health, human rights, and problem solving as a means of graduating from childhood to adulthood.

Historically, efforts to eliminate female circumcision have often been unsuccessful. The efforts started as early as 1800s where the African Inland Mission (AIM) began work in Kenya in 1895, and by the year 1914 the mission was offering systematic teaching on the effect of female circumcision to all patients who went to Kijabe hospital as a result female circumcision became the centre of controversy in Kikuyu areas in the 1920s and 30s (Kibor, 1998). Scholars, activists, faith based organizations, governments and international agencies have approached the eradication of female circumcision from many angles starting from health, education, human rights, hygiene and spiritual but without success despite awareness of harmful and negative effects of the practice. This is because these approaches do not address the core values, the myths, or the enforcement of mechanism that support the practice and they make no attempts to be sensitive to peoples culture s and traditions. In addition there was lack of suitable replacement of the cultural values that are attached to the initiation aspect of the practice (Chebet, 1997). Amnesty International (1998) observed that any attempt to eradicate the practice of female circumcision must be presented as a question not of eliminating it but redefining the function and designing an appropriate replacement that promotes the traditional values while removing the dangers of physical and psychological harm. Intervention strategies that led to the creation of a cultural vacuum were avoided and alternative rites of passage for young girls were encouraged.

Gachiri (2000) notes that FGM is a practice for both Christians and non-Christians, for example among the Muslims. This practice is known in many Muslim countries such as Iran, Saudi Arabia and Iraq, to name but a few. However, it is often tied to religion because of Islam who cites religion as one of the reason to performing it. In Kenya, there are many Muslim communities who do practice FGM/C especially in the Northern part of Kenya. This study thus sought to find out the steps taken by the Catholic faithful of Olenguruone in taking the lead to change from FGM to ARP and continue the essential components of cultural values among its faithful.

Murray (1994) observes that female genital cutting attracted missionaries' attention early in the history of colonialism in Kenya. Some of the earliest controversies in 1918 were not actually about the physical operation, but about the rites surrounding it. At heart were basic issues of individuals' social acceptance in their community, of missionary versus "tribal" authority, and of parents' rights over their offspring enrolled in a mission institution. In one form or another, these issues have remained at the core of controversy. This study thus highlights the steps being taken by the Church and other anti-FGM bodies to promote these issues as they eradicate the FGM and adopt ARP.

According to Gehring (2003),many reasons are often cited by Churches and Governments why FGM should be banned. These reasons include the fact that these procedures disfigure the perfect work of God during the creation of the woman (cf. Gen. 1:27-31). The women who perform it are often unskilled and those who undergo this procedure are at risk of developing serious infections and complications which sometimes leads to death as it is often done in unsanitary conditions. The task of this study was to examine the response of Catholic faithfuls in Olenguruone towards adoption of ARP as an intervention to preserve that which God intended to be the way it was from creation time.

Toubia (1995) claims that women who have been infibulated face a lot of difficulty in delivering children, especially if the infibulations is not undone beforehand, which often results in severe tearing of the infibulated area, or even death if the birth canal is not cleared. This study agrees with Toubia that programmes like ARP should be introduced to help empower women to take care of their own bodies. According to Toubia, effective programmes that aim to end this practice should simultaneously strive to increase the amount of autonomy that the affected women have on their own lives and bodies.

On the Universalist stand about FGM, Brown (1998) argues that oppression of women must cease, always, everywhere, in every culture, as a matter of basic human rights. As editor of *TheSciences*, Brown prefaced an article by Sudanese anthropologist Abusharaf (1998) by saying that he was not going to hide his own sentiments and will state that female "circumcision" is FGM. Brown notes that the practice has retained a potent grip on many so-called traditional societies. Therefore, it was the task of this study tocompare and contrast the traditional and

Catholic Church's teachings associated with the adoption of ARP among the Catholic faithful in Olenguruone Division.

Gachiri (2006) observed that among the first "Alternative Rite of Passage" ceremonies in Transmara District (Maasai and Kalenjin) took place in 2001 a number of parents accepted and allowed their daughters to attend ARP programme. Further, ARP trainings were organized in February and December 2002 and December 2003. In total, nearly 200 girls/young women attended these trainings. The study agrees with Gachiri that quite a number of girls want and like the new rite, but still face a lot of opposition from even their prospective husbands to be, that is, their boyfriends, hence the need to study the cultural factors undermining ARP adoption.

The 1994 International Conference on Population and Development (ICPD) and the Fourth World Conference on Women in 1995 provided further impetus to international campaigns against FGM. In Kenya, for example, a new initiative is taking root as a response to those opposed to ARP and those who are for it. The initiative was identified as the best practice during Regional Conference in Nairobi in 1995.It involves various stages of the rituals but with one significant omission –"the cut." The initiative, dabbed as (ARP), has so far been tried out successfully in TharakaNithi in Meru, Nyamira in Kisii, Transmara in Narok and Olenguruone in Nakuru District (KDHS report 2003).

Chebet (2009) notes that most governments in Africa are strongly in support of the elimination of FGM/C and terming it as a human rights issue of violation against humanity. Various communities and groups are now openly coming out and declaring the traditional reasons earlier given for the continuation of the practice no longer apply. There are, however, many challenges to overcome before FGM is eradicated in Kenya. Many programmes are making positive active change and Government legislation offers a useful base platform for deterring FGM practice. For example in Kenya, anyone found practicing FGM is arrested, heavily fined or jailed for not less than five years. Chebet's arguments provided a good basis for this study as it sought to find out why in spite of many threats from governments the practice is on in many African countries.She further observed that in 1995 there was a seminar organized by MYWO and PATH (Programme of Appropriate Technology in Health) in Kuria District which brought together leaders and staff from the districts implementing anti-FGM activities to address the way forward for their girls

after abandoning the FGM. It is here that PATH introduced the idea of "alternative ritual" which excluded the genital cutting but maintained the other essential component such as education for girls on family life and women roles, exchange of gifts, sharing of meal together and public declaration for community recognition. Moreover, upon graduation the initiates were presented with certificates.

Ann (2013) in her report in '*28 Too Many'* which is an anti-female genital mutilation (FGM) charity, notes that this organisation was created to end FGM in the 28 African Countries where it is practiced and in other Countries across the world where members of those communities have migrated. Founded in 2010, and registered as a charity in 2012, *28 Too Many* aims to provide a strategic framework, where knowledge and tools enable anti-FGM campaigners and organizations to be successful and make a sustainable change to end FGM. Kenya is among the Countries struggling to end FGM/FC for the betterment of their women and girls in the fast changing society. This study endeavoured to investigate the roles played by the religious leaders, community leaders/elders and other stake-holders in adoption of the new practice of ARP.

Chebet and Dietz(2000) argue that female circumcision remains one of the cultural elements which exhibit enormous resistance to change. In spite of over 60 years of discouragement and being outlawed by the Kenyan Government in 1999, female circumcision is still practiced in Olenguruone. This study endeavoured to find out the factors perpetuating FGM practice and undermining the adoption of ARP among the Catholic faithful of Olenguruone Division.

Humphreys, Sheikh, Njue, and Askew (2007) note that due to the diversity in underlying ethnic and cultural traditions and beliefs that underpin FGM, organisations need to tailor anti-FGM initiatives and strategies accordingly. ARP programmes have worked best in Kenya when they are cooperative and inclusive. There are still many challenges to overcome before FGM is eradicated in Kenya, however, with new legislation and active anti-FGM programmes, the progress continues in a positive direction. This study therefore suggests some of the interventions which if successfully implementedmay lead to the eradication the FGM.

2.5 Theoretical Framework

The theory that informed this study is drawn from Social Dominance Theory. Jim Sidanius and Felicia PrattoformulatedSocial Dominance Theory (SDT) which states that social groups tend to be organised according to group-based social hierarchies in societies that produces economic profit. This is a theory of inter-group relations that focuses on the maintenance and stability of group-based social cohesion. According to the theory, group-based inequalities are maintained through three primary inter-group structures:- Age, Gender and Arbitrary sets. SDT proposes that widely shared cultural ideologies provide the moral and intellectual justification for the inter-group structures. People endorse these different forms of ideologies based in part on their psychological orientation toward dominance and their desire for unequal group relations. People who are higher on SDT tend to endorse hierarchy-enhancing ideologies, and people who are lower on SDT tend to endorse hierarchy-attenuating ideologies. SDT, finally, proposes that the relative counter-balancing of hierarchy-enhancing and attenuating social forces stabilizes group-based inequality.

The reasons for female circumcision are supported by Sidanius and Pratto's theory of social dominance as seen in sexual differences and inequalities. The theory explains sexual differences and inequalities on the basis of the fact that these hierarchies have structures which are based on: first, Age (that is, adults have more power and higher status than children); as far as FGM is concerned, adults are the ones who direct children on when to go through it and how it is to be done; Second, Gender (that is, men have more power and higher status than women); here they are the men who must have a say whether or not the women should go through the rite or not (Sidanius, 1990).

The theory was preferred to other theories as the researcher found it relevant to the study. This is because of the age structure, adults have more rights than children, it follows that every woman would want to be regarded as an adult and the only way is through undergoing circumcision. This ideology will definitely perpetuate the FGM practice directly or indirectly. The structure of gender, where men have more power than women, men enjoy the status of being the ones to make the final decision on whether FGM should continue or not. The Religious bodies are also structured in that whatever the elders have passed on must be adhered to. In some Churches, it is men who make rules and women and children are there to follow without questions. The same

religious leaders or elders can use the authority bestowed upon them to influence their communities to eradicate FMG and adapt the alternative rites of passage. Furthermore, from the biblical perspective, circumcision was only meant for newly born male children among Abraham descendants (Gen17:9-14). The circumcision of female/women among many African communities therefore has no biblical basis but is based on social dominance theory as stated by Sidanus and Pratto. It is the view of the current study that FGM is against God's plan of salvation hence it should be eradicated. For this reason, the theory is applicable to this study because it talks of social change within a social group and its nature. In Social Dominance theory it is the inter-group social structure that maintains the stability and social cohesion through FGM.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter highlights the procedures and techniques that were used in this study. These include: the research design, sample and sampling procedures, research instruments, data collection and data analysis procedures.

3.2 Study Area

Olenguruone Division is quite expansive, covering six Locations namely, Amalo, Cheptuech, Kiptagich,kaplamai,Emitikand Sinendet Locations respectively. However, by the time the study was conductedKaplamihad not yet been confirmed as a location hence the study covered five locations with a population of approximately 34,828 people.(The study area map on the next page).

3.3 Research Design

The study used descriptive survey research design. Descriptive method enables the researcher to work with large samples and handling people of varied opinions as far as the topic is concerned. In this study, the qualitative method was used although quantitative method was used to collect the numerical data. The qualitative skill was used to probe deeply into the research settings to obtain the depth understanding about the status of the phenomenon. Descriptive method is more applicable in social issues like the current topic of Alternative Rite of Passage for girls. Descriptive research studies are designed to obtain pertinent and precise information concerning the current status of the phenomenon, occurrences of events in a given community. This study was more concerned with interpretation of the real situations which sought to explain the factors undermining the alternative rites of passage forgirls.

Study Area Map

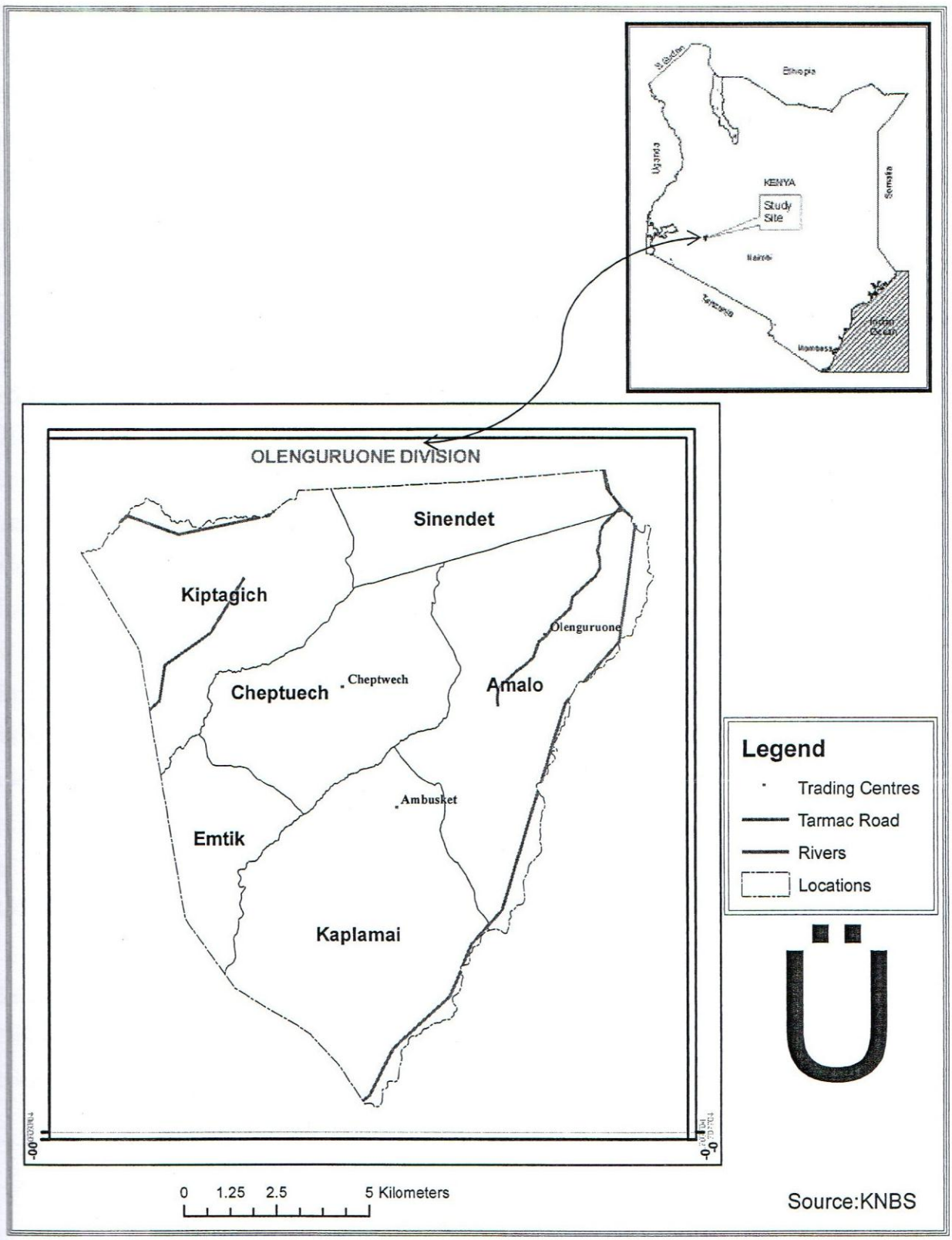


Figure 1: Map of the Study Location (MAP OF OLENGURUONE)

3.4 Target Population

The study targeted social workers, teachers, youth groups, village elders, women groups, and students in public schools in Olenguruone Division of Nakuru County. According to Kuresoi District Education Officer's records,Olenguruone Division had twenty registered secondary schools. A pilot study carried out confirmed through Social and Welfare Programme Officer that the Division had two registered youth groups and three women groups. All the groups were targeted for study because they were in a better position to provide adequate and relevant information on the subject in question. Elders also formed part of the target population for the study.

3.5 Sample Size and Sampling Techniques

The researcher began by grouping schools into categories of girls, boys, teachers, youth, women, elders and, lastly the circumcisers. To get the sample size, the researcher used the stratified random sampling methods. According to Walliman (2005), stratified random sampling is used when dealing with population which is not uniform or has different characteristics in all cases. The 20 schools were assigned numbers and 7 of them were picked at random. Teachers helped to identify Catholic students in the schools, from which 10 students were randomly picked from different classes as follows to represent the students population in the study:- 2 students from form 1; 2 students from form 2; 3 students from form 3; and 3 students from form 4, thus making a total of 70 students. Further, the researcher selected 2 teachers from each school to make a total of 14 teachers, then selected 4 youth groups from each location and the same to the women groups, 2 circumcisers, 5 community eldersand 2 trainersin ARP programmes. Hence, a total of 133 respondents were used for this study.

3.6 Data Collection and Research Instruments

The study used the following research tools when collecting the data, namely, questionnaires, interview guide, focused-group discussions, and detached participant observation.

a) Questionnaires

A questionnaire is a carefully designed instrument for collecting information directly from people. The researcher constructed a standardized questionnaire which comprised of both open-ended and closed-ended questions. The closed-ended items contained a list of possible alternatives from which respondents would select the answer that best describes their situations; for example, questions on factors perpetuating FGM and on how to eradicate it. The open-ended questions provided enough space allowing the respondents to freely use their words in responding to questions about factors undermining the adoption of alternative rites of passage for girls in Olenguruone Division. With the help of the research assistants, questionnaires were distributed among 86 respondents (students, teachers and trainers) who were able to understand and comprehend the information asked in the questionnaires. The filled questionnaires were collected from the respondents backafter two weeks.

b) Detached Participant's Observation (D.P.O.)

The study also used an observation guide in order to observe the flow of events and to study the phenomenon as they naturally occur. This was done by the researcher herself attending the actual ARP ceremonies where interview with the trainers was also conducted. The studyused an observation guide which is a research instrument that guides the researcher in gathering data from key areas using sight. The guide defines the behaviour to be observed by the participant. The researcher observed how the rite of ARP was conducted from the beginning of the ceremony up to the moment the girls graduated so as to know to what extent it has been acculturated and how educative it was. The observation guide focused on the observation of the gestures, the words, the movements andthe symbols used by the girls involved in this new rite of passage.

c) Focused Group Discussions

A focused group discussion was used to elicit responses from participants from both genders and different categories of respondents (youth, elders and trainers).The study selected the respondents from four groups, that is, ARP graduates, women, church leaders and community leaders. These groups wereput into discussion groups of four respondents where they were givenquestions which have been formulated to guide them in the process of their discussions.

3.7 Data Analysis

This study is descriptive in nature. After data collection, data was corroborated and analysed using statistical package of social science (SPSS). The data analysis based on objectives of the study informed the chapters of the study, given that the study made use of analytical frames, namely, theoretical reflection and content analysis. Theoretical reflection involved parading the findings against the theory which had been used. On the other hand, content analysis involved itemising collected data against the objectives set.The study held the assumptions that all the respondents were truthful in answering questionnaires and co-operated during the study. However, in a few instances where the respondents felt uneasy the researcher became flexible and adopted new methods in asking questions which were friendlier to the respondents by rephrasing the questions in a manner that appealed to them. Analysed data was presented using charts, tables, graphs and percentages.

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CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSIONS

4.1 Introduction

The chapter presents findings from the research as well as discussions on what proved to be valid and invalid as per the study objectives. The chapter further describes the prevalence of FGM, efforts to eradicate it and the role played by the government and religious leaders in an attempt to eradicate it through ARP.

The approach adopted by this research revealed that the scope of the cause and effect of FGM within the Olenguruone community is multifaceted and far reaching. People within the hierarchies of the community, and even at family levels have an impact on the culture of the community and thus affect the rites of passage. The research, therefore, fundamentally, explored the depth of this topical issue by engaging the various stakeholders to provide insights regarding the place of FGM within the society while determining the views regarding the adoption of alternative rites of passage. To inform and generate objective data, categorization of the sample into focus group, alternative rite of passage graduates, ARP trainers and youths in school proved to be an asset for the research as information from the diverse individuals was availed. While a total of 135 respondents were targeted by this research, only a feedback of 100 respondents was collected. The response rate was 74 %. Two of the circumcisers who formed part of the sample could not be traced as their roles in FGM are deemed illegal, of the 70 questionnaires only 57 were returned, 5 youth groups , 8 women groups and 2 community leaders were not available for the discussions, accounting for the 26% of non-respondents.Trainers were engaged both at focus groups and individual levels, and so were some students and youth. This chapter presents the findings gathered from the filled questionnaires and the outcome of group discussions.

4.2 Effects of FGM

Respondents were required to state the effects of FGM on girls in the community of Olenguruone division. The discussions by the focus group that were put together by the researcher brought to light an array of issues that revolves around female genital mutilation as well as the adoption of the ARP. To narrow the scope each group had six questions which were identical across the groups to guide the discussions to address the research questions.

The discussion highlighted numerous effects which surrounded the following main areas; schooldropout, early marriages, indiscipline/immorality, unnecessary suffering during child birth and discrimination

In general, school dropout and early marriages were mentioned as effects of FGM by all the focus groups; indiscipline and immorality was mentioned by 17 –all but students; unnecessary suffering was mentioned by 11 groups including teachers, elders, trainers, women and youth groups; finally, discrimination was highlighted by both the teachers and student, as it was most prevalent in schools.

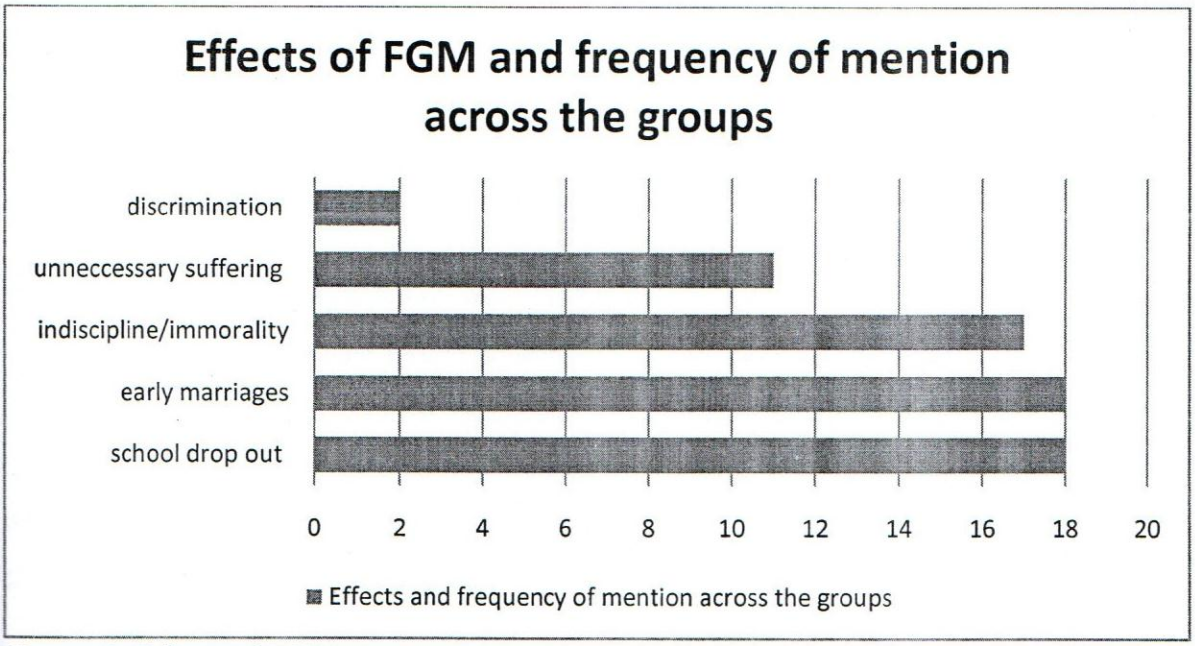


Figure 2: Effects of FGM

Amongst the youth group in which the researcher participated, anecdotes of the various students who have been forced to drop out of school were narrated. Similar tales resounded in the women

and elders groups. Each group at least knew of a girl who dropped out of school after undergoing FGM. From these anecdotes, it was evident that over 60% of the girls who undergo FGM while in school drop out of school during the same year of initiation. Follow-up questions by the researcher unearthed the reason behind this phenomenon and included; false sense of maturity, discrimination by other students, requirement by the culture for immediate second rite of passage; marriage and parents compelling them to get into marriage.

Early marriages were an element that featured across all the groups since the female circumcision is supposed to usher the girls into adulthood. The elders' group stated that according to their culture, circumcision was celebrated as an important rite of passage that promised the society of its continued existence. It was evident that the false sense of maturity that makes such girls drop out of school also makes them confident to get into marriage. However, parents have a say in early marriage since they can compel the girls to get married or stay in school.

The responses from the students, teachers, trainers, youth and elders' groups reiterated that those girls who undergo circumcision were more likely to engage in sexual immorality and general indiscipline than those who did not. Engaging in sexual activities leads to unplanned for pregnancies and abortions, as well as severe physical and mental pain during abortion. Teachers pointed out that a change in attitude is often observable amongst such girls as they perceive their fellow students as children and thus, avoid associating with them.

The trainers of ARP, teachers and elders stated that significant ordeals stand on the way in child bearing among the girls who have undergone FGM as compared to those who have not. In most of the cases, such girls have to be attended by physicians to save their lives. While the scope of the research did not provide for deaths associated with giving birth among the circumcised women, the various cases enumerated during the focus groups discussions show that childbearing is a huge problem among those who undergo FGM.

According to students and teachers, discrimination mostly happens to circumcised girls in school rather than in the community. Their view towards their fellow students as children makes the other children keep away from them both in class and even during games. The circumcised girls are thus on their own, they start performing poorly and find school much unbearable. Therefore,

in pursuit of a sense of belonging, most girls drop out as they feel that they are better placed within the society as compared to being in school.

4.3 Prevalence of FGM

A total of 43 ARP graduates responded to the questionnaires' section 2 that sought ARP graduates' views on various issues. These graduates were continuing students and were part of the focus groups who had been selected from various schools. The following is a summary of their responses;

Table 1: Prevalence of FGM

Statement	Yes/no	Frequency	Percentage
FGM is still practiced in the community	Yes	40	93%
	No	3	7%
Everybody is comfortable with FGM	Yes	1	2%
	No	42	98%
There are attempts to stop FGM	Yes	44	100%
	No	0	0
ARP is being accepted by everybody	Yes	22	51%
	No	21	49%

Out of the 43 ARP graduates, 93% believed that FGM is still practiced within the community. The practice, however, as was noted elsewhere in focus groups, is not conducted openly. The remaining 7% were of the opinion that although they knew what FGM is, they did not believe it was practiced in their community. To those who believed that FGM is practised, their

approximation of the extent to which FGM is practiced reveal an average of 25% prevalence. The following summary represents the approximation of the extent of FGM practice;

From the responses, it was clear that most ARP graduates were confident of the low rate at which the FGM is practiced in the society. The secrecy with which the practice is conducted, however, is thought to be a precursor to the low rating of its prevalence.

Respondents were also asked to state the age at which FGM was carried out in their locations. Even those who believed that girls' circumcision is not undertaken in their community had ideas as to the age at which it is undergone in other areas. Accordingly, the stated ages were categorized and the frequencies of these categories are as below;

Table 2: Approximation of age at which girls are circumcised

Age bracket	Frequency	Percentage
Below 10	2	4%
11-15	34	79%
Above 15	7	16%

The responses show that girls undergo FGM at their teenage –a stage in which they physically and mentally transition into adults. Girls in their late teenage and early twenties are viewed as young adults and when these girls undergo circumcision, they are seen as ready for marriage. This explains the nexus observed earlier between FGM, school dropout and early marriage.

4.4 Reasons for Continued Practice of FGM

Seeking the reasons behind the continued practice of FGM unearthed the adherence to the tradition by some families. Such families believed that a person would not be complete without undergoing all the rites of passage in the traditional way. Over 50% of the respondents agreed that parents cite circumcision as a requirement from their grand or great grandparents and that failure to undergo the rite in the traditional way would come with consequences. Additionally, it was brought to light that FGM is carried out by old women who have been taught how to carry it out by their grandparents. Consequently, it can be stated that tradition is the main reason behind continued FGM in Olenguruone division.

4.5 Efforts to Eradicate FGM

Respondents were asked to state whether in their opinion there were efforts to eradicate FGM. All the ARP graduates stated that there were attempts set out to stop FGM in their community. These included the arresting parents who force their daughters into FGM, awareness that condemn FGM as a vice and the continued adoption of ARP. Red Cross and other nongovernmental organizations were viewed as some of the agents of change as they do not only spread awareness message but also followed on the reported cases to ensure the FGM victims are well taken care of.

4.6Role of Government and Religious Leaders in Eradicating FGM

The various focus groups were aware of the government intervention in the practise of FGM. The elders reported that in their frequent meetings with the chiefs of the various locations in Olenguruone, they have encountered a number of cases that involved FGM. Parents who force their daughters to go through the rite are arrested. However, the women group stated that there have not been severe measures taken against such parents. Accordingly, they believed that despite the arrest, very few are taken to the court of law. All the groups thus were of the opinion that if more strict measures are adopted by the government, cases of FGM would be eradicated.

The youth and the students also noted having heard of circumcisers being arrested, but were not aware of the verdicts that those arrested got. A number of members in the youth and student groups narrated that they have at one point attended training or some form of awareness campaign that had government representatives in which matters of FGM and others such as

drugs abuse, alcoholism, AIDs/HIV among others were discussed. This shows that the government in partnership with other organizations has undertaken the roles of sensitizing the residents of Olenguruone division regarding FGM.

On the other hand, all the focus groups noted that religious leaders have been on the forefront in the fight against FGM. For instance, the trainers revealed that most of the ARP programmes are conducted in churches and are organized by the church leaders. The church leaders according to women group had carried the message of opposing girl circumcision, stating that it is a vice. In addition, the women and trainers noted that the religious leaders provide the girls who have already been circumcised and their cases reported with a place where guidance and counselling can be given. The religious leaders therefore, like the government, are not only engaged in proactively shunning female genital mutilation but also offering psychological healing for the victims of the FGM.

Additionally, the church and NGOs were mentioned by all the focus groups as playing an important role in promoting the alternative rite of passage for girls and in that way reducing the rate of FGM in Olenguruone division. According to trainers, the church and the NGOs provide venues and facilities for ARP programme to be conducted. Those who had undergone through the ARP programmes noted that the church also provided the training material as well as the personnel to conduct the programme. The trainers and the students groups stated that certificates awarded to the ARP graduates were issued by the church. All these represent the involvement of the church in ARP programme and thus its role in offering an approach different from the traditional circumcision.

Table 3: Role of government and religious leaders in eradicating FGM

Participants in eradicating FGM/ supporting ARP	Contribution
Government	Arresting offenders Awareness campaigns against FGM
Church leaders	Organized ARP programmes Guidance and counselling Spreading awareness against FGM
Church and the NGOs	Awareness campaigns against FGM Provide venues, facilities and training material Provide personnel Award certificates to ARP graduates

4.6 FactorsInfluencing Adoption of ARP and its Acceptance

Respondents were required to state the factors that influenced adoption of ARP programmes among the Catholic Christians in Olenguruone division. From the diverse discussions reflecting on adoption of ARP, the following factors were identifiable; the importance of education, religious reasons, personal decision, decline in observance of some traditional cultural activities, and law.

One of the major factors contributing to adoption of ARP is progress of education. The students and the teachers noted preference of ARP programme as it does not change the girl's course of education. While proper adult behaviours are inculcated through education during the programme, formal education also forms a significant part of the training and thus, those who undergo the training are able to proceed with their education effectively. The trainers highlighted that the awareness created on the educational benefits of ARP programme has led to many

parents opting for it. Additionally teachers groups stated having observed improvement in the academic performance of girls who go through ARP. They are often considered the role models in school because of their improved neatness, discipline and classwork. Other younger girls are thus always eager to join the programme as was noted by the women group and student groups.

Religious reasons were also cited as important precursors to adoption of ARP among the Christians in Olenguruone Division. The elders noted that sometime in the past, the only reference to rites of passage was the community's tradition which called for circumcision of both the boys and girls. The elders however noted that with the growing embrace of Christianity among the members of the community, alternative rites of passage are reducing the rate of observing the traditional rites of passage. This is not limited to female circumcision but even the process, procedures, teaching and environment around which boys' circumcision is being undertaken. Other affected rites include child birth, marriage and death. With most of the effects of girls' circumcision being negative and even illegal, Christians in this region have taken recourse towards religiously oriented rite of passage which has proved to be beneficial to both the girl child and the community at large. Religion therefore was mentioned as a major instrument that offers a better alternative rite of passage.

The youth and students groups noted that personal decisions are a major input to adoption of ARP. Presently, more than ever before, children are able to voice their concerns and with the potential repercussions that parents could face, parents often oblige. The women group narrated of some girls who stood against the decision of getting circumcised even when their other siblings had undergone the rite. The elders also posited that the traditional culture does not hold the parent from making their own decisions regarding the rite of passage for their children. Therefore, personal decision was observed to influence the adoption of ARP programmes among the Olenguruone community on two level, at individual level and individual family level.

The continued evolution of culture from the traditional one to the modern ways has also impacted adoption of ARP. The youth groups said that through the ease of access of information accessed through education, internet and media, people learn of other cultures and modernity. The dangers, challenges as well as illegality of conducting circumcision as a rite of passage for girls is solemnly criticized and communities are asked to shun from it. The teachers also pointed

out that there is a lot going on as a result of globalization that replace several of the traditional practices, some of which include intermarriages that require compromise of extreme cultures from the two partners as well as education which sends children away from their community boundaries where cultures are different. All these dynamics have led to gradual adoption of rites of passage that are different from the traditional one and the ARP among girls is an element in this trend.

Elsewhere, law as enforced within the community by the local police and chiefs has ensured that FGM is not undertaken. The women and the elders groups highlighted that there was a need for a transition into adulthood for children but had to be different from the one that goes against the law. The existence of ARP programme offer such a rite of passage that the women group viewed to be a better avenue for girls to graduate into responsible women. Trainers also stated that there was an increasing number of girls attending ARP. Some of the girls who had undergone circumcision and their parents reported to the chiefs were allowed into the ARP programme conducted in churches, where they would get extended counselling and their progress observed. The law, according to the focus groups has, therefore accelerated the adoption of ARP within Olenguruone Division.

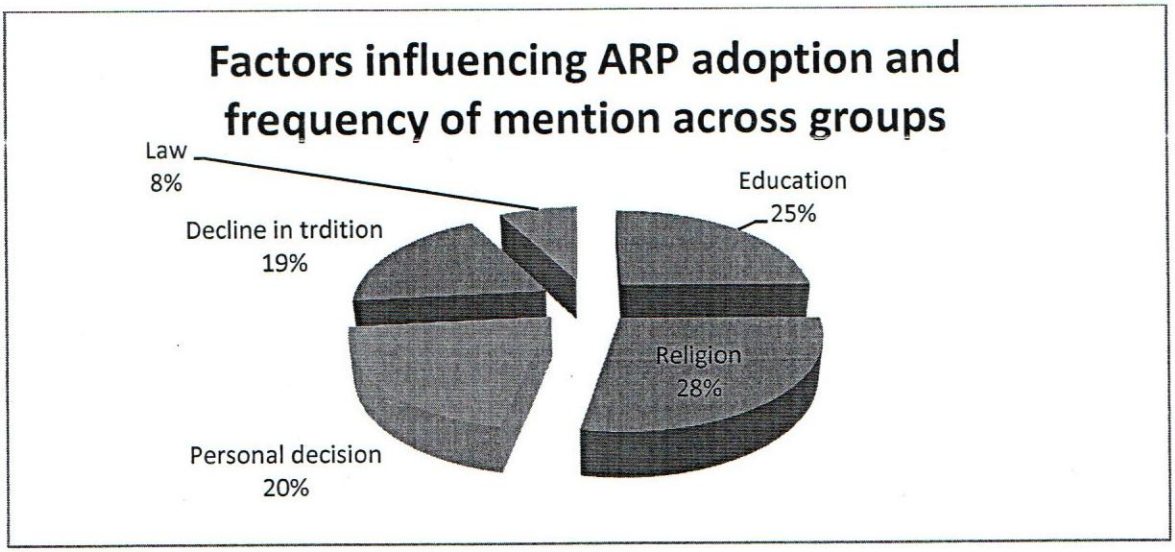


Figure 3: Factors influencing ARP adoption

Finally regarding whether ARP is being accepted by everybody, 51% believed that ARP is accepted by everybody while 49% thought that not everyone accepted the ARP programme. Those who believed it was accepted by everyone added that were it not for the pressure from the family community, all the girls would opt for ARP. Those who stated that it is not accepted by everybody were informed by the continued practice of FGM even when the ARP exists.

4.8 Acceptance and Benefits of ARP

Adoption of ARP in the region was anticipated to have had some effects especially among those who graduated from the programme. The students, especially those who had undergone the programme were convinced that the programme was better in a number of facets. They felt that the programme had the effect of empowering the graduates into independent people who are able to make individual decisions especially with regard to personal matters such as marriage. Additionally, the programme was education oriented and was a platform upon which, girls were motivated to pursue higher career objectives and make impacts on their families and communities. The students said that as a result of the programme and the emphasis of personal decision making, most graduates are able to undergo Christian marriages. The trainers also echoed these effects stating that the programme is both reflective and a forward looking enabling an overhaul approach to life skills for the girls. Women also claimed that Christian marriages were known to be more stable than the others and thus ARP's effect on girls' choice of marriage was an important aspect. The women group thus postulated that there would be reduced family disputes especially when families will be guided by biblical teachings.

4.9 FGM versus ARP

By indicating yes or no, the respondents were asked to give their opinion on certain issues regarding FGM and the adoption of ARP. The responses were consistent with those derived from the focus in many ways. Just as it had been noted in focus group, majority of the ARP graduates, over 95%, believed that dropping out of school is one of the effects of FGM. Additionally, 83% of the respondent and 95% expressed their confidence in the views that the practice of female genital mutilation has been causing early marriages and physical harm, respectively, to those who undergo the rite. The responses also pointed strongly to the involvement of the parent as the force that pushes girls into FGM –an opinion that was backed up by 81% of the respondents.

Additionally, all the respondents agreed that ARP is embraced by Christians and this, remotely, finds nexus in the observation of 67% of the same respondents who noted that the issue of ARP adoption has been causing a division between the Christians and non-Christians. It was also hypothesised that there might be a difference between the ARP graduates and circumcised girls; and at least 83% of the respondents believed it to be so. The way in which the circumcised girls and ARP graduates perceived each other was thought to differ from how each group perceived its members. Accordingly, 31 respondents stated that the circumcised girls often look down upon the ARP graduates and regard them as children. Evidently, young people support ARP (93%) and there exist some level of resistance to the adoption of the ARP as a rite of passage as was noted by 46% of the respondents. Summarising these findings on a graph results into ostensible extreme views as captured below;

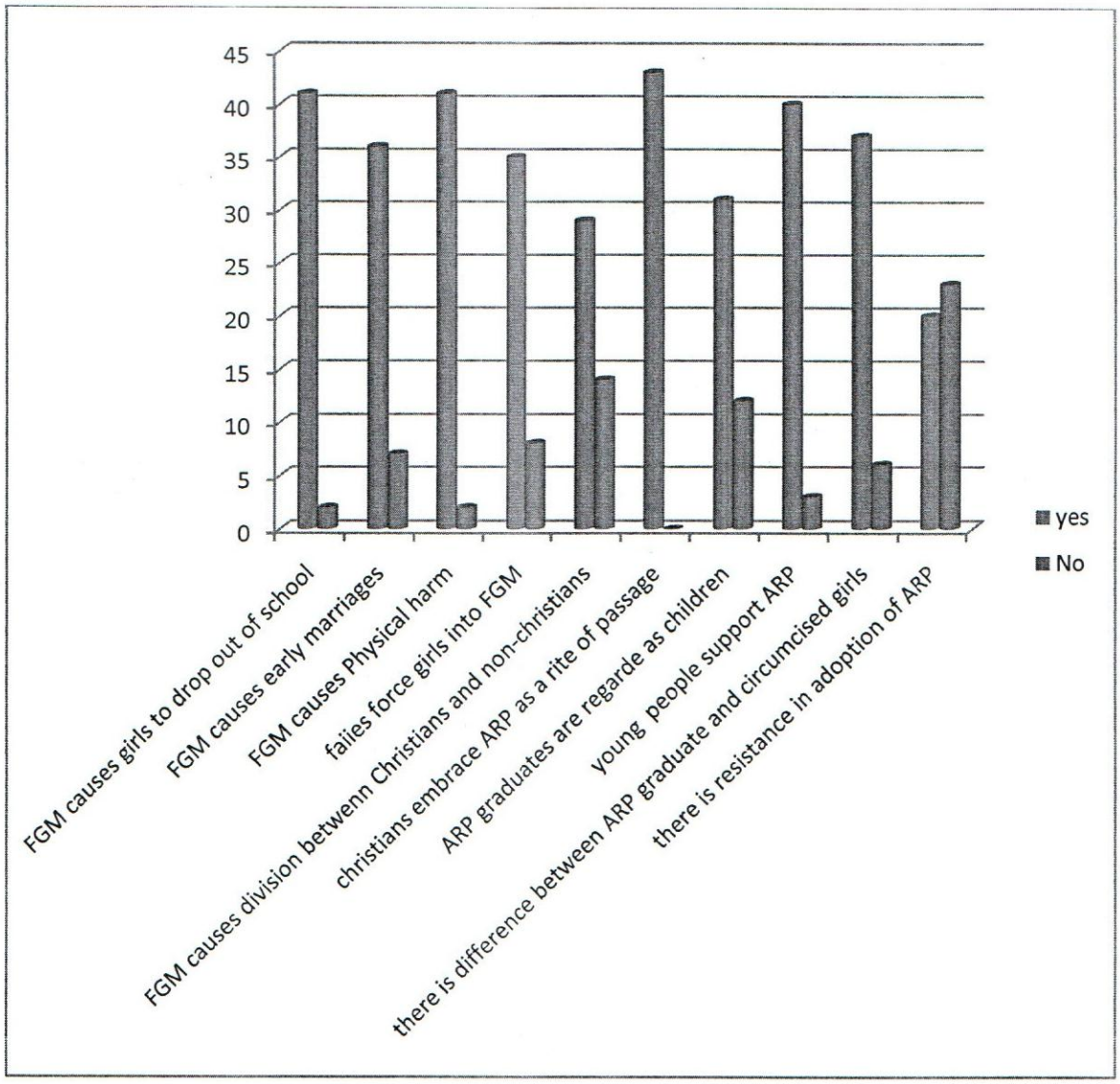


Figure 4: FGM versus ARP programmes

4.10Trainers Perception and Participation in ARP Programmes

The trainers provided insights into the processes and procedures of the ARP programmes they facilitated. The researcher used participant observation approach where she attended the ARP programme session and interviewed 4 of the trainers who had also participated as a focus group earlier. Being a mentor and a teacher to the girls was the biggest role played by each of the trainers. While they had guidelines of the programme for the entire period, the trainers had to be well skilled to deal with questions and issues raised outside the guide. They provided guidance and counselling to the girls while teaching them of what was expected of them. Understanding

that what they were going through was not just an ordinary training but a rite of passage was facilitated by the trainers who reiterated to the girls that they were getting into adulthood.

A typical session was punctuated by lecture, questions and answers as well as group discussions and presentations. One of the trainers pointed out that in addition to ushering the girls into adulthood, there was a need to teach them cohesion and unity as well as inculcating responsibility and self-confidence –traits that were cultivated by working groups and presentations.

All the four trainers who were interviewed said that ARP programme was not very well received initially even among the Christians. The community is deep rooted in its culture and anything that attempts to alter the norms of the culture is met with significant opposition. However, with the continued effort and awareness on the dangers and illegality of FGM, most families were now very positive about the ARP programme. The trainers noted that information about the programme is spread in a network fashion, where one parent informs of the others and therefore increasing the number of ARP graduates yearly. Presently, the trainers approximated the total attendance to ARP among the young girls in Olenguruone at over 80%.

Finally, several benefits of adopting the ARP programme in the region that were mentioned by the trainers included;Empowerment –important skills on domestic chores, personality and dealing with others are taught making the graduate more empowered; acceptance –those undergoing through the ARP programme were being ushered into adulthood, and with the growing attendance rate, they are gaining acceptance as grown- ups; Confidence –learning of their rights and their vital position in the society makes the girls more confident to approach their future life and make decisions regarding their education and choosing their marriage partners among others.As a result of these advantages brought about by the ARP, it was clear that the ARP graduates are prepared to face life with audacity, positive attitude, and unity as well as an informed decision making.

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4.11 Factors Undermining Adoption of ARP

Respondents were required to state and discuss the factors that undermined the adoption of ARP. The factors highlighted from the discussions included; the local structure of power and authority such as traditional and community leaders, circumcisers, some religious leaders and even

medical personnel; resistance to change since eradication of FGM was seen as an attack to the culture and identity of women. Further, FGM is defended as a way of maintaining ethnic identity and femininity. The cultural practice of FGM was justified as a religious duty that preserves purity, virginity and marriageability. Lack of exposure for most members of the community was raised as another factor undermining adoption of FGM.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of research findings, conclusions and recommendations based on the study. The study sought to establish the factors undermining adoption of alternative rites of passage for girls among the Catholic Faithfuls of OlenguruoneDivision ,Nakuru Country. It was premised on the observation that the community was increasingly adopting the alternative rite of passage, gradually reducing the FGM practice. The continued practise of FGM regardless of the Government, Church and Non-Governmental intervention pointsthat there are a number of influences acting as hindrances to a total shift to alternative rite of passage. On the other hand, the increased adoption of the ARP in the Division indicates the presence of some facilitative factors pulling both the Catholic faithful and non-Christians to adopt the new practise. The study was guided by the following objectives,

i. To establish cultural factors that undermine the adoption of ARP among the Catholic faithful of Olenguruone Division

ii. To compare and contrast the traditional and Catholic Church's teachings associated with the adoption of ARP among the Catholic faithful in Olenguruone Division.

iii. To evaluate the responses of the Catholic Faithfuls in Olenguruone towards the adoption of ARP.

iv. To examine the roles played by the religious leaders, community leaders/elders and other stake-holders in adoption of the new practice of ARP.

5.2 Summary of the Findings

i. The study unearthed several issues related to the way of life of the communities that act as stumbling block to the adoption of the ARP programme. Adherence to traditions is deemed a source of cohesion among tribesmen. Accordingly, as it is the case with other communities, there is need to undergo the rites as stipulated traditionally for one to be complete. Each of the steps in the FGM process is interpreted by the community with relevance to its tradition. The cut is ostensibly a mark giving the girls a sense of

adulthood in the society, and without which one fails the adulthood prerequisites traditionally. This view was evident when a number of ARP graduates stated that the circumcised girls perceive them as children. Therefore, families that strongly hold on to the community tradition consider girl circumcision a requisite rendering the traditions a stumbling block to ARP adoption in Olenguruone Division.

Additionally, the culture places such a significant consideration to the wishes of the forefathers. Naming children after their grandparents is a common trend of the culture with which the child is expected to emulate the positive side of the person it is named after. Some of the great grandparents make such cultural requirements that have to be observed by those they will be named after. Those interviewed stated that even families that are not strict on tradition fear that bad omen would come upon them or their girls if the wishes of their forefathers are not observed. Thus a girl may be forced to undergo the cut, even with parents being aware of the negative implications, only to fulfil the wishes of the grandparents and escape any potential wrath from their spirits and the fear of the curse by their relatives or being outraised by the community.

ii The Church, on the other hand, has been advocating for alternative rite of passage. Well within the common knowledge is the stand of the Church regarding the Countries' laws – Christian faithful in general are, according to Scriptures supposed to follow the Countries' laws. To ensure that one is right with the biblical teachings, therefore, Christians avoid breaking laws as they believe that the authority comes from God. Circumcision of girls has been barred by the law and those who undertake it can be prosecuted in the court of law. With this form of rite of passage being illegal, Churches provide an alternative rite of passage among its faithful.

Further, the Church teaches of the well-being of human being broadcasting the message that God's people are not supposed to be overburdened by the world. The study found out that some families are forced into compelling their girls into circumcision because of the traditions. These are some of the burdens that Church refuse to be bound with. Rather, the Church intervenes to preserve that which God intended to be the way it is from creation.The consequences of FGM often do not lead to the candidate's well-being. As

was noted by the respondents, girl's circumcision leads to school dropout, early marriage, challenges and suffering during child bearing and at times death resulting from excessive bleeding. All these are contrary to the Church's teachings on the faithful being set apart from the world. In contrast, ARP provides a platform upon which the Church imparts the youth with spiritual growth. It also teaches the young people the need to develop skills, importance of education, virtues and other important lessons that prepare them for positive living.

The Church teachings are guided by the Bible which the faithful are supposed to apply in their daily lives. The trainers, during the interview with the researcher, explained that apart from FGM being illegal, the Bible does not provide for it. While there are mentions of male circumcision in the Bible, female circumcision does not feature both in the Old and New Testaments. Consequently, shifting the paradigm from the traditional call for the female genital mutilation to a rite consistent to the biblical teaching underpins the adoption of ARP programme among the Catholic faithful in Olenguruone Division.

iii The response of the Catholic Faithfuls to the introduction of ARP was not without some significant opposition as families could not find it an alternative rite of passage as it had no mark on the girls. Churches have, however, incorporated ARP as part of the activities in their calendars. As there is child dedication, baptismal and marriage among others, so has ARP programme been incorporated. Responding to the researcher, the trainers projected a multifaceted ARP curriculum with which, catapulting the girls into adulthood is achieved despite the absence of circumcision (the cut). Other respondents' responses are skewed toward the positivity of the programme, not only among Catholics but also among the rest of the community.

However, while the whole ARP programme ostensibly rests on the Church, the research was able to identify that various stakeholders have been instrumental in accelerating the acceptance of ARP programme in Olenguruone Division. Enacting laws against FGM and sponsoring campaigns against it, has been one of the important Government's inputs. Enforcing these laws where offenders are taken to court and the FGM victims taken care of, represent the commitment of the authorities to eradicate the practice. On the other

hand, Non-Governmental Organizations have also been key influencers, setting up workshops and seminars, especially targeting the youth and sensitizing them on matters related to FGM and other health concerns. The study gathered that most of the youths have been exposed to knowledge relating to FGM. It can be inferred from the focus-groups discussions which composed of students and youth that the message send through campaigns, seminars and workshops have significantly given the young girls an alternative of becoming adult without facing the knife.

iv The contribution of religious and community leaders regarding the continued acceptance of ARP programme, the incorporation of even non-Christians into the programme attests to a complex network through which information is being spread. From the Church, information on ARP diffuses out throughout the community and its suitability as a better alternative has led to escalating embrace from the larger community. Parents, through word of mouth, pass the information across while youth through social media are able to receive and share relevant information regarding both the ARP and FGM. These modes of broadcasting information have ensured that even those who practise FGM know they are doing wrong and thus do it secretly. With time, it can be projected that the FGM will fully be faced out and ARP will become the rite of passage –rival to none.

However, though at a lower scale, FGM is seen as burden placed upon the modern generation by the parents. This is parallel with the concept of social dominance, that parents make decisions on what their children should go through. In addition to age being a factor in making the decision of the rite of passage that a girl should undergo, fathers and grandfathers have greater significance. Therefore, while the youth are dynamic and can adopt change based on the current information, their parents tend to be conservative and often hold on to tradition, making it hard to eradicate FGM. It is the dominance of the parents and grandparents that has kept the practise afloat.

5.3 Conclusion

The study presents the various phenomena surrounding FGM and ARP in Olenguruone Division. It is apparent that while there has been decline in the rate of FGM cases, the Division is not without a number of families still practising the FGM. This is attributed to the growth in the rate of school attendance by girls, the law which prohibits the cut, as well as Churches and Non-Governmental Organisations that have been spreading message that oppose FGM practice. Through the responses collected from the various focus-groups discussions, most of the people in the region have a positive perception on ARP as a programme and they believe that it is largely accepted. Only a small proportion of the population believe that the ARP graduates are not really grown up. However, with the growing embrace of ARP, there is need for total eradication of FGM in the region owing to its negative influences on those who undergo the cut. The study recommends intergenerational dialogues that unearth reasons, values, customs and principles behind undertaking a given rite. Objective and amicable solutions will thus be arrived at. Education centres which are gender responsive should be opened to provide education, act as ARP centres and rescue centres for girls fleeing the knife of the circumcisers. Such girls should be supported and reunited with the parents or retained in the centres to enable them complete their education.

5.4 Recommendations of the Study

The study succinctly points to the existence of cultural attachment by the community which nourishes the continuity of female genital mutilation. It also emerges that FGM is not perceived positively even by those who practice it. Some women circumcisers who were to be part of the study's respondents could not come out as they are aware of their activities being contrary to what the authority and majority in the society approves of. Thus, FGM has persisted despite all the opposing forces as well as the displacement effect from the alternative rite of passage. It means that the harm done on girls continue to date, underpinning the need for more facilitative and assertive methods that will ultimately eliminate FGM and set the girl child free from its paws.

The study reveals dynamic influences of the FGM practice but which, to a larger extent lie on the community's traditions. The study, therefore, recommends a multicomponent intervention which combines a range of approaches to address the FGM issue and address the factors undermining

the adoption of ARP. The components making up the intervention should be based on human rights issues and address gender discrimination, improvement of social justice, community development, as well as empowerment and education of women and girls.

This study recommends the use of inter-generational dialogue. This approach is based on the view that listening and questioning between the different generations, under the aid of a facilitator, would enable the establishment of objective resolution regarding some of the harmful traditional practices, such as the FGM. It will enable the participants to reflect on their values, traditions, customs as well as expectations and consider whether, how, when and within what conditions change, such as fully embracing ARP should take place.

Secondly, emphasis should be placed on promoting girls' education to oppose FGM practice. Gender responsive education centres should be opened by the joint effort of the Government and Churches in the region or the existing schools transformed to offer quality education, while paying attention to academic as well as social dimensions of girls. This should tackle the issues that cause hindrances to girls completing their education such as the FGM. These education centres should be able to reach the larger society through media and face to face meetings carrying out sensitization on FGM within the region. Additionally, the educations centres should act as the venues for ARP for the community.

Thirdly, the girls who flee from the snares of FGM and forced marriage should be supported. The education centres recommended above should act as the rescue centres offering shelter to the victims of FGM. Such girls should be registered with police and mental counselling, meetings with the parents in the presence of community representatives; such as the chief and elders should be held to reunite the girls with their families. The parents should be informed about the anti-FGM laws and that they could be prosecuted if the girls are forced to FGM. If the reunion does not work, the girl should be admitted to the education centre. Thus, the education of the girl-child is heeded until she is able to make her own decisions. With these recommendations observed ARP programme will be institutionalised in the community and gradually replace FGM. As a result of this, health standard of girls and women will increase, FGM related mortality reduces and women empowered from their escalated level of education.

5.5 Recommendation for Further Research

The study focused much attention to one alternative rite of passage which is Church-oriented, namely ARP. Future research could extend to exploring other existing and possible alternative rites of passage. Additionally, the scope of the research was limited to the Catholic faithful of Olenguruone Division of Nakuru County. A national survey can be carried out comparing the prevalence between regions as well as urban and rural tolerance to FGM and acceptability of the other alternative rites of passage. This study was based on Catholic Faithfuls. Further studies could be conducted based on other Christian communities in the region and beyond.

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APPENDICES

Appendix A: Discussion Questions

1. Discuss the effects of FGM in Olenguruone division
2. Discuss the factors undermining adoption of ARP among the Christians of Olenguruone division.
3. Explain the role which the government and the religious leaders play in the effort to eradicate FGM in the area mentioned.
4. Discuss to what extent the new rite of ARP has been accepted by the Christians of Olenguruone.
5. Discuss the effects of ARP.
6. What is the role of the Church and NGOs institutions in promoting the practice of ARP?

Appendix B: QUESTIONNAIRE FOR ARP GRADUATES

Dear respondents

You are invited to participate in this study which seeks to investigate on the factors influencing the adoption of Alternative rites of passage for girls. Therefore you are requested to complete this Questionnaire by ticking (√) on the appropriate places or filling the blank spaces. Please respond to the items as honestly as possible. The information gathered will be treated with lots of confidentiality.

SECTION A: Guidelines to Interviews

Instructions

The items below require either a yes or no for an answer. Others are in a comprehensive nature to be answered with some explanations. For the yes or no answer items, please simply put a tick (√) in the available box.

Please be as honest as possible for the success of this important task.

1. Is Female Circumcision still practiced in this community?

   1. Yes ( ) 2. No ( )

2. What extent is FGM practiced? Estimate
   1) 100%
   2) 75%
   3) 50%
   4) 25%

3. At what age is it performed? Age:_____(in completed years)

4. Give reasons why is it performed?

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5. What is your understanding for the term circumcision or initiation as a rite of passage?

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6. What is the nature of initiation whichis conducted in your area?

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7. Give reasons for the continued practice of FGM in your area?

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8. Is FGM practiced in all parts of Olenguruone Division?

Yes ( ) No ( )

9. Who are involved in this practice?

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10. Is everybody comfortable with FGM practice?

Yes ( ) No ( )

11. Are there attempts to stop FGM practice in your area?

Yes, ( ) No ( )

12. How is this being worked on?

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13. Who is involved in the attempt to stop FGM practice?

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14. Do you think the new changes are being accepted by everybody?

Yes ( ) No ( )

15. Explain the process of bringing in the new changes (if any)

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SECTION B

Instructions

In this section please answer by ticking (√) yes or no in the box provided at the end of each statement to show if you agree or not.

16. FGM in Olenguruone has caused many girls to drop out of school.

Yes ( ) No ( )

17. FGM has made many girls to drop out of school and be married while still young.

Yes ( ) No ( )

18. FGM has caused physical harm to many girls

Yes ( ) No ( )

19. There are many families in Olenguruone Division who are still forcing their girls to undergo FGM. Yes ( ) No ( )

20. FGM has brought some division between Christians and non-Christians

Yes ( ) No ( )

21. The Christians families have embraced the new form of rite of passage (ARP)

Yes ( ) No ( )

22. Those that go through ARP are still regarded as children by those who have undergone FGM

Yes ( ) No ( )

23. Is it true that the ARP graduates behave in a manner to show some childish behaviour?

Yes ( ) No ( )

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24. Are the young people in support of ARP practice in your area?

Yes ( ) No ( )

25. Is there any difference between those who have undergone FGM and those who have undergone ARP?

Yes ( ) No ( )

26. Is there any resistance to the adoption of the new rite of passage?

Yes ( ) No ( )

27. Explain who resist and give reason as to why they resist.

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28. How do men regard ARP graduates?

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29. Do you feel it is necessary to embrace ARP and desist completely from practicing FGM?

Yes ( ) No ( )

30. Mention some of the advantages of practicing ARP?

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31. Mention some of the problems facing ARP practice in your area?

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Appendix C: INTERVIEW SCHEDULE FOR TRAINERS OF ARP PROGRAMME

Personal Information

1. Age .....
2. Gender.....
3. Education level .....
4. What are your responsibilities as a trainer of alternative rites of passage?
5. What was the response of the community when ARP was first introduced?
6. What is the rate of girls who undergo alternative rite of passage in your area?
7. Do you think ARP approach is beneficial to girls in your area?
8. What are the advantages of ARP?
9. How does the community regard ARP graduates?
10. Do you think ARP approach has been effective in getting families to abandon female genital mutilation?



NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,
2241349, 310571, 2219420
Fax: +254-20-318245, 318249
Email: secretary@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No.

Date:

27th August, 2015

NACOSTI/P/15/5476/7606

Rachel Chepkemoi Marindany
Egerton University
P.O Box 536-20115
EGERTON.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"Factors influencing adoption of alternative rites of passage for girls among the catholic faithful of Oleguruone Division, Nakuru County, Kenya,"*** I am pleased to inform you that you have been authorized to undertake research in **Nakuru County** for a period ending **31st January, 2016.**

You are advised to report to **the County Commissioner and the County Director of Education, Nakuru County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the research report/thesis to our office.

SAID HUSSEIN
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Nakuru County.

The County Director of Education
Nakuru County.

THE PRESIDENCY

MINISTRY OF INTERIOR AND
CO-ORDINATION OF NATIONAL GOVERNMENT

Telegrams:" DISTRICTER", Nakuru
Telephone: Nakuru 051-2212515
When replying please quote

COUNTY COMMISSIONER
NAKURU COUNTY
P.O. BOX 81
NAKURU.

Ref. No.CC.SR.EDU 12/1/2 VOL.I/212

10th December, 2015

Deputy County Commissioner
KURESOI SUB COUNTY

RE: RESEARCH AUTHORIZATION – RACHEL CHEPKEMOI MARINDAY

The above named is a student at Egerton University, he has been given permission to carry out research on "***Factors influencing adoption of alternative rites of passage for girls among the Catholic Faithful of Oleguruone Division,***" in Kuresoi Sub County for the period ending 31st **January, 2016**.

Kindly give her the necessary assistance to facilitate the success of her research.

C.W. NJOROGE
FOR: COUNTY COMMISSIONER
NAKURU COUNTY

THIS IS TO CERTIFY THAT:
MS. RACHEL CHEPKEMOI MARINDANY
of EGERTON UNIVERSITY, 0-20106
MOLO,has been permitted to conduct
research in *Nakuru County*

on the topic: *FACTORS INFLUENCING ADOPTION OF ALTERNATIVE RITES OF PASSAGE FOR GIRLS AMONG THE CATHOLIC FAITHFUL OF OLEGURUONE DIVISION, NAKURU COUNTY, KENYA*

for the period ending:
31st January,2016

.....
Applicant's
Signature

Permit No : NACOSTI/P/15/5476/7606
Date Of Issue : 27th August,2015
Fee Recieved :Ksh 1,000



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

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CONDITIONS

1. You must report to the County Commissioner and the County Education Officer of the area before embarking on your research. Failure to do that may lead to the cancellation of your permit
2. Government Officers will not be interviewed without prior appointment.
3. No questionnaire will be used unless it has been approved.
4. Excavation, filming and collection of biological specimens are subject to further permission from the relevant Government Ministries.
5. You are required to submit at least two(2) hard copies and one(1) soft copy of your final report.
6. The Government of Kenya reserves the right to modify the conditions of this permit including its cancellation without notice

REPUBLIC OF KENYA

National Commission for Science,
Technology and Innovation

RESEARCH CLEARANCE
PERMIT

Serial No. A 6380

CONDITIONS: see back page

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