

Factors that Contribute to Persistence of Female Genital Mutilation in Kisii Mission: A Case Study of the Methodist Church in Kenya

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ABSTRACT: The purpose of this study was to investigate factors that contribute to the continuity of Female Genital Mutilation (FGM) among the Kisii community, Kisii Mission. The study used cross-sectional survey and phenomenological qualitative design. The data was analysed both qualitatively and quantitatively. A strong belief that cultural practice of the community is the framework for the community life of which FGM is founded on the way of life of the Abagusii people. FGM one of the cultural practices which is one of the ways that reduce women's sexual desires. The exercise goes a long side with traditional training of young women to be responsible and disciplined future wives, mothers, and members of the society. Despite commitment of both Methodist Church in Kenya and national government to eradicate this cultural practice, it still continue as an indication that culture of the people is what makes them identify themselves with life of the society. The study was guided by three objectives: First, to identify factors that promote female circumcision among the Kisii community, Kisii Mission. Second, to ascertain the constraints faced by the Methodist Church in Kenya, Kisii Mission in her effort to address FGM in this community. Third, to establish principles that would lead to the eradication of female circumcision among the Kisii peoples. The study discovered some ideas that if applied would bring different perspective of the entire problem of FGM as discussed on this paper.

Key Words: Female Genital Mutilation, Abagusii, comprehensive formation, cultural demands, morals. Clitoridectomy

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I. INTRODUCTION

Female Genital Mutilation (FGM) practice among the Kisii community in history has existed within the life period of the community. It has not been easy to stop this exercise because it is a cultural rite of passage that is considered to be a value additional to the community. The practice lay a foundation in the life of an individual candidate for it is the process through which girls learn about pertinent issues of the community life based on women's role. The focus of this study is to investigate factors that contribute towards the persistence of FGM in Kisii Mission, Kenya. Majority of Abagusii people still continue to practice FGM despite the Church and the government effort to stop it.

1.1. Summary of Major Findings and reasons for FGM

The findings of this study revealed that cultural beliefs and practices have contributed to the continuous practice of FGM in Kisii County. A Significant numbers of Church-going women in Kisii still strongly believe that undergoing FGM makes one 'complete' and any woman who has not undergone this is not 'complete'. Indeed, any woman who has not undergone FGM is not considered an adult and is not respected in the community. Therefore, the strong cultural belief has led to continued practice of Female Genital Mutilation in Kisii despite the repercussions they want one to be a courageous woman as WHO (2008) states that FGM is practiced upon girls even when it is known to inflict harm to them. This is because of the perceived social benefit of this practice. These include:

1. Psychological reasons. It is carried out as a way to control women's sexuality, which is sometimes said to be insatiable if parts of their genital especially the clitoris are removed. It is thought to ensure virginity before marriage and fidelity.

2. Sociological and cultural reasons. It is seen as part of girls initiation into womanhood and as an intrinsic part of a community's cultural heritage.
3. Hygiene and aesthetic reasons. In some communities, the external female genitalia are considered dirty, ugly and are removed, ostensibly to promote hygiene and aesthetic appeal.
4. Religious reasons. Although FGM is not sanctioned by either Christianity or Islam, religious doctrine is often used to justify the practice.
5. Socio-economic factors. In many communities, FGM is a prerequisite for marriages where by largely women are dependants on men. Economic necessities can be a major driver of the procedure. FGM may be a prerequisite for inheritance. It is a major income for the practitioners.

The findings of the study also revealed that FGM is promoted due to pressure from family members especially parents as well as the society. The families treasure this practice and always prepare their daughters psychologically from an early age. The young girls are fully aware about the practice since they see their elder sisters, friends, relatives and neighbours undergo the rite of passage. As such, the girls are always ready to undergo female genital mutilation in order to be initiated into adulthood and receive the respect from the society. Burnett (1995) states that African traditional societies place very high premium on communities. Obligations to family and wider community (clan or tribe) supersede personal needs. Major decisions are made communally such decision like initiation which is part of FGM and marriage. Individualism is despised. The value of an individual is in community echoes the philosophy "I am, because we are" and Magesa (1997) stresses about the community solidarity. He states that one of the greatest gifts of the Africans to the world consists of a strong sense of community.

The study also established that their village friends whose wives have already been circumcised before being married to them influence most men to take their daughters for FGM. The men fear scorn and ridicule from their age mates for marrying uncircumcised women and always ensure that they have undergone FGM. Despite the fact that some men may have their own reservation about FGM, they often give in to social pressure and force their wives who are uncircumcised to undergo the ritual or face divorce and the humiliation of returning to their parents' homes. Such men cite being tired of ridicule from age mates who always describe their wives as girls instead of women as they have not undergone the cultural rite. Female genital mutilation is perceived as an honour to a girl and her family, making her eligible for marriage it raises the status of her family in the eyes of the society. But to those who do not practice are taken by the community as misfit and violators of the Kisii rich culture. Mbiti (1981) observes that circumcision in general symbolized the end of childhood and the beginning of adolescent life. He however, continues to explain that the painful experience is a harsh reminder that childish patterns of behaviour had come to an end and preparation for womanhood had begun. Certain tasks could now be entrusted to the initiated; it is presumed that the necessary skill to perform this task has been mastered. After circumcision, the childhood world of fantasy had come to an end abruptly and the real world posed a challenge. However, circumcision marked the terminal level of the elementary stage of informal education and served as an entrance or passage into the secondary level. Mbiti (1981) further observes that candidates are trained to look forward to this painful operation with eagerness and courage. Portrayal of fear at the ceremony brought shame to the candidate and also to the family. It was a sign that the candidate was not worthy of the status to which he/she was aspiring. Mbiti (1981) points out four major points, which summarize his work on female circumcision:

1. Circumcision is a gateway to another level from primary to secondary level.
2. Circumcision ceremony comprised of surgery.
3. Circumcision is a painful operation which is done locally by a recognized specialist.
4. Counselling is done on each candidate placed in the hands of an adult counsellor selected by the parents. The work of the counsellor is to instruct the candidate about the new roles and responsibilities which lay ahead and particularly about the virtues which the society wants the candidate to emulate.

The findings of the study also explicated that circumcisers enjoy performing the cut as a way of getting money. They considered it their business to earn a living and preserve the culture by circumcising girls just before they are married off. The preservation of culture coupled with financial gain attached to the vice promotes it and allow the circumcisers to continue administering FGM to girls in the full knowledge of the society. No eligible man would consider marrying a girl who has not undergone the cut; FGM makes a woman culturally and socially acceptable. It is in this important way that FGM is supported and encouraged by men. It is considered as a gateway to marriage. Any uncircumcised woman is still a child regardless of her age until she is cut and put in seclusion for a period of time and taught the values of the community, and how she is supposed to take care of the husband and children. This is when she is considered to be eligible for marriage. The practice is therefore deeply accentuated in the cultural beliefs of the Kisii community.

The study revealed that FGM is a source of income for the circumciser who can make a decent amount of money within a month depending on the number of girls circumcised. This view was also revealed in the literature review. The circumcisers therefore lobby many parents to present their daughters for the cut and pay

the fee which is their source of income. This means that even though circumcision is against the laws of Kenya and is being prohibited practice, many people still view it as a source of livelihood and continue to practice it especially where culture allows it. This means that any practical solution to the problem of FGM must address the underlying factors that lead to its existence in this age such as poverty.

The extent to which FGM is practiced is worrying. This study revealed that the place of the ceremony is crowded by women surrounding a stone on which the girls are circumcised. For every operation, an elderly woman stands behind the girl to be circumcised to support her, firmly holding the girl's hands over her eyes so that she doesn't witness what is being done to her. The circumciser applies some white flour to the girl's private part and swiftly cut off the head of the clitoris causing immense bleeding and pain on the girl. As soon as this is done the group of women in attendance celebrate in songs and dancing as a sign that the girl has endured pain and has brought fame to her parents. The circumcisers and the society believe that the pain involved during female genital mutilation symbolize the hardship associated with life and the girls should bear it as they move to their next stage in life.

According to the study there is a lot of pain that comes with being a woman among the Kisii community. This is because there are a lot of challenges undergone by the girls who refuse to be circumcised. Kisii men cannot marry them and they always get alienated by their peers, relatives and even parents. Kisii being a community where utmost respect is accorded to parents by children from an early age, girls live with the knowledge that if they defy their parents' orders, they are considered outcast in the society. Therefore, the girls are effectively forced to undergo FGM in order to avoid the many consequences associated with defying a parent. Mbiti (1969) has dealt extensively on initiation and puberty rites. He generally focuses on the importance of initiation to the society. He gives reasons as to why people should go through the initiation process. According to him, initiation introduces the candidate to adult life. After undergoing it, they are now allowed to share in full the privileges and duties of the community.

The study also revealed that FGM effectively curtails the education of a girl child and prevents her from fulfilling her potential and realizing her dreams in life. A girl child is affected in her health due to the crude way in which the cut is administered. It is also associated with complications during birth among many women. The cut also negates girl's self-efficacy, self-concept and lowers her self-esteem thus negatively impacts her academic performance. In fact, after circumcision, the only option for the girls is to get married to a man and bear children which often lead to school dropout. Marriage and bearing of children has been long considered as the primary role of young women in Kisii culture and as a result, has devalued women and education and their prospects in life.

The study found out that FGM has long term complications including scarring, difficulties in passing urine, recurring urinary tract and pelvic infections, and increased risk of obstructed labor. There are also other health risks that were revealed during the study such as excessive bleeding, severe pains which may lead to shock and fainting, urinary tract problems due to infections from the wound and death due to excessive bleeding. In essence, female genital mutilation is a threat to the lives of women because its effects are fatal.

1.2. Health Consequences of FGM

From the study it is clearly indicated that there are number of health consequences associated with this practice as discussed. FGM also leads to transmission of diseases because the procedure involves contact with blood. Often, only one instrument is used to circumcise a number of girls and these increase the risks of HIV transmission and other blood or sexually transmitted diseases. This is particularly the case where a large group of girls are cut by the same instrument as part of social cultural rite. Additionally, the study also revealed that due to damage of the female sexual organs, sexual intercourse can result in laceration of tissue, which greatly increases risks of HIV transmission, and the same is true for blood loss that accompanies childbirth. WHO (1998) observes that FGM is a major health issue that is affecting women's development in Africa. Some communities in Kenya like the Kisii give high value to FGM, despite being a health risk. WHO continues to observe that FGM continues to kill girls due to excessive bleeding and infections arising from the procedure; it kills women and their babies by increasing the risk of complications during childbirth; it also contributes to the spread of HIV/AIDS by using the same circumcision instrument. In essence, FGM is both a serious health issue as well as an abuse of internationally recognized human rights standards. Women who undergo the ritual are regarded naïve by men yet their resilience prompts them to spearhead the fight against the practice. Negative health consequences associated with FGM are many; such as haemorrhage, cervical infections, urethral damage, urinary tract infections, dermatoid cysts and chronic pelvic infections. The review of these experiences in this study acts as a revelation to the victims. Through the results of the study, women victims are expected to become more aware of the dangers of the practice and hence wish the same not to happen to their daughters.

FGM is deeply rooted in cultural traditions, which are difficult to address. WHO (1998) insists that there are no hygiene or health reasons to support the practice. It is a form of discrimination against women and an act of violence, which has negative health implications as already stated. WHO (1998) further reports that it

is very painful for women during sex, because they have been stitched after FGM as men are forced to squeeze their penis in a small virginal opening.

1.3. The position of the Church in the fight against FGM

The study revealed that many Church members lamented over FGM, but only by talking while in reality they practiced it. It is evident from the study that the majority of the respondents who were church ministers and church elders were publicly against but privately practiced FGM. The reason given for this is that they do not want to frustrate the ancestors of the community who started the practice of circumcising their daughters from the time immemorial. They just give lip service to the dangers and immorality of FGM while they quietly support it. There is need to be a true spiritual transformation among members of the church in order to effectively address FGM in Kisii.

The study showed that the Methodist church in Kisii mission has not done enough to discourage FGM because the ministers and the Church elder are not true to the fight against FGM. From a biblical standpoint, FGM is against the will of God as stipulated in 1st Corinthians 6:15, 19 which states that “Do you know that your bodies are members of Christ? Shall I then take away the members of Christ and make them members of a harlot? May it never be! Or do you know that your body is the temple of the Holy Spirit. Who is in you? Who you have from God, and that you are not your own!” Because of these biblical verses, Methodist church in Kisii has officially tried to crusade against this practice which is harmful, and life- threatening to young girls. However, the circumcisers are aware that the church is against what they practice at least by mentioning its dangers but they also know that many church members see the practice as a normal cultural rite in the society.

The alternative rite of passage approach among the church members and the Kisii community at large has had mixed results. The respondents gave different views, which show that the community is yet to fully understand the reality and consequences of FGM, but they know the stigma of not doing it. The Church has tried to fight the vice but only with very limited success. The well intentioned alternative rituals to FGM are believed not to provide the guarantee for low sexual desires; therefore people still believe that the alternative rites cannot satisfactorily replace the custom. If an alternative rite is not found, the society would continue to lose many women during delivery because of complications that is associated with it and the transmission of HIV will be high due to the use of the same circumcision tool. The study also showed that almost all women would automatically be circumcised and the women who are already circumcised will live with the guilt of being a woman among the Kisii community during the birth complications and sexual pains.

The study found out that majority of those people in leadership positions in Methodist Church in Kisii Mission practice FGM privately. Therefore, some leaders embraced FGM and they do not see anything wrong with it. The response toward this issue is very critical. There was a heated debate in the church where discussions whether those practicing FGM should be allowed to partake the sacraments and hold leadership positions in the Church arose. It was found that culture was to blame; these leaders do not see any problem of being a leader who takes the sacraments and embracing FGM at the same time. The Church needs to have a solution to this issue by engaging different departments of the Church including leaders, parents, and the youth on the fight against FGM.

The study went on to reveal that some Church leaders in Kisii parade girls who have undergone the rite to congratulate them for making the big leap into womanhood. This clearly sends the wrong signal to the girls and to society especially those who see the church as an institution that should be used for the good of humanity and fight the evil practices in the society. These leaders seem to believe their culture more than the word of God thereby creating an illusion that FGM is accepted and supported even by the church. If leaders continue to support FGM, it becomes difficult to do away with it. Therefore, all Church members who truly want the teaching of the bible must truly oppose FGM in the society.

In the universal church there is no denomination that supports the practice of FGM. . According to the report by Philip Pullella; Edited by Stephen Powell (2015) Pope Francis condemned FGM and domestic violence against women, calling them degradations that had to be combated. “The many forms of slavery, the commercialization, and mutilation of the bodies of women, call out to us to be committed to defeat these types of degradation that reduce them to mere objects that are bought and sold ...,” Pope Francis said at a meeting on women’s issues hosted by the Vatican’s Council for Culture.

1.4. Cultures Resistance to Change

Culture and tradition provide a framework for human well-being, and cultural arguments cannot be used to condone violence against women. Moreover culture is not static, but constantly changing and adapting. Nevertheless activities for the elimination of FGM in Kisii Mission should be developed and implemented in a way that is sensitive to the cultural and social background of the Kisii community. These people can change when they understand the hazards of this practice and when they realize that it is possible to give up harmful practices without giving up the meaningful aspects of their culture. This view must be supported by a well-

meaning church with all members opposing the vice using the bible. Cuber (1951) states that an individual is powerless to resist culture as it participate in a society. One speaks the language, which prevails and engages as a rule in the activities, which he/she is supposed to and acquires the knowledge, the prejudices, and the fear that are current. A person seems bribed into conformity, coerced into being and doing what is expected. For example, it is difficult for a girl born in Kisii culture to denounce the Kisii culture, because of fear of the repercussions. Cuber continues to say that the initiate has few real choices to the fundamental pattern. The study found out that changing people's beliefs, culture and attitudes is a slow process that needs a lot of counter ideologies to fight the existing ones. The fight against FGM in Kisii is slowly taking shape but requires involvement of all the stakeholders so that significant steps can be made against the vice. Though change is inevitable, it should be accepted that it is a slow process that calls for greater patience and tolerance.

According to this study, it is ironic that while other communities and the government are fighting this practice, Kisii girls leave their homes secretly to get circumcised even when their parents are against it. This shows the extent to which cultural ideologies have taken root in the community and even the young generations wish to abide by the culture despite any opposition from their parents. Many young girls wake up early in the morning to take cold showers before facing the knife simply because they fear their peers will make fun of them by calling them 'gesagane' which is a form of insult meaning uncircumcised girl. It is considered the worst form of insult, especially if it comes from a young person. Therefore, girls opt to save their dignity and earn respect from peer and the society despite the gross effects of FGM. Robert A. L. (1982) states that the most elaborate and socially important ceremonies are associated with initiation and marriage. Initiation involves clitoridectomy for girls and circumcision for boys. The ceremony prepares the children as social beings who know rules of shame (chinsoni) and respect (ogosika). The girls are initiated at the age of 6 or 8 and the boys a few years later. Initiations are gender segregated, and the operations are performed by female and male specialists. Afterward there is a period of seclusion for both genders. The traditional wedding is no longer performed. It was an extremely elaborate ritual that lasted several days. The rituals emphasized the incorporation of the bride into the groom's lineage and the primacy of male fertility. Among wealthier people, it has been replaced by a wedding in church or before an administrative official.

The study findings pointed out that perceptions of many parents concerning traditional FGM have changed since they are now seeking the involvement of health personnel in providing hygienic conditions. Trained nurses who work in public hospitals or whom run their own clinics within Kisii community carry out the practice secretly. This means that the practice still persists but parents are now aware of the negative health effects associated with traditional FGM such as transmission of HIV and AIDS. This implies that the community believes that the practice is right but only opposes the way it is being administered. The people therefore believe that it is morally and spiritually acceptable. This appears to be the belief of some Methodist Christians in Kisii community who do not think that the practice itself is displeasing to God and should not be carried out on girls.

The study found out that besides the physical cut, the ritual associated with FGM fulfils customs and traditions that are deeply entrenched in the Abagusii community. Parents of circumcised children speak strongly of the importance of FGM as a cultural identifier of a member of the Abagusii community distinguishing their daughter from uncircumcised community. The vice creates a false sense of belonging to the community. It was also found out that the dangers of FGM outweigh cultural values. This is because women who have undergone FGM experience many physical and psychological problems. These include eating and sleeping disorders, nightmares, loss of appetite, loss of weight, absenteeism from school and poor academic performance. Apart from that the practice also oppresses women and goes against their rights.

Respect is a virtue, which needs to be maintained by all people, all the time. The study found out that the people believed that when the clitoris is not cut, women are prone to immorality. This means that when the woman is not circumcised she is more in need of sex than the one who is circumcised even when her husband is not around. Because of that she is believed to be highly likely to go out to search for men, which is against the Abagusii culture.

This pedestrian claim lacks any scientific basis and has often been cited as one of the key reasons why women must be circumcised. At present, there is no evidence, which suggests that female circumcision reduces their sex drive. From a Christian perspective, Jesus reminds us that to even look on another person lustfully is to commit adultery in one's heart. Hence, to circumcise a woman is no guarantee of virtue. Therefore, a key reason for the cut is undermined by Jesus' teaching in the Sermon on the Mount.

1.5. Conclusions

The quest to preserve retrogressive cultural practices and beliefs has led to continued practice of FGM. The Abagusii believe that female genital mutilation enable women to be initiated into adulthood, reduces promiscuity associated with sexual desires and prepares them for marriage.

The practice is also carried out in order to please the ancestors and ‘maintain’ gender by not allowing the clitoris to grow and resemble the male sexual organ. The study also found out that there is a belief that if the clitoris of a woman is not cut, it can touch the new-born during delivery and cause omen. Moreover, hygiene and beauty are some of the reasons why FGM is practiced. On the basis of this, the research concludes that the belief surrounding FGM perpetuates its practice.

The practice is so engrained into the culture, much more deeply than the Christian faith has not been able to penetrate to counter the Kisii culture. Most of the women have undergone forced FGM, others through the influence of their peer or significant others while some have willingly accepted to undergo the FGM as a rite of passage for women.

Poverty is another factor that has led to propagation and practice of FGM since the circumcisers are poor and always look forward to earning a living from this practice. As such, they have continued their support for FGM. In addition, some of the girls choose to be mutilated in order to receive presents from parents and be accepted in the community by their age mates. Parents who are poor also circumcise their daughter so that they can receive big bride price when they get married to men who embrace and respect only circumcised women.

The majority of parents in Kisii have mixed attitude towards FGM. Some of them openly talked against FGM while others supported the vice on account of culture, ignorance and under-education. Other parents support FGM because they don’t want to be side-lined by the community and their daughters to be ridiculed. Parents who don’t support FGM are mostly learned and of higher social status in the community. They feel that the practice is out-dated, a human right violation and is also harmful to the girls.

The extent of practice of FGM has also affected the church and the younger generation who have been made part of the cultural system actors. Culture influences people of Kisii across all social status and level of education and is considered a sensitive topic to talk about. This has led to persistence of practice of FGM in Kisii. Based on these findings, the research concludes that the extent of practice of FGM in Kisii community is very high.

The impact to the affected is that most women feel mature and honoured once they have undergone FGM. Once a girl has undergone FGM she is free to decide to get married or continue with her education. Most of them opt to get married early resulting in drop out from school. The practice carries a risk of girls getting infected by HIV/AIDS and loss of blood which may lead to death among others. The challenge to the church is that most Christians are willing to leave the practice of FGM but they are tied with culture. The Methodist Church in Kisii is trying to hold seminars about FGM but a few have taken it seriously. Even the Kisii ministers/pastors have not captured the depths of the problem.

The practice of FGM leads to poor academic performance and school dropout among affected girls. The research found out that once a girl has been circumcised, she makes a decision to get married or continue with school because she is considered an adult. Those who decide to continue with education experience emotional breakdown and physical pain which lowers their self-efficacy leading to poor academic performance.

The research revealed that underlying reason why women in Kisii community have to go through FGM is because of prestige: ‘reduce sexual desire’, prepare for marriage and attract bride price. As such, this study concludes that FGM is embedded in the gender power relations within Kisii community; nevertheless it can be abandoned if the gender roles, power relations and social norms associated with the practice are modified through collective effort of all stakeholders in the community.

The study revealed that FGM is a manifestation of gender inequality. Therefore, the research concluded that empowerment of women is of key importance to the elimination of the practice. Addressing this through education and debate brings to the fore the human rights of girls and women and the differential treatment of boys and girls with regard to their roles in society in general, and specifically with respect to female genital mutilation. This can serve to influence gender relations and thus accelerate progress in abandonment of the practice. Programmes which foster women’s economic empowerment are likely to contribute to progress as they can provide incentives to change the patterns of traditional behaviour to which a woman is bound as a dependent member of the household, or where women are losing traditional access to economic gain and its associated power. Gainful employment empowers women in various spheres of their lives, influencing sexual and reproductive health choices, education and healthy behaviour. From these findings, the research concludes that Kisii women are part of the problem since they embrace the practice as a cultural norm. Although risks involved are well known to many, the greater focus is on the cut and not its complications.

II. RESEARCH DESIGN

This study used cross-sectional survey design. This design is appropriate because it allowed the researcher to collect both quantitative and qualitative data thereby capitalizing on strengths while reducing weaknesses of each paradigm. The researcher used this design to investigate the factors contributing to the persistence of Female Genital Mutilation in Kisii County, the results based on the summary, conclusion, and recommendations. Furthermore, the design is an appropriate method of collecting descriptive data from a

population that is not possible to observe directly. Considering that all the churches are situated in different sub counties, it would be difficult to observe all of them in their respective context.

2.1. Target Population

The target population of this study was 3,500 members from ten churches within Kisii County. The respondents for this study of the study were selected from these churches. They included parents, pastors, students, teachers, leaders from different Methodist churches within Kisii mission and circumcisers. The ten churches were targeted because of cases of some members supporting and practicing female genital mutilation. In addition, the churches were involved because they are the voice of reason and have been engaging the community in fighting FGM.

2.2. Sample Size and Sampling Procedures

Out of 20 Methodist Churches in Kisii County, 10 churches representing 50% of all the Methodist Churches were selected using simple random sampling technique. A sample of 10% and above is considered adequate. In addition, the random sampling technique is suitable for heterogeneous population and ensured that all the “unknown” influences are equally distributed within the sample (Lincoln & Guba, 2007). The researcher acquired a complete list of the target population and assigned a consecutive number to each church listed in the target population then selected randomly.

Mugenda (2008), the sample size of 10% - 20% is sufficient for a study depending on the nature of the population under scrutiny. Therefore, 120 parents from the 10 churches representing 11% of 1060 parents were selected using stratified sampling technique. The researcher first stratified the parents according to their marital status (married, single, foster and divorced parents) from where random samples were drawn. The number of parents selected from each stratum was done proportionally to their total number in category. As such, there were 112 married parents, 2 foster parents, 4 single parents and 2 divorced parents within the sample size. The stratified random technique was used because all were parents and therefore, had heterogeneous characteristics for the study. Further, this sampling technique was preferred for parents because they are of different marital status, gender, age, social standings and levels of education. They participated in the study because they are the key supporters and promoters of female genital mutilation in the name of culture.

Ten (10) teachers representing 33% of the thirty (30) teachers in the Methodist churches, Kisii mission were also selected through stratified random sampling in order to negate the charge of researcher bias on the choice of informants (Preece, 2013). The researcher segmented (stratified) teachers according to subject areas (mathematics, sciences, religious studies, religious studies and languages) and randomly but selected 2 teachers from each stratum. The stratified random technique also allowed for generalization of the findings to a wider population as indicated by Kombo & Tromp, (2007). They participated because they have been charged with provision of good morals, values and guiding students towards emulating positive cultures in the society.

One hundred (100) and ninety eight students (198) representing 12% of the 1650 students in Methodist churches, Kisii mission were selected through stratified random sampling technique. This is a sampling technique in which the students' population was divided into different homogeneous subgroups, or strata (classes) and then random samples selected proportionally from the different strata (classes). They were included in the study because female students undergo female genital mutilation and are best placed to champion the change in the society. Further, they are expected to form a generation that is free from retrogressive acts like FGM and therefore it is important to prepare them at early stage and allow them to understand the dangers of female genital mutilation.

Ten (10) pastors representing 67 (67%) of the all the Methodist church pastors Kisii mission were selected through stratified sampling technique whereby the target population was first stratified into male and female pastors then random samples taken from each stratum. This technique allows the findings of the study to be generalized to a wider population. The total population of church leaders in Methodist church, Kisii mission was also stratified into regions and a random sample drawn from each stratum but in proportionality to the target population. This yielded a sample size of 30 church leaders representing thirty (10%) of the church leaders in the mission. These religious groups of respondents were selected for the study because the FGM which is accentuated in Kisii culture can be effectively addressed through a religious standpoint.

2.3. Description of Data Collection Instruments

The researcher used a questionnaire to elicit quantitative information from students and teachers. Interview guides as well as observation guides were used to collect qualitative data from parents, pastors and church leaders in Methodist Church, Kisii mission. These three instruments were used in order to maximize on their strengths and minimize their weaknesses Kombo & Tromp, (2007). The use of multiple data collection methods (triangulation via instruments and data sources) contributed to trustworthiness of the collected data. These instruments were developed by examining the research questions and the conceptual framework. The

researcher used two research assistants to give out questionnaires to respondents and also help in conducting interviews.

2.4. Recommendations

From the study findings, the researcher came recommended that:

The Church should use Chiefs, their assistants and other community leaders should become the voice of reason in order to fight this practice. They should enforce the law concerning this retrogressive inhumane act by not allowing their roles to be compromised by culture. This is because they know this practice very well and can easily identify every family by name and location since they live with them. They understand the practice and some of them actually have their daughters undergo the same rite.

Continuous campaigns against FGM should be taken to schools and other institutions in Kisii. This will allow the teachers and girls to be the voice and enable them to protect their rights. When the vice is addressed from educational perspective, it is more likely to bear positive results since the girls will have made aware of the ravages of FGM at an early age. This will further address the issue of early marriage and school dropouts in the area. As much as the traditions are drying up slowly, more effort has to be put in place to clear the vice.

The campaigns should include topics of human rights, violations and the harmful effects caused by FGM. Issues dealing with culture are so sensitive and therefore those planning to tackle the issue of FGM that is deeply rooted in culture and traditional beliefs, should have enough knowledge of other people's culture and should not generalities. When discussing about people and their culture, also historical, economic, social, political and geographical factors needs to be considered in order to come up with effective and well balanced solutions.

Men should be informed on the importance of marrying uncircumcised women and all the benefits, which include enjoying sexual fulfilments and uncomplicated birth delivery. When all men have discovered that, no man will desire to marry a circumcised girl. This would discourage the community from thinking that circumcision is the key to marriage. And because of that even those women who are willing to undergo this operation would fear the consequences of not being married once they undergo the circumcision. Furthermore, a Christian man should want his wife to experience sexual fulfilment just as he does. It is part of truly loving your wife and not just treating her as an object to fulfil your own selfish sexual needs. Sex with a woman who is actually enjoying it is much more pleasurable for the man! Perhaps this could help convince men to buy into the change. This is the way God intended sex to be: mutually fulfilling and enjoyable to each partner. Each partner should first seek the fulfilment of the other person.

The Church should try to reconcile girls with their parents, while educating them on the dangers of early marriage and circumcision as well as the importance of education. In most cases, the reconciliation is successful but often the parents pretend to understand so that the girl can be released to them, only to have them forcefully cut or married off once she is still at home.

The government and civil authorities should crack down on parents who allow their daughters to undergo the cut by using networks that inform the chiefs and subsequently the police when a girl's right has been violated so that the parents are charged in accordance with the law. In order to save the girls from this harmful practice, all the leaders in the community should join hands in the fight and launch campaign against FGM. These leaders should therefore respect and value the sanctity of human life above their positions in the society.

Measures to ensure safety of young girls should be encouraged at all levels. Girls should be given the necessary respect, dignity and social facilities to better determine their future by the Kisii community. The study recommends that girls should be given a chance to realize their potential in nation building. They are equal to boys and must not be relegated to a level where their only role is seen as being marriage and bearing of children since this leads disempowerment of the girl child. For example they can be good lawyers, teachers, preachers, other professionals and important figures in the society that lead to building of our nation. Female genital mutilation cannot give them a chance to realize these potentials.

Mandatory primary education that is now free should be emphasized in these particular areas through the involvement of all community stakeholders. Every person in the community should crusade for the girl-child to be taken to school so that they can be taught and get a good education which will be beneficial to everybody in the community and especially good for the girl-child. Because of this, the girl will open her eyes and say "no" to FGM. The fight to stop FGM should be multi-sectoral and of concern to every Kenyan, since unity is strength, together we stand and divided, we fall.

Courage is said to be the first of human qualities because it is the quality that guarantees all others. The society must join hands against this inhumane practice. When securing the destiny and dignity of the girl child, then resources, time and courage must be committed. The society must have the courage to take risks for the sake of these future leaders because to conquer without risks is to triumph without glory. To triumph in this fight the community must first acknowledge that fighting a deep-rooted practice such as FGM is a hard initiative

to undertake. It must also acknowledge that despite the fact that some girls are saved from FGM and early marriage, the environment is still not accommodative to them. They are treated with contempt and despised by the community. This again calls for stronger structures to ensure their security so that they are accepted for what they stand for in the society. Human rights activists and other civil society professionals should also vehemently fight the practice of FGM. Human rights are meant to protect every individual despite their colour, ethnic background nationality and age. The practice of FGM has proven to be those cultural or traditional norms that need investigation in the light of human rights principles. Upon investigation the research recommends that the practice is not only seen as a violation of human right it is a criminal offence performed to girls and women. This fight should therefore involve empowerment of individuals with the knowledge of FGM so that they can also reach more people in the community. Ideally, women and girls should be supported by providing them with necessary information about the practice so they can help others in their societies who are still practicing FGM. Health officials who practice this act in health facilities should also be apprehended and charged with human rights violation in courts of law.

Professionals in the field of community development should be encouraged provide requisite knowledge on how best to develop the society with full inclusion of girls and women as part of the development agenda. Part of such programs should involve a discourse on the negative effects of FGM that discourages holistic community development. Further, emphasis on the dangers associated with FGM should be integrated into the education of the girl child especially in affected areas such as Kisii.

Abandonment of FGM on a large scale results from a process of positive social change. As revealed by the findings, the conventional nature of the practice requires a significant number of families within a community to make a collective, coordinated choice to abandon the practice so that no single girl or family is disadvantaged by the decision. The decision to abandon must be collective and explicit so that each family will have the confidence that others are also abandoning the practice. The study therefore recommends that decision should be widespread within the Kisii community in order to be sustained. In effect, it will bring into place a new social norm that ensures the marriageability of daughters and the social status of families that do not cut their girls; a social norm that does not harm girls or violate their rights.

It is evident from the findings that female genital mutilation is a manifestation of gender inequality. As such, a special focus on women's empowerment is important. However, educational activities must reach all groups in the community with the same basic information to avoid misunderstandings and to inspire inter-group dialogue. The format must be adapted so as to suit the realities of each specific group. It is also important to include young people - both girls and boys - as they are often more open to change, and can themselves be important change agents concerning FGM.

The study also recommends that schools should offer a forum for learning and discussion about FGM if they can create an environment of confidence, trust and openness. Artists and others who provide positive role models can be brought into schools, and materials can be developed for teachers and integrated into school curricula and teacher training on subjects such as science, biology and hygiene as well as those in which religious, gender and other social issues are addressed.

The researcher also recommends for a multi-sectional approach to eradication of FGM through coordinated effort from the government agencies, Non-Governmental Organizations, Community Based Organizations, youth groups and Faith Based Organizations on the fight against FGM. Such institutions will provide the capacity to pool the needed financial and human resources that will give the society the impetus successfully fight the vice from legal, educational, social and economic perspectives.

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