

## Tugen Men and Women's Perception on FGM in Relation to their Participation in Household and Community Socioeconomic Development Activities in Baringo County

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### Abstract

Female Genital Mutilation (FGM) is the partial or total cutting away of the female genitalia, which has been practiced for centuries in parts of Africa and other regions of the world as one element of a rite of passage. An investigation of the Tugen men and women's perception on FGM in relation to their participation in household and community socioeconomic development activities in Baringo County shed light upon numerous obstacles to its elimination. There was a gap in the analysis of the factors contributing to persistence of FGM among Tugen women of Baringo County as it had not been empirically investigated. The purpose of this study was to establish Tugen Men and Women's Perception on FGM in Relation to their Participation in Household and Community Socioeconomic Development Activities in Baringo County. The study adopted the ex post facto-causal comparative research design. The study was conducted in three divisions namely Kisanana, Mogotio and Esageri in Koibatek district in Baringo County. The selection of these divisions was based on the information provided by the District Health Management Team to the effect that these were the divisions where the practice of FGM was likely to be high. Purposive and quota sampling was used in selecting participants in the area of study. The research data was collected using questionnaires and an interview schedule. Piloting of the instruments was done at Marigat division in Marigat district in Baringo County to provide the required information on its reliability and establish the time taken to administer the instruments in order to make necessary modifications and adjustments before commencing data collection in the field. The questionnaires' items were considered reliable after yielding a reliability coefficient of at least 0.70. The data collected were analyzed by use of descriptive and inferential statistics. Statistical Package for Social Sciences (SPSS) version 17 for windows was used to analyze the data. The study generated information regarding the Tugen men and women perception of FGM among Tugen women of Baringo County. Marriage of circumcised or uncircumcised women greatly influenced men and women participation in household and community socioeconomic development activities in the Tugen community. Most men (67) 67% indicated they preferred to marry circumcised women because culturally they would become respected member of the community. The findings from the study might also help Ministry of Gender and Social services, Government of Kenya and local community leaders to take serious the fight against FGM practice and look for strategies to eliminate it.

Key words: Female Genital Mutilation, Alternative Rite of Passage, Gender Based Violence, Traditional Birth Attendants, Psychosocial and Health Wellbeing, Perception.

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### Introduction

FGM is practiced in many parts of the world (WHO, 1996). It continues to be practiced in large regions of Africa, from Red Sea Coast to the shores of the Atlantic. According to conservative estimate, at least 84 million women and girls are currently mutilated in Africa and similar operations are practiced along the Persian Gulf and the southern part of the Arab Peninsula (WHO, 1999). In Indonesia and Malaysia, less forms of FGM are practiced by some of the Moslem populations of this region and sporadic occurrences have been registered among others, mainly Moslem groups (WHO, 1999). Historically, efforts at ending

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FGM go back to the late 1800s when Africa Inland Mission (AIM) began work in Kenya in 1895 and by the year 1914, the mission was offering systematic teaching on the effects of FGM to all patients who came to Kijabe Mission Hospital (Nyangweso, 2000). At the international level, FGM is viewed as a violation of human rights against women and the girl child. There are various international and regional conventions aimed at eliminating the practice. Many western countries have even enacted laws prohibiting FGM. However, the laws have been limited by inability to prohibit children being taken out of the countries for circumcision (UNICEF, 2005; Olenja & Kamau, 2001). *Activists in Kenya, which outlawed FGM in 2001, warn that the engrained cultural practice is easier to outlaw than to eradicate. They argue that the country still has a long way to go to eliminate FGM (Ogodo, 2005).* About 14 other countries in Africa have passed similar laws against FGM (WHO, 2007, 2002) after ratifying the African Union's Maputo Protocol on FGM, which requires its member states to ban the practice.

Irin in-depth (2005) indicated that FGM is practiced in more than three quarters of the country and the prevalence of the practice varies widely from one ethnic group to another. It is nearly universal among the Somali (97%), Kisii (96%), Kuria (96%) and Maasai (93%) women. It is also common among Taita/Taveta (62%), Kalenjin (48%), Embu (44%) and Meru (42%). Levels are lower among Kikuyu (34%), Kamba (27%) and Mijikenda/ Swahili (6%). FGM is almost non-existent among Luhya and Luo women (each less than 1%) (Nyangweso, 2000). The Somali ethnic group in Kenya has the highest prevalence of FGM. About 97 per cent of Somali women have undergone the procedure, and almost all are infibulations. As in many other communities, pre-marital virginity is very important for the Somali, and FGM is considered essential in preserving virginity and family honor. Many Somali also believe that FGM is an Islamic requirement, although some Sheikhs, community elders and Muslim women's groups have clarified that infibulations is in violation of the Koran (Richardson, 2009).

Jaldesa *et al.*, (2005) posited that FGM is found extensively in Africa and is also indigenous to other parts of the world. The age and time at which FGM is practiced differs from community to community, and can be carried out from as early as a few days after birth, to immediately after the birth of a woman's first child. Among communities that practice FGM, the procedure is a highly valued ritual, whose purpose is to mark the transition from childhood to womanhood. In these traditional societies, FGM represents part of the rites of passage or initiation ceremonies intended to impart the skills and information a woman will need to fulfill her duties as a wife and mother (Jillo & Hilton, 2004).

In Kenya, there is no specific law criminalizing FGM. Recently, piecemeal legislations such as the Children Act (2001) and Sexual Offences Act (2006) which seeks to address FGM as a human right violation have been passed in parliament. Advocates against FGM have expressed concern that criminalization might make the practice go underground and greatly inhibit the elimination process. According to them, the answer to FGM eradication lies not in condemnation but appreciation, not in activism but advocacy, not in legislation but understanding, not in public pronouncement but education and not in emotion but pragmatism (National Focal Point Newsletter, 2001).

The purpose of this study was to investigation of the Tugen men and women's perception on FGM in relation to their participation in household and community socioeconomic development activities in Baringo County. The main objective was to determine the men's and women's perception on FGM in relation to their participation in household and community socioeconomic development activities in Baringo County. The research hypothesis was tested at 5% level of significance:  $H_0$  Tugen men and women's perception on FGM does not significantly influence their participation in household and community socioeconomic development activities in Baringo County.

### **Research Methodology**

This study adopted the *ex post facto – causal comparative* research design. This is a research design, which looks into events that have already occurred and therefore cannot be manipulated by the

researcher. *Ex post facto* research design is a method of teasing out antecedents of events that have happened and cannot, because of this fact, be engineered or manipulated by the researcher. This design is particularly suitable in social, educational and psychological contexts where the independent variable or variables lie outside the researcher's control. This study was conducted in Koibatek district of Kenya in Baringo County. As stated earlier, the district is located within the Rift Valley province of Kenya. The study was conducted in three divisions namely Kisanana, Mogotio and Esageri. The selection of these divisions was based on the information provided by the District Health Management Team (DHMT) to the effect that these are the divisions where the practice of FGM is likely to be high. In these divisions, three clusters were systematically selected.

The target populations of this study were the Tugen youths, adults and Tugen community leaders in Baringo County. The study focused on the Tugen's (both male and female) analysis of factors influencing the persistence of FGM from age thirteen and above. Purposive and quota sampling were used in selecting participants for the study. The researcher selected the three divisions because they had high prevalence of FGM and hence high possibility of FGM persistence in the area. Quotas were selected so that important information due to heterogeneity be captured (Peil, 1995).

Community members from different age brackets constituted the sample. The age brackets were based on developmental task theory advanced by a theorist Robert Havighurst (1952). These categories were important in this study because the different eras could exhibit different perceptions of FGM. However, 13+ years was used because of their ability to comprehend related matters FGM. Kathuri and Pals' (1993) table for determining the sample size indicates a sample of 380 corresponding to a finite population of 40,000 (Appendix Five). The three selected divisions have a total population of 41,158 hence, 380 was a suitable sample size. However, in this study, an increase of 20 respondents was used to cater for attrition and spoilt returned questionnaires. Therefore, the sample size was 400.

The research data was collected using questionnaires and interview schedule. The research instrument targeted specific information from the respondents. The youth questionnaire (Appendix A) sought information on FGM awareness and how it was perceived by community youth members, how to solve their psychosocial and healthy problems and way forward strategies for elimination of FGM in Tugen community. The elderly men and womens' questionnaire (Appendix B) sought to obtain information on how to solve their psychosocial and healthy problems and their perception on the effectiveness of guidance and counseling programme in eradicating FGM. The community leader's interview schedule (Appendix C) sought to obtain information on FGM awareness and how it was perceived by community members, how to solve their psychosocial and healthy problems and way forward strategies for elimination of FGM in Tugen community. The use of questionnaires was preferred. Piloting of the questionnaires and interview schedule was done in Marigat district in Baringo County to provide the required information on its reliability and establish the time taken to administer the instruments in order to make necessary modifications and adjustments on questionnaires before data collection in the field. The questionnaires' items were considered reliable after yielding a reliability coefficient of at least 0.70. These indices indicated that the research instruments were reliable and suitable to be used in data collection.

The questionnaires and Interview schedule were also subjected to scrutiny by the researcher, supervisors and other experts in psychology to establish content validity. Content validity is a measure of the degree to which data collected using a particular instrument represents a specific domain of indicators or content of a particular concept (Mugenda & Mugenda, 1999). Content validity was checked through expert opinion. The supervisors and other professionals assessed the concepts of the instruments. The content analysis for the qualitative data was done by identifying the key substantive points and putting them into

exhaustive and exclusive categories. The researcher used peer judgments as a basis for reviewing own judgments as a validation (Gillham, 2000).

### Results and Discussion

*Objective One:* To determine the Tugen men and women's perception on FGM in relation to their participation in household and community socioeconomic development activities in Baringo County. The objective of the study sought to determine whether Tugen men and women's perception on FGM did not significantly influence their participation in the household and community socioeconomic development activities in the Baringo County. Men and women's perception on FGM practice was a very important factor on determining persistence of FGM practice in Tugen community. If men and women perceived eradication of FGM positively, they would endeavor in their efforts to eliminate FGM practice and vice versa. Two hundred and sixty youths and one hundred adults from Tugen community indicated their opinions about their perceptions on the influence FGM practice on women's participation in the household and community socioeconomic development activities in the Baringo County.

Table 1: Tugen Youths' Perceptions on FGM

STATEMENT	SA/A	NS	D/SD
1. Tugen boys have preferences to circumcised girls for marriage than uncircumcised	(146)56%	(34)14%	(33)33%
2. Circumcised girls are more mature to handle communal issues in community	(150)57%	(45)18%	(65)25%
3. Uncircumcised women do not have sexual control	(151) 58%	(47) 18%	(62) 24%
4. Circumcised women bring honor to their husband at all times	(146) 66%	(54) 20%	(60)14%
5. Uncircumcised women are not dirty	(48) 19%	(38) 15%	(174) 66%
6. Circumcised women are more respected and entrusted with leadership responsibility	(165)63%	(29)19%	(65)11%

From Table 1, youths gave responses which indicate their opinions toward their preference of circumcised and uncircumcised girls for marriage. Youths' perception of FGM could greatly influence it's continuity in Tugen community. The youths were required to indicate whether they generally agreed or disagreed that Tugen boys preferred circumcised girls to uncircumcised ones for marriage. Out of 260 youth respondents, 56% generally agreed while 30% disagreed and 14% were not sure. This implied that Tugen youths perceived and preferred circumcised girls for marriage partners. This marital preference could also enable girls to seek circumcision in order to get a marriage partner. The youth's positive perception on FGM has also attributed to persistence of FGM activities in Tugen community in Baringo County. Married uncircumcised women would also be forced to undergo FGM to be accepted by the community members. Abusharaf (2005) in his study found out that uncircumcised women or girl brings disgrace to herself, her family, potential husbands and society in general if her external genitals are not removed. The uncircumcised girl is believed to have an over-active and uncontrollable sex drive so that she is likely to lose her virginity prematurely, to disgrace her family and damage her chances of marriage, and to become a menace to all men and to her community as a whole.

In reference to Table 1, statement two inquired whether circumcised girls are more mature to handle communal issues in Tugen community the results of the study indicated that out of 260 respondents of the study, 56% agreed and 30% disagreed with the statement while 14% were not sure. This implied that circumcised girls were perceived to be more mature to handle family matters and also to be entrusted with responsibility in the communal activities. During seclusion period, before and after circumcision the girls were taught a lot of issues pertaining future marital and life skills information. WHO (2005) indicates that the mental maps of people who practice FGM present them with powerful reasons why the clitoris and other external genitalia of girls and women should be removed. At the core of the map are the religious, sociological, hygienic and aesthetic reasons. According to these, a woman's external genitals are ugly and dirty, and will continue to grow ever bigger if they are not cut away. Yinger (2006) established that communities propagating for FGM considered uncircumcised women to be spiritually unclean. And some people believe that unless her clitoris is removed, a girl will not become a mature woman - or even perhaps a full member of the human race. Among the myths associated with FGM is the belief that a woman's external genitals have the power to blind anyone assisting her in childbirth, to cause the death of her baby or else physical deformity or madness and to cause the death of husbands and fathers.

The youth's responses to the statement that was meant to establish whether uncircumcised women don't have sexual control on table 1 was that out of 260 youths respondents who participated in the study, 58% agreed and 24% disagree while 18% were not sure. This implied that Tugen community perceived FGM practice to have a role in controlling women sexual behavior. Youths believed that a woman had to be circumcised for her to avoid being promiscuous. The removal of clitoris was believed to reduce women libido. As in many other communities, pre-marital virginity is very important for the Somali, and FGM is considered essential in preserving virginity and family honor. Many Somali also believe that FGM is an Islamic requirement, although some Sheikhs, community elders and Muslim women's groups have clarified that infibulations is in violation of the Koran (Richardson, 2009).

On whether circumcised women bring respect to their husbands, 260 youth respondents gave their opinions. Those who generally agreed to the statement were 66% and 14% disagreed while 20% were not sure. This implies that men would want or desire to get married to circumcised women for them to be honored and respected by other "men" in the community. Men who dared to marry uncircumcised women in Tugen community would be ridiculed and despised and more so denied a chance to participate in cultural ceremonies. FGM is important not only for the woman who receives it, but also for the woman who performs it because she gains respect and reverence in her community for her role. Those who perform FGM primarily are women, and they usually are Traditional Birth Attendants. The FGM provider may have inherited the role through her family, or she may belong to a particular caste of the culture. For example, in Gambia only women of the blacksmith's caste perform FGM. In other cultures, such as in Sierra Leone, the providers may be leaders of traditional secret women's societies, such as a Bondo (Dorkenoo, 2003).

The youth respondents who were selected for the study were two hundred and sixty. Those who agreed that uncircumcised women are not dirty were 19% and 66% disagreed while 15% were not sure. This implied that uncircumcised women were perceived to be "dirty" following the presence of clitoris. This negative perception to uncircumcised women would make them to be ostracized and isolated by men and other circumcised women in the community. Kibor (2007) in her study noted that Marakwet parents highly valued FGM as a good tradition and custom and as a guarantee for better marriage prospects of their daughter(s). More girls viewed it just as a way of keeping with traditions, while boys considered it as a good tradition and custom and better marriage prospects. The differences are attributed to their difference in perceptions about the importance of FGM in their community and level of awareness. It was established that the above justifications prescribed for the practice of FGM were eloquently presented positively to emphasize the advantages of undergoing FGM. Whether, social or economic, these justifications maintained the social convention of circumcision and contribute to perpetuate the practice.

Kauba, 2010 noted that the removal of the clitoris is believed to make the face more beautiful, eliminate vaginal odors and preserve the life of her husband and child. Some believe that the clitoris is a poisonous organ which can cause a man to sicken and die upon contact. If the baby's head contacts the clitoris during birth it is believed that it will be born with excess cranial fluid and the mother's milk will turn to poison. Although FGM is illegal in some countries of Africa, this has not reduced the number of girls mutilated each year. Those who practice FGM do not report it and most of the time it occurs in remote places where the government does not have easy access. Therefore, the governments of these countries have no way of monitoring the spread and practice of FGM.

The youths' perception to whether circumcised women are more respected and that they are entrusted with leadership responsibilities than uncircumcised was researched on 260 youth's respondents. Those who agreed to the statement were 63% and 25% disagreed while 11% were not sure. This implied that communal leadership responsibilities and ceremonies were led by only circumcised women in the community. Uncircumcised women were given lesser responsibilities and would not be allowed lead the other circumcised women in the Tugen community. Lugairi (2009) in his study noted that the uncircumcised woman was therefore viewed as irresponsible, promiscuous and imitators of western and foreign cultures. The study observed that most members of the community strongly believed in these myths and misconceptions and that they were only meant to reinforce and entrench the practice deeper despite the fact that most of them were not actually practical. Therefore, identified cases of uncircumcised women in the community were mocked, not respected and considered to be a coward who may not withstand child labor pain, despised and alienated from important community functions

Table 2 Tugen Men and Women Perception on FGM

<b>STATEMENT</b>	<b>SA/A</b>	<b>NS</b>	<b>D/SD</b>
1. Tugen males have preferred to circumcised girls than uncircumcised ones for marriage	(51)51%	(15)15%	(33)33%
2. Circumcised girls are more mature to handle communal issues in the communities	(67)67%	(8)8%	(25)25%
3. Uncircumcised women do not have sexual control	(55)55%	(13)13%	(31)32%
4. Circumcised women bring honor to their husband all the times.	(67) 67%	(17)17%	(33)33%
5. Uncircumcised women are not dirty	(56)58%	(6)6%	(38)38%
6. Circumcised women are more respected and entrusted with leadership responsibilities	(58)58	(12)12%	(30)30%

From table 2, men and women gave responses which indicated their opinions towards male's perception preference of circumcised and uncircumcised marriage partners. It was important to get men and women's perception on FGM practice as it positively or negatively impacted the community acceptance of FGM practice. Out of 100 men and women respondents, 51% agreed and 33% disagreed while 15% were not sure. This implied that Tugen males preferred circumcised girls for marriage than uncircumcised. Lugairi (2009) noted that families who refused to circumcise their daughter(s) and the girl(s) were despised, considered outcasts and alienated from mainstream community functions and activities. It was therefore a taboo in the community for a girl not to be circumcised and that no girl could easily get married within the community without undergoing the practice. In line with this, the community perpetuated FGM through a

multitude of myths and misconceptions about a woman who is not circumcised. They included: any man who marries uncircumcised woman was likely to die and a traditional birth attendants risks losing her eyesight when assisting uncircumcised girl to deliver.

Regarding the statement on table 2 which inquired whether circumcised girls were more mature to handle communal issues in community, one hundred men and women participated in the study and it was established that 67% agreed and 25% disagreed while 8% were not sure. This implied that Tugen men and women valued FGM greatly and regarded circumcised female to be mature in handling personal and communal issues. FGM is usually performed on girls before they reach puberty. It is a procedure where either part or the entire clitoris is surgically removed leaving a reduced or total lack of sexual feeling. This procedure is an attempt to reduce the sex drive of women, making them less likely to be sexually active before marriage or engage in extra-marital affairs. (Darkenoo, 2003). Although this procedure can be seen as a means to control a woman's sexuality, the act of FGM determines the gender identity of women. A circumcised woman is a virgin, ready for marriage and to bear children for her husband, "Girls who are not infibulated will probably not find husbands. In most cases they will become outcasts." FGM is not a new practice. In fact circumcised females have been discovered among the mummies of ancient Egyptians. A Greek papyrus dated 163 BC refers to operations performed on girls at the age they received their dowries (Gachoka, 2001).

Regarding to statement 4 of table 2 which sought to establish whether circumcised women brought honor to their husbands all the times, one hundred men and women participated in the study whereby 67% agreed to the statement and 33% disagreed while 17% were undecided. This implied that husbands to the circumcised wife's enjoyed a lot of honor and respect from other circumcised men and women. Those men who would marry uncircumcised wives would be isolated and disrespected to have married "children". Abusharaf (2007) in his study noted that FGM is not the final operation that women must endure. Re-infibulations is carried out on women who are divorced or who become widowed. When a woman marries or remarries she must be de infibulated, enlarging the enclosed vulva. In some parts of Africa this must be done by the husband on the wedding night, using a piece of glass or wood. In the northern part of Somalia a midwife opens up the woman on her wedding night in the presence of her husbands relatives. The husband who marries and de infibulate his wife by himself is highly respected by his peers and community members at large.

Men and women respondents were also asked to give their opinions whether women who have been circumcised do not have sexual control. One hundred men and women gave their opinion. Those who completely agreed were 55% and 32% disagreed while 13% were not sure. This implied that man and women perceived circumcised women to have sexual control, compared to uncircumcised. Abusharaf (2005) noted that some sociopolitical theories state that FGM is perpetuated to oppress women and girls and to control their sexuality. When seen in this context, FGM is only one practice on a continuum with other cultural practices that serve to suppress women's sexuality and control their bodies. Other examples would include foot binding, dowry, and purchasing of brides, and cultural standards of beauty that compel women to manipulate their anatomy (such as elective breast augmentation and liposuction). It is within this context that FGM is seen clearly as a violation of the human rights of women, and that there are compelling grounds for international concern and global change (IRIN In-Depth, 2005). FIDA Kenya (2002) noted that in the opinion of several academics, FGM is also a form of violence; but here the motivation is less obvious. We might interpret FGM as an attempt by parents to prevent daughters from having sex before marriage or to discourage promiscuity; but the circumcision is usually carried out long before the victim of FGM meets her husband or partner. It is not clear what terminology to use for FGM, we might use a term such as 'Gender Based Violence,' or 'Intimate Partner Violence because violence is used to maintain gender inequalities (giving a man power over a woman). FGM is a technique used by a man to control his wife/partner. However, by making sex less pleasurable for women, FGM could be claimed to maintain male power by discouraging wives from being unfaithful to husbands (WHO, 2007).

The men and women respondents were asked to give their opinions whether uncircumcised women are not dirty. One hundred men and women who participated in the study were 56% who generally agreed and 38% disagreed while 6% were not sure. They implied that uncircumcised women were perceived to be unclean due to failure to remove clitoris from women genitalia. This would make them to desire to get circumcised to avoid shame and being branded dirty. Going against this custom would be refusing to follow in their mothers, grandmothers, and aunts footsteps, which would bring shame against themselves and tarnish her family honor. FGM is such a brutal and barbaric practice that it is amazing it is still occurs today. The health hazards associated with it should be enough to have it terminated. However, the reasons women have forgoing through with the operation is the custom of FGM is so engrained in their socio-cultural system. The importance of family honor, virginity, chastity, purity, marriage ability, and childbearing in these societies cannot be overstressed. Therefore in the minds of the people who adhere to this belief, the benefits gained from this operation for the girl and her family far outweighs any potential danger (Gachoka, 2001).

The Tugen men and women respondents who participated in the study were one hundred. Those who generally agreed to the statement were 58% and 30% disagreed while 12% were not sure. This implied that circumcised women were more respected and that they would be given leadership responsibilities than uncircumcised ones. Men and women respondents indicated that they perceived uncircumcised women as people who didn't have leadership skills and couldn't also command respect from other circumcised women. In one study done in Somalia by Dorkenoo (2003), women reported FGM was important because of tradition and because it cements the role of women within a group (Ntiri, 1993). In addition, FGM confers upon a girl her eventual eligibility for marriage, which often is the only economic option for most women in these cultures.

*Hypothesis one:* Tugen men and women's perception on FGM does not significantly influence their participation in household and community socioeconomic development activities in Baringo County. A t-test was carried out to determine the null hypothesis that stated: Tugen men's and women's perception on FGM does not significantly influence their participation in household and community socioeconomic development activities in Baringo County.

Table 3: A t-test on Determining Factors of Youths' Perception of FGM in Tugen Community

	Gender	N	Mean	Std. Deviation	t-value	Sig
Circumcised girls are taken to be mature and ready for marriage	male	131	2.90	1.593	1.639	.202
	female	129	3.05	1.520		
Tugen men marry uncircumcised women	male	131	2.49	1.490	.000	.993
	female	129	2.57	1.483		
Mothers to uncircumcised girl are perceived to be irresponsible	male	131	3.53	1.469	1.438	.232
	female	129	3.80	1.449		
Circumcised women are to remain faithful to their husbands at all time	male	130	3.81	6.129	2.290	.131
	female	129	3.10	1.590		
Circumcised women are not too sexually demanding on their husbands	male	131	2.85	1.669	4.502	.035
	female	129	3.16	1.530		



Uncircumcised women can lead community ceremony	male	131	3.49	1.459	.317	.574
	female	129	3.29	1.523		
Circumcised girls are mature to handle personal issues in community	male	131	2.87	1.576	1.253	.264
	female	129	3.08	1.493		
Circumcised women are not sexually active	male	131	3.11	1.555	.013	.909
	female	129	3.04	1.563		

\*\*P>0.0

An inspection of table 3 indicates that mean perception difference existed between male and female youths' perception on FGM influence on their participation in household and community socioeconomic development activities in Baringo County. The mean perception for the Tugen men was 2.90 while the mean perception for Tugen women was 3.05. This implied that women had a more positive perception than men. However, this finding was not sufficient to accept the stated null hypothesis. The obtained t-value ( $t = 1.639$ ,  $P > 0.05$ ) on the basis of  $P > 0.5$ , the null hypothesis was accepted. It was concluded that there was insignificant differences in perception between men and women on FGM influence on participation in household and community socioeconomic development activities in Baringo County. There were insignificant differences in perception between men and women for variables: Tugen men marrying uncircumcised women ( $t = .000$ ,  $P > 0.05$ ), mothers of the uncircumcised girls are perceived to be irresponsible ( $t = 1.438$ ,  $P > 0.05$ ), circumcised women are faithful in marriage ( $t = 2.290$ ,  $P > 0.05$ ), Uncircumcised women can lead community ceremony ( $t = .317$ ,  $P > 0.050$ , circumcised girls are perceived mature ( $t = 1.253$ ,  $P > 0.05$ ) an circumcised women are not sexually active ( $t = .013$ ,  $P > 0.05$ ). On the basis of  $P > 0.05$ , null hypothesis was accepted and it was concluded that there was insignificant difference in perception between Tugen men and women on FGM influence on the household and community socioeconomic development activities in Baringo County. This means that both men and women highly valued FGM practice and would readily accept it in their household.

Table 4 A t-test on Determining Factors of Adults' Perception of FGM in Tugen Community

	Gender	N	Mean	Std. Deviation	t-Value	Sig
Circumcised girls are taken to be mature and ready for marriage	male	47	2.32	1.287	2.784	.098
	female	53	2.25	1.479		
FGM is an outdated practice	male	47	2.74	1.359	1.118	.293
	female	53	2.74	1.456		
Mothers to the uncircumcised girl are perceived to be irresponsible	male	47	3.13	1.498	3.561	.062
	female	53	3.32	1.327		
Uncircumcised women can lead community ceremony	male	47	3.85	1.268	10.550	.002
	female	53	3.38	1.572		
Circumcised girls are more preferred by boys for marriage than uncircumcised	male	47	2.70	1.214	1.579	.212
	female	53	2.75	1.385		

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\*\*P>0.05

The result in table 4 indicates that some mean differences existed between Tugen men and women perception on the influence of FGM on house hold and community, socioeconomic development activities in Baringo County. The mean perception for male was 2.32 while the mean perception for female was 2.25. This implied that men had a higher perception compared to women. Men valued and regarded circumcised girls as matured and ready for marriage. The obtained t-value ( $t=2; 784, P>0.05$ ) is indicative perception between Tugen men and women on influence of FGM on household and community socioeconomic development activity in Baringo County. On the basis of  $P>0.05$ , null hypothesis was accept. It was concluded that men and women had similar perception on FGM influence on household and community socioeconomic development activities in Baringo County. There were significant perception difference between Tugen women and men on the following variables: Mothers of uncircumcised girls are perceived to be irresponsible ( $t=3.561, P>0.620$ ). Circumcised girls are more preferred by boys for marriage than uncircumcised ( $t=1.579, P>0.05$ ). On the basis of  $P>0.5$ , null hypothesis was failed to be ejected. It was concluded that me and women perceptions influenced FGM persistence in the Tugen community.

### **Conclusion and Recommendations**

The study examined relevant formative and stimulus variables influencing the practice of FGM in the Tugen community in Baringo County. It established that FGM is a cultural practice that is deeply rooted within the culture and customs of the people of this County. It was also established that the family and the community played a prominent role in the decision to circumcise a girl. However, the immediate family members, especially the girl, mother and father, played a first hand role in the decision with the fathers making the final ruling. The justifications offered for the practice of FGM were numerous and, in their specific context. There was a lot of significance attached to the practice incorporating both social and economic connotations at the individual, household and community levels. At the community level, it was perceived as a legitimate rite of passage for the girls from childhood to womanhood, instilling values, training and grooming to uphold family stability and preparation of girls for the future. At the individual level, FGM sought to: protect girls, to guarantee their social acceptance and respect within the community; ensure marriageability as it is an essential preparation for a young girl for marriage and she is eligible to get married immediately after circumcision (it is a guarantee that a girl will get married); ensure cleanliness and enhance male sexuality; prevent sexual promiscuity by serving as a measure of controlling a girl's sexual sensitivity (to reduce sexual desires); prevent excess clitoris growth; and preserve virginity. At the household level, FGM was used as a source of wealth through the high bride price, social acceptance, and sign of honor and recognition. Whether, social or economic, these justifications maintained the social convention of circumcision and contribute to perpetuate the practice.

Creating an enabling environment that supports change: The success in promoting the abandonment of FGM will depend on the commitment of the government, at all levels, to introduce appropriate social measures and legislations, implemented by effective advocacy and awareness efforts. There is need for a strong commitment and policy action on the part of the government to promote equal rights for boys and girls and for women and men. Local efforts and innovative strategies should be identified and strengthened as a spring board and entry point in the fight against FGM in the community. In connection with this, there is therefore a need for the government and all other stakeholders to harmonize their activities through establishment of more specific and sectoral policy framework to fight the practice of FGM.

The government should take a leading role by providing an enabling environment through coordination and harmonization of all instruments fighting for elimination of FGM. The government policies and programmes on FGM should be spearheaded by local administration at the grassroot level, who are always in close contact with the local community.

There is need to develop and introduce effective alternative rites of passage that preserve the positive socio-cultural aspects of FGM, upholds the community values, aspirations and the societal fabrics. Such a programme should start with community-level awareness, sensitization and discussions. The educational component of this programme should build on the traditional knowledge usually imparted to girls during the seclusion period, and enhanced with additional information on sexual and reproductive health. This should culminate in a public event modeled on the community's traditional ceremony to mark the passage to adulthood.

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