



THE ROLE OF THE CHURCH IN ERADICATING FEMALE GENITAL MUTILATION IN MERU, ISIOLO, SAMBURU & THARAKA: AN INITIATIVE OF WOMEN FELLOWSHIP, METHODIST CHURCH IN KENYA

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Abstract

Female Genital mutilation (FGM) has been on decline worldwide due to campaigns against the custom. What was resisted as imperialist has gained acceptance leading to some communities abandoning the custom altogether. However, the practice persists in some communities in Meru, Isiolo, Samburu and Tharaka. The Methodist Church in Kenya-Women Fellowship (MCK-WF) has spearheaded the fight against this practice through education empowerment programme for the local women, leaders and circumcisers in the affected areas. This paper presents findings of a study that aimed at establishing socio-cultural factors influencing FGM and the role of church in ending the practice of FGM. It employed mixed methods and used surveys where open-ended questionnaires were administered and interviews were conducted. Methods of data collection were chosen on the basis of their ability of eliciting the information from the respondents. Data was then analyzed using SPSS that generated the results. This study was guided by the following specific objectives: effects of FGM on girls and women, extent and prevalence of FGM in Samburu, Meru and Isiolo county, socio-cultural factors that influence practice of FGM and church intervention on FGM and the role of the Methodist church in Kenya, Women Fellowship in eradicating the practice. The findings collaborated the literature that FGM is harmful to the health to the girls and women and it violates the rights of the women and the leads to lose of dignity. It further revealed that cultural and religious beliefs are major promoters of the FGM and have hold on its adherents. The effects of FGM are detrimental on women's health and total wellbeing. Findings also indicated that FGM acts as a barrier to women progress in education thus rendering them incompetent for leadership in the society. From theological perspective, FGM violates the woman's body which is the temple of the Holy Spirit. The Church has evident impact on FGM as areas dominated by the Christians showed lower prevalence compared to the where the church is not established. Alternative rites of passage (ARP) could subsidize other efforts among the traditionalist communities. The Church still has work to do especially among those of the Islamic religion by the offering advocacy to the women who are suffer from the dangers of FGM.

Keywords: *Female Genital Mutilation, Girls & Women, Meru, Isiolo, Samburu & Tharaka*

1.0 INTRODUCTION

1.1 Background of the Study

Female genital mutilation (FGM) is a practice that involves partial or total removal of the external genitalia or other injuries to the female genital organs for non-medical reasons (World Health Organisation, 2016). It has been declared globally as a violation of human rights which needs to be brought to an end. The global fight against FGM has been given much attention and top gears have been engaged to address the matter with the recent inclusion of FGM in sustainable development goals, with the target of ensuring healthy lives and promote well-being for all at all ages sustainable development goals. In 2015, sustainable development goals acknowledge the existence of a close connection between FGM, gender inequality and development (SDG).

World health organization has classified FGM into four types according to how it is performed. The first type of FGM is known as Clitoridectomy. This type of FGM involves total or partial removal of the clitoris which is a sensitive and erective part of the female genitals. Type two is referred to as Excision. Here both clitoris and labia minora are totally or partially removed. Type three is called infibulation. It is performed by the creation of a covering a seal to narrow the vaginal opening and may or may not involve the removal of the clitoris. This type is sometimes reversible through a medical procedure known as Defibulation. Type four of FGM involve activities such as piercing, scraping, incising and pricking of female genital areas which are non-medical and harmful practices to female genitalia.

FGM is known to be the most common practice in countries of Africa, the Middle East, Asia, and North America. Due to migration, few cases are found in Europe. The prevalence rate is believed to be in Africa which consists of countries such as Sierra Leone, Mauritania, Egypt, Eritrea, Ethiopia, Sudan and Somalia. Kenya is among countries with prevalent cases of FGM is making effort to terminate it. Campaign against FGM in Kenya was initiated back 1929-1932 by British missionaries where most of them came from the Church of Scotland. They first faced a rebellion from Kikuyu, the Meru, who were the members of the Presbyterian, Anglican and Methodist churches. To them, FGM was a rite of passage where one graduated from childhood to adulthood. These missionaries had realized that FGM was against Christian's norms, barbaric and had no connection with spiritual life.

Ending FGM is a shared responsibility among various groups in society. The church is the most critical organ that should be on the frontline of this fight. Christians should command the stage and influence others by instilling a sense of the dangers associated with this harmful practice. Biblically, circumcision was meant to be a token of the covenant between God and Abraham's descendants which was to be practised by all men. No section in the bible mentions the engagement of women in this practice, hence it is unbiblical and against the covenant way of life. The initiative that was taken by Scottish missionaries must then have been provoked by a serious and keen review of this matter in a Godly way. As a church then is a collective duty to ensure this goal is realized by ensuring the continuation of battling FGM.

1.2 Problem Statement

Cultural and religious practices are the key source of guidelines that ensures good morals are upheld in a community. Culturally rites of passage in a community are meant to offer education and guidance on how the target age group should live the next stage of life while maintaining good conduct and being responsible. Christianity on the other hand gives instructions that help the community and individuals to live in a Godly manner. But to some point, cultural practices contradict Bible teachings. The practice of FGM has no basis in biblical teachings and hence its practice is deemed a violation of God's original order and purposes as such a sin. It has been proved that FGM is associated with physiological and mental difficulties among women. Communities that practise FGM have been identified by low education backgrounds which result in poor quality of life. How anti-FGM campaigns are leading to the decline of FGM requires regular assessments to keep it up to date. There is also the need to assess whether the spread of Christianity is changing the perception of these communities towards the practice of FGM.

1.3 Objectives

1. Establishing extent and prevalence of FGM practice in Meru, Isiolo and Samburu County.
2. To determine the effects of FGM on girls and women.
3. To determine socio-cultural factors that promotes the practice of the FGM within the study areas.
4. To establish the role played by the church to end FGM
5. To examine theological perspectives on FGM

1.4 Research Question

The study answered the following questions:

1. What is the current prevalence rate of FGM practice in Meru, Isiolo and Samburu County?
2. What are the effects experienced by both girls and women that have undergone FGM?
3. What are socio-cultural factors that promote the practice of FGM in study areas?
4. Which roles are played by the church in curbing the issue of FGM practice?
5. What are your theological views about FGM practice?

2.0 LITERATURE REVIEW

2.1 Spatial distribution of Female Genital Mutilation practice in Kenya

The span of FGM practice in Kenya nowadays has narrowed due to the establishment of the FGM act 2011 law. This law criminalizes the performance of FGM including by Medical practitioners, procuring, aiding and abating the practice, procuring a person to perform FGM in another country, allowing the use of the premises for FGM, the possession of tools and equipment for the practice, failure to report its awareness and stigmatization of those who do not join in the practice (Articles 19-25). The penalties on people found

violating the law are either three years imprisonment or a fine of at least Ksh 200,000 (Article 29). There remains, however, some regions in Kenya that are still hotbeds of FGM. These areas include the counties of Garissa, Wajir, Mandera, Marsabit, Isiolo, and Meru with prevalence rates of 15- 25% (Bettina Shell - Dancun, David Gathara, Zhuzhi Moore, 2017). The prevalence is thought to be a result of the low civilization of the community members making their resistance to change from their cultural norms. President Barrack Obama when addressing Kenyans during his visit in 2015 stated this about cultural traditions “because something was being done by our ancestors, doesn’t mean its right”. Applying this statement to the practice of FGM requires an open evaluation of the traditional practices that are held dear by these communities to ascertain the usefulness or the lack thereof of the practice today. According to a report that was published by UNICEF in March 2020, Kenya in the past three decades has experienced a 4.3% annual reduction of FGM. This reduction though varies from one region to another. The northeastern province had the highest rate of FGM practice in 1984 and it had maintained a 100% practice even in 2014 when the data were collected again. Rift Valley, Eastern, Central and Nyanza were among the highest practitioner of FGM during the 1980s but the number of cases has gone down considerably. Western and Coastal regions had minimal cases of FGM in the 1980s. The number has gone down to zero per cent in these regions in recent years (UNICEF, 2020).

Somali, Samburu and Kisii were known to circumcise 100% of their girls during the 20th century. Kikuyu, Meru and Kalenjins had around 50% of their girls undergo FGM in the same period. In recent years, the perception of FGM has changed from one community to another. Some have rejected the practice of FGM and others are still holding onto it. Somali and Samburu people are among communities that are still practising FGM with the number of girls who are circumcised ranging up to 96%. Among the Kalenjins, Kikuyu and Meru communities, the number has drastically gone down; still, there are minimal cases that are reported. (UNICEF, 2020).

2.2 Effects of FGM on girls and women

The FGM experience is that of pain, agony, trauma, and may lead to other attendant risks to life. These effects occur in three phases: the day of the mutilation, the day of the first sexual intercourse (possibly on the wedding day), and the day of deliveries. Many end in morbidities or mortalities while passing through these phases. (Awolola, 2019) The consequences and complications of FGM can be short-term and long-term and are either physiological or psychological or both. These all depend on the method by which the procedure was performed. Most cutting is normally carried out by traditional practitioners and not health professionals where circumcisers do not give out antibiotics, antiseptics, and anaesthesia and most probably the procedure is completed using unsterilized equipment. This exposes victims to severe pain and runs a high risk of contracting primary infections and other dangerous diseases such as HIV/AIDs. In some cases, uncontrolled bleeding leads to the death of the victim. The number of girls who died after undergoing the cut is estimated to be one out of 500 girls who are circumcised but the real number remains unknown. The mortality risk remains high because most people who practise FGM are low-income level. This means they don't have access to quality health care which exposes them to dangerous infections and uncontrolled bleeding (HINDAWI, 2018).

The formation of keloid scar tissue is one of the long-term effects of FGM. These are smooth, hard extra scar tissues that form on the cut area. It results in shame and dismay to a woman. Infibulation results in a great challenge to a woman during childbirth because of complications during labour. The mortality rate is high for these women because most of them are in remote areas where health facilities are inadequate or completely unavailable. When complication during delivery arises, both mother and child stand a high chance of dying in those areas. To save them, infibulated (i.e., tightened genitals) women are cut in the perineum area to widen the path of the baby. Studies review that women who have undergone FGM experience prolonged labour, low birth weights, increase in cesarean sections and prolonged maternal hospitalization because of extra care that needs to be given to the patient.

Depression and posttraumatic stress disorder (DTSD) are also long-term effects associated with FGM especially if the victim has undergone the cut unwillingly. These situations are not given attention in developing countries and may cause mental challenges later in life.

FGM generally has no health benefit that has been associated with it so far. Instead, it damages the healthy genital tissues of a woman, and tamper with the normal functionality of a girls and women body. The effect on the sexual functionality and activeness of a woman cannot go unmentioned. A greater percentage of women are denied enjoying sex because their genital sensation is removed in case of type two and three the initial sexual encounter is so painful that it affects future experiences. It is however important to note that in many cultures the women do this willingly and even defend their experience as expected.

2.3 Benefits of FGM

FGM has strong cultural and sociological roots that define the norms and ethical conducts of a certain ethnic group. It is considered a rite of passage to womanhood. Some are cut just before the marriage while others do it at the early age of a girl. The most common societal importance notion of FGM is that it ensures a girl's chastity, aid in improving the hygiene of a woman and facilitates sexual pleasure for men especially where infibulation is undertaken. Removal of the clitoris, which is an erectile part of female genitalia, is aimed at reducing a woman's sexual desire to avoid marital infidelity which may surface as a desire for extramarital acts. (Rono, 2017) The fear of severe pain that comes as a result of opening the sewn up sexual organs prevent a woman from desiring to engage in extramarital sex in cases of infibulation. This is why most parents and community elders of those communities encourage FGM to ensure the 'purity of the next generation. (Youanness,Yolios,Bolus Sorou, Samia Kadry, Nahad Mehana, 2016)

2.3 Church participation in FGM

The church is viewed as a critical organ in setting up norms and ethical conduct in society. To ensure a morally upright community, the church has to play its role in promoting Christian values and condemning all kinds of behaviours that are not biblical. There is no single evidence of FGM in the bible, the lack of such reference denies anyone authority to engage in it but has served also as a lack of reason against it. Male circumcision was commanded by God to Abraham as a reminder symbol of the covenant that God made with

Abraham. Seeking to give a biblical view of FGM is rather a difficult exercise and requires inductive interpretation of scripture where the observed experience forms the basis of finding biblical direction. The trauma pain and oppression experienced by the women form the basis of the biblical interpretation of FGM. Church fight against FGM can be traced back to 1929 when European missionaries stood against it in Kenya (Muoki, 2009). The missionaries were firm and in some cases excommunicated parents from the Church and expelled the girls who were known to have undergone FGM from the mission schools. The local African community did not fully collaborate with the anti-FGM stand by the missionaries. There was active resistance as it was viewed as another effort by Europeans to impose their culture by degrading the practice of female circumcision terming it as barbaric. Muoki also mentioned that it even led to the creation of breakaway churches otherwise known as African initiated churches (AIC's) whose main goal was to Christianise Africans without Europeanizing them. "These include the Thaaai fraternity of Kenya, which was in 2001, outlawed in its most recent violent form known as the Mungiki; the Arathi, also known as Watu wa Mungu (God's people) Anabii (Prophets), Iremba, Akurinu, the African Independent Pentecostal Church (AIPC) and the African Orthodox Church (AOC).

The Scottish Presbyterian, Anglican and Methodist churches experienced major drops in membership. The membership of the Methodist Church of Meru dropped from seventy to only six within weeks of its instituting the ex-communication rule. As a result, the Methodist Church resorted to a modified "Christian circumcision". This entailed the physical operation without the "heathen ritual of feasting and ceremonies associated with the traditional circumcision".

A similar study by the population council (Humphries Evelia, Maryam Sheikh Abdi, Carolyn Njue, Ian Askew, 2007) described how the Churches have contributed to the abandonment of the Female Genital Mutilation/ Cut (FGM/C) by preaching campaigns and use of rescue centres.

"Mwiwi Evangelical Fellowship in Meru North use arguments that FGM/C has no place in the Bible to educate the community. At TASARU to strengthen the anti-FGM/C messages, girls are involved in Church activities, and the Full Gospel Church of Kenya in Narok started anti-FGM/C activities after girls started running to them for shelter".

Evelia, Maryam et al also observed the emergence of the use of alternative rites of passage (ARP) has been effective. In Meru, it is known as Ntanira na Mugambo (circumcision with words) and could be attributed to the lows levels of FGM. The Orthodox Church in Egypt has observed that FGM/C is a cultural practice that demeans the dignity of women, the Church observes:

"Women are surrounded by numerous moral restrictions to control their conduct and to determine their relationships with men. The values of chastity and honour and all the supportive practices that are connected to them, foremost among which is FGM/C, are at the top of the ethical system in paternalistic societies." (Youanness, Yolios, Bolus Sorou, Samia Kadry, Nahad Mehana, 2016)

According to the Bible, morals are not found from FGM/C but rather from a transformed inner self.

"A good man out of the good treasure of his, the heart brings forth good things, and an evil man out of the evil treasure brings forth evil things." (Matthew 12: 35)

The Egyptian church focuses on educating the masses, family counselling programs and discipleship programs to fight FGM/C. FGM/C also known as female circumcision among the Nandi of Kenya is a cultural practice that serves as a rite of passage for girls at the age of puberty. It is hoped to tame the sexuality of women by men. Although the practice is quickly dying, the portion of the elaborate practice of seclusion where girls are educated and counselled is the reason why it will persist in some localities (Rono, 2017)

As observed, combating a cultural practice by the church requires strongly contextualized hermeneutics without falling off the cliff to syncretism. The general lack of strong biblical direction towards FGM might weaken its voice of misinterpreted the efforts of the church as an extension of law enforcement or even imperialism. In such cases, even Christians could "quietly" practice it while they worship in church.

3.0 MATERIALS AND METHODS

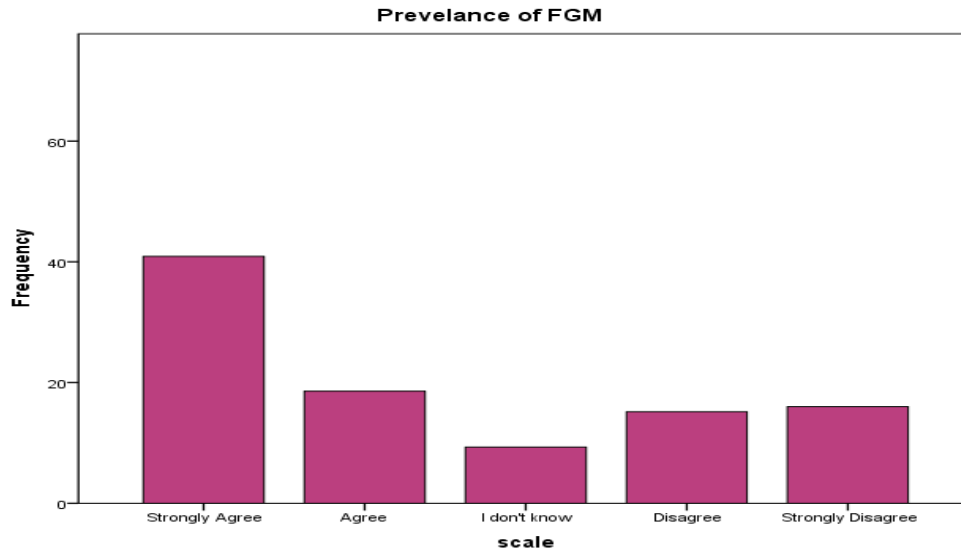
The study was conducted in April 2021, as a descriptive and analytical survey of the population in Meru, Samburu and Isiolo on their views about FGM. The population of the study is the communities found in Meru, Isiolo and Samburu counties who are known to practice FGM. The communities in Meru are predominantly either Meru or Tharaka, Isiolo County has the Somali, Burji, Borana and Turkana, Samburu County is dominated by the Samburu ethnic community. Except for the Turkana, the other ethnic groups are known to practice FGM to different extents. To achieve the results required the sample was determined by the Snowball sampling where the researcher looked for initial key informants knowing FGM informants who are viewed as knowledgeable about the community and its practices and these recommended others they viewed could give the information. (Mertens, 1998). These informants were clustered in locations of the Study. Questionnaires with both open and close-ended questions were used to collect the data. The closed-ended questions were ordinal and asked demographic data and use of the Likert Scale. The open-ended questions required brief structured answers. 60 % of completed questionnaires were on the questionnaire was treated with the confidentiality required and the identity of the informant was not required. Some interview schedule was also used to the collect qualitative data. The quantitative data was coded, cleaned to remove missing data and other errors, it was then entered in the SPSS was analyzed using the SPSS 21 and analyzed using the frequencies, analyzed multiple responses and tabulated the results in bar graphs. The qualitative data was composed of answers to open-ended questions and the interview schedule. This was also grouped in emerging argument the arguments were analyzed as themes that are linked to the objectives of the study.

4.0 RESULTS AND DISCUSSIONS

The study confirmed the prevalence of FGM in the study area, documented evidence of the effects FGM has on the girls and Women, brought forth reasons how faith and culture contribute to this prevalence, associated the prevalence to the role of the Church and discussed the difficult theological view of FGM.

4.1 Extent and prevalence of FGM practice in Meru, Isiolo and Samburu County.

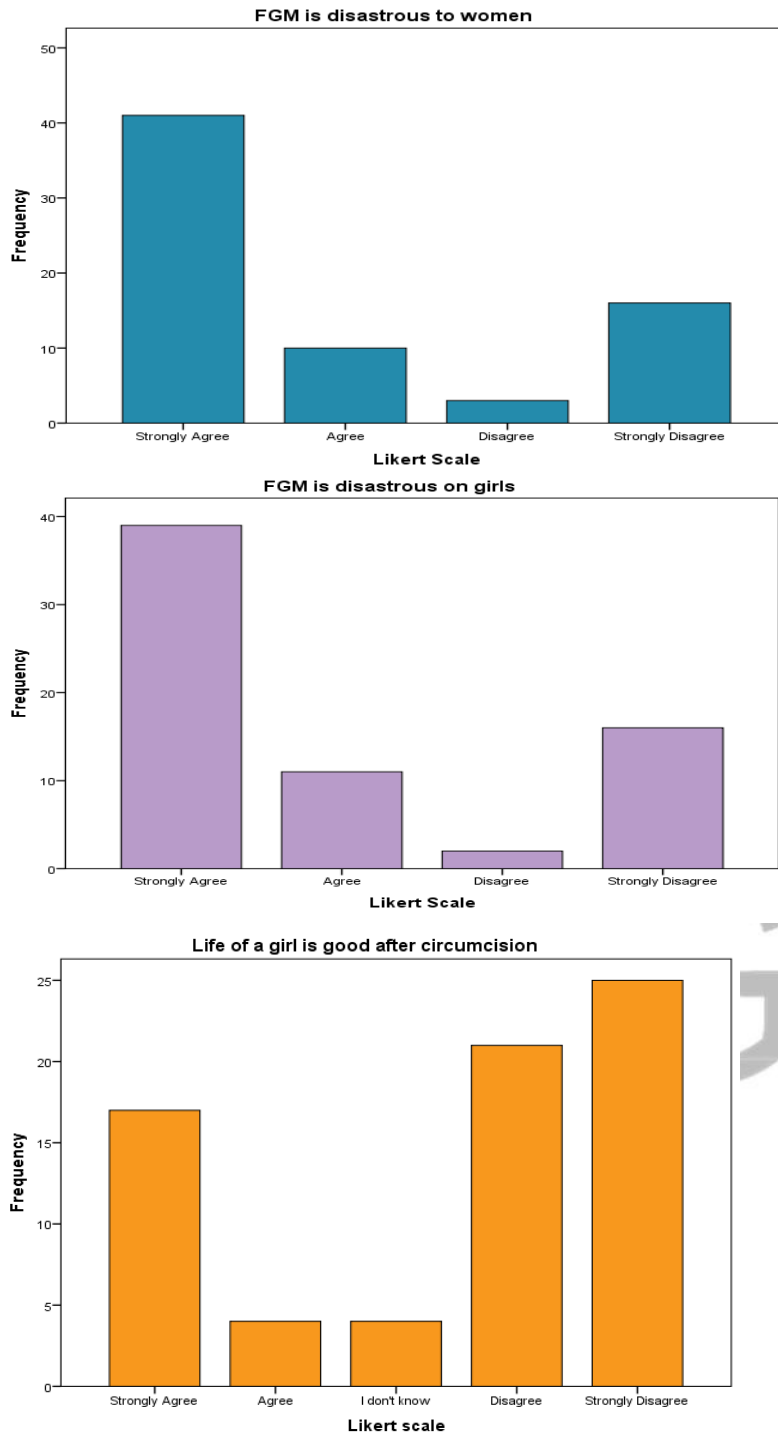
FGM is prevalent in the area of study, and the respondents confirmed it as shown in fig 1 below.



The findings show that FGM practise is prevalent in the area of study, with 41 answered strongly agree, and 19 agree, while 16, answered disagree and strongly disagree. Culture, religion and stigma are factors that promote FGM. It should be noted that awareness level that a majority of the respondents were well informed about FGM this is evidence of the practice or campaigns against the practice.

4.2 Effects of FGM on girls and women

The views of the respondents about FGM's effects on women and girls were overwhelmingly negative. The respondents listed physical, psychological and medical problems that women experience in the population of the study. The respondents identified low self-esteem as outstanding; the women acquire a subservient image to their male counterparts after the cut. They easily accept to be married in polygamous unions as 2nd, 3rd wife to a suitor who oftentimes is older than their fathers. It can cause "bad behaviour" among the girls who now view themselves as mature women after the cut, they will exhibit rudeness to teachers, look down upon those not circumcised, and seem to have already been ushered to adult life. This accounted for many of the girls dropping out of school. The respondents also talked of those who have undergone the cut showing a sense of shame while others claimed evidence of hot temperedness among girls and women attributed to FGM.



The study sought to gauge the perspective of the respondents on their view concerning whether FGM was harmful to women and girls. Fig 3 and Fig 4 above both show the unanimity that FGM is disastrous to Women and Girls. Fig 5 shows that the perception respondents answered 'strongly disagree and disagree with the statement that the life of a girl is good after FGM, there is however a significant minority answered Agree. It is important to observe that although Fig 2 clearly showed that a 50/50 support and opposition of FGM when it comes to the effects of FGM on the Women and Girls the view was highly skewed in support that FGM had negative effects. The results above were shown in the analysis of the open-ended questions and interviews.

Generally, FGM robs the girls and women of human dignity. Mukami (not her real name) tearfully narrated her ordeal;

"I could have been a very senior person in the society had I not dropped out of school to be married off to an old man after I underwent FGM which was pushed down my throat by my father. I used to be the top in our class from standard three to standard eight. The two who used to be number two and three went to Mangu high school and the other went to alliance girls. One is now a professor of medicine and the other is an MD of an international corporation. Then she sobbed for two minutes and continued "helplessly I was hooked to an abusive old man in his sixties when I was sixteen. After bearing two children he left me for another woman. Oh my God, my story is of pain, after the old man had died I later got married to a man of my age. Out of desperation, He left me complaining that I was useless and could not satisfy him sexually, little did he know how painful sex and childbirth was for me. Most of my primary school classmates have their jobs, earning very well

and some are senior leaders in the society including several women serving in the county government and my seatmate is a lawyer. Here I am not able to control urine after damage when I gave birth to my last born. The episiotomy burst out”.

She sobbed with great regrets wondering why she did not run away from home instead of sheepishly being taken to the slaughter by her father. She is now a campaigner against FGM in the local community and the church.

Other concerns raised by the respondents were the health risk through poor hygiene and sharing of cutting instruments the girls are exposed to diseases such as STI's and HIV and AIDS. They decried the heavy bleeding during the operations that lead to wounds that don't heal and scars that lead to the formation of keloids were reported to be common. Those that underwent infibulation described lot of pain and backache during periods that were associated with FGM. Due to the deformation of their sexual organs, girls and women who have undergone FGM experience reduced sexual pleasure and low libido, sexual penetration by their spouse was a difficult and traumatic experience to the women leading to poor intimacy. During childbirth women experience complications due to FGM, these include; Severe bleeding due to cutting the scar and if not treated has been a cause of high maternal mortality. The alternative is for the use of Caesarean section operation for delivery attracting high medical bills for the sick wife.

In an interview with a Gynecologist, Dr Ngurwe (not his real name) expressed his frustration as he tried to assist a woman who had undergone FGM.

“Unfortunately we are losing Sandra because the area is so deformed and we cannot insert the catheter. The attempt to do so is causing this patient a lot of pain. When we finally fix it, it cannot hold. Eventually, sadly the woman died”

Dr Nyarwanda, a gynaecologist lamented that;

“I dread delivering women who have undergone FGM. My mother died in childbirth due to FGM. My step elder sister profusely bled to death after FGM which was crudely done by an old illiterate woman in the village. The government should come up with a policy to outlaw this ancient and destructive practice”

These fatalities are unwarranted, one could feel the anger and frustration of the respondents, as they expressed the disastrous nature of the effects of the FGM on the girls and the women.

4.3 Socio-cultural factors that promote the practice of the FGM within the study areas.

Fig 5 and 6 below, describe the frequency of the statements on whether Muslims support FGM and Christians support FGM. The majority of respondents at 31 strongly agreed, 18 answered agree, less than 10 strongly disagreed with the statement Muslims support FGM. 34 answered strongly disagree, 15 answered disagree, and 17 answered strongly agree for the statement Christian support FGM. The findings reveal an existing contrast on the perspective about FGM, Christians and Muslims are opposed in the belief, practice and promotion of FGM.

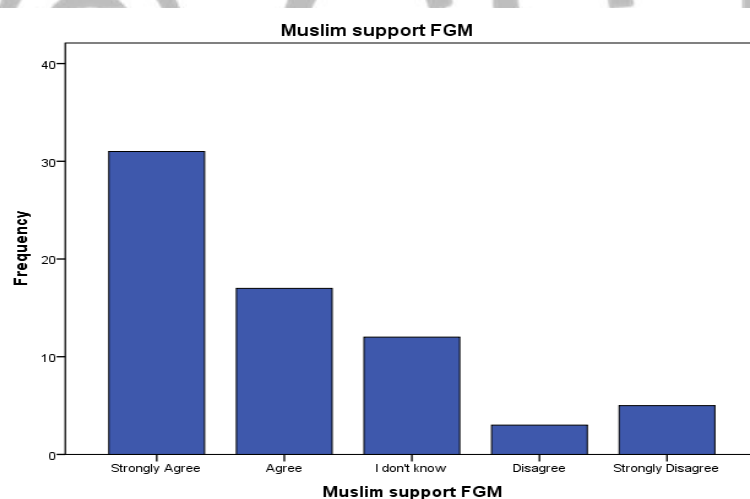


Figure 1 Muslims Support for FGM

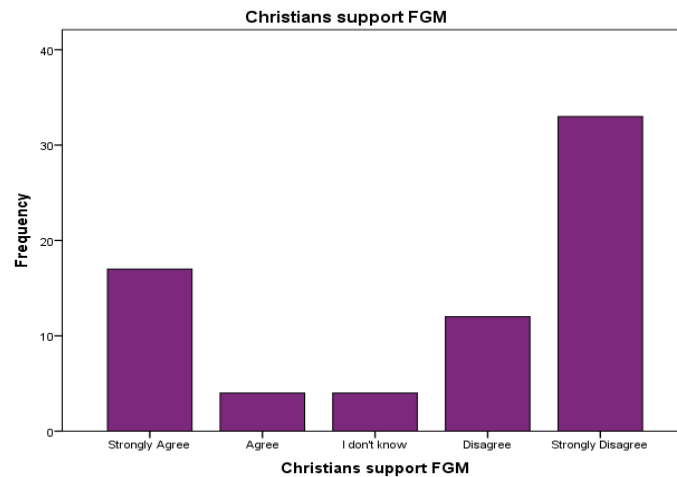


Figure 2 The Christian Support for FGM.

From the open-ended questions, respondents had a different opinion on the view of FGM. To some FGM is positive for their faith, good for the men and women. They argued that FGM will prevent prostitution and infidelity among the women and that husbands will trust their wife's when away from home for long periods. Most of the proponents of FGM were oblivious to the dangers faced by the women describing it as having no dangers at all or if any they have not been discovered. The girls who have not undergone FGM are evil, viewed as prostitutes and cannot be married. The Muslims claimed that the FGM was an instruction in the Quran and Sunnah and have to be adhered to by the faithful those opposing it are ignorant. The respondent also expressed concern for the Christians who are not committed to their faith but silently practice is held captive of their cultures. Such will practice FGM underground while actively worshipping in churches. The causes for this are that some view FGM as a reasonable rite of passage for the girl child that should not be overlooked. While others feel abandoning a cultural practice might attract a curse.

4.4 The Church efforts to FGM

The church has a role to teach, care, and evangelize the people in areas where FGM is prevalent. The church is an influential organization in society through its mission to disciple the people through the proclamation of the Word of God. The clear message that FGM is not found in the bible means that what is in the bible should be taught. The Bible verses used are that: FGM is not found or endorsed by the bible; only male circumcision was prescribed for Jewish males Gen 17:10-13. FGM destroys the body which is the temple of God, and blames the woman and seeks to deform the woman's body to control sexual function.

1Cor 3:16 "Don't you know that you yourselves are God's temple and that God's Spirit lives in you? If anyone destroys God's temple God will destroy him: for God's temple is sacred, and you are that temple."

1Cor 6:19-20 "Do you not know that your body is the temple of the Holy Spirit who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honour God with your body."

Gen 1:27 " So God created man in his image, in the image of God he created Him; male and female He created them."

Mentorship of girls and holding seminars for youth and adults is recommended. The church should show compassion for the people and especially the girls and the women who suffer from the effects of FGM. The Church is an advocate of the victims of FGM and should seek to educate society about the dangers of FGM. The recommended strategies for this were; educate the elders and custodians of the culture, should be a united effort of all churches and collaborating with the Government to enforce the law. The Church is to be involved in outreach to the people through evangelism to those of other faiths. The views of some participants exposed the persistent nature of cultural and religious beliefs that sustain FGM. To some extend some still view the fight against FGM as the church promoting white man's culture against basic rite of passage culture. This belief permeates even Christians who still practice the culture secretly. Muslims believe that FGM is endorsed by the Koran and the Prophet Mohamed and any opposition to it is against the faith. These beliefs made claims that Quran instructs FGM and is the Sunna (tradition) for all Muslims. Despite this hard-line belief, the women reported suffering during menstruation and the medical and physical challenges of FGM, this offers a clear entry point by the church to show love and compassion for the Muslim girls' children and women.

4.5 A theological perspective on FGM

78% of the clergy interviewed indicated that FGM is a violation of God-given human rights and violence against women. Quoting from the Holy Bible (Psalms 139:14) it was observed that the woman is beautifully and wonderfully made and she is complete. She is created to enjoy sexuality and mutilation of her clitoris denies her the sexual enjoyment and fulfilment in marriage. This fact was attested to by women who were interviewed having undergone FGM. Respondents argued that Abraham was told to circumcise males and females. The circumcision then served for inclusivity purposes for the men to belong to the people of God. They refuted equating FGM to male circumcision which removes the foreskin in males and doesn't deform the male sexual organs but only enhances hygiene. They further observed that FGM was a creation of men to reduce women sexuality which undermines the functioning of a woman's body. Absurdly some forms of FGM were designed specifically to redesign the female sexual organs for man sexual pleasure in total regard to its functionality at giving birth. The woman's body is the temple of the Holy Spirit and must not be abused. It does not please God to have women die through mutilation of their bodies, this happens at the time of childbearing especially with

realities of lack of access to medical facilities. The respondents also were concerned about the babies who died on delivery due to complications of the scar this is likened to the shading innocent blood. Their blood cry to God like the blood of Abel (Heb 12:24)

4.0 CONCLUSION AND RECOMMENDATION

4.1 Conclusion

The findings throw a spotlight on the specific communities in the localities of the study that could not be achieved through a nationwide study. It has the current data and findings for 2021 and gives the status of FGM today. The study mixed methods with the quantitative questions and some qualitative interviews the use of a one-year cross-section of data on the numbers of those who have undertaken FGM would have answered more factually the question of the prevalence of FGM. Also, the findings reveal that FGM is a social-cultural practice; more in-depth interviews would have revealed more deep-seated beliefs and concerns. The research confirmed that FGM is still being practised and the adherents have diehard support that overlooks the existing dangers to individuals and families caused by FGM. That is the pain and the risk affecting girls and women is overlooked for the sake of religious and cultural benefits. There is a knowledge gap in the theological understanding of the FGM by the Churches and Christians this leads to the concern if the anti-FGM campaign isn't a Western idea rather than a Christian one. The study affirms other studies like the one in Egypt, but it informs on the cultural rite of passage reason which is a voluntary transition that the girls and women could be proud rather than a patriarchal forced idea on the women.

4.2 Recommendations

The study did not encounter, nor even here of the impact of the FGM act 2011 law, It is not known if the law is being enforced or even known, a study of the impact of this law should be conducted. Some information is muted when the approach on studies about FGM majorly about an opposing campaign. Studies run the risks of silencing genuine concerns that could serve the course of openly having healthy research that carries all. A study on focuses on the positive side of the FGM could reveal the uniqueness of this phenomenon. This study could not tell the prevalence rate in the specific communities among those in Meru, Isiolo and Samburu. It should be studied to verify if Islam has introduced FGM among converts from other faiths and cultures.

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